Purple – New language developed following the last Air Medical Committee

157.12 Air Medical draft rule language

(xx) A Rotor-wing air medical provider that advertises and/or operates in Texas is required to have a valid Texas EMS Provider License.

(xx) An EMS provider license shall be issued to an air medical rotor-wing applicant that meets or exceeds all requirements of this rule.

(xx) Applicants for an initial rotor-wing EMS provider license shall submit a completed application to the department including the documentation and fees as listed below:

1. A nonrefundable application fee of $500 per provider plus $180 for each EMS aircraft to be operated under the license shall accompany the application. Information concerning applicable fees for ground vehicles is described in §157.11 of this chapter.

2. A 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. The provider will be obligated to perform to the same medical standards of care required of EMS air medical providers licensed in Texas.

3. Required Documents that shall accompany a rotor-wing air medical license application

   (A) [Under construction]

4. The department may issue a one-year conditional license to a rotor-wing air medical provider that has met minimum requirements as listed below, but a regular provider license will not be issued until all requirements including review of the site survey report have been met.

   (A) approval of the application

   (B) …..

   (C) …
(5) Site Survey required.

(A) Applicants may request a survey through the Commission on Accreditation of Medical Transport Systems (CAMTS) or by a team of Department of State Health Services (DSHS) approved surveyors. Surveyors will be at a minimum CAMTS-trained.

(B) The applicant shall notify the department of the requested date of the planned survey and the composition of the survey team. The department shall retain authority to require a change in the date or in the composition of the survey team.

(C) The applicant shall be responsible for any expenses associated with the survey.

(D) The department at its discretion may appoint one or more staff members to participate in the survey. In this event, the cost for the employee shall be borne by the department. An applicant has the right to refuse to allow non-department observers to participate in a survey.


(F) The survey shall be completed within one year of the date of the approval of the application.

(G) The designated lead surveyor shall submit a copy of the site survey report to the department within 14 days after completion of the survey.

(6) The department will consider the site survey report but all other requirements for licensure must be met before a provider license will be issued.

(7) Rotor-wing air medical providers seeking or holding CAMTS accreditation must provide the department copies of correspondence sent to and received from CAMTS including the Program Information Form (PIF), site survey report and any correspondence related to the survey or accreditation status.

(8) The department will consider current CAMTS accreditation when reviewing a provider license application but all other requirements for licensure must be met before a provider license will be issued.

(9) Licenses may be issued for less than two years for administrative purposes. Licensed EMS providers shall comply with all requirements of their license at all times.

(10) Air medical providers including those accredited by CAMTS must follow the renewal process in (xx) of this chapter in order to renew the provider license.
(11) An EMS provider shall not operate prior to the issuance or upon expiration of the provider license.

(12) DSHS may grant an exception if it finds that compliance with this section would not be in the best interest of the persons served in the affected local system.