

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 157 EMERGENCY MEDICAL CARE
SUBCHAPTER A EMERGENCY MEDICAL SERVICES - PART A

§157.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

(1) Abandonment--Leaving a patient without appropriate medical care once patient contact has been established, unless emergency medical services personnel are following the medical director's protocols, a physician directive, or the patient signs a release; or turning the care of a patient over to an individual of lesser education when advanced treatment modalities have been initiated.

(2) Accreditation--Formal recognition by a national association of a provider's service or an education program based on standards established by that association.

(3) Act--Emergency Health Care Act, Texas Health and Safety Code Chapter 773.

(4) Active pursuit of department designation as a trauma facility--An undesignated facility recognized by the department after applying for designation as a trauma facility and has met the requirement to be eligible for uncompensated trauma care funds.

(5) Acute Stroke-Ready Level IV stroke facility--A hospital reviewed by a department-approved survey organization and meeting the national stroke standards of care for an acute stroke-ready facility as described in §157.133 of this chapter (relating to Requirements for Stroke Facility Designation).

(6) Administrator of record (AOR)--The administrator for an emergency medical services (EMS) provider who meets the requirements of Texas Health and Safety Code §773.05712.

(7) Advanced emergency medical technician (AEMT)--An individual certified by the department and minimally proficient in performing the basic life support skills required to provide emergency prehospital or interfacility care and initiating and maintaining under medical supervision, certain advanced life support procedures, including intravenous therapy and endotracheal or esophageal intubation.

(8) Advanced Level II stroke facility--A hospital that completes a designation survey with a department-approved survey organization, meets the national stroke standards for Non-Comprehensive Thrombectomy Stroke Center, and meets the requirements of an Advanced Level II stroke facility as defined by §157.133 of this chapter.

(9) Advanced Level III trauma facility--A hospital surveyed by a department-approved survey organization that meets the state requirements and American College of Surgeons (ACS) standards for a Level III trauma facility as described in §157.125 of this chapter (relating to Requirements for Trauma Facility Designation Effective Through August 31, 2025) and §157.126 of this chapter (relating to Trauma Facility Designation Requirements Effective on September 1, 2025).

(10) Advanced life support (ALS)--Emergency prehospital or interfacility care that uses invasive medical acts and includes ALS assessment. The provision of advanced life support must be under the medical supervision and control of a licensed physician.

(11) Advanced life support assessment--Assessment performed by an AEMT or paramedic that qualifies as advanced life support based upon initial dispatch information, when it could reasonably be believed the patient was suffering from an acute condition that may require advanced skills.

(12) Advanced life support vehicle--A vehicle designed for transporting the sick and injured and meeting the requirements of §157.11 of this chapter (relating to Requirements for an EMS Provider License) as an ALS vehicle and having sufficient equipment and supplies for providing an advanced level of care based on national standards and the EMS provider's medical director-approved treatment protocols.

(13) Advanced practice provider (APP)--A nurse practitioner or physician assistant reviewed and credentialed by the facility and may have additional credentialing to participate in the designation program.

(14) Air ambulance provider--A person who operates, maintains, or leases a fixed-wing or rotor-wing air ambulance aircraft, equipped and staffed to provide a medical care environment on-board appropriate to the patient's needs. The term air ambulance provider is not synonymous with and does not refer to the Federal Aviation Administration (FAA) air carrier certificate holder unless the air ambulance provider maintains and controls the medical aspects consistent with EMS provider licensure.

(15) Ambulance--A vehicle for transportation of the sick or injured patient to, from, or between places of treatment for an illness or injury and that provides out-of-hospital medical care to the patient.

(16) American College of Surgeons (ACS)--The organization that sets the national standards for trauma centers, trauma verification, the National Trauma Data Standards (NTDS), National Trauma Data Bank (NTDB), Trauma Quality Improvement Program (TQIP), and regional system standards.

(17) Applicant -- An individual or entity that submits an application to the department for issuance, renewal, or modification of a certification or license.

1 (18) Approved survey organization--An organization that has received
2 department authorization to conduct designation surveys, meeting the
3 department's designation survey guidelines and expectations.

4 (19) Authorized ambulance vehicle--A vehicle authorized to be operated by
5 the licensed provider and meeting all criteria for approval as described in
6 §157.11(e) of this chapter.

7 (20) Bad debt--The unreimbursed cost for patient care to a hospital providing
8 trauma care.

9 (21) Basic Level IV trauma facility--A hospital managing 101 or more trauma
10 patients meeting NTDB registry inclusion criteria annually surveyed by a
11 department-approved survey organization and meeting the state requirements
12 and ACS standards, or a hospital managing 100 or less trauma patients meeting
13 NTDB registry inclusion criteria annually surveyed by the department or a
14 department-approved survey organization, and meeting the state designation
15 requirements for a Level IV trauma facility as described in §157.125 and
16 §157.126 of this chapter.

17 (22) Basic life support (BLS)--Emergency prehospital or interfacility care that
18 uses noninvasive medical acts. The provision of basic life support will have
19 sufficient equipment and supplies for providing basic-level care based on
20 national standards and the EMS provider's medical director-approved treatment
21 protocols.

22 (23) Basic life support (BLS) vehicle--A vehicle designed for transporting the
23 sick or injured and having sufficient equipment and supplies for providing basic
24 life support based on national standards and the EMS provider's medical
25 director-approved treatment protocols.

26 (24) Bypass--Direction given to prehospital emergency medical services
27 personnel by direct on-line medical control, or off-line medical director protocols
28 to bypass the nearest facility for the most appropriate facility.

29 (25) Calculation of the costs of uncompensated trauma care--A calculation of
30 a hospital's total costs of uncompensated trauma care for patients meeting the
31 hospital's trauma activation guidelines and meeting NTDB registry inclusion
32 criteria determined by summing its charges related to uncompensated trauma
33 care as defined in §157.130 of this chapter (relating to Funds for Emergency
34 Medical Services, Trauma Facilities, and Trauma Care Systems, and the
35 Designated Trauma Facility and Emergency Services Account), then applying the
36 cost-to-charge ratio derived in accordance with generally accepted accounting
37 principles.

38 (26) Candidate--An individual requesting emergency medical services
39 personnel certification, licensure, recertification, or re-licensure from the
40 department.

41 (27) Certificant--Emergency medical services personnel with current
42 certification from the department.

1 (28) Charity care--The unreimbursed cost to a hospital providing health care
2 services for an inpatient, emergency department, transferred, or expired person
3 classified by the hospital as "financially indigent."

4 (29) Commissioner--The commissioner of the Texas Department of State
5 Health Services.

6 (30) Comprehensive Level I stroke facility--A hospital surveyed by a
7 department-approved survey organization meeting the national standards of
8 care for a Comprehensive Stroke Center, participates in its local Regional
9 Advisory Council (RAC), participates in the regional stroke plan, and submits
10 data to the department, as requested as defined by §157.133 of this chapter.

11 (31) Comprehensive Level I trauma facility--A hospital surveyed by a
12 department-approved survey organization meeting the state designation
13 requirements and ACS standards for a Level I trauma facility as described in
14 §157.125 and §157.126 of this chapter.

15 (32) Concurrent performance improvement--Performance improvement
16 reviews occurring from prehospital, trauma activation, or admission through to
17 discharge. The primary level of review must be completed within 14 days of
18 discharge, 80 percent of the time.

19 (33) Concurrent trauma registry abstraction--Trauma registry data
20 abstraction and registry data entry occurring after the management of the
21 trauma patient and completed within 60 days after the patient's discharge, 80
22 percent of the time.

23 (34) Consumer Protection Division (CPD)--A division within the Texas
24 Department of State Health Services responsible for the oversight of EMS
25 provider licensure, certification, education, and complaint investigation. The
26 division is responsible for the hospital designation process for trauma, stroke,
27 maternal, and neonatal facilities; the RAC system development and advances;
28 and funding, grant management, and distribution of funding for the division.

29 (35) Contingent designation--A designation awarded to a facility with one to
30 three unmet designation requirements. The department develops a corrective
31 action plan (CAP) for the facility and the facility must complete this plan and
32 meet requirements to remain designated. Contingent designations may require a
33 focused survey to validate requirements are met. The facility must demonstrate
34 requirements are met to maintain designation.

35 (36) Contingent probationary designation--A designation awarded to a facility
36 with four or more unmet designation requirements. The department develops a
37 CAP for the facility and the facility must complete this plan and meet
38 requirements to remain designated. The facility may be required to submit
39 documentation reflecting the CAP to the department at defined intervals.
40 Contingent probationary designation may require a full survey within 12 to 18
41 months after the original survey date. The facility must demonstrate
42 requirements are met to maintain designation.

1 (37) Corrective action plan (CAP)--A plan for the facility developed by the
2 department describing the actions the facility is required to correct.

3 (38) Cost-to-charges ratio--A ratio covering all applicable hospital costs and
4 charges relating to inpatient care determined by the Texas Health and Human
5 Services Commission from the hospital's Medicaid cost report.

6 (39) County of licensure--The county in which the physical address of a
7 licensed EMS provider is located, as indicated by the provider on the application
8 for licensure that is filed with the department.

9 (40) Course medical director--A Texas-licensed physician, approved by the
10 department, with experience in and current knowledge of emergency care who
11 must provide direction over all instruction and clinical practice required in EMS
12 training courses.

13 (41) Credit hour--Continuing education credit unit awarded for successful
14 completion of a unit of learning activity as defined in §157.32 of this chapter
15 (relating to Emergency Medical Services Education Program and Course
16 Approval).

17 (42) Critically injured person--An individual suffering with multi-system
18 injuries or major single-system injury; the extent of the injury may be difficult to
19 ascertain but has the potential of producing mortality or major disability.

20 (43) Definitive care--The phase of care in which therapeutic interventions,
21 treatments, or procedures are performed to stop or control an injury, illness, or
22 disease and promote recovery.

23 (44) Department--The Texas Department of State Health Services.

24 (45) Designated facility administrator--Administrator responsible for the
25 oversight, funding, contracts, and leadership of designated programs.

26 (46) Designated infection control officer--A designated officer who serves as a
27 liaison between the employer and the employees who have been or believe to
28 have been exposed to a potentially life-threatening infectious disease through a
29 person who was treated or transported by the EMS provider.

30 (47) Designation--A formal recognition by the department of a hospital's
31 capabilities, commitment, care practices, and participation in the RAC to serve as
32 a designated facility.

33 (48) Designation appeal--The process for a hospital that has been
34 downgraded or denied a specific level of designation to appeal the designation
35 decision.

36 (49) Designation survey--An on-site or virtual review of a facility applicant to
37 determine if it meets the criteria for a particular level of designation.

1 (50) Dispatch--The sending of individuals and equipment by EMS for
2 assessment, prompt efficient treatment, and transportation, if required, of a sick
3 or injured patient.

4 (51) Distance learning--A method of learning remotely without being in
5 regular face-to-face contact with an instructor in the classroom.

6 (52) Diversion--A procedure put into effect by a health care facility notifying
7 EMS when that facility is unable to provide the level of care demanded by a
8 patient's injuries or condition due to lack of capacity or capabilities, or when the
9 facility has temporarily exhausted its resources and requesting patients be
10 transported to another facility.

11 (53) Emergency call--A call or other similar communication from a member of
12 the public, as part of a 9-1-1 system or other emergency access communication
13 system, made to obtain emergency medical services.

14 (54) Emergency care attendant (ECA)--An individual who is certified by the
15 department as minimally proficient in performing emergency prehospital care by
16 providing initial aid that promotes comfort and avoids aggravation of an injury or
17 illness.

18 (55) Emergency medical services (EMS)--Services used to respond to an
19 individual's perceived need for medical care and to prevent death or aggravation
20 of physiological or psychological illness or injury.

21 (56) EMS medical director--The licensed physician who provides medical
22 supervision to the EMS personnel of a licensed EMS provider or a recognized first
23 responder organization (FRO) under the terms of the Medical Practice Act (Texas
24 Occupations Code Chapters 151 - 165) and rules promulgated by the Texas
25 Medical Board; may also be called "off-line medical control."

26 (57) Emergency medical services operator--An individual who, as an
27 employee of a public or private agency, receives emergency calls and may
28 provide medical information or medical instructions to the public during those
29 emergency calls.

30 (58) Emergency medical services personnel--

31 (A) emergency care attendant (ECA);

32 (B) emergency medical technician (EMT);

33 (C) advanced emergency medical technician (AEMT);

34 (D) emergency medical technician-paramedic (EMT-P); or

35 (E) licensed paramedic (LP).

1 (59) Emergency medical services provider--An organization that uses,
2 operates, or maintains EMS vehicles and EMS personnel to provide emergency
3 medical services.

4 (60) Emergency medical services times--

5 (A) Time of call--The date and time a phone rings at a public safety
6 answering point (PSAP) or other designated entity, requesting EMS services.

7 (B) Dispatch time--The date and time a responding EMS provider is
8 notified by dispatch.

9 (C) En route--The date and time the EMS vehicle starts moving to
10 respond.

11 (D) On scene--The date and time a responding EMS vehicle stops moving
12 when it arrives at the location of the response.

13 (E) At patient side--The date and time the EMS personnel of the
14 responding EMS vehicle arrives at the patient's side.

15 (F) Transport--The date and time the responding EMS vehicle leaves the
16 location of the response and starts moving toward the destination.

17 (G) Arrival time--The date and time the responding EMS vehicle arrives
18 with the patient at the destination or transfer point.

19 (H) Transfer of care--The date and time patient care is transferred to the
20 destination health care staff or transfer point of health care.

21 (I) Back in service--The date and time the EMS vehicle is back in service
22 and available for another response.

23 (61) Emergency medical services vehicle--

24 (A) basic life support (BLS) vehicle;

25 (B) advanced life support (ALS) vehicle;

26 (C) mobile intensive care unit (MICU) vehicle;

27 (D) MICU rotor-wing and MICU fixed-wing air medical vehicles; or

28 (E) specialized emergency medical service vehicle.

29 (62) Emergency medical services volunteer--EMS personnel who provide
30 emergency prehospital or interfacility care in affiliation with a licensed EMS
31 provider or a registered FRO without remuneration, except for reimbursement
32 for expenses.

1 (63) Emergency medical services volunteer provider--An EMS provider with at
2 least 75 percent of personnel as volunteers and is a nonprofit organization. See
3 §157.11 of this chapter regarding fee exemption.

4 (64) Emergency medical technician (EMT)--An individual certified by the
5 department as minimally proficient in performing emergency prehospital care
6 necessary for basic life support and includes the control of hemorrhaging and
7 cardiopulmonary resuscitation.

8 (65) Emergency medical technician-paramedic (EMT-P)--An individual
9 certified by the department as minimally proficient in performing emergency
10 prehospital or interfacility care in health care facility's emergency or urgent care
11 clinical setting, including a hospital emergency room and a freestanding
12 emergency medical care facility, by providing advanced life support that includes
13 initiation and maintenance under medical supervision of certain procedures,
14 including intravenous therapy, endotracheal or esophageal intubation or both,
15 electrical cardiac defibrillation or cardioversion, and drug therapy.

16 (66) Emergency prehospital care--Care provided to the sick and injured
17 within a health care facility's emergency or urgent care clinical setting, including
18 a hospital emergency room and freestanding emergency medical care facility,
19 before or during transportation to a medical facility, including any necessary
20 stabilization of the sick or injured in connection with transportation.

21 (67) Event--A variation from the established care management guidelines or
22 system operations such as delays in response, delays in care, hospital event
23 such as complications, or death. An event or variation in care creates a need for
24 review of the care or system processes to identify opportunities for
25 improvement.

26 (68) Event resolution--An event, as described in paragraph (66) of this
27 section, that is identified and reviewed to determine the impact to the patient
28 and if opportunities for improvement in care or the system exist, with a specific
29 action plan tracked with data analysis to demonstrate the action plan created the
30 desired change to achieve the desired goal, and improved outcomes are
31 sustained.

32 (69) Extraordinary emergency--A serious, unexpected event or situation
33 requiring immediate action to reduce or minimize disruption to established
34 health care services within the EMS and trauma care system.

35 (70) Field triage--The process of determining which facility is most
36 appropriate for patients based on injury severity, time-sensitive disease factors,
37 and facility availability. Refer to paragraph (104) of this section.

38 (71) Financially indigent--An uninsured or underinsured patient unable to pay
39 for the trauma services rendered based on the hospital's eligibility system.

40 (72) First responder organization (FRO)--A group or association of certified
41 EMS personnel that work in cooperation with licensed EMS providers.

1 (73) Fixed location--The address as it appears on the initial or renewal EMS
2 provider license application in which the patient care records and administrative
3 departments are located.

4 (74) Governmental entity--A county, a city or town, a school district, or a
5 special district or authority created in accordance with the Texas Constitution,
6 including a rural fire prevention district, an emergency services district, a water
7 district, a municipal utility district, and a hospital district.

8 (75) Governor's EMS and Trauma Advisory Council (GETAC)--An advisory
9 council appointed by the Governor of Texas that provides professional
10 recommendations to the EMS/Trauma System Section regarding EMS and trauma
11 system development and serves as a forum for stakeholder input.

12 (76) Inactive EMS provider status--The period of time when a licensed EMS
13 provider is not able to respond to an EMS dispatch.

14 (77) Industrial ambulance--Any vehicle owned and operated by an industrial
15 facility as defined in the Texas Transportation Code §541.201 and used for initial
16 transport or transfer of company employees who become urgently ill or injured
17 on company premises to an appropriate health care facility.

18 (78) Injury severity score (ISS)--An anatomical scoring system providing an
19 overall score for trauma patients. The ISS standardizes the severity of trauma
20 injuries based on the three worst abbreviated injury scales (AIS) from the body
21 regions. These regions are the head and neck, face, chest, abdomen, extremity,
22 and external as defined by the Association for the Advancement of Automotive
23 Medicine (AAAM). The highest abbreviated injury score in the three most
24 severely injured body regions have the scores squared, then added together to
25 define the patient's ISS.

26 (79) Interfacility care--Care provided while transporting a patient between
27 health care facilities.

28 (80) Legal entity name--The name of the lawful or legally standing
29 association, corporation, partnership, proprietorship, trust, or individual. Has
30 legal capacity to:

31 (A) enter into agreements or contracts;

32 (B) assume obligations;

33 (C) incur and pay debts;

34 (D) sue and be sued in its own right; and

35 (E) to be accountable for illegal activities.

36 (81) Level of harm--A classification system defining the impact of an event to
37 the patient and assists in defining the urgency of review. There are five levels of

harm used to define the impact to the patient as defined by the American Society for Health Care Risk Management:

(A) No harm--The patient was not symptomatic or no symptoms were detected, and no treatment or intervention was required.

(B) Mild harm--The patient was symptomatic, symptoms were mild, loss of function or harm was either minimal or intermediate but short-term, and no interventions or only minimal interventions were needed.

(C) Moderate harm--The patient was symptomatic, required intervention such as additional operative procedure, therapeutic treatment, or an increased length of stay, required a higher level of care, or may experience long-term loss of function.

(D) Severe harm--The patient was symptomatic, required life-saving or other major medical or surgical intervention, or may experience shortened life expectancy, and may experience major permanent or long-term loss of function.

(E) Death harm--The event was a contributing factor in the patient's death.

(82) Levels of review--Describes the levels of performance improvement review for an event in the designation program's quality improvement or performance improvement patient safety (PIPS) plan. There are four levels of review:

(A) Primary level of review--Initial investigation of identified events by the facility's designation program performance improvement personnel to capture the event details and to validate and document the timeline, contributing factors, and level of harm. The program manager usually addresses system issues with no level of harm, including identifying the opportunities for improvement and action plan appropriate for the event, and keeping the program medical director updated. This must be written in the facility's performance improvement plan.

(B) Secondary level of review--The level of review by the facility's designation program medical director in which the program personnel prepare the documentation and facts for the review. The program medical director reviews the documentation and either agrees or corrects the level of harm, defines the opportunities for improvement with action plans, or refers to the next level of review.

(C) Tertiary level of review--The third level of review by the facility's designation program to evaluate care practices and compliance to defined management guidelines, identify opportunities for improvement, and define a plan of correction (POC). Minutes capturing the event, discussion, and identified opportunities for improvement with action plans must be documented.

