

Legend: (Proposed New Rule)
Regular Print = Proposed new language

§157.11. Requirements for an EMS Provider License

(a) Purpose: Acquiring, issuing, and maintaining an EMS Providers License

(b) Application requirements for an Emergency Medical Services (EMS) Provider License.

(1) Candidates for an initial EMS provider license shall submit a completed application to the department.

(2) A nonrefundable application fee of \$500 per provider plus \$180 for each EMS vehicle to be operated under the license shall accompany the application.

(3) An EMS provider holding a valid license or authorization from another state; whose service area adjoins the state of Texas; who has in place a written mutual aid agreement, with a licensed Texas EMS provider, and who when requested to do so by a licensed Texas EMS provider, responds into Texas for emergency mutual aid assistance, may be exempt from holding a Texas EMS provider license, but will be obligated to perform to the same medical standards of care required of EMS providers licensed in Texas.

(4) A fixed-wing or rotor-wing air ambulance provider, appropriately licensed by the state governments of New Mexico, Oklahoma, Arkansas, or Louisiana may apply for reciprocal issuance of a provider license. A nonrefundable administrative fee of \$500 per provider in addition to a nonrefundable fee of \$180 for each EMS aircraft to be operated in Texas under the reciprocal license shall accompany the application.

(5) An EMS provider that provides emergency prehospital care is exempt from payment of department licensing and authorization fees if the firm is staffed with at least 75% volunteer personnel, has no more than five full-time staff or equivalent, and if the firm is recognized as a Section 501(c)(3) nonprofit corporation by the Internal Revenue Service. An EMS provider who compensates a physician to provide medical supervision may be exempt from the payment of department licensing and authorization fees if all other requirements for fee exemption are met.

(6) Required Documents that shall accompany a license application.

(A) Document verifying volunteer status, if applicable;

(B) Map and description of service area, a list of Counties and Cities in which applicant proposes to provide primary emergency service and a list of all station locations with address and telephone and facsimile transmission numbers for each station.

(C) Declaration of organization type and profit status

- (D) Declaration of Provider Name
- (E) Declaration of Ownership
- (F) Declaration of Administrator
- (G) Copies of Doing Business Under Assumed Name Certificates (D/B/A);
- (H) Completed EMS Personnel Form;
- (I) Staffing Plan that describes how the EMS provider will provide continuous coverage for the service area defined in documents submitted with the EMS provider application.
- (J) Completed EMS Vehicle Form;
- (K) Declaration of medical director and a copy of the signed contract or agreement with a physician who is currently licensed in the state of Texas, in good standing with the Texas State Board of Medical Examiners, in compliance Texas State Board of Medical Examiners Rules, particularly regarding Emergency Medical Services as outlined in 22 TAC 197, and in compliance with Subtitle B of Title 3 of the Texas Occupations Code;
- (L) Completed Medical Director Information Form;
- (M) Treatment and Transport Protocols approved and signed by the medical director.
- (N) A listing of equipment, supplies and medications; approved and signed by the medical director.
- (O) Description of how the provider will conduct Quality Assurance;
- (P) Plan for how the provider will respond to disaster incidents including mass casualty situations;
- (Q) Copies of written Mutual Aid and/or Inter-local Agreements with EMS providers;
- (R) Documentation as required for subscription or membership program, if applicable.
- (S) Certificate of Insurance, provided by the insurer, identifying the department as the certificate holder and indicating at least minimum motor vehicle liability coverage for each vehicle to be operated and professional liability coverage. If applicant is a

government subdivision, submit evidence of financial responsibility by self-insuring to the limit imposed by the tort claims provisions of the Texas Civil Practice and Remedies Code.

