

# ***NORTH CAROLINA REGISTER***

**VOLUME 30 • ISSUE 24 • Pages 2553 - 2650**

**June 15, 2016**

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**PUBLISHED BY**

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For questions or concerns regarding the Administrative Procedure Act or any of its components, consult with the agencies below. The bolded headings are typical issues which the given agency can address, but are not inclusive.

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**NORTH CAROLINA REGISTER**  
 Publication Schedule for January 2016 – December 2016

FILING DEADLINES			NOTICE OF TEXT		PERMANENT RULE			TEMPORARY RULES
Volume & issue number	Issue date	Last day for filing	Earliest date for public hearing	End of required comment Period	Deadline to submit to RRC for review at next meeting	Earliest Eff. Date of Permanent Rule	Delayed Eff. Date of Permanent Rule 31st legislative day of the session beginning:	270 <sup>th</sup> day from publication in the Register
30:13	01/04/16	12/08/15	01/19/16	03/04/16	03/21/16	05/01/16	01/2017	09/30/16
30:14	01/15/16	12/21/15	01/30/16	03/15/16	03/21/16	05/01/16	01/2017	10/11/16
30:15	02/01/16	01/08/16	02/16/16	04/01/16	04/20/16	06/01/16	01/2017	10/28/16
30:16	02/15/16	01/25/16	03/01/16	04/15/16	04/20/16	06/01/16	01/2017	11/11/16
30:17	03/01/16	02/09/16	03/16/16	05/02/16	05/20/16	07/01/16	01/2017	11/26/16
30:18	03/15/16	02/23/16	03/30/16	05/16/16	05/20/16	07/01/16	01/2017	12/10/16
30:19	04/01/16	03/10/16	04/16/16	05/31/16	06/20/16	08/01/16	01/2017	12/27/16
30:20	04/15/16	03/24/16	04/30/16	06/14/16	06/20/16	08/01/16	01/2017	01/10/17
30:21	05/02/16	04/11/16	05/17/16	07/01/16	07/20/16	09/01/16	01/2017	01/27/17
30:22	05/16/16	04/25/16	05/31/16	07/15/16	07/20/16	09/01/16	01/2017	02/10/17
30:23	06/01/16	05/10/16	06/16/16	08/01/16	08/22/16	10/01/16	01/2017	02/26/17
30:24	06/15/16	05/24/16	06/30/16	08/15/16	08/22/16	10/01/16	01/2017	03/12/17
31:01	07/01/16	06/10/16	07/16/16	08/30/16	09/20/16	11/01/16	01/2017	03/28/17
31:02	07/15/16	06/23/16	07/30/16	09/13/16	09/20/16	11/01/16	01/2017	04/11/17
31:03	08/01/16	07/11/16	08/16/16	09/30/16	10/20/16	12/01/16	01/2017	04/28/17
31:04	08/15/16	07/25/16	08/30/16	10/14/16	10/20/16	12/01/16	01/2017	05/12/17
31:05	09/01/16	08/11/16	09/16/16	10/31/16	11/21/16	01/01/17	01/2017	05/29/17
31:06	09/15/16	08/24/16	09/30/16	11/14/16	11/21/16	01/01/17	01/2017	06/12/17
31:07	10/03/16	09/12/16	10/18/16	12/02/16	12/20/16	02/01/17	05/2018	06/30/17
31:08	10/17/16	09/26/16	11/01/16	12/16/16	12/20/16	02/01/17	05/2018	07/14/17
31:09	11/01/16	10/11/16	11/16/16	01/03/17	01/20/17	03/01/17	05/2018	07/29/17
31:10	11/15/16	10/24/16	11/30/16	01/17/17	01/20/17	03/01/17	05/2018	08/12/17
31:11	12/01/16	11/07/16	12/16/16	01/30/17	02/20/17	04/01/17	05/2018	08/28/17
31:12	12/15/16	11/22/16	12/30/16	02/13/17	02/20/17	04/01/17	05/2018	09/11/17

*This publication is printed on permanent, acid-free paper in compliance with G.S. 125-11.13*

## EXPLANATION OF THE PUBLICATION SCHEDULE

This Publication Schedule is prepared by the Office of Administrative Hearings as a public service and the computation of time periods are not to be deemed binding or controlling. Time is computed according to 26 NCAC 2C .0302 and the Rules of Civil Procedure, Rule 6.

### GENERAL

The North Carolina Register shall be published twice a month and contains the following information submitted for publication by a state agency:

- (1) temporary rules;
- (2) text of proposed rules;
- (3) text of permanent rules approved by the Rules Review Commission;
- (4) emergency rules
- (5) Executive Orders of the Governor;
- (6) final decision letters from the U.S. Attorney General concerning changes in laws affecting voting in a jurisdiction subject of Section 5 of the Voting Rights Act of 1965, as required by G.S. 120-30.9H; and
- (7) other information the Codifier of Rules determines to be helpful to the public.

**COMPUTING TIME:** In computing time in the schedule, the day of publication of the North Carolina Register is not included. The last day of the period so computed is included, unless it is a Saturday, Sunday, or State holiday, in which event the period runs until the preceding day which is not a Saturday, Sunday, or State holiday.

### FILING DEADLINES

**ISSUE DATE:** The Register is published on the first and fifteen of each month if the first or fifteenth of the month is not a Saturday, Sunday, or State holiday for employees mandated by the State Personnel Commission. If the first or fifteenth of any month is a Saturday, Sunday, or a holiday for State employees, the North Carolina Register issue for that day will be published on the day of that month after the first or fifteenth that is not a Saturday, Sunday, or holiday for State employees.

**LAST DAY FOR FILING:** The last day for filing for any issue is 15 days before the issue date excluding Saturdays, Sundays, and holidays for State employees.

### NOTICE OF TEXT

**EARLIEST DATE FOR PUBLIC HEARING:** The hearing date shall be at least 15 days after the date a notice of the hearing is published.

**END OF REQUIRED COMMENT PERIOD**  
An agency shall accept comments on the text of a proposed rule for at least 60 days after the text is published or until the date of any public hearings held on the proposed rule, whichever is longer.

**DEADLINE TO SUBMIT TO THE RULES REVIEW COMMISSION:** The Commission shall review a rule submitted to it on or before the twentieth of a month by the last day of the next month.

**FIRST LEGISLATIVE DAY OF THE NEXT REGULAR SESSION OF THE GENERAL ASSEMBLY:** This date is the first legislative day of the next regular session of the General Assembly following approval of the rule by the Rules Review Commission. See G.S. 150B-21.3, Effective date of rules



**NORTH CAROLINA**  
State Board of Elections

Mailing Address:  
P.O. Box 27255  
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KIM WESTBROOK STRACH  
Executive Director

May 11, 2016

Andrew Yates  
Red Dome Group, LLC  
andy@reddomegroup.com

Re: Request on behalf of the Julia C. Howard for House Committee  
(the "Committee") pursuant to G.S. § 163-278.23

Dear Mr. Yates:

You have contacted my office on behalf of the above-referenced Committee, seeking guidance regarding the permissibility of an expenditure while a candidate is concurrently participating in a federal contest. Specifically, you ask whether it is "legal and permissible" for the Committee "to air advertising (potentially including broadcast television advertising, radio advertising, direct mail, and digital advertising)" in House District 79 while the candidate, Julia Howard, competes for the Republican nomination to the 13<sup>th</sup> Congressional District. You note specifically that the ads would not mention Rep. Howard's federal contest or the date of the special primary.

The following opinion is provided under G.S. § 163-278.23.

Background: The General Assembly temporarily suspended its ordinary bar on the pursuit of multiple offices (G.S. § 163-106(h)) in response to an unanticipated redistricting effort early this year. See S.L. 2016-2 § 1(e). No candidate challenged Rep. Howard for her party's nomination in House District 79, and she subsequently filed to compete in the 17-way race for the Republican nomination in a newly drawn Congressional District 13. If Rep. Howard prevails in the federal primary contest on June 7, 2016, she must choose between the general election contests, but she remains fully a dual-candidate until that time.

Opinion: The General Assembly did not alter existing campaign finance law when it permitted successful legislative nominees to compete for U.S. House of Representatives. Accordingly, any expenditure otherwise permissible under state law remains so, and the Committee may advertise Rep. Howard's candidacy ahead of the general election unrestricted by the ongoing federal contest. I will note, however, that neither this opinion extend nor the agency's jurisdiction extend to regulate conduct governed by the Federal Elections Commission.

This opinion is based upon the information provided in your request for opinion. If any information in that letter should change, you should consult with our office to ensure that this

Mr. Andrew Yates Advisory Opinion  
Page 2

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opinion would still be binding. Finally, this opinion will be filed with the Codifier of Rules to be published unedited in the North Carolina register and the North Carolina Administrative Code.

Sincerely,



Kim Westbrook Strach  
Executive Director, State Board of Elections

cc: Mollie Masich, Codifier of Rules  
Amy Strange, Deputy Director-Campaign Finance and Operations

**Note from the Codifier:** The notices published in this Section of the NC Register include the text of proposed rules. The agency must accept comments on the proposed rule(s) for at least 60 days from the publication date, or until the public hearing, or a later date if specified in the notice by the agency. If the agency adopts a rule that differs substantially from a prior published notice, the agency must publish the text of the proposed different rule and accept comment on the proposed different rule for 60 days. Statutory reference: G.S. 150B-21.2.

**TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES**

*Notice is hereby given in accordance with G.S. 150B-21.2 that the N.C. Medical Care Commission intends to amend the rules cited as 10A NCAC 13B .2102 and 13C .0206.*

**Link to agency website pursuant to G.S. 150B-19.1(c):**  
<http://www2.ncdhhs.gov/dhsr/ruleactions.html>

**Proposed Effective Date:** January 31, 2017

**Public Hearing:**

**Date:** August 10, 2016

**Time:** 2:00 p.m.

**Location:** Dorothea Dix Campus, Wright Building, Room 131, 1201 Umstead Drive, Raleigh, NC 27603

**Reason for Proposed Action:** *The proposed amendments to rules in Subchapters 10A NCAC 13B Licensing of Hospitals and 10A NCAC 13C Licensing of Ambulatory Surgical Facilities are in response to enactment of Session Law 2015-241, HB97, s. 12A.15(a), Health Care Cost Reduction and Transparency Act Revisions, which became effective on September 18, 2015. The intent of this Act is to improve transparency in the cost of health care provided by hospitals and ambulatory surgical facilities by disclosing the prices for the most frequently reported DRG's, CPT codes and HCPCs codes. Due to the revision of statute 131E-214.13 from the session law, reporting of the data is required annually. Temporary rules implementing these statute changes became effective 3/31/16. These proposed amendments will make the temporary rules permanent and will also require data to be submitted to the Department of Health and Human Services annually in a uniform manner so the public can obtain information on health care pricing and make better informed health care decisions.*

**Comments may be submitted to:** Nadine Pfeiffer, 2701 Mail Service Center, Raleigh, NC 27699-2700, email [DHSR.RulesCoordinator@dhhs.nc.gov](mailto:DHSR.RulesCoordinator@dhhs.nc.gov)

**Comment period ends:** August 15, 2016

**Procedure for Subjecting a Proposed Rule to Legislative Review:**

If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule,

the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

**Fiscal impact (check all that apply).**

- State funds affected
- Environmental permitting of DOT affected
- Analysis submitted to Board of Transportation
- Local funds affected
- Substantial economic impact (≥\$1,000,000)
- Approved by OSBM
- No fiscal note required by G.S. 150B-21.4

**CHAPTER 13 – MEDICAL CARE COMMISSION**

**SUBCHAPTER 13B – LICENSING OF HOSPITALS**

**SECTION .2100 – TRANSPARENCY IN HEALTH CARE COSTS**

**10A NCAC 13B .2102 REPORTING REQUIREMENTS**

(a) The Department shall establish the lists of the statewide 100 most frequently reported DRGs, 20 most common outpatient imaging procedures, and 20 most common outpatient surgical procedures performed in the hospital setting to be used for reporting the data required in Paragraphs (c) through (e) of this Rule. The lists shall be determined annually based upon data provided by the certified statewide data processor. The Department shall make the lists available on its website. The methodology to be used by the certified statewide data processor for determining the lists shall be based on the data collected from all licensed facilities in the State in accordance with G.S. 131E-214.2 as follows:

- (1) the 100 most frequently reported DRGs shall be based upon all hospital's discharge data that has been assigned a DRG based on the Centers for Medicare & Medicaid Services grouper for each patient record, then selecting the top 100 to be provided to the Department;
- (2) the 20 most common imaging procedures shall be based upon all outpatient data for both hospitals and ambulatory surgical facilities and represent all occurrences of the diagnostic radiology imaging codes section of the CPT codes, then selecting the top 20 to be provided to the Department; and

(3) the 20 most common outpatient surgical procedures shall be based upon the primary procedure code from the ambulatory surgical facilities and represent all occurrences of the surgical codes section of the CPT codes, then selecting the top 20 to be provided to the Department.

(b) Information required or reported in Paragraphs (a), (c), (d), and (i) of this Rule shall be posted on the Department's website at: <http://www.ncdhhs.gov/dhsr/ahc> and may be accessed at no cost.

(c) In accordance with G.S. ~~131E-214.13~~ and ~~quarterly per year, 131E-214.13~~, all licensed hospitals shall report the data required in Paragraph (e) of this Rule related to the statewide 100 most frequently reported DRGs to the certified statewide data processor in a format provided by the certified statewide processor. Commencing with the reporting period ending September 30, 2015, a rolling four quarters an annual data report shall be submitted that includes all sites operated by the licensed hospital. Each annual report shall be ~~for the period ending three months prior to submitted by the due date of the report, January 1.~~

(d) In accordance with G.S. ~~131E-214.13~~ and ~~quarterly per year, 131E-214.13~~, all licensed hospitals shall report the data required in Paragraph (e) of this Rule related to the statewide 20 most common outpatient imaging procedures and the statewide 20 most common outpatient surgical procedures to the certified statewide data processor in a format provided by the certified statewide processor. This report shall include the related primary CPT and HCPCS codes. Commencing with the reporting period ending September 30, 2015, a rolling four quarters an annual data report shall be submitted that includes all sites operated by the licensed hospital. Each annual report shall be ~~for the period ending three months prior to submitted by the due date of the report, January 1.~~

(e) The reports as described in Paragraphs (c) and (d) of this Rule shall be specific to each reporting hospital and shall include:

- (1) the average gross charge for each DRG, CPT code, or procedure without a public or private third party payer source;
- (2) the average negotiated settlement on the amount that will be charged for each DRG, CPT code, or procedure as required for patients defined in Subparagraph (e)(1) of this Rule. The average negotiated settlement shall be calculated using the average amount charged all patients eligible for the hospital's financial assistance policy, including self-pay patients;
- (3) the amount of Medicaid reimbursement for each DRG, CPT code, or procedure, including all supplemental payments to and from the hospital;
- (4) the amount of Medicare reimbursement for each DRG, CPT code, or procedure; and
- (5) on behalf of patients who are covered by a Department of Insurance licensed third-party and teachers and State employees, the lowest, average, and highest amount of payments made for each DRG, CPT code, or procedure by each of the hospital's top five largest health insurers.

- (A) each hospital shall determine its five largest health insurers based on the dollar volume of payments received from those insurers;
- (B) the lowest amount of payment shall be reported as the lowest payment from each of the five insurers on the DRG, CPT code, or procedure;
- (C) the average amount of payment shall be reported as the arithmetic average of each of the five health insurers payment amounts;
- (D) the highest amount of payment shall be reported as the highest payment from each of the five insurers on the DRG, CPT code, or procedure; and
- (E) the identity of the top five largest health insurers shall be redacted prior to submission.

(f) The data reported, as defined in Paragraphs (c) through (e) of this Rule, shall reflect the payments received from patients and health insurers for all closed accounts. For the purpose of this Rule, "closed accounts" are patient accounts with a zero balance at the end of the data reporting period.

(g) A minimum of three data elements shall be required for reporting under Paragraphs (c) and (d) of this Rule.

(h) The information submitted in the report shall be in compliance with the federal Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 164.

(i) The Department shall provide the location of each licensed hospital and all specific hospital data reported pursuant to this Rule on its website. Hospitals shall be grouped by category on the website. On each quarterly report, hospitals shall determine one category that most accurately describes the type of facility. The categories are:

- (1) "Academic Medical Center Teaching Hospital," means a hospital as defined in Policy AC-3 of the N.C. State Medical Facilities Plan. The N.C. State Medical Facilities Plan may be accessed at: <http://www.ncdhhs.gov/dhsr/ncsmfp> at no cost.
- (2) "Teaching Hospital," means a hospital that provides medical training to individuals, provided that such educational programs are accredited by the Accreditation Council for Graduated Medical Education to receive graduate medical education funds from the Centers for Medicare & Medicaid Services.
- (3) "Community Hospital," means a general acute hospital that provides diagnostic and medical treatment, either surgical or nonsurgical, to inpatients with a variety of medical conditions, and that may provide outpatient services, anatomical pathology services, diagnostic imaging services, clinical laboratory services, operating room services, and pharmacy services, that is not defined by the categories listed in this Subparagraph and Subparagraphs (i)(1), (2), or (5) of this Rule.

- (4) "Critical Access Hospital," means a hospital defined in the Centers for Medicare & Medicaid Services' State Operations Manual, Chapter 2 – The Certification Process, 2254D – Requirements for Critical Access Hospitals (Rev. 1, 05-21-04), including all subsequent updates and revisions. The manual may be accessed at the website: [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) at no cost.
- (5) "Mental Health Hospital," means a hospital providing psychiatric services pursuant to G.S. 131E-176(21).

~~period ending September 30, 2015, a rolling four quarters an annual data report shall be submitted. Each annual report shall be for the period ending three months prior to submitted by the due date of the report January 1.~~

(d) The report as described in Paragraph (c) of this Rule shall be specific to each reporting ambulatory surgical facility and shall include:

- (1) the average gross charge for each CPT code or procedure without a public or private third party payer source;
- (2) the average negotiated settlement on the amount that will be charged for each CPT code or procedure as required for patients defined in Subparagraph (d)(1) of this Rule. The average negotiated settlement shall be calculated using the average amount charged all patients eligible for the facility's financial assistance policy, including self-pay patients;
- (3) the amount of Medicaid reimbursement for each CPT code or procedure, including all supplemental payments to and from the ambulatory surgical facility;
- (4) the amount of Medicare reimbursement for each CPT code or procedure; and
- (5) on behalf of patients who are covered by a Department of Insurance licensed third-party and teachers and State employees, the lowest, average, and highest amount of payments made for each CPT code or procedure by each of the facility's top five largest health insurers.
  - (A) each ambulatory surgical facility shall determine its five largest health insurers based on the dollar volume of payments received from those insurers;
  - (B) the lowest amount of payment shall be reported as the lowest payment from each of the five insurers on the CPT code or procedure;
  - (C) the average amount of payment shall be reported as the arithmetic average of each of the five health insurers payment amounts;
  - (D) the highest amount of payment shall be reported as the highest payment from each of the five insurers on the CPT code or procedure; and
  - (E) the identity of the top five largest health insurers shall be redacted prior to submission.

(e) The data reported, as defined in Paragraphs (c) and (d) of this Rule, shall reflect the payments received from patients and health insurers for all closed accounts. For the purpose of this Rule, "closed accounts" are patient accounts with a zero balance at the end of the data reporting period.

(f) A minimum of three data elements shall be required for reporting under Paragraph (c) of this Rule.

*Authority G.S. 131E-214.4; 131E-214.13.*

**SUBCHAPTER 13C – LICENSING OF AMBULATORY SURGICAL FACILITIES**

**SECTION .0200 - LICENSING PROCEDURES**

**10A NCAC 13C .0206 REPORTING REQUIREMENTS**

(a) The Department shall establish the lists of the statewide 20 most common outpatient imaging procedures and 20 most common outpatient surgical procedures performed in the ambulatory surgical facility setting to be used for reporting the data required in Paragraphs (c) and (d) of this Rule. The lists shall be determined annually based upon data provided by the certified statewide data processor. The Department shall make the lists available on its website. The methodology to be used by the certified statewide data processor for determining the lists shall be based on the data collected from all licensed facilities in the State in accordance with G.S. 131E-214.2 as follows:

- (1) the 20 most common imaging procedures shall be based upon all outpatient data for ambulatory surgical facilities and represent all occurrences of the diagnostic radiology imaging codes section of the CPT codes, then selecting the top 20 to be provided to the Department; and
- (2) the 20 most common outpatient surgical procedures shall be based upon the primary procedure code from the ambulatory surgical facilities and represent all occurrences of the surgical codes section of the CPT codes, then selecting the top 20 to be provided to the Department.

(b) All information required by this Rule shall be posted on the Department's website at: <http://www.ncdhhs.gov/dhsr/ahc> and may be accessed at no cost.

(c) In accordance with G.S. ~~131E-214.13~~ and quarterly per year, 131E-214.13, all licensed ambulatory surgical facilities shall report the data required in Paragraph (d) of this Rule related to the statewide 20 most common outpatient imaging procedures and the statewide 20 most common outpatient surgical procedures to the certified statewide data processor in a format provided by the certified statewide processor. This report shall include the related primary CPT and HCPCS codes. Commencing with the reporting

(g) The information submitted in the report shall be in compliance with the federal Health Insurance Portability and Accountability Act of 45 CFR Part 164.

(h) The Department shall provide all specific ambulatory surgical facility data reported pursuant to this Rule on its website.

Authority G.S. 131E-147.1; 131E-214.4; 131E-214.13.

\*\*\*\*\*

Notice is hereby given in accordance with G.S. 150B-21.2 and G.S. 150B-21.3A(c)(2)g. that the Medical Care Commission intends to adopt the rules cited as 10A NCAC 13P .0222, .0223, .0512, .0513, .0605, .1510, .1511, amend the rules cited as 10A NCAC 13P .0209, .0214, .0409, .0503, .0506, .0511, .1101, .1102, .1405, .1502, .1505, and readopt with substantive changes the rules cited as 10A NCAC 13P .0101, .0102, .0201, .0203, .0216, .0219, .0221, .0301, .0302, .0403, .0501, .0502, .0504, .0507, .0508, .0510, .0601-.0603, .0901-.0905, .1401-.1403, and .1507.

Link to agency website pursuant to G.S. 150B-19.1(c): http://www2.ncdhhs.gov/dhsr/ruleactions.html

Proposed Effective Date: January 1, 2017

Public Hearing:

Date: August 10, 2016

Time: 10:00 a.m.

Location: Dortehea Dix Campus, Wright Building, Room 131, 1201 Umstead Drive, Raleigh, NC 27603

Reason for Proposed Action: Pursuant to G.S. 150B-21.3A, Periodic Review and Expiration of Existing Rules, all rules are reviewed at least every 10 years or they shall expire. As a result of the periodic review of Subchapter 10A NCAC 13P, Emergency Medical Services and Trauma Rules, 29 rules were determined as "Necessary With Substantive Public Interest," thus necessitating readoption. In addition, to ensure these rules are kept contemporary and stay in line with industry standards, revisions are routinely made to these rules in collaboration with stakeholders, clients, state and local officials, and members of the general public. These proposed rules are the result of these ongoing efforts and the readoption process. The proposed changes address all areas required for supporting the growth in the Emergency Medical Services (EMS) industry and the changes that have occurred with national EMS standards. The overall effect of incorporating these changes will benefit the quality of care provided to the citizens of North Carolina, expand opportunities for growth for EMS personnel, and provide additional opportunities for entities regulated by these rules to provide services otherwise prohibited under the current standards. These proposed readoptions, amendments and adoptions will strengthen the regulations by keeping the citizens and visitors of North Carolina safe and provided with the best possible health treatment and care.

Comments may be submitted to: Nadine Pfeiffer, 2701 Mail Service Center, Raleigh, NC 27699-2700, email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: August 15, 2016

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

Fiscal impact (check all that apply).

- State funds affected
Environmental permitting of DOT affected
Analysis submitted to Board of Transportation
Local funds affected
Substantial economic impact (≥\$1,000,000)
Approved by OSBM
No fiscal note required by G.S. 150B-21.4
No fiscal note required by G.S. 150B-21.3A(d)(2)

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13P - EMERGENCY MEDICAL SERVICES AND TRAUMA RULES

SECTION .0100 - DEFINITIONS

10A NCAC 13P .0101 ABBREVIATIONS

- As used in this Subchapter, the following abbreviations mean:
(1) ACS: American College of Surgeons;
(2) AEMT: Advanced Emergency Medical Technician;
(2)(3) AHA: American Heart Association;
(4) ASTM: American Society for Testing and Materials;
(3) ATLS: Advanced Trauma Life Support;
(4) CA3: Clinical Anesthesiology Year 3;
(5) CAAHEP: Commission on Accreditation of Allied Health Education Programs;
(5) CRNA: Certified Registered Nurse Anesthetist;
(6) CPR: Cardiopulmonary Resuscitation;
(7) DOA: Dead on Arrival;
(8)(7) ED: Emergency Department;
(9)(8) EMD: Emergency Medical Dispatcher;
(10) EMDPRS: Emergency Medical Dispatch Priority Reference System;
(9) EMR: Emergency Medical Responder;
(11)(10) EMS: Emergency Medical Services;
(12)(11) EMS-NP: EMS Nurse Practitioner;

- ~~(13)~~(12) EMS-PA: EMS Physician Assistant;
- ~~(14)~~(13) EMT: Emergency Medical Technician;
- ~~(15)~~ EMT I: EMT Intermediate;
- ~~(16)~~ EMT P: EMT Paramedic;
- ~~(17)~~ ENT: Ear, Nose and Throat;
- ~~(18)~~(14) FAA: Federal Aviation Administration;
- ~~(19)~~(15) FAR: Federal Aviation Regulation;
- ~~(20)~~(16) FCC: Federal Communications Commission;
- ~~(21)~~(17) ~~GSC~~: GCS: Glasgow Coma Scale;
- ~~(22)~~(18) ICD: International Classification of Diseases;
- ~~(23)~~(19) ISS: Injury Severity Score;
- ~~(20)~~ ICU: Intensive Care Unit;
- ~~(24)~~(21) IV: Intravenous;
- ~~(25)~~(22) LPN: Licensed Practical Nurse;
- ~~(26)~~(23) MICN: Mobile Intensive Care Nurse;
- ~~(27)~~ MR: ~~Medical Responder~~;
- ~~(28)~~(24) NHTSA: National Highway Traffic Safety Administration;
- ~~(29)~~(25) OEMS: Office of Emergency Medical Services;
- ~~(30)~~ OMF: ~~Oral maxillofacial~~;
- ~~(31)~~(26) OR: Operating Room;
- ~~(32)~~ PGY2: ~~Post Graduate Year 2~~;
- ~~(33)~~ PGY4: ~~Post Graduate Year 4~~;
- ~~(34)~~(27) PSAP: Public Safety Answering Point;
- ~~(35)~~(28) RAC: Regional Advisory Committee;
- ~~(36)~~(29) RFP: Request For Proposal;
- ~~(37)~~(30) RN: Registered Nurse;
- ~~(38)~~(31) SCTP: Specialty Care Transport Program;
- ~~(39)~~(32) SMARTT: State Medical Asset and Resource Tracking Tool;
- ~~(40)~~(33) STEMI: ST Elevation Myocardial Infarction;
- ~~(41)~~(34) TR: Trauma Registrar;
- ~~(42)~~ TNC: ~~Trauma Nurse Coordinator~~;
- ~~(43)~~(35) TPM: Trauma Program Manager; and
- ~~(44)~~(36) US DOT: United States Department of Transportation.

- participation, collaboration and involvement in a process or system between two or more parties.
- ~~(4)~~ "Alternative Practice Setting" means a clinical environment that may be not affiliated with or under the oversight of the EMS System or EMS System Medical Director.
- (5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the medical director.
- (6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft configured and operated to transport patients.
- (7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the medical director with the medical aspects of the management of an EMS System or EMS SCTP.
- ~~(8)~~ "Attending" means a physician who has completed medical or surgical residency and is either eligible to take boards in a specialty area or is boarded in a specialty.
- ~~(9)~~ "Board Certified, Board Certification, Board Eligible, Board Prepared, or Boarded" means approval by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or the Royal College of Physicians and Surgeons of Canada unless a further subspecialty such as the American Board of Surgery or Emergency Medicine is specified.
- ~~(10)~~(8) "Bypass" means the a decision made by the patient care technician to transport of an emergency medical services a patient from the scene of an accident or medical emergency past an emergency medical services a receiving facility for the purposes of accessing a facility with a higher level of care, or a hospital of its own volition reroutes a patient from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.
- ~~(11)~~(9) "Contingencies" mean conditions placed on a ~~trauma center's~~ designation that, if unmet, ~~can~~ may result in the loss or amendment of a ~~hospital's~~ designation.
- ~~(12)~~(10) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.
- ~~(13)~~ "Clinical Anesthesiology Year 3" means an anesthesiology resident having completed two clinical years of general anesthesiology

Authority G.S. 143-508(b).

**10A NCAC 13P .0102 DEFINITIONS**

The following definitions apply throughout this Subchapter:

- ~~(1)~~ "Advanced Trauma Life Support" means the course sponsored by the American College of Surgeons.
- ~~(2)~~(1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association identified to a specific county EMS system as a condition for EMS Provider Licensing as required by Rule .0204(a)(1) .0204(b)(1) of this Subchapter.
- ~~(3)~~(2) "Affiliated Hospital" means a ~~non-Trauma Center non-trauma center~~ hospital that is owned by the Trauma Center or there ~~exists~~ is a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's patient population to the ~~non-Trauma Center hospital non-trauma center~~ hospital.
- ~~(4)~~(3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active

- training. ~~A pure laboratory year shall not constitute a clinical year.~~
- (14)(11) "Deficiency" means the failure to meet essential criteria for a ~~trauma center's~~ designation as ~~specified in Section .0900 of this Subchapter,~~ that can serve as the basis for a focused review or denial of a ~~trauma center~~ designation.
- (15)(12) "Department" means the North Carolina Department of Health and Human Services.
- (16)(13) "Diversion" means the hospital is unable to accept a ~~pediatric or adult~~ patient due to a lack of staffing or resources.
- (17) ~~"E Code" means a numeric identifier that defines the cause of injury, taken from the ICD.~~
- (18)(14) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational ~~programs in continuing education, basic, and advanced EMS educational institutions.~~ programs.
- (19)(15) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies and personnel that relate to the dispatch, response, treatment, and disposition of any ~~patient that would require the submission of System Data to the OEMS.~~ patient.
- (20)(16) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.
- (21)(17) "EMS ~~Nontransporting~~ Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of ~~EMT-I or EMT-P~~ an AEMT or Paramedic to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.
- (22)(18) "EMS Peer Review Committee" means a committee as defined in G.S. ~~131E-144(a)(6b).~~ 131E-155(6b).
- (23)(19) "EMS Performance Improvement ~~Toolkits~~ STAT" ~~mean~~ means one or more reports generated from the state EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS ~~toolkit~~ Performance Improvement STAT focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.
- (24)(20) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
- (25)(21) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks including public health, community health monitoring activities, and special needs populations.
- (26) ~~"EMS System Peer Groups" are defined as:~~
- (a) ~~Urban EMS System means greater than 200,000 population;~~
- (b) ~~Suburban EMS System means from 75,001 to 200,000 population;~~
- (c) ~~Rural EMS System means from 25,001 to 75,000 population; and~~
- (d) ~~Wilderness EMS System means 25,000 or less.~~
- (27)(22) "Essential Criteria" means those items ~~listed in Rules .0901, .0902, and .0903 of this Subchapter~~ that are the minimum requirements for the respective level of trauma center designation (I, II, or III).
- (28)(23) "Focused Review" means an evaluation by the OEMS of a ~~trauma center's~~ corrective actions to remove contingencies that are a result of deficiencies ~~placed upon it~~ following a renewal site visit.
- (29)(24) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for specialty care or emergency or non-emergency medical care is anticipated either at the patient location or during transport.
- (30)(25) "Hospital" means a licensed facility as defined in G.S. 131E-176.
- (31)(26) "Immediately Available" means the physical presence of the health professional or the hospital resource within the trauma center to evaluate and care for the trauma ~~patient without~~ delay ~~patient.~~
- (32)(27) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance ~~improvement~~ improvement, and research resulting in integrated trauma care.
- (33)(28) "Infectious Disease Control Policy" means a written policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.
- (34)(29) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves

- as the coordinating entity for trauma ~~planning in a region. planning.~~
- (35)(30) "Level I Trauma Center" means a hospital as defined by Item ~~(30)(25)~~ of this Rule that has the capability of providing ~~leadership, guidance,~~ research, and total care for every aspect of injury from prevention to rehabilitation.
- (36)(31) "Level II Trauma Center" means a hospital as defined by Item ~~(30)(25)~~ of this Rule that provides trauma care regardless of the severity of the injury but may ~~lack the not be able to provide the same~~ comprehensive care as a Level I trauma center and does not have trauma research as a primary objective.
- (37)(32) "Level III Trauma Center" means a hospital as defined by Item ~~(30)~~ (25) of this Rule that provides ~~prompt~~ assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.
- (38)(33) "Licensed Health Care Facility" means any health care facility or hospital as defined by Item ~~(30)(25)~~ of this Rule licensed by the Department of Health and Human Services, Division of Health Service Regulation.
- (39)(34) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed or registered in North Carolina and are affiliated with a SCTP.
- (40)(35) "Medical Director" means the physician responsible for the medical aspects of the management of an EMS System, Alternative Practice Setting, ~~or~~ SCTP, or Trauma Center.
- (41)(36) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of an EMS System, Alternative Practice Setting, or SCTP. Medical Oversight includes physician direction of the initial education and continuing education of EMS personnel or medical crew members; development and monitoring of both operational and treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew members; participation in system or program evaluation; and directing, by two-way voice communications, the medical care rendered by the EMS personnel or medical crew members.
- (42) ~~"Mid level Practitioner" means a nurse practitioner or physician assistant who routinely cares for trauma patients.~~
- (43) ~~"Model EMS System" means an EMS System that is recognized and designated by the OEMS for meeting and mastering quality and performance indicator criteria as defined by Rule .0202 of this Subchapter.~~
- (44)(37) "Off-line Medical Control" means medical supervision provided through the EMS System Medical Director or SCTP Medical Director who is responsible for the day to day medical care provided by EMS personnel. This includes EMS personnel education, protocol development, quality management, peer review activities, and EMS administrative responsibilities related to assurance of quality medical care.
- (45)(38) "Office of Emergency Medical Services" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at ~~701 Barbour Drive, 1201 Umstead Drive,~~ Raleigh, North Carolina 27603.
- (46)(39) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel through direct communication ~~in person, in-person,~~ via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional. ~~The source of on-line medical control is typically a designated hospital's emergency department physician, EMS nurse practitioner, or EMS physician assistant.~~
- (47)(40) "Operational Protocols" means the administrative policies and procedures of an EMS System or that provide guidance for the day-to-day operation of the system.
- (48)(41) "Participating Hospital" means a hospital that supplements care within a larger trauma system by the initial evaluation and assessment of injured patients for transfer to a designated trauma center if needed.
- (49)(42) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board to practice medicine in the state of North Carolina.
- (50) ~~"Post Graduate Year Two" means any surgery resident having completed one clinical year of general surgical training. A pure laboratory year shall not constitute a clinical year.~~
- (51) ~~"Post Graduate Year Four" means any surgery resident having completed three clinical years of general surgical training. A pure laboratory year shall not constitute a clinical year.~~
- (52) ~~"Promptly Available" means the physical presence of health professionals in a location in the trauma center within a short period of time, that is defined by the trauma system (director) and continuously monitored by the performance improvement program.~~
- (53)(43) "Regional Advisory ~~Committee~~ (RAC)" Committee means a committee comprised of a lead RAC agency and a group representing trauma care providers and the community, for the purpose of regional trauma planning, establishing, and maintaining a coordinated trauma system.