(D) Quaternary level of review--The highest level of review, which may be conducted by an entity external to the facility program as an element of the performance improvement plan. The event, review, and discussion of the event,

1 and identified opportunities for improvement with action plans must be
2 documented.

3 (83) Licensee--A person who holds a current paramedic license from the
4 department, or an organization that uses, maintains, or operates EMS vehicles
5 and provides EMS personnel to provide emergency medical services, and who
6 holds an EMS provider license from the department.

7 (84) Major Level II trauma facility--A hospital surveyed by a department-
8 approved survey organization meeting the state designation requirements and
9 ACS standards for a Level II trauma facility as described in §157.125 and
10 §157.126 of this chapter.

11 (85) Major trauma patient--An individual with injuries, or potential injuries,
12 who benefits from treatment at a trauma facility. The patient may or may not
13 present with alterations in vital signs or level of consciousness, or with obvious,
14 significant injuries, but has been involved in an event that produces a high index
15 of suspicion for significant injury and potential disability. Co-morbid factors such
16 as age or the presence of significant preexisting medical conditions are also
17 considered. The patient initiates a system response to include field triage to the
18 most appropriate designated trauma facility.

19 (86) Medical control--The supervision of prehospital EMS providers and FROs
20 by a licensed physician. This encompasses on-line (direct voice contact) and off-
21 line (written protocol and procedural review).

22 (87) Medical oversight--The assistance and management given to health care
23 providers and entities involved in regional EMS/trauma systems planning by a
24 physician or group of physicians designated to provide technical assistance to
25 the EMS provider or FRO medical director.

26 (88) Medical supervision--Direction given to EMS personnel by a licensed
27 physician under the terms of the Medical Practice Act (Texas Occupations Code
28 Chapters 151 - 165) and rules promulgated by the Texas Medical Board.

29 (89) Mobile intensive care unit--A vehicle designed for transporting the sick
30 or injured, meeting the requirements of the advanced life support vehicle, and
31 having sufficient equipment and supplies to provide cardiac monitoring,
32 defibrillation, cardioversion, drug therapy, and two-way communication with at
33 least one paramedic on the vehicle when providing EMS.

34 (90) National EMS Compact--The agreement among states to allow the day-
35 to-day movement of EMS personnel across state boundaries.

36 (91) National EMS Information System (NEMSIS)--A universal standard for
37 how patient care information resulting from an EMS response is collected.

38 (92) National Trauma Data Bank (NTDB)--The national repository for trauma
39 registry data, defined by the ACS with inclusion criteria and data elements
40 required for submission.

1 (93) National Trauma Data Standards (NTDS)--The American College of
2 Surgeons' standard data elements with definitions required for submission to the
3 NTDB, as defined in paragraph (91) of this section.

4 (94) Non-contiguous emergency department--A hospital emergency
5 department located in a separate building, not contiguous with the designated
6 facility. May be referred to as a satellite emergency department.

7 (95) Off-line medical director--The licensed physician who provides approved
8 protocols and medical supervision to the EMS personnel of a licensed EMS
9 provider under the terms of the Medical Practice Act (Texas Occupations Code
10 Chapters 151 - 165) and rules promulgated by the Texas Medical Board.

11 (96) On-line course--A directed learning process comprised of educational
12 information (articles, videos, images, web links), communication (messaging,
13 discussion forums) for virtual learning, and measures to evaluate the student's
14 knowledge.

15 (97) Operational name--Name under which the business or operation is
16 conducted and presented to the world.

17 (98) Operational policies--Policies and procedures that are the basis for the
18 provision of EMS and that include such areas as vehicle maintenance; proper
19 maintenance and storage of supplies, equipment, medications, and patient care
20 devices; complaint investigations; multi-casualty incidents; and hazardous
21 materials; but do not include personnel or financial policies.

22 (99) Operations Committee--Committee serving as the facility's trauma
23 program administrative oversight for designation and responsible for the
24 approval of trauma management guidelines, operational plan, and procedures
25 within the program or system having the potential to impact care practices or
26 designation.

27 (100) Operative or surgical intervention--Any surgical procedure provided to
28 address trauma injuries for patients taken directly from the scene, emergency
29 department, or other hospital location to an operating suite for patients meeting
30 the hospital's trauma activation guidelines and meeting NTDB registry inclusion
31 criteria.

32 (101) Out of service vehicle--The period of time when a licensed EMS vehicle
33 is unable to respond to an emergency or non-emergency response.

34 (102) Performance improvement and patient safety (PIPS) plan--The written
35 plan and processes for evaluating patient care, system response, and adherence
36 to established patient management guidelines; defining variations from care or
37 system response; assigning the level of harm and level of review; identifying
38 opportunities for improvement; and developing the CAP. The CAP outlines data
39 analysis and measures to track the action plan to ensure the desired changes
40 are met and maintained to resolve the event. The medical director, program
41 manager, and administrator have the authority and oversight over PIPS.

1 (103) Plan of correction (POC)--A report submitted to the department by the
2 facility detailing how the facility will correct one or multiple requirements defined
3 as "not met" during a trauma designation survey review that is reported in the
4 survey summary or documented in the self-attestation.

5 (104) Practical exam--An evaluation that assesses the person's ability to
6 perceive instructions and perform motor responses, also referred to as a
7 psychomotor exam.

8 (105) Prehospital triage--The process of identifying medical or injury acuity or
9 the potential for severe injury based upon physiological criteria, injury patterns,
10 and high-energy mechanisms and transporting patients to a facility appropriate
11 for the patient's medical or injury needs. Prehospital triage for injured patients
12 or time-sensitive disease events is guided by the approved prehospital triage
13 guidelines adopted by the RAC and approved by the department. May also be
14 referred to as "field triage" or "prehospital field triage."

15 (106) Primary EMS provider response area--The geographic area in which an
16 EMS agency routinely provides emergency EMS as agreed upon by a local or
17 county governmental entity or by contract.

18 (107) Primary Level III stroke facility--A hospital designated by the
19 department and meets the department-approved national stroke standards of
20 care for a primary stroke center, participates in its RAC, participates in the
21 regional stroke plan, and submits data as requested by the department.

22 (108) Protocols--A detailed, written set of instructions by the EMS provider's
23 medical director, which may include delegated standing medical orders, to guide
24 patient care or the performance of medical procedures as approved.

25 (109) Public safety answering point (PSAP)--The call center responsible for
26 answering calls to an emergency telephone number for ambulance services;
27 sometimes called "public safety access point" or "dispatch center."

28 (110) Quality management--Quality assessment, quality improvement, and
29 performance improvement activities. See definition of PIPS in paragraph (101) of
30 this section.

31 (111) Receiving facility--A health care facility to which an EMS vehicle may
32 transport a patient requiring prompt continuous medical care, or a facility
33 receiving a patient being transferred for definitive care.

34 (112) Recertification--The procedure for renewal of EMS certification.

35 (113) Reciprocity--The recognition of certification or privileges granted to an
36 individual from another state or recognized EMS system.

37 (114) Regional Advisory Council (RAC)--A nonprofit organization recognized
38 by the department and responsible for system coordination for the development,
39 implementation, and maintenance of the regional trauma and emergency health

care system within its geographic jurisdiction of the Trauma Service Area. A RAC must maintain 501(c)(3) status.

(115) Regional Advisory Council Performance Improvement Plan--A written plan of the RAC's processes to review identified or referred events, identify opportunities for improvement, define action plans and data required to correct the event, and establish measures to evaluate the action plan through to event resolution.

(116) Regional medical control--Physician supervision for prehospital EMS providers in a given trauma service area (TSA) or other geographic area intended to provide standardized oversight, treatment, and transport guidelines, which should, at minimum, follow the RAC's regional trauma and emergency health care system plan components related to these issues and 22 Texas Administrative Code §197.3 (relating to Off-line Medical Director).

(117) Relicensure--The procedure for renewal of a paramedic license as described in §157.40 of this chapter (relating to Paramedic Licensure); the procedure for renewal of an EMS provider license as described in §157.11 of this chapter.

(118) Response pending status--The status of an EMS vehicle that just delivered a patient to a final receiving facility and for which the dispatch center has another EMS response waiting.

(119) Response ready--When an EMS vehicle is equipped and staffed in accordance with §157.11 of this chapter and is immediately available to respond to any emergency call 24-hours per day, seven days per week (24/7).

(120) Rural county--A county with a population of less than 50,000 based on the latest estimated federal census population figures.

(121) Scope of practice--The procedures, actions, and processes EMS personnel are authorized to perform as approved by the EMS provider's medical director.

(122) Scope of services--The types of services and the resources to provide those services that a facility has available.

(123) Severe trauma patient--A person with injuries or potential injuries defined as high-risk for mortality or disability and meeting trauma activation guidelines and meeting NTDB registry inclusion criteria benefitting from definitive treatment at a designated trauma facility. These patients may be identified by an alteration in vital signs or level of consciousness or by the presence of significant injuries and must initiate a level of trauma response defined by the facility, including prehospital triage to a designated trauma facility.

(124) Simulation training--Training, typically scenario-based or skill-based, utilizing simulated patients or system events to improve or assess knowledge, competencies, or skills.

1 (125) Sole provider--The only licensed EMS provider in a geographically
2 contiguous service area and in which the next closest provider is greater than 20
3 miles from the limits of the area.

4 (126) Specialized EMS vehicle--A vehicle designed for responding to and
5 transporting sick or injured persons by any means of transportation other than
6 by standard automotive ground ambulance or rotor or fixed-wing aircraft and
7 that has sufficient staffing, equipment, and supplies to provide for the
8 specialized needs of the patient transported. This category includes watercrafts,
9 off-road vehicles, and specially designed, configured, or equipped vehicles used
10 for transporting special care patients such as critical neonatal or burn patients.

11 (127) Specialty resource centers--Entities caring for specific types of patients
12 such as pediatric, cardiac, and burn injuries that have received certification,
13 categorization, verification, or other forms of recognition by an appropriate
14 agency regarding the capability to definitively treat these types of patients.

15 (128) Staffing plan--A document indicating the overall working schedule
16 patterns of EMS or hospital personnel.

17 (129) Standard of care--Care equivalent to what any reasonable, prudent
18 person of like education or certification level would have given in a similar
19 situation, based on documented, evidence-based practices or adopted standard
20 EMS curricula as adopted by reference in §157.32 of this chapter; also refers to
21 the documented standards of care reflecting evidence-based practice.

22 (130) State EMS Registry--State repository for the collection of EMS response
23 data as defined in Chapter 103 of this title (relating to Injury Prevention and
24 Control).

25 (131) State Trauma Registry--Statewide database managed by the
26 department; responsible for the collection, maintenance, and evaluation of
27 medical and system information related to required reportable events as defined
28 in Chapter 103 of this title.

29 (132) Stroke--A time-sensitive medical condition occurring when the blood
30 supply to the brain is reduced or blocked, caused by a ruptured blood vessel or
31 clot, preventing brain tissue oxygenation.

32 (133) Stroke activation--The process of mobilizing the stroke care team when
33 a patient screens positive for stroke symptoms; may be referred to as a "stroke
34 alert" or "code stroke."

35 (134) Stroke facility--A hospital that has successfully completed the
36 designation process and is capable of resuscitating and stabilizing, transferring,
37 or providing definitive treatment to stroke patients and actively participates in its
38 local RAC and system plan.

39 (135) Stroke medical director (SMD)--A physician meeting the department's
40 requirements for the stroke medical director and having the authority and

oversight for the stroke program, including the performance improvement process, data management, and outcome reviews.

(136) Stroke program manager (SPM)--A registered nurse meeting the requirements for the stroke program manager and having the authority and oversight for the stroke program, including the performance improvement process, data management, and outcome reviews.

(137) Substation--An EMS provider station location, not the fixed station, and likely to provide rapid access to a location to which the EMS vehicle may be dispatched.

(138) Telemedicine medical service--A health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or technology as defined in Texas Occupations Code §111.001.

(139) Transport mode--As documented on the patient care record, the usage of emergency warning equipment when responding to an EMS dispatch and when transporting a patient to a receiving facility.

(140) Trauma--An injury or wound to a living body caused by the application of an external force or violence, including burn injuries, and meeting the trauma program's trauma activation guidelines.

(141) Trauma activation guidelines--Established criteria identifying the potential injury risk to the human body and defining the resources and response times required to evaluate, resuscitate, and stabilize the trauma patient. The guidelines must meet the national recommendations, but each trauma program defines the activation guidelines for the facility. The facility may choose to have one activation level, two activation levels, or three activation levels.

(A) The highest level of trauma activation is commonly based on physiological changes in the patient's level of consciousness, airway or potential respiratory compromise, hypotension or signs of shock, significant hemorrhage, or evidence of severe trauma.

(B) The second level of trauma activation is commonly based on the patient's physiological stability with anatomical injuries or mechanisms of injury having the potential for serious injuries.

(C) The third level of trauma activation is designed for low-energy or single-system injuries that may require specialty service evaluation and intervention.

(142) Trauma administrator--Administrator responsible for the facility oversight, funding, contracts, and collaborative leadership of the program, and

1 serves as an interface with the chief executive team as defined by the facility's
2 organizational structure.

3 (143) Trauma and emergency health care system plan--The inclusive system
4 that refers to the care rendered after a traumatic injury or time-sensitive disease
5 or illness where the optimal outcome is the critical determinant. The system
6 components encompass special populations, epidemiology, risk assessments,
7 surveillance, regional leadership, system integration, business or finance models,
8 prehospital care, definitive care facilities, system coordination for patient flow,
9 prevention and outreach, rehabilitation, emergency preparedness and response,
10 system performance improvement, data management, and research. These
11 components are integrated into the regional self-assessment.

12 (144) Trauma care--Care provided to an injured patient meeting the
13 hospital's trauma activation guidelines and meeting NTDB registry inclusion
14 criteria and the continuum of care throughout the system, including discharge
15 and follow-up care or transfer.

16 (145) Trauma Designation Review Committee--Committee responsible for
17 reviewing trauma designation appeals, reviewing requirement exception and
18 waiver requests, and outlining specific requirements not met in order to identify
19 potential opportunities to improve future rule amendments.

20 (146) Trauma facility--A hospital that has successfully completed the
21 designation process, is capable of resuscitating and stabilizing, transferring, or
22 providing definitive treatment to patients meeting trauma activation criteria, and
23 actively participates in its local RAC and the development of the regional trauma
24 and emergency health care system plan.

25 (147) Trauma medical director (TMD)--A physician meeting the requirements
26 and demonstrating the competencies and leadership for the oversight and
27 authority of the trauma program as defined by the level of designation and
28 having the authority and oversight for the trauma program, including the
29 performance improvement and patient safety processes, trauma registry, data
30 management, peer review processes, outcome reviews, and participation in the
31 RAC (TMD or designee) and the development of the regional trauma and
32 emergency health care system plan.

33 (148) Trauma patient--Any injured person who has been evaluated by a
34 physician, a registered nurse, or EMS personnel, and found to require medical
35 care in a trauma facility based on local or national medical standards.

36 (149) Trauma program manager (TPM)--A registered nurse who in
37 partnership with the TMD and hospital administration is responsible for oversight
38 and authority of the trauma program as defined by the level of designation,
39 including the trauma performance improvement and patient safety processes,
40 trauma registry, data management, injury prevention, outreach education,
41 outcome reviews, and research as appropriate to the level of designation.

42 (150) Trauma Quality Improvement Program (TQIP)--The ACS risk-adjusted
43 benchmarking program using submitted data to evaluate specific types of

injuries and events to compare cohorts' outcomes with other trauma centers;
assisting in defining opportunities for improvement in specific patient cohorts.

(151) Trauma registrar--An individual meeting the requirements and whose job responsibilities include trauma patient data abstraction, trauma registry data entry, injury coding, and injury severity scoring, in addition to registry report writing and data management skills specific to the trauma registry and trauma program.

(152) Trauma registry--A trauma facility database capturing required elements of trauma care for each patient.

(153) Trauma service area--Described in §157.122 of this subchapter (relating to Trauma Service Areas).

(154) Uncompensated trauma care--The sum of "charity care" and "bad debt." Contractual adjustments in reimbursement for trauma services based upon an agreement with a payor (including Medicaid, Medicare, Children's Health Insurance Program (CHIP), or other health insurance programs) are not uncompensated trauma care.

(155) Urban county--A county with a population of 50,000 or more based on the latest estimated federal census population figures.

(156) Verification--Process used by the ACS to review a facility seeking trauma verification to validate the defined standards are met with documented compliance for successful trauma center verification. If a Level I or Level II facility is not verified by the ACS, the department cannot designate the facility.

(157) When in service--The period of time when an EMS vehicle is responding to an EMS dispatch, at the scene, or en route to a facility with a patient.

§157.11. Requirements for an Emergency Medical Services (EMS) Provider License.

(a) The purpose of this section is to outline the procedures for obtaining, issuing, and maintaining an EMS provider license.

(b) In Texas, EMS operates as a delegated practice pursuant to Texas Occupations Code §157.003.

(c) Initial or renewal application requirements for an EMS provider license:

(1) Applicants seeking to apply or renew an EMS provider license must submit a completed application using official department forms in accordance with departmental procedures.

(2) Applications must be accompanied by a non-refundable fee of \$500 per provider and an additional \$180 for each EMS vehicle to be operated under the

1 license.

2 (3) The department processes EMS provider license applications as specified
3 in §157.3 of this chapter (relating to Processing EMS Provider Licenses and
4 Applications for EMS Personnel Certification and Licensure).

5 (4) An EMS provider with a current license or authorization from another
6 state is not required to hold a Texas EMS provider license if the provider:

7 _____ (A) serves an area adjacent to Texas;

8 _____ (B) has a written mutual aid agreement with a licensed Texas EMS
9 provider;

10 _____ (C) responds at the request of a licensed Texas EMS provider;

11 _____ (D) provides emergency mutual aid assistance within Texas; and

12 _____ (E) complies with the medical standards of care set forth by the provider's
13 home state.

14 (5) Fixed-wing or rotor-wing air ambulance providers licensed by New
15 Mexico, Oklahoma, Arkansas, Kansas, Colorado, or Louisiana may apply for a
16 reciprocal provider license. These applications do not require staffing by Texas
17 EMS-certified or licensed personnel. A non-refundable administrative fee of \$500
18 per provider and \$180 for each EMS aircraft intended for operation in Texas
19 under the reciprocal license must accompany the application.

20 (6) An applicant providing emergency prehospital care is exempt from
21 department licensing and authorization fees if staffed by at least 75 percent
22 volunteer personnel, employs no more than five full-time staff or equivalent, and
23 holds recognition as a §501(c)(3) nonprofit corporation by the Internal Revenue
24 Service. Providers compensating a physician for medical supervision are also
25 exempt from these fees if all other criteria for exemption are satisfied.

26 (7) The following documents must accompany a license application:

27 _____ (A) Verification of volunteer status, if applicable.

28 _____ (B) Map and description of the service area, listing counties and cities
29 where primary emergency services are proposed, and a list of station locations
30 including addresses and contact numbers.

31 _____ (C) Declaration of organization type and profit status.

32 _____ (D) Declaration of provider name.

33 _____ (i) The legal name of the EMS provider must not contain the name of a
34 city, county, or regional advisory council (RAC), in whole or part, unless specific
35 written approval is given by the respective entity; and

_____ (ii) a proposed provider name is considered identical to a currently licensed EMS provider if it meets conditions in 1 Texas Administrative Code (TAC) §79.39 (relating to Same Defined); such names are unavailable if there is no difference upon comparison.

_____ (E) Declaration of ownership.

_____ (F) Controlling person. In addition to the ownership declaration outlined in subparagraph (7) (E) of this paragraph, the applicant is required to identify any controlling person associated with the EMS provider.

_____ (i) A controlling person refers to an individual who independently or in collaboration with others, can directly or indirectly influence, direct, or determine the management, financial decisions, or policies of the EMS provider. Examples of a controlling person include:

_____ (ii) the administrator of record, a management company or business entity responsible for operating or contracting the operation of an EMS provider, or any other individual who has actual control or authority over the provider's operations;

_____ (iii) an employee, lender, secured creditor, or other individual who does not exert formal or actual influence or control over EMS provider operations is not considered a controlling person.