(i) The applicant shall maintain motor vehicle liability insurance as required under the Texas Transportation Code;

(ii) The applicant shall maintain professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, with a company licensed or deemed eligible by the Texas Department of Insurance to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of, or caused by the care, or lack of care, of a patient;

(T) The applicant shall provide copies of vehicle titles, vehicle lease agreements, copies of exempt registrations if applicant is a government subdivision, or an affidavit identifying applicant as the owner, lessee, or authorized operator for each vehicle to be operated under the license;

(c) EMS Provider License.

(1) License;

(A) Applicants who have submitted all required documents and who have met all the criteria for licensure will be issued a provider license to be effective for a period of two years from the date of issuance.

(B) Licenses shall be issued in the name of the applicant.

(C) License expiration dates may be adjusted by the department to create licensing periods less than two years for administrative purposes.

(D) An application for an initial license or for the renewal of a license may be denied to a person or legal entity who owns or who has owned any portion of an EMS provider service or who operates/manages or who/which has operated/managed any portion of an EMS provider service which has been sanctioned by or which has a proposed disciplinary action/sanction pending against it by the department or any other local, state or federal agency.

(E) The license will be issued in the form of a certificate which shall be prominently displayed in a public area of the provider's primary place of business.

(F) An EMS Provider License issued by the department shall not be transferable to another person or entity.

(2) Vehicle Authorizations.

(A) The department will issue authorizations for each vehicle to be operated by the applicant which meets all criteria for approval as defined in subsection (d) of this section.

(B) Vehicle Authorizations shall be issued for the following levels of service, and a provider may operate at a higher level of service based on appropriate staffing, equipment and medical direction for that level. Vehicle authorizations will include a level of care designation at one of the following levels:

- (1) Basic Life Support (BLS);
- (2) BLS with Advanced Life Support (ALS) capability;
- (3) BLS with Mobile Intensive Care Unit (MICU) capability;
- (4) Advanced Life Support (ALS);
- (5) ALS with MICU capability;
- (6) Mobile Intensive Care Unit (MICU);
- (7) Air Medical:
 - (i) Rotor wing; or
 - (ii) Fixed wing; and
- (8) Specialized.

(C) Change of Vehicle Authorization. To change an authorization to a different level the provider shall submit a request with appropriate documentation to the department verifying the provider's ability to perform at the requested level. A fee of \$30 shall be required for each new authorization requested. The provider shall allow sufficient time for the department to verify the documentation and conduct necessary inspections before implementing service at the requested authorization level.

(D) Vehicle Authorizations are not required to be specific to particular vehicles and may be interchangeably placed in other vehicles as necessary. The original Vehicle Authorization for the appropriate level of service shall be prominently displayed in the patient compartment of each vehicle:

(E) Vehicle Authorizations are not transferable between providers.

(F) A replacement of a lost or damaged license or authorization may be issued if requested with a nonrefundable fee of \$10.

(3) Declaration of Business Names and Administration.

(A) The applicant shall submit a list of all business names under which the service is operated. If the applicant intends to operate the service under a name or names different from the name for which the license is issued, the applicant shall submit certified copies of assumed name certificates. The Department shall not issue licenses with an identical name.

(B) A change in the name which the service is operated will require a new application and a prorated fee as determined by the department. A new provider number will be issued.

(C) Name of Administrator must be declared. The applicant shall submit a notarized document declaring the full name of the chief administrator, his/her mailing address and telephone number to whom the Department shall address all official communications in regard to the license.

(d) Vehicles.

(1) All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently.

(2) EMS vehicles must allow the proper and safe storage and use of all required equipment, supplies and medications and must allow all required procedures to be carried out in a safe and effective manner.

(3) Unless otherwise approved by the department, EMS vehicles must meet the minimum ambulance vehicle body type, dimension and safety criteria as specified in the "Federal Specification for ambulances", KKK-A-1822, published by the U.S. General Services Administration.

