



By-Laws (Amended & Restated)
Piney Woods Regional Advisory Council
Trauma Service Area G

Amended: 10/1/2023

Reviewed: with Board 10/10/2023

Approved by Membership: 11/07/2023

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Bylaws of the Piney Woods Regional Advisory Council For Trauma Service Area G

These Bylaws have been amended and approved by the RAC-G Membership as of
November 7, 2023

These Bylaws govern the operations of the Piney Woods Regional Advisory Council Trauma Service Area G (TSA-G), which is a 501(c)3 non-profit organization functioning according to the Department of State Health Services (DSHS) Rules 157.123 and organized in accordance with the Texas Nonprofit Corporation Act. This Regional Advisory Council (RAC) is an organization of local citizens and member organizations representing all licensed healthcare entities within Trauma Service Area “G” (TSA-G).

ARTICLE 1: (Mission and Vision)

Mission: To serve as a link between hospitals, pre-hospital providers, and local, state, and federal agencies to reduce death and disability related to trauma, disaster, and acute illness by implementing a well-planned and coordinated regional emergency response system. This includes a forum for communication and software/data sharing to provide timely integration of critical clinical information for research and public health initiatives to reduce the mortality rate in Texas.

Vision: We will be the model regional trauma, disaster, and emergency healthcare system in the East Texas healthcare arena to help reduce mortality during emergency healthcare conditions.

ARTICLE 2: (Definitions)

2.1. Trauma Service Area G: The geographic regional boundary identified by the Department of State Health Services, which includes the Texas Counties of Anderson, Camp, Cherokee, Freestone, Gregg, Harrison, Henderson, Houston, Marion, Panola, Rains, Rusk, Shelby, Smith, Trinity, Upshur, Van Zandt, Wood.

2.2. Membership: Membership may include healthcare entities within the above geographic service area to include hospitals, EMS, Long Term Care, Community & Public Health, etc. RAC-G does not discriminate against any applicant for membership because of race, religion, color, or national origin. Refer to Articles 4 and 5 for additional info.

2.2.1. RAC-G Current Member Facilities are listed in Reference #3

2.3. Other: All other definitions are in accordance with those set forth by DSHS Rules 157.2.

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RAC-G By-Laws

2.4. Executive Officers of the Piney Woods Regional Advisory Council shall consist of the Chair, Past Chair, Vice Chair, Secretary, Treasurer, and the Executive Director/President CEO.

2.5. RAC-G's Board make up:

2.5.1. Executive (Elected Officers) Board: Refer to Articles 6, 7 and 8.

2.5.2. Board of Directors – Executive Officers and Standing Committee Chairs:
Refer to Articles 7 and 11.

2.6. Fiscal Year: September 1 through August 31.

ARTICLE 3: (Functions)

3.1. Develop and annually update a trauma and emergency healthcare system plan for TSA-G and submit it to the Department of State Health Services as required by the most current Texas Trauma Rules.

3.2. Determine methods for, and requirements governing, efficient and expedient inter-facility transfers that are most appropriate for the patient's needs for trauma and emergency healthcare care, mental health, and/or rehabilitative services. These methods shall include, but not be limited to, the definition and determination of criteria for triage and criteria for patient transfer.

3.3. Provide a forum for communication between parties of the trauma and emergency healthcare system to enhance networking and coordination of patient care issues.

3.4. Provide the public with information regarding trauma care and injury prevention.

3.4.1. Support 9-1-1 and public access to the trauma and emergency healthcare system.

3.4.2. Support programs designed to facilitate the prevention of trauma and to educate the public as to its importance.

3.4.3. Support community training initiatives to reduce morbidity and mortality due to preventable death by coordinating and providing bystander training programs, such as "Stop the Bleed" and "Bystander CPR".

3.5. Develop and implement guidelines designed to enhance the quality of trauma and emergency healthcare services provided within TSA-G.

3.5.1. Assist member organizations in attaining/maintaining trauma designation or EMS and First Responder Organization (FRO) licensure at the level appropriate to their available resources.