- (~~54~~)(44) "Request for Proposal (RFP)"-"Proposal" means a state document that must be completed by each hospital as defined by Item (~~30~~) (25) of this Rule seeking initial or renewal trauma center designation.
- (45) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during compliance monitoring to exceed the ability of the local EMS System to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.
- (~~55~~)(46) "State Medical Asset and Resource Tracking Tool (SMARTT)" means the Internet web-based program used by the OEMS both daily in its operations and during times of disaster to identify, record and monitor EMS, hospital, health care and sheltering resources statewide, including facilities, personnel, vehicles, equipment, pharmaceutical and supply caches.
- (~~56~~)(47) "Specialty Care Transport Program" means a program designed and operated for the provision of specialized medical care and transportation of critically ill or injured patients between health care facilities and for patients who are discharged from a licensed health care facility to their residence that require specialized medical care during transport which exceeds the normal capability of the local EMS System. transportation of a patient by ground or air requiring specialized interventions, monitoring and staffing by a paramedic who has received additional training as determined by the program medical director beyond the minimum training prescribed by the OEMS, or by one or more other healthcare professional(s) qualified for the provision of specialized care based on the patient's condition.
- (~~57~~)(48) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS Instructor within a SCTP who is responsible for the coordination of EMS continuing education programs for EMS personnel within the program.
- (49) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent position and may only be used in an ambulance vehicle permitted by the Department.
- (~~58~~)(50) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.
- (~~59~~)(51) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the local EMS System who is responsible for the coordination of EMS continuing education programs.
- (~~60~~)(52) "System Data" means all information required for daily electronic submission to the OEMS by all EMS Systems using the EMS data set, data dictionary, and file format as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated herein by reference ~~in accordance with G.S. 150B-21.6,~~ including subsequent amendments and ~~additions.~~ editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost.
- (~~61~~) ~~"Transfer Agreement" means a written agreement between two agencies specifying the appropriate transfer of patient populations delineating the conditions and methods of transfer.~~
- (~~62~~)(53) "Trauma Center" means a hospital as defined by Item (~~30~~)(25) of this Rule designated by the State of North Carolina and distinguished by its ability to ~~immediately~~ manage, on a 24-hour basis, the severely injured patient or those at risk for severe injury.
- (~~63~~)(54) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
- (~~64~~)(55) "Trauma Center Designation" means a process of approval in which a hospital as defined by Item (~~30~~)(25) of this Rule voluntarily seeks to have its trauma care capabilities and performance evaluated by experienced on-site reviewers.
- (~~65~~)(56) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely injured ~~pediatric or adult~~ patient due to a lack of staffing or resources.
- (~~66~~)(57) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma system.
- (~~67~~)(58) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the trauma statewide database.
- (~~68~~)(59) "Trauma Patient" means any patient with an ~~ICD-9-CM discharge diagnosis 800.00-959.9 excluding 905-909 (late effects of injury), 910.0-924 (blisters, contusions, abrasions, and insect bites), and 930-939 (foreign bodies).~~ ICD-CM discharge diagnosis as defined in the "North Carolina Trauma Registry Data Dictionary," incorporated herein by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost
- (~~69~~)(60) "Trauma Program" means an administrative entity that includes the trauma service and coordinates other trauma related activities. It must also include the trauma medical director, trauma program manager/trauma coordinator, and trauma registrar. This program's reporting

structure shall give it the ability to interact with at least equal authority with other departments providing patient care.

~~(70)~~(61) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes, and costs of treatment for injured patients collected and electronically submitted as defined by the OEMS.

~~(71)~~ "Trauma Service" means a clinical service established by the medical staff that has oversight of and responsibility for the care of the trauma patient.

~~(72)~~ "Trauma Team" means a group of health care professionals organized to provide coordinated and timely care to the trauma patient.

~~(73)~~(62) "Treatment Protocols" means a document approved by the medical directors of both the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and patient-care-related policies that shall be completed by EMS personnel or medical crew members based upon the assessment of a patient.

~~(74)~~(63) "Triage" means the assessment and categorization of a patient to determine the level of EMS and healthcare facility based care required.

~~(75)~~(64) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients.

(3) by the North Carolina Medical Board pursuant to G.S. 143-514;

(3) written policies and procedures describing the dispatch, ~~coordination~~—coordination, and oversight of all responders that provide EMS care, specialty patient care ~~skills~~—skills, and procedures as defined in Rule .0301(a)(4) of this Subchapter, and ambulance transport within the system;

(4) at least one licensed EMS Provider;

(5) a listing of permitted ambulances to provide coverage to the service area 24 hours ~~per day~~; a day, seven days a week;

(6) personnel credentialed to perform within the scope of practice of the system and to staff the ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of credentialed EMS personnel for all practice settings used within the system;

(7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources;

(8) a written Infectious Disease Control Policy as defined in Rule ~~.0102(33)~~ .0102(28) of this Subchapter and written procedures ~~which that~~ are approved by the EMS System medical director that address the cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;

(9) a listing of ~~facilities~~—resources that will provide online medical direction for all EMS Providers operating within the EMS System;

(10) an EMS communication system that provides for:

(A) public access ~~using the emergency telephone number to emergency services by dialing~~ 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the ~~emergency communications center or~~ PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;

(B) ~~an emergency communications system~~ a PSAP operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours ~~per day~~; a day, seven days a week;

(C) dispatch of the most appropriate emergency medical response unit or

*Authority G.S. 131E-155(6b); 131E-162; 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-508(d)(13); 143-518(a)(5).*

**SECTION .0200 - EMS SYSTEMS**

**10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS**

(a) County governments shall establish EMS Systems. Each EMS System shall have:

(1) a defined geographical service area for the EMS System. The minimum service area for an EMS System shall be one county. There may be multiple EMS Provider service areas within ~~the service area of an EMS System~~. The highest level of care offered within any EMS Provider service area must be available to the citizens within that service area 24 hours ~~per day~~; a day, seven days a week;

(2) a defined scope of practice for all EMS ~~personnel~~—personnel functioning in the EMS ~~System~~—System within the parameters set forth

- units to any caller's request for assistance. The dispatch of all response vehicles shall be in accordance with a written EMS System plan for the management and deployment of response vehicles including requests for mutual aid; and
- (D) two-way radio voice communications from within the defined service area to the ~~emergency communications center or~~ PSAP and to facilities where patients are ~~regularly~~ transported. The ~~emergency communications system~~ PSAP shall maintain all required FCC radio licenses or authorizations;
- (11) written policies and procedures for addressing the use of SCTP and Air Medical ~~Programs~~ resources utilized within the system;
- (12) a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from system EMS Care data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the ~~guidelines of the~~ criteria set forth in Rule .0501 of this Subchapter;
- (A) ~~"US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel;~~
- (B) ~~"US DOT NHTSA EMT Basic Refresher: National Standard Curriculum" for EMT personnel;~~
- (C) ~~"EMT P and EMT I Continuing Education National Guidelines" for EMT I and EMT P personnel; and~~
- (D) ~~"US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel.~~
- ~~These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590, at no cost;~~
- (13) written policies and procedures to address management of the EMS System that includes:
- (A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that may require the by-pass of other licensed health care facilities and ~~which~~ that are based upon the expanded clinical capabilities of the selected healthcare facilities;
- (B) triage and transport of patients to facilities outside of the system;
- (C) arrangements for transporting patients to appropriate facilities when diversion or bypass plans are activated;
- (D) reporting, monitoring, and establishing standards for system response times using ~~data provided by the OEMS;~~ data;
- (E) weekly updating of the SMARTT EMS Provider information;
- (F) a disaster plan; ~~and~~
- (G) a mass-gathering plan;
- (H) ~~a mass-casualty plan;~~
- (I) ~~a weapons plan for any weapon as set forth in Rule .0216 of this Section;~~
- (J) ~~a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-302;~~
- (K) ~~a plan on how EMS personnel shall report suspected abuse of the elderly or disabled pursuant to G.S. 108A-102; and~~
- (L) ~~a plan on how each responding agency is to maintain a current roster of its personnel providing EMS care within the county under the provider number issued pursuant to Paragraph (c) of this Rule, in the OEMS credentialing and information database;~~
- (14) affiliation as defined in Rule ~~.0102(4)~~ .0102(3) of this Subchapter with ~~the~~ a trauma RAC as required by Rule .1101(b) of this Subchapter; and
- (15) medical oversight as required by Section .0400 of this Subchapter.
- (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or offering EMD services, procedures, or programs to the public shall have:
- (1) a defined service area for each agency;
- (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area are available 24 hours per day, seven days a week; and
- (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations requiring referral to specialty hotlines.
- (c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within the county.
- ~~(d)~~ (d) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this

Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval.

*Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518.*

**10A NCAC 13P .0203 SPECIAL SITUATIONS**

~~Upon application of citizens in North Carolina, the North Carolina Medical Care Commission shall approve the furnishing and providing of programs within the scope of practice of EMD, EMT, EMT-I, or EMT-P in North Carolina by persons who have been approved to provide these services by an agency of a state adjoining North Carolina or federal jurisdiction. This approval shall be granted where the North Carolina Medical Care Commission concludes that the requirements enumerated in Rule .0201 of this Subchapter cannot be reasonably obtained by reason of lack of geographical access.~~

*Authority G.S. 143-508(b).*

**10A NCAC 13P .0209 AIR MEDICAL AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS**

To be permitted as an Air Medical Ambulance, an aircraft shall meet the following requirements:

- (1) ~~Configuration~~ configuration of the aircraft patient care compartment does not compromise the ability to provide ~~appropriate~~ care or prevent performing in-flight emergency patient care procedures as approved by the program medical ~~director~~ director;
- (2) ~~The~~ the aircraft has ~~on board~~ on-board patient care equipment and supplies as defined in the treatment protocols for the ~~program~~ program written by the medical director and approved by the OEMS. The equipment and supplies shall be clean, in working order, and secured in the ~~aircraft~~ aircraft;
- (3) ~~There~~ there is installed in the rotary-wing aircraft an internal voice communication system to allow for communication between the medical ~~crew~~ and flight ~~crew~~ crew;
- (4) ~~The~~ the medical director designates the combination of medical equipment specified in Item (2) of this Rule that is carried on a mission based on anticipated patient care ~~needs~~ needs;
- (5) ~~The~~ the name of the EMS Provider is permanently displayed on each side of the ~~aircraft~~ aircraft;
- (6) ~~The~~ the rotary-wing aircraft is equipped with a two-way voice radio licensed by the FCC capable of operation on any frequency required to allow communications with public safety agencies such as fire departments, police departments, ambulance and rescue units, hospitals, and local government ~~agencies~~ agencies, within the service ~~area~~ area;

- (7) ~~In~~ in addition to equipment required by applicable air worthiness certificates and Federal Aviation Regulations (FAA Part 91 or 135), any rotary-wing aircraft permitted has the following functioning equipment to help ensure the safety of patients, crew ~~members~~ members, and ground personnel, patient comfort, and medical care:
  - (a) Global Positioning System;
  - (b) an external search light that can be operated from inside the aircraft;
  - (c) survival gear appropriate for the service area and the number, ~~age~~ age, and type of patients;
  - (d) permanently installed environmental control unit (ECU) capable of both heating and cooling the patient compartment of the aircraft; ~~and~~
  - (e) ~~capability to carry at least a 220 pound patient load and transport at least 60 nautical miles or nearest Trauma Center non stop without refueling.~~
- (8) ~~The~~ the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the air medical ~~ambulance~~ ambulance;
- (9) ~~The~~ the aircraft has no structural or functional defects that may adversely affect the patient, or the EMS ~~personnel~~ personnel; ~~and~~
- (10) a copy of the patient care treatment protocols, either paper or electronic, carried aboard the aircraft.

*Authority G.S. 131E-157(a); 143-508(d)(8).*

**10A NCAC 13P .0214 EMS NON-TRANSPORTING VEHICLE PERMIT CONDITIONS**

- (a) ~~An~~ A licensed EMS provider shall apply to the OEMS for an EMS ~~Nontransporting~~ non-transporting Vehicle Permit prior to placing such vehicle in service.
- (b) The ~~Department~~ OEMS shall issue a permit for a vehicle following verification of compliance with applicable laws and rules.
- (c) Only one EMS ~~Nontransporting~~ Non-transporting Vehicle Permit shall be issued for each vehicle.
- (d) EMS ~~Nontransporting~~ Non-transporting Vehicle Permits shall not be transferred.
- (e) The EMS ~~Nontransporting~~ Non-transporting Vehicle Permit shall be posted as designated by the OEMS inspector.
- (f) Vehicles that are not owned or leased by the licensed EMS Provider are ineligible for permitting.

*Authority G.S. 143-508(d)(8).*

**10A NCAC 13P .0216 WEAPONS AND EXPLOSIVES FORBIDDEN**

- (a) Weapons, as ~~defined by the local county district attorney's office, whether lethal or non-lethal,~~ and explosives shall not be

worn or carried aboard an ambulance or EMS ~~nontransporting~~ non-transporting vehicle within the State of North Carolina when the vehicle is operating in any patient treatment or transport capacity or is available for such function.

(b) Conducted electrical weapons and chemical irritants such as mace, pepper (oleoresin capsicum) spray, and tear gas are considered weapons for the purpose of this Rule.

~~(b)~~(c) This Rule shall apply whether or not such weapons and explosives are concealed or visible.

(d) If any weapon is found to be in the possession of a patient or person accompanying the patient during transportation, the weapon shall be safely secured in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section.

(e) Weapons authorized for use by EMS personnel attached to a law enforcement tactical team in accordance with the weapons policy as set forth in Rule .0201(a)(13)(I) of this Section may be secured in a locked, dedicated compartment or gun safe mounted within the ambulance or non-transporting vehicle for use when dispatched in support of the law enforcement tactical team, but are not to be worn or carried open or concealed by any EMS personnel in the performance of normal EMS duties under any circumstances.

~~(e)~~(f) This Rule shall not apply to duly appointed law enforcement officers.

~~(4)~~(g) Safety flares are authorized for use on an ambulance with the following restrictions:

- (1) ~~These~~these devices are not stored inside the patient compartment of the ambulance; and
- (2) ~~These~~these devices shall be packaged and stored so as to prevent accidental discharge or ignition.

*Authority G.S. 131E-157(a); 143-508(d)(8).*

**10A NCAC 13P .0219 STAFFING FOR MEDICAL AMBULANCE/EVACUATION BUS VEHICLES**

Medical Ambulance/Evacuation Bus Vehicles are exempt from the requirements of G.S. 131E-158(a). The EMS System Medical ~~Director~~Director, as set forth in Rule .0403 of this Subchapter, shall determine the combination and number of EMT, ~~EMT-Intermediate~~, ~~AEMT~~, or ~~EMT-Paramedic~~Paramedic personnel that are sufficient to manage the anticipated number and severity of injury or illness of the patients transported in the Medical Ambulance/Evacuation Bus ~~vehicle~~Vehicle.

*Authority G.S. 131E-158(b).*

**10A NCAC 13P .0221 PATIENT TRANSPORTATION BETWEEN HOSPITALS**

(a) For the purpose of this Rule, hospital means those facilities as defined in Rule ~~.0102(30)~~ .0102(25) of this Subchapter.

(b) Every ground ambulance when transporting a patient between hospitals shall be occupied by all of the following:

- (1) one person who holds a credential issued by the OEMS as a ~~Medical Responder~~an emergency medical responder or higher who is responsible for the operation of the vehicle and rendering assistance to the patient caregiver when needed; and

(2) at least one of the following individuals as determined by the transferring physician to manage the anticipated severity of injury or illness of the patient who is responsible for the medical aspects of the mission:

- (A) ~~Emergency Medical Technician~~emergency medical technician;
- (B) ~~EMT-Intermediate~~advanced EMT;
- (C) ~~EMT-Paramedic~~paramedic;
- (D) nurse practitioner;
- (E) physician;
- (F) physician assistant;
- (G) registered nurse; or
- (H) respiratory therapist.

(c) Information ~~must~~shall be provided to the OEMS by the licensed EMS provider:

- (1) describing the intended staffing pursuant to Rule ~~.0204(a)(3)~~ .0204(b)(3) of ~~this Subchapter~~of this Section; and
- (2) showing authorization pursuant to Rule ~~.0204(a)(4)~~ .0204(b)(4) of ~~this Subchapter~~ of this Section by the county ~~in which~~where the EMS provider license is issued to use the staffing in Paragraph (b) of this Rule.

(d) Ambulances used for patient transports between hospitals ~~must~~shall contain all medical equipment, supplies, and medications approved by the medical director, based on the treatment protocols.

*Authority G.S. 131E-155.1; 131E-158(b); 143-508(d)(1); 143-508(d)(8).*

**10A NCAC 13P .0222 TRANSPORT OF STRETCHER BOUND PATIENTS**

(a) Any person transported on a stretcher as defined in Rule .0102(49) of this Subchapter meets the definition of patient as defined in G.S. 131E-155(16).

(b) Stretchers may only be utilized for patient transport in an ambulance permitted by the OEMS in accordance with G.S. 131E-156 and Rule .0211 of this Section.

(c) The Medical Care Commission exempts wheeled chair devices used solely for the transportation of mobility impaired persons in non-permitted vehicles from the definition of stretcher as set forth in Rule .0102(49) of this Subchapter.

*Authority 143-508(d)(8); 131E-156; 131E-157.*

**10A NCAC 13P .0223 REQUIRED DISCLOSURE AND REPORTING INFORMATION**

(a) Applicants for initial and renewal EMS Provider licensing shall disclose the following background information:

- (1) any prior name(s) used for providing emergency medical services in North Carolina or any other state;
- (2) any felony criminal charges and convictions, under Federal or State law, and any civil actions taken against the applicant or any of its owners or officers in North Carolina or any other state;

- (3) any misdemeanor or felony conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;
- (4) any misdemeanor or felony conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of EMS care or service;
- (5) any current or prior investigations including outcomes for alleged Medicare, Medicaid, or other insurance fraud, tax evasion, and fraud;
- (6) any revocation or suspension of accreditation;  
and
- (7) any revocation or suspension by any State licensing authority of a license to provide EMS.

(b) Within 30 days of occurrence, a licensed EMS provider shall disclose any changes in the information set forth in Paragraph (a) of this Rule that was provided to the OEMS in its most recent initial or renewal application.

*Authority G.S. 131E-155.1(c); 143-508(d)(1); 143-508(d)(5).*

**SECTION .0300 - SPECIALTY CARE TRANSPORT PROGRAMS**

**10A NCAC 13P .0301 SPECIALTY CARE TRANSPORT PROGRAM CRITERIA**

(a) EMS Providers seeking designation to provide specialty care transports shall submit an application for program approval to the OEMS at least 60 days prior to field implementation. The application shall document that the program has:

- (1) a defined service area that identifies the specific transferring and receiving facilities in which the program is intended to service;
- (2) written policies and procedures implemented for medical oversight meeting the requirements of Section ~~.0400~~; .0400 of this Subchapter;
- (3) Service ~~continuously~~ available on a 24 hour ~~per day a day, seven days a week~~ basis;
- (4) the capability to provide the patient care skills and procedures as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" ~~Collection," incorporated by reference in accordance with G.S. 150B 21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost;~~
- (5) a written continuing education program for EMS personnel, under the direction of the Specialty Care Transport Program Continuing Education Coordinator, developed and modified based on feedback from program data, review and evaluation of patient outcomes, and quality management review that follows the ~~guidelines of the~~ criteria set forth in Rule .0501 of this Subchapter;

- (A) ~~"US DOT NHTSA EMT Basic Refresher: National Standard Curriculum" for EMT personnel; and~~
- (B) ~~"EMT P and EMT I Continuing Education National Guidelines" for EMT I and EMT P personnel.~~

~~These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590, at no cost;~~

- (6) a communication system that ~~will provide~~ provides two-way voice communications for transmission of patient information to medical crew members anywhere in the service area of the program. The SCTP medical director shall verify that the communications system is satisfactory for on-line medical direction;
  - (7) medical crew members that have ~~all~~ completed training conducted every six months regarding:
    - (A) operation of the EMS communications system used in the program; and
    - (B) the medical and patient safety equipment specific to the ~~program.~~ This training shall be conducted every six months; program;
  - (8) written operational protocols for the management of equipment, supplies and medications. These protocols shall include:
    - (A) a listing of all standard medical equipment, supplies, and ~~medications~~ medications, approved by the medical director sufficient to manage the anticipated number and severity of injury or illness of the patients, for all vehicles used in the program based on the treatment protocols and approved by ~~the medical director; the OEMS;~~ and
    - (B) a methodology to assure that each ground vehicle and aircraft contains the required equipment, supplies ~~supplies,~~ and medications on each response; and
  - (9) written policies and procedures specifying how EMS Systems will dispatch and utilize the ground ambulances and aircraft operated by the program.
- (b) When transporting patients, staffing for the ground ambulance and aircraft used in the SCTP shall be approved by the SCTP medical director as medical crew members, using any of the following ~~appropriate for the condition of the patient; as determined by the transferring physician to manage the anticipated severity of injury or illness of the patient, who is responsible for the medical aspects of the mission:~~
- (1) ~~EMT Paramedic;~~ paramedic;
  - (2) nurse practitioner;
  - (3) physician;

- (4) physician assistant;
- (5) registered nurse; and
- (6) respiratory therapist.

(c) ~~Specialty Care Transport Programs-SCTP~~ as defined in Rule ~~.0102(56)~~ .0102(47) of this Subchapter are exempt from the staffing requirements defined in G.S. 131E-158(a).

(d) ~~Specialty Care Transport Program-SCTP~~ approval ~~are-is~~ valid for a period to coincide with the EMS Provider License, not to exceed six years. Programs shall apply to the OEMS for reapproval.

Authority G.S. 131E-158; 143-508.

**10A NCAC 13P .0302 AIR MEDICAL SPECIALTY CARE TRANSPORT PROGRAM CRITERIA FOR LICENSED EMS PROVIDERS USING ROTARY-WING AIRCRAFT**

(a) Air Medical Programs using rotary-wing aircraft shall document that the program has:

- (1) ~~Medical-medical~~ crew members that have all completed training regarding:
  - (A) ~~Altitude-altitude~~ physiology; and
  - (B) ~~The-the~~ operation of the EMS communications system used in the program;
- (2) ~~Written-written~~ policies and procedures for transporting patients to appropriate facilities when diversion or bypass plans are activated;
- (3) ~~Written-written~~ policies and procedures specifying how EMS Systems will dispatch and utilize aircraft operated by the program;
- (4) ~~Written-written~~ triage protocols for trauma, stroke, STEMI, burn, and pediatric patients reviewed and approved by the OEMS medical director;
- (5) ~~Written-written~~ policies and procedures specifying how EMS Systems will receive the Specialty Care Transport Services offered under the program when the aircraft are unavailable for service; and
- (6) ~~A copy of the Specialty Care Transport Program patient care treatment protocols.~~ written policies and procedures specifying how mutual aid assistance will be obtained from both in-state and bordering out-of-state air medical programs.

(b) All patient response, ~~re-positioning-re-positioning~~, and mission flight legs ~~must~~ shall be conducted under FAA part 135 regulations.

Authority G.S. 143-508.

**SECTION .0400 - MEDICAL OVERSIGHT**

**10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS**

(a) The Medical Director for an EMS System is responsible for the following:

- (1) ensuring that medical control as set forth in Rule .0401 of this Section is available 24 hours a ~~day-day~~, seven days a week;
- (2) the establishment, approval and annual updating of adult and pediatric treatment protocols;
- (3) EMD programs, the establishment, approval, and annual updating of the EMDPRS;
- (4) medical supervision of the selection, system orientation, continuing education and performance of all EMS personnel;
- (5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;
- (6) the medical review of the care provided to patients;
- (7) providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on all ambulances and EMS nontransporting vehicles operating within the system;
- (8) determining the combination and number of EMS personnel sufficient to manage the anticipated number and severity of injury or illness of the patients transported in Medical Ambulance/Evacuation Bus Vehicles defined in Rule .0219 of this Subchapter;
- ~~(8)~~(9) keeping the care provided ~~up-to-date~~ up-to-date with current medical practice; and
- ~~(9)~~(10) developing and implementing an orientation plan for all hospitals within the EMS system that use MICN, EMS-NP, or EMS-PA personnel to provide on-line medical direction to EMS personnel, ~~which includes personnel.~~ This plan shall include:
  - (A) a discussion of all EMS System treatment protocols and procedures;
  - (B) an explanation of the specific scope of practice for credentialed EMS personnel, as authorized by the approved EMS System treatment protocols as required by Rule .0405 of this Section;
  - (C) a discussion of all practice settings within the EMS System and how scope of practice may vary in each setting;
  - (D) a mechanism to assess the ability to ~~effectively~~ use EMS System communications equipment including hospital and prehospital devices, EMS communication protocols, and communications contingency plans as related to on-line medical direction; and
  - (E) the ~~successful~~ completion of a scope of practice performance evaluation ~~which-that~~ verifies competency in

Parts (A) through (D) of this Subparagraph and ~~which~~ that is administered under the direction of the ~~medical director.~~ Medical Director.

(b) Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, ~~EMD's,~~ EMDs, or ~~EMT-P's.~~ paramedics.

(c) The Medical Director may suspend temporarily, pending ~~due process~~ review, any EMS personnel from further participation in the EMS System when it is determined ~~the activities or medical care rendered by~~ such personnel are detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements. During the review process, the Medical Director may:

- (1) restrict the EMS personnel's scope of practice pending successful completion of remediation on the identified deficiencies;
- (2) continue the suspension pending successful completion of remediation on the identified deficiencies; or
- (3) permanently revoke the EMS personnel's participation in the EMS System.

*Authority G.S. 143-508(b); 143-508(d)(3); 143-508(d)(7).*

**10A NCAC 13P .0409 EMS PEER REVIEW COMMITTEE FOR SPECIALTY CARE TRANSPORT PROGRAMS**

(a) The EMS Peer Review Committee for a Specialty Care Transport Program shall:

- (1) be composed of membership as defined in G.S. 131E-155(6b);
- (2) appoint a physician as chairperson;
- (3) meet at least quarterly;
- (4) analyze program data to evaluate the ongoing quality of patient care and medical direction within the program;
- (5) use information gained from program data analysis to make recommendations regarding the content of continuing education programs for medical crew members;
- (6) review adult and pediatric treatment protocols of the Specialty Care Transport Programs and make recommendations to the medical director for changes;
- (7) establish and implement a written procedure to guarantee due process reviews for medical crew members temporarily suspended by the medical director;
- (8) record and maintain minutes of committee meetings throughout the approval period of the Specialty Care Transport Program;
- (9) establish and implement EMS system performance improvement guidelines that meet

or exceed the statewide standard as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," ~~incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions.~~ This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina, 27699-2707, at no cost; Collection; and

- (10) adopt written guidelines that address:
  - ~~(a)~~ (A) structure of committee membership;
  - ~~(b)~~ (B) appointment of committee officers;
  - ~~(c)~~ (C) appointment of committee members;
  - ~~(d)~~ (D) length of terms of committee members;
  - ~~(e)~~ (E) frequency of attendance of committee members;
  - ~~(f)~~ (F) establishment of a quorum for conducting business; and
  - ~~(g)~~ (G) confidentiality of medical records and personnel issues.

(b) County government representation is not required for committee membership for approved Air Medical Programs.

*Authority G.S. 143-508(b).*

**SECTION .0500 - EMS PERSONNEL**

**10A NCAC 13P .0501 EDUCATIONAL PROGRAMS**

(a) ~~An educational program approved by the OEMS to EMS educational programs that~~ qualify credentialed EMS personnel to perform within their scope of practice shall be offered by an EMS educational institution. ~~Institution as set forth in Section .0600 of this Subchapter, or by an EMS educational institution in another state where the education and credentialing requirements have been approved for legal recognition by the Department pursuant to G.S. 131E-159 as determined using the professional judgement of OEMS staff following comparison of out-of-state standards with the program standards set forth in this Rule.~~

(b) Educational programs approved to qualify EMS personnel for credentialing shall meet the educational ~~objectives content of the:~~ the "US DOT NHTSA National EMS Education Standards" incorporated by reference including subsequent amendments and editions. This document is available online at [www.ems.gov/educationstandards.htm](http://www.ems.gov/educationstandards.htm).

- ~~(1)~~ "US DOT NHTSA First Responder: National Standard Curriculum" for MR personnel;
- ~~(2)~~ "US DOT NHTSA EMT Basic: National Standard Curriculum" for EMT personnel;
- ~~(3)~~ "US DOT NHTSA EMT Paramedic: National Standard Curriculum" for EMT I and EMT P personnel. For EMT I personnel, the educational objectives shall be limited to the following:
  - ~~(A)~~ Module 1: Preparatory

**PROPOSED RULES**

SECTION	TITLE	LESSON OBJECTIVES
1-1	EMS Systems / Roles & Responsibilities	1-1.1 — 1-1.46
1-2	The Well Being of the Paramedic	1-2.1 — 1-2.46
1-4	Medical / Legal Issues	1-4.1 — 1-4.35
1-5	Ethics	1-5.1 — 1-5.11
1-6	General Principles of Pathophysiology	1-6.3; 1-6.5 — 1-6.9; 1-6.13 — 1-6.16; 1-6.19 — 1-6.25; 1-6.27 — 1-6.31
1-7	Pharmacology	1-7.1 — 1-7.31
1-8	Venous Access / Medication Administration	1-8.1 — 1-8.8; 1-8.10 — 1-8.17; 1-8.19 — 1-8.34; 1-8.36 — 1-8.38; 1-8.40 — 1-8.43
1-9	Therapeutic Communications	1-9.1 — 1-9.21

(B) — Module 2: Airway

SECTION	TITLE	LESSON OBJECTIVES
2-1	Airway Management & Ventilation	2-1.1 — 2-1.10; 2-1.12 — 2-1.40; 2-1.42 — 2-1.64; 2-1.69; 2-1.73 — 2-1.89; 2-1.93 — 2-1.103; 2-1.104a-d; 2-1.105 — 2-1.106; 2-1.108

(C) — Module 3: Patient Assessment

SECTION	TITLE	LESSON OBJECTIVES
3-2	Techniques of Physical Examination	3-2.1 — 3-2.88

(D) — Module 4: Trauma

SECTION	TITLE	LESSON OBJECTIVES
4-2	Hemorrhage and Shock	4-2.1 — 4-2.54
4-4	Burns	4-4.25 — 4-4.30; 4-4.80 — 4-4.81

(E) — Module 5: Medical

SECTION	TITLE	LESSON OBJECTIVES
5-1	Pulmonary	5-1.2 — 5-1.7; 5-1.10bedefjk — 5-1.14
5-2	Cardiology	5-2.1 — 5-2.5; 5-2.8; 5-2.11 — 5-2.12; 5-2.14; 5-2.29 — 5-2.30; 5-2.53; 5-2.65 — 5-2.68; 5-2.70; 5-2.72 — 5-2.73;

		<del>5-2.75</del> <del>5-2.77</del> ; <del>5-2.79</del> <del>5-2.81</del> ; <del>5-2.84</del> <del>5-2.89</del> ; <del>5-2.91</del> <del>5-2.95</del> ; <del>5-2.121</del> <del>5-2.125</del> ; <del>5-2.128</del> <del>5-2.133</del> ; <del>5-2.150</del> ; <del>5-2.159</del> ; <del>5-2.162</del> ; <del>5-2.165</del> ; <del>5-2.168</del> ; <del>5-2.179</del> <del>5-2.180</del> ; <del>5-2.184</del> ; <del>5-2.193</del> <del>5-2.194</del> ; <del>5-2.201</del> ; <del>5-2.205ab</del> ; <del>5-2.206</del> <del>5-2.207</del>
5-3	Neurology	<del>5-3.11</del> <del>5-3.17</del> ; <del>5-3.82</del> <del>5-3.83</del>
5-4	Endocrinology	<del>5-4.8</del> <del>5-4.48</del>
5-5	Allergies and Anaphylaxis	<del>5-5.1</del> <del>5-5.19</del>
5-8	Toxicology	<del>5-8.40</del> <del>5-8.56</del> ; <del>5-8.62</del>

(F) ~~Module 7: Assessment Based Management~~

SECTION	TITLE	LESSON OBJECTIVES
7-1	Assessment Based Management	<del>7-1.1</del> <del>7-1.19</del> (objectives <del>7-1.12</del> and <del>7-1.19</del> include only <del>abefhkle</del> )

(4) ~~"US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel; and~~

(5) ~~"National Guidelines for Educating EMS Instructors" for EMS Instructors.~~

~~These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590, at no cost.~~

(c) Educational programs approved to qualify EMS personnel for renewal of credentials shall follow the guidelines of the:

(1) ~~"US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel;~~

(2) ~~"US DOT NHTSA EMT Basic Refresher: National Standard Curriculum" for EMT personnel;~~

(3) ~~"EMT P and EMT I Continuing Education National Guidelines" for EMT I and EMT P personnel;~~

(4) ~~"US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel;~~

(5) ~~"US DOT NHTSA EMT Intermediate Refresher: National Standard Curriculum" for EMT I personnel; and~~

(6) ~~"US DOT NHTSA EMT Paramedic Refresher: National Standard Curriculum" for EMT P personnel.~~

~~These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590, at no cost. EMD personnel for credentialing shall conform with the "ASTM F1258 – 95(2006): Standard Practice for Emergency Medical Dispatch" incorporated by reference including subsequent amendments and editions. This document is available from ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA, 19428-2959 USA, at a cost of forty dollars (\$40.00) per copy.~~

~~(d) Instructional methodology courses approved to qualify Level I EMS instructors shall conform with the "US DOT NHTSA 2002 National Guidelines for Educating EMS Instructors" incorporated by reference including subsequent amendments and additions. This document is available online at [www.ems.gov/educationstandards.htm](http://www.ems.gov/educationstandards.htm).~~

~~(e) Continuing educational programs approved to qualify EMS personnel for renewal of credentials must be approved by demonstrating the ability to assess cognitive competency in the skills and medications for the level of application as defined by the North Carolina Medical Board pursuant to G.S. 143-514.~~

~~(f) Refresher courses must comply with the requirements defined in Rule .0513 of this Section.~~

*Authority G.S. 143-508(d)(3); 143-508(d)(4); 143-514.*

**10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD**

(a) In order to be credentialed as an ~~MR, EMR, EMT, EMT-I, EMT-P, AEMT, or EMD~~, or Paramedic, individuals shall:

- (1) ~~Be~~ be at least 18 years of age. An examination may be taken at age 17; however, the EMS credential shall not be issued until the applicant has reached the age of 18.
- (2) ~~Successfully~~ complete an approved educational program as set forth in Rule .0501(b) of this Section for their level of application. ~~If the educational program was completed over one year prior to application, applicants shall submit evidence of completion of continuing education during the past year. This continuing education shall be based on the educational objectives in Rule .0501(e) of this Section consistent with their level of application and approved by the OEMS.~~
- (3) ~~Successfully~~ complete a scope of practice performance evaluation ~~which that~~ uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501(b) of this Section and which are consistent with their level of application, and approved by the OEMS. This scope of practice evaluation shall be completed no more than one year prior to examination. This evaluation shall be conducted ~~under the direction of the educational medical advisor or by a Level I or Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor, and may be included within the educational program or conducted separately. If the evaluation was completed over one year prior to application, applicants must repeat the evaluation and submit evidence of successful completion during the previous year. or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program.~~
- (4) Successfully within 90 days from their course graded date as reflected in the OEMS credentialing database, complete the first attempt to pass ~~complete~~ a written examination administered by the OEMS or a written examination ~~approved by OEMS as determined by OEMS staff in their professional judgement to be equivalent to the examination administered by OEMS. If the applicant fails to register and complete a written examination within the 90 day period, the applicant shall obtain a letter of authorization to continue eligibility for testing from his or her EMS Educational Institution's program coordinator to qualify for an extension of the 90 day~~

requirement set forth in this Paragraph. If the EMS Educational Institution's program coordinator declines to provide a letter of authorization, the applicant is disqualified from completing the credentialing process. Following a review of the applicant's specific circumstances, OEMS staff will determine, based on professional judgment, if the applicant may qualify for EMS credentialing eligibility. The OEMS will notify the applicant in writing of the decision.