(4) All vehicles shall have an environmental system capable of heating or cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when in service and which allows for protection of medication, according to manufacturer specifications, from extreme temperatures if it becomes environmentally necessary. The provider shall provide evidence of an operational policy which shall list the parenteral pharmaceuticals authorized by the medical director and which shall define the storage and/or FDA recommendations. Compliance with the policy shall be incorporated into the provider's Quality Assurance process and shall be documented on unit readiness reports.

(5) When response-ready or in-service, EMS vehicles shall have operational two-way communication capable of contacting appropriate medical resources.

(6) When response ready or in service, EMS vehicles shall be in compliance with all applicable federal, state and local requirements.

(7) All EMS vehicles shall have the name of the provider and a current department issued EMS provider license number prominently displayed on both sides of the

vehicle in at least 2 inch lettering. The license number should have the letters TX prior to the license number. This requirement does not apply to fixed wing air craft.

(e) Substitution, replacement and additional vehicles.

(1) The provider shall notify the department within five business days if the provider substitutes or replaces a vehicle. No fee is required for a vehicle substitution or replacement.

(2) The provider shall notify the department if the provider adds a vehicle to the provider's operational fleet. A vehicle authorization request shall be submitted with a non-refundable vehicle fee prior to the vehicle being placed into service.

(f) Staffing Plan Required.

(1) The applicant shall submit a completed EMS Personnel Form listing each response person assigned to staff EMS vehicles by name, certification level, and department issued certification/license identification number.

(2) An EMS provider responsible for an emergency response area that is unable to provide continuous coverage within the declared service areas shall publish public notices in local media of its inability to provide continuous response capability and shall include the days and hours of its operation. The EMS provider shall notify all the public safety-answering points and all dispatch centers of the days and hours when unable to provide coverage. The EMS provider shall submit evidence that reasonable attempts to secure coverage from other EMS providers have been made.

(g) Minimum Staffing Required.

(1) BLS - when response-ready or in-service, authorized EMS vehicles operating at the BLS level shall be staffed at a minimum with two emergency care attendants (ECA)'s.

(2) BLS with ALS capability when response-ready or in-service below ALS two ECA's. Full ALS status becomes active when staffed by at least an emergency medical technician (EMT)-Intermediate and at least an EMT.

(3) BLS with MICU capability - when response-ready or in-service below MICU two ECA's. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT.

(4) ALS - when response-ready or in-service, authorized EMS vehicles operating at the ALS level shall be staffed at a minimum with one EMT Basic and one EMT-Intermediate.

(5) ALS with MICU capability - when response-ready or in-service below MICU shall require one EMT-Intermediate and one EMT. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT.

(6) MICU - when response-ready or in-service, authorized EMS vehicles operating at the MICU level shall be staffed at a minimum with one EMT Basic and one EMT-Paramedic.

(7) Specialized - when response-ready or in-service, EMS vehicles authorized to operate for a specialized purpose shall be staffed with a minimum of two personnel appropriately licensed and/or certified as determined by the type and application of the specialized purpose and as approved by the medical director and the department.

(8) For air ambulance staffing requirements refer to §157.12(f) of this title or §157.13(g) of this title.

(9) As justified by patient needs, providers may utilize appropriately certified and/or licensed medical personnel in addition to those which are required by their designation levels. In addition to the care rendered by the required staff, the provider shall be accountable for care rendered by any additional personnel.

(h) Treatment and Transport Protocols Required.

(1) The applicant shall submit written delegated standing orders for patient treatment and transport (protocols) which have been approved and signed by the provider's medical director;

(2) The protocols shall have an effective date and an expiration date which correspond to the inclusive dates of the provider's EMS license;

(3) The protocols shall address the use of non-EMS certified or licensed medical personnel who, in addition to the EMS staff, may provide patient care on behalf of the provider and/or in the provider's EMS vehicles;

(4) The protocols shall address the use of all required, additional, and/or specialized medical equipment, supplies, and pharmaceuticals carried on each EMS vehicle in the provider's fleet;

(5) The protocols shall identify delegated procedures for each EMS Certification or license level utilized by the provider;

(6) The protocols shall indicate specific applications, including geographical area and duty status of personnel.

