

Health and Human Services

Proposed Payment Rates for the Medicaid Biennial Calendar Fee Reviews, Healthcare Common Procedural Coding System Updates, and Medical Policy Reviews

February 10, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





The Texas Health and Human Services Commission (HHSC) conducted a public hearing to receive public comments on proposed rates for the Medicaid Biennial Calendar Fee Review, Healthcare Common Procedural Coding System Updates (HCPCS), and Medical Policy Reviews.

The effective date of the proposed payment rates for the topics presented during the rate hearing will be as follows:

Proposed to be effective January 01, 2026:

HCPCS Updates

Non-Quarterly HCPCS Drugs – Skysona – J3387

Non-Quarterly HCPCS Drugs – Ohtuvayre – J7601

Proposed to be effective March 01, 2026:

Calendar Fee Review

Ambulance Services

Proposed to be effective April 01, 2026:

Calendar Fee Review

Long-Acting Reversible Contraceptives (LARCs)

Proposed to be effective May 01, 2026:

Medical Policy Review

Senate Bill 989: Biomarker Testing

Proposed to be effective June 01, 2026:

Medical Policy Review

Office Setting Skin Substitute Codes

HCPCS Updates The rate packet states the effective date to be January 1, 2025 but the notice says January 1, 2026.

Non-Quarterly HCPCS Drugs – Skysona – J3387 See company website for drug information [SKYSONA™ \(elivaldogene autotemcel\) | An FDA Approved Gene Therapy](#)

Non-Quarterly HCPCS Drugs – Ohtuvayre – J7601 See company website for drug information [OHTUVAYRE \(ensifentrine\) Nebulizer Inhalation Solution](#)



HCPCS Attachment C(1) - Non-Quarterly HCPCS J7601 (Proposed to be effective January 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		1/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J7601	Enfenterine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg			18-999	N/F		Not a Benefit	Not a Benefit	\$52.12	\$52.12	100.00%

*Type of Service (TOS)	
1	Medical Services

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HCPCS Attachment C(2) - Skysona - J3590 U3 Modifier (Proposed to be effective June 1, 2025)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		6/1/2025		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J3590	Unclassified Biologics	U3		4-17	N/F		Manual Price	Manual Price	\$3,060,000.00	\$3,060,000.00	0.00%

*Type of Service (TOS)	
1	Medical Services
Modifier	
U3	Fee-Based Service

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Proposed to be effective March 01, 2026: (rate packet says September 1, 2026.)

Calendar Fee Review

Ambulance Services

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2026		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A0425	Ground mileage, per statute mile		0-999	N/F	\$5.89	\$5.89	\$7.78	\$7.78	32.09%
9	A0425	Ground mileage, per statute mile	ET	0-999	N/F	\$5.89	\$5.89	\$7.78	\$7.78	32.09%
9	A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)		0-999	N/F	\$186.00	\$186.00	\$273.64	\$273.64	47.12%
9	A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency)		0-999	N/F	\$285.28	\$285.28	\$433.26	\$433.26	51.87%
9	A0428	Ambulance service, basic life support, non-emergency transport, (BLS)		0-999	N/F	\$186.00	\$186.00	\$228.03	\$228.03	22.60%
9	A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)		0-999	N/F	\$240.23	\$240.23	\$364.85	\$364.85	51.88%
9	A0433	Advanced life support, level 2 (ALS 2)		0-999	N/F	\$412.90	\$412.90	\$627.08	\$627.08	51.87%
9	A0434	Specialty care transport (SCT)		0-999	N/F	\$487.97	\$487.97	\$741.10	\$741.10	51.87%
9	A0999	Unlisted ambulance service		0-999	N/F	\$5.01	\$5.01	\$5.01	\$5.01	0.00%
9	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)		0-999	N/F	\$2,892.84	\$2,892.84	\$3,220.43	\$3,220.43	11.32%
9	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)		0-999	N/F	\$3,363.35	\$3,363.35	\$3,744.23	\$3,744.23	11.32%
9	A0435	Fixed wing air mileage, per statute mile		0-999	N/F	\$10.82	\$10.82	\$9.14	\$9.14	-15.53%
9	A0436	Rotary wing air mileage, per statute mile		0-999	N/F	\$21.88	\$21.88	\$24.36	\$24.36	11.33%
9	A0382	BLS routine disposable supplies		0-999	N/F	\$18.69	\$18.69	\$18.69	\$18.69	0.00%
9	A0398	Advance Life Support (ALS) routine disposable supplies		0-999	N/F	\$18.69	\$18.69	\$18.69	\$18.69	0.00%
9	A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments		0-999	N/F	\$10.07	\$10.07	\$10.07	\$10.07	0.00%
9	A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		0-999	N/F	\$14.37	\$14.37	\$14.37	\$14.37	0.00%
9	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)		0-999	N/F	\$25.02	\$25.02	\$25.02	\$25.02	0.00%