_____ (iv) The department may initiate enforcement action against a controlling person under §157.16 of this subchapter (concerning Emergency Suspension, Suspension, Probation, Revocation, Denial of a Provider License, or Administrative Penalties) if it is determined that the controlling person has violated this chapter or relevant statute.

_____ (v) Suspension or revocation. The department may suspend or revoke an EMS provider license if the license holder, controlling person, administrator of record, or affiliate:

_____ (I) does not comply with rules under this chapter or Texas Health and Safety Code (HSC) Chapter 773;

_____ (II) does not comply with statutes, rules, or departmental orders governing emergency medical services; or

_____ (III) has been convicted of or engaged in actions related to patient solicitation, deceptive or fraudulent practices, or other conduct that does not meet professional standards regarding emergency medical services, as specified in HSC Chapter 773 or other applicable law.

_____ (G) Declaration of the main business location address, normal business hours, and proof of ownership or lease for the location:

- _____ (i) normal business hours must be posted for public access;
- _____ (ii) a service area map must be included;
- _____ (iii) only one EMS provider license will be issued for each fixed address;
- _____ (iv) applicants must confirm that no other licensed EMS provider is located at the submitted business address; and
- _____ (v) the EMS provider must remain in the stated physical location throughout the licensure period unless approved by the department for relocation.
- _____ (H) An administrator of record statement. The statement, under HSC §773.0571 or §773.05712, must indicate that the individual:
- _____ (i) is not employed by or otherwise compensated by another private for-profit EMS provider;
- _____ (ii) meets the qualifications for emergency medical technician certification or a relevant health care professional license related to EMS and currently holds such certification or license issued by the State of Texas;
- _____ (iii) has completed a criminal history record check at the applicant's expense as outlined in §157.37 of this chapter (concerning Certification or Licensure of Persons with Criminal Backgrounds); and
- _____ (iv) has successfully finished an initial education course approved by the department on state and federal laws and rules affecting EMS, including:
- _____ (I) HSC Chapter 773 and 25 TAC Chapter 157;
- _____ (II) EMS dispatch procedures;
- _____ (III) EMS billing procedures;
- _____ (IV) medical control accountability; and
- _____ (V) quality improvement procedures for EMS operations.
- _____ (I) Completion of at least eight hours of annual continuing education on Texas and federal EMS laws and regulations.
- _____ If the EMS provider held a license on September 1, 2013, and the administrator of record has at least eight years of EMS experience, the administrator of record statement does not need to meet the requirements in subparagraph (H)(ii) and (iii) of this paragraph.
- _____ (K) EMS providers operated by governmental entities are not subject to subparagraph (H) of this paragraph except for the administrator of record

declaration.

_____ (L) Copies of Doing Business As (DBA) or Assumed Name Certificate.

_____ (M) Completed EMS personnel form.

_____ (N) Staffing Plan detailing how the EMS provider maintains ongoing coverage for the service area specified in documents submitted with the EMS provider application. The plan must address service area coverage or provide a formal system to manage communication when services are unavailable outside regular business hours.

_____ (O) Completed EMS vehicle form.

_____ (P) Declaration of an employed medical director and a copy of the signed agreement or contract with a physician who is currently licensed in Texas, in good standing with the Texas Medical Board, and in compliance with applicable board rules, 22 TAC Chapter 169, and Texas Occupations Code Title 3.

_____ (Q) Completed medical director information form.

_____ (R) Treatment and transport protocols and policies for care provided to adults, pediatric, and neonatal patients, as referenced in HSC §773.112, approved and signed by the medical director.

_____ (S) A list of equipment required on the EMS provider initial and renewal application, including supplies and medications, approved and signed by the medical director.

_____ (T) Documentation that all required equipment is authorized for use by the EMS provider and proof of ownership or long-term lease for equipment necessary for safe operation.

_____ (U) Documentation showing each authorized vehicle has its own set of equipment necessary to operate at the level of service for which the provider is authorized.

_____ (V) Description of the EMS provider's quality assurance practices in collaboration with the medical director.

_____ (W) Documentation that the applicant or the applicant's management staff participates, or will begin to participate, in the local RAC, which includes:

_____ (i) a communication plan with the receiving facility prior to transport; and

_____ (ii) EMS provider protocols under this section may prioritize transportation of patients experiencing acute emergency conditions over transportation for dialysis patients.

_____ (I) "Disaster" as defined by Texas Government Code §418.004 and

1 §418.014.

2 (II) "End-stage renal disease facility" as defined by HSC
3 §251.001(7).

4 (X) Copies of written Mutual Aid or Inter-local Agreements with other EMS
5 providers.

6 (Y) Documentation as required for subscription or membership programs,
7 if applicable.

8 (Z) Certificate of Insurance from the insurer identifying the department as
9 the certificate holder, indicating at least minimum motor vehicle liability
10 coverage for each operated vehicle, and professional liability coverage. If the
11 applicant is a government subdivision, evidence of financial responsibility via
12 self-insurance to the limits set by tort claims provisions in the Texas Civil
13 Practice and Remedies Code is required:

14 (i) the applicant must maintain motor vehicle liability insurance per
15 Texas Transportation Code requirements;

16 (ii) the applicant must maintain professional liability insurance
17 coverage with minimums of \$500,000 per occurrence for bodily injury or death
18 and \$100,000 per occurrence for property injury or destruction, as specified in
19 Texas Civil Practice and Remedies Code §101.023(c), or as required by state
20 law, through a company licensed or eligible by the Texas Department of
21 Insurance, or provide acceptable proof of self-insurance or captive insurance for
22 payment of losses or damages resulting from any occurrence related to patient
23 care; and

24 (iii) liability of a unit of local government under this chapter is limited
25 to money damages up to \$100,000 per person and \$300,000 per occurrence for
26 bodily injury or death, and \$100,000 per occurrence for property injury or
27 destruction, as described in Texas Civil Practice and Remedies Code
28 §101.023(d).

29 (AA) Copies of vehicle titles, lease agreements, exempt registrations for
30 government subdivisions, or affidavits verifying the applicant's ownership, lease,
31 or authorized operation of each vehicle to be used under the license.

32 (BB) Documentation confirming the applicant and management staff have
33 sufficient EMS professional experience and qualifications;

34 (i) attestation that management staff have read the Texas Emergency
35 Healthcare Act and the department's EMS rules in this chapter; and

36 (ii) evidence of one year of experience or education provided by a
37 nationally recognized organization in:

38 (I) emergency medical dispatch processes;

- _____ (II) EMS billing procedures;
- _____ (III) medical control accountability; and
- _____ (IV) quality improvement processes for EMS operations.
- _____ (CC) Submission of a letter of credit from a federally insured bank or savings institution is required for obtaining or renewing an EMS provider license. The amounts are as follows:
- _____ (i) in the amount of:
- _____ (I) \$100,000 for the initial license and renewal on the second anniversary of issuance;
- _____ (II) \$75,000 for renewal on the fourth anniversary;
- _____ (III) \$50,000 for renewal on the sixth anniversary; and
- _____ (IV) \$25,000 for renewal on the eighth anniversary;
- _____ (ii) the letter of credit must include:
- _____ (I) names of all parties involved in the transaction;
- _____ (II) the owner of the EMS provider operation and recipient of the bank's letter of credit;
- _____ (III) the person or entity receiving the letter of credit; and
- _____ (IV) an EMS provider directly operated by a governmental entity is exempt from this subsection.
- _____ (DD) Submission of a copy of the surety bond in the amount of \$50,000 issued to and provided to the Health and Human Services Commission by the applicant participating in the medical assistance program operated under Texas Human Resources Code Chapter 32, the Medicaid Managed Care Program operated under Texas Government Code Chapter 540, or the child health plan program operated under HSC Chapter 62. An EMS provider directly operated by a governmental entity is exempt from this subparagraph.
- _____ (EE) Documentation showing that neither the applicant nor the management team have been excluded from participation in the state Medicaid program must be provided.
- _____ (FF) A governmental entity letter of approval must be submitted:
- _____ (i) from the governing body of the municipality where the applicant is located and applying to provide EMS;
- _____ (ii) from the county commissioner's court if the applicant is not within

1 a municipality;

2 (iii) attesting that the addition of another licensed EMS provider will
3 not interfere with or adversely affect existing services;

4 (iv) attesting, if relevant, that the addition of another licensed EMS
5 provider will address a shortage that cannot be resolved by current licensed
6 providers; and

7 (v) attesting that the addition of another licensed EMS provider will not
8 result in an oversupply of licensed EMS providers in the area.

9 (GG) An EMS provider must have a policy and process to disclose to a
10 patient when artificial intelligence (AI) is used to provide treatment or diagnosis
11 of a patient. This information must be provided to the patient in an emergency
12 as soon as possible after the response.

13
14 (8) Paragraph (7) of subsection (FF) does not apply to EMS provider license
15 renewals or to municipalities, counties, emergency services districts, hospitals,
16 or volunteer EMS organizations in the state applying for licenses.

17 (9) EMS providers cannot expand or station vehicles outside their original
18 municipality or county for two years after their initial license, unless:

19 (A) they have a contract with another municipality or county for EMS
20 services;

21 (B) they respond to emergencies under an existing mutual aid agreement;
22 or

23 (C) the department activates a statewide emergency or disaster response.

24 (10) This restriction does not apply to EMS license renewals, or to
25 municipalities, counties, emergency services districts, hospitals, or EMS
26 volunteer provider organizations applying for a license in Texas.

27 (11) The restriction also does not apply to fixed or rotor-wing EMS providers.

28 (d) EMS Provider License Issuance.

29 (1) License.

30 (A) Applicants who meet all criteria and submit required documents will
31 receive a provider license valid for two years, issued in their name and displayed
32 at the business's primary location.

33 (B) For administrative purposes, license periods may be shortened.

34 (C) Licenses are non-transferable, and applications may be denied to

those involved with sanctions or disciplinary actions against any EMS provider service.

(2) Vehicle Authorization.

(A) Each approved EMS vehicle receives an authorization, designating its level of care (e.g., Basic Life Support (BLS), Advanced Life Support (ALS), Mobile Intensive Care Unit (MICU), Air Medical). Providers may upgrade service levels upon departmental approval and payment of a \$30 fee per new authorization. Vehicles must not operate until authorized.

(B) Vehicle authorizations may be reassigned between vehicles owned by the same provider but may not be transferred to another provider. The authorization must be prominently displayed in the patient compartment.

(3) Business Name and Administration.

(A) Applicants must submit all operational business names and certified assumed name certificates if operating under different names than licensed; changing the operational name requires a new application, prorated fee, and issuance of a new provider number.

(B) The name of administrator of record must be declared.

(C) The applicant must submit a notarized document declaring the full name, mailing address, email address, and telephone number of the chief administrator to whom the department addresses all official communications regarding the license.

(e) Vehicle requirements.

(1) EMS vehicles must be constructed, equipped, maintained, and operated to ensure safe patient care and transport for adults, pediatrics, and neonates. Required equipment must be carried in compliance with national standards and the medical director's requirements.

(2) Vehicles must support safe storage and use of required equipment, supplies, and medications, and enable procedures to be carried out safely and effectively.

(3) Vehicles must meet national standards for ambulance design and safety as approved by the department.

(4) Vehicles placed in service must be equipped with environmental systems capable of maintaining appropriate temperature control to protect patients, personnel, and medications.

(5) EMS providers must maintain written pharmaceutical policies, including documented medication storage practices. All medications must be stored in accordance with manufacturer specifications and recommendations from the U.S. Food and Drug Administration (FDA). Compliance with these policies must

be monitored through a quality assurance program authorized by the medical director.

(6) All EMS vehicles require two-way communication as specified in the current Texas interoperability plan unless declared out of service with the form provided by the department.

(7) Vehicles must comply with all relevant federal, state, and local regulations unless officially out of service with the form provided by the department.

(8) Each vehicle must prominently display the provider's name and current EMS license number on both sides of the vehicle in at least 2-inch lettering and in contrasting color. The license number must have the letters TX prior to the license number. This requirement does not apply to aircraft.

(f) Substitution, replacement, and additional EMS vehicles.

(1) The EMS provider must notify the department within five business days if a vehicle is substituted or replaced. No fee applies for vehicle substitution or replacement.

(2) The EMS provider must notify the department before placing an added vehicle into service by submitting a vehicle authorization request and non-refundable vehicle fee before the vehicle is response ready.

(g) Staffing plan required.

(1) Applicants must submit a completed EMS Personnel Form identifying each response staff member assigned to EMS vehicles, including personnel names certification levels, and their department-issued certification or license identification number.

(2) An EMS provider responsible for an emergency response area that cannot offer continuous coverage within its declared service areas must publish public notices in local media, including social platforms, detailing the days and hours when coverage is unavailable. The EMS provider must alert all public safety answering points and dispatch centers regarding times of insufficient coverage and provide evidence of efforts to obtain coverage from other EMS providers.

(3) Applicants must demonstrate at license initiation and renewal that all licensed or certified personnel have completed a jurisprudence examination approved by the department concerning state and federal laws and regulations affecting EMS.

(h) Minimum staffing required.

(1) BLS-Vehicles operating at the BLS level must be staffed with two emergency care attendants (ECAs) or individuals with higher certification or licensure when response-ready or in-service.

1 (2) BLS with ALS Capability--Vehicles operating below the ALS level must be
2 staffed, when response-ready or in service, by a minimum of two personnel,
3 each certified at the emergency care attendant (ECA) level or higher. Full ALS
4 status requires staffing by an advanced emergency medical technician (AEMT)
5 and an emergency medical technician (EMT), or personnel with higher
6 certification or licensure.

7 (3) BLS with MICU Capability--Vehicles operating below the MICU level must
8 be staffed, when response-ready or in service, by a minimum of two personnel,
9 each certified at the emergency care attendant (ECA) level or higher. Full MICU
10 status requires a certified or licensed paramedic and an EMT, or personnel with
11 higher certification or licensure.

12 (4) ALS--Vehicles operating at the ALS level must have one AEMT and one
13 EMT or personnel with higher certification or licensure when response-ready or
14 in-service.

15 (5) ALS with MICU Capability--Vehicles operating below the MICU level must
16 be staffed with one AEMT and one EMT when response-ready or in-service.
17 Achieving full MICU status requires a certified or licensed paramedic and an EMT
18 or personnel with higher certification or licensure.

19 (6) MICU--Vehicles operating at the MICU level must have a minimum of one
20 certified or licensed paramedic and one EMT or personnel with higher
21 certification or licensure when response-ready or in-service.

22 (7) Specialized-EMS vehicles authorized for specialized purposes must be
23 staffed with at least two appropriately licensed or certified personnel, as
24 determined by the nature and use of the specialized purpose, subject to
25 approval by the medical director and department.

26 (8) Refer to §157.12(f) of this subchapter for rotor-wing air ambulance
27 staffing requirements and §157.13(g) of this subchapter for fixed-wing air
28 ambulance operations.

29 (9) Authorized EMS vehicles may operate at a lower level than licensed when
30 response-ready or in service. If operating at the BLS level with an ALS MICU
31 ambulance, the EMS provider must maintain a security plan for ALS MICU
32 medication, as approved by the medical director's protocol and policy.

33 (10) Providers may engage appropriately certified or licensed medical
34 personnel beyond those required at specific designation levels to meet patient
35 needs. The provider remains responsible for care delivered by both required and
36 additional personnel.

37 (i) Treatment and transport protocols required. Protocols must cover:

38 (1) written patient care policies and delegated standing orders for treatment
39 and transport, authorized and signed by the provider's medical director;

40 (2) an effective date;

1 _____ (3) procedures regarding non-EMS certified or licensed medical personnel
2 who may provide patient care alongside EMS staff, either on behalf of the
3 provider or within the provider's EMS vehicles;

4 _____ (4) utilization of all mandated, supplementary, or specialized medical
5 equipment, supplies, and pharmaceuticals maintained in each EMS vehicle within
6 the provider's fleet;

7 _____ (5) delegated procedures relevant to each EMS certification or license level
8 employed by the provider; and

9 _____ (6) medical protocols, approved by the EMS medical director, which on-duty
10 EMS personnel are expected to follow within the provider's operational area
11 unless otherwise specified.

12 (j) EMS equipment, supplies, medical devices, parenteral solutions, and
13 pharmaceuticals.

14 _____ (1) The EMS provider must submit an itemized list, approved and signed by
15 the medical director and aligned with the treatment and transport protocols, that
16 details all medical equipment, supplies, devices, parenteral solutions, and
17 pharmaceuticals to be carried. This list must specify the quantities as well as the
18 sizes and types of items necessary for providing appropriate care for all age
19 groups, appropriate to the needs of the patient. The listed quantities, sizes, and
20 types must be appropriate to the provider's call volume, transport duration, and
21 restocking capacity.

22 _____ (2) All patient care equipment and medical devices must be functioning,
23 securely fastened in the vehicle during patient care, and ready for use. Supplies
24 must be maintained in clean and fully operating condition. Powered patient care
25 equipment must feature manual mechanical operation, spare batteries, or
26 alternative power sources as backup.

27 _____ (3) All solutions and pharmaceuticals must be current and stored according to
28 manufacturer specifications and U.S. FDA guidance.

29 _____ (4) Equipment and supply requirements for air ambulance services are
30 outlined in §157.12(h) and §157.13(h) of this subchapter.

31 (k) Each in-service EMS vehicle and each response-ready vehicle must be
32 equipped, as specified by the medical director's approved equipment list, with all
33 state-mandated equipment. The equipment list must include items necessary for
34 the treatment and transport of adult, pediatric, and neonatal patients.

35 _____ (1) Basic life support (BLS).

36 _____ (A) Required equipment supporting the BLS scope of practice that
37 incorporates the expertise, competencies, and essential skills of EMTs or ECAs,
38 as well as any additional skills authorized by the EMS provider medical director.
39 All BLS ambulances must facilitate patient transport and provide the following
40 treatments:

- _____ (i) airway management, ventilation, and oxygenation;
- _____ (ii) cardiovascular circulation support;
- _____ (iii) immobilization techniques;
- _____ (iv) medication administration via appropriate routes; and
- _____ (v) care for single and multi-system trauma patients;
- _____ (B) oropharyngeal airway devices;
- _____ (C) portable and vehicle-mounted suction apparatuses;
- _____ (D) bag valve-mask units compatible with oxygen delivery;
- _____ (E) portable and vehicle-mounted oxygen supplies;
- _____ (F) oxygen delivery apparatus;
- _____ (G) dressing and bandaging materials;
- _____ (H) commercial tourniquets;
- _____ (I) rigid cervical immobilization devices;
- _____ (J) spinal immobilization equipment;
- _____ (K) extremity splints;
- _____ (L) equipment designed to address special patient needs;
- _____ (M) devices for monitoring and determining patient vital signs, condition,
_____ or response to treatment;
- _____ (N) pharmaceuticals as required by medical director protocols;
- _____ (O) an external cardiac defibrillator suitable for the staffing level, with two
_____ sets of adult pads and two sets of pediatric pads;
- _____ (P) a patient transport device that can be securely fastened within the
_____ vehicle; patients must be fully restrained according to manufacturer guidelines;
_____ and
- _____ (Q) an epinephrine auto-injector or comparable device capable of treating
_____ anaphylaxis.
- _____ (2) Advanced life support (ALS).
- _____ (A) Equipment necessary for the ALS scope of practice, including AEMT
_____ skills and additional abilities authorized by the EMS provider medical director;

ALS ambulances must be equipped to transport patients and perform:

(i) airway, ventilation, oxygenation;

(ii) cardiovascular circulation;

(iii) immobilization;

(iv) medication administration via specified routes;

(v) intravenous (IV) fluid initiation and maintenance; and

(vi) treatment of single and multi-system trauma patients;

(B) all required Basic Life Support (BLS) equipment; and

(C) advanced airway equipment.

(3) Mobile intensive care unit (MICU).

