REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: All Rules Submitted in Subchapter 13P

DEADLINE FOR RECEIPT: Friday, December 9, 2016

***NOTE:* 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:

Please confirm that these Rules were all adopted with the advice of the Emergency Medical Services Advisory Council, as required by G.S. 143B-508(b) and 131E-162, as stated on the filing form for some of the Rules.

When you file re-written rules, please remove the dates "8/24/16" and "10/7/2016" from the top of the physical copies.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0101 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(b);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, ~~2004.~~ 2004;
Readopted Eff. January 1, 2017;

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0102

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

Do you not want to also incorporate the definitions in G.S. 131E-155 here? It appears you want to at least reference it, as the Rules use many terms that are solely defined in the statute.

In Item (3), line 15, I suggest inserting a comma after "collaboration"

In Item (4), line 16, please state "may not be"

In Item (5), is the "approved for the mission by the medical director" based upon the professional judgement of the medical director?

In Item (8), is the decision of the patient care technician to bypass also based upon his or her professional judgment?

In Item (9) and elsewhere, what is the designation on line 36? Is this addressed in other Rules?

In Item (14), Page 2, line 15, how is this "approved'? Is this in other Rules?

In Item (19), line 30, I believe "State" should be capitalized.

In Item (22), Page 3, where are the essential criteria now listed, since they are no longer in Rules .0900?

In Item (24), line 17, who will anticipate this?

In Item (27), line 24, I suggest inserting a comma after "health systems"

Also on line 24, what is "structured manner"? Does your regulated public know?

On line 26, I'm just checking – integrated trauma care is different from the inclusive trauma system, correct?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In Item (30), (and elsewhere), thank you for the cross-reference for the definition of hospital. Do you need to keep it everywhere you use it in this Rule?

In Item (30), what is "capability" and "total care"? Who determines this?

In Item (36), Page 4, consider breaking this down further into a list.

In Item (37), line 26, shouldn't "day-to-day" be hyphenated to be consistent with Item (40)?

In Item (39), how is this "in-person" as it's provided via radio or phone?

In Item (41), Page 5, line 5, who will determine if it is needed? How?

In Item (44), line 18, "State" should be capitalized. And I take it that the contents of the RFP are in Rule?

In Item (45), line 24, please insert a quotation mark after "Tool" since you are deleting ~~(SMARTT)"~~

In Item (47), line 32, is the term "specialized interventions" known to your regulated public?

In Item (52), is this not available online? Can you insert a url?

In Item (55), who will issue this accreditation? OEMS or an outside accrediting organization?

In Item (57), who will make these?

In Item (58), what is the statewide database?

In Item (59), who creates this? And this is not available online?

On line 37, please insert a period after "no cost."

In Item (60), Page 7, line 2, I believe "trauma related" should be hyphenated.

Also on line 2, I suggest replacing "must" with "shall"

On line 3, is the term "trauma program manager" interchangeable with "trauma coordinator"?

On line 4, generally the language "at least" is not favored in rule, as rules set the minimum standards. However, I take it you need "at least" here?

Also on line 4, I take it you mean to other departments in the hospital?

In Item (61), line 9, where is this defined by OEMS?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0102 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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 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 sub-specialty 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 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"~~] Self-Tracking and Assessment of Targeted Statistics ~~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~~] Self-Tracking and Assessment of Targeted Statistics 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.

History Note: *Authority G.S. ~~131E-155(a)(6b);~~ G.S. 131E-155(6b); 131E-162; 143-508(b), ~~(d)(1), (d)(2), (d)(3), (d)(4), (d)(5), (d)(6), (d)(7), (d)(8), (d)(13);~~ 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);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this ~~rule.~~ rule;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0201

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(1), line 5, who will define the area? The county?

On line 6, what are "Provider service areas"? Does your regulated public know?

On line 8, I recommend replacing "must" with "shall"

In (a)(3), line 15, I suggest replacing "defined" with "set forth in"

In (a)(4), I take it you need to retain "at least"?

In (a)(10)(A), please confirm the discussion with no more than two persons is consistent with the 911 Board rules.

In (a)(10)(C), Page 2, line 4, I take it "most appropriate" will be determined within the professional judgement of the individual?

In (a)(11), line 12, why are you deleting "Program" since that is a defined term?

In (a)(12), line 16, you state "system EMS Care data" but the term "system data" is defined. Should it read "EMS Care system data"?

In (a)(13)(C), line 35, what are the "appropriate facilities"? Will these be determined in the policy by individuals using professional or clinical judgment?

In (a)(13)(D), Page 3, line 2, to what data are you referring?

In (a)(13)(K), G.S. 108A-102 refers only to reporting for the disabled.

In (b)(1), who defines this service area?

In (b)(2), who are the appropriate personnel? Does your regulated public know?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (d), line 31, when is the reapproval application due? At the end of six years, a few months prior?

In the History Note, line 36, please state "143-508(d)(13)"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0201 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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 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 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 ~~routinely~~ 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 7th 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;~~] 7B-301;

(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.

~~(b)~~ (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.

History Note: *Authority G.S. ~~131E-155(1), (6), (8), (9), (15);~~ 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); ~~143-508(b), (d)(1), (d)(2), (d)(3), (d)(5), (d)(8), (d)(9), (d)(10), (d)(13);~~ 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); (d)(13); ~~143-509(1), (3), (4), (5);~~ 143-517; 143-518;*

Temporary Adoption Eff. January 1, 2002;
Eff. August 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0209

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 Item (2), line 10, how are these approved by OEMS?

In Item (4), line 16, who anticipates this? The medical director?

In Item (7), line 23, please incorporate these regulations by reference using G.S. 150B-21.6.

Also on line 23, please replace "has" after "permitted" with "shall have"

At the end of Sub-Item (7)(a), line 29, please insert an "and"

Item (10), Page 2, what are "patient care treatment protocols"? This does not appear to be a defined term. Who creates these?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0209 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-157(a); 143-508(d)(8);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2004;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0214

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

What are "non-transporting vehicles"? These are not the same as privately owned vehicles set forth in G.S. 131E-160(1), are they?

In (b), what are "applicable laws and rules"? Does your regulated public know?

In (e), what will the OEMS inspector base this designation for where to post upon?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0214 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

10A NCAC 13P .0214 EMS ~~NONTRANSPORTING~~ 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.

History Note: *Authority G.S. 143-508(d)(8);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0216

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

So that I am clear, this Rule applies only to permittees and the actions they must take regarding weapons, correct?

In (b), line 9, I suggest replacing "are" with "shall be"

Isn't (c) at least partially repeated by (e), line 17?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0216 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

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

~~(d)~~ (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.

History Note: *Authority G.S. 131E-157(a); 143-508(d)(8);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, ~~2003.~~ 2003;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0219

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

What are "Medical Ambulance/Evacuation Bus Vehicles"? I take it your regulated public knows?

On line 5, please state "Rule .0403(8) of this Subchapter"

On line 6, what is "sufficient"?

On line 7, how is this anticipated?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0219 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-158(b);*
Eff. July 1, ~~2011.~~ 2011;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0221

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 (c), when is this information required to be provided?

In (c)(1) and (2), lines 23 and 25, Rule 10A NCAC 13P .0204 does not have these provisions. You cannot cross-reference rule language that does not exist.

In (d), line 29, I suggest replacing "on" with "upon"

Also on line 29, is there a cross-reference you can insert for these treatment protocols?

In the History Note, why are you citing to G.S. 131E-155.1? And why are you citing to G.S. 131E-158(b)? Aren't you requiring in this Rule the minimum established by G.S. 131E-158(a)?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0221 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-155.1; 131E-158(b); ~~143-508(d)(1), (d)(8);~~ 143-508(d)(1); 143-508(d)(8);*
Eff. July 1, ~~2012.~~ 2012;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0222

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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), you do not mean to include anyone in G.S. 131-160, which sets forth exemptions from licensure, correct?

