

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

**DRAFT 4 – 157.12 – August 1, 2006**

§157.12 Rotor-Wing Air Medical Operations

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

(b) Applicants for an initial rotor-wing air medical provider shall submit a completed Texas EMS Provider License application to the department including the documentation and fees as listed:

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

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

(3) If a rotor-wing air medical provider chooses to add EMS ground vehicles under the license, a nonrefundable administrative fee of \$180 for each EMS ground vehicle shall accompany the application. All EMS ground vehicles under the rotor-wing air medical license shall meet the requirements for EMS ground vehicles as described in §157.11 of this chapter.

(d) Initial License and Designations. Candidates who meet all the criteria for licensure shall be issued a provider license. Licenses may be issued for less than two years for administrative purposes. Licensed EMS providers shall comply with all requirements of their license at all times.

(1) Within one year of the approval of the initial license, the provider shall submit a Provider Information Form (PIF) to the Commission on Accreditation of Medical Transport Systems (CAMTS) or make application through another DSHS approved accreditation process. Copies of all documentation will also be submitted to the department.

(2) Licenses. Providers shall be issued a license for a specific number of EMS aircraft, and if applicable, EMS ground vehicles. Copies of the license shall be prominently displayed in a public area of the rotor-wing air medical provider's Texas headquarters and in the patient compartment of each of the provider's EMS aircraft,

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

45 and if applicable, EMS ground vehicles. Consider breaking out provider license and  
46 designations.

47

48 (3) Transfer of license and designations. Licenses and designations are not  
49 transferable between providers. If we go to licenses instead of designations we will  
50 have to change.

51

52 (4) Rotary wing aircraft (helicopters) operated by a licensed emergency medical  
53 services (EMS) provider shall be licensed/designated at the mobile intensive care  
54 level. Persons or entities operating rotary wing air medical operations must direct and  
55 control the integrated activities of both the medical and aviation components.  
56 Although the aircraft operator is directly responsible to the Federal Aviation  
57 Administration (FAA) for the operation of the aircraft, typically the organization in  
58 charge of the medical functions directs the combined efforts of the aviation and  
59 medical components during patient transport operations.

60

61 (5) When being used as an ambulance [air medical helicopter], the helicopter shall:

62

63 (A) Be configured so that the medical personnel have adequate access to the  
64 patient in order to begin and maintain basic life support treatment;

65

66 (B) Have an entry that allows loading and unloading of a patient without  
67 excessive maneuvering (no more than 45 degrees about the lateral axis and 30  
68 degrees about the longitudinal axis); and does not compromise functioning of  
69 monitoring systems, intravenous (IV) lines, or manual or mechanical ventilation;

70

71 (C) Have a supplemental lighting system in the event standard lighting is  
72 insufficient for patient care that includes:

73

74 (i) A self-contained lighting system powered by a battery pack or a portable  
75 light with a battery source; and

76

77 (ii) Means to protect the pilot's night adaptation vision. (Use of red lighting  
78 or low intensity lighting in the patient care area is acceptable if not able to  
79 isolate that patient care area);

80

81 (D) Have an electric power outlet with an inverter or appropriate power source of  
82 sufficient output to meet the requirements of the complete specialized equipment  
83 package without compromising the operation of any electrical aircraft equipment;

84

85 (E) Have protection of the pilot's flight controls, throttles and radios from any  
86 intended or accidental interference by the patient, air medical personnel or  
87 equipment and supplies; and

88

Current Rule will be repealed.

