

1 Legend:
2 Regular Print = New Language (Current rule will be repealed because of number of changes)
3 Blue = recommended by legal
4 Green = recommended by staff

5
6 DRAFT §157.11 Requirements for an EMS Provider License

7
8 (a) Purpose: Acquiring, issuing, and maintaining an EMS Providers License

9
10 (b) Application requirements for an Emergency Medical Services (EMS) Provider
11 License.

12
13 (1) Candidates for an initial EMS provider license shall submit a completed
14 application to the department.

15
16 (2) A nonrefundable application fee of \$500 per provider plus \$180 for each EMS
17 vehicle to be operated under the license shall accompany the application.

18
19 (3) An EMS provider holding a valid license or authorization from another state;
20 whose service area adjoins the state of Texas; who has in place a written mutual aid agreement,
21 with a licensed Texas EMS provider, and who when requested to do so by a licensed Texas EMS
22 provider, responds into Texas for emergency mutual aid assistance, may be exempt from holding
23 a Texas EMS provider license, but will be obligated to perform to the same medical standards of
24 care required of EMS providers licensed in Texas.

25
26 (4) A fixed-wing or rotor-wing air ambulance provider, appropriately licensed by
27 the state governments of New Mexico, Oklahoma, Arkansas, or Louisiana may apply for
28 reciprocal issuance of a provider license. A nonrefundable administrative fee of \$500 per
29 provider in addition to a nonrefundable fee of \$180 for each EMS aircraft to be operated in
30 Texas under the reciprocal license shall accompany the application.

31
32 (5) An EMS provider that provides emergency prehospital care is exempt from
33 payment of department licensing and authorization fees if the firm is staffed with at least 75%
34 volunteer personnel, has no more than five full-time staff or equivalent, and if the firm is
35 recognized as a Section 501(c)(3) nonprofit corporation by the Internal Revenue Service. An
36 EMS provider who compensates a physician to provide medical supervision may be exempt from
37 the payment of department licensing and authorization fees if all other requirements for fee
38 exemption are met.

39
40 (6) Required Documents that shall accompany a license application.

41
42 (A) Document verifying volunteer status, if applicable;

43
44 (B) Map and description of service area, a list of Counties and Cities in
45 which applicant proposes to provide primary emergency service and a list of all station locations
46 with address and telephone and facsimile transmission numbers for each station.

- 47
48 (C) Declaration of organization type and profit status
49
50 (D) Declaration of Provider Name
51
52 (E) Declaration of Ownership
53
54 (F) Declaration of Administrator
55
56 (G) Copies of Doing Business Under Assumed Name Certificates
57 (D/B/A);
58
59 (H) Completed EMS Personnel Form;
60
61 (I) Staffing Plan that describes how the EMS provider will provide
62 continuous coverage for the service area defined in documents submitted with the EMS
63 provider application.
64
65 (J) Completed EMS Vehicle Form;
66
67 (K) Declaration of medical director and a copy of the signed contract or
68 agreement with a physician who is currently licensed in the state of Texas, in good standing with
69 the Texas State Board of Medical Examiners, in compliance Texas State Board of Medical
70 Examiners Rules, particularly regarding Emergency Medical Services as outlined in 22 TAC
71 197, and in compliance with Subtitle B of Title 3 of the Texas Occupations Code;
72
73 (L) Completed Medical Director Information Form;
74
75 (M) Treatment and Transport Protocols approved and signed by the
76 medical director.
77
78 (N) A listing of equipment, supplies and medications; approved and
79 signed by the medical director.
80
81 (O) Description of how the provider will conduct Quality Assurance;
82
83 (P) Plan for how the provider will respond to disaster incidents including
84 mass casualty situations;
85
86 (Q) Copies of written Mutual Aid and/or Inter-local Agreements with
87 EMS providers;
88
89 (R) Documentation as required for subscription or membership program, if
90 applicable.
91

92 (S) Certificate of Insurance, provided by the insurer, identifying the
93 department as the certificate holder and indicating at least minimum motor vehicle liability
94 coverage for each vehicle to be operated and professional liability coverage. If applicant is a
95 government subdivision, submit evidence of financial responsibility by self-insuring to the limit
96 imposed by the tort claims provisions of the Texas Civil Practice and Remedies Code.
97

