



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

HSCEP OP: 52.01, Institutional Compliance Plan

Purpose: The purpose of this Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) Operating Policy (HSCEP OP) is to define the TTUHSC El Paso Institutional Compliance Plan (HSCEP OP 52.01) which is based upon federal and state laws and regulations, including Texas Executive Order RP36, and the Rules and Regulations of the Board of Regents of the Texas Tech System ([TTU System or Regents' Rules](#)) and HSCEP OPs.

REVIEW: This HSCEP OP will be reviewed by July 1 every year (EY) by the Institutional Compliance Committee.

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I. INTRODUCTION

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) is subject to many laws, rules and regulations as an academic, research and patient care center. Failure to comply with these laws, rules and regulations can adversely impact TTUHSC El Paso's ability to continue these activities. TTUHSC El Paso is committed to conducting its activities in an ethical and honest manner and in compliance with applicable laws, regulations, Texas Tech University System (TTUS) Regents' Rules, and TTUHSC El Paso policies.

TTUHSC El Paso, through its president, adopts this Institutional Compliance Plan ("Plan") under authority of the TTUS Board of Regents to provide an institutional compliance environment supportive of existing regulatory compliance oversight efforts. It is based on the Federal Sentencing Guidelines standards for an effective compliance program, the Department of Health and Human Services Office of Inspector General's compliance guidance and corporate integrity models, as well as [Texas Executive Order RP 36](#) (July 12, 2004), directing state agencies to focus on eliminating fraud, waste and abuse. This plan supplements existing TTUHSC El Paso policies and procedures and is not intended to replace or diminish any other policy or program at TTUHSC El Paso that, in whole or in part, addresses compliance issues, except to the extent those are inconsistent with this plan.

Ethical, honest and compliant behavior is an institutional and individual responsibility. Each member of the TTUHSC El Paso community, student, faculty, staff, visitor, or independent contractor, is expected to conduct his/her activities ethically, honestly and in accordance with applicable laws, regulations, and TTUHSC El Paso policies. TTUHSC El Paso management is expected to set the tone by supporting ethical, honest and compliant conduct as part of daily operations. This Institutional Compliance Plan, as supported by the TTUHSC El Paso Standards of Conduct and Ethics Policy, and institutional policies, is designed to provide the TTUHSC El Paso community with resources to enhance their knowledge of applicable laws, regulations and policies, so they conduct their activities in a manner that reduces the risk of non-compliance.

MISSION STATEMENTS

A. TTUHSC EL PASO MISSION STATEMENT

The mission of Texas Tech University Health Sciences Center at El Paso is to improve the lives of people in our State and our community by focusing on the unique health care needs of socially and culturally diverse border populations through excellence in integrated education, research, and patient care.

B. TTUHSC EP INSTITUTIONAL COMPLIANCE MISSION STATEMENT

The mission of Institutional Compliance is to facilitate regulatory compliance throughout TTUHSC El Paso.

II. DEFINED TERMS

These terms are defined for purposes of this Plan as follows:

TTUHSC El Paso employees include full and part-time faculty, residents, staff and others employed by TTUHSC El Paso who receive salary compensation that is included in IRS W-2 wage and tax statement forms.

TTUHSC El Paso community or Members of TTUHSC El Paso community include, but are not limited to TTUHSC El Paso students, residents, faculty, staff, independent contractors, vendors and volunteers.

Regulatory Oversight Committees/Areas refers to existing and/or future committees and/or departments that have responsibility for certain regulatory areas including, but not limited to, Institutional Review Board, Institutional Animal Care and Use Committee, Institutional Biosafety Committee, Billing Compliance, HIPAA Committee, Conflict of Interest Committee, Radiation Safety and Human Resources.

Fraud, waste and abuse, whether used collectively or separately, have the following meanings:

- ***Fraud*** has the same meaning as contained in [TTUS Regent' Rule 07.03](#).
- ***Waste*** means over-utilization of services or misuse of resources;
- ***Abuse*** means actions inconsistent with acceptable business or medical practice.

