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February 19, 2024

Jorie Klein, RN
EMS/Trauma Systems Director
Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756-3199

Re: Proposed rule changes - §157.123
Regional Advisory Councils

Dear Ms. Klein:

Texas EMS, Trauma & Acute Care Foundation (TETAF) appreciates the opportunity to submit public comment on the proposed Regional Advisory Councils, Texas Administrative Code §157.123 that were last approved in June 2004. For more than 15 years, TETAF has advocated for the Regional Advisory Councils (RACs) to help strengthen Texas' trauma system. This collaboration has given our organization a comprehensive knowledge of the needs of the 22 RACs across Texas.

TETAF provides the following comments regarding the proposed Regional Advisory Councils, Texas Administrative Code §157.123:

§157.12. Definitions.

§157.2 (113) Regional Advisory Council (RAC)--An identified trauma service area (TSA) that has established bylaws and is approved by the department as the coordinating agency responsible for system development; coordination of health care services; and responsible for the development, implementation, and maintenance of the regional trauma and emergency health care system plan, performance criteria, and self-assessment within the geographic jurisdiction of the TSA.

RECOMMENDATION: TETAF recommends re-wording the definition.

Re-word the definition as follows: (113) “Regional Advisory Council (RAC) - A nonprofit organization serving the State of Texas as the recognized health care coalition responsible for the development, implementation and maintenance of the regional trauma and emergency health care system within its geographic jurisdiction of the Trauma Service Area. A Regional Advisory Council must maintain 501(c)(3) status.”

§157.12 (145) Trauma and emergency health care system plan--The inclusive system that refers to the care rendered after a traumatic injury or time-sensitive disease or illness where the optimal outcome is the critical determinant. The system components encompass epidemiology, risk assessments, surveillance, regional leadership, system integration, business/finance models, prehospital care, definitive care facilities, system coordination for patient flow, prevention and outreach, rehabilitation, emergency preparedness and response, system performance improvement, data management, and research. These components are integrated into the system plan.

RECOMMENDATION: TETAF recommends inserting “special populations” into the trauma and emergency health care system plan to include all ages, pediatrics to geriatric, and refer to the trauma and emergency health care system plan as the term “system plan” throughout §157.123.

Re-word the definition as follows: (145) “Trauma and emergency health care system plan--The inclusive system that refers to the care rendered after a traumatic injury or time-sensitive disease or illness where the optimal outcome is the critical determinant. The system components encompass special populations, epidemiology, risk assessments, surveillance, regional leadership, system integration, business/finance models, prehospital care, definitive care facilities, system coordination for patient flow, prevention and outreach, rehabilitation, emergency preparedness and response, system performance improvement, data management, and research. These components are integrated into the regional assessment and system plan.”

§157.123. Regional Advisory Councils.

§157.123 (a)(1). The department shall recognize only one RAC for each TSA.

RECOMMENDATION: TETAF recommends that this is clarified to reflect the 22 RACs.

Re-word as follows: (1) “The department shall recognize only one of the 22 RACs for each TSA.”

§157.123 (b)(1). maintain incorporation as an entity that is exempt from federal income tax under §501(a) of the United States Internal Revenue Code of 1986, and its subsequent amendments, by being listed as an exempt organization under §501(c)(3) of the code, and to be eligible distribute the emergency medical services (EMS), Uncompensated Care and TSA allotments;

RECOMMENDATION: TETAF recommends adding “to receive and” to “distribute the emergency medical services (EMS)...” as RACs receive and distribute funding allotments.

Re-word the definition as follows: (b)(1) “maintain incorporation as an entity that is exempt from federal income tax under §501(a) of the United States Internal Revenue Code of 1986, and its subsequent amendments, by being listed as an exempt organization under §501(c)(3) of the code, and to be eligible to receive and distribute the emergency medical services (EMS), Uncompensated Care and TSA allotments;”

§157.123 (b)(2)(C). a completed regional self-assessment within the first year of the RAC’s contract with the department and a current trauma and emergency health care system plan during the second year of the department contract with documented evidence the performance criteria are met, as outlines in Texas Health and Safety Code 773.122 and 780.004; (C)(i) the initial performance criteria and initial regional self-assessment are used for the years of 2024 and 2025; and (C)(ii) the inclusive performance criteria and inclusive self-assessment are used for the year of 2026 and continuing years;

These requirements should be in the department contracts with RACs.

RECOMMENDATION: TETAF recommends striking from above: “as outlines in Texas Health and Safety Code 773.122 and 780.004; (C)(i) the initial performance criteria and initial regional self-assessment are used for the years of 2024 and 2025; and (C)(ii) the inclusive performance criteria and inclusive self-assessment are used for the year of 2026 and continuing years;”

Re-word as follows: “Submit required documentation to the department per contractual agreement.”

§157.123 (b). A RAC must meet the following department requirements to be recognized as a RAC:

(b)(3) maintain external financial audits and financial statements as defined in contract; and

Wording with guidance from the Texas Secretary of State for nonprofit standards should be followed.

RECOMMENDATION: TETAF recommends re-wording as follows: (3) “Maintain financial and operational documents in accordance with nonprofit standards as required by the Texas Secretary of State to make available to members and the public.”

(b)(4) maintain a current website with regional bylaws, board members, completed self-assessment, and current trauma and emergency health care system plan posted.

Website information could place specific regions and its populations at risk for posting sensitive information to a website. Website specifics could be a contract deliverable.