Regular print = new language

Green text = new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

- 89 (F) Have an internal medical configuration located so that air medical personnel  
90 can provide patient care consistent with the scope of care of the air medical  
91 service, to include:
- 92
- 93 (i) The space necessary to ensure the patient's airway is maintained and to  
94 provide adequate ventilatory support from the secured, seat-belted position of  
95 the air medical personnel;
- 96
- 97 (ii) Those aircraft with gaseous oxygen systems have equipment installed so  
98 that medical personnel can determine if oxygen is on by in-line pressure  
99 gauges mounted in the patient care area. Aircraft using liquid or gaseous  
100 oxygen should have equipment installed;
- 101
- 102 (I) With each gas outlet clearly marked for identification;
- 103
- 104 (II) With oxygen flow capable of being stopped at the oxygen source  
105 from inside the aircraft; and
- 106
- 107 (III) So that the measurement of the liter flow and quantity of oxygen  
108 remaining is accessible to air medical personnel while in flight. All flow  
109 meters and outlets must be padded, flush mounted, or so located as to  
110 prevent injury to air medical personnel; or there shall be an operational  
111 policy stating that attendants wear helmets;
- 112
- 113 (iii) Hangers/hooks available to secure (IV) solutions in place or a mechanism  
114 to provide high flow fluids if needed:
- 115
- 116 (I) All IV hooks shall be padded, flush mounted, or so located as to  
117 prevent head trauma to the air medical personnel in the event of a hard  
118 landing or emergency with the aircraft; or an operational policy stating  
119 that attendants wear helmets; and
- 120
- 121 (II) Glass containers shall not be used unless required by medication  
122 specifications and properly vented;
- 123
- 124 (iv) Provision for medication which allows for protection from extreme  
125 temperatures if it becomes environmentally necessary; and
- 126
- 127 (v) Secure positioning of cardiac monitors, defibrillators, and external pacers  
128 so that displays are visible to medical personnel.
- 129
- 130 (6) Responsibilities of the rotor-wing air medical provider. During the license period  
131 the provider's responsibilities shall include:
- 132

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

- 133 (A) Submit proof that the rotor-wing air medical provider carries bodily injury  
134 and property damage insurance with a company licensed to do business in Texas  
135 in order to secure payment for any loss or damage resulting from any occurrence  
136 arising out of or cause by the operation or use of any of the license holder's  
137 aircraft. Coverage amounts shall insure that:  
138  
139 (i) Each aircraft shall be insured for the minimum amount of \$1 million for  
140 injuries to, or death of, any one person arising out of any one incident or  
141 accident;  
142  
143 (ii) The minimum amount of \$3 million for injuries to, or death of, more than  
144 one person in any one accident; and  
145  
146 (iii) The minimum amount of \$500,000 for damage to property arising from  
147 any one accident;  
148  
149 (B) Submit proof that the rotor-wing air medical provider carries professional  
150 liability insurance coverage in the amount of \$500,00 per occurrence, with a  
151 company licensed to do business in Texas in order to secure payment for any loss  
152 or damage resulting from any occurrence arising out of or caused by the care or  
153 lack of care of a patient;  
154  
155 (C) Submit a list of all aircraft with the registration number or "N" number for  
156 the helicopters in the possession of the provider;  
157  
158 (D) Allow visual and physical inspection of each aircraft and of the equipment to  
159 be used on each aircraft, and if applicable, EMS ground vehicle, for the purpose  
160 of determining compliance with the aircraft, and if applicable, EMS ground  
161 vehicle and equipment specifications within this section; and  
162 Submit a copy of current Federal Aviation Administration (FAA) operational  
163 certification.  
164  
165 (E) Assuring that all response-ready and in-service EMS aircraft and/or EMS  
166 ground vehicles are maintained, operated, equipped and staffed in accordance  
167 with the requirements of the provider's license;  
168  
169 (F) Monitoring and taking appropriate action regarding the quality of patient care  
170 provided by the service;  
171  
172 (G) Monitoring and taking appropriate action regarding the performance of all  
173 personnel involved in the provision of EMS; and ensuring that all personnel are  
174 properly certified or licensed;  
175