(A) equipment required for administration of paramedic-level knowledge and advanced skills as authorized by the EMS provider medical director; MICU ambulances must be able to transport patients and provide the following treatments:

(i) airway, ventilation, oxygenation;

(ii) cardiovascular circulation;

(iii) immobilization;

(iv) medication administration via specified routes; and

(v) IV fluid initiation and maintenance;

(B) all BLS and ALS required equipment;

(C) cardiac monitor-defibrillator with transmitting 12-lead capability; and

(D) pharmaceuticals as directed by medical protocols.

(4) BLS with ALS capability.

(A) All required BLS equipment, regardless of service status at the ALS level; and

(B) all required ALS equipment when ready for ALS-level response.

(5) BLS with MICU capability.

(A) All required BLS equipment, regardless of service status at the MICU

1 level; and

2 _____ (B) all required MICU equipment when ready for MICU-level response.

3 _____ (6) ALS with MICU capability.

4 _____ (A) All required ALS equipment, regardless of service status at the MICU
5 level; and

6 _____ (B) all required MICU equipment when ready for MICU-level response.

7 _____ (7) Use of waveform capnography or carbon dioxide detection equipment is
8 required for performing or monitoring endotracheal intubation.

9 _____ (8) In addition to the medical supplies and equipment specified in this
10 subsection, EMS vehicles are required to have the following:

11 _____ (A) a complete and up-to-date copy of written or electronically formatted
12 protocols, approved and signed by the medical director, along with a current and
13 comprehensive list of equipment, supplies, and medications accessible to the
14 crew;

15 _____ (B) fully functional emergency warning devices;

16 _____ (C) personal protective equipment for EMS vehicle staff, including at
17 minimum:

18 _____ (i) protective, non-porous gloves;

19 _____ (ii) medical grade eye protection;

20 _____ (iii) National Institute for Occupational Safety and Health (NIOSH)-
21 approved N95 or higher respiratory protection for each crew member;

22 _____ (iv) medical protective gowns or equivalent alternatives; and

23 _____ (v) personal cleansing supplies;

24 _____ (D) an appropriate sharps container;

25 _____ (E) biohazard disposal bags;

26 _____ (F) a portable, battery-operated flashlight (excluding penlights);

27 _____ (G) a mounted, currently inspected 5-pound ABC fire extinguisher (not
28 applicable to air ambulances);

29 _____ (H) "No Smoking" signage displayed in both the patient compartment and
30 the cab of the vehicle;

31 _____ (I) a current emergency response guidebook, or an accessible electronic

version for hazardous materials incidents;

_____ (J) carry 25 triage tags, or demonstrated participation in the RAC triage plan;

_____ (K) provide wristbands for patient tracking according to the RAC wristband tracking program.

_____ (9) Based on specific patient requirements and the availability of qualified personnel, EMS providers may utilize additional equipment beyond what is mandated by authorization levels. Such supplemental equipment must comply with established protocols and patient-specific directives and align with the qualifications of attending personnel.

(l) National accreditation. Providers accredited by a national accrediting organization recognized by the department, and who meet Texas staffing level standards, may be exempted from certain components of the licensing process. Accredited providers must submit the following documentation in addition to standard licensing requirements:

_____ (1) accreditation self-study;

_____ (2) a copy of the formal accreditation certificate; and

_____ (3) any correspondence or updates issued by or sent to the accrediting organization that affect the provider's accreditation status.

(m) Subscription or membership services. An EMS provider operating or planning to operate a subscription or membership program within its service area must comply with all licensing requirements under HSC Chapter 773 and associated rules. Department approval must be obtained prior to soliciting, advertising, or collecting subscription or membership fees. The following steps are required for department approval:

_____ (1) Obtain written authorization from the highest elected official (county judge or mayor) of the relevant political subdivision where subscriptions will be sold. Written authorization is required from each county judge if selling in multiple counties.

_____ (A) County judge authorization is needed for sales throughout the county.

_____ (B) Mayor authorization applies to sales exclusively within an incorporated town or city.

_____ (C) If the EMS provider is not the primary emergency provider in an area where a subscription plan is being sold, participants must be notified in writing, and this documentation must be sent to the primary emergency provider and the department within 30 days before any enrollment period begins. The EMS provider must:

_____ (i) submit a copy of the contract used for participant enrollment;

1 _____ (ii) maintain an updated file of all program advertising and submit
2 copies within 30 days before any enrollment period;

3 _____ (iii) follow all applicable state and federal billing and reimbursement
4 regulations for program participants;

5 _____ (iv) demonstrate financial responsibility by:

6 _____ (I) obtaining a surety bond payable to the department equivalent
7 to the subscribed funds, using the department's bond form and issued by a
8 company authorized to operate in Texas; or

9 _____ (II) providing satisfactory evidence of self-insurance for
10 governmental entities in an amount equal to the subscribed funds;

11 _____ (D) not deny emergency medical services to individuals who are non-
12 subscribers or those whose status is not current;

13 _____ (E) undergo review at least annually; the department may review the
14 program at any time;

15 _____ (G) after each enrollment period, submit, upon request from the
16 department, a list including subscriber names, addresses, enrollment dates, and
17 paid fees;

18 _____ (H) provide enrollment period start and end dates to the department. The
19 subscription service period cannot exceed one year, and fees for partial periods
20 must be prorated;

21 _____ (I) report the total annual funds collected to the department; and

22 _____ (J) not offer memberships or accept Medicaid clients into the program.

23 (n) Responsibilities of the EMS provider. Throughout the license period, the EMS
24 provider must:

25 _____ (1) ensure all response-ready and in-service vehicles are available 24 hours a
26 day, seven days a week, and are maintained, operated, equipped, and staffed
27 according to the requirements of the provider's license. This includes staffing,
28 equipment, supplies, required insurance, and any additional requirements
29 specified by the provider's current medical director-approved protocols and
30 policies;

31 _____ (2) develop, implement, maintain, and evaluate a quality assessment and
32 performance improvement program that is system-wide, data-driven,
33 interdisciplinary, and tailored to the provider; the program must cover:

34 _____ (A) standards of patient care as directed by medical director protocols and
35 medical director input into the provider's policies and standard operating
36 procedures;

1 _____ (B) a complaint management system;

2 _____ (C) monitoring the quality of care provided by personnel, with prompt
3 corrective action to ensure quality of care is maintained in accordance with the
4 existing national standards of care; and

5 _____ (D) an ongoing program that achieves measurable improvements in
6 patient care outcomes and reduces medical errors;

7 ____ (3) provide attestation or documentation confirming management staff
8 participation in the local RAC;

9 ____ (4) when an air ambulance is initiated by methods other than the local 9-1-1
10 system, require the air service to notify the local 9-1-1 center or relevant local
11 responders about the location of the response upon launch; this requirement
12 does not apply to interfacility or scheduled transports;

13 (5) ensure all personnel possess current certification or licensure from the
14 department and are authorized to practice as delegated by the medical director;

15 ____ (6) ensure all personnel, when on an in-service vehicle or at the scene of an
16 emergency, are clearly identified by last name, first initial, certification or license
17 level, and the EMS provider's name. Alternative identification may be used in
18 incident-specific situations where name disclosure could pose a risk;

19 ____ (7) protect the confidentiality of patient information in accordance with
20 federal and state laws;

21 ____ (8) ensure informed treatment or transport refusal forms are signed by
22 individuals refusing service or document cases where such forms cannot be
23 obtained;

24 ____ (9) ensure patient care reports are accurately completed and meet the
25 standards outlined in 25 TAC Chapter 103;

26 ____ (10) ensure patient care reports are provided to facilities receiving patients:

27 _____ (A) when operationally possible, the report must be provided to the
28 receiving facility at the time the patient is delivered, or a full written or
29 computer-generated report delivered to the facility within 24 hours of the
30 delivery of the patient;

31 _____ (B) if in response-pending status, an abbreviated documented report must
32 be provided at the time the patient is delivered and a completed written or
33 computer-generated report delivered to the facility within 24 hours of the
34 delivery of the patient;

35 _____ (C) the abbreviated report must include the patient's name and condition
36 upon arrival at the scene; prehospital care details; patient condition during
37 transport (including signs, symptoms, and treatment responses); call initiation
38 time; scene arrival time; scene departure time; hospital arrival time; and

ambulance staff identification; or

(D) instead of subparagraph (C) of this paragraph, personnel may follow the RAC process for providing abbreviated documentation to the receiving facility;

(11) store all pharmaceuticals under the conditions specified in the pharmaceutical storage policy approved by the EMS provider's medical director;

(12) conduct staff readiness inspections per the EMS provider's written policy;

(13) maintain a preventive maintenance plan for vehicles and equipment;

(14) ensure staff review EMS provider and medical director-approved policies and procedures;

(15) maintain medical reports:

(A) licensed EMS providers must retain adequate medical records of patients for at least seven years from the anniversary date of last treatment by the EMS provider;

(B) for patients under 18 years of age at last treatment, keeping records until the patient reaches 21 years of age or seven years from last treatment, whichever period is longer;

(C) medical records related to civil, criminal, or administrative proceedings may be destroyed only after the proceedings have reached final disposition;

(D) retain medical records for a longer period of time than the requirements of paragraph (15)(A) - (C) of this subsection if mandated by other federal or state statutes or regulations; and

(E) transfer record ownership to another licensed EMS provider only if written assumption of ownership of the record is made by the receiving EMS provider and records are maintained according to this chapter;

(16) ensure all requested patient records are made promptly available to the medical director, hospital, or department;

(17) ensure current protocols, equipment, supply and medication lists, and the correct original vehicle authorization at the appropriate level are maintained on each response-ready vehicle;

(18) monitor and enforce compliance with all policies and protocols;

(19) ensure provisions for the appropriate disposal of medical or biohazardous waste materials;

(20) ensure ongoing compliance with the terms of first responder

agreements;

(21) ensure that all documents, reports, or information provided to the department and hospital are current, accurate, and complete;

(22) ensure compliance with all federal and state laws and regulations and all local ordinances, policies, and codes, always;

(23) ensure all response data required by the department are submitted in accordance with §103.5 of this title (relating to Reporting Requirements for EMS Providers);

(24) ensure that, when there is a change in the EMS provider's name or the service's operational assumed name, the printed name on the vehicles is changed accordingly within 30 days of the change;

(25) ensure the department is notified within 30 business days whenever:

(A) a vehicle is sold, substituted, or replaced;

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

(C) there is a change in the declared service area as written on an initial or renewal application;

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

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

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

(G) there is a change of the administrator of record;

(26) notify the department within one business day of any change in the medical director;

(27) develop, implement, and enforce written operating policies and procedures required under this chapter or adopted by the licensee, ensure each employee (including volunteers) is provided a copy upon employment and whenever such policies or procedures are changed. A copy of the written operating policies and procedures must be made available to the department on request, and policies at a minimum must adequately address:

(A) personal protective equipment;

(B) immunizations available to staff;

(C) infection control procedures;

1 _____ (D) communicable disease exposure management;

2 _____ (E) emergency vehicle operation;

3 _____ (F) contact information for the designated infection control officer who has
4 documentation of education under U.S. Code Title 42, Chapter 6A, Subchapter
5 XXIV, Part G, §300ff-136;

6 _____ (G) credentialing of new response personnel before being assigned
7 primary care responsibilities, which must include at a minimum:

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

11 _____ (ii) an internship period in which all new personnel practice under
12 the supervision of, and are evaluated by, another more experienced person;

13 _____ (H) appropriate patient care documentation;

14 _____ (I) vehicle, equipment, and readiness checks; and

15 _____ (J) security of medications, fluids, and controlled substances in
16 compliance with local, state, and federal laws or rules;

17 ____ (28) provide manufacturers' instructions for all critical patient care electronic
18 and technical equipment utilized by the provider to response personnel;

19 ____ (29) notify the department within five business days of vehicle collisions that
20 leave the vehicle disabled or occur with a patient onboard;

21 ____ (30) ensure the department is notified within one business day of a collision
22 involving an in-service or response-ready EMS vehicle that results in vehicle
23 damage whenever there is personal injury or death to any person;

24 ____ (31) maintain required motor vehicle liability insurance as required under the
25 Texas Transportation Code and the professional liability insurance, as specified in
26 this subchapter;

27 ____ (32) ensure continuous coverage for the service area defined in documents
28 submitted with the EMS provider application;

29 ____ (33) respond to requests for assistance from the highest elected official of a
30 political subdivision or from the department during a declared emergency or
31 mass casualty situation according to national, state, regional, or local plans,
32 when authorized;

33 ____ (34) provide written notice to the department, RAC, and Emergency Medical
34 Task Force, if the EMS provider will make staff and equipment available during a
35 declared emergency or mass casualty situation, for a state or national mission,
36 when authorized;

1 _____ (35) ensure all EMS personnel receive continuing education on the provider's
2 anaphylaxis treatment protocols, and the provider must maintain education and
3 training records to include date, time, and location of such education or training
4 for all its EMS personnel;

5 _____ (36) notify the department, in writing, within 24 hours when operations cease
6 in any service area;

7 _____ (37) ensure all patients transported by stretcher are in a department-
8 authorized EMS vehicle;

9 _____ (38) develop or adopt and then implement policies, procedures, and protocols
10 necessary for its operations as an EMS provider, and enforce all such policies,
11 procedures, and protocols;

12 _____ (39) participate in tabletop exercises at schools in odd years and in-person
13 exercises in even years;

14 _____ (40) within 45 days after a school incident, participate in a formal EMS
15 response evaluation with relevant parties;

16 _____ (41) within 90 days, submit a final report to Texas Department of Public
17 Safety and Texas Division of Emergency Management detailing the provider's
18 role, challenges, lessons learned, and planned procedural updates; and

19 _____ (42) ensure readiness for school-based active shooter and mass casualty
20 incidents by:

21 _____ (A) providing annual training for response personnel;

22 _____ (B) keeping detailed training records; and

23 _____ (C) integrating tactical EMS considerations into protocols as approved by
24 the medical director.

25 (o) License renewal process.

26 _____ (1) Providers must request license renewal application information.

27 _____ (2) EMS providers must submit a completed application, all required
28 documentation, and a non-refundable license renewal fee at least 90 days before
29 the current license expiration date.

30 _____ (A) If the department receives a complete renewal application 90 or more
31 days prior to the license's expiration date, the applicant must pay a non-
32 refundable application fee of \$400 per provider plus \$180 for each EMS vehicle.

33 _____ (B) If the department receives a complete renewal application between 60
34 and 89 days before the license's expiration date, the applicant must pay a non-
35 refundable fee of \$450 per provider plus \$180 for each EMS vehicle.

1 (C) If the department receives a complete renewal application less than
2 60 calendar days before the license expires, the applicant must pay a non-
3 refundable fee of \$500 per provider plus \$180 for each EMS vehicle.

4 (D) If the department receives an application for renewal after the license
5 has expired, the license will expire on its stated expiration date. The EMS
6 provider will be required to submit a new initial application and comply with the
7 initial application process.

8 (E) EMS providers must not operate after their license has expired.

9 (p) Provisional License. The department may issue an EMS provisional license if
10 there is an urgent need in a service area and the applicant is found to be in
11 substantial compliance with this section, provided it serves the public interest. A
12 provisional license is valid for no more than 30 days from the date of issuance.

13 (1) An EMS provider may apply for a provisional license by submitting a
14 written request and a non-refundable fee of \$30.

15 (2) The department may revoke a provisional license at any time, with
16 written notice to the provider, if it finds that the provider is not delivering
17 appropriate service according to this section or is in violation of any
18 requirements of this chapter.

19 (q) Advertisements.

20 (1) EMS providers must ensure that their advertisements are accurate and
21 not misleading, false, or deceptive. Providers who advertise in Texas or operate
22 by transporting patients from or within Texas are required to possess a Texas
23 EMS provider license.

24 (2) An EMS provider must not advertise levels of patient care that it cannot
25 provide. The provider must not use a name, logo, artwork, phrase, or language
26 that could mislead the public to believe a higher level of care is being provided.

27 (3) EMS providers with more than five paid staff members, and with at least
28 75 percent volunteer EMS personnel, are permitted to advertise as a volunteer
29 service.

30 (r) Surveys, Inspections, and Investigations.

31 (1) The department may conduct scheduled or unannounced on-site
32 inspections or investigations of a provider's vehicles, offices, headquarters, and
33 stations (hereinafter referred to as operations) at any reasonable time, including
34 while services are underway, to verify compliance with HSC Chapter 773 and
35 this chapter.

36 (2) By applying for or holding a license, an applicant or licensee consents to
37 entry and inspection or investigation of its operations by the department, as
38 provided under HSC Chapter 773 and this chapter.

1 (3) Department inspections or investigations to evaluate an EMS provider's
2 compliance with these requirements must include:

3 (A) initial, prelicensure, and change in status inspections for new licenses;

4 (B) routine inspections conducted at the discretion of the department or
5 prior to renewal;

6 (C) follow-up on-site inspections to assess implementation of corrective
7 action plans addressing deficiencies cited during previous investigations or
8 inspections;

9 (D) complaint investigations initiated in response to reports or complaints,
10 as described in subsection (u) of this section; and

11 (E) inspections to determine if entities are offering or providing EMS
12 services without a license, or to confirm that EMS vehicles are staffed by
13 individuals holding Texas EMS certification or licensure.

14 (4) Providers and medical directors must cooperate with departmental
15 investigations or inspections. They must allow examination of grounds,
16 buildings, books, records, and other documents necessary to assess compliance
17 with statutes, rules, correction plans, and orders. Providers must also permit,
18 consistent with applicable law, interviews with governing authority members,
19 personnel, and patients.

20 (5) Providers must, consistent with applicable law, allow the department to
21 copy or reproduce, or provide photocopies of requested records or documents. If
22 records or information (other than photocopies) need to be removed from the
23 premises, the department must provide the provider's governing authority or
24 designee with a written statement specifying the items removed and the
25 expected return date. The department should make reasonable efforts to return
26 records the same day when possible.

27 (6) The department conducts an entrance conference with the provider,
28 governing authority, or designee prior to beginning the inspection or
29 investigation, explaining the nature, scope, and estimated schedule of the
30 process as required by law.

31 (7) Except for complaint investigations or follow-up visits, inspections include
32 assessments of compliance with HSC Chapter 773 and related rules. During
33 inspections preliminary findings are shared with the provider's governing
34 authority or designee, who is given the opportunity to submit additional facts or
35 information in response.

36 (8) Upon completion of the inspection, the department holds an exit
37 conference with the provider, unless otherwise specified by law, to communicate
38 preliminary findings and allow the provider to present additional information
39 regarding any cited deficiencies. If no deficiencies are identified during
40 inspection, a statement to that effect may be provided to the provider's
41 governing authority or designee. This statement does not represent a finding or

certification of compliance by the department.

(9) If deficiencies are identified, the department must provide a written deficiency report to the EMS provider's administrator of record and medical director within 30 calendar days following the exit conference.

(A) The EMS provider's governing authority, their designee, or the individual in charge at the time is required to sign an acknowledgment of the inspection and receipt of the written deficiency report, returning it to the department. This signature serves only as confirmation of receipt and does not constitute agreement with, or admission to, any cited deficiencies unless expressly stated.

(B) Within 30 calendar days of receiving the deficiency report, the EMS provider must submit a written plan of correction to the department for each cited deficiency. This submission must include implementation timelines and may also contain additional evidence of compliance regarding any deficiencies noted. The department will assess the adequacy of the plan and the proposed implementation schedule. If the plan is deemed unacceptable, the department must notify the provider in writing within 30 days of receipt and request a revised plan. The EMS provider must then modify and resubmit the plan of correction no later than 30 calendar days after receiving the department's request. All identified deficiencies must be corrected, and supporting documentation verifying completion of corrective actions must be provided to the department within the timeframes established by the accepted plan of correction or as otherwise specified by the department. For correspondence mailed under this subparagraph, the provider is considered to have received documents when the department receives postal delivery notification.

(C) Regardless of the EMS provider's compliance to this subsection, acceptance of the plan of correction by the department, or use of an informal compliance group review as outlined in paragraph (10) of this subsection, the department reserves the right to take appropriate action as specified in §157.16 of this subchapter (pertaining to Emergency Suspension, Suspension, Probation, Revocation, Denial of Provider License, or Administrative Penalties).

