

Current EMS Subscription Rule (157.11)

(k) Subscription or Membership Services. An EMS provider who operates or intends to operate a subscription or membership program for the provision of EMS within the provider service area shall meet all the requirements for an EMS provider license as established by the Health and Safety Code, Chapter 773, and the rules adopted thereunder, and shall obtain department approval prior to soliciting, advertising or collecting subscription or membership fees. In order to obtain department approval for a subscription or membership program, the EMS provider shall:

- (1) have a written authorization from the bureau chief elected official of the governmental entity for the provision of subscription emergency prehospital care within that governmental service area;
- (2) submit a sample of the contract for subscription service, membership and/or the application used to enroll participants;
- (3) submit a copy of all advertising used to promote the subscription service at the time of application for each license period. The EMS provider shall maintain a current file of all advertising for the service;
- (4) comply with all state and federal regulations regarding billing and reimbursement for participants in the subscription service;
- (5) provide evidence of financial responsibility by:
 - (A) obtaining a surety bond payable to the department in an amount equal to the funds to be subscribed. The surety bond must be issued by a company licensed by or eligible to do business in the State of Texas; or
 - (B) submitting satisfactory evidence of self insurance if the provider is a function of a governmental entity;
- (6) not deny EMS to nonsubscribers or subscribers of noncurrent status;
- (7) be reviewed at least every two years when the provider license is renewed; and the subscription program may be reviewed by the department during spot inspections;
- (8) furnish the names and addresses of all subscribers/members to the department at the beginning of each licensure period in a format mutually acceptable to both the department and the provider; and
- (9) not offer membership nor accept members into the program who are Medicaid clients.