(i) EMS Equipment, supplies, medical devices, parenteral solutions and pharmaceuticals.

(1) The EMS provider shall submit a list, approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the

quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients. The quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.

(2) All critical patient care equipment, medical devices, and supplies shall be clean and fully operational. All critical patient care battery powered equipment shall have spare batteries or an alternative power source, if applicable.

(3) All solutions and pharmaceuticals shall be in date and shall be stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations.

(4) The requirements for air ambulance equipment and supplies are listed in §157.12 (h) of this title or §157.13 (h) of this title.

(j) The following items shall be present on each EMS in-service vehicle and on, or immediately available for, each response-ready vehicle in quantities, sizes and types as specified in the equipment list as required in subsection (i) of this section:

(1) Basic Life Support:

(A) oropharyngeal airways;

(B) portable and vehicle mounted suction;

(C) bag valve mask units, oxygen capable;

(D) portable and vehicle mounted oxygen;

(E) oxygen delivery devices;

(F) dressing and bandaging materials;

(G) rigid cervical immobilization devices;

(H) spinal immobilization devices;

(I) extremity splints;

(J) equipment to meet special patient needs;

(K) equipment for determining and monitoring patient vital signs, condition or response to treatment;

(L) pharmaceuticals, as required by medical director protocols;

(M) An External Cardiac Defibrillator appropriate to the staffing level;

(N) A patient-transport device capable of being secured to the vehicle.

(O) An epinephrine auto injector or similar device capable of treating anaphylaxis.

(2) Advanced Life Support:

(A) all required BLS equipment;

(B) advanced airway equipment; and

(C) IV equipment and supplies.

(D) pharmaceuticals as required by medical director protocols;

(3) MICU:

(A) all required BLS and ALS equipment; ~~and~~

(B) cardiac monitor/defibrillator; and

(C) pharmaceuticals as required by medical director protocols.

(4) BLS with ALS Capability.

(A) all required BLS equipment, even when in service or response ready at the ALS level; and,

(B) all required ALS equipment, when in service or response ready at the ALS level.

(5) BLS with MICU Capability.

(A) all required BLS equipment, even when in service or response ready at the MICU level; and,

(B) all required MICU equipment, when in service or response ready at the either the MICU level.

(6) ALS with MICU Capability.

(A) all required ALS equipment, even when in service or response ready at the MICU level; and,

(B) all MICU equipment, when in service or response ready at the MICU level.

(7) In addition to medical supplies and equipment:

(A) a complete and current copy of written protocols approved by the medical director; with a current and complete equipment, supply, and medication list;

(B) operable emergency warning devices;

(C) personal protective equipment for the crew to include at least:

(i) protective, non-porous gloves;

(ii) medical eye protection;

(iii) medical respiratory protection;

(iv) medical protective gowns or equivalent; and

(v) personal cleansing supplies;

(D) sharps container;

(E) biohazard bags;

(F) portable, battery-powered flashlight (not a penlight);

(G) a mounted fire extinguisher;

(H) "No Smoking" signs posted in the patient compartment and cab of vehicle;

(I) emergency response guide book (for hazardous materials)

(8) As justified by specific patient needs, and when qualified personnel are available, providers may appropriately utilize equipment in addition to that which is required by their designation levels. Equipment used must be consistent with protocols and/or patient-specific orders and must correspond to personnel qualifications.

(k) National accreditation. If a provider has been accredited through a national accrediting organization approved by the department and adheres to Texas staffing level requirements, the department may exempt the provider from portions of the license process. In addition to other licensing requirements, accredited providers shall submit:

(1) an accreditation self-study;

(2) a copy of formal accreditation certificate; and

(3) any correspondence or updates to or from the accrediting organization which impact the provider's status.