98 (i) The applicant shall maintain motor vehicle liability insurance as
99 required under Subchapter D, §601.071 and §601.072, of the Texas
100 Transportation Code;

101
102 (ii) The applicant shall maintain professional liability insurance
103 coverage in the minimum amount of \$500,000 per occurrence,
104 with a company licensed to do business in Texas in order to secure
105 payment for any loss or damage resulting from any occurrence
106 arising out of, or caused by the care, or lack of care, of a patient;
107

108 (T) The applicant shall provide copies of vehicle titles, vehicle lease
109 agreements, copies of exempt registrations if applicant is a government subdivision, or an
110 affidavit identifying applicant as the owner, lessee, or authorized operator for each vehicle to be
111 operated under the license;
112

113 (c) EMS Provider License.

114
115 (1) License;

116
117 (A) Applicants who have submitted all required documents and who have
118 met all the criteria for licensure will be issued a provider license to be effective for a period of
119 two years from the date of issuance.
120

121 (B) Licenses shall be issued in the name of the applicant.
122

123 (C) License expiration dates may be adjusted by the department to create
124 licensing periods less than two years for administrative purposes.
125

126 (D) An application for an initial license or for the renewal of a license may
127 be denied to a person or legal entity who owns or who has owned any portion of an EMS
128 provider service or who operates/manages or who/which has operated/managed any portion of an
129 EMS provider service which has been sanctioned by or which has a proposed disciplinary
130 action/sanction pending against it by the department or any other local, state or federal agency.
131

132 (E) The license will be issued in the form of a certificate which shall be
133 prominently displayed in a public area of the provider's primary place of business.
134

135 (F) An EMS Provider License issued by the department shall not be
136 transferable to another person or entity.
137

138 (2) Vehicle Authorizations.

139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184

(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 included 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 license or authorization may be issued if requested with a nonrefundable fee of \$10.

185
186 (3) Declaration of Business Names and Administration.
187

188 (A) The applicant shall submit a list of all business names under which the
189 service is operated. If the applicant intends to operate the service under a name or names
190 different from the name for which the license is issued, the applicant shall submit certified copies
191 of assumed name certificates. The Department shall not issue licenses with an identical name.
192

193 (B) A change in the name which the service is operated will require a new
194 application and a prorated fee as determined by the department. A new provider number will be
195 issued.
196

197 (C) Name of Administrator must be declared. The applicant shall submit a
198 notarized document declaring the full name of the chief administrator, [his/her mailing address](#)
199 [and telephone number](#) to whom the Department shall address all official communications in
200 regard to the license.
201

202 (d) Vehicles.
203

204 (1) All EMS vehicles must be adequately constructed, equipped, maintained and
205 operated to render patient care, comfort and transportation safely and efficiently.
206

207 (2) EMS vehicles must allow the proper and safe storage and use of all required
208 equipment, supplies and medications and must allow all required procedures to be carried out in
209 a safe and effective manner.
210

211 (3) [Unless otherwise approved by the department, EMS vehicles must meet the](#)
212 [minimum ambulance vehicle body type, dimension and safety criteria as specified in the](#)
213 [“Federal Specification for ambulances”, KKK-A-1822, published by the U.S. General Services](#)
214 [Administration.](#)
215

216 (4) All vehicles shall have an environmental system capable of heating or
217 cooling, in accordance with the manufacturer specifications, within the patient compartment at
218 all times when in service and which allows for protection of medication, according to
219 manufacturer specifications, from extreme temperatures if it becomes environmentally
220 necessary. The provider shall provide evidence of an operational policy which shall list the
221 parenteral pharmaceuticals authorized by the medical director and which shall define the storage
222 and/or FDA recommendations. Compliance with the policy shall be incorporated into the
223 provider’s Quality Assurance process and shall be documented on unit readiness reports.
224

225 (5) When response-ready or in-service, EMS vehicles shall have operational two -
226 way communication capable of contacting appropriate medical resources.
227

228 (6) When response ready or in service, EMS vehicles shall be in compliance with
229 all applicable federal, state and local requirements.
230

231 (7) All EMS vehicles shall have the name of the provider and a current
232 department issued EMS provider license number prominently displayed on both sides of the
233 vehicle in at least 2 inch lettering. The license number should have the letters TX prior to the
234 license number. This requirement does not apply to fixed wing air craft.