3.5.2. Specify and conduct performance improvement activities.



- 3.6. Provide a forum to resolve disputes, provide voluntary, non-binding mediation, and enhance collaboration among members/participants.
- 3.7. Endorse programs and adopt measures that will improve funding of trauma care services.
- 3.8. Provide software applications, infrastructure, and technology solutions that improve and/or enhance Trauma, Emergency Healthcare, EMS, Disaster, Mental Health, and other Acute Care Services.
- 3.9. Provide, coordinate, and conduct collaborative research initiatives related to Trauma, EMS, Disaster, and other Acute Care Services.
- 3.10. Develop and annually update a regional disaster plan for Hospitals, EMS, and healthcare organizations within TSA-G, as required by the most current Texas Trauma Rules and legislative mandates. Regional disaster planning and development is coordinated with appropriate state and local agencies.
- 3.11. Collaborate with local public health authorities to facilitate the integration of acute health care (clinical medicine) and public health initiatives.
- 3.12. Coordinate the timely and efficient communication of critical clinical information between member agencies through EMResource and as the lead RAC for the Emergency Medical Task Force (EMTF)-4, the trauma transfers, disaster communications systems, and other time-sensitive pathologies.

ARTICLE 4: (Membership and Dues)

4.1. Membership Qualifications and Definitions

4.1.1 General or Individual Member: A person or organization that resides, or provides trauma or acute care in, TSA-G and meets at least one of the following criteria:

- 4.1.1.1 An Emergency Medical Services provider or representative;
- 4.1.1.2 A First Responder Organization / Fire Department or representative;
- 4.1.1.3 A healthcare professional involved in trauma or acute care.
- 4.1.1.4 An employee or representative of a trauma or acute care facility.
- 4.1.1.5 A local government or council of governments representative; or

4.1.1.6 An individual or organization whose primary function or role is public safety and/or emergency management, injury prevention, or rehabilitation.

4.1.2 Member Organization: Any Texas licensed General Hospital deemed to meet Medicare conditions of participation or any Texas-licensed EMS Provider responsible for the provision of Emergency/911 service for a jurisdiction within Trauma Service Area G.

4.1.3 Member Organization Representative (MOR): An individual designated by the Member Organization to participate in activities. The Member Organization must submit the name of their representative in writing to the RAC office. This submission will remain effective until notified by the Member Organization. The MOR is authorized to vote on behalf of their Member Organization in any decisions.

4.1.3.1 Hospital submissions for MOR must be signed by the hospital executive with the ultimate authority for the trauma program (at the level of vice president or above).

4.1.3.2 EMS submissions for MOR must be signed by the EMS Chief or Director.

4.1.3.3 Freestanding Emergency Centers meeting the requirements above shall have one MOR per parent organization.

4.1.4 Active Participant: A member organization that meets the requirements of “active participation,” as defined by the current trauma and emergency healthcare systems plan (Member organizations agree upon definitions of active participation).

4.1.4.1 An “active participant” participates in a minimum of 3 out of 4 General Assembly meetings per year, works within their peer specialty committee(s) to actively pursue initiatives & research to meet the RAC Mission, pays their dues in a timely manner, follows all protocols and guidelines as laid out in the RAC-G Trauma Plan for patient care.

4.1.4.2 Refer to Article 12.5

4.1.5 Voting Member: A member organization that is considered an “active participant,” as determined by the most recent active participant report submitted to DSHS. This report is submitted annually to DSHS.

4.1.6 Administrative staff are accorded privileges and responsibilities of voting member organizations but are not afforded voting rights or dues requirements.

4.2 The President/CEO will certify active participation in RAC-G, as defined in the trauma system plan.

4.3 The Voting Membership may set and change the amount of any dues or fees payable to the RAC-G by its members. Dues are payable on the first month of the Fiscal Year.

4.3.1 The dues structure is located in Reference #4

ARTICLE 5: (Voting Membership)

5.1 Each member organization is allowed only one vote per entity/per county listed, regardless of the number of individuals present from their organization. The RAC-G office maintains a list of voting member organizations.

