

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3501

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), what are the "governing documents"? Previously, this Rule said "charter." Is this still accurate? Could you say something like "governing documents, such as the charter or resolution if publicly owned,..."?

In (b), what is meant by "final authority"? Do you mean that they have the final decision making power here?

In (b), do you need "directly or indirectly"?

In (c), what is a "local advisory board"? Here, do you mean "A local advisory board shall be established to provide non-binding advice to the governing body if the facility is owned..." What are they to provide advice on? Also, what is your authority for this? Are you relying upon G.S. 131E-75? If so, is the local advisory board to provide advice regarding the "public health, safety, and welfare" of their community?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

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

SECTION .3500 - GOVERNANCE AND MANAGEMENT

10A NCAC 13B .3501 GOVERNING BODY

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

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

(c) A local advisory board shall be established if the facility is owned ~~or controlled~~ by an organization or persons outside of North Carolina. A local advisory board shall include members from the county where the facility is located. The local advisory board will provide non-binding advice to the governing body.

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

Eff. January 1, 1996;

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

Amended Eff. July 1, 2020.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3502

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: *This request may extend to several pages. Please be sure you have reached the end of the document.*

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), what is the "community responsibility of the facility"?

In (a)(1), is the "purpose of the facility" the same as the "objectives" as set forth in .3501(a)? Please use consistent language where you can.

In (a)(9)(B), by "the total facility community" do you mean "the facility"? I just want to be sure that I understand.

In (a)(9)(C), what is a "regular basis"?

In (f), by "this requirement", do you mean "this Paragraph"?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

10A NCAC 13B .3502 is readopted 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;
- (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 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 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.

10A NCAC 13B .3503 is readopted as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3503 FUNCTIONS

(a) The governing body shall:

- (1) provide management, physical ~~resources~~ resources, and personnel determined by the governing body to be required to meet the needs of the patients for which it is licensed; treatment as authorized by the facility's license;
- (2) require ~~management~~ facility administration to establish a quality control mechanism ~~which that~~ includes ~~as an integral part~~ a risk management component and an infection control program;
- (3) formulate short-range and long-range plans ~~for the development of the facility;~~ as defined in the facility bylaws, policies, rules, and regulations;
- (4) conform to all applicable ~~federal,~~ State and federal laws, rules, and regulations, and applicable local laws and regulations; ordinances;
- (5) provide for the control and use of the physical and financial resources of the facility;
- (6) review the annual audit, ~~budget~~ budget, and periodic reports of the financial operations of the facility;
- (7) consider the ~~advice~~ recommendation of the medical staff in granting and defining the scope of clinical privileges to individuals. ~~When the governing body does not concur in the medical staff recommendation regarding the clinical privileges of an individual, there shall be a review of the recommendation by a joint committee of the medical staff and governing body before a final decision is reached by the governing body;~~ individuals in accordance with medical staff bylaws requirements for making such recommendations and the facility bylaws established by the governing body for the review and final determination of such recommendations;
- (8) require that applicants be informed of the disposition of their application for medical staff membership or clinical ~~privileges, or both, within an established period of time after their privileges~~ in accordance with the facility bylaws established by the governing body, after an application has been submitted;
- (9) review and approve the medical staff bylaws, ~~rules~~ rules, and ~~regulations~~ regulations;
- (10) delegate to the medical staff the authority ~~to~~ to:
 - (A) evaluate the professional competence of medical staff members and applicants for ~~staff privileges~~ medical staff membership and clinical privileges; and
 - (B) ~~hold the medical staff responsible for recommending~~ recommend to the governing body initial medical staff appointments, ~~reappointments~~ reappointments, and assignments or curtailments of privileges;
- (11) require that resources be made available to address the emotional and spiritual needs of patients either directly or through referral or arrangement with community agencies;