235
236 (e) Substitution, replacement and additional vehicles.

237
238 (1)The provider shall notify the department within five business days if the
239 provider substitutes or replaces a vehicle. No fee is required for a vehicle substitution or
240 replacement.

241
242 (2) The provider shall notify the department if the provider adds a vehicle to the
243 provider's operational fleet. A vehicle authorization request shall be submitted with a non-
244 refundable vehicle fee prior to the vehicle being placed into service.

245
246 (f) Staffing Plan Required.

247
248 (1) The applicant shall submit a completed EMS Personnel Form listing each
249 response person assigned to staff EMS vehicles by name, certification level, and [department](#)
250 [issued](#) certification/[license](#) identification number.

251
252 (2) An EMS provider responsible for an emergency response area that is unable to
253 provide continuous coverage within the declared service areas shall publish public notices in
254 local media of its inability to provide continuous response capability and shall include the days
255 and hours of its operation. The EMS provider shall notify all the public safety-answering points
256 and all dispatch centers of the days and hours when unable to provide coverage. The EMS
257 provider shall submit evidence that reasonable attempts to secure coverage from other EMS
258 providers have been made.

259
260 (g) Minimum Staffing Required.

261
262 (1) BLS - when response-ready or in-service, authorized EMS vehicles operating
263 at the BLS level shall be staffed at a minimum with two emergency care attendants (ECA)'s.

264
265 (2) BLS with ALS capability when response-ready or in-service below ALS two
266 ECA's. Full ALS status becomes active when staffed by at least an emergency medical
267 technician (EMT)-Intermediate and at least an EMT.

268
269 (3) BLS with MICU capability - when response-ready or in-service below MICU
270 two ECA's. Full MICU status becomes active when staffed by at least a certified or licensed
271 paramedic and at least an EMT.

272
273 (4) ALS - when response-ready or in-service, authorized EMS vehicles operating
274 at the ALS level shall be staffed at a minimum with one EMT Basic and one EMT-Intermediate.

275

276 (5) ALS with MICU capability - when response-ready or in-service below MICU
277 shall require one EMT-Intermediate and one EMT. Full MICU status becomes active when
278 staffed by at least a certified or licensed paramedic and at least an EMT.
279

280 (6) MICU - when response-ready or in-service, authorized EMS vehicles
281 operating at the MICU level shall be staffed at a minimum with one EMT Basic and one EMT-
282 Paramedic.
283

284 (7) Specialized - when response-ready or in-service, EMS vehicles authorized to
285 operate for a specialized purpose shall be staffed with a minimum of two personnel appropriately
286 licensed and/or certified as determined by the type and application of the specialized purpose and
287 as approved by the medical director and the department.
288

289 (8) For air ambulance staffing requirements refer to §157.12(f) of this title or
290 §157.13(g) of this title.
291

292 (9) As justified by patient needs, providers may utilize appropriately certified
293 and/or licensed medical personnel in addition to those which are required by their designation
294 levels. In addition to the care rendered by the required staff, the provider shall be accountable for
295 care rendered by any additional personnel.
296

297 (h) Treatment and Transport Protocols Required.
298

299 (1) The applicant shall submit written delegated standing orders for patient
300 treatment and transport (protocols) which have been approved and signed by the provider's
301 medical director;
302

303 (2) The protocols shall have an effective date and an expiration date which
304 correspond to the inclusive dates of the provider's EMS license;
305

306 (3) The protocols shall address the use of non-EMS certified or licensed medical
307 personnel who, in addition to the EMS staff, may provide patient care on behalf of the provider
308 and/or in the provider's EMS vehicles;
309

310 (4) The protocols shall address the use of all required, additional, and/or
311 specialized medical equipment, supplies, and pharmaceuticals carried on each EMS vehicle in
312 the provider's fleet;
313