5.2 All other RAC-G members are non-voting members.

5.3 Regular and routine business of the RAC-G meetings is accomplished by voting members in accordance with Robert’s Rules of Order. The Vice-Chair shall monitor parliamentary procedure.

5.4 For the purpose of conducting official business of RAC-G, a quorum is defined as one-third of the voting members present and at least four Board members of RAC-G.

ARTICLE 6: RAC-G Executive (Elected Officers) Board

6.1. RAC-G Executive Officers shall consist of the:

- Chair
- Immediate Past-Chair (non-voting)
- Vice-Chair
- Secretary
- Treasurer
- Executive Director – non-voting member
- At-Large members as needed (Education, Public Health, Clinical, City/County Official(s))

6.1.1 RAC-G Executive Officers shall include representation from the following:

- One trauma designated level 4 Rural Hospital
- One trauma designated Hospital at large
- One Suburban EMS
- One Rural EMS
- One EMS at large.

A quorum of the Executive Board shall be defined as a simple majority of the voting executive committee members.

6.2. Executive Board responsibilities:

6.2.1 Oversees all committees.

6.2.2 Ensures that all RAC funds are obligated in accordance with state and federal regulations.

6.2.3 Appoints replacement officers as interim officers until the RAC Membership Voting representatives hold an election.

6.2.4 Authorizes, through the chair or designee, all agreements and contracts. Reviews all open contracts at Board meetings.

6.2.5 Assigns and delegates responsibilities to officers, committees, and staff to accomplish functions/obligations of the RAC.

6.2.6 Monitors and reviews the financial status of the organization.

6.2.7 Plans strategic fiscal management.

6.2.8 Oversight of adherence to bylaws and the trauma system plan.

6.3. Executive (elected) Board - Member Requirements

6.3.1 An Executive Board member must attend at least 75% of all Board meetings.

6.3.2 A Member of the Executive Board who does not meet the attendance requirements may be removed from the Board at the discretion of the committee.

6.3.3 Absences resulting from military or other institutionally assigned deployments are exempt from 6.3.1 requirements.

6.3.4 Absences from work FMLA should be presented to the Board for consideration of exemption from 6.3.1 requirements.

6.3.5 Members of the Executive Board must be currently employed/contracted by (or actively volunteer with) a voting Member Organization.

6.3.6 Members of the Executive Board must comply with and sign the “Board Member Attestation” Form annually.

6.4 The Executive Board will meet a minimum of four (4) times per year.

ARTICLE 7: (Elected Executive Board Members and Board of Directors)

7.1. RAC-G Executive Officers are members of the Board of Directors elected by a simple majority of the voting membership, with terms to commence immediately following the Annual

membership meeting. The Executive Director /President/CEO is a non-voting, paid employee of RAC-G.

7.1.1 Officers: Chair, Vice Chair, Secretary, and Treasurer – Elected by Membership

7.1.2 Other Members of the Board of Directors (Committee Chairs) are elected by the person’s discipline of service committee.

7.2. Officers' Terms of Office

7.2.1 Chair – two-year term, elected in even years.

7.2.2 Vice Chair – two-year term, elected in odd years.

7.2.3 Secretary – two-year term, elected in even years.

7.2.4 Treasurer – two-year term, elected in odd years.

7.2.5 Past Chair - remains for a one-year term.

ARTICLE 8: (Election of Officers)

8.1. Membership may submit a list of nominees to the RAC-G office at least thirty (30) days before the annual meeting. To ensure the submitted names are eligible, the RAC Office shall verify the availability of the officer candidates and present the slate of nominations for consideration by voting members.

8.1.1 Candidates must be employed by a voting member organization.

8.1.2 Candidates must express a desire to serve.

8.2. Election of officers shall occur at the annual meeting. Ballots are distributed to all designated voting member organization representatives. The election of officers is determined by 50% plus 1 (one) majority of ballots returned.

