

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC, all rules in Subchapters 13B and 13C

DEADLINE FOR RECEIPT: Friday, October 10, 2014

NOTE WELL: This request when viewed on computer extends 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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In the Submission for Permanent Rule Form for all of these rules, Box 5, you state that OSBM certified these rules for publication on September 11, 2014. However, the rules were published in the July 1, 2014 NC Register. As certification was required prior to publication, I believe the date 9/11/14 refers to the date OSBM approved the fiscal note and not certification. Please insert the correct date on all forms.

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3110

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Paragraph (b), please underline the addition of "patient" on line 8.

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

1 10A NCAC 13B .3110 is amended as published in the NCR, Volume 29:01, pps. 3-17, as follows:

2
3 **10A NCAC 13B .3110 ITEMIZED CHARGES**

4 (a) The facility shall either present an itemized list of charges to all discharged patients or the facility shall include
5 on patients' ~~bills, which~~ bills that are not itemized, notification of the right to request an itemized bill within ~~30~~
6 ~~days~~ three years of receipt of the non-itemized ~~bill, bill~~ or so long as the hospital, a collections agency, or other
7 assignee asserts the patient has an obligation to pay the bill.

8 (b) If requested, the facility shall present an itemized list of charges to each ~~patient,~~ patient or the
9 patient's ~~responsible party.~~ representative. This list shall detail in language comprehensible to an ordinary layperson
10 the specific nature of the charges or expenses incurred by the patient.

11 (c) The itemized listing shall ~~include, at a minimum, those charges incurred~~ include each specific chargeable item
12 or service in the following service ~~areas:~~ areas:

- 13 (1) room rates;
- 14 (2) laboratory;
- 15 (3) radiology and nuclear medicine;
- 16 (4) surgery;
- 17 (5) anesthesiology;
- 18 (6) pharmacy;
- 19 (7) emergency services;
- 20 (8) outpatient services;
- 21 (9) specialized care;
- 22 (10) extended care;
- 23 (11) prosthetic and orthopedic appliances; and
- 24 (12) professional services provided by the facility. ~~other independently billing medical personnel.~~

25
26 *History Note: Authority G.S. 131E-79; 131E-91; S.L. 2013-382(s.13.1);*
27 *Eff. January 1, 1996;*
28 *Temporary Amendment Eff. May 1, 2014; 2014;*
29 *Amended Eff. November 1, 2014.*
30

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13B .3502

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Paragraph (a), I think the term "regulations" is unnecessary on line 4.

In Subparagraph (b)(1), you reference Rule .2101 of the Subchapter; this Rule does not currently exist. I know the Medical Care Commission published the proposed text in the July 1, 2014 Register as well, but currently, the Rule does not exist.

In Subparagraph (b)(2), are you relying upon G.S. 131E-214.7(f)? If so, please include the citation in the History Note.

In Subparagraph (b)(6), are you relying upon G.S. 131E-214.8? If so, please include the citation in the History Note. If not, please tell me what authority you are relying upon to restrict the dissemination of the information by only these hospitals.

I take in in Paragraph (c) that the determination of whether revision is necessary will be by the governing body?

For Paragraph (e), are you relying upon G.S. 131E-214.8 for the authority for this requirement?

In the History Note, please change the citation to "S.L. 2013-382(s. 10.1); S.L. 2013-382(s. 13.1);

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

10A NCAC 13B .3502 is amended as published in the NCR, Volume 29:01, pps. 3-17, as follows:

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

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

- (1) state the ~~general and specific goals~~ 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 approval of the bylaws of any auxiliary organizations established by the hospital;
- (6) require the governing body to review and approve the bylaws of the medical staff organization;
- (7) establish a procedure 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 ~~described set forth~~ in Rule .3302 of this Subchapter and in compliance with ~~G.S. 131E-117~~
~~where applicable; and~~ G.S. 131E-117; and
- (9) require the governing body to institute procedures to provide for:
 - (A) orientation of newly elected board members to specific board functions and procedures;
 - (B) the development of procedures for periodic reexamination of the relationship of the board 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 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 Rule .2101 of the Subchapter;
- (2) how a patient may obtain an estimate of the charges for the statewide 100 most frequently reported DRGs, where applicable, and 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;
- (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 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 to a minor, in accordance with G.S. 131E-91(d)(6).

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

(d) 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) 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 applies only to facilities required to file a Schedule H, federal form 990.

*History Note: Authority G.S. 131E-79; S.L. 2013-382(s.10.1),(s.13.1); G.S. 131E-91;
Eff. January 1, 1996;
Temporary Amendment Eff. May 1, ~~2014~~. 2014;
Amended Eff. November 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13C .0202

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Paragraph (a), line 8, I take it you mean the terms "AAAHHC" and "AAAASF" as they are defined in Rule .0103 of the Subchapter?