- 1 (12) maintain ~~effective~~ communication with the medical staff which ~~shall~~ may be ~~established~~, established
2 through:
- 3 ~~(a)(A)~~ meetings with the ~~Executive Committee~~ executive committee of the ~~Medical Staff~~, medical
4 staff;
- 5 ~~(b)(B)~~ service by the president of the medical staff as a member of the governing body with or
6 without a vote;
- 7 ~~(c)(C)~~ appointment of individual medical staff members to ~~governing body committees~~; or the
8 medical review committee; or
- 9 ~~(d)(D)~~ a joint conference ~~committee~~; committee that will be a committee of the governing body
10 and the medical staff composed of equal representatives of each of the governing body, the
11 chairman of the board or designee, the medical staff, and the chief of the medical staff or
12 designee, respectively;
- 13 (13) require the medical staff to establish controls that are designed to provide that standards of ethical
14 professional practices are met;
- 15 (14) provide ~~the necessary~~ administrative staff support to facilitate utilization review and infection
16 control within the ~~facility and facility~~, to support quality ~~control~~, control and any other medical staff
17 functions required by this Subchapter or by the facility bylaws;
- 18 (15) meet the following disclosure requirements:
- 19 ~~(a)(A)~~ provide data required by the Division;
- 20 ~~(b)(B)~~ disclose the facility's average daily inpatient charge upon request of the Division; and
- 21 ~~(c)(C)~~ disclose the identity of persons owning ~~5.0~~ five percent or more of the facility as well as
22 the facility's officers and members of the governing body upon request;
- 23 (16) establish a procedure for reporting the occurrence and disposition of ~~any unusual incidents~~.
24 allegations of abuse or neglect of patients and incidents involving quality of care or physical
25 environment at the facility. These procedures shall require that:
- 26 ~~(a)(A)~~ incident reports are analyzed and ~~summarized~~; summarized by a designated party; and
- 27 ~~(b)(B)~~ corrective action is taken ~~as indicated by~~ based upon the analysis of incident reports;
- 28 (17) in a facility with one or more units, or portions of units, however described, utilized for psychiatric
29 or substance abuse treatment, adopt policies implementing the provisions of G.S. 122C, Article 3,
30 and Article 5, Parts, 2, 3, 4, 5, 7, and 8;
- 31 (18) develop arrangements for the provision of extended care and other long-term healthcare services.
32 Such services shall be provided in the facility or by outside resources through a transfer agreement
33 or referrals;
- 34 (19) provide and implement a written plan for the care or for the referral, or ~~for~~ both, of patients who
35 require mental health or substance abuse services while in the ~~hospital~~, facility;

- (20) develop a conflict of interest policy which shall apply to all governing body members and ~~corporate officers, facility administration.~~ All governing body members shall execute a conflict of interest statement; ~~statement; and~~
- ~~(21) prohibit members of the governing body from engaging in the following forms of self dealing:~~
- ~~(a) the sale, exchange or leasing of property or services between the facility and a governing board member, his employer or an organization substantially controlled by him on a basis less favorable to the facility than that on which such property or service is made available to the general public;~~
 - ~~(b) furnishing of goods, services or facilities by a facility to a governing board member, unless such furnishing is made on a basis not more favorable than that on which such goods, services, or facilities are made available to the general public or employees of the facility;~~
 - ~~or~~
 - ~~(c) any transfer to or use by or for the benefit of a governing board member of the income or assets of a facility, except by purchase for fair market value; and~~
- ~~(22) prohibit the lease, sale, or exclusive use of any facility buildings or facilities receiving a license in accordance with this Subchapter to any entity which provides medical or other health services to the facility's patients, unless there is full, complete disclosure to and approval from the Division.~~
- (21) conduct direct consultations with the medical staff at least twice during the year.
- (b) For the purposes of this Rule, "direct consultations" means the governing body, or a subcommittee of the governing body, meets with the leader(s) of the medical staff(s), or his or her designee(s) either face-to-face or via a telecommunications system permitting immediate, synchronous communication.
- (c) The direct consultations shall consist of discussions of matters related to the quality of medical care provided to the hospital's patients, including quality matters arising out of the following:
- (1) the scope and complexity of services offered by the facility;
 - (2) specific clinical populations served by the facility;
 - (3) limitations on medical staff membership other than peer review or corrective action in individual cases;
 - (4) circumstances relating to medical staff access to a facility resource; or
 - (5) any issues of patient safety and quality of care that a hospital's quality assessment and performance improvement program might identify as needing the attention of the governing body in consultation with the medical staff.
- (d) For the purposes of this Rule, "specific clinical populations" includes those individuals who may be treated at the facility by the medical staff in place at the time of the consultation.

