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DRAFT 3 – 157.13 – November 19, 2006

§157.12 Fixed-Wing Air Medical Operations

(a) A fixed-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 fixed-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 fixed-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 fixed-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 fixed-wing air medical license shall meet the requirements for EMS ground vehicles as described in §157.11 of this chapter.

(c) 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. The licenses shall be prominently displayed in a public area of the fixed-wing air medical provider's Texas headquarters

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43 and in the patient compartment of each of the provider's EMS aircraft, and if
44 applicable, EMS ground vehicles.

45
46 (3) Transfer of license(s). Licenses are not transferable between providers.

47
48 (4) Fixed-wing aircraft operated by a licensed emergency medical services (EMS)
49 provider shall be licensed at the mobile intensive care level. Persons or entities
50 operating fixed-wing air medical operations must direct and control the integrated
51 activities of both the medical and aviation components. Although the aircraft
52 operator is directly responsible to the Federal Aviation Administration (FAA) for the
53 operation of the aircraft, typically the organization in charge of the medical functions
54 directs the combined efforts of the aviation and medical components during patient
55 transport operations.

56
57 (d) When being used as a fixed-wing air ambulance, the aircraft shall:

58
59 (1) Be multi-engine or be a single, turbo-prop engine capable of maintaining cabin
60 pressurization;

61
62 (2) Maintain a cabin altitude consistent with patient diagnosis, condition, and
63 destination;

64
65 (3) Be equipped and kept current for instrument flight rules (IFR) flight;

66
67 (4) Have a door large enough to allow a patient on a stretcher to be enplaned without
68 excessive maneuvering or tipping of the patient which compromises the function of
69 monitoring devices, intravenous (IV) lines or ventilation equipment;

70
71 (5) Be designed or modified to accommodate at least one stretcher patient;

72
73 (6) Have a lighting system which can provide adequate intensity to illuminate the
74 patient care area and an adequate method (curtain, distance) to limit the cabin light
75 from entering the cockpit and impeding cockpit crew vision during night operations.

76
77 (7) All aircraft, in accordance with the timeline specified in (G) (i) – (iii) of this
78 section, shall have an environmental control system capable of heating and cooling, in
79 accordance with the manufacturer specifications, within the patient compartment at
80 all times when responding to or performing patient transport to regulate extremes in
81 temperature for patient comfort and to minimize extremes in temperature variation for
82 the protection of medications;

83
84 (A) new applicants for a fixed-wing air ambulance operation license shall have an
85 environmental system (heating and cooling) capable of heating and cooling, in

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86 accordance with the manufacturer specifications, within the patient compartment
87 at all times when in service;

88
89 (B) any new aircraft added to an existing fixed-wing air ambulance operation
90 license shall have an environmental system (heating and cooling) capable of
91 heating or cooling, in accordance with the manufacturer specifications, within the
92 patient compartment at all times when in service;

93
94 (C) all aircraft in the fleet of a fixed-wing air ambulance operation license, shall
95 have an environmental system (heating and cooling) capable of heating or
96 cooling, in accordance with the manufacturer specifications, within the patient
97 compartment at all times when in service within a 5 year period from the date **this**
98 **rule is adopted to become effective.**

99
100 (8) Have an interior cabin configuration large enough to accommodate the number of
101 air medical personnel needed to provide care to the patient, as well as an adult
102 stretcher in the cabin area with access to the patient. The configuration shall not
103 impede the normal or emergency evacuation routes;

104
105 (9) Have an electrical system capable of servicing the power needs of electrically
106 powered on-board patient care equipment;

107
108 (10) Have all installed and carry-on equipment secured using FAA-approved devices
109 and methods.

110
111 (11) Have sufficient space in the cabin area where the patient stretcher is installed so
112 that equipment can be stored and secured with FAA-approved devices in such a
113 manner that it is accessible to the air medical personnel; and

114
115 (12) Have two fire extinguishers approved for aircraft use. Each shall be fully
116 charged with valid inspection certification and capable of extinguishing type A, B, or
117 C fires. One extinguisher shall be accessible to the cockpit crew and one shall be in
118 the cabin area accessible to the medical crew member.

