1	10A NCAC 13I	2.0203 is readopted with changes as published in 31:11 NCR 1059 as follows:
2		
3	10A NCAC 13	P.0203 SPECIAL SITUATIONS
4	(a) Upon appl	ication of citizens written request from an EMS system or systems, tribal government, or federal
5	jurisdiction hav	ing recognized province in North Carolina, the North Carolina Medical Care Commission shall may
6	approve the furn	nishing and providing of programs services within the scope of practice of EMD, EMR, EMT, EMT
7	<del>I,</del> [ <del>AEMT</del> ] <u>AE</u>	MT, or EMT P Paramedic in North Carolina by persons who have been approved to provide these
8	services by an a	gency of a state adjoining North Carolina or federal jurisdiction. Carolina.
9	(b) This approv	al shall be granted where the North Carolina Medical Care Commission concludes that there exists an
10	inability to addi	ress the criteria for EMS System development as set forth the requirements enumerated in Rule .0201
11	of this <del>Subchap</del>	ter Section and the deficiency cannot be reasonably obtained by reason of rectified due to insufficient
12	resources or bed	cause of a lack of geographical access. access within the respective EMS system or systems.
13		
14	History Note:	Authority G.S. 143-508(b);
15		Temporary Adoption Eff. January 1, 2002;
16		Eff. April 1, 2003;
17		Amended Eff. January 1, <del>2004.</del> <u>2004;</u>
18		Readopted Eff. April 1, 2017.

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10A NCAC 13P .0204 is readopted with changes as published in 31:06 NCR, pp. 478-480, as follows:

## 10A NCAC 13P .0204 EMS PROVIDER LICENSE REQUIREMENTS

- 4 (a) Any firm, corporation, agency, [organization] organization, or association that provides non-transportation
- 5 emergency medical services at the AEMT or Paramedic level shall be licensed by the Department as an EMS Provider
- 6 by meeting and maintaining the criteria defined in Paragraph (b) of this Rule.
- 7 (a) (b) Any firm, corporation, agency, organization organization, or association that provides emergency medical
- 8 <u>transportation</u> services shall be licensed as an EMS Provider by meeting and <del>continuously</del> maintaining the following

9 criteria:

- (1) Be <u>be</u> affiliated as defined in Rule .0102(4) .0102(3) of this Subchapter with each EMS System where there is to be a physical base of operation or where the EMS Provider will provide point-to-point patient transport within the system;
  - (2) Present present an application for a permit for any ambulance and EMS non-transporting vehicle that will be in service as required by G.S. 131E-156; G.S. 131E-156, and meet the requirements of [Rule .0207, and .0213 of this Subchapter;] Rules .0207 and .0213 of this Section;
  - (3) Submit submit a written plan detailing how the EMS Provider will furnish credentialed personnel; personnel pursuant to G.S. 131E-158;
  - (4) Where where there are franchise ordinances pursuant to G.S. G.S. 153A-250 in effect that cover the proposed service areas of each EMS system of operation, provide written documentation reflecting show the affiliation as defined in Rule .0102(4) of this Subchapter with each EMS System, as required by Subparagraph (a)(1) of this Rule, by being granted a current franchise to operate, or present written documentation of impending receipt of a franchise, from each county. In counties where there is no franchise ordinance in effect, present a signature from each EMS System representative authorizing the EMS Provider to affiliate as defined in Rule .0102(4) [.0102(3)] of this Subchapter and as required by Paragraph (a)(1) Subparagraph (b)(1) of this Rule;
  - (5) Provide systematic, periodic provide inspection, repair, cleaning, and routine maintenance of all EMS responding ground vehicles and maintain records for a period of time determined by the EMS System, and [made] make available for inspection by the OEMS which verify verifying compliance with this Subparagraph;
  - Collect collect and within 24 hours electronically submit to the OEMS EMS Care data that uses the EMS data set and data dictionary as specified in "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 additions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no cost. Collection;"
- 35 (7) Develop develop and implement written operational protocols for the management of equipment, 36 supplies supplies, and medications and maintain records for a period of time determined by the EMS

1		System, and [made] make available for inspection by the OEMS which verify verifying compliance
2		with this Subparagraph. These protocols shall include a methodology:
3		(A) to assure that each vehicle contains the required equipment and supplies on each response;
4		(B) for cleaning and maintaining the equipment and vehicles; and
5		(C) to assure that supplies and medications are not used beyond the expiration date and stored
6		in a temperature controlled atmosphere according to manufacturer's specifications.
7	(b) In addition	to the general requirements detailed in Paragraph (a) of this Rule, if providing fixed wing air medical
8	services, affiliat	ion as defined in Rule .0102(4) of this Subchapter with a hospital as defined in Rule .0102(30) of this
9	Subchapter is re	equired to ensure the provision of peer review, medical director oversight and treatment protocol
10	maintenance.	
11	(c) In addition t	o the general requirements detailed in Paragraph (a) of this Rule, if providing rotary wing air medical
12	services, affiliat	ion as defined in Rule .0102(4) of this Subchapter with a Level I or Level II Trauma Center as defined
13	in Rules .0102(	35) and (36) of this Subchapter designated by the OEMS is required to ensure the provision of peer
14	review, medical	director oversight and treatment protocol maintenance. Due to the geographical barriers unique to
15	the County of D	are, the Medical Care Commission exempts the Dare County EMS System from this Paragraph.
16	(d) (c) An EMS	S Provider may renew its license by presenting documentation to the OEMS that the Provider meets
17	the criteria foun	d set forth in Paragraphs (a) through (c) Paragraph (b) of this Rule.
18	(d) Air Medica	l Programs are exempt from the requirements [detailed] set forth in Subparagraphs (b)(1) and (b)(4)
19	of this Rule.	
20		
21	History Note:	Authority G.S. $131E-155.1(c)$ ; $\frac{143-508(d)(1)}{(d)(5)}$ ; $\frac{143-508(d)(1)}{(d)(5)}$ ; $\frac{143-508(d)(5)}{(d)(5)}$
22		<u>(d)(13);</u>
23		Temporary Adoption Eff. January 1, 2002;
24		Eff. April 1, 2003;
25		Amended Eff. January 1, 2004;
26		Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
27		Pursuant to G.S. 150B-21(c), a bill was not ratified by the General Assembly to disapprove this $\frac{1}{2}$
28		<u>rule;</u>
29		Readopted Eff. [April 1, 2017.] January 1, 2018.