8.3. The Local 4/5 North DSHS Director will be responsible for the election process, which is defined as monitoring nominations and voting tabulation for clarity and accountability.

8.3.1. Elected Officers will be installed and officially begin their positions at the first General Membership meeting of the immediately following calendar year.

8.4 An Officer who does not comply with assigned responsibilities may be removed for cause by a two-thirds (2/3) vote of the voting membership present at a RAC-G meeting; the Chair cannot vote.

8.5 If an office is vacated by resignation or other cause, the Chair may appoint an interim officer until a new election can be established for the RAC voting membership.

ARTICLE 9: (Duties of Officers)

9.1 The RAC Chair is an Executive Board officer.

Responsibilities of the Chair:

9.1.1 Presents the potential Committee Chairs to the Board for approval.

9.1.2 Presides at all formal meetings of the RAC.

9.1.3 Ensures that the RAC-G is represented at all appropriate state and regional meetings.

9.1.4 Ensures that voting member organizations are informed of all appropriate state and legislative activities.

9.1.5 Performs other tasks as deemed necessary by the Board of Directors.

9.1.6 Calls special meetings when necessary.

9.2 Responsibilities of the **Vice-Chair:**

9.2.1 Performs the duties of the Chair in the absence of the Chair.

9.2.2 Performs duties assigned by the Chair, the Board of Directors, or voting member organizations.

9.3 Responsibilities of the **Secretary:**

9.3.1 Ensures dissemination of all notices required by the Bylaws.

9.3.2. Responsible for Minutes of all Executive Board and Board of Directors meetings and RAC-G Membership meetings.

9.3.3 Ensures a database of current names and mailing addresses for all member organizations.

9.4 Responsibilities of the **Treasurer:**

9.4.1 Chairs the Finance Committee (Standing Committee) of the General Assembly

9.4.2 Oversees distribution of contract funds and assets available to the RAC Membership.

9.4.3 Reviews the Annual 990 prepared by RAC's CPA in a timely manner (time assigned by CPA).

9.4.4 Monitors monies due and payable to the RAC.

ARTICLE 10: (Meetings)

10.1 Regular membership meetings, including the Annual General Meeting, are held at least three (3) times a year. Voting Member organizations are notified of these meetings in writing, at least thirty (30) calendar days or as soon as the dates are verified (due to possible unavoidable changes) before the meeting. In case of Disaster or Emergency, meetings may be canceled, rescheduled to another date, or conducted virtually.

10.1.1 All regular membership meetings are held within TSA-G.

10.1.2 The final agenda item of the Annual Meeting shall set the meeting times and locations for the coming fiscal year.

10.2 Special Meetings of the General Membership meetings may be called by the Chair, or at the request of any five (5) representatives of voting Member Organizations. Written notice is provided to Member Organizations and members of the Board of Directors at least seven (7) calendar days in advance and shall state the date, time, location, and purpose of the meeting. At least one-third (1/3) of the Board of Directors will be present at special meetings.

10.3 The Chair may call emergency meetings of the Board of Directors, and actions are addressed at the next meeting of the general membership. Members of the Board of Directors are notified of the emergency meetings' date, time, location, and purpose. A simple majority of the Board members is required at emergency meetings.

10.4 For the purpose of conducting official business of RAC-G, a quorum is defined as one-third of the voting members present, and at least four Executive Committee members. If the Chair and Vice Chair are absent during a main RAC-G meeting, it is up to the Executive Committee to appoint the Executive Director of RAC-G or a board member to conduct the meeting.

ARTICLE 11: (Standing Committees)

11.1 Structure, Composition, and Areas of Emphasis

11.1.1 Standing committees broadly represent the general membership, specific to the focus of the committee. Standing committee membership is limited to representatives of voting member organizations. Committee meeting attendance is limited to standing committee members, voting Member Organization representatives, and guests invited at the discretion of the standing committee chair.