119
120 (e) Responsibilities of the fixed-wing air medical provider. During the license period the
121 provider's responsibilities shall include:

122
123 (1) Submit proof that the fixed-wing air medical provider carries bodily injury and
124 property damage insurance with a company licensed to do business in Texas in order
125 to secure payment for any loss or damage resulting from any occurrence arising out of
126 or cause by the operation or use of any of the license holder's aircraft. Coverage
127 amounts shall insure that:

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129 (A) Each aircraft shall be insured for the minimum amount of \$1 million for
130 injuries to, or death of, any one person arising out of any one incident or accident;

131
132 (B) The minimum amount of \$3 million for injuries to, or death of, more than one
133 person in any one accident; and

134
135 (C) The minimum amount of \$10 million for damage to property arising from
136 any one accident;

137
138 (2) Submit proof that the fixed-wing air medical provider carries professional
139 liability insurance coverage in the amount of \$500,00 per occurrence, with a company
140 licensed to do business in Texas in order to secure payment for any loss or damage
141 resulting from any occurrence arising out of or caused by the care or lack of care of a
142 patient;

143
144 (3) Submit a list of all aircraft with the registration number or “N” number for the
145 helicopters in the possession of the provider;

146
147 (4) Allow visual and physical inspection of each aircraft and of the equipment to be
148 used on each aircraft, and if applicable, EMS ground vehicle, for the purpose of
149 determining compliance with the aircraft, and if applicable, EMS ground vehicle and
150 equipment specifications within this section; and

151
152 (5) Submit and maintain a current copy of all Federal Aviation Administration
153 certifications, authorizations and prohibitions to include: Air Carrier Certificate or
154 Operating Certificate as applicable; Air Taxi and Commercial Operator Certification;
155 and air ambulance Operations Specifications.

156
157 (6) Assuring that all response-ready and in-service EMS aircraft and/or EMS ground
158 vehicles are maintained, operated, equipped and staffed in accordance with the
159 requirements of the provider’s license;

160
161 (7) Monitoring and taking appropriate action regarding the quality of patient care
162 provided by the service;

163
164 (8) Monitoring and taking appropriate action regarding the performance of all
165 personnel involved in the provision of EMS; and ensuring that all personnel are
166 properly certified or licensed;

167
168 (9) Assuring that continuing education (CE) training is current in accordance with
169 the requirements in §157.38 of this title (regarding Continuing Education) or other
170 applicable statute/code;

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- 172 (10) Assuring that all personnel, when on an in-service aircraft, and if applicable,
173 EMS ground vehicle or when on-scene, are prominently identified by name,
174 certification or license level and provider name;
175
176 (11) Maintaining confidentiality of patient information;
177
178 (12) Assuring that all relevant patient care information is supplied to receiving
179 facilities upon delivery of patients;
180
181 (13) Assuring that all requested patient records are made promptly available to the
182 medical director;
183
184 (14) Making available on each aircraft, and if applicable, EMS ground vehicle
185 current protocols, current equipment and supply lists, a copy of the provider license
186 and correct designation;
187
188 (15) Monitoring and enforcing general safety policies including at least personal
189 protective equipment, immunizations and communicable disease exposure and
190 emergency vehicle operations;
191
192 (16) Assuring ongoing compliance with the terms of first responder agreements;
193
194 (17) Assuring that all documents, reports or information provided to the department
195 are current, truthful and correct;
196
197 (18) Maintaining compliance with all applicable laws and regulations;
198
199 (19) Submission of run response data upon request by department approved method;
200 and
201
202 (20) Notification of the department, prior to use, if an aircraft or EMS ground vehicle
203 is added, with submission of the nonrefundable administrative fee if applicable
204
205 (21) Notification of the department within 10 days if:
206
207 (A) An aircraft, and if applicable, EMS ground vehicle is substituted or replaced;
208
209 (B) There is a change in the:
210
211 (i) Official business address;
212
213 (ii) Service director/administrator;
214

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215 (iii) Medical director, with submission of the new agreement; and/or

216

217

(iv) Physical sub location or station address.