*Type of Service (TOS)	
9	Other Medical Items or services
Modifier	
ET	Emergency transport



Proposed to be effective April 01, 2026:

Calendar Fee Review

Long-Acting Reversible Contraceptives (LARCs). *The rate charts can be found by following this link.* [4-1-2026-biennial-cal-fee-review-larcs.pdf](#)

Proposed to be effective May 01, 2026:

Medical Policy Review

Senate Bill 989: Biomarker Testing

TOS*	Procedure Code	Long Description	Age Range	CURRENT				5/1/2026				Percent Change from Current Adjusted Non-State Clinical	Percent Change from Current Adjusted Sole Community Lab Fee	Percent Change from Current DSHS Clinical Lab Fee	Percent Change from Current Rural Hospital and Sole Community Lab Fee
				Current Non-State Clinical Lab Fee	Current Sole Community Lab Fee	Current DSHS Clinical Lab Fee	Current Rural Hospital and Sole Community Lab Fee	Proposed Non-State Clinical Lab Fee	Proposed Sole Community Lab Fee	Proposed DSHS Clinical Lab Fee	Proposed Rural Hospital and Sole Community Lab Fee				
S	0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, Dna Analysis Of 324 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden	0-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,940.00	\$4,795.00	\$3,780.00	\$4,795.00	100.00%	100.00%	100.00%	100.00%
S	0239U	Analysis Panel, Solid Organ Neoplasm, Cell-Free Dna, Analysis Of 311 Or More Genes, Interrogation For Sequence Variants, Including Substitutions, Insertions, Deletions, Select Rearrangements, And Copy Number Variations	0-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,940.00	\$4,795.00	\$3,780.00	\$4,795.00	100.00%	100.00%	100.00%	100.00%
S	0364U	Genomic Sequence Testing For Presence Or Absence Of Cancer Cells After Treatment In Leukemia Or Lymphoma	0-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$1,686.09	\$2,749.93	\$2,167.83	\$2,749.93	100.00%	100.00%	100.00%	100.00%
S	0493U	Testing Of Donor-Derived Cell-Free Dna, Reported As Percentage Of Donor-Derived Cell-Free Dna To Inform Likelihood Of Organ Rejection	18-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,312.73	\$3,771.95	\$2,973.51	\$3,771.95	100.00%	100.00%	100.00%	100.00%
S	0540U	Sequencing Reported As A Percentage Of Donor-Derived Cell-Free Dna To Determine Probability Of Transplant Rejection	15-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,312.52	\$3,771.61	\$2,973.24	\$3,771.61	100.00%	100.00%	100.00%	100.00%
S	81415	***	0-20	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$4,015.20	\$6,548.60	\$5,162.40	\$6,548.60	100.00%	100.00%	100.00%	100.00%
S	81416	***	0-20	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$4,015.20	\$6,548.60	\$5,162.40	\$6,548.60	100.00%	100.00%	100.00%	100.00%
S	81417	***	0-20	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$268.80	\$438.40	\$345.60	\$438.40	100.00%	100.00%	100.00%	100.00%
S	81517	***	0-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$268.80	\$438.40	\$345.60	\$438.40	100.00%	100.00%	100.00%	100.00%
S	81518	***	0-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$3,253.32	\$5,306.01	\$4,182.84	\$5,306.01	100.00%	100.00%	100.00%	100.00%
S	81595	***	15-999	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,721.60	\$4,438.80	\$3,499.20	\$4,438.80	100.00%	100.00%	100.00%	100.00%

*Type of Service (TOS)

S Laboratory

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[SB00989F.pdf](#) Biomarker testing allows doctors to use information about a person's specific genetic variations to better inform diagnosis, prognosis, and therapy selection for a cancer or rare disease patient. Insurance coverage of biomarker

testing is not an across-the-board guarantee, nor is it being consistently reimbursed by the health plans in Texas.