(A) A maximum of three attempts within nine months shall be allowed;

(B) If the individual fails to pass a written examination, the individual may continue eligibility for examination for an additional three attempts within the following nine months by submitting to the OEMS evidence the individual has repeated a course specific scope of practice evaluation as set forth in Paragraph (a)(3) of this Rule, and evidence of completion of a refresher course as set forth in Rule .0513 of this Section for the level of application; or

(C) If unable to complete the written examination requirement after six attempts within an 18 month period following course grading date as reflected in the OEMS credentialing database, the educational program becomes invalid and the individual may only become eligible for credentialing by repeating the requirements set forth in Rule .0501 of this Section.

(5) submit to a criminal background history check pursuant to G.S. 131E-159(g) as set forth in Rule .0511 of this Section.

(6) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s).

(b) EMD applicants shall successfully complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR. An individual seeking credentialing as an EMR, EMT, AEMT or Paramedic may qualify for initial credentialing under the legal recognition option set forth in G.S. 131E-159(c).

(c) In order to be credentialed as an EMD, individuals shall:

(1) be at least 18 years of age;

(2) complete the educational requirements set forth in Rule .0501(c) of this Section;

(3) complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR;

- (4) submit to a criminal background history check pursuant to G.S. 131E-159(g) as defined in Rule .0511 of this Section;
- (5) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s); and
- (6) possess an EMD credential pursuant to G.S. 131E-159(d).

(d) Pursuant to G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

*Authority G.S. 131E-159(a); 131E-159(b); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952.*

**10A NCAC 13P .0503 TERM OF CREDENTIALS FOR EMS PERSONNEL**

Credentials for EMS Personnel shall be valid for a period of ~~not to exceed four years~~ years, barring any delay in expiration as set forth in Rule .0504(f) of this Section.

*Authority G.S. 131E-159(a).*

**10A NCAC 13P .0504 RENEWAL OF CREDENTIALS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD**

(a) ~~MR, EMR, EMT, EMT-I, EMT-P, AEMT, and EMD~~ and Paramedic applicants shall renew credentials by meeting the following criteria:

- (1) presenting documentation to the OEMS or an approved EMS educational institution as set forth in Rule .0601 or .0602 of this Subchapter that they have ~~successfully~~ completed an approved educational program as described in Rule ~~.0504(e)~~ .0501(e) or (f) of this Section.
- (2) submit to a criminal background history check pursuant to G.S. 131E-159(g) as set forth in Rule .0511 of this Section;
- (3) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s); and
- (4) be a resident of North Carolina or affiliated with an EMS provider approved by the Department.

(b) An individual may renew credentials by presenting documentation to the OEMS that he or she holds a valid EMS credential for his or her level of application issued by the National Registry of Emergency Medical Technicians or by another state where the education and credentialing requirements have been determined by OEMS staff in their professional judgement to be equivalent to the educations and credentialing requirements set forth in Section .0500 of this Subchapter.

(c) EMD applicants shall renew credentials by presenting documentation to the OEMS that he or she holds a valid EMD credential issued by a national credentialing agency using the education criteria set forth in Rule .0501(c) of this Section.

(d) Upon request, an EMS professional may renew at a lower credentialing level by meeting the requirements defined in Paragraph (a) of this Rule. To restore the credential held at the higher level, the individual shall meet the requirements set forth in Rule .0512 of this Section.

(e) EMS credentials may not be renewed through a local continuing education program more than 90 days prior to the date of expiration.

(f) Pursuant to G.S. 150B-3(a), if an applicant makes a timely and sufficient application for renewal, the EMS credential does not expire until a decision on the credential is made by the Department. If the application is denied, the credential shall remain effective until the last day for applying for judicial review of the Department's order.

(g) Pursuant to G.S. 131E-159(h), the Department shall not renew the EMS credential for any person listed on the North Carolina Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration at a time when registration would have been required by law.

*Authority G.S. 131E-159(a); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952; 150B-3(a).*

**10A NCAC 13P .0506 PRACTICE SETTINGS FOR EMS PERSONNEL**

(a) Credentialed EMS Personnel may function in the following practice settings in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS:

- (1) at the location of a physiological or psychological illness or injury including transportation to ~~an appropriate~~ a treatment facility if required;
- (2) at public or community health facilities in conjunction with public and community health initiatives;
- (3) in hospitals and clinics;
- (4) in residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system; and
- (5) at mass gatherings or special events.

(b) Individuals functioning in an alternative practice setting as defined in Rule .0102(4) of this Subchapter consistent with the areas identified in Subparagraphs (a)(2) through (a)(4) of this Rule that are not affiliated with an EMS System shall:

- (1) be under the medical oversight of a physician licensed by the North Carolina Medical Board that is associated with the practice setting where the individual will function; and
- (2) be restricted to performing within the scope of practice as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the individual's level of EMS credential.

(c) Individuals holding a valid EMR or EMT credential that are not affiliated with an approved first responder program or EMS agency and that do not administer medications or utilize advanced airway devices are approved to function as a member of an

industrial or corporate first aid safety team without medical oversight or EMS System affiliation.

Authority G.S. 143-508(d)(7).

**10A NCAC 13P .0507 CREDENTIALING REQUIREMENTS FOR LEVEL I EMS INSTRUCTORS**

- (a) Applicants for credentialing as a Level I EMS Instructor shall:
  - (1) be currently credentialed by the OEMS as an EMT, ~~EMT I, EMT P, or EMD; AEMT, or Paramedic;~~
  - (2) have three years experience at the scope of practice for the level of application;
  - (3) within one year prior to application, ~~successfully~~ complete an evaluation ~~which that~~ demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section consistent with their level of application and approved by the OEMS:
    - (A) ~~For for~~ a credential to teach at the EMT level, this evaluation shall be conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and
    - (B) ~~For for~~ a credential to teach at the ~~EMT I AEMT or EMT P Paramedic~~ levels, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical ~~advisor; and~~ advisor;
    - ~~(C) For a credential to teach at the EMD level, this evaluation shall be conducted under the direction of the educational medical advisor or a Level I EMS Instructor credentialed at the EMD level designated by the educational medical advisor;~~
  - (4) have 100 hours of teaching experience at the level of application in an approved EMS educational program or an EMS educational program approved by OEMS as equivalent to an approved program; determined by OEMS staff in their professional judgement equivalent to an EMS education program;
  - (5) ~~successfully~~ complete an educational program as described in Rule ~~.0501(b)(5)~~ .0501(d) of this Section;
  - (6) within one year prior to application, attend an OEMS Instructor workshop sponsored by the ~~OEMS; OEMS~~. A listing of scheduled OEMS Instructor workshops is available from the OEMS at www.ncems.org; and

- (7) have a high school diploma or General Education Development certificate.

(b) An individual seeking credentialing for Level I EMS Instructor may qualify for initial credentialing under the legal recognition option defined in G.S. 131E-159(c).

~~(b)(c)~~ The credential of a Level I EMS Instructor shall be valid for a period not to exceed four years, unless any of the following occurs:

- (1) the OEMS imposes an administrative action against the instructor credential; or
- (2) the instructor fails to maintain a current EMT, ~~EMT I, EMT P, or EMD AEMT, or Paramedic~~ credential at the highest level that the instructor is approved to teach.

(d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

Authority G.S. 131E-159;143-508(d)(3).

**10A NCAC 13P .0508 CREDENTIALING REQUIREMENTS FOR LEVEL II EMS INSTRUCTORS**

(a) Applicants for credentialing as a Level II EMS Instructor shall:

- (1) be currently credentialed by the OEMS as an EMT, ~~EMT I, EMT P, or EMD; AEMT, or Paramedic;~~
- (2) have completed post-secondary level education equal to or exceeding an Associate Degree;
- (3) within one year prior to application, ~~successfully~~ complete an evaluation ~~which that~~ demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section consistent with their level of application and approved by the OEMS:
  - (A) ~~For for~~ a credential to teach at the EMT level, this evaluation shall be conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and
  - (B) ~~For for~~ a credential to teach at the ~~EMT I AEMT or EMT P Paramedic~~ level, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor;
  - ~~(C) For a credential to teach at the EMD level, this evaluation shall be conducted under the direction of the educational medical advisor or a Level~~

~~I-EMS Instructor credentialed at the EMD level designated by the educational medical advisor;~~

- (4) have two years teaching experience as a Level I EMS Instructor at the level of application in an approved EMS educational program or a teaching experience ~~approved as equivalent by the OEMS;~~ determined by OEMS staff in their professional judgement equivalent to an EMS education program;
- (5) ~~successfully~~ complete the "EMS Education Administration Course" conducted by a North Carolina Community College or the National Association of EMS Educators Level II Instructor Course; and
- (6) within one year of application, attend an OEMS Instructor workshop sponsored by the ~~OEMS;~~ OEMS. A listing of scheduled OEMS Instructor workshops is available from the OEMS at [www.ncems.org](http://www.ncems.org).

(b) An individual seeking credentialing for Level II EMS Instructor may qualify for initial credentialing under the legal recognition option defined in G.S. 131E-159(c).

~~(b)(c)~~ The credential of a Level II EMS Instructor is valid for a period not to exceed four years, unless any of the following occurs:

- (1) ~~The~~ the OEMS imposes an administrative action against the instructor credential; or
- (2) ~~The~~ the instructor fails to maintain a current EMT, ~~EMT I, EMT P, or EMD-AEMT,~~ or Paramedic credential at the highest level that the instructor is approved to teach.

(d) Pursuant to the provisions of G.S. 131E-159(h) the Department shall not issue an EMS credential for any person listed on the Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

*Authority G.S. 131E-159;143-508(d)(3).*

**10A NCAC 13P .0510 RENEWAL OF CREDENTIALS FOR LEVEL I AND LEVEL II EMS INSTRUCTORS**

(a) Level I and Level II EMS Instructor applicants shall renew credentials by presenting documentation to the OEMS that they:

- (1) are credentialed by the OEMS as an EMT, ~~EMT I, AEMT or EMT P, or EMD;~~ Paramedic;
- (2) ~~successfully completed,~~ within one year prior to application, complete a scope of practice performance an evaluation which use performance measures that demonstrates the applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this ~~Subchapter~~ Section consistent with their level of application and approved by the OEMS:

- (A) ~~To~~ to renew a credential to teach at the EMT level, this evaluation shall be

conducted under the direction of a Level II EMS Instructor credentialed at or above the level of application; and

- (B) ~~To~~ to renew a credential to teach at the ~~EMT I-AEMT~~ or ~~EMT P-Paramedic~~ level, this evaluation shall be conducted under the direction of the educational medical advisor, or a Level II EMS Instructor credentialed at or above the level of application and designated by the educational medical advisor; and

- ~~(C)~~ To renew a credential to teach at the ~~EMD level,~~ this evaluation shall be conducted under the direction of the ~~educational medical advisor or a Level I-EMS Instructor credentialed at the EMD level designated by the educational medical advisor.~~

(3) completed 96 hours of EMS instruction at the level of application; and

(4) completed ~~40~~ 24 hours of educational professional development as defined by the educational ~~institution.~~ institution that provides for:

- (A) enrichment of knowledge;
  - (B) development or change of attitude; or
  - (C) acquisition or improvement of skills;
- and

(5) within one year prior to renewal application, attend an OEMS Instructor workshop sponsored by the OEMS.

(b) An individual may renew a Level I or Level II EMS Instructor credential under the legal recognition option defined in G.S. 131E-159(c).

~~(b)(c)~~ The credential of a Level I or Level II EMS Instructor is valid for a period not to exceed four years, unless any of the following occurs:

- (1) the OEMS imposes an administrative action against the instructor credential; or
- (2) the instructor fails to maintain a current EMT, ~~EMT I, EMT P, or EMD-AEMT,~~ or Paramedic credential at the highest level that the instructor is approved to teach.

(d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

*Authority G.S. 131E-159(a); 131E-159(b); 143-508(d)(3).*

**10A NCAC 13P .0511 CRIMINAL HISTORIES**

(a) The criminal background histories for all individuals who ~~apply for EMS credentials,~~ apply for, seek to ~~renew EMS~~ renew, or hold EMS credentials shall be reviewed pursuant to G.S. 131E-159(g).

(b) In addition to Paragraph (a) of this Rule, the OEMS shall carry out the following for all EMS Personnel whose primary residence is outside North Carolina, individuals who have resided in North Carolina for 60 months or less, and individuals under investigation by the OEMS who may be subject to administrative enforcement action by the Department under the provisions of Rule .1507 of this Subchapter:

- (1) obtain a signed consent form for a criminal history check;
- (2) obtain fingerprints on an SBI identification card or live scan electronic fingerprinting system at an agency approved by the North Carolina Department of ~~Justice, State Bureau of Investigation;~~ Justice, Public Safety;
- (3) obtain the criminal history from the Department of ~~Justice, Public Safety;~~ and
- (4) collect any processing fees from the individual identified in Paragraph (a) or (b) of this Rule as required by the Department of ~~Justice, Public Safety~~ pursuant to G.S. 44-19.21-143B-952 prior to conducting the criminal history background check.

(c) An individual who makes application for renewal of a current EMS credential or advancement to a higher level EMS credential who has previously submitted a criminal background history required under the criteria contained in Paragraph (b) of this Rule for residing in North Carolina for 60 months or less, but has continuously resided in North Carolina since submission of the criminal background check may be exempt from the residency requirements of Paragraph (b) of this Rule if determined by OEMS staff in their professional judgement no other circumstances warrant another criminal history check as set forth in Paragraph (b) of this Rule.

~~(d)~~ (d) An individual is not eligible for initial or renewal of EMS credentials if the applicant refuses to consent to any criminal history check as required by G.S. 131E-159(g). Since payment is required before the fingerprints may be processed by the ~~State Bureau of Investigation, Department of Public Safety,~~ failure of the applicant or credentialed EMS personnel to pay the required fee in advance shall be considered a refusal to consent for the purposes of issuance or retention of an EMS credential.

*Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(10); 143B-952.*

**10A NCAC 13P .0512 REINSTATEMENT OF LAPSED EMS CREDENTIAL**

(a) EMS personnel that would be eligible for renewal of an EMS credential prior to expiration may submit documentation to the OEMS following expiration and receive a renewed EMS credential with an expiration date no more than four years from the date of their lapsed credential.

(b) An individual with a lapsed North Carolina EMS credential is eligible for reinstatement through the legal recognition option defined in G.S. 131E-159(c) and Rule .0502 of this Section.

(c) EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed up to 24 months, shall:

- (1) be ineligible for legal recognition pursuant to Paragraph (b) of this Rule;

- (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;
- (3) at the time of application, present evidence that renewal education requirements were met prior to expiration or complete a refresher course at the level of application taken following expiration of the credential;
- (4) EMR and EMT shall complete an OEMS administered written examination for the individual's level of credential application;
- (5) undergo a criminal history check performed by the OEMS; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(d) EMR and EMT applicants for reinstatement of an EMS credential, lapsed more than 24 months, must:

- (1) be ineligible for legal recognition pursuant to Paragraph (b) of this Rule; and
- (2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section.

(e) AEMT and Paramedic applicants for reinstatement of an EMS credential, lapsed between 24 and 48 months, shall:

- (1) be ineligible for legal recognition pursuant to Paragraph (b) of this Rule;
- (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;
- (3) present evidence of completion of a refresher course at the level of application taken following expiration of the credential;
- (4) complete an OEMS administered written examination for the individuals level of credential application;
- (5) undergo a criminal history check performed by the OEMS; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(f) AEMT and Paramedic applicants for reinstatement of an EMS credential, lapsed more than 48 months, shall:

- (1) be ineligible for legal recognition pursuant to Paragraph (b) of this Rule; and
- (2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section.

(g) EMD applicants shall renew a lapsed credential by meeting the requirements for initial credentialing set forth in Rule .0502 of this Section.

(h) Pursuant to G.S. 131E-159(h), the Department shall not issue or renew an EMS credential for any person listed on the Department of Justice, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

*Authority G.S. 143-508(d)(3); 143B-952.*

10A NCAC 13P .0513 REFRESHER COURSES

(a) Approved EMS educational institutions as set forth in Rule .0601 and .0602 of this Subchapter may develop refresher courses for the renewal or reinstatement of EMS credentials.

(b) The application for approval of a refresher course shall include:

- (1) course objectives, content outline and time allocation;
- (2) teaching methodologies for measuring the student's abilities to perform at his or her level of application;
- (3) the method to be used to conduct a technical scope of practice evaluation for students seeking reinstatement of a lapsed EMS credential for their level of application.

(c) EMR, EMT, AEMT and paramedic refresher courses developed for the renewal of an EMS credential or reinstatement of an EMS credential as set forth in Rule .0512 of this Section must meet the following criteria:

- (1) an application for approval of a refresher course shall be completed at least 30 days prior to the expected date of enrollment and shall include evidence of complying with the rules for refresher courses.
  - (A) Refresher course approval shall be for a period not to exceed two years; and
  - (B) Any changes in curriculum shall be approved by the OEMS prior to implementation.
- (2) course curricula shall:
  - (A) meet the National Registry of Emergency Medical Technicians' recertification requirements including subsequent amendments and additions. This document is available from the National Registry of Emergency Medical Technicians, Rocco V. Morando Building, 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229, at no cost; and
  - (B) demonstrate the ability to assess student knowledge and competency in the skills and medications as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the proposed level of EMS credential application.
- (3) The administrative responsibility for developing and implementing the refresher course shall be vested in the EMS educational institution's credentialed Level II EMS instructor.

Authority G.S. 143-508(d)(3); 143B-952.

SECTION .0600 - EMS EDUCATIONAL INSTITUTIONS

10A NCAC 13P .0601 CONTINUING EDUCATION  
EMS EDUCATIONAL INSTITUTION REQUIREMENTS

(a) Continuing Education EMS Educational Institutions shall be credentialed by the OEMS to provide EMS continuing education programs.

(b) Continuing Education EMS Educational Institutions shall have:

- (1) at least a Level I EMS Instructor as program coordinator. The program coordinator shall hold a Level I EMS Instructor credential at a level equal to or greater than the highest level of continuing education program offered in the EMS System or Specialty Care Transport Program;
- (2) a continuing education program shall be consistent with the services offered by the EMS System or Specialty Care Transport Program  
~~continuing education plan for EMS personnel Program;~~
  - (A) In an EMS System, the continuing education programs for EMD, EMT-I, and EMT-P shall be reviewed and approved by the system continuing education coordinator and medical director of the EMS System; director; and
  - ~~(B) In a Model EMS System, the continuing education program shall be reviewed and approved by the system continuing education coordinator and medical director.~~
  - ~~(C)~~(B) In a Specialty Care Transport Program, the continuing education program shall be reviewed and approved by Specialty Care Transport Program Continuing Education Coordinator and the medical director;
- (3) written educational policies and procedures to include each of the following:
  - (A) the delivery of educational programs in a manner as to which the content and material is delivered to the intended audience, with a limited potential for exploitation of such content and material;
  - (B) the record-keeping system detailing student attendance and performance;
  - (C) the selection and monitoring of EMS instructors;
  - (D) the evaluation of faculty by their students, including the frequency of evaluations;
  - (E) the evaluation of the program's courses or components by their students, including the frequency of evaluations;
- ~~(3)~~(4) access to instructional supplies and equipment necessary for students to complete educational

programs as defined in Rule .0501(c) of this Subchapter;

- ~~(4) educational programs offered in accordance with Rule .0501(c) of this Subchapter;~~
- ~~(5) an Educational Medical Advisor if offering educational programs that have not been reviewed and approved by a medical director of an EMS System or Specialty Care Transport Program. The Educational Medical Advisor shall meet the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and~~
- ~~(6) written educational policies and procedures describing the delivery of educational programs, the record keeping system detailing student attendance and performance, and the selection and monitoring of EMS instructors.~~
- (5) meet at a minimum, the educational program requirements as defined in Rule .0501(e) of this Subchapter;
- (6) Upon request, the approved EMS continuing education institution shall provide records in order to verify compliance and student eligibility for credentialing;
- (7) an application for credentialing as an approved EMS continuing education institution shall be submitted to the OEMS for review; and
- (8) unless accredited in accordance with Rule .0605 of this Section, approved education institution credentials are valid for a period not to exceed four years.

~~(e) An application for credentialing as a Continuing Education EMS Educational Institution shall be submitted to the OEMS for review. The application shall demonstrate that the applicant meets the requirements in Paragraph (b) of this Rule.~~

(c) Assisting physicians delegated by the EMS System medical director as authorized by Rule .0403(b) of this Subchapter or SCTP medical director as authorized by Rule .0404(b) of this Subchapter for provision of medical oversight of continuing education programs must meet the Education Medical Advisor criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight."

~~(d) Continuing Education EMS Educational Institution credentials are valid for a period of four years.~~

*Authority G.S. 143-508(d)(4); 143-508(13).*

**10A NCAC 13P .0602 BASIC AND ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS**

(a) ~~Basic and Advanced EMS Educational Institutions may offer MR, EMT, and EMD courses educational programs for which they have been credentialed by the OEMS.~~

~~(b) For initial courses, Basic EMS Educational Institutions shall have: meet all requirements for continuing EMS educational institutions defined in Rule .0601 of this Section and shall have:~~

- ~~(1) at least a Level I EMS Instructor as lead course instructor for MR-EMR and EMT courses. The lead course instructor must be credentialed at a level equal to or higher than the course offered;~~
- ~~(2) at least a Level I EMS Instructor credentialed at the EMD level as lead course instructor for EMD courses;~~
- ~~(3) a lead EMS educational program coordinator. This individual may be either a Level II EMS Instructor credentialed at or above the highest level of course offered by the institution, or a combination of staff who cumulatively meet the requirements of the Level II EMS Instructor referenced in this Subparagraph. These individuals may share the responsibilities of the lead EMS educational coordinator. The details of this option shall be defined in the educational plan required in Subparagraph (b)(5) of this Rule. Basic EMS Educational Institutions offering only EMD courses may meet this requirement with a Level I EMS Instructor credentialed at the EMD level;~~
- (3)(2) a lead EMS educational program coordinator. This individual may be either a Level II EMS Instructor credentialed at or above the highest level of course offered by the institution, or a combination of staff who cumulatively meet the requirements of the Level II EMS Instructor referenced in this Subparagraph. These individuals may share the responsibilities of the lead EMS educational coordinator. The details of this option shall be defined in the educational plan required in Subparagraph (b)(5) of this Rule. Basic EMS Educational Institutions offering only EMD courses may meet this requirement with a Level I EMS Instructor credentialed at the EMD level;
- Rule;
- (3) written educational policies and procedures that includes:
  - (A) the written educational policies and procedures set forth in Rule .0601(b)(4) of this Section;
  - (B) the delivery of cognitive and psychomotor examinations in a manner that will protect and limit the potential for exploitation of such content and material;
  - (C) the exam item validation process utilized for the development of validated cognitive examinations;
  - (D) the selection and monitoring of all in-state and out-of-state clinical education and field internship sites;
  - (E) the selection and monitoring of all educational institutionally approved clinical education and field internship preceptors;
  - (F) utilization of EMS preceptors providing feedback to the student and EMS program;
  - (G) the evaluation of preceptors by their students, including the frequency of evaluations;
  - (H) the evaluation of the clinical education and field internship sites by their students, including the frequency of evaluations; and
  - (I) completion of an annual evaluation of the program to identify any correctable deficiencies;

- (4) an Educational Medical Advisor that meets the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; editions;
- (5) written educational policies and procedures describing the delivery of educational programs, the record-keeping system detailing student attendance and performance; and the selection and monitoring of EMS instructors; and
- (6) access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501(b) of this Subchapter.

(c) For ~~EMS continuing education programs, Basic EMS initial courses, Advanced~~ Educational Institutions shall meet ~~the all~~ requirements defined in Paragraphs (a) and (b) of Rule .0601 of this Section. Paragraph (b) of this Rule, and have a Level II EMS Instructor as lead instructor for AEMT and Paramedic initial courses. The lead instructor shall be credentialed at a level equal to or higher than the course offered.

~~(d) An application for credentialing as a Basic EMS Educational Institution shall be submitted to the OEMS for review. The proposal shall demonstrate that the applicant meets the requirements in Paragraphs (b) and (c) of this Rule.~~

~~(e)(d)~~ Basic and Advanced EMS Educational Institution credentials are valid for a period of not to exceed four years, years, unless the institution is accredited in accordance with Rule .0605 of this Section.

Authority G.S. 143-508(d)(4); 143-508(13).

**10A NCAC 13P .0603 ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS**

~~(a) Advanced EMS Educational Institutions may offer all EMS educational programs for which they have been credentialed by the OEMS.~~

~~(b) For initial courses, Advanced EMS Educational Institutions shall have:~~

- ~~(1) at least a Level I EMS Instructor as lead course instructor for MR and EMT courses. The lead course instructor must be credentialed at a level equal to or higher than the course offered;~~
- ~~(2) at least a Level I EMS Instructor credentialed at the EMD level as lead course instructor for EMD courses;~~
- ~~(3) a Level II EMS Instructor as lead instructor for EMT I and EMT P courses. The lead course instructor must be credentialed at a level equal to or higher than the course offered;~~
- ~~(4) a lead EMS educational program coordinator. This individual may be either a Level II EMS Instructor credentialed at or above the highest~~

~~level of course offered by the institution, or a combination of staff who cumulatively meet the requirements of the Level II EMS Instructor referenced in this Subparagraph. These individuals may share the responsibilities of the lead EMS educational coordinator. The details of this option shall be defined in the educational plan required in Subparagraph (b)(6) of this Rule;~~

- ~~(5) an Educational Medical Advisor that meets the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B 21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost;~~
- ~~(6) written educational policies and procedures describing the delivery of educational programs, the record keeping system detailing student attendance and performance; and the selection and monitoring of EMS instructors; and~~
- ~~(7) access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501(b) of this Subchapter.~~

~~(c) For EMS continuing education programs, Advanced EMS Educational Institutions shall meet the requirements defined in Paragraphs (a) and (b) of Rule .0601 of this Section.~~

~~(d) An application for credentialing as an Advanced EMS Educational Institution shall be submitted to the OEMS for review. The application shall demonstrate that the applicant meets the requirements in Paragraphs (b) and (c) of this Rule.~~

~~(e) Advanced Educational Institution credentials are valid for a period of four years.~~

Authority G.S. 143-508(d)(4); 143-508(13).

**10A NCAC 13P .0605 ACCREDITED EMS EDUCATIONAL INSTITUTION REQUIREMENTS**

(a) EMS Educational Institutions who already possess accreditation by the CAAHEP may be credentialed by the OEMS by presenting:

- (1) an application for credentialing;
- (2) evidence to the OEMS of current CAAHEP accreditation;
- (3) a copy of the self study;
- (4) a copy of the executive analysis; and
- (5) documentation reflecting compliance with Rule .0602(b) and (c) of this Section.

(b) Accredited EMS Educational Institutions may offer initial and renewal educational programs for EMS personnel as defined in Rule .0501 of this Subchapter.

(c) EMS Educational Institutions maintaining CAAHEP accreditation shall renew credentials no more than 12 months

prior to expiration by providing the information detailed in Paragraph (a) of this Rule.

(d) EMS Educational Institutions that fail to maintain CAAHEP accreditation will be subject to the credentialing and renewal criteria set forth in Rule .0602 of this Section.

(e) Accredited EMS Educational Institution credentials are valid for a period not to exceed five years.

*Authority G.S. 143-508(d)(4); 143-508(d)(13).*

**SECTION .0900 - TRAUMA CENTER STANDARDS AND APPROVAL**

**10A NCAC 13P .0901 TRAUMA CENTER CRITERIA**

To receive designation as a ~~Level I~~ Level I, Level II, or Level III Trauma Center, a hospital ~~shall have the following:~~ shall:

- (1) ~~A have a trauma program and a trauma service that have been operational for at least 12 months prior to application for designation;~~
- (2) ~~Membership at least 12 months prior to submitting a RFP, have membership in and inclusion of all trauma patient records in the North Carolina Trauma Registry for at least 12 months prior to submitting a Request for Proposal; Registry, in accordance with the North Carolina Trauma Registry Data Dictionary incorporated by reference including subsequent amendments and editions. This document is available upon request by contacting the OEMS at 2707 Mail Service Center, Raleigh, NC 27699-2707, at no cost;~~
- (3) ~~meet the verification criteria for designation as a Level I, Level II, or Level III Trauma Center, as defined in the "American College of Surgeons: Resources for Optimal Care of the Injured Patient" incorporated by reference including subsequent amendments and editions. This document can be downloaded at no cost online at [www.facs.org](http://www.facs.org); and~~
- (4) ~~meet all requirements of the designation Level applied for initial designation set forth in Rule .0904 of this Section or for renewal designation set forth in Rule .0905 of this Section.~~
- (3) ~~A trauma medical director who is a board-certified general surgeon. The trauma medical director must:~~
  - (a) ~~Have a minimum of three years clinical experience on a trauma service or trauma fellowship training;~~
  - (b) ~~Serve on the center's trauma service;~~
  - (c) ~~Participate in providing care to patients with life threatening or urgent injuries;~~
  - (d) ~~Participate in the North Carolina Chapter of the ACS Committee on Trauma as well as other regional and national trauma organizations;~~
  - (e) ~~Remain a provider in the ACS' ATLS Course and in the provision of trauma-~~

~~related instruction to other health care personnel; and~~

- (f) ~~Be involved with trauma research and the publication of results and presentations;~~
- (4) ~~A full time TNC/TPM who is a registered nurse, licensed by the North Carolina Board of Nursing;~~
- (5) ~~A full time TR who has a working knowledge of medical terminology, is able to operate a personal computer, and has the ability to extract data from the medical record;~~
- (6) ~~A hospital department/division/section for general surgery, neurological surgery, emergency medicine, anesthesiology, and orthopaedic surgery, with designated chair or physician liaison to the trauma program for each;~~
- (7) ~~Clinical capabilities in general surgery with separate posted call schedules. One shall be for trauma, one for general surgery and one back-up call schedule for trauma. In those instances where a physician may simultaneously be listed on more than one schedule, there must be a defined back up surgeon listed on the schedule to allow the trauma surgeon to provide care for the trauma patient. If a trauma surgeon is simultaneously on call at more than one hospital, there shall be a defined, posted trauma surgery back-up call schedule composed of surgeons credentialed to serve on the trauma panel;~~
- (8) ~~A trauma team to provide evaluation and treatment of a trauma patient 24 hours per day that includes:~~
  - (a) ~~An in house trauma attending or PGY4 or senior general surgical resident. The trauma attending participates in therapeutic decisions and is present at all operative procedures.~~
  - (b) ~~An emergency physician who is present in the Emergency Department 24 hours per day who is either board-certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine). Emergency physicians caring only for pediatric patients may, as an alternative, be boarded or prepared in pediatric emergency medicine. Emergency physicians must be board-certified within five years after successful completion of a residency in emergency medicine and serve as a designated member of the trauma team to ensure immediate care~~

- for the injured patient until the arrival of the trauma surgeon;
- (c) ~~Neurosurgey specialists who are never simultaneously on call at another Level II or higher trauma center, who are promptly available, if requested by the trauma team leader, unless there is either an in-house attending neurosurgeon, a PGY2 or higher in house neurosurgery resident or an in house trauma surgeon or emergency physician as long as the institution can document management guidelines and annual continuing medical education for neurosurgical emergencies. There must be a specified back-up on the call schedule whenever the neurosurgeon is simultaneously on call at a hospital other than the trauma center;~~
- (d) ~~Orthopaedic surgery specialists who are never simultaneously on call at another Level II or higher trauma center, who are promptly available, if requested by the trauma team leader, unless there is either an in-house attending orthopaedic surgeon, a PGY2 or higher in-house orthopaedic surgery resident or an in-house trauma surgeon or emergency physician as long as the institution can document management guidelines and annual continuing medical education for orthopaedic emergencies. There must be a specified written back-up on the call schedule whenever the orthopaedist is simultaneously on call at a hospital other than the trauma center;~~
- (e) ~~An in-house anesthesiologist or a CA3 resident as long as an anesthesiologist on-call is advised and promptly available if requested by the trauma team leader; and~~
- (f) ~~Registered nursing personnel trained in the care of trauma patients;~~
- (9) ~~A written credentialing process established by the Department of Surgery to approve mid-level practitioners and attending general surgeons covering the trauma service. The surgeons must have board certification in general surgery within five years of completing residency;~~
- (10) ~~Neurosurgeons and orthopaedists serving the trauma service who are board certified or eligible. Those who are eligible must be board certified within five years after successful completion of the residency;~~
- (11) ~~Written protocols relating to trauma management formulated and updated to remain current;~~
- (12) ~~Criteria to ensure team activation prior to arrival, and trauma attending arrival within 15 minutes of the arrival of trauma and burn patients that include the following conditions:~~
- (a) ~~Shock;~~
  - (b) ~~Respiratory distress;~~
  - (c) ~~Airway compromise;~~
  - (d) ~~Unresponsiveness (GSC less than nine) with potential for multiple injuries;~~
  - (e) ~~Gunshot wound to neck, chest or abdomen;~~
  - (f) ~~Patients receiving blood to maintain vital signs; and~~
  - (g) ~~ED physician's decision to activate;~~
- (13) ~~Surgical evaluation, based upon the following criteria, by the trauma attending surgeon who is promptly available:~~
- (a) ~~Proximal amputations;~~
  - (b) ~~Burns meeting institutional transfer criteria;~~
  - (c) ~~Vascular compromise;~~
  - (d) ~~Crush to chest or pelvis;~~
  - (e) ~~Two or more proximal long bone fractures; and~~
  - (f) ~~Spinal cord injury.~~
- ~~A PGY4 or higher surgical resident, a PGY3 or higher emergency medicine resident, a nurse practitioner or physician's assistant, who is a member of the designated surgical response team, may initiate the evaluation;~~
- (14) ~~Surgical consults for patients with traumatic injuries, at the request of the ED physician, will be conducted by a member of the trauma surgical team. Criteria for the consults include:~~
- (a) ~~Falls greater than 20 feet;~~
  - (b) ~~Pedestrian struck by motor vehicle;~~
  - (c) ~~Motor vehicle crash with:~~
    - (i) ~~Ejection (includes motoreycle);~~
    - (ii) ~~Rollover;~~
    - (iii) ~~Speed greater than 40 mph; or~~
    - (iv) ~~Death of another individual in the same vehicle; and~~
  - (d) ~~Extremes of age, less than five or greater than 70 years.~~
- ~~A senior surgical resident may initiate the evaluation;~~
- (15) ~~Clinical capabilities (promptly available if requested by the trauma team leader, with a posted on-call schedule), that include individuals credentialed in the following:~~
- (a) ~~Cardiac surgery;~~
  - (b) ~~Critical care;~~
  - (c) ~~Hand surgery;~~