218

219 (f) The fixed-wing air medical provider shall designate or employ a medical director who

220

shall meet the following qualifications:

221

222

(1) A physician who is currently licensed in the state of Texas, in good standing [with the] Texas State Board of Medical Examiners Texas Medical Board, in compliance with the Texas Board of Medical Examiners Rules, particularly regarding Emergency Medical Services as outlined in 22 TAC 197, and in compliance with Subtitle B of Title 3 of the Texas Occupations Code;

227

228

(2) Have knowledge and experience consistent with the transport of patients by air;

229

230

(3) Be knowledgeable in aeromedical physiology, stresses of flight, aircraft safety, patient care, and resource limitation of the aircraft, medical staff and equipment;

231

232

233

(4) Have access to consult with medical specialists for patient(s) whose illness and care needs are outside the medical director's area of practice; and

234

235

(g) The physician shall fulfill the following responsibilities:

236

237

(1) Ensure that there is a comprehensive plan/policy to address selection of appropriate aircraft, staffing and equipment;

239

240

(2) Be involved in the selection, hiring, training, and continuing education of all medical personnel;

241

242

243

(3) Be responsible for overseeing the development and maintenance of a continuous quality improvement program;

244

245

246

(4) Ensure that there is a plan to provide direction of patient care to the fixed-wing air medical personnel during transport. The system shall include on-line (radio/telephone) medical control, and/or appropriate system for off-line medical control such as written guidelines, protocols, procedures, patient specific written orders or standing orders;

247

248

249

250

251

(5) Participate in any administrative decision making processes that affect patient care;

252

253

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256 (6) Ensure that there is an adequate method for on-line medical control, and that
257 there is a well defined plan or procedure and resources in place to allow off-line
258 medical control; and

259

260 (7) Oversee the review, revision and validation of written medical policies and
261 protocols annually.

262

263 (8) Maintain compliance with the requirements of the Texas Medical Board rules,
264 particularly regarding Emergency Medical Services outlined in 22 TAC 197.3 and
265 also compliance with Subtitle B of Title 3 of the Texas Occupations Code.

266

267 (h) There shall be at least one Texas licensed or certified paramedic, registered nurse,
268 physician assistant, nurse practitioner or physician on board a fixed-wing air ambulance
269 to perform patient care duties on that air ambulance. The qualifications and numbers of
270 air medical personnel shall be appropriate to patient care needs. Medical personnel
271 employed by providers who are based in another state do not need Texas
272 certification/licensure provided that they are appropriately licensed or certified as medical
273 personnel in their respective state.

274

275 (1) Documentation of successful completion of training specific to the fixed-wing
276 transport environment in general and the licensee's operation specifically shall be
277 required. The curriculum shall be consistent with the Department of Transportation
278 (DOT) Air Medical Crew – National Standard Curriculum, or equivalent program.

279

280 (2) Each attendant's qualifications shall be documented.

281

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

284

285 (4) The aircraft shall be operated by a pilot or pilots certified in accordance with
286 applicable Federal Aviation Regulations.

287

288 (5) The fixed-wing air ambulance shall be operated by a piloted or pilots licensed or
289 certified, by the United States Federal Aviation Administration (FAA) and operated
290 in accordance with FAA regulations.