11.1.2 Standing Committees meet at a minimum of four (4) times per fiscal year. All Standing committee members must attend 75% of the meetings to meet RAC compliance.

11.1.3 The Chair or Executive Committee may assign additional focus areas to standing committees as necessary.

11.1.4 Standing committee charges, focus areas, and structure are defined in the Trauma System Plan.

11.1.5 Standing committee chairs are selected by the specific standing committee and presented to the Executive Board for approval.

11.1.6 Standing committee chairs may be removed at the discretion of the Executive Committee. The members of that specific committee will appoint a replacement chair.

11.1.7 Standing Committee chairs must be currently employed by (or actively volunteer with) a Voting Member organization.

11.2 RAC-G Standing Committees:

11.2.1 Air Medical

11.2.2 Cardiac

11.2.3 Finance

11.2.4 Hospital Preparedness Program (HPP) Governance

11.2.5 Injury Prevention and Education

11.2.6 NICU-Perinatal-Maternal Child

11.2.7 Pediatric

11.2.8 Physician Clinical Education

11.2.9 Pre-Hospital Committee

11.2.10 Stroke Committee

11.2.11 Trauma Systems

ARTICLE 12: (Transactions of RAC-G)

12.1 Contracts: The Board of Directors may authorize any agent of the RAC-G to enter into a contract or to execute and deliver any instrument in the name of, and on behalf of, the RAC-G. The Board of Directors will periodically review all open contracts at Board meetings.

12.2 All procurements above \$5,000 must be approved by the Executive (elected) Officers.

12.3 Banking: All funds of the RAC-G are deposited to the credit of the RAC-G in banks, trust companies, or other depositories selected by the Board of Directors.

12.3.1 All checks written from RAC-G accounts must have two signatures and back up documentation.

12.3.1.1 All accounts payable include a check voucher with authorization signature by the Executive Director or designee, invoices.

12.4 Gifts: The Board of Directors may accept, on behalf of RAC-G or may make contributions to charitable organizations, gifts that are not prohibited by any laws, articles, or regulations in the State of Texas.

12.4.1 All gifts and contributions not prohibited by any laws, articles, or regulations in the State of Texas shall be recorded according to standard accounting principles and acknowledged with a letter of appreciation from the Executive Director/President/CEO.

12.5 Conflicts of Interest: RAC-G shall not make any loan to any member or officer of the RAC-G and shall not transact personal business with any Board member or officer.

12.6 Officers and Members shall conduct themselves and represent RAC-G professionally and in accordance with the RAC-G By-laws and shall NOT:

12.6.1 Act with the intention of harming RAC-G or its operations.

12.6.2 Act in any manner that would make it impossible or unnecessarily difficult to carry on RAC-G's intended or ordinary business.

12.6.3 Receive an improper personal benefit from the operation of, or participation, in RAC-G

12.6.4 Use the assets of RAC-G, directly or indirectly, for any purpose other than carrying on the business of RAC-G.

12.6.5 Wrongfully transfer or dispose of RAC-G property.

12.6.6 Use the name of RAC-G or any trademark or trade name adopted by RAC-G, except on behalf of RAC-G in the ordinary course of RAC-G business.

12.6.7 Disclose any of RAC-G's business practices, trade secrets, or any other information (not generally known to the community) to anyone not authorized to receive it.

12.7 Upon dissolution of the Organization, all organizational assets are to be transferred to the State of Texas or to an educational, charitable, or similar organization that is qualified for exemption under Internal Revenue Code 501(c)3, in accordance with State and Federal statute, contractual requirements and under the supervision of the Board of Directors.

ARTICLE 13: (Books and Records)

13.1 RAC-G shall keep correct and complete books and records of accounts using standard accounting principles.

13.1.2 RAC-G contracts with a CPA for all accounting processes, including participation in annual audits as governed by the DSHS contracts and Texas HHS Uniform Terms and Conditions V 3.2 Regulations

13.1.3 All financial records are kept in accordance with guidelines from the Department of State Health Services (DSHS) for a minimum of seven (7) years.