- (d) ~~Microvascular/replant surgery, or if service is not available, a transfer agreement must exist;~~
- (e) ~~Neurosurgery (The neurosurgeon must be dedicated to one hospital or a back up call schedule must be available. If fewer than 25 emergency neurosurgical trauma operations are done in a year, and the neurosurgeon is dedicated only to that hospital, then a published back up call list is not necessary);~~
- (f) ~~Obstetrics/gynecologic surgery;~~
- (g) ~~Ophthalmic surgery;~~
- (h) ~~Oral maxillofacial surgery;~~
- (i) ~~Orthopaedics (dedicated to one hospital or a back up call schedule must be available);~~
- (j) ~~Pediatric surgery;~~
- (k) ~~Plastic surgery;~~
- (l) ~~Radiology;~~
- (m) ~~Thoracic surgery; and~~
- (n) ~~Urologic surgery;~~
- (16) ~~An Emergency Department that has:~~
  - (a) ~~A designated physician director who is board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine);~~
  - (b) ~~24 hour per day staffing by physicians physically present in the ED such that:~~
    - (i) ~~At least one physician on every shift in the ED is either board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine) to serve as the designated member of the trauma team to ensure immediate care until the arrival of the trauma surgeon. Emergency physicians caring only for pediatric patients may, as an alternative, be boarded in pediatric emergency medicine. All emergency physicians must be board certified within five years after successful completion of the residency;~~
    - (ii) ~~All remaining emergency physicians, if not board certified or prepared in emergency medicine as outlined in Subitem (16)(b)(i) of this Rule, are board certified, or eligible by the American Board of Surgery, American Board of Family Practice, or American Board of Internal Medicine, with each being board certified within five years after successful completion of a residency; and~~
- (iii) ~~All emergency physicians practice emergency medicine as their primary specialty.~~
- (c) ~~Nursing personnel with experience in trauma care who continually monitor the trauma patient from hospital arrival to disposition to an intensive care unit, operating room, or patient care unit;~~
- (d) ~~Equipment for patients of all ages to include:~~
  - (i) ~~Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag mask resuscitators, pocket masks, and oxygen);~~
  - (ii) ~~Pulse oximetry;~~
  - (iii) ~~End tidal carbon dioxide determination equipment;~~
  - (iv) ~~Suction devices;~~
  - (v) ~~Electrocardiograph-oscilloscope defibrillator with internal paddles;~~
  - (vi) ~~Apparatus to establish central venous pressure monitoring;~~
  - (vii) ~~Intravenous fluids and administration devices that include large bore catheters and intraosseous infusion devices;~~
  - (viii) ~~Sterile surgical sets for airway control/cricothyrotomy, thoracotomy, vascular access, thoracostomy, peritoneal lavage, and central line insertion;~~
  - (ix) ~~Apparatus for gastric decompression;~~
  - (x) ~~24 hour per day x ray capability;~~
  - (xi) ~~Two way communication equipment for communication with the emergency transport system;~~

- (xii) ~~Skeletal traction devices, including capability for cervical traction;~~
- (xiii) ~~Arterial catheters;~~
- (xiv) ~~Thermal control equipment for patients;~~
- (xv) ~~Thermal control equipment for blood and fluids;~~
- (xvi) ~~A rapid infuser system;~~
- (xvii) ~~A dosing reference and measurement system to ensure appropriate age related medical care;~~
- (xviii) ~~Sonography; and~~
- (xix) ~~A doppler;~~
- (17) ~~An operating suite that is immediately available 24 hours per day and has:
 
  - (a) ~~24 hour per day immediate availability of in house staffing;~~
  - (b) ~~Equipment for patients of all ages that includes:
 
    - (i) ~~Cardiopulmonary bypass capability;~~
    - (ii) ~~Thermal control equipment for patients;~~
    - (iii) ~~Thermal control equipment for blood and fluids;~~
    - (iv) ~~24 hour per day x ray capability including c arm image intensifier;~~
    - (v) ~~Endoscopes and bronchoscopes;~~
    - (vi) ~~Craniotomy instruments;~~
    - (vii) ~~The capability of fixation of long bone and pelvic fractures; and~~
    - (viii) ~~A rapid infuser system;~~~~~~
- (18) ~~A postanesthetic recovery room or surgical intensive care unit that has:
 
  - (a) ~~24 hour per day in house staffing by registered nurses;~~
  - (b) ~~Equipment for patients of all ages that includes:
 
    - (i) ~~The capability for resuscitation and continuous monitoring of temperature, hemodynamics, and gas exchange;~~
    - (ii) ~~The capability for continuous monitoring of intracranial pressure;~~
    - (iii) ~~Pulse oximetry;~~
    - (iv) ~~End tidal carbon dioxide determination capability;~~
    - (v) ~~Thermal control equipment for patients; and~~
    - (vi) ~~Thermal control equipment for blood and fluids;~~~~~~
- (19) ~~An intensive care unit for trauma patients that has:
 
  - (a) ~~A designated surgical director for trauma patients;~~
  - (b) ~~A physician on duty in the intensive care unit 24 hours per day or immediately available from within the hospital as long as this physician is not the sole physician on call for the Emergency Department;~~
  - (c) ~~Ratio of one nurse per two patients on each shift;~~
  - (d) ~~Equipment for patients of all ages that includes:
 
    - (i) ~~Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag mask resuscitators, and pocket masks);~~
    - (ii) ~~An oxygen source with concentration controls;~~
    - (iii) ~~A cardiac emergency cart;~~
    - (iv) ~~A temporary transvenous pacemaker;~~
    - (v) ~~Electrocardiograph oscilloscope defibrillator;~~
    - (vi) ~~Cardiac output monitoring capability;~~
    - (vii) ~~Electronic pressure monitoring capability;~~
    - (viii) ~~A mechanical ventilator;~~
    - (ix) ~~Patient weighing devices;~~
    - (x) ~~Pulmonary function measuring devices;~~
    - (xi) ~~Temperature control devices; and~~
    - (xii) ~~Intracranial pressure monitoring devices.~~~~
  - (e) ~~Within 30 minutes of request, the ability to perform blood gas measurements, hematocrit level, and chest x ray studies;~~~~
- (20) ~~Acute hemodialysis capability;~~
- (21) ~~Physician directed burn center staffed by nursing personnel trained in burn care or a transfer agreement with a burn center;~~
- (22) ~~Acute spinal cord management capability or transfer agreement with a hospital capable of caring for a spinal cord injured patient;~~
- (23) ~~Radiological capabilities that include:
 
  - (a) ~~24 hour per day in house radiology technologist;~~
  - (b) ~~24 hour per day in house computerized tomography technologist;~~
  - (c) ~~Sonography;~~
  - (d) ~~Computed tomography;~~
  - (e) ~~Angiography;~~~~

- (f) ~~Magnetic resonance imaging; and~~
- (g) ~~Resuscitation equipment that includes airway management and IV therapy;~~
- (24) ~~Respiratory therapy services available in house 24 hours per day;~~
- (25) ~~24 hour per day clinical laboratory service that must include:~~
  - (a) ~~Analysis of blood, urine, and other body fluids, including micro sampling when appropriate;~~
  - (b) ~~Blood typing and cross matching;~~
  - (c) ~~Coagulation studies;~~
  - (d) ~~Comprehensive blood bank or access to community central blood bank with storage facilities;~~
  - (e) ~~Blood gases and pH determination; and~~
  - (f) ~~Microbiology;~~
- (26) ~~A rehabilitation service that provides:~~
  - (a) ~~A staff trained in rehabilitation care of critically injured patients;~~
  - (b) ~~Functional assessment and recommendations regarding short and long term rehabilitation needs within one week of the patient's admission to the hospital or as soon as hemodynamically stable;~~
  - (c) ~~In house rehabilitation service or a transfer agreement with a rehabilitation facility accredited by the Commission on Accreditation of Rehabilitation Facilities;~~
  - (d) ~~Physical, occupational, speech therapies, and social services; and~~
  - (e) ~~Substance abuse evaluation and counseling capability;~~
- (27) ~~A performance improvement program, as outlined in the North Carolina Chapter of the American College of Surgeons Committee on Trauma document "Performance Improvement Guidelines for North Carolina Trauma Centers," incorporated by reference in accordance with G.S. 150B 21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. This performance improvement program must include:~~
  - (a) ~~The state Trauma Registry whose data is submitted to the OEMS at least weekly and includes all the center's trauma patients as defined in Rule .0102(68) of this Subchapter who are either diverted to an affiliated hospital, admitted to the trauma center for greater than 24 hours from an ED or hospital, die in the ED, are DOA or are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital);~~
- (b) ~~Morbidity and mortality reviews including all trauma deaths;~~
- (c) ~~Trauma performance committee that meets at least quarterly and includes physicians, nurses, pre-hospital personnel, and a variety of other healthcare providers, and reviews policies, procedures, and system issues and whose members or designee attends at least 50 percent of the regular meetings;~~
- (d) ~~Multidisciplinary peer review committee that meets at least quarterly and includes physicians from trauma, neurosurgery, orthopaedics, emergency medicine, anesthesiology, and other specialty physicians, as needed, specific to the case, and the trauma nurse coordinator/program manager and whose members or designee attends at least 50 percent of the regular meetings;~~
- (e) ~~Identification of discretionary and non-discretionary audit filters;~~
- (f) ~~Documentation and review of times and reasons for trauma-related diversion of patients from the scene or referring hospital;~~
- (g) ~~Documentation and review of response times for trauma surgeons, neurosurgeons, anesthesiologists or airway managers, and orthopaedists. All must demonstrate 80 percent compliance.~~
- (h) ~~Monitoring of trauma team notification times;~~
- (i) ~~Review of pre-hospital trauma care that includes dead-on arrivals; and~~
- (j) ~~Review of times and reasons for transfer of injured patients;~~
- (28) ~~An outreach program that includes:~~
  - (a) ~~Transfer agreements to address the transfer and receipt of trauma patients;~~
  - (b) ~~Programs for physicians within the community and within the referral area (that include telephone and on-site consultations) about how to access the trauma center resources and refer patients within the system;~~
  - (c) ~~Development of a Regional Advisory Committee as specified in Rule .1102 of this Subchapter;~~
  - (d) ~~Development of regional criteria for coordination of trauma care;~~
  - (e) ~~Assessment of trauma system operations at the regional level; and~~
  - (f) ~~ATLS;~~

- (29) ~~A program of injury prevention and public education that includes:~~
- (a) ~~Epidemiology research that includes studies in injury control, collaboration with other institutions on research, monitoring progress of prevention programs, and consultation with researchers on evaluation measures;~~
  - (b) ~~Surveillance methods that includes trauma registry data, special Emergency Department and field collection projects;~~
  - (c) ~~Designation of a injury prevention coordinator; and~~
  - (d) ~~Outreach activities, program development, information resources, and collaboration with existing national, regional, and state trauma programs.~~
- (30) ~~A trauma research program designed to produce new knowledge applicable to the care of injured patients that includes:~~
- (a) ~~An identifiable institutional review board process;~~
  - (b) ~~Educational presentations that must include 12 education/outreach presentations offered outside the trauma center over a three year period; and~~
  - (c) ~~10 peer reviewed publications over a three year period that could come from any aspect of the trauma program; and~~
- (31) ~~A written continuing education program for staff physicians, nurses, allied health personnel, and community physicians that includes:~~
- (a) ~~A general surgery residency program;~~
  - (b) ~~20 hours of Category I or II trauma-related continuing medical education (as approved by the Accreditation Council for Continuing Medical Education) every two years for all attending general surgeons on the trauma service, orthopedists, and neurosurgeons, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;~~
  - (c) ~~20 hours of Category I or II trauma-related continuing medical education (as approved by the Accreditation Council for Continuing Medical Education) every two years for all emergency physicians, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center or visiting lecturers or speakers from outside the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;~~
- (d) ~~ATLS completion for general surgeons on the trauma service and emergency physicians. Emergency physicians, if not boarded in emergency medicine, must be current in ATLS;~~
  - (e) ~~20 contact hours of trauma-related continuing education (beyond in-house in services) every two years for the TNC/TPM;~~
  - (f) ~~16 hours of trauma registry related or trauma related continuing education every two years, as deemed appropriate by the trauma nurse coordinator/program manager for the trauma registrar;~~
  - (g) ~~At least an 80 percent compliance rate for 16 hours of trauma-related continuing education (as approved by the TNC/TPM) every two years related to trauma care for RN's and LPN's in transport programs, Emergency Departments, primary intensive care units, primary trauma floors, and other areas deemed appropriate by the TNC/TPM; and~~
  - (h) ~~16 hours of trauma related continuing education every two years for mid-level practitioners routinely caring for trauma patients.~~

Authority G.S. 131E-162.

**10A NCAC 13P .0902 LEVEL II TRAUMA CENTER CRITERIA**

To receive designation as a Level II Trauma Center, a hospital shall have the following:

- (1) A trauma program and a trauma service that have been operational for at least 12 months prior to application for designation;
- (2) Membership in and inclusion of all trauma patient records in the North Carolina Trauma Registry for at least 12 months prior to submitting a Request for Proposal;
- (3) A trauma medical director who is a board-certified general surgeon. The trauma medical director must:

- (a) ~~Have at least three years clinical experience on a trauma service or trauma fellowship training;~~
  - (b) ~~Serve on the center's trauma service;~~
  - (c) ~~Participate in providing care to patients with life threatening urgent injuries;~~
  - (d) ~~Participate in the North Carolina Chapter of the ACS' Committee on Trauma as well as other regional and national trauma organizations; and~~
  - (e) ~~Remain a provider in the ACS' ATLS and in the provision of trauma related instruction to other health care personnel;~~
- (4) ~~A full time trauma nurse coordinator TNC/TPM who is a registered nurse, licensed by the North Carolina Board of Nursing;~~
  - (5) ~~A full time TR who has a working knowledge of medical terminology, is able to operate a personal computer, and has the ability to extract data from the medical record;~~
  - (6) ~~A hospital department/division/section for general surgery, neurological surgery, emergency medicine, anesthesiology, and orthopedic surgery, with designated chair or physician liaison to the trauma program for each;~~
  - (7) ~~Clinical capabilities in general surgery with separate posted call schedules. One shall be for trauma, one for general surgery and one back-up call schedule for trauma. In those instances where a physician may simultaneously be listed on more than one schedule, there must be a defined back-up surgeon listed on the schedule to allow the trauma surgeon to provide care for the trauma patient. If a trauma surgeon is simultaneously on call at more than one hospital, there shall be a defined, posted trauma surgery back up call schedule composed of surgeons credentialed to serve on the trauma panel;~~
  - (8) ~~A trauma team to provide evaluation and treatment of a trauma patient 24 hours per day that includes:
 
    - (a) ~~A trauma attending or PGY4 or senior general surgical resident. The trauma attending participates in therapeutic decisions and is present at all operative procedures.~~
    - (b) ~~An emergency physician who is present in the Emergency Department 24 hours per day who is either board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine) or board certified or eligible by the American Board of~~
      - (c) ~~Surgery, American Board of Family Practice, or American Board of Internal Medicine and practices emergency medicine as his primary specialty. This emergency physician if prepared or eligible must be board-certified within five years after successful completion of the residency and serves as a designated member of the trauma team to ensure immediate care for the injured patient until the arrival of the trauma surgeon;~~
      - (e) ~~Neurosurgery specialists who are never simultaneously on call at another Level II or higher trauma center, who are promptly available, if requested by the trauma team leader, as long as there is either an in-house attending neurosurgeon; a PGY2 or higher in-house neurosurgery resident; or in-house emergency physician or the on-call trauma surgeon as long as the institution can document management guidelines and annual continuing medical education for neurosurgical emergencies. There must be a specified back-up on the call schedule whenever the neurosurgeon is simultaneously on call at a hospital other than the trauma center;~~
      - (d) ~~Orthopaedic surgery specialists who are never simultaneously on call at another Level II or higher trauma center, who are promptly available, if requested by the trauma team leader, as long as there is either an in-house attending orthopaedic surgeon; a PGY2 or higher in-house orthopaedic surgery resident; or in-house emergency physician or the on-call trauma surgeon as long as the institution can document management guidelines and annual continuing medical education for orthopaedic emergencies. There must be a specified back-up on the call schedule whenever the orthopaedic surgeon is simultaneously on call at a hospital other than the trauma center; and~~
      - (e) ~~An in-house anesthesiologist or a CA3 resident unless an anesthesiologist on-call is advised and promptly available after notification or an in-house CRNA under physician supervision, practicing in accordance with G.S. 90-171.20(7)e, pending the arrival of the anesthesiologist;~~~~
  - (9) ~~A credentialing process established by the Department of Surgery to approve mid-level~~

- practitioners and attending general surgeons covering the trauma service. The surgeons must have board certification in general surgery within five years of completing residency;
- (10) ~~Neurosurgeons and orthopaedists serving the trauma service who are board certified or eligible. Those who are eligible must be board certified within five years after successful completion of the residency;~~
- (11) ~~Written protocols relating to trauma care management formulated and updated to remain current;~~
- (12) ~~Criteria to ensure team activation prior to arrival, and attending arrival within 20 minutes of the arrival of trauma and burn patients that include the following conditions:~~
- (a) ~~Shock;~~
- (b) ~~Respiratory distress;~~
- (c) ~~Airway compromise;~~
- (d) ~~Unresponsiveness (GCS less than nine with potential for multiple injuries);~~
- (e) ~~Gunshot wound to neck, chest or abdomen;~~
- (f) ~~Patients receiving blood to maintain vital signs; and~~
- (g) ~~ED physician's decision to activate;~~
- (13) ~~Surgical evaluation, based upon the following criteria, by the health professional who is promptly available:~~
- (a) ~~Proximal amputations;~~
- (b) ~~Burns meeting institutional transfer criteria;~~
- (c) ~~Vascular compromise;~~
- (d) ~~Crush to chest or pelvis;~~
- (e) ~~Two or more proximal long bone fractures; and~~
- (f) ~~Spinal cord injury;~~
- (14) ~~Surgical consults, based upon the following criteria, by the health professional who is promptly available:~~
- (a) ~~Falls greater than 20 feet;~~
- (b) ~~Pedestrian struck by motor vehicle;~~
- (c) ~~Motor vehicle crash with:~~
- (i) ~~Ejection (includes motorcycle);~~
- (ii) ~~Rollover;~~
- (iii) ~~Speed greater than 40 mph;~~  
or
- (iv) ~~Death of another individual in the same vehicle; or~~
- (d) ~~Extremes of age, less than five or greater than 70 years;~~
- (15) ~~Clinical capabilities (promptly available if requested by the trauma team leader, with a posted on call schedule), that include individuals credentialed in the following:~~
- (a) ~~Critical care;~~
- (b) ~~Hand surgery;~~
- (c) ~~Neurosurgery (The neurosurgeon must be dedicated to one hospital or a back up call schedule must be available. If fewer than 25 emergency neurosurgical trauma operations are done in a year, and the neurosurgeon is dedicated only to that hospital, then a published back up call list is not necessary.);~~
- (d) ~~Obstetrics/gynecologic surgery;~~
- (e) ~~Ophthalmic surgery;~~
- (f) ~~Oral maxillofacial surgery;~~
- (g) ~~Orthopaedics (dedicated to one hospital or a back up call schedule must be available);~~
- (h) ~~Plastic surgery;~~
- (i) ~~Radiology;~~
- (j) ~~Thoracic surgery; and~~
- (k) ~~Urologic surgery;~~
- (16) ~~An Emergency Department that has:~~
- (a) ~~A physician director who is board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine);~~
- (b) ~~24 hour per day staffing by physicians physically present in the Emergency Department who:~~
- (i) ~~Are either board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine or board certified or eligible by the American Board of Surgery, American Board of Family Practice, or American Board of Internal Medicine). These emergency physicians must be board certified within five years after successful completion of a residency;~~
- (ii) ~~Are hospital designated members of the trauma team; and~~
- (iii) ~~Practice emergency medicine as their primary specialty;~~
- (c) ~~Nursing personnel with experience in trauma care who continually monitor the trauma patient from hospital arrival to disposition to an intensive care unit, operating room, or patient care unit;~~
- (d) ~~Equipment for patients of all ages that includes:~~

- (i) ~~Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag-mask resuscitators, pocket masks, and oxygen);~~
  - (ii) ~~Pulse oximetry;~~
  - (iii) ~~End-tidal carbon dioxide determination equipment;~~
  - (iv) ~~Suction devices;~~
  - (v) ~~An electrocardiograph-oscilloscope defibrillator with internal paddles;~~
  - (vi) ~~An apparatus to establish central venous pressure monitoring;~~
  - (vii) ~~Intravenous fluids and administration devices that include large bore catheters and intraosseous infusion devices;~~
  - (viii) ~~Sterile surgical sets for airway control/cricothyrotomy, thoracotomy, vascular access, thoracostomy, peritoneal lavage, and central line insertion;~~
  - (ix) ~~An apparatus for gastric decompression;~~
  - (x) ~~24 hour per day x ray capability;~~
  - (xi) ~~Two way communication equipment for communication with the emergency transport system;~~
  - (xii) ~~Skeletal traction devices, including capability for cervical traction;~~
  - (xiii) ~~Arterial catheters;~~
  - (xiv) ~~Thermal control equipment for patients;~~
  - (xv) ~~Thermal control equipment for blood and fluids;~~
  - (xvi) ~~A rapid infuser system;~~
  - (xvii) ~~A dosing reference and measurement system to ensure appropriate age related medical care;~~
  - (xviii) ~~Sonography; and~~
  - (xix) ~~A Doppler;~~
- (17) ~~An operating suite that is immediately available 24 hours per day and has:~~
- (a) ~~24 hour per day immediate availability of in-house staffing;~~
  - (b) ~~Equipment for patients of all ages that includes:~~
    - (i) ~~Thermal control equipment for patients;~~
    - (ii) ~~Thermal control equipment for blood and fluids;~~
    - (iii) ~~24 hour per day x ray capability, including c-arm image intensifier;~~
    - (iv) ~~Endoscopes and bronchoscopes;~~
    - (v) ~~Craniotomy instruments;~~
    - (vi) ~~The capability of fixation of long bone and pelvic fractures; and~~
    - (vii) ~~A rapid infuser system;~~
- (18) ~~A postanesthetic recovery room or surgical intensive care unit that has:~~
- (a) ~~24 hour per day in-house staffing by registered nurses;~~
  - (b) ~~Equipment for patients of all ages to include:~~
    - (i) ~~Capability for resuscitation and continuous monitoring of temperature, hemodynamics, and gas exchange;~~
    - (ii) ~~Capability for continuous monitoring of intracranial pressure;~~
    - (iii) ~~Pulse oximetry;~~
    - (iv) ~~End-tidal carbon dioxide determination capability;~~
    - (v) ~~Thermal control equipment for patients; and~~
    - (vi) ~~Thermal control equipment for blood and fluids;~~
- (19) ~~An intensive care unit for trauma patients that has:~~
- (a) ~~A hospital designated surgical director of trauma patients;~~
  - (b) ~~A physician on duty in the intensive care unit 24 hours per day or immediately available from within the hospital as long as this physician is not the sole physician on-call for the Emergency Department;~~
  - (c) ~~Ratio of one nurse per two patients on each shift;~~
  - (d) ~~Equipment for patients of all ages that includes:~~
    - (i) ~~Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag-mask resuscitators, and pocket masks);~~
    - (ii) ~~An oxygen source with concentration controls;~~
    - (iii) ~~A cardiac emergency cart;~~
    - (iv) ~~A temporary transvenous pacemaker;~~
    - (v) ~~Electrocardiograph-oscilloscope defibrillator;~~

- (vi) ~~Cardiac output monitoring capability;~~
- (vii) ~~Electronic pressure monitoring capability;~~
- (viii) ~~A mechanical ventilator;~~
- (ix) ~~Patient weighing devices;~~
- (x) ~~Pulmonary function measuring devices;~~
- (xi) ~~Temperature control devices; and~~
- (xii) ~~Intracranial pressure monitoring devices; and~~
- (e) ~~Within 30 minutes of request, the ability to perform blood gas measurements, hematocrit level, and chest x ray studies;~~
- (20) ~~Acute hemodialysis capability or utilization of a transfer agreement;~~
- (21) ~~Physician directed burn center staffed by nursing personnel trained in burn care or a transfer agreement with a burn center;~~
- (22) ~~Acute spinal cord management capability or transfer agreement with a hospital capable of caring for a spinal cord injured patient;~~
- (23) ~~Radiological capabilities that include:~~
  - (a) ~~24 hour per day in house radiology technologist;~~
  - (b) ~~24 hour per day in house computerized tomography technologist;~~
  - (c) ~~Sonography;~~
  - (d) ~~Computed tomography;~~
  - (e) ~~Angiography; and~~
  - (f) ~~Resuscitation equipment that includes airway management and IV therapy;~~
- (24) ~~Respiratory therapy services available in house 24 hours per day;~~
- (25) ~~24 hour per day clinical laboratory service that must include:~~
  - (a) ~~Analysis of blood, urine, and other body fluids, including micro-sampling when appropriate;~~
  - (b) ~~Blood typing and cross matching;~~
  - (c) ~~Coagulation studies;~~
  - (d) ~~Comprehensive blood bank or access to a community central blood bank with storage facilities;~~
  - (e) ~~Blood gases and pH determination; and~~
  - (f) ~~Microbiology;~~
- (26) ~~A rehabilitation service that provides:~~
  - (a) ~~A staff trained in rehabilitation care of critically injured patients;~~
  - (b) ~~For trauma patients, functional assessment and recommendation regarding short and long term rehabilitation needs within one week of the patient's admission to the hospital or as soon as hemodynamically stable;~~
- (c) ~~In house rehabilitation service or a transfer agreement with a rehabilitation facility accredited by the Commission on Accreditation of Rehabilitation Facilities;~~
- (d) ~~Physical, occupational, speech therapies, and social services; and~~
- (e) ~~Substance abuse evaluation and counseling capability;~~
- (27) ~~A performance improvement program, as outlined in the North Carolina Chapter of the American College of Surgeons Committee on Trauma document "Performance Improvement Guidelines" for North Carolina Trauma Centers," incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. This performance improvement program must include:~~
  - (a) ~~The state Trauma Registry whose data is submitted to the OEMS at least weekly and includes all the center's trauma patients as defined in Rule .0102(68) of this Subchapter who are either diverted to an affiliated hospital, admitted to the trauma center for greater than 24 hours from an ED or hospital, die in the ED, are DOA or are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital);~~
  - (b) ~~Morbidity and mortality reviews that include all trauma deaths;~~
  - (c) ~~Trauma performance committee that meets at least quarterly and includes physicians, nurses, pre hospital personnel, and a variety of other healthcare providers, and reviews policies, procedures, and system issues and whose members or designee attends at least 50 percent of the regular meetings;~~
  - (d) ~~Multidisciplinary peer review committee that meets at least quarterly and includes physicians from trauma, neurosurgery, orthopaedics, emergency medicine, anesthesiology, and other specialty physicians, as needed, specific to the case, and the TNC/TPM and whose members or designee attends at least 50 percent of the regular meetings;~~
  - (e) ~~Identification of discretionary and non-discretionary audit filters;~~

- (f) Documentation and review of times and reasons for trauma-related diversion of patients from the scene or referring hospital;
- (g) Documentation and review of response times for trauma surgeons, neurosurgeons, anesthesiologists or airway managers, and orthopaedists. All must demonstrate 80 percent compliance;
- (h) Monitoring of trauma team notification times;
- (i) Review of pre-hospital trauma care to include dead-on-arrivals; and
- (j) Review of times and reasons for transfer of injured patients;
- (28) An outreach program that includes:
  - (a) Transfer agreements to address the transfer and receipt of trauma patients;
  - (b) Programs for physicians within the community and within the referral area (that include telephone and on-site consultations) about how to access the trauma center resources and refer patients within the system;
  - (c) Development of a Regional Advisory Committee as specified in Rule .1102 of this Subchapter;
  - (d) Development of regional criteria for coordination of trauma care; and
  - (e) Assessment of trauma system operations at the regional level;
- (29) A program of injury prevention and public education that includes:
  - (a) Designation of an injury prevention coordinator; and
  - (b) Outreach activities, program development, information resources, and collaboration with existing national, regional, and state trauma programs; and
- (30) A written continuing education program for staff physicians, nurses, allied health personnel, and community physicians that includes:
  - (a) 20 hours of Category I or II trauma-related continuing medical education (as approved by the Accreditation Council for Continuing Medical Education) every two years for all attending general surgeons on the trauma service, orthopaedics, and neurosurgeons, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center or visiting lecturers or speakers from outside the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;
  - (b) 20 hours of Category I or II trauma-related continuing medical education (as approved by the Accreditation Council for Continuing Medical Education) every two years for all emergency physicians, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center or visiting lecturers or speakers from outside the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;
  - (c) ATLS completion for general surgeons on the trauma service and emergency physicians. Emergency physicians, if not boarded in emergency medicine, must be current in ATLS;
  - (d) 20 contact hours of trauma-related continuing education (beyond in-house in-services) every two years for the TNC/TPM;
  - (e) 16 hours of trauma registry related or trauma related continuing education every two years, as deemed appropriate by the TNC/TPM, for the trauma registrar;
  - (f) at least 80 percent compliance rate for 16 hours of trauma-related continuing education (as approved by the TNC/TPM) every two years related to trauma care for RN's and LPN's in transport programs, Emergency Departments, primary intensive care units, primary trauma floors, and other areas deemed appropriate by the trauma nurse coordinator/program manager; and
  - (g) 16 contact hours of trauma related continuing education every two years for mid-level practitioners routinely caring for trauma patients.

*Authority G.S. 131E-162.*

**10A NCAC 13P .0903 LEVEL III TRAUMA CENTER CRITERIA**

To receive designation as a Level III Trauma Center, a hospital shall have the following:

- (1) A trauma program and a trauma service that have been operational for at least 12 months prior to application for designation;

- (2) ~~Membership in and inclusion of all trauma patient records in the North Carolina Trauma Registry for at least 12 months prior to submitting a Request for Proposal application;~~
- (3) ~~A trauma medical director who is a board-certified general surgeon. The trauma medical director must:~~
- (a) ~~Serve on the center's trauma service;~~
- (b) ~~Participate in providing care to patients with life threatening or urgent injuries;~~
- (c) ~~Participate in the North Carolina Chapter of the ACS' Committee on Trauma; and~~
- (d) ~~Remain a provider in the ACS' ATLS Course in the provision of trauma-related instruction to other health care personnel;~~
- (4) ~~A hospital designated trauma nurse coordinator TNC/TPM who is a registered nurse, licensed by the North Carolina Board of Nursing;~~
- (5) ~~A TR who has a working knowledge of medical terminology, is able to operate a personal computer, and has the ability to extract data from the medical record;~~
- (6) ~~A hospital department/division/section for general surgery, emergency medicine, anesthesiology, and orthopaedic surgery, with designated chair or physician liaison to the trauma program for each;~~
- (7) ~~Clinical capabilities in general surgery with a written posted call schedule that indicates who is on call for both trauma and general surgery. If a trauma surgeon is simultaneously on call at more than one hospital, there must be a defined, posted trauma surgery back up call schedule composed of surgeons credentialed to serve on the trauma panel. The trauma service director shall specify, in writing, the specific credentials that each back up surgeon must have. These must state that the back up surgeon has surgical privileges at the trauma center and is boarded or eligible in general surgery (with board certification in general surgery within five years of completing residency);~~
- (8) ~~Response of a trauma team to provide evaluation and treatment of a trauma patient 24 hours per day that includes:~~
- (a) ~~A trauma attending whose presence at the patient's bedside within 30 minutes of notification is documented and who participates in therapeutic decisions and is present at all operative procedures;~~
- (b) ~~An emergency physician who is present in the ED 24 hours per day who is either board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine) or board certified or eligible by the American Board of Surgery, American Board of Family Practice, or American Board of Internal Medicine and practices emergency medicine as his primary specialty. This emergency physician if prepared or eligible must be board certified within five years after successful completion of the residency and serve as a hospital designated member of the trauma team to ensure immediate care for the trauma patient until the arrival of the trauma surgeon; and~~
- (c) ~~An anesthesiologist who is on call and promptly available after notification by the trauma team leader or an in-house CRNA under physician supervision, practicing in accordance with G.S. 90-171.20(7)e, pending the arrival of the anesthesiologist within 30 minutes of notification;~~
- (9) ~~A credentialing process established by the Department of Surgery to approve mid-level practitioners and attending general surgeons covering the trauma service. The surgeons must have board certification in general surgery within five years of completing residency;~~
- (10) ~~Board certification or eligibility of orthopaedists and neurosurgeons (if participating), with board certification within five years after successful completion of residency;~~
- (11) ~~Written protocols relating to trauma care management formulated and updated. Activation guidelines shall reflect criteria that ensures patients receive timely and appropriate treatment including stabilization, intervention and transfer. Documentation of effectiveness of variances from activation criteria addressed in Items (12), (13), and (14) of this Rule must be available for review;~~
- (12) ~~Criteria to ensure team activation prior to arrival of trauma and burn patients that include the following conditions:~~
- (a) ~~Shock;~~
- (b) ~~Respiratory distress;~~
- (c) ~~Airway compromise;~~
- (d) ~~Unresponsiveness (GSC less than nine) with evidence for multiple injuries;~~
- (e) ~~Gunshot wound to neck, or torso; or~~
- (f) ~~ED physician's decision to activate;~~
- (13) ~~Trauma Treatment Guidelines based on facility capabilities that ensure surgical evaluation or appropriate transfer, based upon the following~~

- criteria, by the health professional who is promptly available:
- (a) Proximal amputations;
  - (b) Burns meeting institutional transfer criteria;
  - (c) Vascular compromise;
  - (d) Crush to chest or pelvis;
  - (e) Two or more proximal long bone fractures;
  - (f) Spinal cord injury; and
  - (g) Gunshot wound to the head;
- (14) Surgical consults or appropriate transfers determined by Trauma Treatment Guidelines based on facility capabilities, based upon the following criteria, by the health professional who is promptly available:
- (a) Falls greater than 20 feet;
  - (b) Pedestrian struck by motor vehicle;
  - (c) Motor vehicle crash with:
    - (i) Ejection (includes motorcycle);
    - (ii) Rollover;
    - (iii) Speed greater than 40 mph; or
    - (iv) Death of another individual in the same vehicle; and
  - (d) Extremes of age, less than five or greater than 70 years;
- (15) Clinical capabilities (promptly available if requested by the trauma team leader, with a posted on-call schedule) that include individuals credentialed in the following:
- (a) Orthopaedics;
  - (b) Radiology; and
  - (c) Neurosurgery, if actively participating in the acute resuscitation and operative management of patients managed by the trauma team;
- (16) An Emergency Department that has:
- (a) A physician director who is board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine);
  - (b) 24 hour per day staffing by physicians physically present in the Emergency Department who:
    - (i) Are either board certified or prepared in emergency medicine (by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine) or board certified or eligible by the American Board of Surgery, American Board of Family Practice, or American Board of Internal Medicine. These emergency physicians must be board certified within five years after successful completion of a residency;
    - (ii) Are designated members of the trauma team to ensure immediate care to the trauma patient; and
    - (iii) Practice emergency medicine as their primary specialty;
- (e) Nursing personnel with experience in trauma care who continually monitor the trauma patient from hospital arrival to disposition to an intensive care unit, operating room, or patient care unit;
- (d) Resuscitation equipment for patients of all ages that includes:
- (i) Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag mask resuscitators, pocket masks, and oxygen);
  - (ii) Pulse oximetry;
  - (iii) End tidal carbon dioxide determination equipment;
  - (iv) Suction devices;
  - (v) An Electrocardiograph-oscilloscope defibrillator with internal paddles;
  - (vi) Apparatus to establish central venous pressure monitoring;
  - (vii) Intravenous fluids and administration devices that include large bore catheters and intraosseous infusion devices;
  - (viii) Sterile surgical sets for airway control/cricothyrotomy, thoracotomy, vascular access, thoracostomy, peritoneal lavage, and central line insertion;
  - (ix) Apparatus for gastric decompression;
  - (x) 24 hour per day x ray capability;
  - (xi) Two way communication equipment for communication with the emergency transport system;
  - (xii) Skeletal traction devices;
  - (xiii) Thermal control equipment for patients;