(10) The department inspector must inform the chief executive officer, designee, or individual in charge at the time of inspection of the provider's right to request an informal compliance group review. This option is available in instances where there is disagreement regarding deficiencies cited by the inspector or investigator that could not be resolved through additional information or clarification.

(11) Issues and complaints concerning the conduct or actions of licensed professionals are referred by the department to the appropriate licensing boards.

(12) All initial applicants, as well as the medical director, must undergo an initial compliance survey conducted by the department. This survey evaluates all components of the applicant's proposed operations, including clinical care and vehicle inspections, prior to issuance of a license.

1 (13) At renewal, randomly, or in response to a complaint, the department
2 retains the authority to conduct an unannounced compliance survey. This may
3 include inspection of provider vehicles, operations, or records to verify
4 compliance with statutory requirements at any time, including nights and
5 weekends.

6 (14) If a re-survey or follow-up inspection is necessary to validate deficiency
7 correction, the provider is required to pay a non-refundable fee of \$30 per
8 vehicle subject to re-inspection.

9 (s) Specialty Care Transports. Specialty Care Transport refers to the interfacility
10 transfer conducted by a department-licensed EMS provider for patients who are
11 critically ill or injured and require specialized interventions, monitoring, or
12 staffing. The following minimum requirements apply for functioning as a
13 Specialty Care Transport.

14 (1) Qualifying Interventions:

15 (A) patients receiving one or more of the following intravenous infusions:
16 vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics,
17 blood, blood products, or other parenteral pharmaceuticals specific to the
18 patient's health care needs; and

19 (B) one or more of the following monitors or procedures: mechanical
20 ventilation, multiple monitors, cardiac balloon pump, external cardiac support
21 (such as ventricular assist devices), or any additional specialized devices,
22 vehicles, or procedures required for the patient's health care.

23 (2) Equipment. All necessary specialized equipment and supplies that
24 correspond to the required interventions must be available at the time of
25 transport.

26 (3) Minimum Required Staffing:

27 (A) one currently certified EMT-Basic and one currently certified or
28 licensed paramedic with the additional training as defined in paragraph (4) of
29 this subsection; or

30 (B) a currently certified EMT-Basic and a currently certified or licensed
31 paramedic accompanied by at least one of the following:

32 (i) a registered nurse with special knowledge of the patient's care
33 needs;

34 (ii) a certified respiratory therapist;

35 (iii) a licensed physician; or

36 (iv) any other licensed health care professional designated by the
37 transferring physician.

1 (4) Additional Required Education and Training for Paramedics:

2 (A) verification of successful completion of post-paramedic education;

3 (B) training and periodic skills verification in ventilator management;

4 (C) training and periodic skills verification in 12-lead EKG interpretation or
5 operation of other critical care monitoring equipment;

6 (D) training and periodic skills verification in drug infusion pumps and
7 administration of cardiac or other critical care medications; and

8 (E) training in any additional specialized procedures or devices as
9 determined by the medical director of the EMS provider.

10 (t) The department may collect subscription and convenience fees for both initial
11 and renewal applications. Fee amounts are established under Texas Government
12 Code §2054.252 regarding the State Electronic Internet Portal Project, and the
13 fees serve to recover processing costs related to applications.

14 (u) Complaint Investigations.

15 (1) Upon request, licensed EMS providers must supply a written statement--
16 provided by the department--to patients or legal guardians. This statement
17 identifies the department as the agency responsible for investigating complaints
18 regarding EMS providers and personnel and informs individuals about how to
19 submit complaints to the Department of State Health Services, EMS Compliance
20 Unit, via phone or email. The statement should include current contact details
21 such as department group, address, relevant telephone numbers, and email
22 address for filing a complaint.

23 (2) The department reviews all complaints submitted regarding EMS
24 providers or personnel. Complaints may be filed by telephone, electronically, or
25 in writing using the contact information outlined in paragraph (1) of this
26 subsection.

27 (3) The department systematically documents, evaluates, and prioritizes
28 complaints and information received, considering both the seriousness of the
29 alleged violation and the potential risk to patients, personnel, and the public.

30 (A) Allegations that fall within the department's regulatory authority
31 regarding emergency medical services are authorized for investigation under this
32 chapter. Complaints outside the department's jurisdiction may be referred to an
33 appropriate external agency for response.

34 (B) Investigations are carried out through site visits, telephone interviews,
35 and written correspondence.

36 (4) The department promptly and thoroughly investigates all reports or
37 complaint allegations that could pose a threat to the health and safety of
38 patients or participants. Reports or complaints concerning alleged abuse,

neglect, or exploitation are addressed in compliance with Texas Human Resources Code Chapter 48 and Texas Family Code §261.101.

(5) The department assesses complaint allegations that present no significant risk of harm to patients. Depending on the nature and severity of the incident, the department determines whether to directly investigate the complaint or instruct the provider to conduct an internal investigation and submit its findings and supporting documentation.

(A) The department reviews the results of the EMS provider's internal investigation and may conduct further investigation if necessary. The department may require the provider to develop a corrective action plan in accordance with subsection (r) of this section (pertaining to Inspections and Investigations) and may propose further action against the provider under §157.16 of this subchapter.

(B) The EMS provider undergoing investigation must grant department staff access to all relevant documents, evidence, and individuals associated with the alleged violation, including materials related to any internal investigations.

(6) Upon completion of either an internal EMS provider investigation or a departmental investigation, the department reviews all evidence to determine whether the complaint is substantiated and to decide what corrective actions, if any, are warranted.

§157.32. Emergency Medical Services Education Program and Course Approval.

(a) Standards for Emergency Medical Services (EMS) education programs. EMS education programs must comply with national education and training standards, covering the following components:

(1) program sponsorship;

(2) program leadership and administration;

(3) medical oversight;

(4) instructor qualifications;

(5) financial support;

(6) physical resources, which include classrooms, laboratory facilities, equipment, supplies, and learning materials;

(7) clinical and field internship resources;

(8) academic and administrative policies, as well as procedures and recordkeeping requirements;

1 _____ (9) program evaluation mechanisms;

2 _____ (10) curriculum development; and

3 _____ (11) instructional delivery via distance learning technologies.

4 (b) Consideration of training standards. The department must use relevant
5 national standards and guidelines established by recognized accrediting
6 organizations to evaluate and approve EMS education programs.

7 (c) Curriculum.

8 _____ (1) Emergency Care Attendant (ECA).

9 _____ (A) The ECA curriculum must, at a minimum, cover all content stipulated
10 by the current national Emergency Medical Responder (EMR) educational
11 standards and competencies, as defined by the United States Department of
12 Transportation (DOT) within the National EMS Education Standards.

13 _____ (B) In addition to the core curriculum referenced in subparagraph (A), the
14 program must also address the following subject areas:

15 _____ (i) recognition and identification of hazardous materials, as outlined in
16 the Federal Emergency Management Agency curriculum, "Recognizing and
17 Identifying Hazardous Materials";

18 _____ (ii) airway and ventilation adjuncts, including use of the bag-valve
19 mask, administration of oxygen, and oral suctioning;

20 _____ (iii) measurement of baseline vital signs, covering pulse, respirations,
21 and blood pressure assessment by palpation and auscultation;

22 _____ (iv) spinal motion restriction, which includes appropriate sizing and
23 application of cervical collars and spinal motion restriction devices for patients in
24 supine, seated, and standing positions;

25 _____ (v) patient assessment procedures;

26 _____ (vi) techniques for bandaging, splinting, and traction splinting;

27 _____ (vii) cardiac arrest management, including semi-automatic external
28 defibrillator usage;

29 _____ (viii) operation and use of equipment for lifting and transporting
30 patients;

31 _____ (ix) communication protocols and documentation practices;

32 _____ (x) ambulance operations, including knowledge of emergency vehicle
33 laws; and

_____ (xi) completion of approved training on human trafficking prevention.

_____ (C) The program must provide a minimum of 60 hours of classroom and laboratory instruction, according to the approved curriculum.

_____ (2) Emergency Medical Technician (EMT).

_____ (A) The curriculum must include:

_____ (i) all content required by the current national EMT educational standards and competencies specified in the National EMS Education Standards by DOT;

_____ (ii) at least 150 hours of classroom, laboratory, clinical, and field instruction. This must involve supervised experiences in the emergency department, or with a licensed EMS provider, or in other healthcare settings necessary to achieve the defined competencies; and

_____ (iii) approved training courses on human trafficking.

_____ (3) Advanced Emergency Medical Technician (AEMT).

_____ (A) The AEMT curriculum must include all content required by the current national AEMT standards and competencies as outlined in the National EMS Education Standards by DOT. These areas include:

_____ (i) roles and responsibilities of an AEMT;

_____ (ii) well-being of the AEMT;

_____ (iii) illness and injury prevention;

_____ (iv) medical/legal issues;

_____ (v) ethics;

_____ (vi) general principles of pathophysiology;

_____ (vii) pharmacology;

_____ (viii) venous access and medication administration;

_____ (ix) therapeutic communications;

_____ (x) lifespan development;

_____ (xi) patient assessment;

_____ (xii) airway management and ventilation, including endotracheal intubation;

_____ (xiii) trauma; and

_____ (xiv) approved training courses on human trafficking.

_____ (B) The course must include at least 250 hours of classroom, laboratory, clinical, and field instruction. This must involve supervised experiences in the emergency department, or with a licensed EMS provider, or in any other healthcare settings needed to develop competencies in line with the AEMT national educational standards.

_____ (C) Students are required to have a current EMT certification from the department or the National Registry before starting and throughout their field and clinical rotations in an AEMT course.

_____ (4) Emergency Medical Technician-Paramedic (EMT-P).

_____ (A) The EMT-P curriculum must cover all subject matter as mandated by the current national paramedic education standards and competencies outlined in the National EMS Education Standards.

_____ (B) The program must provide a minimum of 1,000 hours, integrating classroom, laboratory, clinical, and field instruction. This must include supervised experiences within emergency departments, with licensed EMS providers, and in additional healthcare settings as necessary to achieve the competencies specified in the curriculum.

_____ (C) Prior to starting and throughout participation in field and clinical rotations within an EMT-P course, students are required to hold a current EMT or AEMT certification issued by the department, or a valid EMT or AEMT certification from the National Registry.

_____ (d) Sponsorship.

_____ (1) EMS education programs must be sponsored by organizations or individuals possessing sufficient resources and commitment to support successful educational initiatives.

_____ (2) Sponsors are required to provide adequate oversight and supervision to ensure programs:

_____ (A) maintain both educational and fiscal integrity;

_____ (B) fulfill the responsibilities described in subsection (p) of this section; and

_____ (C) possess the necessary equipment and resources for program operation.

_____ (e) Levels of program approval.

_____ (1) Programs may receive approval as either basic EMS training programs or

advanced training programs.

(2) ECA and EMT instruction must be delivered by a basic program and may also be offered by an advanced program.

(3) AEMT and EMT-P instruction must be provided exclusively by an advanced program.

(4) Advanced programs must satisfy the requirements for approval as basic programs.

(5) Educational programs must hold the proper authority or ownership to deliver the program.

(6) Departmental approval of a program is non-transferable.

(f) Currently approved programs. Programs that received approval as of the effective date of this rule have met the requirements outlined in subsections (g) or (h) of this section, according to their current level of approval. Paramedic programs must supply proof of accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/Committee on Accreditation of Emergency Medical Services Professions (CoAEMSP), or a national accrediting body recognized by the department. Alternatively, a letter of review from CAAHEP/CoAEMSP or a nationally recognized accrediting organization confirming the submission of appropriate documentation and pursuit of accreditation may be provided as defined by that organization.

(g) Basic approval requirements. To obtain approval for a basic program, applicants must comply with the following criteria:

(1) submit a letter of sponsorship;

(2) provide letters of intent from qualified providers of clinical and field internship experience that align with the required level of training;

(3) employ at least one course coordinator certified as an EMT or higher;

(4) appoint a program director who dedicates sufficient time to ensure program success. The program director is responsible for developing, organizing, administering, periodically reviewing, and evaluating program effectiveness. Additionally, if appropriately certified, the program director may serve as a course coordinator and must:

(A) regularly assess student performance to confirm adequate progress toward program completion;

(B) oversee and evaluate the quality of instruction provided; and

(C) ensure there is documentation that each graduating student has attained the necessary level of competence prior to graduation;

1 _____ (5) assign a medical director commensurate with the level and content of
2 training. The medical director must be a licensed physician approved by the
3 department and possess both experience and current expertise in emergency
4 care, as well as knowledge of educational programs for EMS personnel. In
5 addition to fulfilling other assigned duties, the medical director must:

6 _____ (A) approve the educational content of the curriculum;

7 _____ (B) evaluate and endorse the quality of medical instruction; and

8 _____ (C) certify all graduates have achieved the requisite competency prior to
9 graduation;

10 _____ (6) establish an advisory committee representing the program's communities
11 of interest. The advisory committee must include individuals, groups, or
12 institutions affected by the program. The advisory committee must assist the
13 program director and medical director in setting goals and standards, monitoring
14 needs and expectations, and ensuring the program adapts appropriately to
15 change;

16 _____ (7) submit a completed application to the designated regional office;

17 _____ (8) demonstrate substantial compliance with EMS education standards by
18 successfully passing the self-study or onsite review process; and

19 _____ (9) provide the name and contact details for the designated infection control
20 officer and verify the officer has received training consistent with U.S. Code, Title
21 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136.

22 (h) Advanced approval requirements. To approve an advanced program, the
23 applicant must:

24 _____ (1) operate a basic program successfully;

25 _____ (2) provide documentation of sponsorship by a qualifying educational or
26 healthcare institution;

27 _____ (3) submit letters from qualified providers for clinical and field internships
28 appropriate to the training level;

29 _____ (4) have at least one certified advanced course coordinator at the highest
30 training level offered;

31 _____ (5) employ a program director responsible for developing, organizing,
32 administering, reviewing, and ensuring program effectiveness, including:

33 _____ (A) monitoring student progress;

34 _____ (B) supervising instruction quality; and

35 _____ (C) verifying graduate competence;

1 (6) appoint a licensed medical director with emergency care experience
2 approved by the department, who will:

3 (A) review and approve curriculum content;

4 (B) confirm quality of medical instruction; and

5 (C) attest to graduate competence;

6 (7) establish an advisory committee representing stakeholders to assist with
7 goals, standards, monitoring needs, and responsiveness;

8 (8) submit a completed application to the regional office;

9 (9) demonstrate compliance with EMS education standards through self-study
10 and on-site review; and

11 (10) provide contact details and documented education for the infection
12 control officer as required by federal law.

13 (i) Self-study requirements.

14 (1) A self-study is a structured self-assessment and compilation of
15 documents that outline the overall processes of the proposed or existing
16 program. This document must clearly explain and demonstrate the program's
17 organizational framework, available resources, facilities, record-keeping
18 procedures, personnel qualifications, policies and protocols, instructional
19 materials, course delivery methods, clinical and field affiliations, student-to-
20 patient contact matrix, psychomotor competency evaluations, copies of all
21 advertisements, documents distributed to students, and requirements for
22 successful program completion.

23 (2) All proposed or existing programs are required to submit a self-study at
24 both the basic (ECA and EMT) and advanced (AEMT and Paramedic) levels.
25 Paramedic education programs may fulfill this requirement by submitting a copy
26 of a self-study provided to national accrediting bodies; however, supplemental
27 documentation must be supplied to verify substantial compliance with the EMS
28 education standards described herein.

29 (A) Each applicant for an EMS Program must include the following
30 components in the self-study:

31 (i) organizational chart;

32 (ii) description of ownership and sponsorship of the program;

33 (iii) details regarding financial resources;

34 (iv) explanation of the process for maintaining program, course, and
35 student records;

- 1 (v) overview of facilities;
- 2 (vi) information on learning resources;
- 3 (vii) description of equipment and supplies;
- 4 (viii) outline of faculty and staff qualifications;
- 5 (ix) description of instructor and faculty credentialing, evaluation, and
6 continuing education procedures;
- 7 (x) information about clinical and field internship affiliations;
- 8 (xi) student-to-patient contact ratio tracking and monitoring process,
9 existing programs at renewal should provide a contact ratio report;
- 10 (xii) details of textbooks and curriculum;
- 11 (xiii) overview of the psychomotor competency evaluation process;
- 12 (xiv) copies of policies and procedures pertaining to faculty, staff, and
13 students, covering areas such as:
- 14 (I) attendance, tardiness, and participation;
- 15 (II) changes to program medical director;
- 16 (III) cheating;
- 17 (IV) clinical and field internships;
- 18 (V) complaint resolution;
- 19 (VI) conduct, safety, and healthy practices;
- 20 (VII) counseling and coaching of students;
- 21 (VIII) dress and hygiene requirements;
- 22 (IX) grading;
- 23 (X) grievance and appeals;
- 24 (XI) immunizations;
- 25 (XII) sexual harassment prevention policies;
- 26 (XIII) discrimination prevention policies (including race, sex, creed,
27 national origin, sexual preference, age, disability, or medical conditions);
- 28 (XIV) psychomotor competency evaluation;

_____ (XV) record keeping and access to records;

_____ (XVI) student-faculty relationships;

_____ (XVII) student screening and enrollment;

_____ (XVIII) test review and makeup;

_____ (XIX) tuition and fee reimbursement;

_____ (XX) name and contact information for the designated infection control officer, including documentation of relevant training in accordance with U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136;

_____ (xv) documentation of approved human trafficking training;

_____ (xvi) sample advertisements and all documents provided to prospective, and current, students; and

_____ (xvii) comprehensive description of all requirements necessary for successful course completion.

(j) Provisional approval. If the department finds the applicant in substantial compliance with national EMS education standards after reviewing the self-study, provisional approval will be issued.

(k) Lack of substantial compliance. If the applicant does not substantially comply with EMS standards, the program director and sponsor will receive a written report outlining deficiencies and required improvements before provisional approval can be granted.

(l) On-site review. After a program's first course under provisional approval, an on-site review of records, plans, equipment, facilities, internships, and student-patient ratios will be conducted.

(1) If substantial compliance and all fees are paid, the department grants four-year approval and provides a written report detailing strengths, weaknesses, and recommendations.

(2) If not in substantial compliance, a written report specifies deficiencies and requirements. The department, with program officials, develops a remedial plan. Training activities may be suspended depending on the severity of the deficiency.

(3) After completing the remedial plan, the program receives four-year approval.

(m) Exception to sponsorship requirements for advanced EMT programs.

(1) If there is an urgent need for an advanced EMT program or EMS operator instructor program in an area that cannot be addressed by an entity meeting the

sponsorship requirements outlined in subsection (d) of this section, a licensed EMS provider may request permission from the department to sponsor an advanced EMT program.

(2) The request must be submitted in writing and include:

(A) documentation demonstrating the need for an advanced EMT program and the urgency of the situation;

(B) documentation showing the EMS provider has successfully operated a basic program;

(C) documentation of efforts made by the EMS provider to affiliate with an entity that meets the requirements of subsection (h)(2) of this section;

(D) a letter from the EMS provider agreeing to assume all responsibilities of advanced EMT program sponsorship;

(E) letters of intent from qualified providers offering clinical and field internship experiences appropriate to the training level; and

(F) a letter of intent from a medical director who agrees to perform the responsibilities listed in subsection (h)(6) of this section.

(3) In evaluating requests for exception, the department must consider, but is not limited to, the following factors:

(A) the quality of the basic program previously operated by the EMS provider;

(B) evidence the EMS provider possesses resources and commitment necessary to operate an advanced program in compliance with EMS education standards;

(C) the provider's efforts to affiliate with an entity as required in subsection (h)(2);

(D) the availability of approved advanced EMT programs within a reasonable distance of the affected area;

(E) availability of approved advanced EMT programs that offer training to the affected area via outreach or distance learning technologies;

(F) likely impact on existing approved advanced EMT programs if the exception is granted;

(G) possible adverse consequences to public health or safety if the exception is not granted; and

(H) written support from the program's medical director.

1 (4) Upon completion of evaluation, the department notifies the EMS provider
2 in writing regarding approval or denial of the request.

