

1 10A NCAC 13B .3501 is amended with changes as published in 34:12 NCR 1104-1110 as follows:

2
3 **SECTION .3500 - GOVERNANCE AND MANAGEMENT**

4
5 **10A NCAC 13B .3501 GOVERNING BODY**

6 (a) The governing body, ~~owner~~ owner, or the person or persons designated by the owner as the governing ~~authority~~
7 body shall be responsible for ~~seeing~~ ensuring that the objectives specified in the ~~charter (or resolution if publicly~~
8 ~~owned) facility's governing~~ documents documents, such as the charter or resolution, are attained.

9 (b) The governing body shall be the final authority ~~in the facility to which the administrator, for decisions for which~~
10 ~~the facility administration, the medical staff, and the facility personnel and all auxiliary organizations are directly or~~
11 ~~indirectly responsible.~~ responsible within the facility.

12 (c) A local advisory board shall be established to provide non-binding advice to the governing body regarding the
13 health, safety, and welfare of the community. if the facility is owned ~~or controlled~~ by an organization or persons
14 outside of North Carolina. A local advisory board shall include members from the county where the facility is located.
15 [The local advisory board will provide non-binding advice to the governing body.]

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17 *History Note: Authority G.S. 131E-75; 131E-79;*

18 *Eff. January 1, 1996;*

19 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22,*
20 *~~2017.~~ 2017;*

21 *Amended Eff. July 1, 2020.*

10A NCAC 13B .3502 is readopted with changes as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3502 REQUIRED FACILITY BYLAWS, POLICIES, RULES, AND REGULATIONS

(a) The governing body shall adopt written bylaws, policies, rules, and regulations in accordance with all requirements contained in this Subchapter and in accordance with the community responsibility of the facility. The written bylaws, policies, rules, and regulations shall:

- (1) state the purpose of the facility; objectives;
- (2) describe the powers and duties of the governing body officers and committees and the responsibilities of the chief executive officer;
- (3) state the qualifications for governing body membership, the procedures for selecting members, and the terms of service for members, officers and committee chairmen;
- (4) describe the authority delegated to the chief executive officer and to the medical staff. No assignment, referral, or delegation of authority by the governing body shall relieve the governing body of its responsibility for the conduct of the facility. The governing body shall retain the right to rescind any such delegation;
- (5) require ~~Board~~ governing body approval of the bylaws of any auxiliary organizations established by the ~~hospital;~~ facility;
- (6) require the governing body to review and approve the bylaws of the medical ~~staff organization;~~ staff;
- (7) establish ~~a procedure~~ procedures for processing and evaluating the applications for medical staff membership and for the granting of clinical privileges;
- (8) establish a procedure for implementing, disseminating, and enforcing a Patient's Bill of Rights as set forth in Rule .3302 of this Subchapter and in compliance with G.S. 131E-117; and
- (9) require the governing body to institute procedures to provide for:
 - (A) orientation of newly elected ~~board~~ governing body members to ~~specific~~ board functions and procedures;
 - (B) the development of procedures for periodic reexamination of the relationship of the ~~board~~ governing body to the total facility community; and
 - (C) the recording of minutes of all governing body and executive committee meetings and the dissemination of those minutes, or summaries thereof, on a regular basis after the governing body and executive committee meetings to all members of the governing body.

(b) The governing body shall ~~assure~~ provide written policies and procedures to assure billing and collection practices in accordance with G.S. 131E-91. These policies and procedures shall include:

- (1) a financial assistance policy as defined in G.S. 131E-214.14(b)(3);
- (2) how a patient may obtain an estimate of the charges for the statewide 100 most frequently reported Diagnostic Related Groups (DRGs), where applicable, 20 most common outpatient imaging procedures, and 20 most common outpatient surgical procedures. The policy shall require that the

information be provided to the patient in writing, either electronically or by mail, within three business days;