- (xiv) Thermal control equipment for blood and fluids;
- (xv) A rapid infuser system;
- (xvi) A dosing reference and measurement system to ensure appropriate age related medical care; and
- (xvii) A Doppler;
- (17) An operating suite that has:
  - (a) Personnel available 24 hours a day, on call, and available within 30 minutes of notification unless in-house;
  - (b) Age specific equipment that includes:
    - (i) Thermal control equipment for patients;
    - (ii) Thermal control equipment for blood and fluids;
    - (iii) 24 hour per day x ray capability, including c arm image intensifier;
    - (iv) Endoscopes and bronchoscopes;
    - (v) Equipment for long bone and pelvic fracture fixation; and
    - (vi) A rapid infuser system;
- (18) A postanesthetic recovery room or surgical intensive care unit that has:
  - (a) 24 hour per day availability of registered nurses within 30 minutes from inside or outside the hospital;
  - (b) Equipment for patients of all ages that includes:
    - (i) The capability for resuscitation and continuous monitoring of temperature, hemodynamics, and gas exchange;
    - (ii) Pulse oximetry;
    - (iii) End-tidal carbon dioxide determination;
    - (iv) Thermal control equipment for patients; and
    - (v) Thermal control equipment for blood and fluids;
- (19) An intensive care unit for trauma patients that has:
  - (a) A trauma surgeon who actively participates in the committee overseeing the ICU;
  - (b) A physician on duty in the intensive care unit 24 hours per day or immediately available from within the hospital (which may be a physician who is the sole physician on call for the ED);
  - (c) Equipment for patients of all ages that includes:
    - (i) Airway control and ventilation equipment (laryngoscopes, endotracheal tubes, bag mask resuscitators and pocket masks);
    - (ii) An oxygen source with concentration controls;
    - (iii) A cardiac emergency cart;
    - (iv) A temporary transvenous pacemaker;
    - (v) An electrocardiograph-oscilloscope defibrillator;
    - (vi) Cardiac output monitoring capability;
    - (vii) Electronic pressure monitoring capability;
    - (viii) A mechanical ventilator;
    - (ix) Patient weighing devices;
    - (x) Pulmonary function measuring devices; and
    - (xi) Temperature control devices; and
  - (d) Within 30 minutes of request, the ability to perform blood gas measurements, hematocrit level, and chest x ray studies;
- (20) Acute hemodialysis capability or utilization of a written transfer agreement;
- (21) Physician directed burn center staffed by nursing personnel trained in burn care or a written transfer agreement with a burn center;
- (22) Acute spinal cord management capability or transfer agreement with a hospital capable of caring for a spinal cord injured patient;
- (23) Acute head injury management capability or transfer agreement with a hospital capable of caring for a head injury;
- (24) Radiological capabilities that include:
  - (a) Radiology technologist and computer tomography technologist available within 30 minutes of notification or documentation that procedures are available within 30 minutes;
  - (b) Computed Tomography;
  - (c) Sonography; and
  - (d) Resuscitation equipment that includes airway management and IV therapy;
- (25) Respiratory therapy services on call 24 hours per day;
- (26) 24 hour per day clinical laboratory service that must include:
  - (a) Analysis of blood, urine, and other body fluids, including micro sampling when appropriate;
  - (b) Blood typing and cross matching;
  - (c) Coagulation studies;
  - (d) Comprehensive blood bank or access to a community central blood bank with storage facilities;

- ~~(e) Blood gases and pH determination; and~~
- ~~(f) Microbiology;~~
- ~~(27) In house rehabilitation service or transfer agreement with a rehabilitation facility accredited by the Commission on Accreditation of Rehabilitation Facilities;~~
- ~~(28) Physical therapy and social services;~~
- ~~(29) A performance improvement program, as outlined in the North Carolina Chapter of the American College of Surgeons Committee on Trauma document "Performance Improvement Guidelines for North Carolina Trauma Centers," incorporated by reference in accordance with G.S. 150B 21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no cost. This performance improvement program must include:~~
  - ~~(a) The state Trauma Registry whose data is submitted to the OEMS at least weekly and includes all the center's trauma patients as defined in Rule .0102(68) of this Subchapter who are either diverted to an affiliated hospital, admitted to the trauma center for greater than 24 hours from an ED or hospital, die in the ED, are DOA or are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital);~~
  - ~~(b) Morbidity and mortality reviews including all trauma deaths;~~
  - ~~(c) Trauma performance committee that meets at least quarterly and includes physicians, orthopaedics and neurosurgery if participating in trauma service, nurses, pre hospital personnel, and a variety of other healthcare providers, and reviews policies, procedures, and system issues and whose members or designee attends at least 50 percent of the regular meetings;~~
  - ~~(d) Multidisciplinary peer review committee that meets at least quarterly and includes physicians from trauma, emergency medicine, and other specialty physicians as needed specific to the case, and the trauma nurse coordinator/program manager and whose members or designee attends at least 50 percent of the regular meetings;~~
  - ~~(e) Identification of discretionary and non-discretionary audit filters;~~
  - ~~(f) Documentation and review of times and reasons for trauma related~~
- ~~diversion of patients from the scene or referring hospital;~~
- ~~(g) Documentation and review of response times for trauma surgeons, airway managers, and orthopaedists. All must demonstrate 80 percent compliance;~~
- ~~(h) Monitoring of trauma team notification times;~~
- ~~(i) Documentation (unless in house) and review of Emergency Department response times for anesthesiologists or airway managers and computerized tomography technologist;~~
- ~~(j) Documentation of availability of the surgeon on call for trauma, such that compliance is 90 percent or greater where there is no trauma surgeon back up call schedule;~~
- ~~(k) Trauma performance and multidisciplinary peer review committees may be incorporated together or included in other staff meetings as appropriate for the facility performance improvement rules;~~
- ~~(l) Review of pre hospital trauma care including dead on arrivals; and~~
- ~~(m) Review of times and reasons for transfer of injured patients;~~
- ~~(30) An outreach program that includes:~~
  - ~~(a) Transfer agreements to address the transfer and receipt of trauma patients; and~~
  - ~~(b) Participation in a RAC;~~
- ~~(31) Coordination or participation in community prevention activities; and~~
- ~~(32) A written continuing education program for staff physicians, nurses, allied health personnel, and community physicians that includes:~~
  - ~~(a) 20 hours of Category I or II trauma-related continuing medical education (as approved by the Accreditation Council for Continuing Medical Education) every two years for all attending general surgeons on the trauma service, orthopaedists, and neurosurgeons if participating in trauma service, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center or visiting lecturers or speakers from outside the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;~~
  - ~~(b) 20 hours of Category I or II trauma-related continuing medical education~~

(as approved by the Accreditation Council for Continuing Medical Education) every two years for all emergency physicians, with at least 50 percent of this being external education including conferences and meetings outside of the trauma center or visiting lecturers or speakers from outside the trauma center. Continuing education based on the reading of content such as journals or other continuing medical education documents is not considered education outside of the trauma center;

- (e) ~~ATLS completion for general surgeons on the trauma service and emergency physicians, if not boarded in emergency medicine, must be current in ATLS;~~
- (d) ~~20 contact hours of trauma related continuing education (beyond in-house in-services) every two years for the TNC/TPM;~~
- (e) ~~16 hours of trauma registry related or trauma related continuing education every two years, as deemed appropriate by the TNC/TPM, for the trauma registrar;~~
- (f) ~~At least an 80 percent compliance rate for 16 hours of trauma related continuing education (as approved by the trauma nurse coordinator/program manager) every two years related to trauma care for RN's and LPN's in transport programs, Emergency Departments, primary intensive care units, primary trauma floors, and other areas deemed appropriate by the trauma nurse coordinator/program manager; and~~
- (g) ~~16 hours of trauma related continuing education every two years for mid-level practitioners routinely caring for trauma patients.~~

Authority G.S. 131E-162.

**10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS**

- (a) For initial Trauma Center designation, the hospital shall request a consult visit by OEMS and have the consult within one year prior to submission of the RFP.
- (b) A hospital interested in pursuing Trauma Center designation shall submit a letter of intent 180 days prior to the submission of an RFP to the OEMS. The letter shall define the hospital's primary trauma catchment area. Simultaneously, Level I or II applicants shall also demonstrate the need for the Trauma Center designation

by submitting one original and three copies of documents that include:

- (1) ~~The~~ the population to be served and the extent to ~~which that~~ the population is underserved for trauma care with the methodology used to reach this conclusion;
- (2) ~~Geographic~~ geographic considerations, to include trauma primary and secondary catchment area and distance from other Trauma Centers; and
- (3) ~~Evidence~~ evidence the Trauma Center will admit at least 1200 trauma patients yearly or show that its trauma service will be taking care of at least 240 trauma patients with an ~~Injury Severity Score (ISS)~~ ISS greater than or equal to 15 yearly. ~~This~~ These criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum.

(c) The hospital ~~must shall be actively~~ participating in the state Trauma Registry as defined in Rule .0102(61) of this Subchapter, and submit data to the OEMS ~~at least weekly~~ and include all the Trauma Center's trauma patients as defined in Rule ~~.0102(68)~~ .0102(59) of this Subchapter who are either diverted to an affiliated hospital, admitted to the Trauma Center for greater than 24 hours from an ED or hospital, die in the ED, are ~~DOA~~ DOA, or are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital) a minimum of 12 months prior to application.

(d) OEMS shall review the regional Trauma Registry ~~data~~ data from both the applicant and the existing trauma center(s), and ascertain the applicant's ability to satisfy the justification of need information required in Subparagraphs (b)(1) through (3) of this Rule. Simultaneously, the applicant's primary RAC shall be notified by the OEMS of the application and be provided the regional data as required in Subparagraphs (b)(1) through (3) of this Rule submitted by the applicant for review and comment. The RAC shall be given ~~a minimum of 30 days~~ to submit ~~any concerns in writing for OEMS' consideration.~~ written comments to the OEMS. ~~If no comments are received, OEMS shall proceed.~~

(e) OEMS shall notify the respective Board of County Commissioners in the applicant's primary catchment area of the request for initial designation to allow for comment during the same 30 day comment period.

~~(e)(f)~~ OEMS shall notify the hospital in writing of its decision to allow submission of an RFP. ~~The~~ If approved, the RAC and Board of County Commissioners in the applicant's primary catchment area shall also be notified by the OEMS so that any necessary changes in protocols can be considered.

~~(f)~~ ~~OEMS shall notify the respective Board of County Commissioners in the applicant's trauma primary catchment area of the request for initial designation to allow for comment.~~

~~(g)~~ Hospitals ~~Once the hospital is notified that an RFP will be accepted, the hospital desiring to be considered for initial trauma center designation shall complete and submit one paper copy with signatures and~~ an electronic copy of the completed RFP with

signatures to the OEMS at least ~~90~~ 45 days prior to the proposed site visit date.

(h) For Level I, II, and III applicants, the RFP shall demonstrate that the hospital meets the standards for the designation level applied for as found in ~~Rules .0901, .0902, or .0903~~ Rule .0901 of this Section.

(i) If OEMS does not recommend a site visit based upon failure to comply with ~~Rules .0901, .0902, or .0903~~ Rule .0901 of this Section, the reasons shall be forwarded to the hospital in writing within 30 days of the decision. The hospital may reapply for designation within six months following the submission of an updated RFP. If the hospital fails to respond within six months, the hospital shall reapply following the process outlined in Paragraphs (a) through (h) of this Rule.

(j) If ~~after review of the RFP~~, the OEMS recommends the hospital for a site visit, the OEMS shall notify the hospital within 30 days and the site visit shall be conducted within six months of the recommendation. The site visit date shall be mutually agreeable to the hospital and the OEMS.

(k) ~~Any~~ Except for OEMS representatives, any in-state reviewer for a Level I or II visit ~~(except the OEMS representatives)~~ shall be from outside the ~~planning region~~ local or adjacent RAC, unless mutually agreed upon by the OEMS and the trauma center seeking designation, in which where the hospital is located. The composition of a Level I or II state site survey team shall be as follows:

- (1) ~~One out of state~~ one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be designated the primary reviewer;
- (2) ~~One one~~ in-state emergency physician who works in a designated trauma center, is a member of the American College of Emergency Physicians, Physicians or American Academy of Emergency Medicine, and is boarded in emergency medicine (by by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine); Medicine;
- (3) ~~One one~~ in-state trauma surgeon who is a member of the North Carolina Committee on Trauma;
- (4) ~~One for Level I designation, one~~ out-of-state trauma nurse coordinator/program manager and one in-state trauma nurse coordinator/program manager; and program manager with an equivalent license from another state;
- (5) for Level II designation, one in-state program manager who is licensed to practice professional nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and
- (~~5~~)(6) OEMS Staff.

(l) All site team members for a Level III visit shall be from in-state, ~~and all (except for the OEMS representatives) and, except for the OEMS representatives,~~ shall be from outside the ~~planning region~~ local or adjacent RAC in which the hospital is located. The

composition of a Level III state site survey team shall be as follows:

- (1) ~~One one~~ Fellow of the ACS, who is a member of the North Carolina Committee on Trauma and shall be designated the primary reviewer;
- (2) ~~One one~~ emergency physician who currently works in a designated trauma center, is a member of the North Carolina College of Emergency Physicians, Physicians or American Academy of Emergency Medicine, and is boarded in emergency medicine (by by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine); Medicine;
- (3) ~~A one~~ trauma nurse coordinator/program manager; and program manager who is licensed to practice professional nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and
- (4) OEMS Staff.

(m) On the day of the site ~~visit~~ visit, the hospital shall make available all requested patient medical charts.

(n) The ~~lead researcher~~ primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review ~~team at the summary conference~~ team. A written consensus report shall be completed, to include a peer review report, by the primary reviewer and submitted to OEMS within 30 days of the site visit. The primary reviewer shall complete and submit to the OEMS a written consensus report that includes a peer review report within 30 days of the site visit.

(o) The report of the site survey team and the staff recommendations shall be reviewed by the State Emergency Medical Services Advisory Council at its next regularly scheduled meeting ~~which is more than 45 days~~ following the site visit. Based upon the site visit report and the staff recommendation, the State Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center designation be approved or denied.

(p) All criteria defined in Rule ~~.0901, .0902, or .0903~~ .0901 of this Section shall be met for initial designation at the level requested. Initial designation shall not be granted if deficiencies exist.

(q) Hospitals with a deficiency(ies) shall be given up to 12 months to demonstrate compliance. Satisfaction of deficiency(ies) may require an additional site visit. If compliance is not demonstrated within the time period, to be defined by OEMS, the hospital shall submit a new application and updated RFP and follow the process outlined in Paragraphs (a) through (h) of this Rule.

(r) The final decision regarding Trauma Center designation shall be rendered by the OEMS.

(s) The OEMS shall notify the hospital in ~~writing~~ writing of the State Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the Advisory Council meeting.

(t) If a trauma center changes its trauma program administrative structure ~~(such such~~ that the trauma service, trauma medical director, trauma ~~nurse coordinator/program~~ program manager or

trauma registrar are relocated on the hospital's organizational ~~chart~~ chart at any time, it shall notify OEMS of this change in writing within 30 days of the occurrence.

(u) Initial designation as a trauma center is valid for a period of three years.

Authority G.S. 131E-162; 143-508.

**10A NCAC 13P .0905 RENEWAL DESIGNATION PROCESS**

(a) Hospitals may utilize one of two options to achieve Trauma Center renewal:

- (1) ~~Undergo~~ undergo a site visit conducted by OEMS to obtain a four-year renewal designation; or
- (2) ~~Undergo~~ undergo a verification visit ~~arranged~~ by the ACS, in conjunction with the OEMS, to obtain a ~~four-year~~ three-year renewal designation.

(b) For hospitals choosing Subparagraph (a)(1) of this Rule:

- (1) ~~Prior~~ prior to the end of the designation period, the OEMS shall forward to the hospital an RFP for completion. The hospital shall, within 10 business days of receipt of the RFP, define for OEMS the Trauma Center's trauma primary catchment area. Upon this notification, OEMS shall notify the respective Board of County Commissioners in the applicant's trauma primary catchment area of the request for renewal to allow 30 days for comment.
- (2) ~~Hospitals~~ hospitals shall complete and submit one paper copy and an electronic copy of the RFP to the OEMS and the specified site surveyors at least 30 days prior to the site visit. The RFP shall include information that supports compliance with the criteria contained in Rule ~~.0901, .0902, or .0903~~ .0901 of this Section as it relates to the Trauma Center's level of designation.
- (3) ~~All~~ all criteria defined in Rule ~~.0901, .0902, or .0903~~ .0901 of this Section, as relates to the Trauma Center's level of designation, shall be met for renewal designation.
- (4) ~~A~~ a site visit shall be conducted within 120 days prior to the end of the designation period. The site visit shall be scheduled on a date mutually agreeable to the hospital and the OEMS.
- (5) ~~The~~ the composition of a Level I or II site survey team shall be the same as that specified in Rule .0904(k) of this Section.
- (6) ~~The~~ the composition of a Level III site survey team shall be the same as that specified in Rule .0904(l) of this Section.
- (7) ~~On~~ on the day of the site visit the hospital shall make available all requested patient medical charts.
- (8) ~~The~~ the primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review ~~team~~

~~at the summary conference. A written consensus report shall be completed, to include a peer review report, by the primary reviewer and submitted to OEMS within 30 days of the site visit team. The primary reviewer shall complete and submit to the OEMS a written consensus report that includes a peer review report within 30 days of the site visit.~~

- (9) ~~The~~ the report of the site survey team and a staff recommendation shall be reviewed by the State Emergency Medical Services Advisory Council at its next regularly scheduled meeting ~~which is more than 30 days~~ following the site visit. Based upon the site visit report and the staff recommendation, the State Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center renewal be approved; approved with a contingency(ies) due to a deficiency(ies) requiring a focused review; approved with a contingency(ies) not due to a deficiency(ies) requiring a consultative visit; or denied.
- (10) ~~Hospitals~~ hospitals with a deficiency(ies) have up to 10 ~~working~~ business days prior to the State EMS Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this period prior to the State EMS Advisory Council meeting, the hospital, instead of a four-year renewal, shall be given 12 months by the OEMS to demonstrate compliance and undergo a focused ~~review~~ review that may require an additional site visit. The hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the four-year period from the previous designation's expiration date. If compliance is not demonstrated within the time period, as specified by OEMS, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit an updated RFP and follow the initial applicant process outlined in Rule .0904 of this Section.
- (11) ~~The~~ the final decision regarding trauma center renewal shall be rendered by the OEMS.
- (12) ~~The~~ the OEMS shall notify the hospital in writing of the State Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the Advisory Council meeting.
- (13) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days following receipt of the written final decision on the trauma recommendations.

- (13)(14) ~~The the~~ four-year renewal date that may be eventually granted shall not be extended due to the focused review period.
- (c) For hospitals choosing Subparagraph (a)(2) of this Rule:
- (1) ~~At at~~ least six months prior to the end of the Trauma Center's designation period, the trauma center ~~must shall~~ notify the OEMS of its intent to undergo an ACS verification visit. It ~~must shall~~ simultaneously define in writing to the OEMS its trauma primary catchment area. Trauma Centers choosing this option ~~must shall~~ then comply with all the ACS' verification procedures, as well as any additional state criteria as outlined in ~~Rule .0901, .0902, or .0903, Rule .0901 of this Section,~~ as apply to their level of designation.
  - (2) ~~When when~~ completing the ACS' documentation for verification, the Trauma Center ~~must shall~~ ensure access to the ACS on-line PRQ (pre-review questionnaire) to OEMS. The Trauma Center ~~must shall~~ simultaneously complete any documents supplied by OEMS to verify compliance with additional North Carolina criteria (i.e., criteria that exceed the ACS criteria) and forward these to the OEMS and the ACS.
  - (3) ~~The the~~ OEMS shall notify the Board of County Commissioners within the trauma center's trauma primary catchment area of the Trauma Center's request for renewal to allow 30 days for comments.
  - (4) ~~The the~~ Trauma Center ~~must shall~~ make sure the site visit is scheduled to ensure that the ACS' final written report, accompanying medical record reviews and cover letter are received by OEMS at least 30 days prior to a regularly scheduled State Emergency Medical Services Advisory Council meeting to ensure that the Trauma Center's state designation period does not terminate without consideration by the State Emergency Medical Services Advisory Council.
  - (5) ~~The composition of the Level I or Level II site team must be as specified in Rule .0904(k) of this Section, except that both the required trauma surgeons and the emergency physician may be from out of state. Neither North Carolina Committee on Trauma nor North Carolina College of Emergency Physician membership is required of the surgeons or emergency physician, respectively, if from out of state. The date, time, and all proposed site team members of the site visit team must be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall approve the proposed site team members if the~~
    - (A) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
    - (B) one out-of-state emergency physician who works in a designated trauma center, is a member of the American College of Emergency Physicians or the American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Physicians or the American Osteopathic Board of Emergency Medicine;
    - (C) one out-of-state trauma program manager with an equivalent license from another state; and
    - (D) OEMS staff.
  - (6) ~~The composition of the Level III site team must be as specified in Rule .0904(l) of this Section, except that the trauma surgeon, emergency physician, and trauma nurse coordinator/program manager may be from out of state. Neither North Carolina Committee on Trauma nor North Carolina College of Emergency Physician membership is required of the surgeon or emergency physician, respectively, if from out of state. The date, time, and all proposed site team members of the site visit team must be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall approve the proposed site team members if the OEMS determines there is no conflict of interest, such as previous employment, by any site team member associated with the site visit. the composition of a Level I, II, or III site survey team for hospitals choosing Subparagraph (a)(2) of this Rule shall be as follows:~~
  - (7) the date, time, and all proposed site team members of the site visit team shall be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall approve the proposed site team members if the OEMS determines there is no conflict of

- interest, such as previous employment, by any site team member associated with the site visit.
- ~~(7)~~(8) All all state Trauma Center criteria must shall be met as defined in Rules .0901, .0902, and .0903 Rule .0901 of this Section, for renewal of state designation. An ACS' verification is not required for state designation. An ACS' verification does not ensure a state designation.
- ~~(8)~~(9) ACS reviewers shall complete the state designation preliminary reporting form immediately prior to the post conference meeting. This document and the ACS final written report and supporting documentation described in Subparagraph (c)(4) of this Rule shall be used to generate a staff summary of findings report following the post conference meeting for presentation to the NC EMS Advisory Council for redesignation.
- ~~(9)~~(10) The the final written report issued by the ACS' verification review committee, the accompanying medical record reviews (from from which all identifiers may be removed), removed and cover letter must shall be forwarded to OEMS within 10 working business days of its receipt by the Trauma Center seeking renewal.
- ~~(10)~~(11) The the OEMS shall present its summary of findings report to the State Emergency Medical Services Advisory Council at its next regularly scheduled meeting. The State EMS Advisory Council shall recommend to the Chief of the OEMS that the request for Trauma Center renewal be approved; approved with a contingency(ies) due to a deficiency(ies) requiring a focused review; approved with a contingency(ies) not due to a deficiency(ies); or denied.
- ~~(11)~~(12) The the OEMS shall notify the hospital in writing of the State Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the Advisory Council meeting.
- (13) the final decision regarding trauma center designation shall be rendered by the OEMS.
- ~~(12)~~(14) Hospitals hospitals with contingencies, as the result of a deficiency(ies), as determined by OEMS, have up to 10 working business days prior to the State EMS Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this time period prior to the State EMS Advisory Council meeting, the hospital, instead of a four year three-year renewal, may undergo a focused review (to to be conducted by the OEMS) OEMS whereby the Trauma Center is given 12 months by the OEMS to demonstrate compliance. Satisfaction of contingency(ies) may require an additional site visit. The

hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the ~~four year~~ three-year period from the previous designation's expiration date. If compliance is not demonstrated within the time period, as specified by OEMS, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit a new RFP and follow the initial applicant process outlined in Rule .0904 of this Section.

- (15) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days following receipt of the written final decision on the trauma recommendations.
- (16) the three-year renewal date that may be eventually granted shall not be extended due to the focused review period.

(d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must notify the OEMS at least six months prior to the end of its state trauma center designation period of its intention to exercise the option in Subparagraph (a)(1) of this Rule. Upon notification, the OEMS shall extend the designation for one additional year to ensure consistency with hospitals using Subparagraph (a)(1) of this Rule. (e) Renewal shall be for a period not to exceed four years. If the hospital chooses the option in Subparagraph (a)(2) of this Rule, the renewal shall coincide with the three-year designation period of the ACS verification.

*Authority G.S. 131E-162; 143-508.*

## **SECTION .1100 - TRAUMA SYSTEM DESIGN**

### **10A NCAC 13P .1101 STATE TRAUMA SYSTEM**

- (a) The state trauma system ~~consists shall~~ consist of regional plans, policies, guidelines and performance improvement initiatives by the RACs to create an Inclusive Trauma System monitored by the OEMS.
- (b) Each hospital and EMS System shall affiliate as defined in Rule .0102(4) of this Subchapter and participate with the RAC that includes the Level I or II Trauma Center in which the majority of trauma patient referrals and transports occur. Each hospital and EMS System shall submit to the OEMS upon request patient transfer patterns from data sources that support the choice of their primary RAC affiliation. Each RAC shall include at least one Level I or II Trauma Center.
- (c) The OEMS shall notify each RAC of its hospital and EMS System ~~membership membership~~ membership annually.
- (d) Each hospital and each EMS System ~~must shall~~ update and submit its RAC affiliation information to the OEMS no later than July 1 of each year. RAC affiliation may only be changed during this annual update and only if supported by a change in the majority of transfer patterns patterns to a Level I or Level II Trauma Center. Documentation detailing these new transfer patterns must be included in the request to change affiliation. If

no change is made in RAC affiliation, notification of continued affiliation shall be provided to the OEMS in writing.

Authority G.S. 131E-162.

**10A NCAC 13P .1102 REGIONAL TRAUMA SYSTEM PLAN**

(a) ~~A~~ After consultation with all Level I and II Trauma Centers within their catchment areas, a Level I or II Trauma Center shall be selected as the lead RAC agency by the OEMS to facilitate development of and provide RAC staff support that includes the following:

- (1) ~~The~~ the trauma medical director(s) from the lead RAC agency;
- (2) ~~Trauma~~ a trauma nurse coordinator(s) or program manager(s) from the lead RAC agency; and
- (3) ~~An~~ an individual to coordinate RAC activities.

(b) The RAC membership shall include the ~~following:~~ following from the lead agency:

- (1) ~~The~~ the trauma medical director(s) and the trauma nurse coordinator(s) or program manager(s) from the lead RAC agency;
- (2) ~~If~~ if on staff, ~~an~~ the outreach coordinator(s), or ~~designee(s); injury prevention coordinator(s) or designee(s), as well as a RAC registrar or designee(s) — designee(s)~~ designee(s) from the lead RAC agency;
- (3) ~~if~~ if on staff, ~~an~~ an injury prevention coordinator(s), or ~~designees(s)~~ designees(s) from the lead RAC agency;
- (4) ~~the~~ the RAC registrar or ~~designee(s)~~ designee(s) from the lead RAC agency;
- (3)(5) ~~A~~ a senior level hospital ~~administrator;~~ administrator from the lead RAC agency;
- (4)(6) ~~An~~ an emergency ~~physician;~~ physician from the lead RAC agency;
- (5)(7) ~~A~~ a representative from each EMS system participating in the RAC;
- (6)(8) ~~A~~ a representative from each hospital participating in the RAC;
- (7)(9) ~~Community~~ community representatives; ~~community representatives from the lead RAC agency's catchment area; and~~ community representatives from the lead RAC agency's catchment area; and
- (8)(10) ~~An EMS System physician involved in medical oversight. —Medical Director or Assistant Medical Director from the lead RAC agency's catchment area.~~ An EMS System physician involved in medical oversight. —Medical Director or Assistant Medical Director from the lead RAC agency's catchment area.

(c) The lead RAC agency shall develop and submit a plan within one year of notification of the RAC membership, or for existing RACs within six months of the implementation date of this rule, to the OEMS — membership a regional trauma system plan containing:

- (1) ~~Organizational~~ organizational structure to include the roles of the members of the system;
- (2) ~~Goals~~ goals and objectives to include the orientation of the providers to the regional system;

- (3) RAC membership list, rules of order, terms of office, ~~and meeting schedule (held held at a minimum of two times per year); year;~~ and meeting schedule (held held at a minimum of two times per year); year;
- (4) ~~Copies of documents and information required by the OEMS as defined in Rule .1103 of this Section;~~ Copies of documents and information required by the OEMS as defined in Rule .1103 of this Section;
- (5) ~~System~~ the regional trauma system evaluation tools to be utilized;
- (6) ~~Written documentation~~ written verification indicating of regional support from members of the RAC for the regional trauma system plan; and
- (7) ~~Performance~~ performance improvement activities to include utilization of regional trauma system patient care data.

(d) The RAC shall ~~submit to the OEMS~~ prepare an annual progress report no later than July 1 of each year that assesses compliance with the regional trauma system plan and specifies any updates to the plan. This report shall be made available to the OEMS for review upon request.

(e) Upon OEMS' receipt of a letter of intent for initial Level I or II Trauma Center designation ~~pursuant to by a hospital in the lead RAC agency's catchment area as set forth in Rule .0904(b) of this Subchapter, the applicant's lead RAC agency shall be provided the applicant's data from the OEMS to for distribution to all RAC members for review and comment.~~ pursuant to by a hospital in the lead RAC agency's catchment area as set forth in Rule .0904(b) of this Subchapter, the applicant's lead RAC agency shall be provided the applicant's data from the OEMS to for distribution to all RAC members for review and comment.

(f) The RAC membership has 30 days to comment on the request for initial designation. All comments should be sent from each RAC member directly to the OEMS, with the lead RAC agency provided a copy of their response, within this 30 day comment period.

(g) The OEMS shall notify the RAC of the OEMS approval to submit an RFP so that necessary changes in protocols can be considered.

Authority G.S. 131E-162; 143-508.

**SECTION .1400 - RECOVERY AND REHABILITATION OF CHEMICALLY DEPENDENT EMS PERSONNEL**

**10A NCAC 13P .1401 CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM REQUIREMENTS**

(a) The OEMS shall provide a treatment program for aiding in the recovery and rehabilitation of EMS personnel subject to disciplinary action for being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of use of alcohol, drugs, chemicals, or any other type of ~~material and who are recommended by the EMS Disciplinary Committee pursuant to G.S. 143-519.~~ material as set forth in Rule .1507 of this Subchapter.

(b) This program requires:

- (1) an initial assessment by a healthcare professional specialized in chemical dependency ~~affiliated with~~ approved by the treatment program;
- (2) a treatment plan developed by the healthcare professional described in Subparagraph (b)(1) of this Rule for the individual using the findings of the initial assessment;

- (3) random body fluid ~~screenings; screenings using a standardized methodology designed by OEMS program staff to ensure reliability in verifying compliance with program standards;~~
- (4) the individual attend three self-help recovery meetings each week for the first year of participation, and two each week for the remainder of participation in the treatment program;
- (5) monitoring by OEMS program staff of the individual for compliance with the treatment program; and
- (6) written progress ~~reports—reports, including detailed information on the individual's progress and compliance with program criteria as set forth in this Rule, shall be made available for review by the EMS Disciplinary Committee; upon request of OEMS program staff:~~
  - (A) upon completion of the initial assessment by the treatment program;
  - (B) upon request by the ~~EMS Disciplinary Committee~~ OEMS program staff throughout the individual's participation in the treatment program;
  - (C) upon completion of the treatment program;
  - (D) of all body fluid screenings showing chain of custody;
  - (E) by the therapist or counselor assigned to the individual during the course of the treatment program; and
  - (F) listing attendance at self-help recovery meetings.

*Authority G.S. 131E-159(f); 143-508(d)(10).*

**10A NCAC 13P .1402 PROVISIONS FOR PARTICIPATION IN THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM**

Individuals ~~recommended by the EMS Disciplinary Committee authorized by the OEMS, using screening criteria set forth in Section .1400 of this Subchapter, to enter the Treatment Program defined established in Rule .1401 of this Section may participate if:~~ if the individual meets all the following requirements:

- (1) ~~the individual—~~acknowledges, in writing, the actions ~~which—that~~ violated the performance requirements found in this Subchapter;
- (2) ~~the individual—~~has not been ~~charged—charged, awaiting adjudication,~~ or convicted at any time in his or her past, of diverting chemicals for the purpose of sale or distribution or dealing or selling illicit drugs; sale, or distribution, or dealing, or selling illicit drugs;
- (3) ~~the individual—~~is not under criminal investigation or subject to pending criminal charges by law enforcement;
- (4) ~~the individual—~~ceases in the direct delivery of any patient care and surrenders all EMS

credentials until either the individual is eligible for issuance of an encumbered EMS credential pursuant to Rule .1403 of this Section, or has ~~successfully—~~completed the treatment program established in Rule .1401 of this Section; and ~~the individual—~~agrees to accept responsibility for all costs including assessment, treatment, monitoring, and body fluid screening.

(5)

*Authority G.S. 131E-159(f); 143-508(d)(10).*

**10A NCAC 13P .1403 CONDITIONS FOR RESTRICTED PRACTICE WITH LIMITED PRIVILEGES**

(a) In order to assist in determining eligibility for an individual to return to restricted practice with an encumbered credential containing limited privileges pursuant to G.S. 143-509(13), the OEMS shall create a standing Reinstatement Committee that shall consist of at least the following members:

- (1) one physician licensed by the North Carolina Medical Board, representing EMS Systems who shall serve as Chair of this committee;
- (2) one counselor trained in chemical addiction or abuse therapy; and
- (3) the OEMS staff member responsible for managing the Chemical Addiction or Abuse Treatment Program.

~~(a)(b)~~ Individuals who have surrendered ~~their—his or her~~ EMS ~~credential—credential(s)~~ as a condition of entry into the treatment ~~program—program, as established in Rule .1402(4) of this Section,~~ may be reviewed by the ~~EMS Disciplinary—OEMS Reinstatement~~ Committee to determine if a recommendation to the OEMS for issuance of an encumbered EMS credential is ~~warranted—warranted by the Department.~~

~~(b)(c)~~ In order to obtain an encumbered credential with limited privileges, an individual ~~must—shall:~~

- (1) be compliant for a minimum of 90 consecutive days with the treatment program described in Paragraph (b) of Rule ~~.1402 .1401~~ of this Section;
- (2) be recommended in writing for review by the individual's treatment counselor;
- (3) be interviewed by the ~~EMS Disciplinary—OEMS Reinstatement~~ Committee; and
- (4) be recommended in writing by the ~~EMS Disciplinary—OEMS Reinstatement~~ Committee for issuance of an encumbered EMS credential. The ~~EMS Disciplinary—OEMS Reinstatement~~ Committee shall detail in their recommendation ~~to the OEMS—~~all restrictions and limitations to the individual's practice privileges.

~~(e)(d)~~ The individual ~~must—shall~~ agree to sign a consent agreement with the OEMS ~~which—that~~ details the practice restrictions and privilege limitations of the encumbered EMS credential, and ~~which—that~~ contains the consequences of failure to abide by the terms of this agreement.

~~(d)(e)~~ The individual shall be issued the encumbered credential within 10 business days following execution of the consent agreement described in Paragraph ~~(e) (d)~~ of this Rule.