S.B. 989 seeks to address this issue by amending the Insurance Code to include medically necessary coverage for biomarker testing of patients with cancer and other rare diseases. The bill establishes guidelines for health benefit plan issuers to provide coverage for biomarker testing when the test is supported by medical and scientific evidence and provides clinical utility, which means the use of the test for the condition is evidence-based, scientifically valid, outcome-focused, and predominately addresses the acute issue for which the test is being ordered. The bill also requires plans to provide coverage in a manner that limits disruptions in care, including minimizing the number of biopsies and biospecimen samples needed. The provisions of this bill apply to certain health care plans offered across the state, including those offered by the Employees Retirement System and Teacher Retirement System.

Proposed to be effective June 01, 2026:

Medical Policy Review

Office Setting Skin Substitute Codes

The 2026 Physician Fee Schedule introduces significant changes to the payment and coding of skin substitutes, effective January 1, 2026. Key updates include:
Incident-to Supply Classification: Skin substitutes will be classified as incident-to supplies, meaning their cost will be included in the overall payment for wound care procedures.

Unified Payment Rate: A flat national rate of \$127.14 per square centimeter applies to all skin substitutes, regardless of FDA regulatory category.

Separate Reimbursement: CMS offers separate reimbursement for the application service, apart from the product itself.

Standardization Across Settings: These policies will apply uniformly across various care settings, including office settings, to ensure consistency.

These changes aim to standardize payment, promote predictable pricing, and ensure that clinical judgment drives product selection.



TOS*	Procedure Code	Long Description	Age Range	CURRENT		6/1/2026		Percent Change from Current Medicaid Fee
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q4143	Repriza, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$33.92	\$33.92	100.00%
1	Q4164	Helicoll, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,640.93	\$1,640.93	100.00%
1	Q4250	Amnioamp-Mp, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$2,979.56	\$2,979.56	100.00%
1	Q4264	Cocoon Membrane, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$372.89	\$372.89	100.00%
1	Q4269	Surgraft Xt, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,804.96	\$1,804.96	100.00%
1	Q4270	Complete SI, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$3,319.85	\$3,319.85	100.00%
1	Q4274	Esano Ac, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,881.50	\$1,881.50	100.00%
1	Q4275	Esano Aca, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$2,707.30	\$2,707.30	100.00%
1	Q4290	Membrane Wrap-Hydro, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,867.01	\$1,867.01	100.00%
1	Q4293	Acesso DI, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,584.70	\$1,584.70	100.00%
1	Q4294	Amnio Quad-Core, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$3,363.81	\$3,363.81	100.00%
1	Q4295	Amnio Tri-Core Amniotic, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$2,905.45	\$2,905.45	100.00%
1	Q4296	Rebound Matrix, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$838.47	\$838.47	100.00%
1	Q4299	Amnicore Pro+, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$3,161.24	\$3,161.24	100.00%
1	Q4309	Via Matrix, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$880.03	\$880.03	100.00%
1	Q4313	Dermabind Fm, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$3,312.52	\$3,312.52	100.00%
1	Q4319	Sanograft, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$2,809.00	\$2,809.00	100.00%
1	Q4322	Caregraft, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,825.62	\$1,825.62	100.00%
1	Q4323	Alloply, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,563.15	\$1,563.15	100.00%
1	Q4325	Acapatch, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,707.81	\$1,707.81	100.00%
1	Q4328	Most, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$3,440.63	\$3,440.63	100.00%
1	Q4332	Axolotl Dualgraft, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$1,681.33	\$1,681.33	100.00%
1	Q4343	Dermacyte Ac Matrix Amniotic Membrane Allograft, per square centimeter	0-999	Not a Benefit	Not a Benefit	\$2,952.10	\$2,952.10	100.00%

*Type of Service (TOS)	
1	Medical Services

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Summary. The hearing was led by Berkeley Capello and Cole Hancock from HHSC's Provider Finance Department, with participation from other HHSC staff and public attendees.

Purpose: To receive public comments on proposed Medicaid and fee-for-service payment rates, as outlined in the Texas Register and posted online.

Attendees were reminded to focus testimony on reimbursement and payment rates found in the hearing packets; unrelated topics to be submitted via email. The topics open for comment covered a range of effective dates and services, including ambulance rates, HCPCS reviews, long-acting reversible contraceptives (LARCs), biomarker testing (SB 989), and Q codes. Final decisions and implementation of rates will depend on executive management approval and the nature of public feedback. Significant negative comments may prompt reconsideration or alternatives. Procedures for testimony (in-person and online) were outlined, emphasizing detailed and relevant input.