- (3) how a patient or patient's representative may dispute a bill;
- (4) issuance of a refund within 45 days of the patient receiving notice of the overpayment when a patient has overpaid the amount due to the ~~hospital~~ facility;
- (5) providing written notification to the patient or patient's representative at least 30 days prior to submitting a delinquent bill to a collections agency;
- (6) providing the patient or patient's representative with the facility's charity care and financial assistance policies, if the facility is required to file a Schedule H, federal form 990;
- (7) the requirement that a collections agency, entity, or other assignee obtain written consent from the facility prior to initiating litigation against the patient or patient's representative;
- (8) a policy for handling debts arising from the provision of care by the ~~hospital~~ facility involving the doctrine of necessities, in accordance with G.S. 131E-91(d)(5); and
- (9) a policy for handling debts arising from the provision of care by the ~~hospital~~ facility to a minor, in accordance with G.S. 131E-91(d)(6).

(c) The governing body shall ensure that the bylaws, rules, and regulations of the medical staff and the bylaws, rules, policies, and regulations of the facility shall not be in conflict.

~~(e)(d)~~ The written policies, rules, and regulations shall be reviewed every three years, revised as necessary, and dated to indicate when last reviewed or revised.

~~(d)(e)~~ To qualify for licensure or license renewal, each facility must provide to the Division, upon application, an attestation statement in a form provided by the Division verifying compliance with the requirements of this Rule.

~~(e)(f)~~ On an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule [requirement] Paragraph applies only to facilities required to file a Schedule H, federal form 990.

History Note: Authority G.S. 131E-79; 131E-91; 131E-214.8; 131E-214.13(f); 131E-214.14; ~~S.L. 2013-382, s. 10.1~~; ~~S.L. 2013-382, s. 13.1~~;

Eff. January 1, 1996;

Temporary Amendment Eff. May 1, 2014;

Amended Eff. November 1, ~~2014~~. 2014;

Readopted Eff. July 1, 2020.

1 10A NCAC 13B .3701 is readopted with changes as published in 34:12 NCR 1104-1110 as follows:

2
3 **SECTION .3700 - MEDICAL STAFF**
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5 **10A NCAC 13B .3701 GENERAL PROVISIONS**

6 a) The facility shall have a self-governed medical staff ~~organized in accordance with the facility's by laws which that~~
7 shall be accountable to the governing body ~~and which shall have responsibility~~ for the quality of ~~professional services~~
8 ~~care~~ provided by individuals with medical staff membership and clinical privileges. ~~privileges to provide medical~~
9 ~~services in the facility.~~ Facility policy shall provide that individuals with clinical privileges shall perform only services
10 within the scope of individual privileges granted.

11 b) Minutes required by the rules of this Section shall reflect all transactions, conclusions, and recommendations of
12 meetings. Minutes shall be prepared and retained in accordance with a policy established by the facility and medical
13 staff, and available for inspection by members of the medical staff and governing body, respectively, unless such
14 minutes include confidential peer review information that is not accessible to others in accordance with [applicable
15 law, or as otherwise protected by law.] any law protecting the confidentiality.
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17 *History Note: Authority G.S. 131E-79;*
18 *Eff. January 1, 1996. 1996:*
19 *Readopted Eff. July 1, 2020.*

10A NCAC 13B .3704 is readopted with changes as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3704 STATUS ESTABLISHMENT AND CATEGORIES OF MEDICAL STAFF
MEMBERSHIP

(a) The medical staff shall be established in accordance with the bylaws of the facility and organized in accordance with the bylaws, rules, and regulations of the medical staff. ~~[The governing body of the facility, after]~~ After considering the recommendations of the medical staff, the governing body of the facility [may] may, in accordance with G.S. 131E-85, grant medical staff membership and clinical privileges to qualified, licensed practitioners in accordance with their training, experience, and demonstrated competence and judgment in accordance with the medical staff bylaws, rules, and regulations.