(f) The encumbered EMS credential shall be valid for a period not to exceed four years.

Authority G.S. 131E-159(f); 143-508(d)(10).

**10A NCAC 13P .1405 FAILURE TO COMPLETE THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM**

Individuals who fail to complete the treatment ~~program, program~~ established in Rule .1401 of this Section, upon review ~~and recommendation~~ by the North Carolina EMS Disciplinary Committee to the OEMS, are subject to revocation of their EMS credential.

Authority G.S. 131E-159(f); 143-508(d)(10).

**SECTION .1500 - DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION**

**10A NCAC 13P .1502 LICENSED EMS PROVIDERS**

(a) The OEMS shall deny an initial or renewal EMS Provider license for any of the following reasons:

- (1) failure to comply, as defined in Rule .0102(45) of this Subchapter, with the applicable licensing requirements as found in Rule .0204 of this Subchapter;
- (2) making false statements or representations to the OEMS or willfully concealing information in connection with an application for licensing;
- (3) tampering with or falsifying any record used in the process of obtaining an initial license or in the renewal of a license; or
- (4) disclosing information as defined in Rule .0223 of this Subchapter, determined by OEMS staff based upon review of documentation, to disqualify the applicant from licensing.

~~(a)~~(b) The Department shall amend any EMS Provider license by reducing it from a full license to a provisional license whenever the Department finds that:

- (1) the licensee failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that article;
- (2) there is a ~~reasonable~~ probability that the licensee can ~~remedy the licensure deficiencies~~ take corrective measures to resolve the issue of non-compliance with Rule .0204 of this Subchapter, and be able thereafter to remain in compliance within a reasonable length of ~~time~~; and time determined by OEMS staff; and
- (3) there is a ~~reasonable probability~~ probability, determined by OEMS staff using their professional judgement based upon analysis of the licensee's ability to take corrective measures to resolve the issue of non-compliance with the licensure rules, that the licensee will be able thereafter to remain in compliance with the licensure ~~rules for the foreseeable future.~~ rules.

~~(b)~~(c) The Department shall give the licensee written notice of the amendment of the EMS Provider license. This notice shall be given personally or by certified mail and shall set forth:

- (1) the length of the provisional EMS Provider license;
- (2) the factual allegations;
- (3) the statutes or rules alleged to be violated; and
- (4) notice of the EMS provider's right to a contested case ~~hearing~~ hearing, as set forth in Rule .1509 of this Subchapter, on the amendment of the EMS Provider license.

~~(e)~~(d) The provisional EMS Provider license is effective ~~immediately~~ upon its receipt by the licensee and shall be posted in a location at the primary business location of the EMS Provider, accessible to public view, in lieu of the full license. ~~The Pursuant to G.S. 131E-155.1(d), the provisional license remains in effect until the Department:~~

- (1) restores the licensee to full licensure status; or
- (2) revokes the licensee's license.

~~(d)~~(e) The Department shall revoke or suspend an EMS Provider license whenever the Department finds that the licensee:

- (1) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that article and it is not ~~reasonably~~ probable that the licensee can remedy the licensure deficiencies within 12 months or less;
- (2) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that Article and, although the licensee may be able to remedy the deficiencies, it is not ~~reasonably~~ probable that the licensee will be able to remain in compliance with licensure rules for the foreseeable future;
- (3) failed to comply with the provision of G.S. 131E, Article 7, and the rules adopted under that article that endanger the health, safety or welfare of the patients cared for or transported by the licensee;
- (4) obtained or attempted to obtain an ambulance permit, EMS nontransporting vehicle permit, or EMS Provider license through fraud or misrepresentation;
- (5) ~~repeated~~ continues to repeat the same deficiencies placed on the EMS Provider License in previous compliance site visits;
- (6) ~~failed~~ has recurring failure to provide emergency medical care within the defined EMS service area in a ~~timely~~ manner as determined by the EMS System; ~~System pursuant to G.S. 153A-250;~~
- (7) ~~failed to disclose or report information in accordance with Rule .0223 of this Subchapter;~~
- (8) ~~is deemed by OEMS to place the public at risk because the owner or any officer or agent is convicted in any court of a crime involving fiduciary misconduct or a conviction of a felony;~~
- ~~(7)~~(9) altered, destroyed, attempted to destroy, ~~withheld~~ withheld, or delayed release of

evidence, records, or documents needed for a complaint ~~investigation; investigation being conducted by the OEMS;~~ or

~~(8)~~(10) continues to operate within an EMS System after a Board of County Commissioners has terminated its affiliation with the ~~licensee.~~ licensee, resulting in a violation of the licensing requirement set forth in Rule 0204(b)(1) of this Subchapter.

(f) The Department shall give the EMS Provider written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to be violated; and
- (3) notice of the EMS Provider's right to a contested case hearing, as set forth in Rule .1509 of this Section, on the revocation of the EMS Provider's license.

~~(e)~~(g) The issuance of a provisional EMS Provider license is not a procedural prerequisite to the revocation or suspension of a license pursuant to Paragraph ~~(d)~~(e) of this Rule.

*Authority G.S. 131E-155.1(d); 143-508(d)(10).*

**10A NCAC 13P .1505 EMS EDUCATIONAL INSTITUTIONS**

(a) For the purpose of this Rule, focused review means an evaluation by the OEMS of an educational institution's corrective actions to remove contingencies that are a result of deficiencies identified in the initial or renewal application process.

~~(a)~~(b) The Department shall deny the initial or renewal ~~credential,~~ designation, without first allowing a focused review, of an EMS Educational Institution for any of the following reasons:

- (1) failure to comply with the provisions of Section .0600 of this Subchapter;
- (2) attempting to obtain an EMS Educational Institution designation through fraud or misrepresentation; or
- ~~(3) endangerment to the health, safety, or welfare of patients cared by students of the EMS Educational Institution; or~~
- ~~(4)~~(3) repetition of repetitive deficiencies placed on the EMS Educational Institution in previous compliance site visits.

~~(b)~~(c) When an EMS Educational Institution is required to have a focused review, it ~~must~~ shall demonstrate compliance with the provisions of Section .0600 of this Subchapter within 12 months or less.

~~(e)~~(d) The Department ~~will~~ shall revoke an EMS Educational Institution ~~credential designation~~ at any time or deny a request for renewal of ~~credential designation~~ whenever the Department finds that the EMS Educational Institution has failed to ~~comply~~ comply, as defined in Rule .0102(45) of this Subchapter, with the provisions of Section .0600 of this Subchapter; and:

- (1) it is not probable that the EMS Educational Institution can remedy the deficiencies within 12 months or ~~less;~~ less as determined by OEMS staff based upon analysis of the educational institution's ability to take corrective measures

to resolve the issue of non-compliance with Section .0600 of this Subchapter;

(2) although the EMS Educational Institution may be able to remedy the deficiencies, it is not probable that the EMS Educational Institution shall be able to remain in compliance with credentialing ~~rules for the foreseeable future;~~ rules;

(3) failure to produce records upon request as defined in Rule .0601(b)(6) of this Subchapter;

~~(3)~~(4) the EMS Educational Institution failed to meet the requirements of a focused review;

~~(4)~~(5) the failure to comply endangered the health, safety, or welfare of patients cared for as part of an EMS educational ~~program;~~ program is determined by OEMS staff in their professional judgement based upon a complaint investigation, using a standardized methodology designed by OEMS program staff through consultation with the Department and Office of the Attorney General legal counsel, to verify the results of the investigations are sufficient to initiate enforcement action pursuant to G.S. 150B; or

~~(5)~~(6) the EMS Educational Institution altered, ~~destroyed~~ destroyed, or attempted to destroy evidence needed for a complaint investigation.

~~(d)~~(e) The Department shall give the EMS Educational Institution written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to be violated; and
- (3) notice of the EMS Educational Institution's right to a contested case ~~hearing~~ hearing, set forth in Rule .1509 of this Subchapter, on the revocation of the ~~credential designation.~~

~~(e)~~(f) Focused review is not a procedural prerequisite to the revocation of a ~~credential designation pursuant to Paragraph (e) of this Rule.~~ as set forth in Rule .1509 of this Section.

~~(f)~~(g) An If determined by the educational institution that suspending its approval to offer EMS educational programs is necessary, the EMS Educational Institution may voluntarily withdraw ~~surrender~~ its credential without explanation for a maximum of one year by submitting a written request. ~~request to the OEMS stating its intention. To voluntarily surrender shall not affect the original expiration date of the EMS Educational Institution's designation. This request shall include the reasons for withdrawal and a plan for resolution of the deficiencies. To reactivate the credential, the institution shall provide to the Department written documentation of compliance. Voluntary withdrawal does not affect the original expiration date of the EMS Educational Institution's credential. To reactivate the designation:~~

- (1) the institution shall provide OEMS written documentation requesting reactivation; and
- (2) the OEMS shall verify the educational institution is compliant with all credentialing requirements set forth in Section .0600 of this Subchapter prior to reactivation of the designation by the OEMS.

~~(g)(h)~~ If the institution fails to resolve the issues which resulted in a voluntary ~~withdrawal within one year, surrender,~~ the Department shall revoke the EMS Educational Institution ~~credential designation.~~

(i) The OEMS shall give the EMS Educational Institution written notice of revocation. This notice shall be given personally or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to be violated; and
- (3) notice of the EMS Educational Institution's right to a contested case hearing, set forth in Rule .1509 of this Section, on the revocation of the designation.

~~(h)(j)~~ In the event of a revocation or voluntary ~~withdrawal, surrender,~~ the Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area. The Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area if, ~~and when,~~ when the voluntary ~~withdrawal surrender~~ reactivates to full credential.

(k) When an accredited EMS Educational Institution as defined in Rule .0605 of this Subchapter has administrative action taken against its accreditation, the OEMS shall determine if the cause for action is sufficient for revocation of the EMS Educational Institution designation or imposing a focused review pursuant to Paragraph (b) and (c) of this Rule is warranted.

*Authority G.S. 143-508(d)(4); 143-508(d)(10).*

**10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS**

~~(a) An EMS credential which that has been forfeited under G.S.15A-1331A may not be reinstated until the person has successfully complied with the court's requirements, has petitioned the Department for reinstatement, has appeared before the EMS Disciplinary Committee, and has had reinstatement approved.~~ has completed the disciplinary process, and has established Department reinstatement approval.

(b) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for significant failure to comply with, as defined in Rule .0102(45), any of the following reasons: following:

- (1) failure to comply with the applicable performance and credentialing requirements as found in this Subchapter;
- (2) making false statements or representations to the ~~Department~~ Department, or willfully concealing information in connection with an application for credentials;
- (3) making false statements or representations, willfully concealing information, or failing to respond within a reasonable period of time and in a reasonable manner to inquiries from the Department during a complaint investigation;
- (4) tampering with-with, or falsifying any record used in the process of obtaining an initial EMS credential-credential, or in the renewal of an EMS credential;

- (5) in any manner or using any medium, engaging in the stealing, manipulating, copying, ~~reproducing-reproducing,~~ or reconstructing of any written EMS credentialing examination ~~questions-questions,~~ or scenarios;
- (6) ~~cheating-cheating,~~ or assisting others to cheat while preparing to ~~take-take,~~ or when taking a written EMS credentialing examination;
- (7) altering an EMS credential, using an EMS credential that has been ~~altered altered,~~ ~~or permitting-permitting,~~ or allowing another person to use his or her EMS credential for the purpose of alteration. Altering includes changing the name, expiration ~~date-date,~~ or any other information appearing on the EMS credential;
- (8) unprofessional conduct, including a failure to comply with the rules relating to the proper function of credentialed EMS personnel contained in this ~~Subchapter-Subchapter,~~ or the performance ~~of-of,~~ or attempt to perform a procedure that is detrimental to the health and safety of any ~~person-person,~~ or that is beyond the scope of practice of credentialed EMS ~~personnel-personnel,~~ or EMS instructors;
- (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of ~~illness; illness,~~ use of alcohol, drugs, chemicals, or any other type of ~~material-material,~~ or by reason of any ~~physical physical,~~ or mental abnormality;
- (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, a conviction requiring registering on a sex offender registry, or conviction of a crime involving the scope of practice of credentialed EMS personnel;
- (11) by false representations ~~obtaining-obtaining,~~ or attempting to obtain ~~money-money,~~ or anything of value from a patient;
- (12) adjudication of mental incompetence;
- (13) lack of competence to practice with a reasonable degree of skill and safety for patients including a failure to perform a prescribed procedure, failure to perform a prescribed procedure ~~competently-competently,~~ or performance of a procedure that is not within the scope of practice of credentialed EMS ~~personnel-personnel,~~ or EMS instructors;
- (14) performing as ~~an EMT I, EMT P, or EMD-a~~ credentialed EMS personnel in any EMS System in which the individual is not affiliated and authorized to function;
- (15) performing, or authorizing the performance of procedures, or administration of medications detrimental to a student, or individual;
- (16) delay or failure to respond when on-duty and dispatched to a call for EMS assistance;

- ~~(15)~~(17) testing positive-positive, whether for-cause or at random, through urine, blood, or breath sampling, for any substance, legal or illegal, that has impaired-is likely to impair the physical or psychological ability of the credentialed EMS personnel to perform all required or expected functions while on duty;
  - ~~(16)~~(18) failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated with EMS Systems, Specialty Care Transport Programs, Alternative Practice Settings, or patients;
  - ~~(17)~~(19) refusing to consent to any criminal history check required by G.S. 131E-159;
  - ~~(18)~~(20) abandoning or neglecting a patient who is in need of care, without making reasonable arrangements for the continuation of such care;
  - ~~(19)~~(21) falsifying a patient's record or any controlled substance records;
  - ~~(20)~~(22) harassing, abusing, or intimidating a patient patient, student, bystander, or OEMS staff, either physically or verbally;—physically, verbally, or in writing;
  - ~~(21)~~(23) engaging in any activities of a sexual nature with a patient including kissing, ~~fondling~~ fondling, or touching while responsible for the care of that individual;
  - ~~(22)~~(24) any criminal arrests that involve charges ~~which~~ that have been determined by the Department to indicate a necessity to seek action in order to further protect the public pending adjudication by a court;
  - ~~(23)~~(25) altering, ~~destroying~~ destroying, or attempting to destroy evidence needed for a complaint ~~investigation;—being conducted by the OEMS;~~
  - ~~(24)~~(26) as a condition to the issuance of an encumbered EMS credential with limited and restricted practices for persons in the chemical addiction or abuse treatment program; ~~or~~
  - ~~(27)~~ unauthorized possession of lethal or non-lethal weapons, chemical irritants to include mace, pepper (oleoresin capsicum) spray and tear gas, or explosives while in the performance of providing emergency medical services;
  - ~~(28)~~ failure to provide EMS care records to the licensed EMS provider for submission to the OEMS as required by Rule .0204 of this Subchapter;
  - ~~(29)~~ continuing to provide EMS care after local suspension of practice privileges by the local EMS System, Medical Director, or Alternative Practice Setting; or
  - ~~(25)~~(30) representing or allowing others to represent that the credentialed EMS personnel has a credential that the credentialed EMS personnel does not in fact have.
- (c) Pursuant to the provisions of ~~S.L. 2011-37, G.S. 131-E-159(h)~~, the OEMS shall not issue an EMS credential for any person listed on the North Carolina Department of Justice Sex

Offender and Public Protection Registry shall be denied initial or renewal EMS credentials. Registry, or who was convicted of an offense that would have required registration if committed at a time when the registration would have been required by law.

(d) Pursuant to the provisions of G.S. 50-13.12, upon notification by the court, the OEMS shall immediately revoke an individual's EMS credential until the Department has been notified by the court evidence has been obtained of compliance with a child support order.

~~(d)~~(e) When a person who is credentialed to practice as an EMS professional is also credentialed in another jurisdiction and that other jurisdiction takes disciplinary action against the person, the Department shall summarily impose the same or lesser disciplinary action upon receipt of the other jurisdiction's action. The EMS professional may request a hearing before the EMS Disciplinary Committee. At the hearing the issues shall be limited to:

- (1) whether the person against whom action was taken by the other jurisdiction and the Department are the same person;
- (2) whether the conduct found by the other jurisdiction also violates the rules of the N.C. Medical Care Commission; and
- (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.

(f) The OEMS shall provide written notification of the amendment, denial, suspension, or revocation. This notice shall be given personally, or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to have been violated
- (3) notice of the individual's right to a contested hearing, set forth in Rule .1509 of this Section, on the revocation of the credential.

(g) The OEMS shall provide written notification to the EMS professional within five business days after information has been entered into the National Practitioner Data Bank and the Healthcare Integrity and Protection Integrity Data Bank.

*Authority G.S. 131-E-159; 143-508(d)(10).*

**10A NCAC 13P .1510 PROCEDURES FOR VOLUNTARY SURRENDERING OR MODIFYING THE LEVEL OF AN EMS CREDENTIAL**

(a) An individual who holds a valid North Carolina EMS credential may request to voluntarily surrender the credential to the OEMS by completing the following:

- (1) provide, in writing, a letter expressing the individual's desire to surrender the credential and explaining in detail the circumstances surrounding the request; and
- (2) return the pocket credential and wall certificate to the OEMS upon notification the request has been approved.

(b) An individual who holds a valid North Carolina EMS credential may request to voluntarily modify the current credentialing level from a higher level to a lower level by the OEMS by completing the following:

- (1) provide, in writing, a letter expressing the individual's desire to lower their current level and explaining in detail the circumstances surrounding the request;
- (2) state the desired level of credentialing; and
- (3) return the pocket credential and wall certificate to the OEMS upon notification the request has been approved.

(c) The OEMS shall provide a written response to the individual within 10 working days following receipt of the request either approving or denying the request. This response shall detail the reason(s) for approval or denial.

(d) If, at a future date, the individual seeks to restore the credential to the previous status, the individual must:

- (1) wait a minimum of six months from the date the action was taken;
- (2) provide, in writing, a letter expressing the individual's desire to restore the previous credential;
- (3) provide evidence of continuing education at a minimum of 2 hours per month at the level of the EMS credential being sought; and
- (4) undergo a National Criminal History background check.

(e) If the OEMS denies the individual's request for restoration of the previous EMS credential, the OEMS shall provide in writing the reason(s) for denial and inform the individual of the procedures for contested case hearing as defined in Rule .1509 of this Section.

*Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10).*

**10A NCAC 13P .1511 PROCEDURES FOR QUALIFYING FOR AN EMS CREDENTIAL FOLLOWING ENFORCEMENT ACTION**

(a) Any individual who has been subject to denial, suspension, revocation or amendment of an EMS credential must submit in writing to the OEMS a request for review to determine eligibility for credentialing.

(b) Factors to be considered by the Department when determining eligibility shall include:

- (1) the reason for administrative action, that includes:
  - (A) criminal history;
  - (B) patient care;
  - (C) substance abuse; and
  - (D) failure to meet credentialing requirements.
- (2) the length of time since the administrative action was taken; and
- (3) any mitigating or aggravating factors relevant to obtaining a valid EMS credential.

(c) In order to be considered for eligibility, the individual must:

- (1) wait a minimum of 36 months following administrative action before seeking review; and
- (2) undergo a national criminal history background check. If the individual has been charged or convicted of a misdemeanor or felony in this or

any other state or country within the previous 36 months, the 36 month waiting period will begin from the date of the latest charge or conviction.

(d) If determined to be eligible, the Department shall grant authorization for the individual to begin the process for EMS credentialing as defined in Rule .0502 of this Subchapter.

(e) Prior to enrollment in an EMS educational program, the individual must disclose the prior administrative action taken against the individual's credential in writing to the EMS educational institution.

(f) An individual who has undergone administrative action against his or her EMS credential is not eligible for legal recognition as defined in G.S. 131E-159(d) or issuance of a temporary EMS credential as defined in G.S. 131E-159(e).

(g) For a period of 10 years following restoration of the EMS credential, the individual must disclose the prior administrative action taken against his or her credential to every EMS System, Medical Director, EMS Provider, and EMS Educational Institution in which the he or she is affiliated and provide a letter to the OEMS from each verifying disclosure.

(h) If the Department determines the individual is ineligible for EMS credentialing, the Department shall provide in writing the reason(s) for denial and inform him or her of the procedures for contested case hearing as defined in Rule .1509 of this Section.

*Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10).*

\*\*\*\*\*

*Notice is hereby given in accordance with G.S. 150B-21.2 that the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services intends to adopt the rules cited as 10A NCAC 26C .0701, .0702, and .0703.*

**Link to agency website pursuant to G.S. 150B-19.1(c):** <http://www.ncdhhs.gov/divisions/mhddsas/councils-commissions/rulemakingprocess/proposedrules>

**Proposed Effective Date:** *October 1, 2016*

**Instructions on How to Demand a Public Hearing:** *(must be requested in writing within 15 days of notice): An agency must hold a public hearing on a rule it proposes to adopt if the agency publishes the text of the proposed rule in the North Carolina Register and the agency receives a written request for a public hearing on the proposed rule within 15 days after the notice of text is published. A request for a public hearing must be submitted in writing to dmhddsarules@dhhs.nc.gov.*

**Reason for Proposed Action:** *G.S. 122C-115(a3) requires the Secretary, DHHS to adopt rules establishing a process for a county to disengage from a local management entity-managed care organization and realign with another multicounty area authority operating under the 1915(b)(c) Medicaid Waiver. At a minimum, the rules must ensure: provisions of services is not disrupted by the disengagement; the disengaging county either is in compliance or plans to merge with an area authority that is in compliance with population requirements provided in G.S. 122C-*

115(a) of this section; the timing of the disengagement is accounted for and does not conflict with setting capitation rates; adequate notice is provided to the affected counties, the Department of Health and Human Services, and the General Assembly; and provisions for distribution of any real property no longer within the catchment area of the area authority.

Comments may be submitted to: W. Denise Baker, 3001 Mail Service Center Raleigh, NC 27699-3001, email dmhddsasrules@dhhs.nc.gov

Comment period ends: August 15, 2016

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

Fiscal impact (check all that apply).

- State funds affected
Environmental permitting of DOT affected Analysis submitted to Board of Transportation
Local funds affected
Substantial economic impact (≥\$1,000,000)
Approved by OSBM
No fiscal note required by G.S. 150B-21.4

CHAPTER 26 – MENTAL HEALTH: GENERAL

SUBCHAPTER 26C – OTHER GENERAL RULES

SECTION .0700 – COUNTY DISENGAGEMENT FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION

10A NCAC 26C .0701 SCOPE

(a) A county seeking to disengage from a Local Management Entity-Managed Care Organization (LME-MCO) and align with another LME-MCO operating under a Medicaid waiver shall first obtain the approval of the Secretary of the Department of Health and Human Services (DHHS).
(b) The purpose of the rules in this Section is to set forth the process the Secretary shall use to approve county requests to disengage from an LME-MCO and realign with another LME-MCO operating under a Medicaid waiver.

(c) These rules also set forth the requirements that a county seeking approval to disengage from an LME-MCO must adhere to in submitting its request for approval.

Authority G.S. 122C-115.

10A NCAC 26C .0702 COUNTY REQUEST TO DISENGAGE FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION

(a) A county seeking to disengage from an LME-MCO shall provide written notice of its intent to initiate the process to disengage from an LME/MCO to the Secretary, the Co-Chairs of the Joint Legislative Oversight Committee on Health and Human Services, and affected counties a minimum of nine months prior to the proposed effective date of disengagement.

(b) A county seeking to disengage from an LME-MCO shall publish its plan for disengagement on its website, and the website of the LME-MCO with which it seeks to align.

(c) The county shall accept public comments on its disengagement plan for a minimum of 60 calendar days. The county shall specifically solicit comments from advocates, self-advocates, State and Local Consumer and Family Advisory Committees (CFACs) and shall post the public comments on its website for a minimum of 30 consecutive days.

(d) A county seeking to disengage from an LME-MCO and realign with a different LME-MCO operating a Medicaid waiver shall provide written documentation of the following to the Secretary, which shall constitute its written request to disengage:

- (1) Approval of its disengagement plan by its Board of County Commissioners which reflects the date of the approval and that the approval was by majority vote;
(2) A written plan, approved by its Board of County Commissioners, to ensure continuity of services during the transition which includes written notice to the provider agencies with which the LME-MCO contracts;
(3) A written plan, approved by its Board of County Commissioners, which provides for distribution of real property, where appropriate, and reflects title to the same;
(4) Approval of the Area Board, by majority vote, of the LME-MCO with which it is seeking to realign;
(5) Evidence of written notice to the other counties who are also members of the LME-MCO from which the county is seeking disengagement;
(6) Evidence of its written notice to the providers impacted by its decision to disengage;
(7) Evidence of its compliance with the population requirements of G.S. 122C-115(a);
(8) Evidence of its financial liabilities to the LME-MCO from which it is seeking to disengage within 30 calendar days of the request to disengage; and
(9) Documentation of its compliance with Paragraphs (a) through (c) of this Rule.

Authority G.S. 122C-115.

**10A NCAC 26C .0703 SECRETARY RESPONSE TO COUNTY REQUESTS TO DISENGAGE FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION**

(a) The Secretary may waive the nine month requirement set forth in Rule .0702(a) of this Section upon consideration of the following factors:

- (1) the impact of delay upon consumers currently served in the county seeking to disengage;
- (2) the financial vulnerability of the LME-MCO from which disengagement is sought; and
- (3) any substantiated evidence of criminal activity or malfeasance on the part of the LME-MCO from which disengagement is sought.

(b) At a minimum, the Secretary shall consider the following in deciding whether to approve a county request to disengage from an LME-MCO and realign with a different LME-MCO operating under a Medicaid waiver:

- (1) the potential impact to and input from consumers, advocates and self-advocates within the county;
- (2) the county's plan for disengagement from one LME-MCO and realignment with a different LME-MCO;
- (3) the county's plan to ensure continuity of services during the disengagement and realignment phase;
- (4) whether the county has complied with the requirements of Rule .0702 of this Section;
- (5) whether the county is contiguous to the catchment area of the LME-MCO with which it is requesting to align;
- (6) the timing of the request and whether the disengagement will conflict with setting capitation rates;
- (7) whether the disengagement will impact the financial viability of the LME-MCO from which the county is seeking to disengage;
- (8) whether the disengagement and realignment will ensure compliance with the population requirements of G.S. 122C-115(a);
- (9) whether the disengagement and realignment will adversely impact the stability, as a whole, of the State's healthcare system;
- (10) whether the realignment will improve the quality, variety, and amount of services for the eligible persons in the subject county; and
- (11) the operational alignment of the county within the context of the LME-MCO disengagement related to geography, service delivery, and demonstrated provision of whole-person centered care.

(c) The Secretary shall issue a written decision to approve or deny the request for disengagement and realignment within 90 calendar days of receipt thereof.

(d) The Secretary may approve the request as submitted or set conditions upon its issuance based upon consideration of the factors set forth in this Rule.

(e) The Secretary shall notify the following of the decision to approve or deny a county request for disengagement and realignment:

- (1) The Board of County Commissioners of the county seeking to disengage;
- (2) The Boards of County Commissioners of the counties of the LME/MCO with which realignment is requested;
- (3) The LME-MCO from which disengagement is sought;
- (4) The LME-MCO with which realignment is requested; and
- (5) The Co-Chairs of the Joint Legislative Oversight Committee on Health and Human Services.

Authority G.S. 122C-115.

**TITLE 12 – DEPARTMENT OF JUSTICE**

*Notice is hereby given in accordance with G.S. 150B-21.2 that the Criminal Justice Education and Training Standards Commission intends to amend the rule cited as 12 NCAC 09B .0403.*

**Link to agency website pursuant to G.S. 150B-19.1(c):** <http://www.ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx>

**Proposed Effective Date:** January 1, 2017

**Public Hearing:**

**Date:** November 16, 2016

**Time:** 10:30 a.m.

**Location:** Wake Technical Community College-Public Safety Training Center, 321 Chapanoke Road, Raleigh, NC 27603

**Reason for Proposed Action:** *The Commission proposed amendments to this rule in order to revise the process for the certification of individuals certified with the Sheriffs' Education and Training Standards Commission.*

**Comments may be submitted to:** Trevor Allen, P.O. Drawer 149, Raleigh, NC 27602, phone (919) 779-8205, fax (919) 779-8210, email [tjallen@ncdoj.gov](mailto:tjallen@ncdoj.gov)

**Comment period ends:** November 16, 2016

**Procedure for Subjecting a Proposed Rule to Legislative Review:** If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m.

on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

**Fiscal impact (check all that apply).**

- State funds affected
- Environmental permitting of DOT affected  
Analysis submitted to Board of Transportation
- Local funds affected
- Substantial economic impact (≥\$1,000,000)
- Approved by OSBM
- No fiscal note required by G.S. 150B-21.4

**CHAPTER 09 - CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS**

**SUBCHAPTER 09B - STANDARDS FOR CRIMINAL JUSTICE EMPLOYMENT: EDUCATION: AND TRAINING**

**SECTION .0400 - MINIMUM STANDARDS FOR COMPLETION OF TRAINING**

Note: The text shown in italics was published in the August 3, 2015 Register. The Criminal Justice Education and Training Standards Commission has voted to further amend this Rule.

**12 NCAC 09B .0403 EVALUATION FOR TRAINING WAIVER**

(a) The Standards Division staff shall evaluate each law enforcement officer's training and experience to determine if equivalent training has been completed as specified in Rule .0402(a) of this Section. Applicants for certification with prior law enforcement experience shall have been employed in a full-time, sworn law enforcement position in order to be considered for training evaluation under this Rule. Applicants for certification with a combination of full-time and part-time experience shall be evaluated on the basis of the full-time experience only. The following criteria shall be used by Standards Division staff in evaluating a law enforcement officer's training and experience to determine eligibility for a waiver of training requirements:

- (1) Persons having completed a Commission-accredited basic training program and not having been duly appointed and sworn as a law enforcement officer within one year of completion of the program shall complete a subsequent Commission-accredited basic training program, as prescribed in Rule .0405(a) of this Section, and achieve a passing score on the State Comprehensive Examination prior to obtaining probationary law enforcement certification, unless the Director determines that a delay in applying for certification was not due to neglect on the part of the applicant, in which case the Director may accept a

Commission-accredited basic training program that is over one year old. The extension of the one year period shall not exceed 30 days from the first year anniversary of the passing of the state comprehensive examination;

- (2) Out-of-state transferees shall be evaluated to determine the amount and quality of their training and experience. Out-of-state transferees shall not have a break in service exceeding one year. At a minimum, out-of-state transferees shall have two years' full-time, sworn law enforcement experience and have completed a basic law enforcement training course accredited by the transferring State. Prior to employment as a certified law enforcement officer, out-of-state transferees must complete with a passing score the employing agency's in-service firearms training and qualification program as prescribed in 12 NCAC 09E .0106. At a minimum, out-of-state transferees shall complete the Legal Unit in a Commission-accredited Basic Law Enforcement Training Course as prescribed in Rule .0205(b)(1) of this Subchapter and shall achieve a passing score on the State Comprehensive Examination within the 12 month probationary period;
- (3) Persons who have completed a minimum 369-hour basic law enforcement training program accredited by the Commission under guidelines administered beginning October 1, 1984 and have been separated from a sworn position for over one year but less than three years who have had a minimum of two years' experience as a full-time, sworn law enforcement officer in North Carolina shall complete the Legal Unit in a Commission-accredited Basic Law Enforcement Training Course as prescribed in Rule .0205(b)(1) of this Subchapter, and shall achieve a passing score on the State Comprehensive Examination within the 12 month probationary period. Prior to employment as a certified law enforcement officer, these persons shall complete with a passing score the employing agency's in-service firearms training and qualification program as prescribed in 12 NCAC 09E;
- (4) Persons out of the law enforcement profession for over one year but less than three years who have had less than two years' experience as a full-time, sworn law enforcement officer in North Carolina shall complete a Commission-accredited basic training program, as prescribed in Rule .0405(a) of this Section, and achieve a passing score on the State Comprehensive Examination;
- (5) Persons out of the law enforcement profession for over three years regardless of prior training

- or experience shall complete a Commission-accredited basic training program, as prescribed in Rule .0405(a) of this Section, and shall achieve a passing score on the State Comprehensive Examination;
- (6) Persons who separated from law enforcement employment during their probationary period after having completed a Commission-accredited basic training program and who have separated from a sworn law enforcement position for more than one year shall complete a subsequent Commission-accredited basic training program and achieve a passing score on the State Comprehensive Examination;
  - (7) Persons who separated from a sworn law enforcement position during their probationary period after having completed a Commission-accredited basic training program and who have separated from a sworn law enforcement position for less than one year shall serve a new 12 month probationary period as prescribed in Rule .0401(a) of this Section, but need not complete an additional training program;
  - (8) Persons who have completed a minimum 160-hour basic law enforcement training program accredited by the North Carolina Criminal Justice Training and Standards Council under guidelines administered beginning on July 1, 1973 and continuing through September 30, 1978 and who have separated from a sworn law enforcement position for over one year but less than two years shall be required to complete the Legal Unit and the topical area entitled "Law Enforcement Driver Training" of a Commission-accredited Basic Law Enforcement Training Course as prescribed in Rule .0205(b)(1) and .0205(b)(5)(C) of this Subchapter and achieve a passing score on the State Comprehensive Examination within the 12 month probationary period;
  - (9) Persons who have completed a minimum 160-hour basic law enforcement training program accredited by the North Carolina Criminal Justice Training and Standards Council under guidelines administered beginning on July 1, 1973 and continuing through September 30, 1978 and have been separated from a sworn law enforcement position for two or more years shall be required to complete a Commission-accredited basic training program, as prescribed in Rule .0405 of this Section regardless of training and experience and shall achieve a passing score on the State Comprehensive Examination;
  - (10) Persons who have completed a minimum 240-hour basic law enforcement training program accredited by the Commission under guidelines administered beginning October 1, 1978 and continuing through September 30, 1984 and have been separated from a sworn position over one year but less than three years shall be required to complete the Legal Unit in a Commission-accredited Basic Law Enforcement Training Course as prescribed in Rule .0205(b)(1) of this Subchapter and achieve a passing score on the State Comprehensive Examination within the 12 month probationary period;
  - (11) Persons previously holding law enforcement certification in accordance with G.S. 17C-10(a) who have been separated from a sworn law enforcement position for over one year and who have not previously completed a minimum basic training program accredited by either the North Carolina Criminal Justice Training and Standards Council or the Commission shall complete a Commission-accredited basic training program, as prescribed in Rule .0405 of this Section, and shall achieve a passing score on the State Comprehensive Examination prior to employment;
  - (12) Persons who have completed training as a federal law enforcement officer and are candidates for appointment as a sworn law enforcement officer in North Carolina shall be required to complete a Commission-accredited basic training program, as prescribed in Rule .0405 of this Section, and shall achieve a passing score on the State Comprehensive Examination;
  - (13) Applicants with part-time experience who have a break in service in excess of one year shall complete a Commission-accredited basic training program, as prescribed in Rule .0405 of this Section, and achieve a passing score on the State Comprehensive Examination prior to employment;
  - (14) Applicants who hold or previously held certification issued by the North Carolina Sheriffs' Education and Training Standards Commission (Sheriffs' Commission) shall be subject to evaluation based on the applicant's active or inactive certification status with the Sheriffs' Commission of their prior training and experience on an individual basis. A deputy sheriff certified with the Sheriffs' Commission is considered active if he or she has performed any law enforcement function in the previous 12 months. A deputy sheriff certified with the Sheriffs' Commission is considered inactive if he or she has not performed a law enforcement function within the previous 12 months. The Standards Division staff shall determine the amount of training required of these applicants, based upon:
    - (A) ~~the active or inactive status held by the applicant;~~

- ~~(B) the amount of time served in an active status during the year immediately prior to application for certification by the Commission;~~
- ~~(C) the length of any break in the applicant's service; and~~
- ~~(D) whether the applicant has completed mandatory in-service training for each year his or her certification was held by the Sheriffs' Commission.~~
- (A) The Standards Division shall issue certification to an applicant holding active general certification with the Sheriffs' Commission provided the applicant:
  - (i) Does not have a break in service of greater than 12 months;
  - (ii) Has completed the mandatory in-service training requirements pursuant to 12 NCAC 10B .2005 for each year certification was held; and
  - (iii) Held active status with the Sheriffs' Commission within 12 months of the date the applicant achieved a passing score on the Basic Law Enforcement Training state comprehensive examination.
- (B) The Standards Division shall issue certification to an applicant holding inactive certification with the Sheriffs' Commission provided the applicant:
  - (i) Holds inactive probationary or general certification with the Sheriffs' Commission;
  - (ii) Has served a minimum of 24 months full-time, sworn service, or does not has a break in service of greater than 12 months;
  - (iii) Has completed the mandatory in-service training requirements pursuant to 12 NCAC 10B .2005, with the exception of Firearms Training and Requalification, during each year certification was held; and
  - (iv) Held active status with the Sheriffs' Commission within 12 months of the date the applicant achieved a passing score on the Basic Law Enforcement Training state comprehensive examination.
- (C) An applicant awarded certification with the Sheriffs' Commission by means of the Sheriffs' Standards BLET Challenge as prescribed in 12 NCAC 10B .0505(9)(b) shall meet the following requirements in order to obtain probationary certification from the Commission:
  - (i) Have a minimum of 24 months sworn, full-time law enforcement service;
  - (ii) Not have a break in service of greater than 12 months; and
  - (iii) Have completed all mandatory in-service requirements pursuant to 12 NCAC 10B .0505 during the previous two years.
- (D) An applicant defined as a criminal justice officer, as defined in G.S. 17C-2(3), who are elected Sheriff, shall not be required to maintain certification with the Sheriffs' Commission for the time period he or she serves as Sheriff. The applicant's certification shall be reinstated by the Commission upon the conclusion of the period of service as a Sheriff, and in conformance with 12 NCAC 09C .0303.
- (15) Alcohol law enforcement agents who received basic alcohol law enforcement training prior to November 1, 1993 and transfer to another law enforcement agency in a sworn capacity shall be subject to evaluation of their prior training and experience on an individual basis. The Standards Division staff shall determine the amount of training required of these applicants, based upon the type of certification held by the applicant and the length of any break in the applicant's sworn, full-time service.
- (16) Wildlife enforcement officers who separate from employment with the Wildlife Enforcement Division and transfer to another law enforcement agency in a sworn capacity shall be subject to evaluation of their prior training and experience on an individual basis. The Standards Division staff shall determine the amount of training required of these applicants, based upon the type of certification held by the applicant and the length of any break in the applicant's sworn, full-time service.
- (17) Active duty, guard, or reserve military members failing to complete all of the required annual in-service training topics, as defined in 12 NCAC 09E .0105, of this Chapter, due to military obligations, are subject to the following training requirements as a condition for return to active criminal justice status. The agency head shall verify the person's completion of the

appropriate training by submitting a statement, on Form F-9C, Return to Duty Request form. This form is located on the agency's website: <http://www.ncdoj.gov/getdoc/ac22954d-5e85-4a33-87af-308ba2248f54/F-9C-6-11.aspx>.