3 (5) Any exception to subsection (h)(2) of this section must comply with all
4 other requirements of subsection (h) of this section, including completion of the
5 self-study and on-site review process, and demonstrate substantial alignment
6 with EMS education standards before receiving approval.

7 (n) National accreditation for paramedic education/training programs.

8 (1) In addition to meeting the requirements in subsection (h) of this section,
9 all EMS education/training programs conducting paramedic education and
10 training must fulfill the following requirements for program approval:

11 (A) provide proof of accreditation by CAAHEP/CoAEMSP, or another
12 national accrediting organization recognized by the department; or

13 (B) provide documentation from CAAHEP/CoAEMSP or another recognized
14 accrediting organization stating the program has submitted the necessary
15 documentation toward pursuing accreditation. Such programs may receive
16 temporary approval by the department while seeking accreditation. To maintain
17 program approval, programs must obtain and provide proof of accreditation to
18 the department.

19 (2) Programs lacking accreditation or having accreditation revoked by the
20 national accrediting organization are not permitted to conduct paramedic courses
21 until accreditation is obtained or the program is recognized as actively pursuing
22 accreditation.

23 (3) Initial or current education programs without accreditation intending to
24 offer paramedic education or training after January 1, 2013, must:

25 (A) be approved by the department as an EMS basic education program
26 under subsection (g) of this section;

27 (B) submit the required application and fees to the department;

28 (C) meet accreditation standards set by CAAHEP/CoAEMSP or another
29 recognized accrediting organization to receive temporary approval for paramedic
30 courses; and

31 (D) provide proof of accreditation. If accreditation is not attained, the
32 program may not conduct further paramedic courses until accreditation is
33 achieved or recognition of pursuit from the accrediting organization is received
34 by the department.

35 (4) Accredited programs may be exempted by the department from the
36 program approval or re-approval process.

37 (5) Programs accredited by CAAHEP/CoAEMSP or a recognized accrediting
38 organization must provide the department with copies of:

1 _____ (A) the accreditation self-study;

2 _____ (B) the accreditation letter or certificate; and

3 _____ (C) any correspondence or updates affecting program status.

4 _____ (6) Upon departmental request, programs must allow department
5 representatives to participate in site visits conducted by the accrediting
6 organizations.

7 _____ (7) If disciplinary action is taken against an accredited program due to
8 violations that allege noncompliance with national standards, the department will
9 inform the accrediting organization, provide supporting evidence and post final
10 disciplinary action on the department's public website.

11 _____ (8) If a program's national accreditation lapses or is withdrawn, the program
12 must meet all related requirements within a timeframe established by the
13 department.

14 (o) Denial of program approval. Program approval, provisional approval, or re-
15 approval may be denied for various reasons, including but not limited to:

16 _____ (1) not meeting the requirements outlined in subsection (g), (h), or (m) of
17 this section;

18 _____ (2) failing to fulfill, or previously failing to fulfill, program responsibilities as
19 defined in subsection (p) of this section;

20 _____ (3) conduct, or previous conduct, that creates grounds for suspending or
21 revoking program approval as specified in subsection (u) of this section;

22 _____ (4) providing false information, records, or documents required for program
23 approval, provisional approval, or re-approval;

24 _____ (5) misrepresenting requirements for program approval, provisional approval,
25 or re-approval;

26 _____ (6) not submitting a self-study or required report of progress toward
27 remediation of documented program weaknesses or areas of non-compliance
28 within a reasonable timeframe as determined by the department;

29 _____ (7) declining or not accepting an on-site program review by a scheduled date
30 determined by the department;

31 _____ (8) issuing an unpaid check to the department;

32 _____ (9) being charged with or convicted of criminal activity while approved to
33 provide EMS training;

34 _____ (10) receiving disciplinary action from the department on the provider
35 license, personnel certification or licensure, or program due to violations of

Texas Health and Safety Code Chapter 773, or 25 Texas Administrative Code (TAC) Chapter 157; or

(11) failing to obtain or maintain accreditation by CAAHEP/CoAEMSP or another national accrediting organization recognized by the department.

(p) Responsibilities. An education program must:

(1) plan and evaluate overall program operations;

(2) supervise and oversee all courses for which the program is accountable;

(3) act as a liaison among students, the sponsoring organization, and the department;

(4) submit course notifications and approval applications, along with applicable non-refundable fees, to the department;

(5) ensure availability of classrooms and other facilities necessary for instruction and student convenience;

(6) screen student applications, verify prerequisite certifications if applicable, and select students;

(7) schedule classes and assign course coordinators and instructors;

(8) verify certifications, licenses, or other credentials of all personnel teaching program courses;

(9) maintain adequate inventory of training equipment, supplies, and audiovisual resources per National EMS Education Standards and course medical director;

(10) ensure training equipment and supplies are available and operational for each laboratory session;

(11) secure and maintain affiliations with clinical and field internship facilities needed to meet instructional objectives for all relevant courses;

(12) develop field internships and clinical objectives for all applicable courses;

(13) train and evaluate internship preceptors;

(14) obtain written acknowledgment from field internship EMS provider medical director if students are conducting advanced-level skills as part of their internship;

(15) retain all course records for a minimum of five years;

(16) with the course coordinator, develop and use valid and reliable written exams, skills proficiency verifications, and student evaluations;

1 ____ (17) with the course coordinator and medical director, supervise and evaluate
2 effectiveness of personnel instructing program courses;

3 ____ (18) with the course coordinator and medical director, supervise and evaluate
4 the quality of clinical and EMS field internship training;

5 ____ (19) with the course coordinator, attest to successful completion of all
6 students who meet program requirements;

7 ____ (20) provide the department with information and reports needed for
8 planning, administrative, regulatory, or investigative purposes;

9 ____ (21) submit any information that affects the program's interaction with the
10 department, including changes in:

11 ____ (A) program director;

12 ____ (B) course coordinators;

13 ____ (C) medical director;

14 ____ (D) classroom training facilities;

15 ____ (E) clinical or field internship facilities; and

16 ____ (F) program's physical and mailing address;

17 ____ (22) provide proof of accreditation by CAAHEP/CoAEMSP or another
18 nationally recognized accrediting organization;

19 ____ (23) submit a roster of all enrolled students when requested by the
20 department;

21 ____ (24) submit a final student roster when requested by the department; and

22 ____ (25) ensure online or distance learning classes, programs, and courses
23 comply with standards outlined in this section.

24 (q) Program re-approval.

25 ____ (1) Before the expiration of a program's approval period, the program must
26 notify the department of the impending expiration and submit a request for re-
27 approval using the address listed in the program's current records. The program
28 must submit the request for re-approval at least 45 days prior to expiration. A
29 program's failure to submit the request for re-approval according to this
30 paragraph will cause the program's approval to expire.

31 ____ (2) Programs approved as of the effective date of this rule are deemed to
32 have met the requirements set forth in subsection (g) or (h) of this section, as
33 applicable to their approval level.

1 (3) To qualify for re-approval, programs must comply with all requirements
2 specified in subsections (g), (h), or (m) of this section, corresponding to the
3 requested approval level, and:

4 (A) submit an updated self-study addressing major changes in personnel,
5 structure, curriculum, resources, policies, or procedures;

6 (B) provide documentation demonstrating progress toward correcting any
7 deficiencies identified through the self-study or on-site review process;

8 (C) accommodate an on-site review if required by the department or
9 requested by the program; and

10 (D) for paramedic programs, provide evidence of current accreditation
11 from CoAEMSP or another nationally recognized accrediting body approved by
12 the department.

13 (r) Fees.

14 (1) The following non-refundable fees apply:

15 (A) \$30 for basic self-study review, with waiver possible if the program
16 does not receive compensation for training;

17 (B) \$90 for a basic site visit;

18 (C) \$60 for advanced self-study review, with waiver possible if the
19 program does not receive compensation for training;

20 (D) \$250 for an advanced site visit;

21 (E) \$30 for processing a basic course notification or approval application,
22 with waiver possible if the program does not receive compensation for training;
23 and

24 (F) \$60 for processing an advanced course notification or approval
25 application, with waiver possible if the program does not receive compensation
26 for training.

27 (2) Approvals will be issued only upon payment of all required non-refundable
28 fees.

29 (s) Course notification and approval.

30 (1) Each course offered by an approved program must have prior approval
31 from the department, indicated by issuance of a designated course number.
32 Courses may not commence, be advertised, or collect tuition and fees from
33 prospective students until approval and course number assignment are
34 complete.

35 (2) The director of an approved program must submit notice of intent and the

requisite fee, when applicable, to the department on prescribed forms at least 30 days before the proposed course start date. Notification must include:

_____ (A) course training level;

_____ (B) class dates and times;

_____ (C) classroom location;

_____ (D) clinical sites and internship providers, if applicable;

_____ (E) principal instructor's name;

_____ (F) enrollment status;

_____ (G) anticipated student count;

_____ (H) contact hours;

_____ (I) tuition amount;

_____ (J) proposed course end date; and

_____ (K) program director's signature.

(3) A non-refundable course fee, unless the program receives no compensation, must be submitted as follows:

_____ (A) \$30 for Basic Courses (ECA or EMT);

_____ (B) \$60 for Advanced Courses (AEMT or Paramedic);

_____ (C) \$30 for EMS Instructor Courses; and

_____ (D) \$60 for Emergency Medical Information Operator Instructor Courses.

(4) The department may require submission of a written course approval application, per educational and training standards guidelines, instead of standard notification, for programs that:

_____ (A) have not successfully completed a site visit review;

_____ (B) propose courses outside approved program parameters;

_____ (C) have not conducted a course of equivalent level within the previous year; or

_____ (D) are suspected to be noncompliant with chapter provisions, based on probable cause.

(t) A course may be denied for reasons including incomplete applications, not

meeting requirements, lacking approval for the proposed course level, failure to follow submission guidelines, falsifying information, or unpaid checks.

(u) Disciplinary actions:

(1) Emergency suspension. The department can immediately suspend a program if it poses a threat to public health or safety. Notice is effective when sent to the program's recorded address. The program may request a hearing in accordance with Government Code Chapter 2001.

(2) Non-emergency suspension or revocation. Approval may be suspended or revoked for reasons and other applicable statutes or rules pertaining to emergency medical services:

(A) failing to comply with the responsibilities of a program as defined in subsection (o) of this section;

(B) failing to maintain sponsorship as identified in the program application and self-study;

(C) failing to maintain employment of at least one course coordinator whose current certifications are appropriate for the level of the program;

(D) falsifying a program approval application, self-study, course notification or course approval application, or any supporting documentation;

(E) falsifying a course completion certificate or any other document that verifies course activity or is a part of the course record;

(F) assisting another to obtain or to attempt to obtain personnel certification or recertification by fraud, forgery, deception, or misrepresentation;

(G) failing to complete and submit course notifications, course approval applications, or student documents within established time frames;

(H) offering or attempting to offer courses above the program's level of approval;

(I) compromising or failing to maintain the integrity of a department-approved training course or program;

(J) failing to maintain professionalism in a department-approved training course or program;

(K) demonstrating a lack of supervision of course coordinators or personnel instructing in the program's courses;

(L) compromising an examination or examination process administered or approved by the department;

(M) accepting a benefit to which there is no entitlement or benefiting in

any manner through fraud, deception, misrepresentation, theft, misappropriation, or coercion;

(N) failing to maintain appropriate policies, procedures, and safeguards to ensure the safety of students, instructors, or other course participants;

(O) allowing recurrent use of inadequate, inoperable, or malfunctioning equipment;

(P) maintaining a passing rate on the examinations for certification or licensure that is lower than the state average;

(Q) failing to maintain the fiscal integrity of the program;

(R) issuing a check to the department which is returned unpaid;

(S) failing to maintain required records for initial or continuing education courses;

(T) demonstrating unwillingness or inability to comply with the Health and Safety Code or rules adopted thereunder;

(U) failing to give the department true and complete information when asked regarding any alleged or actual violation of the Health and Safety Code or the rules adopted;

(V) committing a violation within 24 months of being placed on probation;

(W) offering or attempting to offer courses during a period when the program's approval is suspended;

(X) a paramedic program receiving revocation of their accreditation by CAAHEP/CoAEMSP or any other organization that provides nationally recognized EMS accreditation; or

(Y) starting a course, program or class before receiving official approval from the department.

(3) Notification. Programs facing suspension or revocation will be notified and may request a hearing within 30 days. If no hearing is requested, the action takes effect.

(4) Probation. Disciplinary actions may be probated with terms set by the department.

(5) Re-application. Programs may petition to reapply two years after denial or revocation. The department considers repeat violations, the program's record, letters of support or protest, and community need. The decision is issued within 60 days.

(6) Programs with expired approval during suspension or revocation cannot

reapply until the suspension or revocation ends.

(v) Application processing fees may be collected to cover costs through Texas Online.

(w) Posting of disciplinary actions and surrenders.

(1) Posting of surrenders. When a disciplinary action is pending or imminent, the department will post notice of a voluntary surrender on the department's public website. The posting will remain until the final resolution of the disciplinary matter.

(2) Posting final orders. In accordance with 25 TAC, Chapter 1, Subchapter X, §1.551 (Relating to Posting of Sanctions and Corrective Actions), the department will post on its public website final disciplinary orders issued under this section. Settlement agreements or informal resolutions that do not result in a final order will not be posted.

§157.33. Certification.

(a) Certification requirements. Applicants seeking emergency medical services (EMS) certification must meet the following criteria:

(1) be at least 18 years of age;

(2) possess a high school diploma or General Educational Development (GED) certificate;

(A) the diploma must be issued by a school accredited by the Texas Education Agency (TEA) or an equivalent agency from another state. Applicants educated abroad must provide transcripts evaluated by a recognized foreign credential service confirming equivalency. Home school diplomas are also acceptable;

(B) emergency care attendants (ECAs) who volunteer exclusively for a licensed provider or registered first responder organization are exempt from this educational requirement;

(3) successfully complete a Texas Department of State Health Services-approved course;

(4) complete a state-approved jurisprudence examination assessing knowledge of EMS laws, regulations, and policies;

(5) successfully complete an approved course on human trafficking;

(6) submit a completed application, fulfill all requirements outlined in §157.3 of this chapter (Pertaining to Processing EMS Provider Licenses and Applications for EMS Personnel Certification and Licensing), and pay the applicable non-

refundable fees as applicable:

(A) \$60 for emergency care attendant (ECA) or emergency medical technician (EMT);

(B) \$90 for advanced emergency medical technician (AEMT) or EMT-paramedic (EMT-P); and

(C) no fee for EMS volunteers; however, if a volunteer is compensated during the certification period, the exemption fee ends, and a prorated fee is required based on the length of time remaining in the certification period. The non-refundable fee for ECA or EMT is \$15 per year remaining in the certification period, and \$22.50 per year remaining in the certification for AEMT or EMT-P; any portion of a year will be considered one full year;

(7) provide evidence of current active or inactive National Registry of Emergency Medical Technicians (NREMT) certification at the appropriate level. NREMT First Responder certification is considered the appropriate corresponding certification level for ECAs; and

(8) submit fingerprints via the state-approved fingerprinting service to undergo a Federal Bureau of Investigations (FBI) criminal history background check.

(b) Certification period. Applicants meeting the requirements in subsection (a) of this section will receive certification valid for four years from the date of issuance. Individuals must verify their certification prior to staffing any EMS vehicle. Certification may be verified by the applicant's receipt of the official department identification card or by using the department's certification website.

(c) Examination scheduling.

(1) Examinations are held regularly at various locations throughout the state.

(2) Applicants are responsible for making their own arrangements to sit for the examination.

(d) Time constraints for completion.

(1) Initial applicants must fulfill all certification requirements no later than two years after the date of their course completion. Applications will expire two years from the postmarked date of mailing or the date received by the department via fax, online submission, or hand delivery.

(A) NREMT certification specified in subsection (a)(5) of this section must remain current until all state certification requirements are completed successfully.

(B) Applicants must update their application if changes occur between the initial submission of the application and the successful completion of requirements.

1 (2) Applicants failing to complete all requirements within two years of the
2 initial course completion date must satisfy the requirements listed in subsection
3 (a) of this section again, including taking another initial course to achieve
4 certification.

5 (3) Late Renewal and Reentry.

6 (A) Individuals whose certification has been expired for 90 days or less
7 may renew by paying 1.5 times the standard renewal fee to the department.

8 (B) Individuals whose certification has been expired for more than 90
9 days but less than one year may renew by paying twice the standard renewal
10 fee.

11 (C) Individuals whose certification has been expired for one year or more,
12 but less than four years, may regain certification by passing the current NREMT
13 examination at the applicable certification level and paying a reinstatement fee
14 equal to twice the standard renewal fee.

15 (D) Individuals whose certification has been expired for four years, or
16 more are required to complete the requirements outlined in subsection (j) of this
17 section (relating to Equivalency).

18 (E) The department may accept a current and active NREMT certification
19 for reinstatement at the corresponding level of Texas certification if all other
20 criteria are met.

21 (F) Skills verification is not required for renewal or reentry. Employers and
22 medical directors maintain responsibility for verifying the clinical competence of
23 their personnel.

24 (e) Non-transferability of certificate. Certificates cannot be transferred.

25 (f) Applicants may apply for certification at a lower level than their current
26 NREMT certification.

27 (g) Voluntary downgrades.

28 (1) Individuals with a valid Texas EMS certification or paramedic license may
29 voluntarily obtain certification at a lower level for the remainder of the
30 certification period by submitting an application and the required non-refundable
31 fee specified in subsection (a)(4) of this section.

32 (2) When the downgrade becomes effective, the prior higher-level
33 certification/license must be surrendered. To regain the original certification
34 level, applicants are required to follow late recertification procedures outlined in
35 §157.34(e) of this subchapter.

36 (h) Inactive certification. Certified EMTs, AEMTs, or EMT-Ps can apply for inactive
37 certification at any time during the certification period or up to one year after
38 expiration of the certification.

1 (1) Requests for inactive certification require a non-refundable fee of \$30
2 plus the regular fees listed in subsection (a)(4)(A) and (B) of this section. If final
3 requirements are met within one year of certificate expiration, the fees in
4 §157.34(e) of this subchapter will apply. Volunteers are subject to inactive
5 certification fees.

6 (2) Period of inactive certification.

7 (A) Inactive status begins when the notice of inactive certification is
8 issued and lasts through the end of the original active certification period for
9 currently certified individuals. Active certification ends when the notice of
10 inactive certification is issued.

11 (B) If the applicant is within the final year of active certification and
12 chooses to renew with inactive certification, the inactive certification begins on
13 the first day after the first day after the current active certificate expires and
14 remains in effect for four years.

15 (C) If an applicant applies for inactive certification, or satisfies all
16 requirements for inactive certification, within one year after the expiration of
17 their active certification, the inactive certification is valid for four years from the
18 date the notice of inactive certification is issued.

19 (3) While on inactive certification, a person will not practice other than to act
20 as a bystander rendering first aid or cardiopulmonary resuscitation (CPR) or use
21 an automated external defibrillator in the capacity of a layperson. Practicing in
22 any other capacity for compensation or as a volunteer will be cause for denial of
23 reentry and decertification.

24 (4) Individuals may not hold both inactive and active certification
25 simultaneously.

26 (i) Reciprocity.

27 (1) A person who is currently certified by the NREMT but did not complete a
28 department-approved course may apply for the equal or lower-level Texas
29 certification by submitting a reciprocity application and a non-refundable fee of
30 \$120.

31 (2) NREMT AEMT applicants must provide written AEMT skills verification from
32 an approved program.

33 (3) NREMT first responder certification is not eligible for ECA level reciprocity.

34 (4) Expiration of an applicant's NREMT certification prior to completion of all
35 requirements for certification as listed in this section disqualifies the applicant for
36 reciprocity.

37 (5) Qualified applicants for reciprocity under this section receive a four-year
38 certification beginning on the date of issuance by the department.

1 (6) Applicants for reciprocity must complete a state-approved jurisprudence
2 exam to determine their knowledge of state EMS laws, rules, and policies.

3 (7) Individuals certified by another state may apply for equal or at a lower-
4 level Texas certification with a reciprocity application and a \$120 fee.