314 (5) The protocols shall identify delegated procedures for each EMS Certification
315 or license level utilized by the provider;
316

317 (6) The protocols shall indicate specific applications, including geographical area
318 and duty status of personnel.
319

320 (i) EMS Equipment, supplies, medical devices, parenteral solutions and pharmaceuticals.
321

322 (1) The EMS provider shall submit a list, approved by the medical director and
323 fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical
324 devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the
325 quantities of each item to be carried and shall specify the sizes and types of each item necessary
326 to provide appropriate care for all age ranges appropriate to the needs of their patients. The
327 quantities listed shall be appropriate to the provider's call volume, transport times and restocking
328 capabilities.

329
330 (2) All critical patient care equipment, medical devices, and supplies shall be
331 clean and fully operational. All critical patient care battery powered equipment shall have spare
332 batteries or an alternative power source, if applicable.

333
334 (3) All parenteral solutions and pharmaceuticals shall be in date and shall be
335 stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug
336 Administration (FDA) recommendations.

337
338 (4) The requirements for air ambulance equipment and supplies are listed in
339 §157.12 (h) of this title or §157.13 (h) of this title.

340
341 (j) The following items shall be present aboard each EMS in-service vehicle and on, or
342 immediately available for, each response-ready vehicle at all times in **quantities, sizes and types**
343 **as specified in the equipment list as required in subsection (i) of this section:**

344
345 (1) Basic Life Support:

- 346 (A) oropharyngeal airways;
- 347
- 348 (B) portable and vehicle mounted suction;
- 349
- 350 (C) bag valve mask units, oxygen capable;
- 351
- 352 (D) portable and vehicle mounted oxygen;
- 353
- 354 (E) oxygen delivery devices;
- 355
- 356 (F) dressing and bandaging materials;
- 357
- 358 (G) rigid cervical immobilization devices;
- 359
- 360 (H) spinal immobilization devices;
- 361
- 362 (I) extremity splints;
- 363
- 364 (J) equipment to meet special patient needs;
- 365
- 366

- 367 (K) equipment for determining and monitoring patient vital signs,
368 condition or response to treatment;
369
370 (L) pharmaceuticals, as required by medical director protocols;
371
372 (M) An External Cardiac Defibrillator appropriate to the staffing level;
373
374 (N) A patient-transport device capable of being secured to the vehicle.
375
- 376 (2) Advanced Life Support:
377
378 (A) all required BLS equipment;
379
380 (B) advanced airway equipment; and
381
382 (C) IV equipment and supplies.
383
384 (D) pharmaceuticals as required by medical director protocols;
385
- 386 (3) MICU, BLS with MICU capability, ALS with MICU capability:
387
388 (A) all required BLS and ALS equipment; and
389
390 (B) cardiac monitor/defibrillator (in lieu of AED).
391
392 (C) pharmaceuticals as required by medical director protocols;
393
- 394 (4) In addition to medical supplies and equipment:
395
396 (A) a complete and current copy of written protocols approved by the
397 medical director; with a current and complete equipment, supply, and medication list;
398
399 (B) operable emergency warning devices;
400
401 (C) personal protective equipment for the crew to include at least:
402 (i) protective, non-porous gloves;
403
404 (ii) medical eye protection;
405
406 (iii) medical respiratory protection;
407
408 (iv) medical protective gowns or equivalent; and
409
410 (v) personal cleansing supplies;
411
412 (D) sharps container;

413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458

- (E) biohazard bags;
- (F) portable, battery-powered flashlight (not a penlight);
- (G) fire extinguisher;
- (H) “No Smoking” signs.
- (I) emergency response guide book (for hazardous materials)

(5) 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.

(l) 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 provider 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.