(A) ~~Active duty,~~ duty members of the armed forces eligible for probationary certification pursuant to Paragraph (18) of this Rule, and active duty, guard, or reserve military members holding probationary or general certification as a criminal justice officer who fail to complete all of the required annual in-service training topics due to military obligations for up to a period of three years, shall complete the previous year's required in-service training topics, the current year's required in-service training topics, and complete with a passing score the appointing agency's in-service firearms training and qualification program as prescribed in 12 NCAC 09E prior to their return to active criminal justice status;

(B) Active, guard or reserve military members holding probationary or general certification as a criminal justice officer who fail to complete all of the required annual in-service training topics due to military obligations for a period greater than three years shall complete the following topic areas within the following time frames:

(i) The person shall complete the previous year's required in-service training topics, the current year's required in-service training topics, and complete the appointing agency's in-service firearms training and qualification program as prescribed in 12 NCAC 09E prior to their return to active criminal justice status;

(ii) The person shall achieve a passing score on the practical skills testing for the First Responder, Law Enforcement Driver Training, and Subject Control Arrest Techniques topics enumerated in Rule .0205(b)(5) of this Subchapter prior to return to active criminal justice status. This practical skills testing

may be completed either in a Commission-accredited Basic Law Enforcement Training course or under the instruction of a [Commission-certified] instructor for that particular skill. The person shall complete one physical fitness assessment in lieu of the Fitness Assessment and Testing topic. The person must also be examined by a physician per Rule .0104(b) of this Subchapter; and

(iii) The person shall complete some of the topics in the legal unit of instruction in the Basic Law Enforcement Training course as set forth in Rule .0205(b)(1) of this Subchapter. The required topics include Motor Vehicle Law; Juvenile Laws and Procedures; Arrest, Search and Seizure/Constitutional Law; and ABC Laws and Procedures. The person shall achieve a passing score on the appropriate topic tests for each course delivery. The person may undertake each of these legal unit topics of instruction either in a Commission-accredited Basic Law Enforcement Training course or under the instruction of a Commission certified instructor for that particular topic of instruction. The person shall have 12 months from the beginning of his or her return to active criminal justice status to complete each of the enumerated topics of instruction.

(18) An active duty member of the armed forces who completes the basic training course in its entirety as prescribed in Rule .0405 of this Subchapter, and annually completes the mandatory in-service training topics as prescribed in Rule 9E .0105 of this Chapter, with the exception of the Firearms Qualification and Testing requirements contained in Paragraph (a)(1) of Rule 9E .0105 of this Subchapter for each year subsequent to the completion of the basic training course and achieves a passing score on the state

comprehensive examination as prescribed in Rule .0406 of this Subchapter within five years of separating from active duty status, shall be eligible for probationary certification as prescribed in Rule 9C .0303 of this Chapter for a period of 12 months from the date he or she separates from active duty status in the armed forces. All mandatory in-service training topics as prescribed in Rule 9E .0105 of this Chapter must be completed by the individual prior to receiving probationary certification as prescribed in Rule 9C .0303 of this Chapter.

(b) In the event the applicant's prior training is not equivalent to the Commission's standards, the Commission shall prescribe as a condition of certification supplementary or remedial training to equate previous training with current standards.

(c) Where certifications issued by the Commission require satisfactory performance on a written examination as part of the training, the Commission shall require the examinations for the certification.

(d) In those instances not incorporated within this Rule or where an evaluation of the applicant's prior training and experience determines that required attendance in the entire Basic Law Enforcement Training Course would be impractical, the Director of the Standards Division is authorized to exercise his or her discretion in determining the amount of training those persons shall complete during their probationary period.

(e) The following criteria shall be used by Standards Division staff in evaluating prior training and experience of local confinement personnel to determine eligibility for a waiver of training requirements:

- (1) Persons who hold probationary, general, or grandfather certification as local confinement personnel and separate after having completed a Commission-accredited course as prescribed in Rule .0224 or .0225 of this Subchapter and have been separated for one year or more shall complete a subsequent Commission-accredited training course and achieve a passing score on the State Comprehensive Examination during the probationary period as prescribed in Rule .0401(a) of this Section;
- (2) Persons who separated from a local confinement personnel position after having completed a Commission-accredited course as prescribed in Rule .0224 or .0225 of this Subchapter and who have been separated for less than one year shall serve a new 12 month probationary period, but need not complete an additional training program;
- (3) Applicants who hold or previously held "Detention Officer Certification" issued by the North Carolina Sheriffs' Education and Training Standards Commission shall be subject to evaluation of their prior training and experience on an individual basis. No additional training shall be required where the applicant obtained certification and successfully completed the required 120 hour

- (4) training course, and has not had a break in service in excess of one year; and  
Persons holding certification for local confinement facilities who transfer to a district or county confinement facility shall complete the course for district and county confinement facility personnel, as adopted by reference in Rule .0224 of this Subchapter, and achieve a passing score on the State Comprehensive Examination during the probationary period as prescribed in Rule .0401(a) of this Section.

Authority G.S. 17C-2; 17C-6; 17C-10; 93B-15.1.

**TITLE 26 – OFFICE OF ADMINISTRATIVE HEARINGS**

*Notice is hereby given in accordance with G.S. 150B-21.2 that the Office of Administrative Hearings intends to amend the rules cited as 26 NCAC 03 .0501 and .0502.*

**Link to agency website pursuant to G.S. 150B-19.1(c):** [www.ncoah.com](http://www.ncoah.com)

**Proposed Effective Date:** *October 1, 2016*

**Instructions on How to Demand a Public Hearing:** *(must be requested in writing within 15 days of notice): Send any requests for a public hearing to Bill Culpepper, General Counsel, Office of Administrative Hearings at bill.culpepper@oah.nc.gov on or before June 30, 2016.*

**Reason for Proposed Action:** *To clarify that "electronic service" of contested case documents filed electronically with the Office of Administrative Hearings is effected by means of the Electronic Filing Service Provider (26 N.C.A.C. 03 .0501 and .0502); and To provide that electronic filing and service of documents by means of the Electronic Filing Service Provider is mandatory when all attorneys and unrepresented parties to a contested case are registered in e-OAH (26 NCAC 03 .0502).*

**Comments may be submitted to:** *Bill Culpepper, General Counsel, Office of Administrative Hearings, 1711 New Hope Church Road, Raleigh, NC 27609, phone (919) 431-3067, fax (919) 431-3100, email bill.culpepper@oah.nc.gov*

**Comment period ends:** *August 15, 2016*

**Procedure for Subjecting a Proposed Rule to Legislative Review:** *If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule.*

The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

**Fiscal impact (check all that apply).**

- State funds affected
- Environmental permitting of DOT affected Analysis submitted to Board of Transportation
- Local funds affected
- Substantial economic impact (≥\$1,000,000)
- Approved by OSBM
- No fiscal note required by G.S. 150B-21.4

**CHAPTER 03 - HEARINGS DIVISION**

**SECTION .0500 – ELECTRONIC FILING**

**26 NCAC 03 .0501 DEFINITIONS**

In addition to the definitions contained in G.S. 150B-23.3, the following terms shall mean:

- (1) "Electronic filing" or "filed electronically" means the electronic transmission of the petition, notice of hearing, pleadings, or any other documents filed in a contested case with the Office of Administrative Hearings by uploading to the case docket using the OAH electronic filing system (e-OAH) accessed through a link on the OAH website at www.ncoah.com.
- (2) "Electronic Filing Service Provider (EFSP)" means the service provided by the Office of Administrative Hearings for electronic filing and electronic service of documents by way of the Internet accessed through a link on the OAH website at www.ncoah.com.
- (3) "Electronic signature" or "signed electronically" means a graphic version of the e-OAH user's signature or "s/" followed by the e-OAH user's typewritten name. This shall be the legal equivalent of the e-OAH user's handwritten signature.
- (4) "Electronic service" or "served electronically" means the electronic transmission of the petition, notice of hearing, pleadings, or any other documents filed in a contested case with the Office of Administrative Hearings to an attorney, mediator, or party utilizing the attorney's, mediator's, or party's electronic mail address registered with the Office of Administrative Hearings in e-OAH by means of the Electronic Filing Service Provider.
- (5) "Filed" means received and accepted for filing by the chief hearings clerk of the Office of Administrative Hearings in e-OAH.

Authority G.S. 7A-750; 150B-23; 150B-23.3.

**26 NCAC 03 .0502 GENERAL**

(a) The Office of Administrative Hearings shall permit documents filed and served in a contested case to be filed and served electronically by means of the Electronic Filing Service Provider. All attorneys, mediators, and other parties using e-OAH shall register to use the system through a link on the OAH website at www.ncoah.com. All e-OAH users shall keep current their electronic mail address in e-OAH. When all attorneys and unrepresented parties to a contested case are registered in e-OAH, documents filed and served in that contested case shall be filed and served electronically by means of the Electronic Filing Service Provider.

(b) In contested cases filed in e-OAH, registration as an e-OAH user constitutes ~~waiver of the right to receive notice or service by first class mail, certified mail, or personal delivery, and consent to electronic service and receipt of contested case documents~~ documents, including a notice of hearing given by OAH, at the e-OAH user's electronic mail address registered in e-OAH by means of the Electronic Filing Service Provider.

(c) An e-OAH user shall be responsible for the readability of any document filed or served electronically by that user. Within five business days of receipt of an unreadable document filed or served electronically, the receiving party shall notify the sending party of the unreadability of the document.

(d) Pleadings and other documents filed or served electronically shall contain the electronic signature of the attorney, mediator, or party who prepared the document and the preparer's name, mailing address, electronic mail address, and telephone number. Documents prepared by an attorney shall have the attorney's North Carolina State Bar number. An attorney registered as an e-OAH user in a non-Medicaid contested case shall electronically file and serve a notice of appearance in that contested case. An attorney's electronic signature to a petition for a contested case filed electronically shall be that attorney's notice of appearance in that contested case.

(e) Documents filed in e-OAH are filed when received and accepted for filing by the chief hearings clerk of the Office of Administrative Hearings. Upon completion of filing, the clerk shall send the e-OAH user a confirmation receipt that includes the date and time of filing which shall be proof of filing.

(f) Documents filed electronically after 5 pm shall be deemed filed at 8 am the following business day.

(g) Documents filed in a contested case by an e-OAH user shall be filed electronically by means of the Electronic Filing Service Provider and an e-OAH filing in a contested case shall be served electronically by means of the Electronic Filing Service Provider on all other attorneys or other parties registered in e-OAH in that contested case and shall include a certificate of service.

(h) Electronic service shall be treated as the same as service by mail for the purpose of adding three days to the prescribed period to respond under Rule 6(e) of the Rules of Civil Procedure as contained in G.S. 1A-1.

(i) A subpoena issued in a contested case by the chief hearings clerk of the Office of Administrative Hearings shall be signed electronically by the clerk.

(j) In contested cases filed electronically, the applicable filing fee shall be:

- (1) forwarded by first class mail or overnight express mail contemporaneously with the electronic filing;
- (2) paid personally to the chief hearings clerk of the Office of Administrative Hearings within five business days of the filing; or
- (3) paid by electronic funds transfer.

Authority G.S. 7A-750; 150B-23; 150B-23.2; 150B-23.3.

**TITLE 30 – STATE ETHICS COMMISSION**

Notice is hereby given in accordance with G.S. 120C-101 that the State Ethics Commission intends to amend the rules cited as 30 NCAC 09B .0101 and 30 NCAC 10D .0401.

Link to agency website pursuant to G.S. 150B-19.1(c): [www.ethicscommission.nc.gov](http://www.ethicscommission.nc.gov)

Proposed Effective Date: September 1, 2016

**Public Hearing:**

Date: August 12, 2016

Time: 9:00 a.m.

Location: Capehart Crocker House, Commission Meeting Room, 424 N. Blount Street, Raleigh, NC 27601

Reason for Proposed Action: To clarify the decision to be made by the Commission when it is referred a complaint from a Commission panel because the panel members disagree.

Comments may be submitted to: Lisa Johnson, 1324 Mail Service enter, Raleigh, NC 27699-1324, phone (919)814-3610, fax (919) 715-2059, email [lisa.johnson@doa.nc.gov](mailto:lisa.johnson@doa.nc.gov). The comment period begins June 15, 2016 and ends August 11, 2016.

**Fiscal impact (check all that apply).**

- State funds affected
- Environmental permitting of DOT affected Analysis submitted to Board of Transportation
- Local funds affected
- Substantial economic impact (≥\$1,000,000)
- Approved by OSBM
- No fiscal note required by G.S. 150B-21.4

**CHAPTER 09 – ETHICS COMPLAINTS**

**SUBCHAPTER 09B - PRELIMINARY INQUIRY AND PROBABLE CAUSE DETERMINATION**

**30 NCAC 09B .0101 INQUIRY AND PROBABLE CAUSE PANELS**

(a) The preliminary inquiry and the determination of probable cause shall be made by a Commission panel of two Commission members, who shall not be of the same political party. The Chair shall appoint members of the panel to serve on a rotating basis. The Chair may appoint substitute panel members.

(b) After a preliminary inquiry, the Commission panel may dismiss a complaint if it determines the following:

- (1) that the individual against whom the complaint was filed is not a covered person or legislative employee; or
- (2) that the complaint did not allege facts sufficient to constitute a violation under G.S. 138A-12(b).

(c) If the Commission panel members cannot agree at the preliminary inquiry stage as to whether the complaint alleges facts sufficient to constitute a violation, the matter shall proceed to an investigation.

(d) If the Commission panel members disagree on the probable cause determination, the complaint shall proceed to the Commission for a ~~the probable cause~~ determination with the panel members recusing themselves from voting.

Authority G.S. 138A-10(a)(2); 138A-10(a)(5); 138A-10(a)(6); 138A-10(a)(10); 138A-12.

**CHAPTER 10 - LOBBYING**

**SUBCHAPTER 10D – LOBBYING COMPLAINTS**

**SECTION .0400 – COMPLAINT DISPOSITIONS**

**30 NCAC 10D .0401 PANEL REVIEW AND RECOMMENDATION**

(a) For complaints initiated pursuant to Rule .0202(2) of this Subchapter, Commission staff shall present the investigative report to the same Commission panel that conducted the preliminary inquiry or a substitute panel appointed pursuant to Rule .0105 of this Subchapter.

(b) The Commission panel shall review the investigative report and shall take one or more of the following actions regarding the Article 1, 3, 5, and 7 allegations:

- (1) direct Commission staff to conduct further investigation or obtain additional information;
- (2) recommend that the Commission refer the lobbying complaint to another agency;
- (3) recommend that the Commission dismiss the lobbying complaint or specific allegations within the complaint for lack of a violation of Article 1, 3, 5, or 7 of G.S. 120C.
- (4) recommend that the Commission find a violation of Article 1, 3, 5, or 7 of G.S. 120C and that a specific sanction or sanctions should be imposed. A violation shall be shown to exist by a preponderance of the evidence.

(c) Recommendations shall be presented to the Commission no later than at the next regularly scheduled quarterly Commission meeting.

(d) If the panel members disagree on a decision under this Rule, the complaint shall go before the Commission for a decision pursuant to Rule .0404 of this Subchapter, with the panel members recusing themselves from voting.

Authority G.S. 120C-101(a); 120C-601.

**Note from the Codifier:** The rules published in this Section of the NC Register are temporary rules reviewed and approved by the Rules Review Commission (RRC) and have been delivered to the Codifier of Rules for entry into the North Carolina Administrative Code. A temporary rule expires on the 270<sup>th</sup> day from publication in the Register unless the agency submits the permanent rule to the Rules Review Commission by the 270<sup>th</sup> day.

This section of the Register may also include, from time to time, a listing of temporary rules that have expired. See G.S. 150B-21.1 and 26 NCAC 02C .0500 for adoption and filing requirements.

**TITLE 15A – DEPARTMENT OF ENVIRONMENTAL QUALITY**

**Rule-making Agency:** *Wildlife Resources Commission*

**Rule Citation:** *15A NCAC 10B .0202*

**Effective Date:** *May 31, 2016*

**Date Approved by the Rules Review Commission:** *March 19, 2016*

**Reason for Action:** *The Commission has identified a need to make alterations to a bear season and a manner of take before the opening of the fall 2016 bear season and to have these changes presented to the public in the annual Inland Fishing, Hunting and Trapping Regulations Digest which is distributed to the public on August 1. The adopted rule reduces the amount of time baiting for bear will be allowed in the western part of North Carolina from the noticed text due to feedback the agency received during the public comment period. These changes are necessary to effectively manage the black bear population.*

**CHAPTER 10 – WILDLIFE RESOURCES AND WATER SAFETY**

**SUBCHAPTER 10B – HUNTING AND TRAPPING**

**SECTION .0200 - HUNTING**

**15A NCAC 10B .0202 BEAR**

(a) Open Seasons for hunting bear shall be from the:

- (1) Monday on or nearest October 15 to the Saturday before Thanksgiving and the third Monday after Thanksgiving to January 1 in and west of Surry, Wilkes, Caldwell, Burke, and Cleveland counties.
- (2) Second Monday in November to January 1 in ~~all of~~ Bladen, Brunswick, Carteret, Columbus, Cumberland, Duplin, New Hanover, Onslow, Pamlico, Pender, and Sampson counties.
- (3) First Monday in December to the third Saturday thereafter in ~~Brunswick, Columbus, and Robeson County~~ counties.
- (4) Second Monday in November to the following Saturday and the third Monday after Thanksgiving to the fifth Saturday after Thanksgiving in ~~all of~~ Beaufort, Camden, Chowan, Craven, Dare, Edgecombe, Greene, Halifax, Hyde, Jones, Lenoir, Martin, Nash,

Northampton, Pasquotank, Pitt, Tyrrell, Washington, Wayne, and Wilson counties.

(5) Saturday preceding the second Monday in November to the following Saturday and the third Monday after Thanksgiving to the fifth Saturday after Thanksgiving in Bertie, Currituck, Gates, Hertford, and Perquimans counties.

(6) Concurrent with the open season for all lawful weapons for hunting deer as specified in 15A NCAC 10B .0203(a)(1) in Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Davie, Davidson, Durham, Franklin, Forsyth, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stanly, Stokes, Union, Vance, ~~Warren~~, Wake, Warren, and Yadkin counties.

(b) Restrictions

(1) For purposes of this Paragraph, "bait" means any natural, unprocessed food product that is a grain, fruit, nut, vegetable, or other material harvested from a plant crop that is not modified from its raw components.

- (2) Bears shall not be taken with the use or aid of:
- (A) any processed food product as defined in G.S. 113-294(r), any animal, animal part or product, salt, salt lick, honey, sugar, sugar-based material, syrups, candy, pastry, gum, candy block, oils, spices, peanut butter, or grease;
  - (B) any extracts of substances identified in Part (A) of this Subparagraph;
  - (C) any substances modified by substances identified in Part (A) of this Subparagraph, including any extracts of those substances; or
  - (D) any bear bait attractant, including sprays, aerosols, scent balls, and scent powders.

~~(3) Bears may be taken with the aid of bait from the Monday on or nearest October 15 to the Saturday before Thanksgiving in the counties in Subparagraph (a)(1) of this Rule.~~

~~(3)(4) Bears may be taken with the aid of bait during the entire open season in the counties identified in Subparagraphs (a)(2) through (a)(6) of this Rule from the first open Monday through the following Saturday only in the counties in~~

~~Subparagraphs (a)(1) through (a)(5) of this Rule. In counties with a season split into two or more segments, this Subparagraph applies only to the first segment.~~

- ~~(4)(5)~~ Bears shall not be taken while in the act of consuming bait.
- ~~(5)~~ ~~Bears may be taken with the aid of bait during the entire open season in the counties identified in Subparagraph (a)(6) of this Rule.~~
- (6) Hunters shall not take bears using dogs in the following counties: Alamance south of Interstate 85, Anson west of N.C. Hwy 742, Cabarrus, Chatham, Davie, Davidson, Franklin, Forsyth, Gaston, Guilford, Lee, Lincoln, Mecklenburg, Montgomery, Orange south of Interstate 85, Randolph, Rockingham, Rowan, Stanly, Union, and Wake south of N.C. Hwy 98. In all other counties and parts of counties, hunters may take bears using dogs and may release dogs in the vicinity of bait.

(c) No Open Season. There is no open season in those parts of counties included in the following posted bear sanctuaries:

- Avery, Burke, and Caldwell counties--Daniel Boone bear sanctuary except by permit only
- Beaufort, Bertie, and Washington counties--Bachelor Bay bear sanctuary
- Bladen County--Suggs Mill Pond bear sanctuary
- Brunswick County--Green Swamp bear sanctuary
- Buncombe, Haywood, Henderson, and Transylvania counties--Pisgah bear sanctuary
- Carteret, Craven, and Jones counties--Croatan bear sanctuary
- Clay County--Fires Creek bear sanctuary
- Columbus County--Columbus County bear sanctuary
- Currituck County--North River bear sanctuary

- Dare County--Bombing Range bear sanctuary except by permit only
- Haywood County--Harmon Den bear sanctuary
- Haywood County--Sherwood bear sanctuary
- Hyde County--Gull Rock bear sanctuary
- Hyde County--Pungo River bear sanctuary
- Jackson County--Pantherdown-Bonas Defeat bear sanctuary
- Macon County--Standing Indian bear sanctuary
- Macon County--Wayah bear sanctuary
- Madison County--Rich Mountain bear sanctuary
- McDowell and Yancey counties--Mt. Mitchell bear sanctuary except by permit only
- Mitchell and Yancey counties--Flat Top bear sanctuary
- Wilkes County--Thurmond Chatham bear sanctuary

(d) The daily bag limit is one, the possession limit is one, and the season limit is one.

(e) Kill Reports. The carcass of each bear shall be reported as provided by 15A NCAC 10B .0113.

*History Note: Authority G.S. 113-134; 113-291.1; 113-291.2; 113-291.7; 113-305; Eff. February 1, 1976; Amended Eff. July 1, 1998; September 1, 1995; July 1, 1995; July 1, 1994; April 14, 1992; Temporary Amendment Eff. July 1, 1999; Amended Eff. July 1, 2000; Temporary Amendment Eff. July 1, 2002; Amendment Eff. August 1, 2002; Temporary Amendment Eff. September 1, 2003; Temporary Amendment Expired Eff. December 27, 2003; Amended Eff. August 1, 2015; August 1, 2014; August 1, 2012; August 1, 2010; May 1, 2009; May 1, 2008; May 1, 2007; May 1, 2006; June 1, 2005; Temporary Amendment Eff. May 31, 2016.*

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**RULES REVIEW COMMISSION**

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*This Section contains information for the meeting of the Rules Review Commission May 19, 2016 at 1711 New Hope Church Road, RRC Commission Room, Raleigh, NC. Anyone wishing to submit written comment on any rule before the Commission should submit those comments to the RRC staff, the agency, and the individual Commissioners. Specific instructions and addresses may be obtained from the Rules Review Commission at 919-431-3000. Anyone wishing to address the Commission should notify the RRC staff and the agency no later than 5:00 p.m. of the 2<sup>nd</sup> business day before the meeting. Please refer to RRC rules codified in 26 NCAC 05.*

**RULES REVIEW COMMISSION MEMBERS**

**Appointed by Senate**  
Jeff Hyde (1<sup>st</sup> Vice Chair)  
Robert A. Bryan, Jr.  
Margaret Currin  
Jay Hemphill  
Jeffrey A. Poley

**Appointed by House**  
Garth Dunklin (Chair)  
Stephanie Simpson (2<sup>nd</sup> Vice Chair)  
Anna Baird Choi  
Jeanette Doran  
Danny Earl Britt, Jr.

**COMMISSION COUNSEL**

Abigail Hammond	(919)431-3076
Amber Cronk May	(919)431-3074
Amanda Reeder	(919)431-3079
Jason Thomas	(919)431-3081

**RULES REVIEW COMMISSION MEETING DATES**

June 16, 2016	July 21, 2016
August 18, 2016	September 15, 2016

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**RULES REVIEW COMMISSION MEETING  
MINUTES  
May 19, 2016**

The Rules Review Commission met on Thursday, May 19, 2016, in the Commission Room at 1711 New Hope Church Road, Raleigh, North Carolina. Commissioners present were: Bobby Bryan, Anna Choi, Margaret Currin, Jeanette Doran, Jay Hemphill, Jeff Hyde, Jeff Poley, and Stephanie Simpson.

Staff members present were Commission Counsels Abigail Hammond, Amanda Reeder, and Jason Thomas; and Julie Brincefield, Alex Burgos, and Dana Vojtko.

The meeting was called to order at 10:00 a.m. with 1<sup>st</sup> Vice Chairman Hyde presiding.

Molly Masich, Codifier of Rules with OAH, introduced OAH extern Stephanie Barickman.

1<sup>st</sup> Vice Chairman Hyde read the notice required by G.S. 138A-15(e) and reminded the Commission members that they have a duty to avoid conflicts of interest and the appearances of conflicts of interest.

**APPROVAL OF MINUTES**

1<sup>st</sup> Vice Chairman Hyde asked for any discussion, comments, or corrections concerning the minutes of the April 21, 2016 meeting. There were none and the minutes were approved as distributed.

**FOLLOW UP MATTERS**

**Pesticide Board**

02 NCAC 09L .0504, .0505, .0507, .0522, .1102, .1104, and .1108 – All rules were unanimously approved.

**911 Board**

09 NCAC 06C .0111, .0112, .0113, .0114, .0205, .and .0216 – All rules were unanimously approved.

**Social Services Commission**

10A NCAC 71P .0101, .0102, .0103, .0201, .0202, .0301, .0302, .0303, .0304, .0306, .0401, .0402, .0403, .0404, .0405, .0406, .0501, .0502, .0504, .0505, .0506, .0507, .0508, .0601, .0602, .0603, .0604, .0608, .0701, .0702, .0704, .0705, .0801, .0802, .0803, .0804, .0805, .0902, .0903, .0904, .0905, and .0906 – All rules were unanimously approved.

**Coastal Resources Commission**

15A NCAC 07H .0308, .1704, .and .1705 – Pursuant to G.S. 150B-21.1(b2), the rules were returned to the agency. No action was required by the Commission.

**Property Tax Commission**

17 NCAC 11 .0216 and .0217 - The agency is addressing the objections from the October meeting by publishing a Notice of Text in the North Carolina Register. No action was required by the Commission.

**LOG OF FILINGS (PERMANENT RULES)**

**Social Services Commission**

All rules were unanimously approved.

**Radiation Protection Commission**

10A NCAC 15 .1701 - The Commission approved the rule contingent upon receiving the technical changes requested by Commissioner Bryan. The rule with the technical change was subsequently received.

W. Lee Cox, III, with the agency, addressed the Commission.  
Nadine Pfeiffer from the Division of Health Service Regulation addressed the Commission.

**Public Safety – Division of Emergency Management**

14B NCAC 03 .0101, .0102, .0103, and .0202 were withdrawn at the request of the agency.

The Commission objected to 14B NCAC 03 .0104 in accordance with G.S. 150B-21.10. The Commission objected to the rule, finding the agency failed to comply with the Administrative Procedure Act. Specifically, the Commission found that the text presented was not a rule as defined in G.S. 150B-2(8a), as the contents set forth only the internal management of the agency and does not affect the procedural or substantive rights of anyone outside of the agency.

**Public Safety - State Capitol Police**

The Commission voted to extend the period of review for 14B NCAC .0102, .0201, .0202, and .0203 in accordance with G.S. 150B-21.10 with Commissioner Doran voting against. They did so in response to a request from the Public Safety - State Capitol Police to allow additional time for review of technical change requests.

**Department of Revenue**

17 NCAC 07B .4710 was unanimously approved.

**Appraisal Board**

All rules were unanimously approved.

**Building Code Council**

All rules were unanimously approved.

**LOG OF RULES (TEMPORARY RULES)**

**Wildlife Resources Commission**

15A NCAC 10B .0202 was unanimously approved.

**EXISTING RULES REVIEW**

**Department of Administration**

01 NCAC 05 – The Commission unanimously approved the report as submitted by the agency.

**DHHS/Division of Medical Assistance**

10A NCAC 23 - The Commission unanimously approved the report as submitted by the agency.  
10A NCAC 25 - The Commission unanimously approved the report as submitted by the agency.

**Licensing Board for General Contractors**

21 NCAC 12 - The Commission unanimously approved the report as submitted by the agency.  
Prior to the review of the report from the Licensing Board for General Contractors, Commissioner Choi recused herself and did not participate in any discussion or vote concerning the report because she is the rulemaking coordinator for the board.

**Board of Occupational Therapy**

21 NCAC 38 - The Commission unanimously approved the report as submitted by the agency.

**Office of Administrative Hearings**

26 NCAC 01 - The Commission unanimously approved the report as submitted by the agency.  
26 NCAC 02 - The Commission unanimously approved the report as submitted by the agency.  
26 NCAC 03 - The Commission unanimously approved the report as submitted by the agency.  
26 NCAC 04 - The Commission unanimously approved the report as submitted by the agency.

**Commission of Navigation and Pilotage for the Cape Fear River and Bar**

04 NCAC 15 - As reflected in the attached letter, the Commission voted to schedule readoption of these Rules pursuant to G.S. 150B-21.3A(d)(2) no later than May 31, 2017.

**Department of Insurance**

11 NCAC 18 - As these Rules were readoptions scheduled by the Commission pursuant to G.S. 150B-21.3A(d)(2), the Commission will set a new readoption date for these Rules at a later meeting.

**Environmental Management Commission**

15A NCAC 02D – As reflected in the attached letter, the Commission voted to schedule readoption of these Rules pursuant to G.S. 150B-21.3A(d)(2) no later than December 31, 2020.  
15A NCAC 02Q – As reflected in the attached letter, the Commission voted to schedule readoption of these Rules pursuant to G.S. 150B-21.3A(d)(2) no later than December 31, 2020.

**Medical Board**

21 NCAC 32 - As reflected in the attached letter, the Commission voted to schedule readoption of these Rules pursuant to G.S. 150B-21.3A(d)(2) no later than September 30, 2017.

**Coal Ash, Oil and Gas, and Mining Commissions**

15A NCAC 05A, 05B, 05C, 05F, and 05G – The Commission unanimously voted to adopt staff's recommendation to amend Rule 26 NCAC 05 .0211 and remove 15A NCAC 05A, 05B, 05C, 05F, and 05G from the periodic review schedule until new appointments are made to the Coal Ash, Oil and Gas, and Mining Commissions. The Commission will reschedule the date of review for the reports after new Commissioners are appointed to the Coal Ash, Oil and Gas, and Mining Commissions, and staff is able to consult with these Commissions.

**COMMISSION BUSINESS**

The Commission amended Rule 26 NCAC 05 .0211 to reflect changes in the Administrative Code.

The meeting adjourned at 10:47 a.m.

The next regularly scheduled meeting of the Commission is Thursday, June 16<sup>th</sup> at 10:00 a.m.

There is a digital recording of the entire meeting available from the Office of Administrative Hearings /Rules Division.

Respectfully Submitted,

\_\_\_\_\_  
Alexander Burgos, Paralegal

Minutes approved by the Rules Review Commission:

\_\_\_\_\_  
Jeff Hyde, 1<sup>st</sup> Vice Chair

May 19, 2016

Rules Review Commission  
Meeting  
Please Print Legibly

Name	Agency
BARRY GUPTON	NC DOS / NC BCC
Chris Uso	DAAS / DHHS
Roberta Duellitt	NC DOS / Appraisal Board
Nadine Pfeiffer	DHHS / DHSR
Richard Bradford	NC DOS / 911 BOARD
Teresa Bank	NC DIT / 911 Board
Lee Cox	NC / PHHS R.A.P. Unit
Jennifer Everett	DEQ
Jim Burnell	NCDAES
David Cranley	NC DHSR / RPS
James Albright	NC DHSR / RPS / RAMB
Janice Davidson	NC DOR
Will Pick	NC DPS
Stephanie Barickman	UNC law extern
Joe G. Wright	NCEN
David Cobb	NCWRC
Joelle Burleson	NCDAQ
Jennifer Johnson	DEDEC
Debra Alsten	DEDEC
Lynne Byrum	DHHS
Michelle	DHHS
Frank Wiesner	NCLBGC



STATE OF NORTH CAROLINA  
OFFICE OF ADMINISTRATIVE HEARINGS

Mailing address:  
6714 Mail Service Center  
Raleigh, NC 27699-6714

Street address:  
1711 New Hope Church Rd  
Raleigh, NC 27609-6285

May 19, 2016

Bonner Stiller, Rulemaking Coordinator  
Commission of Navigation and Pilotage for the Cape Fear River and Bar  
801 North Howe Street, Suite 7  
Southport, North Carolina 28461

Re: Readoption pursuant to G.S. 150B-21.3A(c)(2)g of 04 NCAC 15

Dear Mr. Stiller:

Attached to this letter are the rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A(c)(2)g. After consultation with your agency, this set of rules was discussed at the May 19, 2016 Rules Review Commission meeting regarding the scheduling of these rules for readoption. Pursuant to G.S. 150B-21.3A(d)(2), the rules identified on the attached printout shall be readopted by the agency no later than May 31, 2017.