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

- 176 (H) Assuring that continuing education (CE) training is current in accordance  
177 with the requirements in §157.38 of this title (regarding Continuing Education) or  
178 other applicable statute/code;  
179
- 180 (I) Assuring that all personnel, when on an in-service aircraft, and if applicable,  
181 EMS ground vehicle or when on-scene, are prominently identified by name,  
182 certification or license level and provider name;  
183
- 184 (J) Maintaining confidentiality of patient information;  
185
- 186 (K) Assuring that all relevant patient care information is supplied to receiving  
187 facilities upon delivery of patients;  
188
- 189 (L) Assuring that all requested patient records are made promptly available to the  
190 medical director;  
191
- 192 (M) Making available on each aircraft, and if applicable, EMS ground vehicle  
193 current protocols, current equipment and supply lists, a copy of the provider  
194 license and correct designation;  
195
- 196 (N) Monitoring and enforcing general safety policies including at least personal  
197 protective equipment, immunizations and communicable disease exposure and  
198 emergency vehicle operations;  
199
- 200 (O) Assuring ongoing compliance with the terms of first responder agreements;  
201
- 202 (P) Assuring that all documents, reports or information provided to the  
203 department are current, truthful and correct;  
204
- 205 (Q) Maintaining compliance with all applicable laws and regulations;  
206
- 207 (R) Submission of run response data upon request by department approved  
208 method; and  
209
- 210 (S) Notification of the department, prior to use, if an aircraft or EMS ground  
211 vehicle is added, with submission of the nonrefundable administrative fee if  
212 applicable  
213
- 214 (T) Notification of the department within 10 days if:  
215
- 216 (i) An aircraft, and if applicable, EMS ground vehicle is substituted or  
217 replaced;  
218
- 219 (iii) There is a change in the:  
220

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

- 221 (I) Official business address;
- 222
- 223 (II) Service director/administrator;
- 224
- 225 (III) Medical director, with submission of the new agreement; and/or
- 226
- 227 (IV) Physical sub location or station address.
- 228
- 229 (7) The rotor-wing air medical provider shall designate or employ a medical director
- 230 who shall meet the following qualifications:
- 231
- 232 (A) Be a physician approved by the Texas Department of State Health Services
- 233 [Texas Medical Board] and in practice;
- 234
- 235 (B) Have knowledge and experience consistent with the transport of patients by
- 236 air;
- 237
- 238 (C) Be knowledgeable in aeromedical physiology, stresses of flight, aircraft
- 239 safety, patient care, and resource limitation of the aircraft, medical staff and
- 240 equipment;
- 241
- 242 (D) Have access to consult with medical specialists for patient(s) whose illness
- 243 and care needs are outside the medical director's area of practice; and
- 244
- 245 (E) Comply with the requirements in Chapter 6, Medicine, Article 4495B,
- 246 Medical Practice Act, §197.3 (a) (2-7) and (b).
- 247
- 248 (8) The physician shall fulfill the following responsibilities:
- 249
- 250 (A) Ensure that there is a comprehensive plan/policy to address selection of
- 251 appropriate aircraft, staffing and equipment;
- 252
- 253 (B) Be involved in the selection, hiring, training, and continuing education of all
- 254 medical personnel;
- 255
- 256 (C) Be responsible for overseeing the development and maintenance of a
- 257 continuous quality improvement program;
- 258
- 259 (D) Ensure that there is a plan to provide direction of patient care to the rotor-
- 260 wing air medical personnel during transport. The system shall include on-line
- 261 (radio/telephone) medical control, and/or appropriate system for off-line medical
- 262 control such as written guidelines, protocols, procedures, patient specific written
- 263 orders or standing orders;
- 264

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

265 (E) Participate in any administrative decision making processes that affect patient  
266 care;

267

268 (F) Ensure that there is an adequate method for on-line medical control, and that  
269 there is a well defined plan or procedure and resources in place to allow off-line  
270 medical control; and

271

272 (G) Oversee the review, revision and validation of written medical policies and  
273 protocols annually.