Violation of Law means failure or refusal to follow any applicable state or federal law such that criminal and/or civil penalties may be imposed.

Non-compliance means failure or refusal to follow applicable state or federal laws or institutional policies whether or not such conduct results in financial risk to TTUHSC El Paso. It can include acts that constitute fraud and/or violations of law or institutional ethical standards.

III. STANDARDS OF CONDUCT AND ETHICS

Members of the TTUHSC El Paso community are expected to comply with all applicable laws, regulations and policies. In support of this Institutional Compliance Plan, [HSCEP OP 52.06](#) Standards of Conduct and Ethics Guide provides a non-exclusive summary of ethical and legal principles for members of the TTUHSC El Paso community based on laws, and regulations applicable to TTUHSC El Paso's activities. Except as otherwise stated, it does not replace any existing TTUS Regents' Rules or TTUHSC El Paso policies or TTUHSC El Paso faculty or student handbooks.

IV. COMPLIANCE OVERSIGHT

TTUHSC El Paso has appointed an Institutional Compliance Officer (ICO) and designated the Compliance Committees identified below to assist in the development and oversight of the TTUHSC El Paso Institutional Compliance Plan (“Plan”). The ICO working with these committees is responsible for implementing and monitoring a continuous, collaborative and proactive culture of compliance at TTUHSC El Paso.

A. GOVERNING AUTHORITY

Upon becoming a separate component institution of the TTUS, TTUHSC El Paso adopted an Institutional Compliance Program (ICP) in November 2016. The TTUHSC El Paso Office of Institutional Compliance is responsible for implementing the ICP by advancing an institutional culture of ethics, integrity and compliance with laws, regulations and policies at TTUHSC El Paso and responding to non-compliance. This is accomplished through awareness programs, such as policies and training, monitoring activities and response to reports of non-compliance. There are various reporting mechanisms available to members of the TTUHSC El Paso community to confidentially report concerns of regulatory non-compliance, including the TTUS Fraud and Misconduct Line. Reported concerns are investigated and corrective action is implemented to address any identified non-compliant activity. The ICO reports to the TTUHSC El Paso President.

B. TTUHSC EP INSTITUTIONAL COMPLIANCE COMMITTEE

1. Membership. The TTUHSC El Paso president will appoint individuals based on position to the Institutional Compliance Committee (ICC), and any subcommittees established by the ICC, shall each be considered a "medical committee" as defined under [Texas Health and Safety Code§161.031\(a\)](#), and/or other applicable state and federal laws. All documents generated by the ICC, submitted to the ICC or created for the purposes of fulfilling ICC's duties are confidential and privileged and shall be identified as a "Confidential - Medical Committee Document."
2. Meetings. The ICC shall meet quarterly (or more often as necessary) before or after regularly scheduled President Executive Council (PEC) meetings. The TTUHSC El Paso ICO shall serve as the chair.
3. Role and Responsibilities. The ICC's responsibilities include:
 - a) Review and give final approval of the TTUHSC El Paso ICP, Standards of Conduct and Ethics Guide, policies and procedures,

and any amendments thereto, related to institutional compliance.

- b) Furnish adequate resources for and support of the TTUHSC El Paso ICP.
- c) Review and evaluate risk assessments prepared by the ICC and approve compliance monitoring plans.
- d) Review confidential final investigative compliance reports presented by the ICO to verify that findings of non-compliance are addressed through appropriate corrective action plans and/or disciplinary action to assist in reducing the risk of similar non-compliance in the future.
- e) Enforce consistent application of compliance standards, including fair, equitable and consistent disciplinary action of individual(s) identified as responsible for confirmed non-compliance.
- f) Review the annual compliance report presented by the ICO to confirm effective compliance oversight.
- g) Provide guidance to the ICO on the operation of the compliance program to prevent and/or detect non-compliance with applicable laws, regulations and policies.
- h) Identify emerging risk areas and high-risk activities within the various compliance oversight areas of TTUHSC El Paso's operations and prepare risk assessments and compliance monitoring plans.
- i) Provide guidance to the ICO in the development of compliance policies and procedures related to institutional compliance oversight.
- j) Identify and share with the TTUHSC El Paso community best practices related to compliance in an academic health care setting.
- k) Assess TTUHSC El Paso regulatory compliance needs and opportunities.
- l) Confirm that appropriate education and training are provided by Regulatory Oversight Committees within TTUHSC El Paso.
- m) Assess compliance needs and make recommendations to the ICO.
- n) Identify TTUHSC El Paso areas with regulatory oversight responsibilities and update as necessary to provide appropriate oversight of those identified areas.
- o) Review and analyze data related to compliance activities and make recommendations to the ICO on the functioning of the compliance program in identifying, avoiding, and/or minimizing non-compliance with applicable laws, regulations and policies.