291

292 (i) Medical supplies, equipment, and medication shall be fully supportive of and
293 consistent with the service's scope of care as approved by the medical director. Medical
294 equipment shall be functional without interfering with the avionics nor should avionics
295 interfere with the function of the medical equipment. Additionally the following
296 equipment, clean and in working order, must be on the aircraft or immediately available
297 for all providers:

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- 299 (1) One or more stretchers capable of being secured in the aircraft which meet the
300 following criteria:
301
302 (A) Can accommodate an adult, 6 feet tall weighing 212 pounds. There shall be
303 restraining devices or additional appliances available to provide adequate restraint
304 of all patients including those under 60 pounds or 36 inches in height;
305
306 (B) Shall have the head of the primary stretcher capable of being elevated up to
307 45 degrees. The elevating section shall not interfere with or require that the
308 patient or stretcher securing straps and hardware be removed or loosened;
309
310 (C) Each stretcher shall be positioned in the cabin to allow the air medical
311 personnel clear view of the patient and shall ensure that medical personnel always
312 have access to the patient's head and upper body for airway control procedures as
313 well as sufficient space over the area where the patient's chest is to adequately
314 perform closed chest compression or abdominal thrusts on the patient;
315
316 (D) Shall have a pad or mattress impervious to moisture and easily cleaned and
317 disinfected according to Occupational Safety and Health Administration (OSHA)
318 bloodborne pathogen requirements; and
319
320 (E) Shall have a supply of linen for each patient;
321
322 (2) An adequate and manually-controlled supply of gaseous or liquid medical
323 oxygen, attachments for humidification, and a variable flow regulator for each
324 patient;
325
326 (A) A humidifier, if used, shall be sterile, disposable, and one-time usage item;
327
328 (B) the licensee shall have and demonstrate the method of used to calculate the
329 volume of oxygen required to provide sufficient oxygen for the patient's needs for
330 the duration of the transport
331
332 (C) The licensee shall have a plan to provide the calculated volume of oxygen
333 plus a reserve equal 1000 liters or the volume required to reach an appropriate
334 airport, whichever is longer;
335
336 (D) All necessary regulators, gauges and accessories shall be present and in good
337 working order;
338
339 (E) the oxygen system shall be securely fastened to the airframe using FAA-
340 approved restraining devices;
341

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- 342 (i) A separate emergency backup supply of oxygen of not less than 57
343 liters with regulator and flow meter;
344
- 345 (ii) One adult, one pediatric size non-rebreathing mask, one adult size
346 nasal cannula and necessary connective tubing and appliances.
347
- 348 (3) An electrically-powered suction apparatus with wide bore tubing, a large
349 reservoir and various sizes suction catheters. The suction system may be built into
350 the aircraft or provided with a portable unit. Backup suction is required and can be a
351 manually operated device. (Bulb syringe not acceptable);
352
- 353 (4) Hand operated bag-valve-mask ventilators of adult, pediatric and infant sizes with
354 clear masks in adult, pediatric and infant sizes. It shall be capable of use with a
355 supplemental oxygen supply and have an oxygen reservoir;
356
- 357 (5) Airway adjuncts as follows:
358
- 359 (A) Oropharyngeal airways in at least five assorted sizes, including adult, child,
360 and infant; and
361
- 362 (B) Nasopharyngeal airways in at least three sizes with water soluble lubricant;
363
- 364 (6) Assessment equipment as follows:
365
- 366 (A) Equipment suitable to determine blood pressure of the adult, pediatric and
367 infant patient(s) during flight;
368
- 369 (B) Stethoscope;
370
- 371 (C) Penlight/flashlight;
372
- 373 (D) Heavy duty bandage scissors; and
374
- 375 (E) Pulse oximeter;
376
- 377 (7) Bandages and dressings as follows:
378
- 379 (A) Sterile dressings such as 4x4s, ABD pads;
380
- 381 (B) Bandages such as kerlix, kling; and
382
- 383 (C) Tape in various sizes.
384