13.1.4 The RAC CPA presents the most recent quarterly and year-end financial reports to the Executive Board during their quarterly meetings. All reports are filed in the RAC office for review.

13.1.4.1 A Year-End Financial Report and audit results are presented to the Voting Membership annually.

13.1.4.2 A Narrative report is presented to the Voting Membership at the quarterly meetings.

13.1.5 These documents may be inspected and/or copied for any designated representative of a voting member organization. Such requests to review, inspect, or receive copies of the books and records of RAC-G must be made in writing to the Board of Directors, with reasonable notice, and during normal business hours.

13.1.6 The Board of Directors may establish reasonable fees for copying RAC-G books and records.

13.2 Budgets are completed annually according to the State and Federal Contract guidelines including consideration of the needs of RAC-G membership.

13.2.1 RAC-G will assess the needs of its membership through standing committees, work groups, and other evaluation assessment tools.

13.2.2 Budgets are presented to the Executive Board for review and approval.

ARTICLE 14: (Proxies)

14.1 A designated person wishing to vote by proxy for a voting member organization must present a written statement to the RAC-G office (or to a RAC-G staff member) on the organization's letterhead. The statement must be signed by the member organization representative (or higher authority within the organization) and must confirm the individual's authorization to cast a vote on behalf of the member organization. Rule 14.1 does not apply to elected positions on the Board of Directors.

ARTICLE 15: (Additional Responsibilities)

15.1 RAC-G is prepared to support additional non-trauma-related missions mandated or requested by State or Federal Authorities, including the Department of the State Health Services, Emergency Support Function-8, or other Department of Homeland Security functions. This support may include coordination or supplying of services and/or administrative support/oversight for these endeavors at the direction of the Executive Committee. These missions may include but are not limited to, terrorism preparedness and response initiatives, stroke/cardiac system designation, or other emergency healthcare system-related initiatives.

ARTICLE 16: (Bylaws)

16.1 The Bylaws may be altered, amended, or repealed and new bylaws adopted by a two-thirds (2/3) majority of voting members present after a first reading at a prior RAC-G general membership meeting.

16.2 The Bylaws are construed in accordance with the laws of the State of Texas.

16.3 If any bylaw is held to be invalid, illegal, or unenforceable in any respect, the invalidity, illegality, or enforceability shall not affect any other provision, and the Bylaws are construed as if the invalid, illegal, or unenforceable provision had not been included in the bylaw.

16.4 The Bylaws are binding upon the Board of Directors, Staff, and the General Membership.

16.5 An annual review of the Bylaws is conducted by an Ad Hoc Bylaws committee to address RAC-G changes and maintain compliance with DSHS legislation. Suggested amendments may be



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presented during any General membership meeting. A two-thirds (2/3) majority of voting members present is required for approval.

CERTIFICATION OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Piney Woods Regional Advisory Council and that the foregoing Bylaws constitute the Bylaws of RAC-G. These Bylaws were duly adopted at a meeting of the general members of the RAC-G on November 7, 2023.

Date

DATED THIS 13 DAY of December, 2023

Alicia Whetsell
(Printed Name) Secretary of the RAC-G

Alicia Whetsell
(Signature)

Reference 1: (Members of the Executive Board of Directors 2022-2024)

Name	Position	Term	Mem Org	Telephone	Email
Lisa Hutchison	Chair		UTHealth Tyler	903-571-6371	lisa.hutchison@uthet.com
Yagnesh Desai	Med Director	N/A	UTHealth EMS	903-570-4643	Y.desai@uthet.com
Billy Perez	Vice Chair		Fairfield EMS	903-389-6511	admin@fairfieldems.com
Roy Langford	Treasurer		UTHealth EMS	903-939-2231	roy.langford@uthet.com
Alicia Whetsell	Secretary		Jacksonville FD/EMS	903-539-7960	Alicia.whetsell@jacksonvilletx.org
Jim Speier	Past Chair		CHRISTUS FFL	903-571-5821	Jim.speier@christushealth.org
Sheryl Coffey	President/CEO (non-voting)	N/A	RAC-G	903-593-4722	sheryl@rac-g.org
George Roberts	At-Large		NET Public Health	903-646-3322	groberts@netphd.org