274

275 (9) There shall be two Texas licensed/certified personnel on board the helicopter  
276 when in service. A waiver to the Texas license/certification may be granted for  
277 personnel employed by providers in New Mexico, Oklahoma, Arkansas, and  
278 Louisiana who respond in Texas and are licensed in their respective state. Staffing of  
279 aircraft shall be as follows:

280

281 (A) When responding to an emergency scene, at least one of the personnel shall  
282 be a Texas certified or licensed paramedic;

283

284 (B) When responding for an inter-facility transfer, at least one of the personnel  
285 performing patient care duties shall be a Texas certified or licensed paramedic,  
286 registered nurse or physician. The qualifications and numbers of air medical  
287 personnel shall be appropriate to the patient care needs;

288

289 (C) When responding as in paragraphs (A) and (B) of this subsection, the second  
290 person may be a Texas certified or licensed paramedic, registered nurse, or a  
291 physician; and

292

293 (D) Air medical personnel shall not be assigned or assume the cockpit duties of  
294 the flight crew members concurrent with patient care duties and responsibilities.

295

296 (10) Documentation of successful completion of training specific to the helicopter  
297 transport environment in general and the licensee's operation specifically shall be  
298 required. The curriculum shall be consistent with the Department of Transportation  
299 (DOT) Air Medical Crew – National Standard Curriculum or equivalent program and  
300 each attendant's qualifications shall be documented.

301

302 (11) Medical supplies and equipment shall be consistent with the service's scope of  
303 care as defined in the protocols/standing orders. Medical equipment shall be  
304 functional without interfering with the avionics nor should avionics interfere with the  
305 function of the medical equipment. Additionally, the following equipment, clean and  
306 in working order, must be on the aircraft or immediately available for all providers:

307

308 (A) One or more stretchers capable of being secured in the aircraft which meet  
309 the following criteria:

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

310

311

(i) Can accommodate an adult, 6 feet tall weighing 212 pounds. There shall be restraining devices or additional appliances available to provide adequate restraint of all patients including those under 60 pounds or 36 inches in height;

312

313

314

(ii) Shall have the head of the primary stretcher capable of being elevated up to 30 degrees. The elevating section shall not interfere with or require that the patient or stretcher securing straps and hardware be removed or loosened;

315

316

317

(iii) Shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available;

318

319

320

(iv) Shall have a pad or mattress impervious to moisture and easily cleaned and disinfected according to Occupational Safety and Health Administration (OSHA) bloodborne pathogen requirements; and

321

322

323

(v) Shall have a supply of linen for each patient;

324

325

326

(B) Adequate amounts of oxygen (for anticipated liter flow and length of flight with an emergency reserve) available for every mission;

327

328

329

(C) One portable oxygen tank **with regulator**;

330

331

332

(D) A back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements). Back-up source may be the required portable tank if the tank is accessible in the patient care area during the flight;

333

334

335

336

(E) Airway adjuncts as follows:

337

338

(i) Oropharyngeal airways in at least five assorted sizes, including adult, child, and infant; and

339

340

(ii) Nasopharyngeal airways in at least three sizes with water soluble lubricant;

341

342

343

(F) At least one suction unit which is portable (bulb syringes or foot pump not acceptable);

344

345

346

(G) The following items in amounts and sizes as specified on a list signed by the medical director:

347

348

349

(i) IV solutions;

350

351

(ii) IV catheters;

352

353

354

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

355

356

(iii) Endotracheal tubes;

357

358

(iv) Medications;

359

360

(v) Any specialized equipment required in medical treatment protocols/standing orders;

361

362

363

(vi) Pressure bag;

364

365

(vii) Tourniquets, tape, dressings; and

366

367

(viii) Container appropriate to contain used sharp devices (needles, scalpels) which meet OSHA requirements;

368

369

(H) Assessment equipment as follows:

370

371

(i) Equipment suitable to determine blood pressure of the adult, pediatric and infant patient(s) during flight;

372

373

374

(ii) Stethoscope;

375

376

(iii) Penlight/flashlight;

377

378

(iv) Heavy duty bandage scissors;

379

380

(v) Pulse oximeter;