In (c), I recommend ending the sentence on line 9 after "stretcher"

In the History Note, please put the statutory citations in numerical order.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0222 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Statutory Authority 143-508(d)(8); 131E-156; 131E-157;*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0223

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

So that I'm clear, "EMS provider" is defined in G.S. 131E-155(13a) as:

> (13a) "EMS provider" means a firm, corporation or association which engages in or professes to provide emergency medical services.

So, why is (a)(2) written to apply to owners or officers, but (a)(3) and (4) are only for the firm? Don't you mean individuals, as well?

Also in (a)(2), line 8, I take it that the term "officers" is understood by your regulated public? What about "owners"?

In (a)(5), line 14, I suggest inserting a comma after "investigations" and "outcomes"

In (b), line 19, I suggest deleting "initial or renewal" and just stating "most recent application" unless you are concerned this will confuse your regulated public.

In the History Note, please add G.S. 131E-159, as that speaks to criminal convictions that can bar licensure.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0223 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-155.1(c); 143-508(d)(1); 143-508(d)(5);*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0301

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 4, I am just checking - is the term "transports" or "transportation"?

On line 5, I take it you need to retain "at least"?

Also on line 5, are the contents of the application what is set forth in the Rule below?

In (a)(1), line 7, who defines this?

Also on line 7, I recommend simply striking "in which"

In (a)(5), line 18, I recommend replacing "on" with "upon"

In (a)(6), line 30, is it "satisfactory" in that it provides for in-person supervision as required by the definition of on-line medical direction?

In (a)(8), line 36, I suggest inserting a comma after "supplies"

In (a)(8)(A), Page 2, line 2, is the sufficiency based upon professional judgment? And should it state "by the medical director <u>as</u> sufficient"?

In (a)(8)(B), do you mean "ensure" instead of "assure"?

In (b), so that I'm clear – when transporting, the physician makes the determination of who is needed from the list in (b)(1) through (6) and then has that approved by the SCTP medical director before the transfer occurs?

On lines 11 and 12, should it read "as determined by the transferring physician who is responsible for the medical aspects of the mission to manage the anticipated severity of injury or illness of the patient:"?

In (d), how long will the license be good for? You state up to six years, but how will the time be determined, and by whom?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

Also, are you relying upon G.S. 131E-155.1(b) here? If so, add that to the History Note.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0301 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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 7th 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.

History Note: *Authority G.S. 131E-158; 143-508; ~~143-508(d)(1), (d)(8), (d)(9); (d)(13); 143-508(d)(13);~~*
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, 2004;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this ~~rule.~~ rule;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0302

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(2), line 9, who determines "appropriate"? The SCTP Medical Director?

In (b), line 21, what is "re-positioning"? Does your regulated public know?

On line 22, please incorporate these regulations pursuant to G.S. 150B-21.6 if not incorporated elsewhere in these Rules.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0302 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508; ~~143-508(d)(1), (d)(3); (d)(13);~~*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this ~~rule.~~ rule;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0403

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 this Rule, the term "Medical Director" is capitalized whenever it is used; however, that is not the case in other Rules (for example, see Rule .0409) It is fine that you being consistent within the Rule text, but consider making it consistent across the rules.

Throughout the Rule, I take it that the medical director will make these decisions in his or her professional and clinical judgment?

In (a)(1), line 5, is the reference to Rule .0401 to give an idea of what "medical control" is? If not, then what part of Rule .0401 are you referring to?

In (a)(2), line 7, I suggest inserting a comma after "approval"

In (a)(3), you deleted the acronym "EMDPRS" from Rule .0101, so please spell out what this means.

In (a)(5), line 12, is "treatment protocols for the system" what is in (a)(2)? Or is it the term defined in Rule .0102(62)?

In (a)(7), I take it this guidance will be based upon the agency's rules?

In (a)(10)(B), line 26, I suggest deleting "as"

In (a)(10)(D), line 31, I suggest inserting a comma after "equipment"

In (b), Page 2, can the medical director even delegate (a)(10) tasks? Those set the requirements for supervisors, so I wanted to check.

So that I'm clear – in (c), this is permission for the medical director to take a human resources approach to stop the EMS personnel from working; this is not an adverse action on a license or credential, as only the Department can do this under G.S. 131E-155.1(d), correct? If so, then how does (c)(1) work? Is it for the statewide system or the one established under Rule .0201?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

I suggest rewriting (c), lines 5 to 7 for better subject verb agreement like so:

"… EMS System when he or she determines that the individual's actions are detrimental to the care of the patient, the individual committed unprofessional conduct, or the individual failed to comply with credentialing requirements."

In (c)(1) and (2), lines 8 and 10, define "successful" If this is going to be established by the medical director, how will this happen?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0403 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(b); ~~143-508(d)(3),(d)(7);~~ 143-508(d)(3); 143-508(d)(7); ~~143-509(12);~~*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, ~~2004.~~ 2004;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0409

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 8, I take it you need to retain "at least"?

In (a)(6), is this the medical director of the individual SCTP?

In (a)(7), what do you mean by "due process"? Is this known to your regulated public?

In (a)(9), line 19, generally rules do not contain aspirational statements, and "or exceed" is one. Do you need to retain it?

In (a)(10), is this the establishment of bylaws?

if so, shouldn't there be a requirement to establish the number of individuals on the committee? Or is that implied in (10)(F)?

What is your authority for (b)? G.S. 131E-155(6b) states:

> (6b) "Emergency Medical Services Peer Review Committee" means a panel composed of EMS program representatives to be responsible for analyzing patient care data and outcome measures to evaluate the ongoing quality of patient care, system performance, and medical direction within the EMS system. The committee membership shall include physicians, nurses, EMS personnel, medical facility personnel, and county government officials. Review of medical records by the EMS Peer Review Committee is confidential and protected under G.S. 143-518. An EMS Peer Review Committee, its members, proceedings, records and materials produced, and materials considered shall be afforded the same protections afforded Medical Review Committees, their members, proceedings, records, and materials under G.S. 131E-95.

Where is your authority to waive the statute?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0409 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(b); ~~143-509(12);~~*
Temporary Adoption Eff. January 1, 2002;

Eff. April 1, 2003;

Amended Eff. January 1, 2004;

Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;

Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;

Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0501

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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, I believe "institution" should be lowercase.

On line 7, how is this approval sought? Is this addressed by other rules?

On line 8, what is the "professional judgment" of OEMS staff?

In (b), line 11, I suggest stating "Standards," which is hereby incorporated by reference, including…"

On line 12, state "is available online at no cost at …" assuming that it is indeed free online.

In (c), Page 4, line 24, it can't be read online?

In (d), what is a "Level I EMS instructor"?

On line 27, state "is available online at no cost at …" assuming that it is indeed free online.

In (e), line 29, approved by the Department, correct?

On line 29, replace "must" with "shall"

In (f), line 32, replace "must" with "shall"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0501 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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.~~] www.ems.gov/education.html.

~~(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~~

~~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 1.10bcdefjk – 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;~~ ~~5-2.75 – 5-2.77;~~ ~~5-2.79 – 5-2.81;~~ ~~5-2.84 – 5-2.89;~~ ~~5-2.91 – 5-2.95;~~ ~~5-2.121 – 5-2.125;~~ ~~5-2.128 – 5-2.133;~~ ~~5-2.150; 5-2.159;~~ ~~5-2.162; 5-2.165;~~ ~~5-2.168;~~ ~~5-2.179 – 5-2.180;~~ ~~5-2.184;~~ ~~5-2.193 – 5-2.194;~~ ~~5-2.201; 5-2.205ab;~~ ~~5-2.206 – 5-2.207~~
~~5-3~~	~~Neurology~~	~~5-3.11 – 5-3.17;~~ ~~5-3.82 – 5-3.83~~
~~5-4~~	~~Endocrinology~~	~~5-4.8 – 5-4.48~~
~~5-5~~	~~Allergies and Anaphylaxis~~	~~5-5.1 – 5-5.19~~
~~5-8~~	~~Toxicology~~	~~5-8.40 – 5-8.56;~~ ~~5-8.62~~

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

~~SECTION~~	~~TITLE~~	~~LESSON OBJECTIVES~~
~~7-1~~	~~Assessment Based Management~~	~~7-1.1 – 7-1.19 (objectives 7-1.12 and 7-1.19 include only abefhklo)~~

~~(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 7th 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 7th 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.~~] www.ems.gov/education.html.