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- 385 (8) Container(s) and methods to collect, contain, and dispose of body fluids such as
386 emesis, oral secretions, and blood consistent with OSHA blood borne pathogen
387 requirements;
388
- 389 (9) Urinal and bedpan with toilet tissue;
390
- 391 (10) Infection control equipment. The licensee shall have a sufficient quantity of the
392 following supplies for all air medical personnel, each flight crew member, and all
393 ground personnel with incidental exposure risks according to OSHA requirements
394 which includes but is not limited to:
395
- 396 (A) Protective gloves;
 - 397
 - 398 (B) Protective gowns;
 - 399
 - 400 (C) Protective eyewear;
 - 401
 - 402 (D) Protective face masks;
 - 403
 - 404 (E) An approved bio-hazardous waste plastic bag or impervious container to
405 receive and dispose of used supplies; and
406
 - 407 (F) Handwashing capabilities or antiviral towelettes.
 - 408
- 409 (11) An adequate trash disposal system exclusive of bio-hazardous waste control
410 provisions;
411
- 412 (12) The following additional equipment in amounts and sizes specified by the
413 medical director is required for an fixed-wing air ambulance provider to function at
414 the advanced level:
415
- 416 (A) advanced airway management equipment appropriate to the patient's needs;
417
 - 418 (B) Sterile crystalloid solutions in plastic containers, IV catheters, and
419 administration tubing sets;
 - 420
 - 421 (C) Hanger for IV solutions;
 - 422
 - 423 (D) Pressure bag;
 - 424
 - 425 (E) Tourniquets, tape, dressings:
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427 (F) Container appropriate to contain used sharp devices, needles, scalpels which
428 meets OSHA requirements;

429

430 (G) A list signed by medical director defining quantities and types of ~~drugs~~
431 medications to be carried; and

432

433 (H) Any specialized equipment required in medical treatment protocols/standing
434 orders.

435

436 (13) Cardiac monitor defibrillator – DC battery powered portable
437 monitor/defibrillator with paper printout, accessories and supplies, with sufficient
438 power supply to meet demands of the mission; and

439

440 (14) Survival kit which shall include, but not be limited to, the following items which
441 are appropriate to the terrain and environments the provider operates over:

442

443 (A) Instruction manual;

444

445 (B) Water;

446

447 (C) Shelter-space blanket;

448

449 (D) Knife;

450

451 (E) Signaling devices;

452

453 (F) Compass; and

454

455 (G) Fire starting items.

456

457 (15) The protocols shall have an effective date and an expiration date which
458 correspond to the inclusive dates of the provider's EMS license.

459

460 (j) A system for security of medications, fluids, and controlled substances shall be
461 maintained by each fixed-wing air ambulance licensee in compliance with local, state and
462 federal drug laws.

463

464 (k) The fixed-wing air ambulance provider shall own the following equipment or shall
465 have a written lease agreement explaining the availability of the equipment for use when
466 the patient's condition indicates the need:

467

468 (1) External cardiac pacing device;

469

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

472

473 (3) A mechanical ventilator that can deliver up to 100% oxygen concentration at
474 pressures, rates and volumes appropriate for the size of the patient.

475

476 (l) Surveys. All initial candidates for a provider license shall be required to have a
477 comprehensive survey by the department prior to the license being granted. Surveys may
478 be conducted for cause on any licensed provider.

479

480 (m) Unannounced inspections. Randomly and/or in response to complaints, the
481 department may conduct an unannounced inspection to insure compliance of the provider
482 license holder. Inspections may be conducted at any time, including nights and
483 weekends. The department may review all components of provider licensure during
484 unannounced inspection. Violations or deficiencies may result in disciplinary action as
485 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,
486 Probation, Revocation or Denial or a Provider License). The department may grant a
487 reasonable period of time for the provider to correct deficiencies. If the department must
488 reinspect the provider because of noncompliance noted during a previous inspection, the
489 provider shall pay a nonrefundable administrative fee of \$30, if applicable.

490

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

494

495 (o) Denial of a fixed-wing air medical provider application. A license may be denied as
496 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,
497 Probation, Revocation or Denial or a Provider License) and in addition to:

498

499 (1) A fixed-wing air medical provider's failure to meet accreditation by the
500 Commission on Accreditation of Medical Transport Systems (CAMTS) or a
501 department approved process during any fixed-wing air medical provider's previous
502 initial application period/process.