381

382

(vi) External cardiac pacing device; and

383

384

(vii) IV infusion pump capable of strict mechanical control of an IV infusion drip rate. Passive devices such as dial-a-flow are not acceptable;

385

386

387

(I) Bandages and dressings as follows:

388

389

(i) Sterile dressings such as 4x4s, ABD pads;

390

391

(ii) Bandages such as Kerlix, Kling; and

392

393

(iii) Tape in various sizes;

394

395

(J) Container(s) and methods to collect, contain, and dispose of body fluids such as emesis, oral secretions, and blood consistent with OSHA bloodborne pathogen requirements;

396

397

398

399

Current Rule will be repealed.

Regular print = new language

Green text = new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

400 (K) Infection control equipment. The licensee shall have a sufficient quantity of  
401 the following supplies for all air medical personnel, and each flight crew member,  
402 and all ground personnel with incidental exposure risks according to OSHA  
403 requirements which includes but is not limited to:

404

405 (i) Protective gloves;

406

407 (ii) Protective gowns;

408

409 (iii) Protective eyewear;

410

411 (iv) Protective face masks;

412

413 (v) An approved bio-hazardous waste plastic bag or impervious container to  
414 receive and dispose of used supplies; and

415

416 (vi) Hand washing capabilities or antiviral towelettes;

417

418 (L) An adequate trash disposal system exclusive of bio-hazardous waste control  
419 provisions;

420

421 (M) Security of medications, fluids, and controlled substances shall be  
422 maintained by each air medical licensee in compliance with local, state, and  
423 federal drug laws;

424

425 (N) Cardiac monitor defibrillator – DC battery powered portable  
426 monitor/defibrillator with paper printout, accessories and supplies, with sufficient  
427 power supply to meet demands of the mission; and

428

429 (O) Quantity and type of drugs and specialized equipment as specified on the  
430 medical director's medication list.

431

432 (12) Surveys. All initial candidates for a provider license shall be required to have a  
433 comprehensive survey by the department prior to the license being granted. Surveys  
434 may be conducted for cause on any licensed provider.

435

436 (13) Unannounced inspections. Randomly and/or in response to complaints, the  
437 department may conduct an unannounced inspections to insure compliance of the  
438 provider license holder. Inspections may be conducted at any time, including nights  
439 and weekends. The department may review all components of provider licensure  
440 during unannounced inspection. Violations or deficiencies may result in disciplinary  
441 action as authorized by §157.16 of this title (relating to Emergency Suspension,  
442 Suspension, Probation, Revocation or Denial or a Provider License). The department  
443 may grant a reasonable period of time for the provider to correct deficiencies. If the  
444 department must reinspect the provider because of noncompliance noted during a

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

445 previous inspection, the provider shall pay a nonrefundable administrative fee of \$30,  
446 if applicable.

447

448 (14) Failure to correct identified deficiencies within a period of time determined to  
449 be reasonable by the department or if the deficiencies are found to be repeated, the  
450 provider shall be subject to disciplinary actions in accordance with §157.16 of this  
451 title.

452

453 (e) Denial of a rotor-wing air medical provider application. A license may be denied as  
454 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,  
455 Probation, Revocation or Denial or a Provider License) and in addition to:

456

457 (1) A rotor-wing air medical provider's failure to meet accreditation by the  
458 Commission on Accreditation of Medical Transport Systems (CAMTS) or a  
459 department approved process during any rotor-wing air medical provider's previous  
460 initial application period/process.

461

462 (f) Renewal of License and Designations.

463

464 (1) The department shall notify the rotor-wing air medical provider at least 90 days  
465 before the expiration date of the current license at the address shown in the current  
466 records of the department. It is the responsibility of the provider to notify the  
467 department of any change of address. If a notice of expiration is not received, it is the  
468 responsibility of the provider to notify the department and request license renewal  
469 information.

470

471 (2) Providers shall submit a completed application and nonrefundable fee, if  
472 applicable, and must verify continuing compliance with the requirements of their  
473 license.