Reference 2: (Standing Committee Chairs 2022-2024)

Standing Committee	Committee Chair	Committee Co-Chair
Air Medical	Chad Solomon	
Cardiac	Jamie Moore	
Clinical Education	Dr. Yagnesh Desai	
Finance	Roy Langford	
HCC Governance	Karen Adams	
Injury Prevention Education	Brittany Ray	
Pediatric	Keith Martin	
Perinatal/Healthy Mothers		
Pre-Hospital	Amy Hooton	
Stroke	Jennifer Reaves Burwell	
Trauma Systems	Laura Garlow	Ashley Hanson



Reference 3: (Membership 2023)

Member Hospitals	County	City
Baylor Scott White TX Spine & Joint	Smith	Tyler
CHRISTUS Good Shepherd Longview	Gregg	Longview
CHRISTUS Good Shepherd Marshall	Harrison	Marshall
CHRISTUS Jacksonville	Cherokee	Jacksonville
CHRISTUS Rehab (Encompass)	Smith	Tyler
CHRISTUS Tyler	Smith	Tyler
CHRISTUS Winnsboro	Wood	Winnsboro
Longview Regional Medical Center	Gregg	Longview
Longview Rehab Center	Gregg	Longview
Palestine Regional Medical Center	Anderson	Palestine
UT Health Athens	Henderson	Athens
UT Health Carthage	Panola	Carthage
UT Health Henderson	Rusk	Henderson
UT Health Jacksonville	Jacksonville	Jacksonville
UT Health Pittsburg	Pittsburg	Pittsburg
UT Health Quitman	Quitman	Quitman
UT Health Science Center North	Smith	Tyler
UT Health Rehab	Smith	Tyler
UT Health Specialty Hospital	Smith	Tyler
UT Health Tyler	Smith	Tyler
UT Health Winnsboro	Wood	Winnsboro

Member EMS Agencies	County	
Air Evac 53	Freestone	
Air Evac 127	Houston	
Allegiance Mobile Health	Shelby	
Archery Transport	Anderson	
Camp County	Camp	
Camp County	Upshur	
CHRISTUS Champion EMS	Gregg	
CHRISTUS Champion EMS	Harrison	
CHRISTUS Champion EMS	Marion	
CHRISTUS Champion EMS	Panola	
CHRISTUS Champion EMS	Smith	
CHRISTUS Champion EMS	Rusk	
CHRISTUS Champion EMS	Upshur	
CHRISTUS Champion EMS	Van Zandt	
CHRISTUS Champion EMS	Wood	
CHRISTUS Flight for Life (PHI)	Anderson	
CHRISTUS Flight for Life (PHI)	Gregg	
CHRISTUS Flight for Life (PHI)	Van Zandt	
Eustace VFD	Henderson	
Fairfield EMS	Freestone	
Grapeland EMS	Houston	
Groveton EMS	Trinity	
Hopkins County EMS	Rains	
Houston CO EMS/Lifeguard	Houston	
Jacksonville EMS	Cherokee	
Longview FD/EMS	Gregg	
Longview FD/EMS	Harrison	
Marshall FD/EMS	Harrison	
Mims VFD	Marion	
Palestine RMC EMS	Anderson	
Teague Hospital District THD	Freestone	
Timpson VAS	Shelby	

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UT Air One	Smith	
UTHealth East Texas EMS	Cherokee	
UTHealth East Texas EMS	Henderson	
UTHealth East Texas EMS	Panola	
UTHealth East Texas EMS	Rusk	
UTHealth East Texas EMS	Smith	
UTHealth East Texas EMS	Wood	
Waskom VFD	Harrison	