5 (8) All individuals certified by another state must pass the NREMT exam.

6 (9) Out-of-state AEMT applicants must submit proof of AEMT skills proficiency
7 signed by a Texas EMS coordinator or instructor.

8 (10) All applicants certified by another state must submit fingerprints for an
9 FBI background check.

10 (11) Completing a state-approved jurisprudence exam to determine the
11 knowledge of state EMS laws, rules, and policies is required for all individuals
12 certified by another state. The department will verify successful completion of
13 the examination and the individual's prior certification are similar in scope of
14 practice to those required in Texas.

15 (12) Applicants must complete an approved course on human trafficking.

16 (13) Reciprocity is not available for ECA level certification.

17 (14) An applicant whose out of state certification expires before completing
18 all required steps will not be eligible for reciprocity.

19 (15) Qualified applicants for reciprocity under this section receive a four-year
20 certification beginning on the date of issuance by the department.

21 (16) Personnel certified through reciprocity must recertify according to the
22 procedures detailed in §157.34 of this subchapter before their certification
23 expires.

24 (j) Equivalency.

25 (1) Applicants meeting the following criteria may apply for certification only
26 through the equivalency process as described in this subsection:

27 (A) those trained outside the US or its territories;

28 (B) those certified or licensed in other healthcare disciplines;

29 (C) those whose Texas EMS certification or license has expired for one
30 year or more; or

31 (D) those who have held inactive Texas certification for four years or
32 more.

33 (2) To apply by equivalency, applicants must:

1 _____ (A) submit a copy of the curriculum and work history completed by the
2 applicants to a regionally accredited post-secondary institution approved by the
3 department to sponsor an EMS education program;

4 _____ (B) obtain a course completion document that verifies the program
5 satisfied all curriculum requirements. Evaluations of curricula conducted by post-
6 secondary educational institutions under this subsection must be consistent with
7 the institution's established policies and procedures for awarding credit by
8 transfer or advanced placement;

9 _____ (C) apply for initial certification with the department as described in
10 subsection (a) of this section;

11 _____ (D) have completed a state-approved jurisprudence examination to
12 determine the knowledge of state EMS laws, rules, and policies; and

13 _____ (E) have completed an approved course on human trafficking.

14 (k) The department may collect subscription and convenience fees as set by the
15 Texas Online authority to offset online application processing costs.

16 (l) Applicant immunization history.

17 _____ (1) If the applicant's immunization history is available in the immunization
18 registry as defined by Texas Health and Safety Code (HSC) §161.007, the
19 department will provide notice to the applicant using information from the
20 registry.

21 _____ (2) If the applicant's immunization history is not in the immunization registry,
22 the department will provide:

23 _____ (A) details regarding the program established under HSC §161.00707;
24 and

25 _____ (B) the specific risks to EMS personnel when responding rapidly to an
26 emergency. Personnel may be exposed to a serious or deadly communicable
27 disease that immunization may prevent.

28 (m) Responsibilities of EMS personnel. Throughout the license period, EMS
29 personnel must:

30 _____ (1) prepare accurate, complete, and clearly written patient care reports,
31 including documenting patient condition at arrival at the scene, status during
32 transport, observed signs and symptoms, and responses during duration of
33 transport, in accordance with the EMS provider's approved policy;

34 _____ (2) report incidents of abuse or injury involving a patient or the public to
35 the employer, appropriate legal authority, or the department within 24 hours or
36 by the next business day following the date of the event;

37 _____ (3) comply with the approved medical director's protocols and policies;

____ (4) take necessary measures to prevent misuse of medications, supplies, equipment, personal items, or money belonging to patients, employers, or other persons or entities;

____ (5) maintain the skills and knowledge required to perform the duties of their current EMS certification level; and

____ (6) notify the department of changes to their valid mailing address and email address within 30 days.

(n) Military service member, spouse, and veteran licensing.

____ (1) Military service members, veterans, and spouses can receive expedited application processing under Occupations Code §55.005 and §1.81 and §1.91 of this title.

____ (2) Service members formerly certified in Texas whose certification expired during active duty may renew or reinstate it without penalty within two years of discharge, upon submitting service documentation and completing renewal requirements per HSC §773.050.

____ (3) The department will prioritize all applications under this subsection.

(o) Posting of surrender. If disciplinary action is pending or likely, the department will post notice of voluntary surrender on its public website until the issue is resolved.

§157.34. Recertification.

(a) Recertification requirements.

____ (1) It is the applicant's responsibility to complete their renewal by submitting an application for recertification on the department's website.

____ (2) To maintain certification status without interruption, applicants must submit a completed recertification application and meet all renewal requirements before the expiration date on the certification but not earlier than one year before expiration.

____ (3) Applicants are required to pay non-refundable application fees as follows:

____ (A) \$60 for Emergency Care Attendant (ECA) or Emergency Medical Technician (EMT);

____ (B) \$90 for Advanced EMT (AEMT) or EMT-Paramedic (EMT-P); or

____ (C) Emergency Medical Services (EMS) volunteers are exempt from fees unless they are compensated during the certification period. If compensation is received, the exemption ends, and a prorated fee must be paid based on the

number of years remaining in the certification period.

(D) The fee for ECA or EMT certification is \$15 per year remaining; for AEMT or EMT-P, the fee is \$22.50 per year remaining. Any fractional portion of a year counts as a full year.

(4) Recertification by voluntary downgrade. Individuals holding Texas EMS certification or paramedic licenses may renew at a lower certification level by meeting the applicable requirements outlined in subsection (b), (f), or (g) of this section. On the date the downgrade is final, the previous higher-level certification becomes invalid. Regaining the original higher-level certification requires meeting the late recertification requirements in subsection (g) of this section within one year after the previous higher-level certification is deemed expired.

(A) An applicant cannot downgrade certification during pending or ongoing disciplinary action under §157.36(f) of this subchapter.

(B) Eligibility for recertification and downgrade also depends upon completion of certification requirements found in §157.33 of this subchapter, including conditions for denial or disqualification in §157.36 of this subchapter.

(5) Certificates are non-transferable.

(6) Military personnel. A person certified by the department who is deployed in support of military, security, or other action by the United Nations Security Council, a national emergency declared by the President of the United States, or a declaration of war by the United States Congress is eligible for recertification. The person may apply for recertification beginning on the date of demobilization until one calendar year after the date of demobilization. The person is not authorized to practice until they complete the renewal process.

(A) Applicants under this section must provide copies of deployment and demobilization orders as part of the requirements.

(B) Four-year certifications begin on the issue date of the certificate.

(b) Recertification options. Upon submission of a completed recertification application, the applicant must fulfill requirements under one of the options outlined in paragraphs (1) through (5) of this subsection.

(1) Option 1--Written Examination Recertification Process.

(A) The applicant is required to pass the National Registry of Emergency Medical Technicians (NREMT) examination.

(B) If the applicant does not pass the initial NREMT examination, the person must follow the NREMT process for additional attempts. After passing the NREMT examination, the person must submit an application.

(C) The applicant must submit documentation of completion of an

1 approved course on human trafficking.

2 (D) For subsequent retests, applicants may apply for and test at a lower
3 level, in accordance with paragraph (1)(B) of this subsection, if applicable.

4 (E) Applicants selecting option 1 who do not pass the NREMT assessment
5 examination may not pursue recertification via alternative options, nor do they
6 qualify for inactive certification as referenced in §157.33(h) of this subsection or
7 subsections (f) or (g) of this section.

8 (F) Should the applicant fail to complete the examination recertification
9 process as described above, their certification will expire on the date indicated
10 on the current certificate.

11 (G) The applicant is required to complete a state-approved jurisprudence
12 examination that assesses knowledge of state EMS laws, rules, and policies.

13 (2) Option 2--Continuing Education Recertification Process. The applicant
14 must:

15 (A) attest to accrual of department-approved EMS continuing education as
16 specified in §157.38 of this subchapter;

17 (B) submit documentation confirming completion of a state-approved
18 jurisprudence examination; and

19 (C) submit documentation confirming completion of an approved human
20 trafficking training course.

21 (3) Option 3--NREMT Recertification Process. The applicant must:

22 (A) attest to and must hold current NREMT certification at the time of
23 recertification application;

24 (B) submit documentation confirming completion of a state-approved
25 jurisprudence examination; and

26 (C) submit documentation confirming completion of an approved human
27 trafficking training course.

28 (4) Option 4--Formal Course Recertification Process. The applicant must:

29 (A) complete a department-approved recertification course and
30 successfully pass any required examination:

31 (i) the course must be a formal, structured, interactive training
32 program approved by the department and completed within the four-year
33 certification period; and

34 (ii) the recertification course must include contact hours required by
35 the department for the applicable certification level, as published on the

department's website;

(B) submit documentation confirming completion of a state-approved jurisprudence examination; and

(C) submit documentation demonstrating completion of an approved human trafficking training course.

(5) Option 5--CCMP Recertification Process.

(A) An applicant affiliated with an EMS provider participating in a department-approved Comprehensive Clinical Management Program (CCMP) may be recertified if:

(i) they are currently credentialed in the provider's CCMP;

(ii) they have maintained enrollment in the CCMP for a minimum of six continuous months;

(iii) the department receives a signed statement from the CCMP Medical Director confirming the applicant's participation and completion of the CCMP;

(iv) they submit documentation confirming completion of a state-approved jurisprudence examination; and

(v) they submit documentation confirming completion of an approved human trafficking training course.

(6) To change options (excluding option 1 under paragraph (1) of this subsection), the applicant must submit a new application form. No additional fee is required, provided all requirements are met within the original submission timeframe.

(c) Verification. The department verifies the information provided by the applicant is accurate, complete, and meets recertification requirements before the certification expiration date. The department then recertifies the applicant for a four-year period, starting from the day after the most recent certificate expires. Applicants must verify current certification prior to staffing an EMS vehicle. Certification can be verified via the official department identification card, the department's certification website, or by direct contact with the department.

(d) Applicant immunization history.

(1) If the applicant's immunization history is included in the immunization registry as defined by Texas Health and Safety Code (HSC) §161.007, the department may provide notice of this history using information from the registry.

(2) If the applicant's immunization history is not in the immunization registry,

1 the department may provide:

2 _____ (A) details about the immunization program developed under HSC
3 §161.00707; and

4 _____ (B) information on specific risks to EMS personnel when responding
5 quickly to emergencies involving exposure to and infection by communicable
6 diseases preventable by immunization.

7 (e) Late recertification.

8 _____ (1) Applicants whose certification has expired are considered late and non-
9 certified and may not serve as EMS or represent themselves as certified until
10 recertification is granted.

11 _____ (2) An individual whose certificate has been expired for 90 days or less may
12 renew the certificate by:

13 _____ (A) submitting a completed renewal application in the manner prescribed
14 by the department;

15 _____ (B) submitting a non-refundable renewal fee equal to 1.5 times the
16 standard renewal fee for the applicable certification level, as specified in
17 subsection (a)(4) of this section;

18 _____ (C) satisfying one of the recertification options specified in subsection
19 (b)(1)–(5) of this section;

20 _____ (D) submitting documentation verifying skills proficiency from an
21 education program approved by the department;

22 _____ (E) completing all recertification requirements within 90 days after
23 expiration; and

24 _____ (F) certification under this paragraph is valid for a four-year period
25 beginning on the date of issuance.

26 _____ (3) An individual whose certificate has been expired for more than 90 days
27 but less than one year may renew the certificate by: _____

28 _____ (A) submitting a completed renewal application to the department;

29 _____ (B) submitting a non-refundable renewal fee equal to twice the standard
30 renewal fee for the applicable certification level, as specified in subsection (a)(4)
31 of this section;

32 _____ (C) satisfying one of the recertification options specified in subsection
33 (b)(1)–(5) or (b)(6) of this section;

34 _____ (D) submitting documentation verifying skills proficiency from an
35 education program approved by the department; and

1 _____ (E) completing any remaining recertification requirements and paying any
2 additional amount needed to equal twice the standard renewal fee, if the
3 renewal application and fee were already submitted.

4 _____ (4) An individual whose certificate has been expired for one year or longer
5 may not renew the certificate and may obtain certification only by meeting the
6 requirements in §157.33(a) or (j) of this subsection.

7 _____ (5) An applicant who was previously certified in this state and has practiced
8 continuously for at least two years in another state may obtain certification
9 without reexamination by:

10 _____ (A) submitting a non-refundable fee to the department, equal to twice the
11 standard renewal fee indicated in subsection (a)(4) of this section; and

12 _____ (B) providing attestation of consistent emergency medical care practice in
13 the other state for the two years preceding the date of application.

14 (f) Renewal of inactive certification.

15 _____ (1) To renew an inactive certification, applicants must submit the appropriate
16 application and non-refundable fee as specified in §157.33(a)(4) of this
17 subchapter. The \$30 inactive fee is waived during renewal of inactive
18 certification. Applicants who fulfill the requirements for inactive renewal will be
19 granted inactive certification for a four-year period beginning the day after the
20 previous certification expires.

21 _____ (2) Individuals whose inactive certification has been expired for 90 days or
22 less may renew within this 90-day period by submitting a fee equal to 1.5 times
23 the standard renewal fee outlined in subsection (a)(4) of this section. If an
24 application and fee have previously been submitted but all requirements were
25 not met before expiration, no new application is required. The total fee paid
26 must equal 1.5 times the regular amount. Upon meeting these criteria, the
27 applicant will be recertified inactive for four years from the date of issuance.

28 _____ (3) Applicants whose inactive certification has been expired for more than 90
29 days but less than one year may renew by providing a fee double the standard
30 renewal fee described in subsection (a)(4) of this section. If an application and
31 fee were submitted but requirements were unmet by the 90th day after
32 expiration, a new application is not necessary. Inactive recertification will be
33 granted for a four-year term beginning on the date of issuance.

34 _____ (4) Those whose inactive certification has been expired for over one year
35 must first obtain active certification before reapplying for inactive status, as
36 detailed in subsection (g).

37 (g) Transition from inactive to active certification.

38 _____ (1) Applicants may reactivate their certification prior to the expiration of the
39 initial four-year inactive period by submitting an application and the non-
40 refundable fee to the department, as described in subsection (a)(4) of this

section, and completing one of the following options:

(A) Option 1:

(i) fulfilling the continuing education requirement for certification renewal as listed in subsection (b)(2);

(ii) providing verification of skills proficiency from an approved educational program or a department-recognized physician; and

(iii) passing the NREMT exam.

(B) Option 2:

(i) completing a department-approved recertification course; and

(ii) passing the NREMT exam.

(2) Applicants who have held inactive status for more than four years may only regain active certification by meeting the requirements specified in §157.33(a) or (j) of this subchapter.

(h) Posting of surrender. If a certificant voluntarily surrenders their certification or license while a disciplinary action is pending, the department will post a voluntary surrender notice on its public and the National EMS Compact's websites. The notice must remain until the pending action is resolved.

(i) Application. For all applications and renewals, the department reserves the right to collect subscription and convenience fees, as determined by the Texas Online authority, to cover costs associated with processing applications and renewals through Texas Online.

§157.36. Criteria for Denial and Disciplinary Actions for EMS Personnel and Applicants and Voluntary Surrender of a Certificate or License.

(a) Emergency suspension. The commissioner or designated representative is required to issue an emergency suspension order to any emergency medical services (EMS) **certificant or licensee** if there is reasonable cause to believe the conduct of any certificate or license holder creates an imminent danger to public health or safety.

(1) An emergency suspension is effective immediately as issued by the commissioner or designee without a hearing on notice to the certificate or license holder. Notice must also be given to the sponsoring governmental entity if the holder is exempt from payment of fees under Health and Safety Code (HSC) §773.0581.

(2) A copy of the emergency suspension order will be sent to any licensed EMS provider, first responder organization, medical director, institution, or

facility with which the certificant or licensee is affiliated, using the address listed in the department's current records.

(3) If the suspended individual submits a written request for a hearing within 15 days from the suspension date, the department is required to hold a hearing by the 30th day after receiving the request. An administrative law judge from the State Office of Administrative Hearings (SOAH) will conduct the hearing no earlier than the 10th day or later than the 30th day after the date on which the request is received by the department, will make findings of fact, and will issue a written proposal for decision regarding whether the department should continue, modify, or rescind the suspension. The department's hearing rules and Chapter 2001, Government Code, govern hearing and any appeal from a disciplinary action related to the hearing.

(b) Disciplinary action. The department may suspend, revoke, or refuse to renew an EMS certification or paramedic license, or may reprimand a certificant or licensed paramedic for reasons including but not limited to:

(1) violating any provision of the Health and Safety Code (HSC) Chapter 773; 25 Texas Administrative Code Chapter 157; or any applicable Federal, State, or local laws, rules, or regulations affecting the practice of EMS;

(2) conduct that is criminal in nature or violates criminal, civil, or administrative codes or statutes;

(3) failing to make accurate, complete, and clear written patient care reports, documenting a patient's condition upon arrival at the scene, the prehospital care provided, and the patient's status during transport, including signs, symptoms, and response, as per EMS provider's approved policy;

(4) falsifying any EMS record, patient record or report; providing false or misleading statements in oral reports; or destroying a patient care report;

(5) disclosing confidential patient information or knowledge concerning a patient's condition except where required or permitted by law or rule;

(6) causing or permitting physical or emotional abuse or injury to a patient or the public, or failing to report such abuse or injury to the employer, appropriate legal authority, or the department;

(7) failing to report to the employer, appropriate legal authority, or the department, any event of abuse or injury to a patient or the public no later than 24 hours after the event;

(8) failing to follow the medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure;

(9) failing to respond to calls while on duty, or leaving assigned duties without proper authorization;

- 1 ____ (10) abandoning a patient;
- 2 ____ (11) turning over the care of a patient or delegating EMS functions to a
3 person who lacks education, training, experience, or knowledge to provide
4 appropriate level of care for the patient;
- 5 ____ (12) noncompliance with terms of department-imposed probation or
6 department-agreed order, agreement, or suspension;
- 7 ____ (13) issuing checks returned unpaid to the department or its agent;
- 8 ____ (14) discriminating based on national origin, race, color, creed, religion, sex,
9 age, disability, or economic status;
- 10 ____ (15) misrepresenting certification or licensure level;
- 11 ____ (16) misusing medications, supplies, equipment, personal items, or money
12 belonging to patients, employers, or other entities;
- 13 ____ (17) failing to take precautions to prevent misusing medications, supplies,
14 equipment, personal items, or money belonging to the patient, employer or
15 other entities;
- 16 ____ (18) falsifying, altering, or assisting in the falsification or alteration of
17 department applications, EMS certificates or licenses, or possessing such altered
18 documents;
- 19 ____ (19) committing any offense during the period of a suspension/probation or
20 repeating any offense for which a suspension/probation was imposed within the
21 two-year period immediately following the end of the suspension or probation;
- 22 ____ (20) cheating or assisting another in cheating on any EMS examination
23 administered by the department or affiliated institutions;
- 24 ____ (21) obtaining or attempting to obtain or assisting another in obtaining or
25 attempting to obtain benefits or advantage by fraud, forgery, deception,
26 misrepresentation, or subterfuge;
- 27 ____ (22) illegally possessing, dispensing, administering, distributing, or
28 attempting to illegally dispense, administer, or distribute controlled substances
29 as defined by HSC Chapter 481 and Chapter 483;
- 30 ____ (23) receiving disciplinary action relating to an EMS certification or license, or
31 a certification or license issued by another health care regulatory authority;
- 32 ____ (24) failing or refusing to timely provide complete information requested by
33 the department;
- 34 ____ (25) failing to notify the department within 30 business days after the
35 issuance of a court order resulting in any of the following:

1 (A) a criminal conviction;

2 (B) placement on deferred adjudication community supervision; or

3 (C) placement on deferred disposition for any criminal offense, except a
4 Class C misdemeanor not directly related to EMS and not otherwise identified in
5 §157.37(e)(5) of this subchapter;

6 (26) failing to notify the department within five business days of being
7 arrested, charged, or indicted for any criminal offense, except a Class C
8 misdemeanor not directly related to EMS and not otherwise identified in
9 §157.37(e)(5) of this subchapter, and failing to notify the department within five
10 business days of any change in the individual's criminal history;

