

1 10A NCAC 13A .0201 is amended with changes as published in 37:18 NCR 1873-1874 as follows:

2
3 **SECTION .0200 - RULEMAKING**

4
5 **10A NCAC 13A .0201 PETITIONS**

6 (a) Any person wishing to submit a petition requesting the adoption, ~~amendment~~ amendment, or repeal of a rule or
7 rules by the North Carolina Medical Care Commission shall ~~address~~ submit the petition ~~addressed to~~ to: Office of the
8 Director, Division of Health Service Regulation, 2701 Mail Service Center, Raleigh, North Carolina, 27699-2701.

9 (b) The petition shall contain the following information:

10 (1) ~~either a draft of the text of the proposed rule or a summary of its contents [rule(s)] rule or rules for~~
11 ~~adoption or [amendment] amendment, the rule number of the proposed rule or rules for repeal, and~~
12 ~~the statutory authority for the agency to promulgate the rule; [rule(s);] rule or rules;~~

13 (2) ~~reason for proposal;~~

14 (3)(2) ~~a statement of the effect on existing rules or orders; rules;~~

15 (4) ~~any data supporting the proposal;~~

16 (5)(3) ~~a statement of the effect of the proposed rule [rule(s)] rule or rules on existing practices in the area~~
17 ~~involved, including cost factors, if known; and~~

18 (6) ~~names of those most likely to be affected by the proposed rule, with addresses, if known;~~

19 (7)(4) ~~the name(s) and address(es) of petitioner(s).~~

20 (c) The petitioner may include the following information within the request:

21 (1) ~~documents and any data supporting the petition;~~

22 (2) ~~a statement of the reasons for adoption of the proposed [rule(s);] rule or rules, amendment or the~~
23 ~~repeal of an existing [rule(s);] rule or rules;~~

24 (3) ~~a statement explaining the costs and computation of the cost factors, if known; and~~

25 (4) ~~a description, including the names and addresses, if known, of those individuals or entities most~~
26 ~~likely to be affected by the proposed [rule(s);] rule or rules.~~

27 (e)(d) ~~The Chairman of the North Carolina Medical Care Commission will determine, Commission, based on a study~~
28 ~~review of the facts stated in the petition, whether the public interest will be served by granting the petition. He will~~
29 ~~consider all the contents of the submitted petition, plus any additional information he deems relevant. shall consider~~
30 ~~the following in the determination to grant the petition:~~

31 (1) ~~whether the North Carolina Medical Care Commission has authority to adopt the [rule(s);] rule or~~
32 ~~rules;~~

33 (2) ~~the effect of the proposed rule(s) on existing rules, [programs] programs, and practices;~~

34 (3) ~~probable costs and cost factors of the proposed [rule(s);] rule or rules;~~

35 (4) ~~the impact of the rule on the public and the regulated entities; and~~

36 (5) ~~whether the public interest will be served by granting the petition.~~

1 ~~(d) Within 30 days of submission of the petition, the Chairman will render a final decision. If the decision is to deny~~
2 ~~the petition, the Chairman will notify the petitioner in writing, stating the reasons for the denial. If the decision is to~~
3 ~~approve the petition, the Chairman will initiate a rulemaking proceeding by issuing a rulemaking notice, as provided~~
4 ~~in these rules.~~

5 (e) Petitions that do not contain the information required by Paragraph (b) of this Rule shall be returned to the
6 petitioner by the Chairman of the North Carolina Medical Care Commission.

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8 *History Note: Authority G.S. 143B-165; 150B-20;*
9 *Eff. February 1, 1976;*
10 *Readopted Eff. December 19, 1977;*
11 *Amended Eff. November 1, 1989;*
12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22,*
13 *2015-2015;*
14 *Amended Eff. October 1, 2023.*

1 10A NCAC 13G .0504 is amended as published in 37:18 NCR 1874-1882 as follows:

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3 **10A NCAC 13G .0504 COMPETENCY EVALUATION AND VALIDATION FOR LICENSED HEALTH**
4 **PROFESSIONAL SUPPORT TASKS**

5 (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of
6 Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their
7 licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.

8 (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the
9 performance of each personal care task. The licensed health professional shall validate that the staff person has the
10 knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed
11 on a resident.

12 ~~(b)~~ (c) Evaluation and validation of competency shall be performed by the following licensed health professionals in
13 accordance with his or her North Carolina occupational licensing laws:

14 (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks
15 specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter;

16 (2) In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of
17 staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19), and
18 (21) of Rule .0903 of this Subchapter;

19 (3) In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform
20 the personal care tasks specified in Subparagraph (a)(8) and (11) of Rule .0903 of this Subchapter.
21 An immunizing pharmacist may validate the competency of staff who perform the personal care
22 task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and

23 (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the
24 competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22)
25 through (a)(27) of Rule .0903 of this Subchapter.

26 ~~(c)~~ (d) If a physician certifies that care can be provided to a resident in a family care home on a temporary basis in
27 accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the care task(s) authorized by the
28 physician are competent to perform the task(s) in accordance with Paragraphs ~~(a)~~ (b) and ~~(b)~~ (c) of this Rule. For the
29 purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the
30 care needs of the resident and prevent the resident's relocation from the family care home.

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32 *History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;*

33 *Temporary Adoption Eff. September 1, 2003;*

34 *Eff. July 1, 2004;*

35 *Readopted Eff. October 1, 2022- 2022;*

36 *Amended Eff. October 1, 2023.*