In Paragraph (d), line 24, replace "which" with "that"

Can't the language of (f)(3) be combined with (f)(1), perhaps to read "Before construction is begun, schematic plans and plans and specifications covering..."? If not, then I do not think the opening words of (f)(3), "In order to avoid unnecessary expense in changing final plans, as a preliminary step," are necessary.

In (f)(5) on Page 2, please insert a comma after "Code" on line 5, and state "which is hereby incorporated..."

Please capitalize "Code" on line 6.

Do you believe you need to retain how to purchase the Code, rather than just giving the online version?

In the History Note, I note that you did not give the specific citation to the section of the Session Law. I think you should do so.

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

1 10A NCAC 13C .0202 is amended as published in the NCR, Volume 29:01, pps. 3-17, as follows:

2
3 **10A NCAC 13C .0202 REQUIREMENTS FOR ISSUANCE OF LICENSE**

4 (a) Upon application for a license from a facility never before licensed, a representative of the Department shall
5 make an inspection of that facility. Every building, institution or establishment for which a license has been issued
6 shall be inspected for compliance with the rules found in this Subchapter. An ambulatory surgery facility shall be
7 deemed to meet licensure requirements if the ambulatory surgery facility is accredited by The Joint Commission
8 (formerly known as "JCAHO"), ~~JCAHO~~, AAAHC or AAAASF. Accreditation does not exempt a facility from
9 statutory or rule requirements for licensure nor does it prohibit the Department from conducting inspections as
10 provided in this Rule to determine compliance with all requirements.

11 (b) If the applicant has been issued a Certificate of Need and is found to be in compliance with the Rules found in
12 this ~~Subchapter~~ Subchapter, then the Department shall issue a license to expire on December 31 of each year.

13 (c) The Department shall be notified at the time of:

- 14 (1) any change of the owner or operator; ~~as to the person who is the operator or owner of an~~
15 ~~ambulatory surgical facility~~;
- 16 (2) any change of location;
- 17 (3) any change as to a lease; and
- 18 (4) any transfer, assignment or other disposition or change of ownership or control of 20 percent or
19 more of the capital stock or voting rights thereunder of a corporation which is the operator or
20 owner of an ambulatory surgical facility, or any transfer, assignment, or other disposition of the
21 stock or voting rights thereunder of such corporation which results in the ownership or control of
22 more than 20 percent of the stock or voting rights thereunder of such corporation by any person.

23 A new application shall be submitted to the Department in the event of such a change or changes.

24 (d) The Department shall not grant a license until the plans and specifications, ~~specifications~~ which are stated in
25 Section .1400 of this Subchapter, covering the construction of new buildings, additions, or material alterations to
26 existing buildings are approved by the Department.

27 (e) The facility design and construction shall be in accordance with the licensure rules for ambulatory surgical
28 facilities found in this Subchapter, the North Carolina State Building Code, and local municipal codes.

29 (f) Submission of ~~Plans~~ Plans.

- 30 (1) Before construction is begun, plans and specifications covering construction of the new buildings,
31 alterations, renovations or additions to existing buildings, shall be submitted to the Division for
32 approval.
- 33 (2) The Division shall review the plans and notify the licensee that said buildings, alterations,
34 additions, or changes are approved or disapproved. If plans are disapproved the Division shall
35 give the applicant notice of deficiencies identified by the Division.
- 36 (3) In order to avoid unnecessary expense in changing final plans, as a preliminary step, proposed
37 plans in schematic form shall be reviewed by the Division.

(4) The plans shall include a plot plan showing the size and shape of the entire site and the location of all existing and proposed facilities.

(5) Plans shall be submitted in ~~duplicate~~, ~~duplicate in order that the~~ The Division ~~may~~ shall distribute a copy to the Department of Insurance for review of the North Carolina State Building Code ~~requirements~~, requirements if required by the North Carolina State Building Code which is incorporated by reference, including all subsequent amendments. Copies of the code may be purchased from the International Code Council online at <http://www.iccsafe.org/Store/Pages/default.aspx> at a cost of \$527.00 or accessed electronically free of charge at http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html.

(g) 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 defined in Rule .0301(d) of this Subchapter.

*History Note: Authority G.S. 131E-91; G.S. 131E-147; 131E-149; S.L. 2013-382;
Eff. October 14, 1978;
Amended Eff. April 1, 2003; 2003;
Temporary Amendment Eff. May 1, 2014;
Amended Eff. Nov.1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13C .0205

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Subparagraphs (c)(1) through (7), generally lists begin with lowercase letters. I suggest you make the change if these are not intended as proper nouns.