Other Members	County	City
Autumn Leaves Nursing & Rehab	Rusk	Henderson
Briarcliff Health Center	Smith	Tyler
Bluebonnet Point Wellness	Cherokee	Bullard
Buckner Westminster Place	Gregg	Longview
Champaign, Inc	Smith	Lindale
Chandler Nursing & Rehab	Henderson	Chandler
Colonial Tyler	Smith	Tyler
Community Health Core Concord	Gregg	Longview
Country Trails Wellness & Rehab	Van Zandt	Grand Saline
Crockett FD	Houston	Crockett
Dermatology Surgery Center	Smith	Tyler
Elkhart Oaks Care Center	Anderson	Elkhart
Enhabit Home Health	Smith	Tyler
Evergreen Life Services	Gregg	Longview
Fairfield Nursing & Rehab	Freestone	Fairfield
Focused Care of Center	Shelby	Center
Genesis Prime Care – ET Pediatrics	Harrison	Marshall
Genesis Prime Care – Family	Harrison	Marshall
Gilmer Nursing & Rehab	Upshur	Gilmer
Greenbrier Nursing & Rehab	Anderson	Palestine
Greenbrier Nursing & Rehab	Smith	Tyler
Groveton Nursing Home	Trinity	Groveton
Harmony Living Centers	Gregg	Longview
Haven Care	Gregg	Longview
Heart's Way Hospice of NE TX	Gregg	Longview
Heart's Way Hospice of NE TX	Panola	Carthage
Hospice of East TX	Smith	Tyler
Heart's Way Hospice of NE TX	Wood	Winnsboro
Heritage of Longview Healthcare Ctr	Gregg	Longview
Heritage of Marshall Healthcare Ctr	Harrison	Marshall
Hospice of East Texas	Smith	Tyler
Marion Place Assisted Living	Panola	Carthage



Marshall Manor Nursing & Rehab Ctr	Harrison	Marshall
Meadow Lane Healthcare Center	Smith	Tyler
Oak Brook Healthcare Center	Smith	Whitehouse
Oceans Behavioral Health	Gregg	Longview
Overton Healthcare Center	Rusk	Overton
Panola College	Panola	Carthage
Park Place	Smith	Tyler
Petal Hill Nursing & Rehab	Smith	Tyler
Pine Tree Lodge Nursing Center	Gregg	Longview
Providence Park	Smith	Tyler
Reunion Plaza Healthcare & Rehab	Rusk	Overton
Smith CO ESD #2	Smith	Whitehouse
Three Oaks Hospice	Smith	Tyler
Trinity Nursing & Rehab	Trinity	Trinity
Twin Oaks Health & Rehab	Cherokee	Jacksonville
Tyler FD	Smith	Tyler
Wells LTC	Cherokee	Wells

Membership Dues Information

Hospitals		EMS/1st Responders	
Specialty	\$1,000	(Per County)	\$525
< 50 Beds	\$1,250		
51 - 100 Beds	\$1,550	FreeStanding ERs	\$275
101 - 200 Beds	\$1,850		
201+ - Beds	\$2,000	Associates	\$200
	Affiliates	\$0	

For information on membership, qualifications, voting qualifications and RAC-G committees and meetings go to website www.rac-g.org

BELOW ARE SAMPLES OF MEMBERSHIP CATEGORIES. If you have any questions please contact the RAC office at 903-593-4722

Hospital: Licensed, acute care, inpatient facility with Emergency Room

Specialty Hospital: Licensed, in-patient specialties including Behavioral Health and Rehab

EMS Agency: Licensed, First Responder Agencies with EMT/Paramedic attachment

FreeStanding ER: Licensed clinical care setting with ER rooms but no inpatient beds

Associate Member: Community coalitions i.e., All-Terrain Vehicle (ATeamV), Pay Attention East Texas (PAET), MADD, etc; Licensed Long Term Care/Nursing Home/Home Health, NGO Clinical care settings, Educational facilities

Affiliate Member: Public Health, State agencies, i.e., DPS/DDC/EMCs, etc., Governmental clinical agencies (VA clinics, WIC clinics, etc.)