503

504 (p) Renewal of License and Designations.

505

506 (1) The department shall notify the fixed-wing air medical provider at least 90 days
507 before the expiration date of the current license at the address shown in the current
508 records of the department. It is the responsibility of the provider to notify the
509 department of any change of address. If a notice of expiration is not received, it is the
510 responsibility of the provider to notify the department and request license renewal
511 information.

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- 513 (2) Providers shall submit a completed application and nonrefundable fee, if
514 applicable, and must verify continuing compliance with the requirements of their
515 license.
- 516
- 517 (3) A fixed-wing air medical provider must become accredited through the
518 Commission on Accreditation of Medical Transport Systems (CAMTS) or by a
519 department approved process by the date their initial Texas EMS Provider License
520 expires.
- 521
- 522 (A) Applicants for Texas EMS Provider License renewal may request a survey
523 through the Commission on Accreditation of Medical Transport Systems
524 (CAMTS) or by a department approved process.
- 525
- 526 (B) Surveyors will be at a minimum CAMTS-trained. The composition of the
527 survey team shall in accordance with CAMTS Policy and Procedures.
- 528
- 529 (C) The applicant shall notify the department of the requested date of the planned
530 survey and the composition of the survey team. The applicant shall provide the
531 department with the Program Information Form (PIF). The department shall
532 retain authority to require a change in the date or the composition of the survey
533 team.
- 534
- 535 (D) The applicant shall be responsible for any expenses associated with the
536 survey.
- 537
- 538 (E) The department, at its discretion, may assign one or more staff members or
539 department approved peer reviewers to participate in the survey. In this event, the
540 cost for the employees shall be borne by the department.
- 541
- 542 (F) The survey shall be based upon the current standards of the Accreditation
543 Standards of the Commission on Accreditation of Medical Transport Systems
544 (CAMTS) [at the time of the fixed-wing air medical provider's site survey.]
- 545
- 546 (G) The survey shall be completed by the date their initial Texas EMS Provider
547 License expires.
- 548 (H) The designated CAMTS-trained surveyor shall submit a copy of the site
549 survey report to the department within 14 days after the completion of the survey.
- 550
- 551 (I) The department will consider [evaluate] the site survey report [, however,] but
552 all other requirements for licensure must be met before a provider license will be
553 issued.
- 554

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555 (J) Fixed-wing air medical providers seeking or holding CAMTS accreditation
556 must provide the department [with any and all] copies of correspondence sent to
557 and received from CAMTS including the Program Information Form (PIF), site
558 survey report and any correspondence related to the survey or accreditation status.
559

560 (K) The department will consider current CAMTS accreditation when reviewing
561 a provider license [renewal] application [however,] but all other requirements
562 for licensure must be met before a [renewal] provider license will be issued.
563

564 (L) [Fixed-wing] Air medical providers, including those accredited by CAMTS
565 must follow the renewal process in (___) of this chapter in order to renew their
566 Texas EMS provider license.
567

568 (M) An EMS provider shall not operate prior to the issuance or upon expiration of
569 the provider license.
570

571 (N) [The department] DSHS may grant an exception if it finds that compliance
572 with this section would not be in the best interest of the persons served in the
573 affected local system.
574

575 (4) If a provider has not met all requirements for a provider license, including
576 accreditation as listed in (3) above, the provider may apply for a provisional license
577 by submitting a request and, in addition to the regular nonrefundable administrative
578 licensure fee, if applicable, a nonrefundable fee of \$30. One provisional license,
579 valid for not more than 60 days, may be granted only to prevent probable adverse
580 impact to the health and safety of the service community. Without a provisional
581 license, a provider may not operate if there is a lapse in time between license
582 expiration and license expiration and license renewal.
583

584 (5) ~~Licenses may be issued~~ [The department may issue a renewal license] for less
585 than two years for administrative purposes. Licensed EMS providers shall comply
586 with all requirements of their license at all times.
587

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