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

1 10A NCAC 13C .0205 is amended as published in the NCR, Volume 29:01, pps. 3-17, as follows:

2
3 **10A NCAC 13C .0205 ITEMIZED CHARGES**

4 (a) The facility shall either present an itemized list of charges to all discharged patients or the facility shall include
5 on patients' bills which are not itemized notification of the right to request an itemized bill within ~~30 days~~ three
6 years of receipt of the non-itemized ~~bill~~ bill or so long as the facility, collections agency, or other assignee asserts
7 the patient has an obligation to pay the bill.

8 (b) If requested, the facility shall present an itemized list of charges to each ~~patient~~, patient or his or
9 her representative. ~~responsible party.~~ This list shall detail in language comprehensible to an ordinary layperson the
10 specific nature of the charges or expenses incurred by the patient.

11 (c) The listing shall ~~include, at a minimum, those charges incurred in the following service areas:~~ include each
12 specific chargeable item or service in the following service areas:

- 13 (1) Surgery (facility fee);
- 14 (2) Anesthesiology;
- 15 (3) Pharmacy;
- 16 (4) Laboratory;
- 17 (5) Radiology;
- 18 (6) Prosthetic and Orthopedic appliances; and
- 19 (7) Other professional services.

20 (d) The facility shall indicate on the initial or renewal license application that patient bills are itemized, or that each
21 patient or ~~responsible party~~ his or her representative is formally advised of the patient's right to request an itemized
22 listing within ~~30 days~~ three years of receipt of a non-itemized bill.

23
24 *History Note:* Authority G.S. 131E-91; G.S. 131E-147.1; S.L. 2013-382(s.13.1);
25 Eff. December 1, 1991; 1991;
26 Temporary Amendment Eff. May 1, 2014;
27 Amended Eff. Nov. 1, 2014.
28

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13C .0301

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a)(3), line 16, please replace "which" with "that"

In (d)(1), "financial assistance policy" is not defined in Rule .0103 at this time. I am aware the agency is proposing to amend the Rule, but it is not currently defined in the Rule.

In (d)(2), are you relying upon 131E-214.7(f) for your authority? If so, please insert the authority in the History Note.

In (d)(6), are you relying upon 131E-214.8? If so, please include the citation in the History Note. If not, please tell me what authority you are relying upon to restrict the dissemination of the information by only these facilities.

In the History Note, insert a semicolon between the citations. Also, please insert a reference to 131E-147.1, which states that G.S. 131E-91 applies to these facilities.

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

10A NCAC 13C .0301 is amended as published in the NCR, Volume 29:01, pps. 3-17, as follows:

10A NCAC 13C .0301 GOVERNING AUTHORITY

(a) The facility's governing authority shall adopt bylaws or other ~~appropriate~~ operating policies and procedures ~~which shall:~~ to assure that:

(1) ~~specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible;~~

a named individual is identified who is responsible for the overall operation and maintenance of the facility. The governing authority shall have methods in place for the oversight of the individual's performance.

(2) ~~provide for~~ at least annual meetings of the governing authority are conducted if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings;

(3) ~~maintain a policies and procedures manual which is designed to ensure professional and safe care for the patients. The manual shall be reviewed, and revised when necessary, at least annually.~~

a policy and procedure manual is created which is designed to ensure professional and safe care for the patients. The manual shall be reviewed annually and revised when necessary.

The manual shall include provisions for administration and use of the facility, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies and services offered; and

(4) ~~provide for annual reviews and evaluations of the facility's policies, management, and operation.~~ annual reviews and evaluations of the facility's policies, management, and operation are conducted.

(b) When services such as dietary, laundry, or therapy services are purchased from others, the governing authority shall be responsible to assure the supplier meets the same local and state standards the facility would have to meet if it were providing those services itself using its own staff.

(c) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

(d) The governing authority shall establish 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 Rule .0103 of the Subchapter;

(2) how a patient may obtain an estimate of the charges for the statewide 20 most common outpatient imaging procedures and 20 most common outpatient surgical procedures based on the primary CPT code. 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 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 ambulatory surgical 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 ambulatory surgical facility to a minor, in accordance with G.S. 131E-91(d)(6).

History Note: Authority G.S. 131E-91; G.S. 131E-149; S.L. 2013-382(s.10.1), S.L. 2013-382 (s.13.1);
 Eff. October 14, 1978;
 Amended Eff. November 1, 1989; November 1, 1985; December 24, ~~1979~~, 1979;
Temporary Amendment Eff. May 1, 2014;
Amended Eff; Nov. 1, 2014.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2402 and .2503

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

On the Submission for Permanent Rule Forms, I note you state OSBM certified the rules on May 1, 2014. The published notice states they were certified on May 1 and May 14. Which is correct?

Also on the forms, please correct the date the Notice of Text was published.