(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.

History Note: *Authority G.S. ~~143-508(d)(3), (d)(4);~~ 143-508(d)(3); 143-508(d)(4); 143-514;*
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;

Readoption Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0502

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(2), line 10, I take it that applicants will know their level?

In (a)(3), line 16, I suggest "which are" with "that is" to be consistent with the singular language on line 14.

On line 17, how are these approved by OEMS?

On line 19, what are Level I and II instructors?

On line 23, what is the "primary credentialed EMS instructor"?

In (a)(4), what is this intended to address? Simply taking the test or passing it? If it's taking it, then I suggest stating that.

On lines 27 and 28, when will this happen?

On line 33, replace "is" with "shall be"

When will the language on lines 35-36 occur? And is this just an extension to take the test?

On line 35, replace "may qualify" with "qualifies"

On line 36, replace "will" with "shall"

I suggest starting (a)(4)(A) through (C) with lowercase letters.

In (a)(4)(B), line 3, delete "has" and I think "course-specific" should be hyphenated.

In (a)(4)(C), line 7, do you mean "complete" or "pass"?

What does the sentence on lines 8 through 9 mean? I'm sure your regulated public understands, but I do not.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

On line 9, replace "becomes" with "shall become"

In (a)(5), line 12, delete "pursuant to G.S. 131E-159(g)" as redundant with Rule .0511.

In (a)(6), line 14, what do you mean by "conditions"?

In (c), G.S. 131E-159(a) requires an exam. Where is the provision for the exam in this Rule?

In (c)(1), so that I'm clear – you won't allow 17 year olds to take the exam, as allowed for other credentials in (a)(1)?

In (c)(4), line 25, delete "pursuant to G.S. 131E-159(g)" as redundant with Rule .0511.

In (c)(5), line 27, what do you mean by "conditions"?

Where is your authority for (c)(6)? That is an optional method for initial credentialing for some individuals, not a requirement for everyone.

In (d), I believe that this program is now administered by the Department of Public Safety, not the Department of Justice. (See G.S. 14-208.6(1c))

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0502 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR ~~MR,~~ EMR, EMT, ~~EMT-I, EMT-P,~~ 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(c) 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~~ 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.

History Note: *Authority G.S. ~~131E-159(a)(b);~~ 131E-159(a); 131E-159(b); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952;*
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;

Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0503

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

What does this Rule state that G.S. 131E-159 does not? Why do you need this Rule?

How long will these licenses be good for? Who will determine how long they last and based upon what?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0503 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-159 (a);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0504

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(2), line 10, delete "pursuant to G.S. 131E-159(g)" as redundant with Rule .0511.

In (a)(3), line 12, what do you mean by "conditions"? And do you mean "any" instead of applicable, or are you trying to restrict this to the crimes in Rule .0502?

In (b), how does this renewal occur? If you are referring to G.S. 131E-159(c), that statute addresses initial credentialing, not renewal.

> **§ 131E-159. Credentialing requirements.**
>
> (c) Individuals currently credentialed as an emergency medical technician, advanced emergency medical technician, paramedic, emergency medical responder, and emergency medical services instructor by the National Registry of Emergency Medical Technicians or by another state where the education/credentialing requirements have been approved for legal recognition by the Department of Health and Human Services, in accordance with rules promulgated by the Medical Care Commission, and who is either currently residing in North Carolina or affiliated with a permitted EMS provider offering service within North Carolina, may be eligible for credentialing as an emergency medical technician, advanced emergency medical technician, paramedic, emergency medical responder, and emergency medical services instructor without examination. This credentialing shall be valid for a period not to exceed the length of the applicant's original credentialing or four years, whichever is less.

On line 19, replace "Section .0500 of this Subchapter" with "this Section."

In (c), so that I'm clear – only national credentials are acceptable for EMDs?

In (e), what are local continuing education programs?

In (f), I know that "timely and sufficient" are in G.S. 150B-3 but does your regulated public know what this means?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

On line 29, replace “does” with “shall”

In (g), I believe the Department is now the Department of Public Safety.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0504 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

10A NCAC 13P .0504 RENEWAL OF CREDENTIALS FOR ~~MR,~~ EMR, EMT, ~~EMT I, EMT P,~~ 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 ~~.0501(c)~~ .0501(e) or (f) of this ~~Section.~~ 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.

History Note: *Authority G.S. 131E-159(a); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952; 150B-3(a);*
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;

Amended Eff. January 1, ~~2009.~~ 2009;

Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0506

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 line 6, to what does "and by the OEMS" modify? The approval on line 5? If so, I think that can be written to be clearer.

In (a)(1), line 7, I suggest you insert a comma after "injury"

In (a)(3), I know "hospitals" is defined. I take it "clinics" is a term known to your regulated public?

In (a)(5), what are "mass gatherings" and "special events"? Does your regulated public know?

In (b), you address (a)(2) through (4). Are there any additional rules for (a)(1) and (5)?

In (c), line 22, by "approved" I take it you mean approved by the Department under these Rules?

On line 24, I take it that your regulated public knows what "industrial or corporate first aid safety team" means? And does that encompass government offices and schools?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0506 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(d)(7);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0507

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

What is a Level I EMS Instructor?

In (a)(2), what does this mean? I take it your regulated public knows, but I don't, so I wanted to inquire.

In (a)(3), is this the examination that is required by G.S. 131E-159(a)? If not, where is that requirement addressed?

In (a)(4), line 24, please insert "a program" before "determined by OEMS" And when does this happen, and is it still 100 hours of instruction?

In (a)(7), so that I'm clear – this educational requirement applies to the instructors, not the providers, correct?

In (c), how long is this credential good for? Who determines it and how is this communicated?

In (c)(2), Page 2, line 2, what does "at the highest level that the instructor is approved to teach" mean?

In (d), I believe the Department is now the Department of Public Safety.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0507 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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;~~] https://cis.emspic.org/CIS/Go; 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.

History Note: *Authority G.S. 131E-159; 143-508(d)(3);*
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0508

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(2), so that I'm clear – this level of education is only required for instructors, not the personnel?

In (a)(3) is this the examination required by G.S. 131E-159(a)? If not, where is that requirement addressed?

In (a)(4), lines 24-25, should it read "… in their professional judgement to be equivalent to an EMS Level I education program;" And when will this occur?

In (a)(5), does your regulated public know how to find these courses?

In (a)(6), is this within one year prior or after? I note that in Rule .0507, it states before application. Should that be the language here? If not, is it intended that the attendance comes after receiving the credential?

In (c), how long is this credential good for? Who determines the length?

In (c)(2), Page 2, what does "at the highest level that the instructor is approved to teach" mean?

In (d), I believe the Department is now the Department of Public Safety.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0508 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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.~~] https://cis.emspic.org/CIS/Go.

(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.

History Note: *Authority G.S. 131E-159; 143-508(d)(3);*
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0510

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(2), is this evaluation an examination?

In (a)(4), so that I'm clear – the educational institution shall determine whether the courses are professional development?

In (a)(4)(B), line 27, what does this mean?

In (b), why are you citing to this statute? It does not refer to renewal, but to initial credentialing.