RECOMMENDATION: TETAF recommends re-wording as follows: (4) “Maintain a current website to communicate with regional stakeholders.”

§157.123(c). Each RAC must develop and maintain a regionally specific comprehensive trauma and emergency health care system plan that integrates trauma, prehospital, pediatric, perinatal, stroke, cardiac, and emergency health care into the plan and is revised at a minimum of every two years utilizing the completed regional self-assessment. The plan must include all counties within the TSA and must be based on current industry standards and guidelines.

RECOMMENDATION: TETAF recommends using the suggested system plan definition update in §157.2.

Re-word as follows: “Each RAC must develop and maintain a regionally specific system plan that is revised at a minimum of every two years and take into consideration the completed regional self-assessment. The plan must include all counties within the

TSA and must be based on current industry standards and guidelines.”

§157.123(c)(1). The system plan must address, utilizing the regional assessment, the following elements:

(c)(1)(A) trauma, prehospital, pediatric, perinatal, stroke, and cardiac epidemiology data resources available;

RECOMMENDATION: TETAF recommends using the suggested system plan definition update in §157.12.

Re-word as follows: (A) “epidemiology data resources available;”

(D) prevention and outreach activities guided by the trauma, prehospital, pediatric, perinatal, stroke, and cardiac data available;

RECOMMENDATION: TETAF recommends using the suggested system plan definition update in §157.12.

Re-word as follows: (D) “prevention and outreach activities guided by available data;”

(G) identification of system-wide health care education for trauma, prehospital, pediatric, perinatal, stroke, cardiac, and the emergency health care system sponsored or coordinated through the RAC;

RECOMMENDATION: TETAF recommends using the suggested system plan definition update in §157.12.

Re-word as follows: (G) “identification of system-wide health care education sponsored or coordinated through the RAC;”

(H) execution of a systems performance improvement plan that aligns with the department's trauma and emergency health care system performance improvement plan, and includes regional outcome data;

RECOMMENDATION: TETAF recommends using the suggested system plan definition update in §157.12.

Re-word as follows: (H) “execution of a systems performance improvement plan and includes regional outcome data;”

(l) current pediatric readiness capabilities for the regional prehospital and hospital environment and identifies opportunities to improve pediatric readiness within the region;

RECOMMENDATION: TETAF recommends the following to clarify and seeks to not be repetitive:

Re-word as follows: (l) “address current pediatric readiness capabilities and identify opportunities to improve care within the region;”

§157.123 (d). A RAC must collect from each hospital continual data within their TSA to facilitate emergency preparedness and response planning for a public health disaster, public health emergency, or outbreak of communicable disease, and report the data to the department at least monthly via the electronic reporting system specified by the department, consistent with Texas Health and Safety Code §§81.027, 81.0443, 81.0444, and 81.0445.

(1) The data collected must include all adult and pediatric data specific to:

- (A) general beds available and occupied;
- (B) intensive care unit (ICU) beds available and occupied;
- (C) emergency department visits in the last 24 hours;
- (D) hospital admissions in the last 24 hours;
- (E) ventilators available and in use; and
- (F) hospital deaths in the last 24 hours.

Developed from the passage of SB 984 by the 87th Texas Legislature the legislation requires RACs to collect data within their TSA to facilitate emergency preparedness only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the department or a trauma service area regional advisory council may, but is not required to, implement using other appropriations available.

RECOMMENDATION: TETAF recommends deleting §157.123 (d)(1)(A-F) and re-wording these sections to: §157.123 (d)(1)“During a declared disaster or public health emergency, as requested and funded by the department, a RAC must collect from each hospital de-identified health care data within their TSA to facilitate emergency preparedness and response planning consistent with Texas Health and Safety Code §§81.027, 81.0443, 81.0444, and 81.0445.”

§157.123 (d)(3). RACs must make the collected data publicly available by posting the data on the RAC's internet website during any public health disaster or public health emergency and, when asked by the department, during outbreaks not associated with a public health disaster or emergency.

RECOMMENDATION: TETAF recommends removal of §157.123(d)(3) as this information is not the RACs to preemptively share.

§157.123 (f)(1). notify the department and RAC membership within five days of the loss of capabilities to maintain the infrastructure to oversee and maintain the regional systems as required by the provisions within subsections (a) and (b) of this section or the department contract;

(3) comply with the provisions in subsections (a) and (b) of this section, all current state and system standards as described in this chapter, and all guidelines and procedures as set forth in the regional trauma and emergency health care system plan.

RECOMMENDATION: TETAF recommends removing the references to subsections (a) and (b) from (1) and (3) as this is redundant.

Re-word as follows: (1) “notify the department and RAC membership within five days of the loss of capabilities to maintain the infrastructure to oversee and maintain the regional system.”

(3) “comply with the provisions of all current state and system standards as described in this chapter, and all guidelines and procedures as set forth in the regional trauma and emergency health care system plan.”

TETAF respectfully provides these comments and recommendations in an effort to support the RACs. It is our hope that these joint efforts by the Texas Department of State Health Services (DSHS) and the RACs will positively enhance disaster readiness and response, along with efforts to improve trauma, cardiac, stroke, maternal, and neonatal systems of care in Texas. TETAF looks forward to working with DSHS to improve patient care in Texas.

Please feel free to contact me with any questions or concerns.

Regards,



Dinah Welsh

President/CEO

Texas EMS, Trauma & Acute Care Foundation (TETAF)