Ambulance Services Rate Adjustments

- Multiple EMS and ambulance representatives expressed strong support for the proposed Medicaid ambulance rate increases.
- The Texas EMS Alliance, Texas Ambulance Association, and several service providers noted that this is the first meaningful adjustment in nearly 17 years, aligning Texas with rates in other states.
- Speakers highlighted the critical nature of EMS, especially for rural, underserved, and pediatric populations, and the challenge of providing care regardless of patients' ability to pay.
- The increase is expected to stabilize services, address thin operating margins, and help prevent service reductions or closures.
- Request was made for an annual inflationary adjustment to avoid long gaps between rate updates.
- Specific examples were given, such as a projected \$58,000 annual benefit to a rural EMS provider, enabling essential equipment purchases.



Biomarker and Genetic Testing Reimbursement

- Comments were received from representatives of companies providing biomarker and genetic testing services for oncology and rare diseases (Adaptive Biotechnologies, Foundation Medicine, GeneDx, Myriad Genetics).
- Requests for updates and clarification on specific codes, including expanded code descriptions to cover more indications (e.g., adding multiple myeloma to the ClonoSeek code description).
- Foundation Medicine emphasized the importance of CPT codes 0037U and 0239U for advanced cancer genomic testing, referencing FDA approvals, national coverage guidelines, and the unique single laboratory billing structure.
- GeneDx highlighted the need for streamlined administrative processes and rate addendums for whole exome sequencing codes, citing the clinical and cost-effectiveness of genomics in diagnosing rare diseases.
- Myriad Genetics requested establishment of a rate for code 0345U (GeneSight Psychotropic), asserting it meets all SB 989 coverage criteria and is backed by evidence and cost-effectiveness data.
- All speakers supported coverage and appropriate reimbursement for these tests, stressing their value for patient outcomes and access to care.

Discussion/Testimony

Michael Furr, EMS Chief and EMS Alliance commented on ambulance rates stating their support for the proposed rates. They are the first meaningful adjustment in a very long time. [Texas EMS Alliance | The Unified voice of Texas EMS agencies.](#)

Rachael Horaxing, Life Ambulance of El Paso stated her appreciation and support for the proposed ambulance rates. She requested that an annual review of rates and adjustment occur annually. [Home - Life Ambulance El Paso: Always Ready, Always Here](#)

Brett Coglin, Texas Ambulance Association expressed his appreciation and support for the proposed ambulance rates. [Texas Ambulance Association](#)

Charles Hinkle, Sacred Cross Ambulance Services expressed his appreciation and support for the new ambulance rates. These rates will ensure access to care for all Texans. [Sacred Cross Emergency Medical Services, Inc.](#)



Anthony Hewitt, Adaptive Biotechnologies stated their appreciation for Medicaid covering Biomarker testing. They requested clarification and addition of the descriptive material for ClonoSEQ ([clonoSEQ MRD Test | Measure Blood Cancer](#)) . They requested alignment of rates with other state's rates. [Powering the Age of Immune Medicine - Adaptive Biotech](#).

Stephen Stephens, Uvalde EMS requested an update to the rates for EMS stating that frontier/rural providers need an increase. There has not been one since the last legislative session. [Uvalde Emergency Medical Services in Uvalde, TX](#)

Deb Brakeman, Foundation Medicine commented on code 0037U and biomarker testing. She stated that the rates comply with legislation and coverage requirements from CMS. The process provides billing transparency and addresses patients with advanced cancer. She described the importance of Biomarker testing. [Foundation Medicine | Transforming Precision Medicine](#)

Joshua Zeigal, Children's Ambulance Services stated his support and appreciation for the proposed ambulance rates. Medicaid rates have not kept up with the true cost on ambulance services, especially for children with special needs. [CHILDRENS AMBULANCE SERVICE - NPI 1649835414 - Ambulance in Spring, TX](#)

Whitney Glover, Gene DX (Maryland) commented on SB989 exome sequencing and genomic testing. There are administrative requirements only in Texas and these additional requirements should be funded. The 33% of the federal rate is appreciated but future rates should not be limited to the 33%. [Genetic Testing for Rare & Complex Conditions | Genomic Diagnosis by GeneDx](#)

Jane McClaus, Myriad Genetics stated their appreciation and support for Medicaid covered biomarker testing in SB989, specifically Gene-site Psychotropic testing. The 0345U rate should be covered and is requested. [Myriad Genetics Company Site](#)

Eric Maloney, Kerrville Fire Department stated their support for the proposed ambulance rates. [Fire Department | Kerrville TX - Official Website](#)



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