(1) Subscription or Membership Services. An EMS provider who operates or intends to operate a subscription or membership program for the provision of EMS within the provider service area shall meet all the requirements for an EMS provider license as established by the Health and Safety Code, Chapter 773, and the rules adopted thereunder, and shall obtain department approval prior to soliciting, advertising or collecting subscription or membership fees. In order to obtain department approval for a subscription or membership program, the EMS provider shall:

(1) Obtain written authorization from the highest elected official (County Judge or Mayor) of the political subdivision(s) where subscriptions will be sold. Written authorization must be obtained from each County Judge if subscriptions are to be sold in multiple Counties.

(A) The County Judge must provide written authorizations if subscriptions sold across an entire County.

(B) The Mayor may provide written authorization if subscriptions are sold exclusively within the boundaries of an incorporated town or city.

(2) Submit a copy of the contract used to enroll participants.

(3) The EMS provider shall maintain a current file of all advertising for the service. Submit a copy of all advertising used to promote the subscription service within ten days after the beginning of any enrollment period.

(4) Comply with all state and federal regulations regarding billing and reimbursement for participants in the subscription service.

(5) Provide evidence of financial responsibility by:

(A) obtaining a surety bond payable to the department in an amount equal to the funds to be subscribed. The surety bond must be on a department bond form and be issued by a company licensed by or eligible to do business in the State of Texas; or

(B) submitting satisfactory evidence of self insurance an amount equal to the funds to be subscribed if the provider is a function of a governmental entity;

(6) not deny emergency medical services to non-subscribers or subscribers of non-current status;.

(7) be reviewed at least every year; and the subscription program may be reviewed by the department at any time;

(8) furnish a list after each enrollment period with the names, addresses, dates of enrollment of each subscriber, and subscription fee paid by each subscriber.

(9) furnish the department beginning and ending dates of enrollment period(s). Subscription service period shall not exceed one year. Subscribers shall not be charged more than a prorated fee for the remaining subscription service period that they subscribe for.

(11) furnish the department with the total amount of funds collected each year.

(10) not offer membership nor accept members into the program who are Medicaid clients.

(m) Responsibilities of the EMS provider. During the license period, the provider's responsibilities shall include:

(1) assuring that all response-ready and in-service vehicles are maintained, operated, equipped and staffed in accordance with the requirements of the provider's license;

(2) assuring the existence of and adherence to a quality assurance plan which shall, at a minimum, include;

(A) The Standard of Patient Care and the Medical Director's Protocols;

(B) Pharmaceutical Storage;

(C) Readiness inspections;

(D) Preventive Maintenance;

(E) Policies and Procedures and,

(F) Complaint management

(G) Patient Care Reporting and Documentation

(3) monitoring the quality of patient care provided by the service and personnel and taking appropriate and immediate corrective action to insure that quality of service is maintained in accordance with the existing standards of care;

(4) ensuring that all personnel are currently certified or licensed by the department;

(5) assuring that all personnel, when on an in-service vehicle or when on the scene of an emergency, are prominently identified by, at least, the last name and the first initial of the first name, the certification or license level and the provider name. A provider may utilize an alternative identification system in incident specific situations that pose a potential for danger if the individuals are identified by name;

(6) assuring the confidentiality of all patient information in compliance with all federal and state laws;

(7) assuring that Informed Treatment/Transport Refusal forms are obtained from all patients refusing service, or documenting incidents when an Informed Treatment/Transport Refusal form can not be obtained;

(8) assuring that patient care reports are completed accurately on all patients;

(9) assuring that patient care reports are provided to emergency facilities receiving the patients;

(i) The report shall be accurate, complete and clearly written or computer generated;

(ii) The report shall document, at a minimum, the patient's name, condition upon arrival at the scene; the prehospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff;

(iii) Whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered;

(iv) If in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient.

