December 12, 2025

The Honorable Kelly Hancock
Texas Comptroller of Public Accounts
P.O. Box 13528, Capitol Station
Austin, Texas 78711-3528

Re: Implementation of HB 3000 (89-R)

Dear Comptroller Hancock:

I am writing on behalf of the Texas EMS Alliance (TEMSA) to provide stakeholder feedback regarding the proposed implementation rules for HB 3000 (89-R). TEMSA was founded in 2014 to serve as the unified voice of Texas emergency medical services (EMS) agencies. We advocate for policies that strengthen EMS systems, improve patient care, and ensure the long-term sustainability of emergency medical services in communities throughout the state. Our membership includes over 100 EMS agencies – both rural and urban 9-1-1 providers, hospital-based services, fire departments, and private ambulance companies – collectively serving millions of Texans each year.

We appreciate your strong commitment to rural health care, and we are grateful for the opportunity to provide input regarding three key issues in the proposed rules.

Concern #1: Limitation on Multi-County EMS Providers
The proposed rule indicates that if multiple counties list the same EMS provider in their applications, only one county may be awarded a grant for that fiscal year.

This limitation does not appear in the statutory language of HB 3000 and contradicts the Legislature's clear intent. The Legislature expressly appropriated sufficient funding to support all eligible counties. Imposing this one-county restriction would effectively nullify that legislative decision and deny grants to qualifying counties through the rule-making process.

More importantly, this limitation would penalize Texas counties that have adopted the exact regional EMS delivery model that state policymakers have long encouraged as fiscally responsible and operationally efficient. Throughout east Texas, northeast Texas, the Panhandle, and west Texas, counties routinely collaborate to share regional EMS providers rather than each attempting to operate standalone services with limited resources and call volumes.

Real-world examples include:

- Multiple counties in east Texas rely on Hopkins County EMS, CHRISTUS EMS, UT Health EMS, LifeNet, Acadian Ambulance, AMR, and Camp County EMS, which operate in multiple counties as the 9-1-1 provider.
- Regional providers in the Panhandle serve multiple counties under mutual aid and service agreements.

- West Texas counties coordinate coverage across vast geographic areas through shared providers.

If this proposed restriction takes effect, numerous rural counties that meet all statutory eligibility requirements would be forced to wait years before receiving grant funds – despite qualifying under the law and despite the Legislature appropriating funds specifically for this purpose. This would create arbitrary winners and losers.

TEMSA respectfully urges the Comptroller's Office to remove the multi-county limitation from the proposed rules. Regional EMS service delivery should be supported, not penalized. Counties sharing EMS agencies should be eligible for grant awards in the same year, consistent with legislative intent.

Concern #2: Ambulance Ordering Timeline
The proposed rule would require a county to receive its grant funding before placing an order for an ambulance.

While we understand the desire for fiscal controls, this requirement is unworkable given current nationwide ambulance manufacturing realities. Due to the supply chain disruptions from the pandemic, there remains a bottleneck in the upfitting, remounting and the production timeline for new ambulances at manufacturers. **Current lead times for new ambulance units range from 12 to 18 months** from order to delivery – and that assumes an agency is able to enter the production queue immediately.

Under the proposed rule, a county awarded funding in FY 2026 would not be permitted to order until receiving funds, meaning the ambulance would not arrive until FY 2027 or FY 2028 at the earliest. This two-year delay defeats the urgent purpose of the legislation and leaves counties operating dangerously aging ambulances for an additional two years while waiting for replacement vehicles they've already been approved to purchase.

TEMSA recommends the following preferred solution: "Allow use of grant funds for orders placed on or after January 1, 2026." If an eligible EMS provider has a valid ambulance order placed with a manufacturer on or after January 1, 2026, the provider should be eligible to apply HB 3000 grant funds toward that purchase.

- This reflects the reality that providers must act early to enter production queues.
- It prevents unnecessary delays for agencies that responsibly plan ahead.
- It aligns funding with the Legislature's intent to expedite ambulance replacement – not slow it down.

This approach would be especially beneficial for rural counties that must replace critically aged equipment but cannot afford to wait an additional year due to an administrative order-placement restriction.

