## REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0203

**DEADLINE FOR RECEIPT: Friday, March 10, 2017** 

<u>NOTE:</u> 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:

So that I'm clear – this Rule applies to areas that do not have EMS systems in place and need to establish them?

In (a), lines 4-5, what is a "federal jurisdiction having recognized province."? Does your regulated public know?

On line 7, I recommend inserting a comma after "AEMT"

In (b), it reads like you are missing language. On line 9, should it read "concludes there exists an inability..." or on line 11 should it state "and any deficiency..."?

On line 10, delete or define "fully"

On line 11, define "reasonably"

Also on line 11, consider replacing "by reason of" with "due to"

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: February 24, 2017

1	10A NCAC 13P .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 having 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	I, <u>AEMT</u> or <del>EM</del>	TT-P Paramedic in North Carolina by persons who have been approved to provide these services by an	
8	agency of a state adjoining North Carolina or federal jurisdiction. Carolina.		
9	(b) This approx	val shall be granted where the North Carolina Medical Care Commission concludes that the inability	
10	to fully address the criteria for EMS System development as set forth the requirements enumerated in Rule .0201 of		
11	this Subchapter Section and the deficiency cannot be reasonably obtained by reason of insufficient resources or		
12	because of a lac	k 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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## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0204

**DEADLINE FOR RECEIPT: Friday, March 10, 2017** 

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 recommend inserting a comma after "organization"

In (b)(2), line 15, state "Rules .0207 and .0213 of this Section;"

In (b)(3), line 16, what is "detailing"? Does your regulated public know, since it's used in other Rules?

In (b)(4), line 21, what is "current"? Does your regulated public know?

On line 24, since you've already given the cross-reference to Rule .0102(3) in (b)(1), you don't need to do so here again.

In (b)(5), line 28, should "made" be "make"?

In (b)(6), Page 2, line 1, should "made" be "make"?

In (c), line 17, consider replacing "found" with "set forth in"

In (d), please replace "detailed" with "set forth" or replace "detailed in" with "of"

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

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 or association that provides non-transportation emergency medical
- 5 services at the AEMT or Paramedic level shall be licensed by the Department as an EMS Provider by meeting and
- 6 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 <u>.0102(4)</u> <u>.0102(3)</u> 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;
  - (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 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 available for inspection by the OEMS which verify verifying compliance with	
2		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	to 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 Dare, 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 found in Paragraphs (a) through (c) Paragraph (b) of this Rule.		
18	(d) Air Medical	Programs are exempt from the requirements detailed in Subparagraphs (b)(1) and (b)(4) of this Rule.	
19			
20	History Note:	Authority G.S. $131E-155.1(c)$ ; $\frac{143-508(d)(1)}{(d)(5)}$ ; $\frac{143-508(d)(1)}{(d)(5)}$ ; $\frac{143-508(d)(5)}{(d)(5)}$	
21		<u>(d)(13);</u>	
22		Temporary Adoption Eff. January 1, 2002;	
23		Eff. April 1, 2003;	
24		Amended Eff. January 1, 2004;	
25		Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;	
26		Pursuant to G.S. 150B-21(c), a bill was not ratified by the General Assembly to disapprove this $\frac{1}{2}$	
27		<u>rule;</u>	
28		Readopted Eff. [April 1, 2017.] January 1, 2018.	