(10) assuring that all requested patient records are made promptly available to the medical director or department when requested;

(11) assuring that current protocols, current equipment, supply and medication lists, and the correct original Vehicle Authorization at the appropriate level are maintained on each response-ready and in-service vehicle;

(12) monitoring and enforcing compliance with all policies;

(13) assuring provisions for the appropriate disposal of medical and/or biohazardous waste materials;

(14) assuring ongoing compliance with the terms of first responder agreements;

(15) assuring that all documents, reports or information provided to the department are current, accurate and complete;

(16) assuring compliance with all federal and state laws and regulations and all local ordinances, policies and codes at all times;

(17) assuring that all response data required by the department is submitted in accordance with the department's requirements;

(18) assuring that, whenever there is a change in the name of the provider or the service's operational assumed name, the printed name on the vehicles are changed accordingly within 30 days of the change;

(19) assuring that the department is notified in five business days whenever:

(A) a vehicle is substituted or replaced;

(B) there is a change in the level of service;

(C) there is a change in the declared service area;

(D) there is a change in the official business mailing address;

(E) there is a change in the physical location of the business;

(F) there is a change in the physical location of patient report file storage, to assure that the department has access to these records at all times; and

(G) there is a change of the administrator;

(20) assuring that when a change of the medical director has occurred the department be notified within one business day;

(21) develop, implement and enforce written operating policies and procedures required under this chapter and/or adopted by the licensee. Assure that each employee is provided a copy upon employment and whenever such policies and/or procedures are changed. A copy of the written operating policies and procedures shall be made available to the department on request. Policies at a minimum shall adequately address;

(A) personal protective equipment;

(B) immunizations available to staff;

(C) infection control procedures;

(D) communicable disease exposure;

(E) emergency vehicle operation;

(F) credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum:

(i) a comprehensive orientation session of the services policies and procedures, treatment and transport protocols, safety precautions, and quality management process; and

(ii) an internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person, if operationally feasible.

(G) appropriate documentation of patient care; and

(H) vehicle checks, equipment, and readiness inspections.

(22) assuring that manufacturers' operating instructions for all critical patient care electronic and/ or technical equipment utilized by the provider are available for all response personnel;

(23) assuring that the department is notified within five business days of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever:

(A) the vehicle is rendered disabled and inoperable at the scene of the occurrence;
or,

(B) there is a patient on board;

(24) assuring that the department is notified within 1 business day of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever there is personal injury or death to any person;

(25) maintaining motor vehicle liability insurance as required under the Texas Transportation Code;

(26) maintaining professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, with a company licensed or deem eligible by the Texas Department of Insurance to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of, or caused by the care, or lack of care, of a patient;

(27) insuring continuous coverage for the service area defined in documents submitted with the EMS provider application; and

(28) responding to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation

(29) assuring all EMS personnel receive continuing education training on the provider's anaphylaxis treatment protocols. The provider shall maintain training records to include date, time, and location of such training for all its EMS personnel.

(30) immediately notify the department in writing when operations cease in any service area

(31) assure that all patients transported by stretcher must be in a department authorized EMS vehicle.

(32) develop or adopt and then implement policies, procedures and protocols necessary for its operations as an EMS provider, and enforce all such policies procedures and protocols.

(n) License renewal process.

(1) It shall be the responsibility of the provider to request license renewal application information.

(2) Providers shall submit a completed application, all other required documentation and a nonrefundable license renewal fee, no later than 90 days prior to the expiration date of the current license;

(A) If a complete application is received by the department 90 or more days prior to the expiration date of the current license that is to be renewed, the applicant shall submit a non refundable application fee of \$400 per provider plus \$180 for each EMS vehicle.

(B) If a complete application is received by the department 60 or more days, but less than 90 days, prior to the expiration date of the current license that is to be renewed, the applicant shall submit a non refundable application fee of \$450 per provider plus \$180 for each EMS vehicle.