- 459 (2) submit a copy of the contract used to enroll participants.
460
- 461 (3) The EMS provider shall maintain a current file of all advertising for the
462 service. **Submit a copy of all advertising used to promote the subscription service within ten**
463 **days after the beginning of any enrollment period.**
464
- 465 (4) Comply with all state and federal regulations regarding billing and
466 reimbursement for participants in the subscription service.
467
- 468 (5) Provide evidence of financial responsibility by:
469
- 470 (A) obtaining a surety bond payable to the department in an amount equal
471 to the funds to be subscribed. The surety bond must be on a **department bond form** and be issued
472 by a company licensed by or eligible to do business in the State of Texas; or
473
- 474 (B) submitting satisfactory evidence of self insurance an amount equal to
475 the funds to be subscribed if the provider is a function of a governmental entity;
476
- 477 (6) not deny emergency medical services to non-subscribers or subscribers of
478 non-current status;.
479
- 480 (7) be reviewed **at least every year**; and the subscription program may be
481 reviewed by the department at any time;
482
- 483 (8) furnish a list after each enrollment period with the names, addresses, **dates of**
484 **enrollment of each subscriber, and subscription fee paid by each subscriber.**
485
- 486 (9) **furnish the department beginning and ending dates of enrollment period(s).**
487 **Subscription service period shall not exceed one year. Subscribers shall not be charged more**
488 **than a prorated fee for the remaining subscription service period that they subscribe for.**
489
- 490 (11) **furnish the department with the total amount of funds collected each year.**
491
- 492 (10) not offer membership nor accept members into the program who are
493 Medicaid clients.
494
- 495 (m) Responsibilities of the EMS provider. During the license period, the provider's
496 responsibilities shall include:
497
- 498 (1) assuring that all response-ready and in-service vehicles are maintained,
499 operated, equipped and staffed in accordance with the requirements of the provider's license;
500
- 501 (2) assuring the existence of and adherence to a quality assurance plan which
502 shall, at a minimum, include;
503
- 504 (A) The Standard of Patient Care and the Medical Director's Protocols;

505
506 (B) Pharmaceutical Storage;
507
508 (C) Readiness inspections ;
509
510 (D) Preventive Maintenance;
511
512 (E) Policies and Procedures and,
513
514 (F) Complaint management
515
516 (G) Patient Care Reporting and Documentation
517
518 (3) monitoring the quality of patient care provided by the service and personnel
519 and taking appropriate and immediate corrective action to insure that quality of service is
520 maintained in accordance with the existing standards of care;
521
522 (4) ensuring that all personnel are currently certified or licensed by the
523 department;
524
525 (5) assuring that all personnel, when on an in-service vehicle or when on the
526 scene of an emergency, are prominently identified by, at least, the last name and the first initial
527 of the first name, the certification or license level and the provider name. A provider may utilize
528 an alternative identification system in incident specific situations that pose a potential for danger
529 if the individuals are identified by name;
530
531 (6) assuring the confidentiality of all patient information in compliance with all
532 federal and state laws;
533
534 (7) assuring that Informed Treatment/Transport Refusal forms are obtained from
535 all patients refusing service, or documenting incidents when an Informed Treatment/Transport
536 Refusal form can not be obtained;
537
538 (8) assuring that patient care reports are completed accurately on all patients ;
539
540 (9) assuring that patient care reports are provided to emergency facilities
541 receiving the patients;
542
543 (i) The report shall be accurate, complete and clearly written or computer
544 generated;
545
546 (ii) The report shall document, at a minimum, the patient's name,
547 condition upon arrival at the scene; the prehospital care provided; the patient's status during
548 transport, including signs, symptoms, and responses during the transport; the call initiation time;
549 dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the
550 identification of the EMS staff;