C. INSTITUTIONAL COMPLIANCE OFFICER

1. Institutional Compliance Officer. The ICO reports to the president of TTUHSC El Paso and has overall responsibility for the implementation and effectiveness of the TTUHSC El Paso ICP. The ICO shall be given adequate resources and authority to carry out such responsibility and shall report on the implementation and effectiveness of the compliance plan directly to the president.
2. Responsibilities of the ICO.

The ICO shall:

- a) Oversee and monitor implementation of the TTUHSC El Paso ICP.
- b) Develop, and periodically review and update the ICP, Standards of Conduct and Ethics Guide, and related policies consistent with the elements of an effective compliance program.
- c) Develop, coordinate and implement a compliance training program that addresses general compliance training for all employees and other training as necessary to promote compliance awareness.
- d) Serve as an institutional resource and support for regulatory oversight areas within TTUHSC El Paso.
- e) Monitor compliance activities and high-risk areas as identified and outlined in the annual monitoring plan approved by the ICC.
- f) Publicize the TTUS Fraud and Misconduct Line and other TTUHSC El Paso reporting resources and coordinate investigation of alleged non-compliance, working collaboratively with General Counsel, Office of Audit Services, and other individuals with primary responsibility for specific areas of regulatory compliance oversight.
- g) Work collaboratively with Office of Audit Services, with input from ICC to identify high risk areas.
- h) Maintain current knowledge of laws and regulations that may affect TTUHSC El Paso's policies, procedures and processes, sharing best practices and communicating that information through TTUHSC El Paso compliance channels.
- i) Identify new areas of compliance oversight as they arise and make recommendations to the ICC.
- j) Management oversight of clinical billing and HIPAA privacy compliance activities.
- k) Prepare and submit an annual compliance report outlining compliance with this plan to the president.
- l) Serve as primary contact for any external government audits

related to institutional, billing or HIPAA privacy compliance concerns and assist other regulatory oversight areas, as requested, in addressing government audits of their areas.

D. CLERY ACT OVERSIGHT

1. TTUHSC EP has an obligation to comply with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1990 (Clery Act), which is part of the Higher Education Act of 1965. The Clery Act requires institutions of higher education to publish and distribute an annual security report (ASR) that discloses campus crime statistics, security information, institutional policy statements, and other information. Under the Clery Act, certain crime, arrest, and disciplinary referral statistics (Clery statistics) must be disclosed by type, location, and year reported, and must reflect crimes occurring within the institution's Clery geography, which includes on campus property, campus residential housing facilities (if any), public property within or immediately adjacent to campus, and non-campus buildings or property owned or controlled by the institution.

The Violence Against Women Reauthorization Act of 2013 (VAWA) amended the Clery Act and expanded institutional disclosure requirements related to VAWA offenses, which include domestic violence, dating violence, sexual assault, and stalking. The Clery Act also requires institutions to maintain a daily crime log and issue campus alerts during emergencies or other situations that represent an ongoing threat to the safety of students or employees.