Alternate solution: Allow eligible counties to place ambulance orders immediately upon receiving notice of award, with grant funds disbursed within 30 to 45 days after the order is placed and documentation is submitted. This approach provides appropriate fiscal oversight while recognizing the manufacturing timeline realities that are beyond any county's control.

Alternative safeguards could include requiring counties to submit:

- Written quotes or purchase agreements prior to fund disbursement.
- Documentation of the ordered vehicle specifications.

- Progress reports on manufacturing status.
- Final invoicing upon delivery.

This modified approach would enable counties to secure a place in the manufacturing queue while maintaining appropriate grant fund controls.

Concern #3: Limitation of One Award per County Regardless of Multiple Eligible EMS Providers
As written, the proposed rule appears to allow only a single EMS provider within a county to benefit from the grant program in a given fiscal year, regardless of how many primary EMS agencies serve different geographic regions of that county.

This limitation is not reflected in the statutory language of HB 3000, nor was it part of the legislative discussion or intent. Many Texas counties rely on **multiple primary EMS providers** who divide service areas based on geography, population distribution and historical response patterns. In these counties, two or more EMS agencies may each meet the statutory criteria for serving as a primary 9-1-1 provider.

Under the current version of the proposed rule:

- A county with two or more eligible EMS agencies would be forced to choose only one for the award, or would submit two applications and the Comptroller's Office would select a single award.
- Other qualifying providers would be excluded for reasons unrelated to statutory eligibility, service needs or legislative intent.
- Counties with diverse EMS delivery models would face arbitrary constraints not supported by HB 3000.

To address this unintended consequence, TEMSA respectfully recommends that the Comptroller **allow county judges the discretion to allocate the county's total grant award among multiple eligible EMS providers** within their jurisdiction. **The total amount awarded to the county would remain the same as any other qualifying county;** it would simply be divided proportionally among multiple eligible EMS agencies rather than being restricted to a single provider.

This approach would:

- Reflect the Legislature's intent to support rural EMS broadly.
- Allow counties to tailor allocations to their specific EMS delivery models, including situations where two or more services each cover distinct zones of the county.
- Prevent unnecessary disparities between counties with a single provider and those with multiple primary providers.
- Ensure that all eligible EMS agencies contributing to the county's emergency response system can benefit from the program.

Providing county judges with allocation authority would maintain strong fiscal oversight while ensuring fairness and flexibility for counties with complex EMS structures. It would allow counties to support all eligible EMS providers without imposing artificial limitations.

TEMSA Appreciates Comptroller Hancock's Critical Work on Behalf of This Important Program
TEMSA greatly appreciates your work to implement the law. For many counties, this grant represents the only opportunity to replace aging, high-mileage ambulances.

The landscape of rural health care in Texas changed dramatically over the past decade. In a growing number of rural Texas counties, the local EMS agency has become the only remaining health care provider on the ground. Rural hospitals have closed their doors. Physician clinics have shuttered. Community health centers have scaled back or disappeared entirely.

When someone in these rural communities has a medical emergency – a heart attack, a stroke, a diabetic crisis, a farming accident – EMS isn't just the first responder. We are the only responder. We are the entire health care safety net in many rural communities.

Our EMS professionals aren't simply providing emergency transportation anymore. In many rural Texas counties, we are providing the only hands-on medical assessment, treatment and stabilization available. We are the difference between life and death. We are the last line of defense for communities that have lost everything else.

Unfortunately, the reality is that we are doing this work with ambulances that have 200,000-plus miles on them. Many of our vehicles feature failing transmissions and unreliable air conditioning in the Texas heat and electrical systems that require constant troubleshooting. Our mechanics keep the ambulances running through sheer determination because we do not have replacement options and backup units.

The Legislature recognized this crisis when they passed HB 3000. They understood that rural EMS cannot continue to operate on equipment that should have been retired years ago.

Thank you for your consideration of these comments and for your Office's vital work implementing this program. Rural Texas EMS agencies are counting on this grant program. The communities we serve are counting on us. We stand ready to provide any additional information or technical assistance that would be helpful as you finalize the implementation rules.

Sincerely,

Michael Furrh
President
Texas EMS Alliance