If you have any questions regarding the Commission's action, please let me know.

Sincerely,

Abigail M. Hammond  
Commission Counsel

cc: John Harriss

Administration 919/431-3000 fax: 919/431-3100	Rules Division 919/431-3000 fax: 919/431-3104	Judges and Assistants 919/431-3000 fax: 919/431-3100	Clerk's Office 919/431-3000 fax: 919/431-3100	Rules Review Commission 919/431-3000 fax: 919/431-3104	Civil Rights Division 919/431-3036 fax: 919/431-3103
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An Equal Employment Opportunity Employer

**RRC DETERMINATION  
PERIODIC RULE REVIEW  
September 17, 2015  
APO Review: November 23, 2015**

**Navigation and Pilotage for the Cape Fear River and Bar, Commission of  
Total: 6**

**RRC Determination: Necessary with substantive public interest**

<b>Rule</b>	<b>Determination</b>
<u>04 NCAC 15 .0119</u>	Necessary with substantive public interest
<u>04 NCAC 15 .0121</u>	Necessary with substantive public interest
<u>04 NCAC 15 .0123</u>	Necessary with substantive public interest
<u>04 NCAC 15 .0124</u>	Necessary with substantive public interest
<u>04 NCAC 15 .0127</u>	Necessary with substantive public interest
<u>04 NCAC 15 .0128</u>	Necessary with substantive public interest

DRAFT



STATE OF NORTH CAROLINA  
OFFICE OF ADMINISTRATIVE HEARINGS

Mailing address:  
6714 Mail Service Center  
Raleigh, NC 27699-6714

Street address:  
1711 New Hope Church Rd  
Raleigh, NC 27609-6285

May 19, 2016

Jennifer Everett, Rulemaking Coordinator  
Department of Environment Quality  
Environmental Management Commission  
1601 Mail Service Center  
Raleigh, North Carolina 27699-1601

Re: Readoption pursuant to G.S. 150B-21.3A(c)(2)g of 15A NCAC 02D, 15A NCAC 02Q

Dear Ms. Everett:

Attached to this letter are the rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A(c)(2)g. After consultation with your agency, this set of rules was discussed at the May 19, 2016 Rules Review Commission meeting regarding the scheduling of these rules for readoption. Pursuant to G.S. 150B-21.3A(d)(2), the rules identified on the attached printout shall be readopted by the agency no later than December 31, 2020.

If you have any questions regarding the Commission's action, please let me know.

Sincerely,

Abigail M. Hammond  
Commission Counsel

Administration 919/431-3000 fax:919/431-3100	Rules Division 919/431-3000 fax: 919/431-3104	Judges and Assistants 919/431-3000 fax: 919/431-3100	Clerk's Office 919/431-3000 fax: 919/431-3100	Rules Review Commission 919/431-3000 fax: 919/431-3104	Civil Rights Division 919/431-3036 fax: 919/431-3103
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An Equal Employment Opportunity Employer

**RRC DETERMINATION  
PERIODIC RULE REVIEW  
December 17, 2015  
APO Review: January 05, 2016**

**Environmental Management Commission  
Total: 322**

**RRC Determination: Necessary with substantive public interest**

<b>Rule</b>	<b>Determination</b>
15A <u>NCAC 02D .0101</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0201</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0202</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0301</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0302</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0303</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0304</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0305</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0306</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0307</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0401</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0402</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0403</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0404</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0405</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0407</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0408</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0409</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0410</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0501</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0502</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0503</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0504</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0506</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0507</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0508</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0509</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0510</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0511</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0512</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0513</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0514</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0515</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0516</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0517</u>	Necessary with substantive public interest
15A <u>NCAC 02D .0519</u>	Necessary with substantive public interest







15A NCAC 02D .1706 Necessary with substantive public interest  
15A NCAC 02D .1707 Necessary with substantive public interest  
15A NCAC 02D .1708 Necessary with substantive public interest  
15A NCAC 02D .1709 Necessary with substantive public interest  
15A NCAC 02D .1710 Necessary with substantive public interest  
15A NCAC 02D .1801 Necessary with substantive public interest  
15A NCAC 02D .1802 Necessary with substantive public interest  
15A NCAC 02D .1803 Necessary with substantive public interest  
15A NCAC 02D .1804 Necessary with substantive public interest  
15A NCAC 02D .1806 Necessary with substantive public interest  
15A NCAC 02D .1807 Necessary with substantive public interest  
15A NCAC 02D .1808 Necessary with substantive public interest  
15A NCAC 02D .1901 Necessary with substantive public interest  
15A NCAC 02D .1902 Necessary with substantive public interest  
15A NCAC 02D .1903 Necessary with substantive public interest  
15A NCAC 02D .1904 Necessary with substantive public interest  
15A NCAC 02D .1906 Necessary with substantive public interest  
15A NCAC 02D .1907 Necessary with substantive public interest  
15A NCAC 02D .2001 Necessary with substantive public interest  
15A NCAC 02D .2002 Necessary with substantive public interest  
15A NCAC 02D .2003 Necessary with substantive public interest  
15A NCAC 02D .2004 Necessary with substantive public interest  
15A NCAC 02D .2005 Necessary with substantive public interest  
15A NCAC 02D .2101 Necessary with substantive public interest  
15A NCAC 02D .2102 Necessary with substantive public interest  
15A NCAC 02D .2103 Necessary with substantive public interest  
15A NCAC 02D .2104 Necessary with substantive public interest  
15A NCAC 02D .2201 Necessary with substantive public interest  
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15A NCAC 02D .2310 Necessary with substantive public interest  
15A NCAC 02D .2311 Necessary with substantive public interest  
15A NCAC 02D .2601 Necessary with substantive public interest





15A NCAC 02Q .0704 Necessary with substantive public interest  
15A NCAC 02Q .0706 Necessary with substantive public interest  
15A NCAC 02Q .0707 Necessary with substantive public interest  
15A NCAC 02Q .0708 Necessary with substantive public interest  
15A NCAC 02Q .0709 Necessary with substantive public interest  
15A NCAC 02Q .0710 Necessary with substantive public interest  
15A NCAC 02Q .0711 Necessary with substantive public interest  
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15A NCAC 02Q .0801 Necessary with substantive public interest  
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15A NCAC 02Q .0808 Necessary with substantive public interest  
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15A NCAC 02Q .0810 Necessary with substantive public interest  
15A NCAC 02Q .0901 Necessary with substantive public interest  
15A NCAC 02Q .0902 Necessary with substantive public interest  
15A NCAC 02Q .0903 Necessary with substantive public interest

DRAFT



STATE OF NORTH CAROLINA  
OFFICE OF ADMINISTRATIVE HEARINGS

Mailing address:  
6714 Mail Service Center  
Raleigh, NC 27699-6714

Street address:  
1711 New Hope Church Rd  
Raleigh, NC 27609-6285

May 19, 2016

Wanda Long, Rulemaking Coordinator  
North Carolina Medical Board  
Post Office Box 20007  
1203 Front Street  
Raleigh, NC 27619-0007

Re: Readoption pursuant to G.S. 150B-21.3A(c)(2)g of 21 NCAC 32

Dear Ms. Long:

Attached to this letter are the rules subject to readoption pursuant to the periodic review and expiration of existing rules as set forth in G.S. 150B-21.3A(c)(2)g. After consultation with your agency, this set of rules was discussed at the May 19, 2016 Rules Review Commission meeting regarding the scheduling of these rules for readoption. Pursuant to G.S. 150B-21.3A(d)(2), the rules identified on the attached printout shall be readopted by the agency no later than September 30, 2017.

If you have any questions regarding the Commission's action, please let me know.

Sincerely,

Abigail M. Hammond  
Commission Counsel

Administration 919/431-3000 fax: 919/431-3100	Rules Division 919/431-3000 fax: 919/431-3104	Judges and Assistants 919/431-3000 fax: 919/431-3100	Clerk's Office 919/431-3000 fax: 919/431-3100	Rules Review Commission 919/431-3000 fax: 919/431-3104	Civil Rights Division 919/431-3036 fax: 919/431-3103
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An Equal Employment Opportunity Employer

**RRC DETERMINATION  
PERIODIC RULE REVIEW  
February 18, 2016  
APO Review: March 01, 2016**

**Medical Board  
Total: 12**

**RRC Determination: Necessary with substantive public interest**

<b>Rule</b>	<b>Determination</b>
21 <a href="#"><u>NCAC 32A .0104</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32A .0111</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0101</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0201</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0202</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0203</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0204</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0205</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0206</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0207</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32K .0208</u></a>	Necessary with substantive public interest
21 <a href="#"><u>NCAC 32M .0111</u></a>	Necessary with substantive public interest

DRAFT

**LIST OF APPROVED PERMANENT RULES  
May 19, 2016 Meeting**

**PESTICIDE BOARD**

<u>Definitions</u>	02	NCAC	09L	.0504
<u>Classifications</u>	02	NCAC	09L	.0505
<u>Categories of Consultants</u>	02	NCAC	09L	.0507
<u>Recertification Options</u>	02	NCAC	09L	.0522
<u>Definitions</u>	02	NCAC	09L	.1102
<u>Single Purchase Emergency Certification Permit</u>	02	NCAC	09L	.1104
<u>Term of Certification; Recertification</u>	02	NCAC	09L	.1108

**911 BOARD**

<u>Requests for Declaratory Rulings</u>	09	NCAC	06C	.0111
<u>Response to a Request for Declaratory Ruling</u>	09	NCAC	06C	.0112
<u>Duration of a Declaratory Ruling</u>	09	NCAC	06C	.0113
<u>Record of Ruling</u>	09	NCAC	06C	.0114
<u>Comprehensive Emergency Management Plan (CEMP)</u>	09	NCAC	06C	.0205
<u>Assessing PSAP Operations</u>	09	NCAC	06C	.0216

**SOCIAL SERVICES COMMISSION**

<u>Definitions</u>	10A	NCAC	10	.0102
<u>Support to Employment: Training for Employment</u>	10A	NCAC	10	.0905
<u>Requirements for Determination and Redetermination of Eli...</u>	10A	NCAC	10	.1007

**RADIATION PROTECTION COMMISSION**

<u>Additional Requirements for Licensees Possessing Category...</u>	10A	NCAC	15	.1701
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**SOCIAL SERVICES COMMISSION**

<u>Supervision</u>	10A	NCAC	71P	.0101
<u>Definitions</u>	10A	NCAC	71P	.0102
<u>State/County Special Assistance Program Procedures</u>	10A	NCAC	71P	.0103
<u>Maximum Rates</u>	10A	NCAC	71P	.0201
<u>Licensed Facilities</u>	10A	NCAC	71P	.0202
<u>Minimum Payment</u>	10A	NCAC	71P	.0301
<u>Beneficiary in Adult Care</u>	10A	NCAC	71P	.0302
<u>Recipient in Domiciliary Care with Spouse at Home</u>	10A	NCAC	71P	.0303
<u>Recipient/Domiciliary Care: Spouse/Not Receiving</u>	10A	NCAC	71P	.0304
<u>Beneficiary in a Private Living Arrangement</u>	10A	NCAC	71P	.0306
<u>Minimum Payment</u>	10A	NCAC	71P	.0401
<u>Recipient/Domiciliary Care: Spouse/Children</u>	10A	NCAC	71P	.0402
<u>Recipient/Domiciliary Care: Spouse/Children Recv'g AFDC-MA</u>	10A	NCAC	71P	.0403
<u>Recipient/Domiciliary Care: Spouse/Recv'g Medical Assist.</u>	10A	NCAC	71P	.0404
<u>Recipient/Spouse Both Receiving Special</u>	10A	NCAC	71P	.0405
<u>Recipient/Domiciliary Care: Spouse: Nursing/Intermed. FAC.</u>	10A	NCAC	71P	.0406
<u>Payee</u>	10A	NCAC	71P	.0501

**RULES REVIEW COMMISSION**

<u>Payment Authorization</u>	10A NCAC	71P	.0502
<u>Correction of Administrative Overpayments</u>	10A NCAC	71P	.0504
<u>Benefit Insurance</u>	10A NCAC	71P	.0505
<u>Receipt and Use of Checks</u>	10A NCAC	71P	.0506
<u>Lost: Stolen and Forged Checks</u>	10a NCAC	71P	.0507
<u>Fraud</u>	10a NCAC	71P	.0508
<u>Acceptance of Application</u>	10A NCAC	71P	.0601
<u>Initial Application</u>	10A NCAC	71P	.0602
<u>Eligibility Determination Process</u>	10A NCAC	71P	.0603
<u>Time Standard</u>	10A NCAC	71P	.0604
<u>Notice to Beneficiary</u>	10A NCAC	71P	.0608
<u>Time and Content</u>	10A NCAC	71P	.0701
<u>Verification of Facility</u>	10A NCAC	71P	.0702
<u>Re-Evaluation</u>	10A NCAC	71P	.0704
<u>Notice to Beneficiary of Intended Action</u>	10A NCAC	71P	.0705
<u>AA-SA: Group I</u>	10A NCAC	71P	.0801
<u>AD-SA: Group I</u>	10A NCAC	71P	.0802
<u>SAA</u>	10A NCAC	71P	.0803
<u>SAD</u>	10A NCAC	71P	.0804
<u>SA: Certain Disabled</u>	10A NCAC	71P	.0805
<u>United States Citizenship</u>	10A NCAC	71P	.0902
<u>Residence</u>	10A NCAC	71P	.0903
<u>Resources</u>	10A NCAC	71P	.0904
<u>Income</u>	10A NCAC	71P	.0905
<u>Evaluation</u>	10A NCAC	71P	.0906

**REVENUE, DEPARTMENT OF**

<u>Bookbinders</u>	17	NCAC	07B	.4710
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**APPRAISAL BOARD**

<u>Applicants Certified in Another State</u>	21	NCAC	57A	.0211
<u>Appraisal Standards</u>	21	NCAC	57A	.0501
<u>Experience Credit to Upgrade</u>	21	NCAC	57A	.0601
<u>Acceptable Experience - Residential Category</u>	21	NCAC	57A	.0602
<u>Acceptable Experience - General Category</u>	21	NCAC	57A	.0603
<u>Types of Appraisal Experience</u>	21	NCAC	57A	.0604
<u>Reporting Appraisal Experience</u>	21	NCAC	57A	.0605
<u>Course Completion Standards</u>	21	NCAC	57B	.0303
<u>Course Scheduling</u>	21	NCAC	57B	.0304
<u>Instructors for the Trainee/Supervisor Course Required by...</u>	21	NCAC	57B	.0614
<u>Complaints Against Appraisers</u>	21	NCAC	57D	.0309
<u>Criminal Background Checks</u>	21	NCAC	57D	.0403

**BUILDING CODE COUNCIL**

<u>2012 NC Existing Building Code/Accessibility for Detached...</u>	101.11
<u>2012 NC Existing Building Code/Conformance</u>	407.1

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**RULES REVIEW COMMISSION**

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2012 NC Plumbing Code/Condesate Drains  
2014 NC Electrical Code/Raceways in Wet Locations Above

307.2.1.1, 701.7, 715.6, 802.1.5  
300.9

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**LIST OF APPROVED TEMPORARY RULES**  
**May 19, 2016 Meeting**

**WILDLIFE RESOURCES COMMISSION**

Bear

15A NCAC 10B .0202

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**RRC DETERMINATION**  
**PERIODIC RULE REVIEW**  
**May 19, 2016**  
**Necessary with Substantive Public Interest**

**Administration, Department of**

01 NCAC 05B .0207	01 NCAC 05B .1522	10A NCAC 23E .0210
01 NCAC 05B .0208	01 NCAC 05D .0209	10A NCAC 23E .0211
01 NCAC 05B .0303	<b>HHS - Medical Assistance,</b>	10A NCAC 23G .0101
01 NCAC 05B .0304	<b>Division of</b>	10A NCAC 23G .0201
01 NCAC 05B .0305	10A NCAC 23A .0103	10A NCAC 23G .0202
01 NCAC 05B .0306	10A NCAC 23C .0201	10A NCAC 23G .0203
01 NCAC 05B .0308	10A NCAC 23D .0101	10A NCAC 23G .0204
01 NCAC 05B .0309	10A NCAC 23D .0102	10A NCAC 23G .0303
01 NCAC 05B .0310	10A NCAC 23D .0201	10A NCAC 23G .0304
01 NCAC 05B .0313	10A NCAC 23E .0101	10A NCAC 23H .0106
01 NCAC 05B .0316	10A NCAC 23E .0102	10A NCAC 23H .0107
01 NCAC 05B .0317	10A NCAC 23E .0103	10A NCAC 23H .0108
01 NCAC 05B .0501	10A NCAC 23E .0104	10A NCAC 23H .0109
01 NCAC 05B .0502	10A NCAC 23E .0105	10A NCAC 23H .0110
01 NCAC 05B .0503	10A NCAC 23E .0106	10A NCAC 23H .0111
01 NCAC 05B .1108	10A NCAC 23E .0107	10A NCAC 23H .0112
01 NCAC 05B .1201	10A NCAC 23E .0108	10A NCAC 23H .0113
01 NCAC 05B .1501	10A NCAC 23E .0201	10A NCAC 25A .0201
01 NCAC 05B .1507	10A NCAC 23E .0202	10A NCAC 25H .0203
01 NCAC 05B .1510	10A NCAC 23E .0203	10A NCAC 25K .0201
01 NCAC 05B .1511	10A NCAC 23E .0204	10A NCAC 25K .0401
01 NCAC 05B .1516	10A NCAC 23E .0205	10A NCAC 25M .0201
01 NCAC 05B .1519	10A NCAC 23E .0206	10A NCAC 25P .0201
01 NCAC 05B .1520	10A NCAC 23E .0207	10A NCAC 25P .0301
01 NCAC 05B .1521	10A NCAC 23E .0208	10A NCAC 25P .0402
	10A NCAC 23E .0209	

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**RRC DETERMINATION**  
**PERIODIC RULE REVIEW**  
**May 19, 2016**  
**Necessary without Substantive Public Interest**

**Administration, Department of**

01 NCAC 05A .0101	01 NCAC 05B .0102	01 NCAC 05B .0206
01 NCAC 05A .0102	01 NCAC 05B .0103	01 NCAC 05B .0210
01 NCAC 05A .0104	01 NCAC 05B .0201	01 NCAC 05B .0301
01 NCAC 05A .0108	01 NCAC 05B .0202	01 NCAC 05B .0307
01 NCAC 05A .0112	01 NCAC 05B .0203	01 NCAC 05B .0312
01 NCAC 05B .0101	01 NCAC 05B .0204	01 NCAC 05B .0314
	01 NCAC 05B .0205	01 NCAC 05B .0315

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01 NCAC 05B .0601  
01 NCAC 05B .0602  
01 NCAC 05B .0701  
01 NCAC 05B .0901  
01 NCAC 05B .0902  
01 NCAC 05B .0903  
01 NCAC 05B .0904  
01 NCAC 05B .0905  
01 NCAC 05B .0906  
01 NCAC 05B .1001  
01 NCAC 05B .1002  
01 NCAC 05B .1003  
01 NCAC 05B .1101  
01 NCAC 05B .1102  
01 NCAC 05B .1105  
01 NCAC 05B .1401  
01 NCAC 05B .1402  
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01 NCAC 05B .1605  
01 NCAC 05B .1803  
01 NCAC 05B .1804  
01 NCAC 05B .1901  
01 NCAC 05B .1903  
01 NCAC 05D .0101  
01 NCAC 05D .0102  
01 NCAC 05D .0201  
01 NCAC 05D .0202  
01 NCAC 05D .0203  
01 NCAC 05D .0204  
01 NCAC 05D .0205  
01 NCAC 05D .0206  
01 NCAC 05D .0207  
01 NCAC 05D .0208

**HHS - Medical Assistance,  
Division of**

10A NCAC 23A .0102  
10A NCAC 23A .0104  
10A NCAC 23B .0101  
10A NCAC 23B .0102  
10A NCAC 23C .0101  
10A NCAC 23C .0102  
10A NCAC 23C .0103  
10A NCAC 23C .0104  
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10A NCAC 23C .0202  
10A NCAC 23C .0203

10A NCAC 23C .0204  
10A NCAC 23C .0205  
10A NCAC 23G .0302  
10A NCAC 23H .0101  
10A NCAC 23H .0102  
10A NCAC 23H .0103  
10A NCAC 23H .0104  
10A NCAC 23H .0105  
10A NCAC 25H .0201  
10A NCAC 25H .0204  
10A NCAC 25H .0205  
10A NCAC 25K .0301  
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10A NCAC 25K .0304  
10A NCAC 25K .0502  
10A NCAC 25K .0503  
10A NCAC 25K .0504  
10A NCAC 25P .0405

**General Contractors, Licensing  
Board for**

21 NCAC 12 .0101  
21 NCAC 12 .0102  
21 NCAC 12 .0103  
21 NCAC 12 .0202  
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21 NCAC 12 .0909  
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21 NCAC 12 .0911  
21 NCAC 12 .0912

**Occupational Therapy, Board of**

21 NCAC 38 .0101  
21 NCAC 38 .0102  
21 NCAC 38 .0103  
21 NCAC 38 .0201  
21 NCAC 38 .0203  
21 NCAC 38 .0204  
21 NCAC 38 .0301  
21 NCAC 38 .0302  
21 NCAC 38 .0304  
21 NCAC 38 .0305  
21 NCAC 38 .0308  
21 NCAC 38 .0401  
21 NCAC 38 .0402  
21 NCAC 38 .0501  
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21 NCAC 38 .0601  
21 NCAC 38 .0602  
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21 NCAC 38 .0613  
21 NCAC 38 .0614  
21 NCAC 38 .0701  
21 NCAC 38 .0702  
21 NCAC 38 .0703  
21 NCAC 38 .0704  
21 NCAC 38 .0705  
21 NCAC 38 .0706  
21 NCAC 38 .0801  
21 NCAC 38 .0802

21 NCAC 38 .0803	26 NCAC 02C .0204	26 NCAC 03 .0108
21 NCAC 38 .0804	26 NCAC 02C .0205	26 NCAC 03 .0111
21 NCAC 38 .0805	26 NCAC 02C .0206	26 NCAC 03 .0112
21 NCAC 38 .0806	26 NCAC 02C .0207	26 NCAC 03 .0113
21 NCAC 38 .0807	26 NCAC 02C .0301	26 NCAC 03 .0114
21 NCAC 38 .0808	26 NCAC 02C .0302	26 NCAC 03 .0115
21 NCAC 38 .0901	26 NCAC 02C .0303	26 NCAC 03 .0116
21 NCAC 38 .0902	26 NCAC 02C .0306	26 NCAC 03 .0117
21 NCAC 38 .0903	26 NCAC 02C .0307	26 NCAC 03 .0118
21 NCAC 38 .0904	26 NCAC 02C .0308	26 NCAC 03 .0119
21 NCAC 38 .0905	26 NCAC 02C .0401	26 NCAC 03 .0120
21 NCAC 38 .1101	26 NCAC 02C .0402	26 NCAC 03 .0121
21 NCAC 38 .1102	26 NCAC 02C .0403	26 NCAC 03 .0122
<b>Administrative Hearings, Office of</b>	26 NCAC 02C .0404	26 NCAC 03 .0123
26 NCAC 01 .0101	26 NCAC 02C .0405	26 NCAC 03 .0125
26 NCAC 01 .0103	26 NCAC 02C .0406	26 NCAC 03 .0127
26 NCAC 01 .0105	26 NCAC 02C .0407	26 NCAC 03 .0131
26 NCAC 01 .0201	26 NCAC 02C .0408	26 NCAC 03 .0201
26 NCAC 01 .0202	26 NCAC 02C .0409	26 NCAC 03 .0202
26 NCAC 02C .0101	26 NCAC 02C .0501	26 NCAC 03 .0203
26 NCAC 02C .0102	26 NCAC 02C .0502	26 NCAC 03 .0204
26 NCAC 02C .0103	26 NCAC 02C .0503	26 NCAC 03 .0205
26 NCAC 02C .0105	26 NCAC 02C .0601	26 NCAC 03 .0206
26 NCAC 02C .0106	26 NCAC 02C .0602	26 NCAC 03 .0207
26 NCAC 02C .0107	26 NCAC 02C .0603	26 NCAC 03 .0208
26 NCAC 02C .0108	26 NCAC 02C .0604	26 NCAC 03 .0401
26 NCAC 02C .0109	26 NCAC 02C .0701	26 NCAC 03 .0402
26 NCAC 02C .0110	26 NCAC 02C .0702	26 NCAC 04 .0101
26 NCAC 02C .0111	26 NCAC 02C .0703	26 NCAC 04 .0102
26 NCAC 02C .0113	26 NCAC 03 .0101	26 NCAC 04 .0103
26 NCAC 02C .0114	26 NCAC 03 .0102	26 NCAC 04 .0106
26 NCAC 02C .0115	26 NCAC 03 .0103	26 NCAC 04 .0107
26 NCAC 02C .0201	26 NCAC 03 .0104	26 NCAC 04 .0108
26 NCAC 02C .0202	26 NCAC 03 .0105	26 NCAC 04 .0110
26 NCAC 02C .0203	26 NCAC 03 .0106	
	26 NCAC 03 .0107	

**RRC DETERMINATION  
PERIODIC RULE REVIEW  
May 19, 2016  
Unnecessary**

<b>Administration, Department of</b>	10A NCAC 25H .0303	10A NCAC 25P .0406
01 NCAC 05B .1518	10A NCAC 25H .0304	10A NCAC 25S .0201
<b>HHS - Medical Assistance,</b>	10A NCAC 25H .0305	10A NCAC 25U .0201
<b>Division of</b>	10A NCAC 25K .0501	10A NCAC 25W .0201
10A NCAC 23A .0101	10A NCAC 25M .0301	<b>General Contractors, Licensing Board for</b>
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10A NCAC 25H .0301	10A NCAC 25P .0403	
10A NCAC 25H .0302	10A NCAC 25P .0404	

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**CONTESTED CASE DECISIONS**

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*This Section contains the full text of some of the more significant Administrative Law Judge decisions along with an index to all recent contested cases decisions which are filed under North Carolina's Administrative Procedure Act. Copies of the decisions listed in the index and not published are available upon request for a minimal charge by contacting the Office of Administrative Hearings, (919) 431-3000. Also, the Contested Case Decisions are available on the Internet at <http://www.ncoah.com/hearings>.*

**OFFICE OF ADMINISTRATIVE HEARINGS**

*Chief Administrative Law Judge  
JULIAN MANN, III*

*Senior Administrative Law Judge  
FRED G. MORRISON JR.*

**ADMINISTRATIVE LAW JUDGES**

Melissa Owens Lassiter	A. B. Elkins II
Don Overby	Selina Brooks
J. Randall May	Phil Berger, Jr.
J. Randolph Ward	David Sutton

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<u>AGENCY</u>	<u>CASE NUMBER</u>	<u>DATE</u>	<u>PUBLISHED DECISION REGISTER CITATION</u>
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NC Alcoholic Beverage Control Commission v. Fast Track Inc T/A Country Market And Deli	15 ABC 06643	02/22/16	
NC Alcoholic Beverage Control Commission v. Pablo Juarez Aguilar T/A La Cueva	15 ABC 07135	02/22/16	

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Aisha Christina Burston v. NC Criminal Justice Education and Training Standards Commission	14 DOJ 04118	01/13/15	
Susan Maney v. NC Criminal Justice Education and Training Standards Commission	14 DOJ 05067	04/14/15	30:02 NCR 252
Dewayne Rosean Ward v. NC Criminal Justice Education and Training Standards Commission	14 DOJ 05116	05/16/15	
Tobias La'Trell Clagon v. NC Criminal Justice Education and Training Standards Commission	14 DOJ 05117	07/01/15	
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Kia Rena Graham v. NC Private Protective Services Board	14 DOJ 08582	01/28/15	
Steven Joseph O'Byrne v. NC Sheriffs' Education and Training Standards Commission	14 DOJ 09954	08/13/15	30:12 NCR 1370
Samuel Jason Bradley v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00051	03/25/15	
Martin Luther Locklear v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00052	06/05/15	30:05 NCR 580
Shenikwa Janay Barefield v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00053	10/15/15	30:13 NCR 1451
Michael Allen Strickland v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00054	05/07/15	
Ronald Corbett Jr. v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00055	05/04/15	30:05 NCR 587
Michael Glenn Davis v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00211	09/11/15	30:13 NCR 1457
Rodrigo Estanol v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00212	08/03/15	30:13 NCR 1466
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Edward Holley v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00215	07/16/15	30:10 NCR 1186
Christopher Paul Abner v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 00216	08/17/15	30:10 NCR 1194
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Joseph Thomas Burris v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 02029	10/01/15	30:11 NCR 1241
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Ashley Bryant Helms v. NC Sheriffs' Education and Training Standards Commission	15 DOJ 03885	11/13/15	30:15 NCR 1700
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Samer Muneer Al-Russan v. NC Private Protective Services Board	15 DOJ 04663	09/18/15	
William Elmore Burwell Jr. v. NC Criminal Justice Education and Training Standards Commission	15 DOJ 04849	01/19/16	30:18 NCR 2010
Larry Thompson v. NC Sheriffs' and Training Standards Commission	15 DOJ 05259	02/04/16	
Timothy T.J. Conterras v. NC Private Protective Services Board	15 DOJ 05300	09/30/15	30:11 NCR 1254
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Timothy Arnold Ruffin v. Crminal Justice Education and Training Standards Commission	15 DOJ 05371	02/26/16	30:20 NCR 2207
Phillip Joel Trivette v. NC Sheriffs' Education and Training Standards Commission	15 DOJ 05546	01/13/16	30:18 NCR 2016
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Bryan Keith Epps v. Criminal Justice Education and Training Standards Commission	15 DOJ 07443	02/02/16	30:20 NCR 2214
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Angela Joyner-Perry v. NC State Health Plan for Teachers and State Employees Retirement System	15 INS 00208	05/13/15	
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Joseph Tenhagen v. NC Department of Public Safety, Employee Advisory Committee	14 OSP 07837	03/23/15	30:05 NCR 571
Dr. Tatiana A. Tagirova v. Elizabeth City State University	14 OSP 07929	03/05/15	
Machelle Hamilton v. Caswell Center, Department of Health and Human Services	14 OSP 08082	01/13/15	
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Charles L. Simpson Jr. v. North Carolina Central University	15 OSP 02606	03/29/16	30:23 NCR 2531
Kesselly Jahneh Kasiah Sr. v. Guilford County Schools, Shirley Morrission	15 OSP 02826	08/28/15	
Leah Scheuerell v. Harnett Correctional Facility and Raleigh Regional Office	15 OSP 03150	07/14/15	
Samantha Davis v. Caswell Center	15 OSP 03254	07/15/15	
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Michael Glenn Davis v. NC Department of Public Safety, Adult Correction and Juvenile Justice	15 OSP 04607	09/24/15	
Johnnie M Darden Sr. v. Department of Public Safety	15 OSP 05439	12/31/15	
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Randall Cole v. NC Department of Public Safety	15 OSP 05867	02/09/16	30:21 NCR 2358
John Gomes v. Winston Salem State University	15 OSP 06084	01/27/16	30:19 NCR 2123
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April Dawn Johnson v. Broughton Hospital	15 OSP 07723	12/30/15	
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Coastal Communities at Seawatch, LLC v. NC Department of Revenue	14 REV 08419	02/22/16	
Seawatch at Sunset Harbor, LLC v. NC Department of Revenue	14 REV 08420	02/22/16	
Coastal Communities at Ocean Ridge Plantation, LLC v. Department of Revenue	14 REV 08421	02/22/16	
Rivers Edge Goldf club and Plantation, LLC v. Department of Revenue	14 REV 08422	02/22/16	
Sean Condren v. NC Department of Revenue	14 REV 09184	08/07/15	30:14 NCR 1569
The Pound Cake Company LLC v. NC Department of Revenue	14 REV 09218	04/18/16	
Norman Harvin v. NC Department of Revenue	14 REV 09948	06/19/15	
Cassidy Linker v. NC Department of Revenue	14 REV 09956	02/20/15	
Brenda Wells v. NC Department of Revenue	15 REV 00303	04/13/14	
Jasmine J. Davenport v. NC Department of Revenue	15 REV 00357	05/29/15	
Olethia Davis v. NC Department of Revenue (Lyons Gray, Jerry Coble, Charles H. Helms, Margaret "Beth" Collins, Roderick Anthony Edwards, Thomas "Tommy" Thomas, Joan Kincaid Lawrence)	15 REV 00664	05/12/15	
Forrest Small and Kimberly Mazanec v. Department of Revenue	15 REV 00666	06/23/15	30:11 NCR 1261
Jesse Lee and Keshia Nickerson, v. NC Department of Revenue	15 REV 01088	06/17/15	
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Michael Park and Yopop South Park LLC. V. NC Department of Revenue	15 REV 02607	07/27/15	
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Dwayne Lavern Clark v. North Carolina Department of Revenue	15 REV 09752	04/05/16	
Heather Swanner Photography v. NC Department of Revenue	15 REV 10018	03/18/16	
Ellis Jermaine Rodgers v. NC Department of Revenue	16 REV 01544	04/18/16	
<b><u>SUBSTANCE ABUSE PROFESSIONAL PRACTICE BOARD</u></b>			
North Carolina Substance Abuse Professional Practice Board v. John Patrick Craven	14 SAP 05713	01/06/15	
NC Substance Abuse Professional Practice Board v. Keith Edward Green	15 SAP 00750	08/24/15	30:16 NCR 1853

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**CONTESTED CASE DECISIONS**

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**OFFICE OF THE SECRETARY OF STATE**

Carolyn Marie Aikens v. Secretary of State, Notary Public	13 SOS 15500	11/05/13
Jamel Byrd-El v. Department of the Secretary of State	14 SOS 06624	01/26/15
Marvin Ray Sparrow v. Secretary of State	14 SOS 07416	05/05/15
Sharron Marie Glover v. Ozie Stallworth Director, Notary Certification Enforcement Section and filing Division Department of the NC Secretary of State	14 SOS 07998	01/28/15
Deborah T. Godfrey v. Secretary of State Notary Division	14 SOS 09902	03/09/15
John Bradford Pittman v. NC Department of the Secretary of State	15 SOS 02354	10/19/15
Qadir El Bey, Mesu El Bey, Asas Ashu El Bey, Fatama El Bey v. State of North Carolina Department of Secretary of State	15 SOS 02377	07/21/15
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Chena Conroy v. NC Department of the Secretary of State	15 SOS 05173	10/28/15
Cabell J. Regan v. NC Department of the Secretary of State	15 SOS 06035	02/26/16
Jason Gold v. NC Department of the Secretary of State; Notary Section	15 SOS 07346	12/03/15
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Barbara Snipes v. University of North Carolina Hospitals	15 UNC 01927	07/16/14
Deborah H. Justice v. University of North Carolina Hospitals	15 UNC 02347	05/21/15
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