Emergency Services Waiver Process - Division for Regulatory Services

Purpose:
To establish criteria for a general hospital requesting a waiver of one, or both, of the rules below required by Title 25, Texas Administrative Code (TAC) Hospital Licensing State Regulations:

1. 25 TAC §133.41(e)(2)(C)(i), which states:
   General hospitals, except for hospitals designated as critical access hospitals (CAHs) by the Centers for Medicare & Medicaid Services (CMS), located in counties with a population of 100,000 or more shall have a physician qualified to provide emergency medical care on duty in the emergency treatment area at all times.

2. 25 TAC §133.163(f)(1)(A)(ii)(I), which states:
   Emergency entry signage. An emergency sign shall be provided at the entry from the public road(s) or street(s) serving the site. The emergency sign at the entry to the site shall be illuminated and connected to the emergency essential electrical system. Additional sign(s) on-site may be required to direct patients to the emergency treatment area entrance when the emergency treatment area is not visible from the site entry. The letters on the entry sign shall be red with a contrasting background, all capitalized, at least eight inches in height, and an arrow indicating direction.

The emergency services waiver process requires a written request be submitted in accordance with 25 TAC Chapter 133.81, Waiver Provisions. This process is also on the Department of State Health Services website. The request must also include the following:

1. A copy of the hospital’s most recent application for license renewal.
2. The population of both the city and county where the hospital is located.
3. The alternative location(s) that are located nearby your facility that are available for individuals in the city and county to obtain emergency care, and include:
   a) The distance from your facility to the alternative location(s) and the drive time(s) during peak times of day/evening.

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b) For the closest hospital(s), also provide their trauma designation or state if they are non-designated for trauma.

4. In lieu of the physician qualified to provide emergency medical care on duty in the emergency treatment area at all times, who will be on duty to provide emergency care? What are their qualifications?

5. For the following questions, provide the hospital’s last 36 months of continuous data.
   a) How many total Emergency visits did the hospital have?
   b) How many of those visits were:
      i. Admitted to your facility?
      ii. Treated and discharged to home?
      iii. Transferred out to a higher level of care?
      iv. Left against medical advice (AMA)?
      v. Left without being seen by a qualified medical person?

6. A copy of the hospital’s patient transfer policy and memorandum of transfer. The submitted copy of the hospital’s patient transfer policy and the memorandum of transfer form must have been developed in accordance with the rules governing patient transfer policies and agreements, and signed by both the chairman and secretary of the hospital’s governing body attesting to the date of adoption of the policy and the policy’s effective date.

7. The name(s) of any general hospital(s), licensed under Texas Health and Safety Code Chapter 241, that your hospital has a patient transfer agreement with and include the effective date of the agreement(s).

8. Letters of support from the health care community such as:
   a) Other hospitals
   b) Community health leaders
   c) EMS
   d) RAC leaders
   e) Other