> (c) Individuals currently credentialed as an emergency medical technician, advanced emergency medical technician, paramedic, emergency medical responder, and emergency medical services instructor by the National Registry of Emergency Medical Technicians or by another state where the education/credentialing requirements have been approved for legal recognition by the Department of Health and Human Services, in accordance with rules promulgated by the Medical Care Commission, and who is either currently residing in North Carolina or affiliated with a permitted EMS provider offering service within North Carolina, may be eligible for credentialing as an emergency medical technician, advanced emergency medical technician, paramedic, emergency medical responder, and emergency medical services instructor without examination. This credentialing shall be valid for a period not to exceed the length of the applicant's original credentialing or four years, whichever is less.

Why is it referenced in this Rule?

In (c), how long will the credential be good for? Who will determine this?

In (c)(2), line 37, what does this mean?

In (d), Page 2, I believe the Department is now the Department of Public Safety.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0510 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. ~~131E-159(a)(b);~~ 131E-159(a); 131E-159(b); 143-508(d)(3);*
Eff. February 1, 2004;
Amended Eff. February 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0511

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

I believe that Paragraph (c) can be simplified to state what you are expecting for these individuals.

In (d), line 24, replace "is not" with "shall not be"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0511 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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 credentials,~~ 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;~~ 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. ~~114-19.21~~ 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.

~~(c)~~ (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.

History Note: *Authority G.S. ~~114-19.21;~~ 131E-159(g); ~~143-508(d)(3),(10);~~ 143-508(d)(3); 143-508(10); 143B-952;*
Eff. January 1, 2009;
Amended Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0512

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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), are you backdating the expiration date?

And is this for any EMS personnel? That seems to contradict (c) through (g).

I do not see how Paragraph (b) is applicable to this Rule. Assuming you remove it, you need to update the rest of the Rule.

In (c)(4), line 16, I believe "EMR" and "EMT" should be plural due to the language on line 9.

In (c)(6), line 19, what conditions? And what is applicable? The crimes in Rule .0502?

In (d)(1), (e)(1), and (f)(1), if you are treating this a new credentialing, you can rely upon G.S. 131E-159(c), so refer to that instead of Paragraph (b).

In (e)(5), isn't everyone subject to this? Why are you stating it here?

In (h), Page 2, I believe the Department is now the Department of Public Safety.

In the History Note, please add G.S. 131E-159.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0512 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(d)(3); 143B-952;*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0513

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 (b), to whom is the application made? The Department? If so, state that.

In (b)(1), line 7, I suggest inserting a comma after "outline" and what does "time allocation" mean?

Please insert an "and" at the end of (b)(2), line 9.

In (c), why are you reciting on lines 12 and 13 the purpose when it is in (a)? If you need to retain it, I suggest stating "… developed for the renewal or reinstatement of an EMS credential shall meet…"

In (c)(1), I take it you need to retain "at least" online 14?

On line 15, to what rules are you referring?

Please begin (c)(1)(A) and (B) with lowercase letters.

In (c)(1)(B), when you refer to the curriculum, the Department will know the initial curriculum because of (c)(2)?

In (c)(2)(A), is this not available online?

What is the purpose of (c)(3)?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0513 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(d)(3); 143B-952;*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0601

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

It seems that the sentences in (b)(1), lines 8 and 9 partially repeat each other. Can they be combined?

What does the language on line 9, "highest level of continuing education" mean?

So that I'm clear – in (b)(2), the educational institutions are not community colleges, but the EMS Systems or SCTPs themselves?

In (b)(3)(A), line 22, replace "as to which" with "where"

On line 23, what is "limited potential for exploitation of such content and material"?

In (b)(3)(B), line 25, replace "detailing" with "of" or define "detailing"

Can't (b)(3)(D) and (E) be combined to "student evaluations of faculty and the program's courses or components, and the frequency of the evaluations"?

In (b)(4), line 31, I believe the cross-reference needs to be updated. Should it now be .0501(b)?

In (b)(5), Page 2, line 6, do you need to retain "at a minimum"?

In (b)(6), upon a request from whom? The Department? And when will this request occur?

I think the contents of (b)(7) would be more properly contained in (a).

In the History Note, line 23, please state "143-508(d)(13)."

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0601 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

~~(c) 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.~~

History Note: *Authority G.S. ~~143-508(d)(4), (13);~~ 143-508(d)(4); 143-508(13);*
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0602

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 (b), line 7, insert "of the" between "all" and "requirements"

In (b)(1), line 9, should the second sentence state "Each lead course instructor…"?

What does the language on lines 10 and 14, "highest level of continuing education" mean?

What does (b)(2) mean on lines 14-15? How will this cumulative effect be determined?

On lines 15, replace "referenced" with "set forth"

And by the Subparagraph, do you mean the language on lines 14?

In (b)(3), on line 20, please end the line with "include:"

In (b)(3)(A), please note that I'd asked for an updated citation in Rule .0601(3)(A).

In (b)(3)(B), line 23, what is "limited potential for exploitation of such content and material"?

What does (b)(3)(C) mean? Perhaps your regulated public knows, but I do not, and wanted to ask.

In (b)(4), this is not the correct way to incorporate this standard. However, you did so in Rule .0102(52), so you do not need to do so here. Just end the sentence after "Collection."

In (b)(5), Page 2, line 4, replace the semicolon after "performance" with a comma

Should you include in (b)(5) a reference to setting forth (b)(2) if it is applicable?

In (b)(6), line 7, I believe you need to update the cross-reference. And isn't this a restatement of (b)(3)(A) of this Rule?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (d), replace "are" with "shall be" And how long will these be valid for? Who will determine the duration?

In the History Note, line 23, please state "143-508(d)(13)."

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0602 is readopted with changes as published in 30:24 NCR, pp. 2558-2606, as follows:

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)~~ (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;~~] 150B-21.6;

(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.

History Note: *Authority G.S. ~~143-508(d)(4), (13);~~ 143-508(d)(4); 143-508(13);*
Temporary Adoption Eff. January 1, 2002;
Eff. January 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0603

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 History Note, please state "143-508(d)(13);"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0603 is repealed through readoption as published in 30:24 NCR, pp. 2558-2606, as follows:

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

History Note: *Authority G.S. ~~143-508(d)(4), (13);~~ 143-508(d)(4); 143-508-(13);*
Temporary Adoption Eff. January 1, 2002;
Eff. February 1, 2004;
Amended Eff. January 1, ~~2009.~~ 2009;
Repealed Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0605

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 4, do you mean "shall" rather than "may"? If not, then when won't an applicant who has CAAHEP accreditation be granted the credentials if they present the

In (a)(1), what is contained in the application? Pursuant to G.S. 150B-2(8a)(d), the contents of forms must be contained in Rule or law. Are the contents governed by another Rule or law?

In (a)(2), what evidence is this? And isn't everything required to be sent to OEMS? Why is this here, rather than in (a), line 5?

In (a)(3), what is the self study? Is this part of the CAAHEP process?

In (a)(4), what is an executive analysis? Is this part of the CAAHEP process?

In (b), line 11, so that I'm clear – the "Accredited EMS Education Institutions" the same as the language on line 4?

In (c), line 14, prior the expiration of what? The accreditation or the credentials?

In (d), line 15, replace "will" with "shall"

In (e), how long will these credentials be valid? Who determines this?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0605 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 143-508(d)(4); 143-508(d)(13);*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0901

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 Item (2), who creates this Registry? How does the hospital get on the Registry?

In Item (3), line 16, I suggest stating "…Patient," which is hereby incorporated…"

In Item (4), line 18, why is "Level" capitalized here?

In the History Note, is G.S. 143-508(d)(2) applicable? Or is not, since this is designation, not credentialing?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0901 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

10A NCAC 13P .0901 ~~LEVEL I~~ 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; 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) 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, 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 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 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.~~

~~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) Opthalmic 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.~~

History Note: *Authority G.S. 131E-162;*
Temporary Adoption Eff. January 1, 2002;

Eff. April 1, 2003;

Amended Eff. January 1, 2009; January 1, ~~2004.~~ 2004;

Readopted Eff. January 1, 2017.