(C) If a complete application is received by the department less than 60 days prior to the expiration of the current license the applicant shall submit a nonrefundable application fee of \$500 per provider plus \$180 for each EMS vehicle.

(D) If the application for renewal is received by the department after the expiration date of the current license, a notice will be sent to the provider explaining they are not

eligible to renew, but the license application will be processed and new provider license number issued after satisfying all requirements.

(E) An EMS provider may not operate after the license has expired.

(o) Provisional License.

(1) The department may issue a provisional license if an urgent need exists in a service area if the department finds that the applicant is in substantial compliance with the provisions of this section and if the public interest would be served. A provisional license shall be effective for no more than forty-five (45) days from the date of issuance.

(A) A provider may apply for a provisional license by submitting a written request and a nonrefundable fee of \$30;

(B) A provisional license issued by the department may be revoked at any time by the department, with written notice to the provider, if the department finds that the provider is failing to provide appropriate service in accordance with this section or that the provider is in violation of any of the requirements of this title.

(2) An EMS provider may not operate after the license has expired.

(p) Advertisements.

(1) Any advertising by an EMS provider shall not be misleading, false, or deceptive. If an EMS provider advertises in Texas and/or conducts business in Texas by regularly transporting patients to, from, or within Texas, the provider shall be required to have a Texas EMS Provider License.

(2) An EMS provider shall not advertise levels of patient care which cannot be provided at all times. The provider shall not use a name, phrase or language that could mislead the public to believe a higher level of care is being provided.

(3) An EMS provider that has more than five paid staff, but is composed of at least 75 percent volunteer EMS personnel may advertise as a volunteer service.

(q) Surveys/Inspections.

(1) All initial applicants shall be required to have an initial compliance survey by the department that evaluates all aspects of an applicant's proposed operations including clinical care components and an inspection of all vehicles prior to the issuance of a license.

(2) At renewal, or randomly, or in response to a complaint, or for other good reason the department may conduct an unannounced compliance survey to include inspection of a provider's vehicles, operations, and/or records to insure compliance with this title at any time, including nights or weekends.

(3) If a re-survey/inspection to insure correction of a deficiency is conducted, the provider shall pay a nonrefundable fee of \$30 per vehicle needing a re-inspection.

(r) Specialty Care Transports. A Specialty Care Transport is defined as the interfacility transfer by a department licensed EMS provider of a critically ill or injured patient requiring specialized interventions, monitoring and/or staffing. To qualify to function as a Specialty Care Transport the following minimum criteria shall be met:

(1) Qualifying Interventions:

(A) Patients with one or more of the following IV infusions: Vasopressors; Vasoactive Compounds; Antiarrhythmics; Fibrinolytics; Tocolytics; Blood or blood products; and/or any other parenteral pharmaceutical unique to the patient's special health care needs, and;

(B) One or more of the following special monitors or procedures: Mechanical Ventilation; Multiple Monitors, Cardiac Balloon Pump; External cardiac support (Ventricular assist devices, etc); Any other specialized device, vehicle or procedure unique to the patient's health care needs.

(2) Equipment: All specialized equipment and supplies appropriate to the required interventions shall be available at the time of the transport.

(3) Minimum Required Staffing. One currently certified EMT-Basic and one currently certified or licensed paramedic with the additional training as defined below; or, a currently certified EMT-Basic and a currently certified or licensed paramedic accompanied by at least one of the following: a Registered Nurse with special knowledge of the patient's care needs; a certified Respiratory Therapist; a licensed physician; or, any licensed health care professional designated by the transferring physician.

(4) Additional Required Training for Certified/Licensed Paramedics: Evidence of successful completion of post-paramedic training and appropriate periodic skills verification in management of patients on ventilators, 12 lead EKG and/or other critical care monitoring devices, drug infusion pumps, and cardiac and/or other critical care medications, or any other specialized procedures or devices determined at the discretion of the provider's medical director.

(s) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.