2. The ICC will establish a Clery Act Compliance Sub-committee. The Department of Education registered Campus Safety and Security Administrator shall be the chair of this sub-committee. This sub-committee shall be established annually in the June compliance meeting and will begin to meet formally in July. This sub-committee shall also involve representatives from each department that have formal responsibilities under the Clery Act. These representatives will act to provide the coordination needed to ensure prompt delivery of needed information; to review any applicable policies and procedures for completeness and accuracy; and to ensure that required training is provided on an annual basis.
3. The Clery Act Compliance Sub-committee shall work to formalize the process for annual evaluation of campus geography, ensuring that all applicable locations meeting the definitions under the Act are identified. The verified geography will be sent to the Texas Tech Police Department El Paso by March 1 of each year in order for them to begin gathering the

needed statistics from their law enforcement partners. As part of this formal process, guidance from the Clery Help Desk will be obtained regarding the applicability of study abroad housing as a component of the non-campus geography.

4. The Clery Act Compliance Sub-committee shall formalize the process for reviewing the ASR on an annual basis. Any needed policy development or updates will be the responsibility of this sub-committee. Included in this process shall be the clarifications needed to ensure that the ASR is made available to all applicable persons, including those meeting the “prospective” definition. Prospective students or employees shall receive information regarding the ASR, including how to access it or request a copy, as a component of the application process.

V. COMPLIANCE AWARENESS, EDUCATION AND TRAINING

A. COMPLIANCE AWARENESS

All TTUHSC El Paso employees will receive a copy and acknowledge receipt of the Standards of Conduct and Ethics Guide. TTUHSC El Paso contracts shall, where appropriate, reference the TTUHSC El Paso ICP, Standards of Conduct and Ethics Guide and related policies.

The ICO shall post this plan and the [Standards of Conduct and Ethics Guide](#) on the TTUHSC El Paso website. The ICO shall periodically publish information in various resources regarding the TTUHSC El Paso ICP, Standards of Conduct and Ethics Guide, and related policies to raise awareness regarding general and specific compliance issues.

B. COMPLIANCE EDUCATION

Compliance education is a critical element of an effective compliance program. TTUHSC El Paso is committed to providing general and specific compliance education so that TTUHSC El Paso employees understand their obligations and responsibilities in accordance with applicable laws, regulations and policies.

1. Introduction

TTUHSC El Paso employees shall complete initial and on-going general compliance education in addition to any initial and on-going specific training required for their positions. Other individuals, such as students and contractors, may be required to complete general and/or specific compliance education before providing services on behalf of TTUHSC El Paso. As new developments or concerns arise, TTUHSC El Paso may require additional training for some or all TTUHSC El Paso employees,

students and/or contractors.

Employees are expected to complete required compliance education within the time frames and frequencies established by the department or committee requiring and/or providing the compliance education.

Notification of compliance education requirements will be communicated through various means, including, but not limited to supervisors, written memorandum, internet/intranet and/or e- mail.

General and specific compliance education programs and related information shall be periodically reviewed and updated to address current risk areas and improvement opportunities. A variety of educational methods, materials, and tools will be utilized to present general and specific compliance education programs.

2. General Compliance Education Content and Delivery.

The ICO shall be responsible for developing the content for and delivery of general compliance education for TTUHSC El Paso. The content of the general compliance education will include, but is not limited to, overview of pertinent laws and regulations, the TTUHSC El Paso Compliance Plan, TTUHSC El Paso risk areas, roles and responsibilities and other information necessary to maintain an effective general compliance education program.

3. Specific Compliance Education Content and Delivery

It will be the responsibility of the individual, department or committee having regulatory compliance oversight to develop the content and deliver specific compliance education related to its area of regulatory oversight responsibility. The content of these educational programs shall include those areas mandated by law, regulation and/or policy and may include a review of relevant laws and regulations applicable to that regulatory compliance area, identified or potential risk areas, responsibilities, and methods to improve compliance. Specific compliance education includes, but is not limited to education for the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), Radiation Safety, Safety, Human Resources, Family Educational Rights and Privacy Act (FERPA), Billing Compliance, Privacy and Security, and other education as may be required by law, regulation and/or TTUHSC El Paso policy. Specific compliance training requirements shall be communicated by the department or committee responsible for the content and delivery of the specific compliance education.