*History Note: Authority G.S. 131E-14.2; 131E-79; 42 CFR 482.12; 42 CFR 482.22;
Eff. January 1, 1996. 1996;
Readopted Eff. July 1, 2020.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3701

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b), what is meant by “applicable law, or as otherwise protected by law”? What is the applicable law? Also, is “or as otherwise protected by law” necessary? Would this not be captured by “applicable law”?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

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

SECTION .3700 - MEDICAL STAFF

10A NCAC 13B .3701 GENERAL PROVISIONS

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

b) Minutes required by the rules of this Section shall reflect all transactions, conclusions, and recommendations of meetings. Minutes shall be prepared and retained in accordance with a policy established by the facility and medical staff, and available for inspection by members of the medical staff and governing body, respectively, unless such minutes include confidential peer review information that is not accessible to others in accordance with applicable law, or as otherwise protected by law.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996. 1996;
Readopted Eff. July 1, 2020.

1 10A NCAC 13B .3702 is repealed through readoption as published in 34:12 NCR 1104-1110 as follows:

2

3 **10A NCAC 13B .3702 ESTABLISHMENT**

4

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

6 *Eff. January 1, ~~1996~~. 1996;*

7 *Repealed Eff. July 1, 2020.*

10A NCAC 13B .3703 is amended as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3703 APPOINTMENT

(a) The governing body may grant, deny, renew, modify, suspend, or terminate medical staff membership and clinical privileges after consideration of the recommendation made by the medical staff in accordance with the bylaws established by the medical staff and approved by the governing body for making such recommendations, and the facility bylaws established by the governing body for review and final determination of such recommendations.

(b) ~~Formal appointment~~ Review of an applicant for medical staff membership and the granting of clinical privileges shall follow procedures set forth in the by-laws, rules or bylaws, rules, and regulations of the medical staff. These procedures shall require the following:

- (1) a signed application for medical staff membership, specifying ~~age, date of birth,~~ year and school of graduation, date of licensure, statement of postgraduate or special training and ~~experience with experience, and~~ a statement of the scope of the clinical privileges sought by the applicant;
- (2) verification by the ~~hospital~~ facility of the ~~applicant's~~ applicant's qualifications ~~of the applicant~~ as stated in the application, including ~~evidence of any required~~ continuing education; and
- (3) written notice to the applicant from ~~the medical staff and the governing body,~~ body regarding appointment or ~~reappointment~~ reappointment, which specifies the approval or denial of clinical privileges and the scope of the privileges ~~granted; and if granted.~~
- (4) ~~members of the medical staff and others granted clinical privileges in the facility shall hold current licenses to practice in North Carolina.~~

(c) Members of the medical staff and others granted clinical privileges in the facility shall hold current licenses to practice in North Carolina.

(d) Medical staff appointments shall be reviewed at least once every two years by the medical staff in accordance with the bylaws established by the medical staff and approved by the governing body, and shall be followed with recommendations made to the governing body for review and a final determination.

(e) The facility shall maintain a file containing performance information for each medical staff member. Representatives of the Division shall have access to these files in accordance with, and subject to the limitations and restrictions set forth in, G.S. 131E-80; however, to the extent that the same includes confidential medical review information, such information shall be reviewable and confidential in accordance with G.S. 131E-80(d) and other applicable law.

(f) Minutes shall be taken and maintained of all meetings of the medical staff and governing body that concern the granting, denying, renewing, modifying, suspending or terminating of clinical privileges.