10A NCAC 13P .0902 - .0903 are repealed through readoption as published in 30:24 NCR, pp. 2558-2606, as follows:

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

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

History Note: *Authority G.S. 131E-162;*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, ~~2004.~~ 2004;
Repealed Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0904

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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), what is the content of the RFP? Contents of forms need to be in law or Rule as set forth in G.S. 150B-2(8a)(d).

Throughout this Rule, does the public know how to contact the OEMS to submit the required documents?

So that I understand – (a) I saying that the hospital must request a consultation with OEMS and OEMS must do so. Both actions must take place 12 months before submission of the RFP? If so, should it state "the consult shall occur"?

In (b), line 7, I take it your regulated public knows what a "trauma catchment area" is?

In (b)(1), line 10, strike "to" before "~~which~~"

In (b)(2), line 12, I take it your regulated public knows what "primary" and "secondary" catchment areas are, and how to access this information?

In (b)(3), what is the ISS? Rule .0101 states what the acronym means, but how does the score work? Does your regulated public know?

In (c), line 20, "State" should be capitalized.

On line 21, replace "and include" with "that includes"

Beginning with line 22, consider making a list of this, after "who are:" and deleting "either" If you do this, move the language from lines 24-25 ("a minimum of 12 months prior to application") to line 21, and insert it after "OEMS"

And I take it you need to retain "minimum" on line 24?

On line 23, you deleted "DOA" from Rule .0101, so please spell this out unless the term is known to your regulated public.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (d), what is the regional data on line 26? I take it that OEMS has this?

On line 27, do you call the requirements in (b)(1) through (3) "justification of need"?

On lines 28 - 30, state "OEMS shall notify the applicant's primary RAC of the application and provide the regional date submitted by the applicant in Subparagraphs (b)(1) through (3) of this Rule for review and comment."

On line 31, what will happen if comments are submitted? Who will review them? What effect will they have?

In (e), what will OEMS send the Board specifically? Just the request?

In (f), under what circumstances will the OEMS not allow the RFP to be submitted?

On line 37, why would there be changes to protocol if it's only an RFP, rather than a designation?

In (g), Page 2, lines 3 and 4, delete "desiring to be considered for initial trauma center designation"

On line 5, where does one get the RFP? Is it sent by the OEMS?

So that I'm clear – on line 5, the applicant will propose a site visit date or dates?

In (h), line 6, isn't "For Level I, II, and III applicants" all of them? Why not just begin the sentence with "The RFP…"?

In (i), this is just a recommendation? To whom to OEMS recommend this? Who approves it?

On line 9, why not state "OEMS shall send the written reasons to the hospital within 30 days of the decision"?

In (j), line 13, to whom will OEMS make this recommendation? (Note the same question for line 14).

On lines 14 and 15, will these dates be based upon the proposed date in (g)? And you could just state "The hospital and OEMS shall agree on the date of the site visit."

In (k), line 18, delete the comma after "designation"

In (k)(1), line 20, who determines experience and how? Is this from ACS?

In (k)(2), line 22, should this be "currently" works, to mirror (l)(2)?

In (k)(3), line 26, what is the North Carolina Committee on Trauma?

In (k)(5), line 30, should this be "one <u>trauma nurse</u>" to mirror (l)(3)?

In (l), line 35, replace "in which" with "where"

In (l)(1), Page 3, line 1, this does not need to be a trauma surgeon to mirror (k)(1)?

In (n), line 12, to whom is the report given – OEMS or the hospital? And what is the timeframe for this?

On line 15, what is a "consensus report"?

On line 16, what is a "peer review report"?

In (o), the Medical Care Commission is choosing to have the Secretary seek this advice, even though the statutes (G.S. 131E-511 and 162) do not require this. What is the rationale for this? Is it to ensure the directive of G.S. 131E-511 is fulfilled?

Shouldn't (s) be moved to after (o), since that appears to be the next step?

And in (s), line 30, is this a recommendation or the actual decision? If it's not the decision, when is that made and how is it communicated?

In (q), what deficiencies? Are you designating or are you holding off pending the correction of deficiencies? This needs to be clarified in the Rule.

On lines 24 and 25, if the additional site visits will be on a case-by-case basis, this needs to be stated in the Rule with some additional guidance.

On line 25, delete the comma after "period" and replace "to be defined" with "set" and how will OEMS set this and given notice of the same?

In (r), I take it that the designation will be made based upon these Rules?

In (t), line 32, I suggest inserting a comma after "manager"

In (u), line 35, replace "is" with "shall be"

In the History Note, I take it you are specifically referring to G.S. 143B-508(d)(2)?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0904 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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 considerations~~ 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.

History Note: *Authority G.S. 131E-162; 143-508; ~~143-509(3);~~*

Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, ~~2009.~~ 2009;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0905

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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), what is the content of the RFP? Contents of forms need to be in law or Rule as set forth in G.S. 150B-2(8a)(d).

Throughout this Rule, does the public know how to contact the OEMS to submit the required documents?

In (b)(1), line 9, what is contained in this RFP? (See G.S. 150B-2(8a)(d))

Also in (b)(1), what is the effect of the comments from the Board?

In (b)(2), line 14, did you intend to require a paper copy, as you deleted that from Rule .0904?

In (b)(3), I recommend deleting the language on lines 18 and 19 "as relates to the Trauma Center's level of designation," If you need to retain the language, insert and "it" before "relates" on line 18.

In (b)(4), lines 21 and 22, you could just state "The hospital and OEMS shall agree on the date of the site visit."

In (b)(7), line 26, insert a comma after "visit"

For (b)(8), line 29, to whom is the report given – OEMS or the hospital? And what is the timeframe for this?

On line 32, what is a "consensus report"? What is a "peer review report"?

In (b)(9), (c)(9) and (c)(11), the Medical Care Commission is choosing to have the Secretary seek this advice, even though the statutes (G.S. 131E-511 and 162) do not require this. What is the rationale for this? Is it to ensure the directive of G.S. 131E-511 is fulfilled?

In (b)(9), Page 2, I recommend breaking lines 1 through 3 into a list.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

What is the approval with deficiency(ies) requiring a focused review? And what is approval with contingency(ies) not due to a deficiency requiring a consultative visit? I know that "focused review" is defined, but what is a consultative visit? What is the effect of that?

In (b)(10), line 4, insert "shall" before "have"

On line 5, what will this documentation be?

On line 7, can't you delete "instead of a four-year renewal"?

On lines 8 and 9, when will this additional site visit be needed? If it is on a case-by-case basis, state that and provide guidance on when this will occur.

On line 12, how will OEMS set this time period and communicate it to the hospital.

Also on line 12, replace "period, as specified" with "period set by"

In (b)(12), if this is just a recommendation, how is the final decision made and communicated?

When does (b)(13) actually occur within the sequence of this Rule?

Why do you need (b)(14)? Doesn't this repeat (b)(10), line 11?

In (c)(1), line 29, you state "outlined" but in (b)(3), the verb is "defined" I suggest being consistent here.

On line 30, replace "as" with "that"

In (c)(2), how will the hospital ensure this?

On line 33, what documents will the OEMS send? And is the applicant supposed to simply forward them to OEMS and ACS (which is what the rule says) or complete them and then forward the completed forms?

In (c)(4), Page 3, line 5, what is the "cover letter"?

On line 6, does your regulated public know when the Council meets?

In (c)(5)(A), line 32, who determines experience and how? Is this from ACS?

In (c)(5)(B), should it be a physician who currently works there, to mirror .0904?

In (c)(7), Page 4, line 5, should this read "<u>proposed</u> site visit"?

On line 8, how will OEMS know this? Are they requiring CVs?

In (c)(8), line 11, delete the comma after "Section," and I suggest deleting "An" before "ACS'" on lines 11 and 12.

In (c)(9), what is on this form? (See G.S. 150B-2(8a)(d)) How does ACS get it?