4. Education Reporting and Maintenance of Compliance Education Materials

Records of completion of compliance education shall be maintained by the department or committee responsible for delivery of the education in accordance with institutional/regulatory guidelines. Summary reports of compliance with mandatory compliance education requirements shall be compiled by the department responsible for the education at least annually or more often as necessary and submitted to the ICO for review by the ICC.

Copies of all general and specific compliance education materials (electronic and/or hard copy) shall be retained in accordance with [HSCEP OP 10.09](#), Records Retention, and/or legal and regulatory requirements, whichever is more stringent.

C. MANAGER AND SUPERVISOR RESPONSIBILITIES

The promotion of and adherence to the ICP by all managers and supervisors is considered an integral part of their job performance. Persons serving in management or supervisory positions at TTUHSC El Paso (to include faculty, etc.) shall receive notice of individuals reporting to them who need to complete compliance training and are ultimately responsible to make sure that each individual completes the required compliance training applicable to that person. Completion of required compliance training will be monitored and documented. Specifically, managers and supervisors shall: complete all required compliance training for their respective positions, inform employees of required compliance training specifically related to their job function and appropriately monitor employees to verify that employees complete all mandatory compliance training.

D. CORRECTIVE ACTION

Compliance training is required of all employees and is a condition of employment with TTUHSC El Paso. It is the responsibility of the manager or supervisor to take appropriate action, including disciplinary action, for employees who fail to timely complete TTUHSC El Paso mandatory training.

VI. **CRIMINAL BACKGROUND AND SANCTION CHECKS**

A. EMPLOYEES

All new TTUHSC El Paso employees undergo a criminal background and sanction checks pursuant to [HSCEP OP 70.20](#), Employment Background

Screening Policy and [HSCEP OP 52.11](#), Sanction Check Process. TTUHSC El Paso may prohibit the employment of any person listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in federal or state funded programs to maintain compliance with federal and/or state laws.

B. RESIDENTS AND STUDENTS

In accordance with [HSCEP OP 10.20](#), Criminal Background Checks for Students and Trainees, students and residents participating in patient interactions or clinical training will be required to undergo initial criminal background and sanction checks. Residents will not be placed on the payroll or assigned clinical duties until cleared based on criminal background and sanction check results. Once employed, residents will be subject to routine sanction checks in accordance with [HSCEP OP 52.11](#), Sanction Check Process. Any resident listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in federal or state funded programs shall not be enrolled in the TTUHSC El Paso residency program.

C. CONTRACTORS/VENDORS

In accordance with [HSCEP OP 52.11](#), Sanction Check Process, TTUHSC El Paso Purchasing and Contracting Offices shall conduct appropriate searches of vendors and contractors against federal and state sanction lists as part of the review process. TTUHSC El Paso shall not contract with any individual or entity which is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in federal or state funded programs.

VII. MONITORING AND RISK ASSESSMENT

A. ROUTINE MONITORING ACTIVITY

Regulatory Oversight Committees conduct routine monitoring in accordance with identified risks. The ICO shall be responsible for conducting routine monitoring of TTUHSC El Paso compliance policies and activities, including activities of Regulatory Oversight Committees based upon risks identified as part of the on-going risk assessment or as otherwise directed by the ICC.

B. ON-GOING RISK ASSESSMENT

The ICO shall conduct on-going risk assessments of TTUHSC El Paso activities to identify potential risk areas. This information shall be shared with the TTUS Office of Audit Services as part of its annual risk assessment activities.

VIII. REPORTING RESPONSIBILITIES AND RESOURCES

A. REPORTING RESPONSIBILITY

Reporting suspected fraud, violations of law or non-compliance is essential to the effectiveness of the TTUHSC El Paso ICP. TTUHSC El Paso employees and students shall report suspected violations of, or non-compliance with federal or state laws, and/or TTUHSC El Paso policies. There are various methods and resources available to report suspected fraud, violations of law or non-compliance. Any member of the TTUHSC El Paso community who has a reasonable basis for believing fraud, violation of law or other non-compliance has occurred has a responsibility to promptly notify his/her supervisor, TTUS Office of Audit Services, Texas Tech Police Department, Human Resources (as applicable), the TTUHSC El Paso ICO, or use the external confidential Fraud and Misconduct Line (See Section B below).