474

475 (3) A rotor-wing air medical provider must become accredited through the  
476 Commission on Accreditation of Medical Transport Systems (CAMTS) or by a  
477 department approved process by the date their initial Texas EMS Provider License  
478 expires.

479

480 (A) Applicants for Texas EMS Provider License renewal may request a survey  
481 through the Commission on Accreditation of Medical Transport Systems  
482 (CAMTS) or by a department approved process.

483

484 (B) Surveyors will be at a minimum CAMTS-trained. The composition of the  
485 survey team shall in accordance with CAMTS Policy and Procedures.

486

487 (C) The applicant shall notify the department of the requested date of the planned  
488 survey and the composition of the survey team. The applicant shall provide the  
489 department with the Program Information Form (PIF). The department shall

Current Rule will be repealed.

Regular print = new language

Green text = new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

- 490 retain authority to require a change in the date or the composition of the survey  
491 team.  
492
- 493 (D) The applicant shall be responsible for any expenses associated with the  
494 survey.  
495
- 496 (E) The department, at its discretion, may assign one or more staff members or  
497 department approved peer reviewers to participate in the survey. In this event, the  
498 cost for the employees shall be borne by the department.  
499
- 500 (F) The survey shall be based upon the current standards of the Accreditation  
501 Standards of the Commission on Accreditation of Medical Transport Systems  
502 (CAMTS) [at the time of the rotor-wing air medical provider's site survey.]  
503
- 504 (G) The survey shall be completed by the date their initial Texas EMS Provider  
505 License expires.
- 506 (H) The designated CAMTS-trained surveyor shall submit a copy of the site  
507 survey report to the department within 14 days after the completion of the survey.  
508
- 509 (I) The department will consider [evaluate] the site survey report[, however,] but  
510 all other requirements for licensure must be met before a provider license will be  
511 issued.  
512
- 513 (J) Rotor-wing air medical providers seeking or holding CAMTS accreditation  
514 must provide the department [with any and all] copies of correspondence sent to  
515 and received from CAMTS including the Program Information Form (PIF), site  
516 survey report and any correspondence related to the survey or accreditation status.  
517
- 518 (K) The department will consider current CAMTS accreditation when reviewing  
519 a provider license [renewal] application[however,] but all other requirements  
520 for licensure must be met before a [renewal] provider license will be issued.  
521
- 522 (L) [Rotor-wing] Air medical providers, including those accredited by CAMTS  
523 must follow the renewal process in (\_\_\_) of this chapter in order to renew their  
524 Texas EMS provider license.  
525
- 526 (M) An EMS provider shall not operate prior to the issuance or upon expiration of  
527 the provider license.  
528
- 529 (N) [The department] DSHS may grant an exception if it finds that compliance  
530 with this section would not be in the best interest of the persons served in the  
531 affected local system.  
532
- 533 (4) If a provider has not met all requirements for a provider license, including  
534 accreditation as listed in (3) above, the provider may apply for a provisional license

Current Rule will be repealed.

Regular print = new language

Green text =new DSHS draft verbiage

Yellow highlight = recommended by GETAC Air Medical Committee

535 by submitting a request and, in addition to the regular nonrefundable administrative  
536 licensure fee, if applicable, a nonrefundable fee of \$30. One provisional license,  
537 valid for not more than 60 days, may be granted only to prevent probable adverse  
538 impact to the health and safety of the service community. Without a provisional  
539 license, a provider may not operate if there is a lapse in time between license  
540 expiration and license expiration and license renewal.

541  
542 (5) ~~Licenses may be issued~~ [The department may issue a renewal license] for less  
543 than two years for administrative purposes. Licensed EMS providers shall comply  
544 with all requirements of their license at all times.

545  
546 (6) For all applications and renewal applications, the department (or the board) is  
547 authorized to collect subscription and convenience fees, in amounts determined by the  
548 Texas Online Authority, to recover costs associated with application and renewal  
549 application processing through Texas Online.