On line 14, hyphenate "post-conference" to be consistent with Rule .0904(n).

Who will participate in this meeting, who is it with, and when?

On lines 15 and 16, is this document called a "staff summary of findings report"?

On line 17, this is not "redesignation" is it? It's really just renewal designation (see Subparagraph (a)(2)) You need to state what this is.

On line 17, you state "NC EMS Advisory Council" On line 22, it's "State Emergency Medical Services Advisory Council" and on line 23, it's "State EMS Advisory Council." Are these different bodies? If not, I know that you use variations on the name throughout the rules, but it's particularly noticeable here and I suggest calling the same body the same thing in this Rule.

In (c)(10), who is sending this?

On line 19, it is up to that body to decide whether or not to remove the identifiers?

In (c)(11), I recommend breaking lines 25 through 26 into a list.

What is the approval with deficiency(ies) requiring a focused review? And what is approval with contingency(ies) not due to a deficiency? What is the effect of that?

In Item (12), line 27, I suggest stating "… shall send the hospital written notice of…"

On line 28, if this is just a recommendation, how is the final decision made and communicated? If it's addressed in (c)(13), then add this additional information to (c)(13).

In (c)(14), line 31, remove the comma after "contingencies"

On line 31, how will OEMS determine this?

On line 32, insert a "shall" before "have"

On line 33, what will this documentation be?

On line 34, insert a comma after "period" and delete "prior to the State EMS Advisory Council meeting," as redundant with line 32.

On line 35, delete "instead of a three-year renewal"

On line 36, replace "is" with "shall be"

On line 37, when will a site visit be required? If it is on a case-by-case basis, state that and provide guidance on when this will occur.

On Page 5, line 4, replace "period, as specified" with "period set by" and how will this be set?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

On line 5, it's not "redesignation" is it? And you require a new RFP here, but in (b)(14), you only require an updated one. Is this intentional?

In (b)(15), what does this mean?

Why do you need (c)(16)? Doesn't this repeat (c)(14), line 3?

So that I'm clear – in (d), if the hospital begins the process using ACS and decides to switch, it will get an extra year? Or is this if the hospital used ACS in the past and now decides to use (a)(1)?

(e) is unnecessary and contradicts (a)(1) and (2). Delete it.

In the History Note, I take it you are specifically referring to G.S. 143B-508(d)(2)?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .0905 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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 OEMS determines there is no conflict of interest, such as previous employment, by any site team member associated with the site visit.~~ any in-state review for a hospital choosing Subparagraph (a)(2) of this Rule, except for the OEMS staff, shall be from outside the local or adjacent RAC in which the hospital is located.

(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:

(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.

(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.

History Note: *Authority G.S. 131E-162; 143-508; ~~143-509(3);~~*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. April 1, 2009; January 1, 2009; January 1, ~~2004.~~ 2004;
Readoption Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1101

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 4, insert a comma after "guidelines"

And are these supposed to be submitted to OEMS?

In (b), how is the trauma center that receives the majority of the referrals determined? Is this based on data? If so, who maintains this data?

On line 6, the cross reference should now be to Rule .0102(3).

On line 7, replace "in which" to "where"

On line 8, when will OEMS request the patient transfer data?

Also on line 8, how is this data submitted to OEMS?

In (c), line 11, when will OEMS notify each RAC of its membership during the year?

Also, does the OEMS establish the RAC?

In (d), lines 13-14, who makes this decision? And how will the change to transfer patterns be known?

On line 15, please change "must" to "shall".

Also on line 15, what is "detailing"?

The final sentence is awkwardly phrased. Are you trying so say that notice is required, even if no change is made?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1101 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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 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.

History Note: *Authority G.S. 131E-162;*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1102

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

Just so I'm clear – in (a), can an agency refuse the designation as lead RAC agency?

And (a)(1) through (3) is the support staff that the lead RAC agency must provide?

In (b), line 10, it appears you need to delete "following from the lead agency" since (b)(7) and (8) do not include that. If everyone is supposed to be from the "lead RAC agency" insert "RAC" on line 10 and delete "from the lead RAC agency" on lines 12, 14, 15, 16, 17, and 18.

In (b)(5), I take it "senior level hospital administrator" is a known term to your regulated public?

In (b)(9), how are these individuals designated as "community representatives"? Elected officials, patients, family members of patients? Is it entirely up to the RAC to define?

In (c), line 25, within one year of what? Notification they are the lead RAC?

In (c)(1), line 28, I recommend inserting a comma after "structure" and changing "to include" to "includes"

Also on line 28, what are "roles of the system"?

In (c)(2), line 29, I recommend stating "objectives, including…"

In (c)(3), line 30, state "meeting schedule. Meetings shall be held at least two times per year."

In (c)(4), line 32, replace "defined" with "set forth"

In (c)(5), line 34, what are "evaluation tools"?

In (c)(6), line 35, delete "indicating" and un-strike "of" or replace "indicating" with "stating"

In (c)(7), Page 2, line 1, I recommend stating "activities, including…"

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

Also in (c)(7), where does this data come from? Who creates and maintains it?

In (d), the compliance and updates will all be in the determination of the RAC?

On line 5, when will OEMS request this?

In (e), line 9, please state "comment, as set forth in Rule .0904(d) of this Subchapter."

In (f), line 11, I take it the membership knows how to contact OEMS?

In (g), why will protocols need to be changed because an RFP was submitted?

In the History Note, are you relying upon G.S. 143-508(d)(5)? Or (d)(12)?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1102 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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) from the lead RAC agency;

(3) if on staff, an injury prevention coordinator(s), or designees(s) from the lead RAC agency;

(4) the RAC registrar or 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 representatives;~~ 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.

(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;

(4) ~~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.

(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.

History Note: *Authority G.S. 131E-162; 143-508;*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1400

DEADLINE FOR RECEIPT: Friday, December 2, 2016

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:

The rules in this Section appear to implement G.S. 143-509(13), which states:

> **§ 143-509. Powers and duties of Secretary.**
> The Secretary of the Department of Health and Human Services has full responsibilities for supervision and direction of the emergency medical services program and, to that end, shall accomplish all of the following:
>
> (13) Establish programs for aiding in the recovery and rehabilitation of EMS personnel who experience chemical addiction or abuse and programs for monitoring these EMS personnel for safe practice. (1973, c. 208, s. 3; 1981, c. 927; 1989, c. 74; 1995, c. 94, s. 34; 1997-443, s. 11A.118(a); 2001-220, s. 1; 2003-392, s. 2(e); 2009-363, s. 1.)

The rules in this Section may well be within the credentialing authority of the Medical Care Commission under G.S. 131E-159, but this is also clearly within the authority of the Secretary. Please provide proof that the Secretary of DHHS was involved in this rulemaking by this Friday, December 2, 2016.

Also, please insert G.S. 143-509(13) in each History Note.

So that I'm clear – this program is voluntary and EMS personnel may choose to participate or not? This is not disciplinary action under G.S. 143-519?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1401

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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, I take it that your regulated public knows what "recovery" is. Is "rehabilitation" also known and the accepted term, as well?

On line 6, define "reasonable"

On line 8, what specifically are you referring to in Rule .1507?

In (b), this is the program that OEMS is providing, right? And the individual must do the following in the program?

And how long will the treatment program last? Will this be determined on a case-by-case, individualized basis?

In (b)(1), line 12, how is the approval sought and upon what is it granted?

In (b)(3), lines 15 and 16, what will the design entail? Is this in Rule elsewhere, or a known industry standard?

In (b)(6), line 21, define "detailed"

(b)(6) is a bit confusing – the first three Parts seem to address timing and the last three address content. Can this be simplified, like this?

> *(6) Written progress reports shall be made available for review by OEMS upon completion of the initial assessment of the treatment program, upon request by OEMS throughout the individual's participation in the treatment program, and upon completion of the treatment program. Written progress reports shall include:*
>
> *(A) requirements*
> *(B) requirements*
> *(C) requirements*

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

If you wish to retain this as written, please clarify it.