11 (27) having been convicted or placed on deferred adjudication community
12 supervision or deferred disposition for a criminal offense listed in §157.37 of this
13 subchapter, for which a person's EMS certification or paramedic license will be
14 revoked; upon receipt of notice of a conviction, deferred adjudication, or
15 deferred disposition under §157.37(e)(5) of this subchapter, the department will
16 determine the appropriate enforcement action under this chapter;

17 (28) failing to timely complete any portion of the criminal history evaluation
18 process, including submission of fingerprints, or providing information requested
19 by the department within 60 days of notification to do so, according to
20 provisions in §157.37 of this subchapter;

21 (29) conduct that jeopardizes or could jeopardize health or safety of any
22 person;

23 (30) using alcohol or drugs to such an extent that in the opinion of the
24 commissioner or the commissioner's designee, the health or safety of any
25 persons may be endangered;

26 (31) failing employer alcohol or drug screenings test before, during, or after
27 assigned EMS or volunteer shifts;

28 (32) resigning employment in lieu of submitting to an employer alcohol or
29 drug screening test, or refusing to submit to an employer alcohol or drug
30 screening test, immediately before, after or during an assigned EMS work or
31 volunteer shift;

32 (33) engaging in any activity that betrays the patient's privacy perspective or
33 public trust and confidence in EMS;

34 (34) failing to maintain a substantial amount of skill, knowledge or academic
35 acuity to timely and accurately perform the duties and responsibilities required
36 of a certified emergency medical technician or licensed paramedic;

37 (35) delegating medical functions without approval from the medical director
38 per approved protocols;

1 ____ (36) failing to transport a patient to the appropriate medical facility according
2 to the criteria for selection of a patient's destination established by the medical
3 director;

4 ____ (37) failing to document non-transport or refusals of care per established
5 protocols as established by the medical director;

6 ____ (38) failing to contact medical control or medical director as required by the
7 medical director's protocols or EMS provider's policy and procedure when caring
8 for or transporting patients;

9 ____ (39) failing to protect and advocate for patients or clients or the public from
10 unnecessary risk of harm from another EMS-certified or licensed personnel;

11 ____ (40) falsifying employment or volunteer medical profession applications or
12 failing to answer specific questions that would have affected the decision to
13 employ or otherwise utilize EMS personnel;

14 ____ (41) behaving in a disruptive manner toward other EMS personnel, law
15 enforcement, firefighters, hospital personnel, other medical personnel, patients,
16 family members or others, that interferes with patient care or could be
17 reasonably expected to adversely impact on the quality of care rendered to a
18 patient;

19 ____ (42) failing to notify the department of a change in the individual's current
20 mailing address within 30 days after the change occurs;

21 ____ (43) falsifying, altering, or failing to complete required clinical or internship
22 documentation for EMS students;

23 ____ (44) falsification or failure to complete daily readiness checks on EMS
24 vehicles, supplies, or equipment;

25 ____ (45) acts of dishonesty relating to the EMS profession as determined by the
26 department;

27 ____ (46) behavior that exploits the EMS personnel-patient relationship in a sexual
28 way. This behavior is non-diagnostic or non-therapeutic, may be verbal or
29 physical, and may include expressions or gestures that have sexual connotations
30 or that a reasonable person would construe as such;

31 ____ (47) falsifying information provided to the department; or

32 ____ (48) engaging in a pattern of behavior that demonstrates routine responses
33 to medical emergencies without being under the policies and procedures of an
34 EMS provider or first responder organization and providing patient care without
35 medical direction when required.

36 (c) Mandatory revocation.

37 ____ (1) A certificate or paramedic license will be revoked if the holder has been

convicted of or placed on deferred adjudication community supervision or deferred disposition for:

(i) an offense listed in Article 42A.054(a)(2), (3), (4), (7), (8), (9), (11), or (18), Code of Criminal Procedure; or

(ii) an offense, other than an offense described by Subdivision (1), committed on or after September 1, 2009, for which the person is subject to registration under Chapter 62, Code of Criminal Procedure, pursuant to HSC 773.0614.

(2) A certificant or licensed paramedic will be revoked based on imprisonment following a felony conviction, regardless of the felony, pursuant to Texas Occupations Code 53.021.

(i) Imprisonment means confinement in a state jail or prison. Imprisonment does not include living in a halfway house as a requirement of community supervision.

(ii) A certificant or licensed paramedic who is participating in a mandatory supervision program or a community supervision program will not be subject to mandatory revocation, which may include confinement, under this subchapter.

(d) Criteria for denial of EMS certification or paramedic licensure:

(1) not meeting standards as required by the department;

(2) past conduct by the applicant while performing duties similar to those of EMS personnel, including volunteer or for-compensation work, that demonstrates the applicant is not qualified to meet the standards required for EMS personnel under HSC Chapter 773 and this section;

(3) having been convicted of, or placed on deferred adjudication community supervision or deferred disposition for, a criminal offense that directly relates to the duties and responsibilities of EMS personnel, as provided by §157.37 of this subchapter;

(4) the department shall deny an application for EMS certification or paramedic licensure if the applicant has been convicted of, or placed on deferred adjudication community supervision or deferred disposition for, an offense listed in §157.37(e)(5) of this subchapter;

(5) disciplinary actions on certificates/licenses issued by Texas, or other states/territories/nations, National Registry of Emergency Medical Technicians (NREMT), or other recognized EMS organizations, including the Federal Exclusion List, described in 42 U.S. Code §1320a-7;

(6) falsifying any Texas application for certification or licensure or falsifying any application or documentation used to acquire registration, certification or licensure;

1 (7) issuing payment to the department that has been returned to the
2 department or its agent;

3 (8) misrepresenting certification or licensure requirements;

4 (9) staffing an EMS vehicle deemed to be in service while the persons
5 previously issued certification or license is expired, suspended or revoked;

6 (10) failing to maintain sufficient skill, knowledge, or academic proficiency to
7 timely and accurately perform the duties and responsibilities required of certified
8 or licensed EMS personnel; and

9 (11) participation in peer-to-peer support services is not subject to
10 disciplinary action, per HSC §773.061.

11 (e) Notification. If the department intends to suspend, revoke, or not renew an
12 EMS certificate or license, reprimand a certificant or licensed paramedic, deny an
13 application for EMS certification or a paramedic license, or disqualify a
14 prescreening petition's eligibility for EMS certification or a paramedic license, the
15 certificant, licensed paramedic, applicant, or petitioner will be notified at the
16 address listed in the department's current records. The notice will specify the
17 facts or conduct supporting the proposed action and inform the individual of
18 their right to request an appeal hearing.

19 (f) Appeal hearing request.

20 (1) An appeal hearing request must be made in writing, submitted to the
21 department, and postmarked within 30 days after the date of the notice. The
22 appeal hearing, as well as any appeal of that hearing, will be conducted in
23 accordance with the Administrative Procedure Act, Government Code, Chapter
24 2001.

25 (2) If the applicant, certificant, licensed paramedic, or petitioner does not
26 request a hearing in writing within 30 days after the date of the notice required
27 by this section, the individual is deemed to have waived the opportunity for an
28 administrative appeal hearing, and the department may take the proposed
29 actions outlined in the notice.

30 (g) Suspension or probation.

31 (1) The department may propose a suspension or a probated suspension of
32 an EMS certification or paramedic license. As a condition of suspension or
33 probation, the certificant or licensee may be required to:

34 (A) submit regular reports to the department regarding matters that form
35 the basis of the suspension or probation;

36 (B) restrict practice to settings, roles, or functions designated by the
37 department;

38 (C) complete additional education or continuing education to address

identified deficiencies and achieve a level of proficiency satisfactory to the department;

(D) comply with specific conditions or requirements related to the underlying conduct, violation, or background issue to ensure continued compliance with applicable EMS standards;

(E) limit the scope of practice, including restricting the performance of specific skills or interventions; and

(F) comply with any other condition reasonably necessary to protect the public and ensure safe practice.

(2) Because of certain circumstances or conduct in the background of a person making an initial application for an EMS certification or paramedic license, the department may grant the certification or license, but place the person on probation, subject to the person meeting certain probationary conditions during the certification or licensure period to assure that the person will meet and maintain general EMS standards.

(3) Any person, whose EMS certification or paramedic license has been revoked by the department and who later regains certification or licensure under this section, shall be placed on probation for one year and be required to meet certain conditions to assure that he or she will meet and maintain general EMS standards.

(h) Reapplication.

(1) An individual may submit a written petition for reapplication for certification or licensure for two years following the denial or revocation of a license, or after voluntarily surrendering a certificate or license while disciplinary action is pending. The expiration of a certificate or license during the suspension period does not alter the required two-year waiting period before a petition may be filed.

(2) The petitioner is responsible for demonstrating their fitness for certification or licensure.

(3) The department may permit the petitioner to reapply for certification or licensure if the petitioner provides sufficient evidence demonstrating that the petitioner is in compliance with applicable standards and that public health and safety will be protected.

(4) The department may deny any petitioner if, in the judgment of the commissioner or designee, the conditions or conduct giving rise to the original enforcement action continue to pose a threat to public health or safety, the petitioner has failed to demonstrate that the threat has been eliminated, or the petitioner remains in noncompliance with applicable standards.

(5) Upon acceptance of reapplication, the petitioner must satisfy all requirements for licensure as outlined in §157.40 (Paramedic Licensure) of this

subchapter, or for certification as specified in §157.33 (Certification), §157.43 (Course Coordinator Certification), or §157.44 (Emergency Medical Service Instructor Certification) of this subchapter. Additionally, the petitioner must comply with probation terms described in subsection (f) of this section.

(i) Surrender of a certificate or license. Surrendering a certificate or license will not deprive the department of jurisdiction in disciplinary actions against the certificant or licensee. To voluntarily surrender a certification or license prior to its expiration, an individual must:

____ (1) complete a surrender of certificate or license statement; and

____ (2) where disciplinary action is pending or reasonably foreseeable, acknowledge that such surrender serves as a plea of "no contest" to the allegations supporting the disciplinary action.

(j) Notification of disposition. A copy of the final order concerning proposed disciplinary action will be provided to any licensed EMS provider, EMS administrator of record, first responder organization, medical director, institution, or facility with which the certificant or licensee is identified as affiliated, based on the address listed in current department records. Notifications will be published on the department's public website and forwarded to the National EMS Compact. The applicant, certificant, licensed paramedic, or petitioner will receive notice of the final enforcement action taken.

§157.37. Certification or Licensure of Persons With Criminal Backgrounds.

(a) Purpose. This section describes the standards and criteria for determining whether individuals with criminal backgrounds are eligible for emergency medical services (EMS) certification or recertification, as well as paramedic licensure or continued licensure. The Department of State Health Services (the department) will apply the requirements of the Health and Safety Code (HSC), Chapter 773, Subchapter C, and will consider and review the criteria listed in the HSC, Chapter 773, Subchapter C, §§773.0615, 773.0616, and 773.0617, to determine a person's EMS certification eligibility before enrollment in an EMS education and training course, or to determine whether to deny, suspend, or revoke an EMS certification or paramedic license based upon the person's criminal history.

(b) Department access to criminal history record information.

____ (1) The department is authorized to obtain criminal history records from the Department of Public Safety (DPS), the Federal Bureau of Investigation Identification Division, or other law enforcement agencies to assess EMS certification eligibility for people submitting petitions for pre-enrollment criminal history prescreening, initial EMS certification applications, reciprocity requests, and to determine ongoing eligibility for certified or licensed paramedics.

1 (2) Those who submit a petition for criminal history prescreening, initial or
2 reciprocity applications for EMS certification or licensure, or who disclose or have
3 known criminal records, must provide a full set of fingerprints and pay the
4 required processing fee to DPS, as required under Government Code §411.087
5 and §411.110.

6 (3) For petitioners or applicants with criminal records, the department may
7 close the petition or application and treat it as withdrawn if the person does not
8 respond to requests for information within 60 days of the department's request
9 during the prescreening or investigative phase.

10 (c) Petition for criminal history prescreening. The department provides
11 prescreening criminal history checks for those pursuing EMS certification or
12 licensure, to determine the person's eligibility before entering a department-
13 approved education or training program. A prescreening petition does not
14 constitute an initial or renewal application for certification or licensure. To
15 request prescreening, petitioners must:

16 (1) submit a completed Petition for Criminal History Prescreening form;

17 (2) pay a non-refundable \$50 fee;

18 (3) complete and return all Criminal History Prescreening documents
19 provided to the petitioner by the department, timely provide documents and
20 information requested by the department, and provide additional information if
21 requested;

22 (4) supply fingerprints and pay the processing fee to DPS, as mandated
23 under Government Code §411.087 and §411.110;

24 (5) provide or arrange for submission of all relevant court records to the
25 department, including final court orders, sentencing details, probation terms and
26 releases, probation revocation, and related documentation concerning the
27 petitioner's criminal history or other materials requested by the department;

28 (6) inform the department of any new legal actions or changes impacting
29 their criminal history, including, but not limited to, arrests, criminal charges,
30 indictments, investigations, or motions to revoke probation, that have occurred
31 since submitting the prescreening petition; and

32 (7) undergo a criminal history investigation by the department if an EMS
33 certification application is later submitted by the petitioner.

34 (d) Limitation on information required for certification or license renewal. For
35 renewing EMS certification or a paramedic license, the department:

36 (1) will not require applicants to supply criminal history information that has
37 not changed since their last initial or renewal application for EMS certification or
38 paramedic licensure; and

39 (2) may require only updated details relevant to the period since the

applicant's last initial or renewal application, including information about any new department requirements for the certification or license.

(e) Criminal history evaluation criteria.

(1) For a person who has been convicted of, or placed on deferred adjudication community supervision or deferred disposition for any offense, other than those listed under paragraph (5) of this subsection, that relates directly to the duties and responsibilities of EMS personnel, the department may:

(A) deny initial or renewed EMS certification or paramedic licensure, or deny permission to take a certification or licensure exam;

(B) rule the person ineligible for an EMS certificate or paramedic license; or

(C) revoke or suspend their EMS certification or paramedic license.

(2) When deciding if an offense (other than those in paragraph (5)) is directly linked to EMS responsibilities, the department will consider:

(A) HSC Chapter 773, Subchapter C, §773.0615;

(B) the nature and seriousness of the offense;

(C) how the offense relates to the requirement for certification or licensure in the occupation;

(D) the extent to which involvement in EMS would afford a certificant or licensee an opportunity to engage in further criminal activity of the same type as that the person previously was involved; and

(E) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of the EMS profession.

(3) When judging the fitness of EMS personnel with convictions or deferred adjudication excluding offenses in paragraph (5), the department will also consider:

(A) the extent and nature of the person's prior criminal activity;

(B) the person's age at the time of the offense;

(C) the amount of time that has passed since the person's last criminal activity;

(D) the person's conduct and work activity before and after the criminal activity;

(E) evidence of the person's rehabilitation or rehabilitative effort while incarcerated or following release;

_____ (F) other evidence of the person's fitness, including letters of recommendation from:

_____ (i) prosecutors, law enforcement, and correctional officers who prosecuted, arrested, or had custodial responsibility for the person;

_____ (ii) the sheriff or chief of police in the community where the person resides; and

_____ (iii) any other person in contact with the person;

_____ (G) whether the person has obtained and submitted to the department the proof of fitness documentation required by 25 Texas Administrative Code §157.37(e)(3)(F); and

_____ (H) whether the petitioner, applicant, certificant, or licensed paramedic has demonstrated:

_____ (i) a stable employment history;

_____ (ii) support of the person's dependents;

_____ (iii) good conduct; and

_____ (iv) payment of all outstanding court costs, supervision fees, fines, and restitution ordered in connection with any criminal case involving a conviction, deferred adjudication community supervision, or deferred disposition.

(4) The following crimes are considered directly related to EMS certification and licensure because of their nature and seriousness, impacting the ability to perform patient care and public safety duties. The following offenses will be reviewed:

_____ (A) offenses under the HSC Chapter 773;

_____ (B) violations under the Transportation Code, except those for which points are assigned under Transportation Code §708.052;

_____ (C) offenses under the Alcoholic Beverage Code;

_____ (D) substance abuse offenses under HSC, Texas Controlled Substances Act, Chapters 481, 482, and 483;

_____ (E) offenses under the Texas Department of Public Safety, Government Code, Chapter 411, Subchapter H, relating to concealed handgun licenses;

_____ (F) offenses under these Texas Penal Code titles:

_____ (i) Title 4 - attempts to commit or conspiracies to commit any listed offenses in this clause;

- 1 (ii) Title 5 - offenses against persons;
2 (iii) Title 6 - offenses against families;
3 (iv) Title 7 - offenses against property;
4 (v) Title 8 - offenses against public administration;
5 (vi) Title 9 - offenses against public order and decency;
6 (vii) Title 10 - offenses against public health, safety, and morals; and
7 (viii) Title 11 - offenses involving organized crime.

8 (G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are
9 not exhaustive; the department may also consider similar convictions from other
10 states, federal, foreign, or military jurisdictions that indicate a lack of ability,
11 capacity, or fitness to serve as EMS personnel.

12 (5) An individual will be disqualified from EMS certification eligibility, or their
13 initial or renewal application for EMS certification or paramedic licensure will be
14 denied, or their EMS certification or paramedic license (active or inactive) will be
15 revoked if the petitioner, applicant, certificant, or licensed paramedic is
16 convicted of or placed on deferred adjudication community supervision or
17 deferred disposition, on or after September 1, 2009, for:

18 (A) any offense listed in Code of Criminal Procedure, Article
19 42A.054(a)(1)-(19), (b)-(e), including:

- 20 (i) murder;
21 (ii) capital murder;
22 (iii) indecency with a child;
23 (iv) aggravated kidnapping;
24 (v) aggravated sexual assault;
25 (vi) aggravated robbery;(vii) sexual assault; and
26 (viii) substance abuse offenses, as described in Health and Safety
27 Code, Chapter 481, for which punishment is increased under:

28 (I) Health and Safety Code §481.140, regarding the use of a child
29 in the commission of an offense; or

30 (II) Health and Safety Code §481.134(c), (d), (e), or (f), regarding
31 an offense committed within a drug free zone, if it is shown that the defendant
32 has been previously convicted of an offense for which punishment was increased
33 under one of those subsections.

1 (B) An offense, other than an offense described by subparagraph (A) of
2 this paragraph, committed on or after September 1, 2009, for which the person
3 is subject to register as a sex offender under Code of Criminal Procedure Chapter
4 62.

5 (6) An individual may be disqualified from EMS certification eligibility for
6 being convicted of or placed on deferred adjudication community supervision or
7 deferred disposition for stalking (applicable only for offenses on or after
8 September 1, 2025)

9 (f) Documentation required during criminal history prescreening or investigation.
10 During a criminal history prescreening or investigation, the prescreening
11 petitioner, applicant for EMS certification or paramedic licensure, or certificant or
12 licensed paramedic must obtain and submit to the department the following
13 documentation for each criminal offense in the individual's criminal history:

14 (1) the complete court record, including:

15 (A) final court orders;

16 (B) sentencing information;

17 (C) conditions of probation;

18 (D) revocation of or release from probation; and

19 (E) any other information relating to the individual's criminal history or
20 requested by the department;

21 (2) any recommendations of the prosecution, law enforcement, and/or
22 correctional authorities regarding the offense;

23 (3) documentation of prior and current employment status;

24 (4) evidence of court-ordered or voluntary rehabilitation;

25 (5) evidence of good conduct in the community; and

26 (6) evidence of payment of all outstanding court costs, supervision fees,
27 finances, and restitution ordered in the criminal case, including cases resulting in
28 conviction, deferred adjudication community supervision, or deferred disposition.

29 (g) The notice and appeal processes under §157.36(d) - (e) of this subchapter
30 apply to EMS certification or licensure denials, suspensions, or revocations based
31 on criminal history, except those offenses listed in §157.37(e)(5) of this section.

32 (h) If an individual voluntarily surrenders their certification or licensure while
33 disciplinary action is pending or likely with the department, the department will
34 post a notice of voluntary surrender online until the outcome of the enforcement
35 action is final.

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