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2402

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a), line 5, do you need "a minimum of"? Generally, since rules set the minimum standards, the use of the term is not preferred in rules.

In Paragraph (c), lines 11-12, do you need to retain "at least"? And what are "businesses offering retrieval services"? Does your regulated public know what this means?

In Paragraph (d), who will copy the records? When will the facility be allowed to authorize this?

In (e), please insert the citation for HIPAA.

In (f), how does a patient deny access to the records? If you are referring to the procedure in G.S. 131E-105, I think you should state that in the Rule language.

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

1 10A NCAC 13D .2402 is amended as published in the NCR Volume29, Issue 01, pps. 17-18, as follows:

2
3 **10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS**

4 (a) ~~The manager of medical records~~ A facility shall ~~ensure that keep~~ keep medical records ~~records, whether original,~~
5 ~~computer media or microfilm, be kept~~ on file for a minimum of five years following the discharge of an adult
6 patient.

7 (b) ~~The manager of medical records shall ensure that if~~ If the patient is a minor when discharged from the nursing
8 facility, ~~then the~~ records shall be kept on file until his or her 19th birthday and for the timeframe specified in G.S. 1-
9 17(b) for commencement of an action on behalf of a minor. and, then, for five years.

10 (c) If a facility discontinues operation, the licensee shall ~~make known to~~ inform the Division of Health Service
11 Regulation where its records are stored. Records ~~are to~~ shall be stored in a business offering retrieval services for at
12 least ~~4~~ five years after the closure date.

13 (d) ~~The manager of medical records~~ A facility may authorize ~~the microfilming~~ copying of medical records.
14 Microfilming Copying may be done on or off the premises. If done off the premises, the facility shall take
15 precautions to ensure the confidentiality and safekeeping of the records. ~~The original of the microfilmed medical~~
16 ~~records shall not be destroyed until the manager of medical records has had an opportunity to review the processed~~
17 ~~film for content.~~

18 (e) ~~Nothing in this Subchapter shall be construed to prohibit the use of automation of medical records, provided that~~
19 ~~all of the provisions in this Rule are met and the medical record is readily available for use in patient care.~~

20 (f) ~~(e)~~ All medical records are confidential. ~~Only authorized personnel shall have access to the records. Signed~~
21 ~~authorization forms concerning approval or disapproval of release of medical information outside the facility shall~~
22 ~~be a part of each patient's medical record.~~ The facility shall be compliant with the Health Insurance Portability and
23 Accountability Act. Representatives of the Department shall be notified at the time of inspection of the name and
24 record number of any patient who has denied medical record access to the Department.

25 (f) At the time of the inspection, the facility shall inform the surveyor of the name of any patient who has denied the
26 Department access to their medical record.

27 (g) ~~Medical records are the property of the facility, and they shall not be removed from the facility except through a~~
28 ~~court order. Copies shall be made available for authorized purposes such as insurance claims and physician review.~~

29
30 *History Note: Authority G.S. 131E-104; 131E-105;*

31 *Eff. January 1, 1996.*

32 *Amended Eff. November 1, 2014.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13D .2503

DEADLINE FOR RECEIPT: Friday, October 10, 2014

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a), line 3, insert a comma after "practitioners". Or perhaps rewrite the sentence to state "Any facility that employs physician assistants or nurse practitioners shall maintain..."

At the end of (a)(1), insert an "and"

In (b), line 12, delete or define "clearly"

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

1 10A NCAC 13D .2503 is amended as published in the NCR Volume29, Issue 01, pps. 17-18, as follows:

2 **10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

3 (a) If a facility employs physician assistants or nurse practitioners it shall maintain the following information for
4 each nurse practitioner and physician assistant:

5 (1) ~~a statement of verification of current~~ approval to practice as a nurse practitioner by the ~~Board of~~
6 ~~Medical Examiners~~ Medical Board and Board of Nursing for each practitioner, or ~~a statement~~
7 ~~verification of current~~ approval to practice as a physician assistant by the ~~Board of Medical~~
8 ~~Examiners~~ Medical Board for each physician assistant;

9 ~~(2) — verification of current approval to practice; and~~

10 ~~(3)~~ (2) a copy of instructions or written protocols signed by the nurse practitioner or physician assistant
11 and the supervising physicians.

12 (b) The privileges of the nurse practitioner or physician assistant shall be clearly defined by the facility's policies and
13 procedures and shall be limited to those privileges authorized in 21 NCAC 32M and 21 NCAC 36 .0800 for the
14 nurse practitioner or ~~21 NCAC 32O~~ 21 NCAC 32S for the physician assistant.

15
16 *History Note: Authority G.S. 131E-104;*

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

18 *Amended Eff. November 1, 2014.*