551
552 (iii) Whenever operationally feasible, the report shall be provided to the
553 receiving facility at the time the patient is delivered;
554
555 (iv) If in a response-pending status, an abbreviated written report shall be
556 provided at the time the patient is delivered and a full written or computer generated report shall
557 be delivered to the facility within one business day of the delivery of the patient.
558
559 (10) assuring that all requested patient records are made promptly available to the
560 medical director or department when requested;
561
562 (11) assuring that current protocols, current equipment, supply and medication
563 lists, and the correct original Vehicle Authorization at the appropriate level are maintained on
564 each response-ready and in-service vehicle;
565
566 (12) monitoring and enforcing compliance with all policies;
567
568 (13) assuring provisions for the appropriate disposal of medical and/or
569 biohazardous waste materials;
570
571 (14) assuring ongoing compliance with the terms of first responder agreements;
572
573 (15) assuring that all documents, reports or information provided to the
574 department are current, accurate and complete;
575
576 (16) assuring compliance with all federal and state laws and regulations and all
577 local ordinances, policies and codes at all times;
578
579 (17) assuring that all response data required by the department is submitted in
580 accordance with the department's requirements;
581
582 (18) assuring that, whenever there is a change in the name of the provider or the
583 service's operational assumed name, the printed name on the vehicles are changed accordingly
584 within 30 days of the change;
585
586 (19) assuring that the department is notified in five business days whenever:
587
588 (A) a vehicle is substituted or replaced;
589 (B) a vehicle is added;
590 (C) there is a change in the level of service;
591
592 (D) there is a change in the declared service area;
593
594 (E) there is a change in the official business mailing address;
595

596 (F) there is a change in the physical location of the business;
597
598 (G) there is a change in the physical location of patient report file storage,
599 to assure that the department has access to these records at all times; and

600
601 (H) there is a change of the administrator;
602

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

605
606 (21) assuring the service has written operating policies and procedures and that
607 each employee is provided a copy upon employment and whenever such policies and/or
608 procedures are changed. A copy of the written operating policies and procedures shall be made
609 available to the department on request. Policies at a minimum shall adequately address;

610 (A) personal protective equipment;

611 (B) immunizations available to staff;

612 (C) infection control procedures;

613 (D) communicable disease exposure;

614 (E) emergency vehicle operation;

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

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

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

622 (G) appropriate documentation of patient care; and

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

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

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

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

643 (B) there is a patient on board;

644
645 (24) assuring that the department is notified within 1 business day of a collision
646 involving an in-service or response ready EMS vehicle that results in vehicle damage whenever
647 there is personal injury or death to any person;

648
649 (25) maintaining motor vehicle liability insurance as required under Subchapter
650 D, §601.071 and §601.072, of the Texas Transportation Code;

651
652 (26) maintaining professional liability insurance coverage in the minimum
653 amount of \$500,000 per occurrence, with a company licensed to do business in Texas in order to
654 secure payment for any loss or damage resulting from any occurrence arising out of, or caused
655 by the care, or lack of care, of a patient;

656
657 (27) insuring continuous coverage for the service area defined in documents
658 submitted with the EMS provider application; and

659
660 (28) responding to requests for assistance from the highest elected official of a
661 political subdivision or from the department during a declared emergency or mass casualty
662 situation

663
664 (n) License renewal process.

665
666 (1) It shall be the responsibility of the provider to request license renewal
667 application information.

668
669 (2) Providers shall submit a completed application, all other required
670 documentation and a nonrefundable license renewal fee, no later than 90 days prior to the
671 expiration date of the current license;

672
673 (A) If a complete application is received by the department 90 or more
674 days prior to the expiration date of the current license that is to be renewed, the applicant shall
675 submit a non refundable application fee of \$400 per provider plus \$180 for each EMS vehicle.

676
677 (B) If a complete application is received by the department 60 or more
678 days, but less than 90 days, prior to the expiration date of the current license that is to be
679 renewed, the applicant shall submit a non refundable application fee of \$450 per provider plus
680 \$180 for each EMS vehicle.

681
682 (C) If a complete application is received by the department less than 60
683 days prior to the expiration of the current license the applicant shall submit a nonrefundable
684 application fee of \$500 per provider plus \$180 for each EMS vehicle.

685

686 (D) If the application for renewal is received by the department after the
687 expiration date of the current license, a notice will be sent to the provider explaining they are not
688 eligible to renew, but the license application will be processed and new provider license number
689 issued after satisfying all requirements.

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

691
692 (o) Provisional License.

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

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

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

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

704 (p) Advertisements.

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

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

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

714 (q) Surveys/Inspections.

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

718 (2) At renewal and/or randomly, in response to a complaint and/or upon suspected
719 probable cause, the department may conduct an unannounced compliance survey to include
720 inspection of a provider's vehicles, operations, and/or records to insure compliance with this title
721 at any time, including nights or weekends.

732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767

(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 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.