On line 23, you state that this is "upon request of the OEMS program staff:" and then repeat it in (6)(B), line 25. Do not repeat this language; I believe you want to delete it from line 23.

And what will cause the staff to request this? Guidance needs to be provided in this Rule.

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1401 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-159(f); 143-508(d)(10); ~~143-509(13);~~ ~~143-519;~~*
Eff. October 1, ~~2010.~~ 2010;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1402

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

Lines 5 through 7 are confusing as written. Are you intending to state "The OEMS shall use the screening criteria set forth in this Section to determine whether an individual may enter the treatment program established by Rule .1401 of this Section. The individual may enter the program if the individual:"?

If you do not wish to state that, why do you need the language on lines 5 through 6?

Also, on line 6, replace "Section .1400 of this Subchapter" with "this Section" and why is "Treatment Program" capitalized? It isn't in Rule .1401.

In Item (2), what are you trying to say? What do you mean by "awaiting adjudication"? In what venue is this occurring? In criminal law, wouldn't "charged" cover anyone awaiting trial?

Assuming you need it, consider "charged, is awaiting adjudication, or convicted…"

On line 12, delete the "or" before "distribution" and "dealing"

Doesn't Item (3) restate (2)?

In Item (4), line 15, I take it "direct delivery" is a known term to your regulated public?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1402 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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

(5) ~~the individual~~ agrees to accept responsibility for all costs including assessment, treatment, monitoring, and body fluid screening.

History Note: *Authority G.S. 131E-159(f); 143-508(d)(10); ~~143-509(13);~~ ~~143-519;~~*
Eff. October 1, ~~2010.~~ 2010;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1403

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

Is this "encumbered credential with limited privileges" an amendment to credentials under G.S. 131E-159(f)? If not, what is the authority for this?

In (a), line 5, this citation to G.S. 143-509(13) is incorrect, as that is not what the statute says.

In (a)(1), the physician does not have to be employed by an EMS? Or is that the intent?

On line 7, insert a comma after "Systems"

In (a)(3), what is the "Chemical Addiction or Abuse Treatment Program"? This is the first time the term has been used in rule text. (I realize it is in the Section and Rule names)

In (b), line 13, replace "established" with "required"

Also on line 13, what do you mean by "may be reviewed"? If the individual has surrendered the license to join the program, the committee may still not review them? Do you mean "shall" instead of "may"? If you don't, then state when the committee will not perform the review.

In (c)(1), line 18, I suggest replacing "Paragraph (b) of Rule .1401 of this Section" with "Rule .1401(b) of this Section"

In (c)(4), to whom is this recommendation sent?

So that I'm clear – the process is to agree to the program set up under Rule .1401, then join the program and surrender the license under Rule .1402, then after compliance with the program for at least 90 days, getting recommendation for review from the treatment counselor, then application to the committee, review by the committee, and then interview by the committee, the committee may then recommend the credentialing to the Secretary?

In (d), what are the consequences on line 26?

In (e), state who will issue the license?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (f), how long will the credential be valid? Who determines this and based upon what?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1403 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

~~(c)~~ (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 ~~(c).~~ (d) of this Rule.

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

History Note: *Authority G.S. 131E-159(f); 143-508(d)(10); ~~143-509(13);~~ ~~143-519;~~*
Eff. October 1, ~~2010.~~ 2010;
Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1405

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 line 5, where are the terms of the completion spelled out? In this determined for each individual on a case-by-case basis?

On line 6, will OEMS review this or the OEMS Reinstatement Committee?

Also on line 6, is this "subject" because the Secretary will revoke it?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1405 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-159(f); 143-508(d)(10); ~~143-519;~~*
Eff. October 1, 2010;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1502

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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)(1), line 5, the term defined is "significant failure to comply" Is this the term the Rule should use?

On line 6, delete "as found"

In (a)(2), line 7, define "willfully" Or is this term known to your regulated public?

In (a)4), delete the comma after "Subchapter" and insert "that is" and how will OEMS staff determine this?

In (b), line 13, consider making it clear this is an amendment by stating "by amending it to reduce the license from a full license…"

In (b)(1), line 16, capitalize "Article"

In (b)(2), what if the provider complied with Rule .0204 but failed to comply with another Rule or law. What is the intent here?

On line 19, define "reasonable" or state

In (b)(3), line 22, I suggest inserting a comma after "judgment"

In (c), line 26, the Department will determine on a case-by-case basis to give this notice in person?

In (c)(1), line 27, do you mean "duration" instead of "length"?

In (e)(2), Page 2, line 9, what is "foreseeable"?

In (e)(3), line 11, insert a comma after "safety"

In (e)(5), what do you mean by deficiencies "placed" on the license? Is this the correct term?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (e)(6), line 18, I do not understand the reference to G.S. 153A-250. Why is this here?

In (e)(8), line 20, replace "is" with "was"

In (e)(10), line 27, there is no Rule .0204(b)(1). You cannot cross-reference rule text that does not exist.

In (f), the Department will determine on a case-by-case basis to give this notice in person?

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1502 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

~~(c)~~ (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.

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

Eff. January 1, 2013;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;

Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1505

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 4, please put "focused review" in quotation marks, since you are defining it.

Also on line 4, and Page 2, line 11, I note that "educational institution" is not capitalized. Are you treating "EMS Educational Institute" as a proper noun and not "educational institution"?

In (b)(3), line 14, define "repetitive"

In (d), line 20, the term defined is "significant failure to comply," so that needs to be term used here.

Also in (d), line 20, you state that the Department shall deny a request for renewal designation for failure to comply with Rule .0600 and other things. But (b)(1) says that failure to comply with the .0600 Rules shall result in denial of renewal designation. Why do these contradict each other?

In (d)(2), line 27, who will determine if this is not probable? OEMS staff?

In (d)(3), line 29, I suggest replacing "defined' with "required" and when will these be requested?

In (d)(4), so that I'm clear – failed to meet the requirements of the focused review within 12 months, as set forth in Paragraph (c)?

In (d)(5), line 32, replace "is" with "as"

On line 33, is what is the "standardized methodology"? This specific language may not be needed in this Rule pursuant to G.S. 150B-2(8a)(g). Why not state something like "…based upon a complaint investigation, in consultation with Department and Department of Justice, to verify…"?

In (e), Page 2, this applies only to revocation, not denial?

In (e)(3), line 7, simply delete the extra space between "Institution" and " 's"

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (g), line 14, state "The voluntary surrender…"

In (h), line 22, replace "which" with "that"

Paragraph (i) repeats Paragraph (e) verbatim. Please delete it. If you need to change some language and retain it, for (i)(3), line 28, simply delete the extra space between "Institution" and " 's"

In (k), line 35, replace "for" with "of" before "action"

On line 35, how will OEMS determine this sufficiency? On a case-by-case basis, reviewing the specific facts of the accreditation?

On line 36, please replace "Paragraph" with "Paragraphs"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1505 is amended as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

~~(c)~~ (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 (c) 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.

History Note: *Authority G.S. ~~143-508(d)(4), (d)(10);~~ 143-508(d)(4); 143-508(d)(10);*
Eff. January 1, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1507

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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 4, the statute was recodified to 15A-1331.1. Please update it.

On line 7, what do you mean by "has established Department reinstatement approval"?

In (b), lines 8 and 9, you do not mean to have "significant failure to comply" here. Having it here would make (b)(2) read "significant failure to comply with making false statements" and I do not think you mean that. Therefore, you will likely want to remove the langue on lines 8 and 9 and insert it before (b)(1), (26), and (28).

In (b)(1), I take it the individual will know the applicable standards?

In (b)(7), line 24, retain "or permitting" and don't insert "permitting," as you did on line 25.

On line 26, I suggest putting "Altering," in quotation marks, since you are defining it here.