History Note: Authority G.S. 131E-79; 42 CFR 482.12(a)(10); 42 CFR 482.22(a)(1);
 Eff. January 1, 1996;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22,
 2017. 2017;

1

Amended Eff. July 1, 2020:

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3704

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (a), do you mean "medical staff" as defined by .3001? If so, wouldn't G.S. 131E-85 be applicable? That statute uses more qualifications than are contained on lines 8-9. Could you instead say something like "in accordance with G.S. 131E-85"?

In (c), would it be appropriate to specifically cross-reference .3705? If so, I note that here you say "medical staff bylaws" and in .3705 you say "bylaws, rules, and regulations."

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

10A NCAC 13B .3704 is readopted 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 considering the recommendations of the medical staff, may 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, 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;
Eff. January 1, 1996. 1996;

1

Readopted Eff. July 1, 2020.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3705

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

(a) Says "active medical staff", but (c) and (d) say "medical staff." Was this intentional? Maybe it was, but please be consistent where you can.

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

10A NCAC 13B .3705 is readopted as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3705 MEDICAL STAFF BYLAWS, ~~RULES~~ RULES, OR AND REGULATIONS

(a) The active medical staff shall develop and adopt, subject to the approval of the governing body, a set of bylaws, ~~rules or rules, and regulations, regulations~~ to establish a framework for ~~self governance~~ self-governance of medical staff activities and accountability to the governing body.

(b) The medical staff bylaws, ~~rules~~ rules, and regulations shall provide for ~~at least~~ the following:

- (1) organizational structure;
- (2) qualifications for medical staff membership;
- (3) procedures for ~~admission, retention, assignment, and reduction or withdrawal of granting or renewing, denying, modifying, suspending, and revoking clinical privileges;~~
- (4) procedures for disciplinary or corrective actions;
- (4) (5) procedures for fair hearing and appellate review mechanisms for ~~denial of staff appointments, reappointments, suspension, or revocation of denying, modifying, suspending, and revoking clinical privileges;~~
- (5) (6) composition, functions and attendance of standing committees;
- (6) (7) policies for completion of medical ~~records and procedures for disciplinary actions; records;~~
- (7) (8) formal liaison between the medical staff and the governing body;
- (8) (9) methods developed to formally verify that each medical staff member on appointment or reappointment agrees to abide by current medical staff ~~bylaws~~ bylaws, rules, and regulations, and the facility bylaws; and bylaws, rules, policies, and regulations;
- (9) (10) procedures for ~~members of medical staff~~ participation in quality assurance ~~functions; functions by medical staff members;~~
- (11) the process for the selection and election and removal of medical staff officers; and
- (12) procedures for the proposal, adoption, and amendment, and approval of medical staff bylaws, rules, and regulations.

(c) Neither the medical staff, the governing body, nor the facility administration may unilaterally amend the medical staff bylaws, rules, and regulations.

(d) Neither the medical staff, the governing body, nor the facility administration may waive any provision of the medical staff bylaws, rules, and regulations, except in an emergency circumstance. For purposes of this Rule, an "emergency circumstance" means a situation of urgency that justifies immediate action and when there is not sufficient time to follow the applicable provisions and procedures of the medical staff bylaws. Examples of an emergency circumstance include an immediate threat to the life or health of an individual or the public, a natural disaster, or a judicial or regulatory order. The duration of a waiver permitted by this Rule will be only so long as the emergency circumstance exists.

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

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3706

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (b), what is meant by "or its equivalent"? Is this needed just because not all facilities will call it an "executive committee"? I'm not sure a change is needed, I just want to be sure that I understand.

In (b), is the "executive committee" the same as the "medical review committee" in Part 5 of the Act? I'm thinking not, but want to be sure.

In (c), are these to be preformed by just the executive committee or the "medical staff" as a whole?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

10A NCAC 13B .3706 is readopted as published in 34:12 NCR 1104-1110 as follows:

10A NCAC 13B .3706 ORGANIZATION AND RESPONSIBILITIES OF THE MEDICAL STAFF

(a) The medical staff shall be organized to accomplish its required functions as established by the governing body and medical staff bylaws, rules, and regulations and provide for the election or appointment of its own officers.