~~(a)(b)~~ Every facility shall have an active medical staff staff, as defined by the medical staff bylaws, rules, and regulations, to deliver medical services within the facility. ~~The active medical staff shall be responsible for the organization and administration of the medical staff. Every member facility and to administer medical staff functions. The members of the active medical staff shall be eligible to vote at medical staff meetings and to hold office. medical staff office positions as determined by the medical staff bylaws, rules, and regulations and shall be responsible for recommendations made to the governing body regarding the organization and administration of the medical staff. Medical staff office positions shall be determined in the medical staff bylaws, rules, and regulations.~~

~~(b)(c)~~ The active medical staff may establish other categories for membership in the medical staff. These categories for membership shall be identified and defined in the medical staff bylaws, rules or regulations adopted by the active medical staff. Examples of these other membership categories for membership are: include:

- (1) active medical staff;
- ~~(1)~~ (2) associate medical staff;
- ~~(2)~~ (3) courtesy medical staff;
- ~~(3)~~ (4) temporary medical staff;
- ~~(4)~~ (5) consulting medical staff;
- ~~(5)~~ (6) honorary medical staff; or
- ~~(6)~~ (7) other staff classifications.

~~The medical staff bylaws, rules or regulations may grant limited or full bylaws shall describe the authority, duties, privileges, and voting rights to any one or more of these other for each membership categories. category consistent with applicable law, rules, and regulations and requirements of facility accrediting bodies.~~

~~(c) Medical staff appointments shall be reviewed at least once every two years by the governing board.~~

~~(d) The facility shall maintain an individual file for each medical staff member. Representatives of the Department shall have access to these files in accordance with G.S. 131E-80.~~

~~(e) Minutes of all actions taken by the medical staff and the governing board concerning clinical privileges shall be maintained by the medical staff and the governing board, respectively.~~

History Note: Authority G.S. 131E-79;

- 1 *Eff. January 1, ~~1996~~. 1996;*
- 2 *Readopted Eff. July 1, 2020.*

10A NCAC 13B .3707 is readopted with changes as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3707 MEDICAL ORDERS

(a) No medication or treatment shall be administered or discontinued except in response to the order of a member of the medical staff in accordance with ~~established rules~~ policies, rules, and regulations established by the facility and medical staff and as provided in Paragraph (f) ~~below~~ of this Rule.

(b) Such orders shall be dated and recorded directly in the patient ~~chart or in a computer or data processing system which provides a hard copy printout of the order for the patient chart~~ medical record. A method shall be established to safeguard against fraudulent recordings.

(c) All orders for medication or treatment shall be authenticated according to ~~hospital policies~~ medical staff and facility policies, rules, or regulations. The order shall be taken by personnel qualified by medical staff ~~rules~~ bylaws, rules, and regulations, and shall include the date, time, and name of persons who gave the order, and the full signature of the person taking the order.

(d) The names of drugs shall be recorded in full and not abbreviated except where approved by the **active** medical staff.

(e) The **active** medical staff shall establish a written policy in conjunction with the pharmacy committee or its equivalent for all medications not specifically prescribed as to time or number of doses to be automatically stopped after a reasonable time limit, but no more than 14 days. The prescriber shall be notified according to established policies and procedures at least 24 hours before an order is automatically stopped.

(f) For patients who are under the continuing care of an out-of-state physician but are temporarily located in North Carolina, a ~~hospital~~ facility may process the out-of-state physician's prescriptions or orders for diagnostic or therapeutic studies which maintain and support the patient's continued program of care, where the authenticity and currency of the prescriptions or orders can be verified by the physician who prescribed or ordered the treatment requested by the patient, and where the ~~hospital~~ facility verifies that the out-of-state physician is licensed to prescribe or order the treatment.

History Note: Authority G.S. 131E-75; 131E-79; ~~143B-165~~;

Eff. January 1, 1996;

Amended Eff. April 1, 2005; August 1, ~~1998~~ 1998;

Readopted Eff. July 1, 2020.