In (b)(8), line 28, do you mean "<u>significant</u> failure"?

Also on line 28, what is meant by "proper"? Does your regulated public know?

On line 29, keep "of" and don't insert "<u>of,</u>"

On line 30, what is a "procedure that is detrimental to the health and safety of any person,"?

On line 31, keep "personnel" and don't insert "<u>personnel,</u>"

In (b)(9), line 33, what is "reasonable"? Does your regulated public know?

On line 34, any illness at all? Or just those that will compromise the skill and safety?

On line 35, keep "physical" and don't insert "<u>physical,</u>"

And what is a "physical or mental abnormality"?

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (b)(10), Page 2, lines 2 - 3, I take it your regulated public knows what these crimes are, but I don't, so I wanted to inquire – what are they?

In (b)(11), line 4, state "obtain, money or anything of value…"

In (b)(13), line 7, insert a comma after "patients"

On line 9, what is "competently"? Does your regulated public know?

The language on lines 9 – 10 seem to repeat (b)(8), lines 31-32. Is the language needed here? If so, keep "personnel"

In (b)(15), line 13, delete the comma after "performing" or insert a comma after "performance of"

On line 14, what students? Is this to address instructors?

In (b)(17), this is distinct from (b)(9) because of the testing, right?

And what if the chemical is prescribed?

On line 17, what is "likely to impair"?

On line 18, expected by whom?

In (b)(22), line 26, what student? Is this to address students?

On line 27, what do you mean by "in writing"? Is this to address social media?

In (b)(23), line 28, insert a comma after "patient"

Also in (b)(23), I take it you are trying to address sexual intention, such that CPR is still allowed?

In (b)(24), how will the Department determine this on line 31?

In (b)(25), line 34, I believe you need to insert "investigation" before "being conducted"

In (b)(27), Page 3, is this to enforce Rule .0216 of this Subchapter?

In (b)(28), I take it the cross-reference is to the current .0204(b)(6)? I am aware the agency is seeking amend the Rule, so you do not need to insert a cross-reference here; I am merely inquiring.

In (b)(29), what is a "local suspension"?

In (b)(30), doesn't this partially repeat (b)(7)?

In (c), please correct the statutory citation to read "131E-159(h)" and I believe that this program is now administered by the Department of Public Safety, not the Department of Justice. (See G.S. 14-208.6(1c))

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (d), line 14, delete or define "immediately"

On line 15, insert "that" before "evidence" Or you could use the language of the statute and state "until the Department receives certification from the court of compliance with the child support order."

In (e), line 18, I suggest replacing "that" before "other" with "the"

What is the authority for lines 18 and 19?

Since you are referring to the EMS Disciplinary Committee on line 20, please insert 143-519 into the History Note.

End (f)(2), line 29, with a semicolon and "and"

You may wish to make it clear in (d) that (f) does not apply to that revocation.

> **§ 50-13.12. Forfeiture of licensing privileges for failure to pay child support or for failure to comply with subpoena issued pursuant to child support or paternity establishment proceedings.**
>
> (f) Upon receipt of notification by the clerk that an obligor's or other person's licensing privileges are revoked pursuant to this section, the board shall note the revocation on its records and take all necessary steps to implement and enforce the revocation. These steps shall not include the board's independent revocation process pursuant to Chapter 150B of the General Statutes, the Administrative Procedure Act, which process is replaced by the court process prescribed by this section. The revocation pertaining to an obligor shall remain in full force and effect until the board receives certification under this section that the obligor is no longer delinquent in child support payments. The revocation pertaining to the person whose licensing privileges were revoked on the basis of failure to comply with a subpoena shall remain in full force and effect until the board receives certification of reinstatement under subsection (d) of this section. (1995, c. 538, ss. 1, 1.1; 1997-433, s. 5.3; 1998-17, s. 1.)

In (g), what are the "National Practitioner Data Bank" and "Healthcare Integrity and Protection Integrity Data Bank"? Does your regulated public know?

In the History Note, please correct the statutory authority to "131E-159"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1507 is readopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131-E-159; ~~G.S. 131E-159(f),(g);~~ 143-508(d)(10); ~~S.L. 2011-37;~~*
Eff. January 1, ~~2013.~~ 2013;

Readopted Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1510

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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:

Please note, the name of a Rule is not within the review of the RRC. However, I recommend you rename this Rule either "Procedures for Voluntarily Surrendering or Modifying…" or "Procedures for the Voluntary Surrender or Modification of the Level of an EMS Credential."

In (a), line 6, and (b), line 12, delete "completing the following" and just state "by:"

In (a)(1), line 7, and (b)1), line 13, aren't letters always in writing? Why not just state "provide written notice stating…"?

In (a)(1), line 8, an (b)(1), line 14, define "in detail"

In (a)(2), line 9, and (b)(3), line 16, replace "return" with "returning"

In (b)(1), line 13, replace "their" with "his or her" to match "individual's" on the same line.

Combine (b)(1) and (2) as "provide written notice stating the individual's desire to lower his or her current level, explaining the circumstances… and the desired level of credentialing; and"

In (c), line 18, replace "working" with "business"

Does (c) apply to both (a) and (b)?

On line 19, what will the denial be based upon?

Also on line 19, define "detail"

In (d), line 20, delete "at a future date" and the comma after "If" and replace "must" with "shall"

In (d)(1), line 21, do you need to retain "a minimum"?

In (d)(2), state "provide written notice stating the individual's desire…"

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

In (d)(3), line 23, do you need to retain "at a minimum" and spell out "two"

Also, so I'm clear – is this allowed to be taken cumulatively? (If the credential was out for 6 months, the individual can take 12 hours in one month?)

In (d)(4), why are you stating "National Criminal History background check"? Assuming this is the statutorily allowed check under G.S. 131E-159(g), conducted pursuant to G.S. 143B-952, you don't refer to it using this term anywhere else in your rules. Why are you doing it here?

In (e), this only applies to (b)? What will happen if a request to restore (a) is submitted and denied?

And what will be the standards for this denial?

On line 28, replace "defined" with "set forth"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1510 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10);*
Eff. January 1, 2017.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .1511

DEADLINE FOR RECEIPT: Friday, December 9, 2016

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, insert a comma after "revocation" and replace "must" with "shall"

In (b), I suggest stating "Factors the Department shall consider when determining…"

In (b)(1), line 8, delete "that includes:" and state "including:"

In (b)(1)(B), what is "patient care"?

End (b)(1)(D) with a semicolon.

In (b)(3), what are these "mitigating or aggravating factors" and who determines relevance?

In (c), line 15, replace "must" with "shall"

In (c)(1), line 16, do you need to retain "a minimum"?

In (c)(2), line 17, why are you stating "National Criminal History background check"? Assuming this is the statutorily allowed check under G.S. 131E-159(g), conducted pursuant to G.S. 143B-952, you don't refer to it using this term anywhere else in your rules. Why are you doing it here?

On line 19, replace "will" with "shall"

In (d), line 21, replace "defined" with "set forth"

In (e), line 22, replace "must" with "shall"

On line 23, to be consistent with other rules, shouldn't "Educational Institution" be capitalized?

In (f), G.S. 131E-159(d) only applies to individuals from another state. Are you saying this will apply to those individuals from out-of-state addressed in (c)(2)?

In (g), line 27, replace "must" with "shall"

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

And this disclosure isn't required for SCTPs?

On line 29, I suggest replacing "in which the" with "where" And if you don't want to do that, delete the "the" before "he or she"

On line 29, what will this letter state? "X told us of the discipline"? Does your regulated public know what is required?

In (h), how will the Department determine if the individual is ineligible?

On line 32, replace "defined" with "set forth"

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

Amanda J. Reeder
Commission Counsel
Date submitted to agency: November 28, 2016

10A NCAC 13P .1511 is adopted as published in 30:24 NCR, pp. 2558-2606, as follows:

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.

History Note: *Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10);*
Eff. January 1, 2017.