It is a violation of TTUHSC El Paso policy to intentionally make or submit false reports of fraud, violations of law or non-compliance. Those found to have made or submitted false reports will be subject to disciplinary action, up to and including termination of employment or association with TTUHSC El Paso.

B. FRAUD AND MISCONDUCT LINE HOTLINE

Members of the TTUHSC El Paso community are encouraged to attempt the resolution of concerns through established channels whenever possible. However, in those situations where that is not possible, TTUS has contracted with an outside company, EthicsPoint, to provide a confidential and anonymous mechanism to report suspected fraud, waste and abuse, or other illegal or unethical conduct of employees, students, vendors or independent contractors of any of the component institutions, including TTUHSC El Paso.

1-866-294-9352 (also available in Spanish)

or

www.ethicspoint.com

Reports may be submitted by telephone or through the secure website address noted above. See also [HSCEP OP 52.03](#), Fraud and Misconduct Hotline.

C. NON-RETALIATION POLICY

Those making or submitting good faith reports of violations of law and/or TTUHSC El Paso policies or non-compliance are protected from retaliation under federal and state

laws, including the federal and Texas Whistleblower Acts. Pursuant to [HSCEP OP 52.04](#), Reporting Violations, Non-Retaliation Policy, TTUHSC El Paso shall not intimidate, threaten, coerce, terminate, discriminate against or take any retaliatory action against any person who, in good faith, reports suspected non-compliance or violations of law or TTUHSC El Paso policies.

D. CONFIDENTIAL AND ANONYMOUS

Reports will be handled and investigated in a confidential and anonymous manner subject to existing policies (including faculty or student handbooks) and to the extent allowed by law.

IX. **RESPONSE AND CORRECTIVE ACTION**

A. RESPONSE TO ALLEGATIONS

All reports of suspected fraud, violation of law and/or non-compliance shall be tracked and investigated. If the report concerns an allegation of suspected fraud, the matter shall be reported to the Office of Internal Audit pursuant to Regents' Rule 07.03, which may conduct the investigation or collaborate with others to conduct the investigation. Allegations of suspected violations of law or non-compliance shall be reviewed and investigated, if warranted, by the responsible Regulatory Oversight Committee, with assistance from the ICO. Advice from the Office of General Counsel regarding any investigation may be obtained whenever necessary. A written report of each investigation by the ICO shall be prepared, to include findings and recommendations and marked confidential in accordance with this plan. A summary report of all ICO compliance investigations shall be provided to the ICC. The ICC has the authority to require action in addition to those recommended by the investigating entity/individual.

TTUHSC El Paso students, faculty and staff shall cooperate during any compliance investigation and shall not alter or destroy any documentation during the course of the investigation.

B. CORRECTIVE ACTION AND APPEAL RIGHTS

Failure or refusal to comply with this plan, applicable laws, regulations and/or TTUHSC El Paso policies will result in corrective action. An employee's supervisor, chair, or dean may also be subject to corrective action when he/she (i) directs or approves the employee's improper actions; (ii) is aware of the improper actions and fails to correct them, or (iii) otherwise fails to exercise appropriate supervision. Corrective action may also be imposed where an employee should have detected, but failed to detect fraud, a violation of law or non-compliance. Correction may include, but is not limited to, any of the following actions:

- Mandatory training
- Counseling
- Increased monitoring/auditing
- Reclassification or reassignment of duties
- Suspension of billing privileges for health care providers
- Termination of employment or contractual relationship

Corrective action and any appeal rights will be addressed in accordance with existing policies, including, but not limited to the Faculty Handbook, Student Handbook, the Student Affairs Handbook, [HSCEP OP 70.31](#), Employee Conduct, Coaching, Corrective Action, and Termination and [Regents' Rule 04.03](#).