(b) There shall be an executive committee, or its equivalent, which represents the medical staff, ~~which~~ that has responsibility for the effectiveness of all medical activities of the staff, and ~~which~~ that acts for the medical staff.

~~(c) All minutes of proceedings of medical staff committees shall be recorded and available for inspections by members of the medical staff and the governing body.~~

~~(d)~~ (c) The following ~~reviews and~~ functions shall be performed by the medical staff:

(1) credentialing review;

~~(2) surgical case review;~~

~~(3)~~ (2) medical records review;

~~(4) medical care evaluation review;~~

~~(5)~~ (3) drug utilization review;

~~(6)~~ (4) radiation safety review;

~~(7)~~ (5) blood usage review; ~~and~~

~~(8)~~ (6) bylaws ~~review~~; review;

(7) medical review;

(8) peer review; and

(9) recommendations for discipline or corrective action of medical staff members.

~~(e) (d) There shall be medical staff and departmental meetings for the purpose of reviewing the performance of the medical staff, departments or services, and reports and recommendations of medical staff and multi-disciplinary committees. The medical staff shall ensure that minutes are taken at prepared for each meeting and retained in accordance with the policy of the facility. These minutes shall reflect the transactions, conclusions and recommendations of the meetings. medical staff, departmental, and committee meeting.~~

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

Eff. January 1, 1996. 1996;

Readopted Eff. July 1, 2020.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3707

DEADLINE FOR RECEIPT: Friday, June 12, 2020

PLEASE NOTE: This request may extend to several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

In (d), approved by medical staff how? In the bylaws?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber May
Commission Counsel
Date submitted to agency: May 29, 2020

1 10A NCAC 13B .3707 is readopted as published in 34:12 NCR 1104-1110 as follows:

2
3 **10A NCAC 13B .3707 MEDICAL ORDERS**

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

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

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

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

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

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

25
26 *History Note: Authority G.S. 131E-75; 131E-79; ~~143B-165;~~*

27 *Eff. January 1, 1996;*

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

29 *Readopted Eff. July 1, 2020.*

1 10A NCAC 13B .3708 is amended as published in 34:12 NCR 1104-1110 as follows:

2
3 **10A NCAC 13B .3708 MEDICAL STAFF RESPONSIBILITIES FOR QUALITY IMPROVEMENT**
4 **REVIEW**

5 (a) The medical staff shall have in effect a system to review ~~medical services rendered, care provided at the facility~~
6 ~~by members of the medical staff, to assess quality, to provide a process for improving performance when indicated~~
7 quality improvement, and to monitor the ~~outcome.~~ outcome of quality improvement activities.

8 (b) The medical staff shall establish criteria for the evaluation of the quality of ~~medical~~ care.

9 (c) The facility shall have a written plan ~~approved by the medical staff, administration and governing body which that~~
10 ~~generates reports to permit identification of patient care problems. The plan shall establish problems and that~~
11 establishes a system to use this data to document and identify interventions. The plan shall be approved by the medical
12 staff, facility administration, and the governing body.

13 (d) The medical staff shall establish ~~and a policy to maintain a continuous~~ review process of the care ~~rendered to both~~
14 ~~inpatients and outpatients provided by members of the medical staff to all patients in every medical department of the~~
15 ~~facility. At least quarterly, the~~ The medical staff shall have a meeting policy to schedule meetings to examine the
16 review process and results. The review process shall include both practitioners and allied health professionals from
17 the ~~facility~~ medical staff.

18 (e) Minutes shall be ~~taken at~~ prepared for all meetings reviewing quality ~~improvement, and these minutes shall be~~
19 ~~made available to the medical staff on a regular basis in accordance with established policy. These minutes shall be~~
20 ~~retained as determined by the facility.~~ improvement and shall reflect all of the transactions, conclusions, and
21 recommendations of the meeting.

22
23 *History Note: Authority G.S. 131E-79;*

24 *Eff. January 1, 1996;*

25 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22,*
26 *~~2017.~~ 2017;*

27 *Amended Eff. July 1, 2020.*