

## REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0224

**DEADLINE FOR RECEIPT: Friday, December 8, 2017**

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

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

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

*Line 9, consider placing the phrase "Ground ambulance" in quotation marks to clarify that it is a defined term*

*Line 9, consider adding "that are" between "2018, based" as the current language reads like an incomplete sentence*

*Lines 12 and 15, add a "which is" before "incorporated"*

*Line 18, consider replacing "are" with "shall be"*

*Line 21, consider placing the phrase "convalescent ambulances" in quotation marks to clarify that it is a defined term*

*Line 22, replace "and" with "or" as this is not a list in which an ambulance has to be all elements of (1) through (5), but only needs to be one of the elements of (1) through (5), making in an alternative "either or" list*

*Line 25, replace "will" with "shall"*

*Line 25, delete "minimum"*

*Line 25, should "standard" be plural? Consider replacing it with "standards"*

*Line 25, add "ground" between "new ambulances"*

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

Abigail M. Hammond  
Commission Counsel  
Date submitted to agency: Tuesday, November 28, 2017

10A NCAC 13P .0224 is adopted as published in 31:24 NCAC 2448-2450 as follows:

### **10A NCAC 13P .0224 GROUND AMBULANCE VEHICLE MANUFACTURING STANDARDS**

(a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definitions apply to this Rule:

(1) “Remounted” means a ground ambulance patient compartment module that has been removed from its original chassis and mounted onto a different chassis.

(2) “Refurbished” means upgrading or repairing an existing ground ambulance patient care module or chassis that may not involve replacement of the chassis.

(b) Ground ambulances as defined in Rule .0102 of this Subchapter manufactured after July 1, 2018, based and operated in North Carolina shall meet one of the following manufacturing standards:

(1) the Commission on Accreditation of Ambulance Services (CAAS) “Ground Vehicle Standard for Ambulances” (GVS - v.1.0), incorporated herein by reference including all subsequent amendments and editions. This document is available online at no cost at [www.groundvehiclestandard.org](http://www.groundvehiclestandard.org); or

(2) the National Fire Protection Association (NFPA) 1917-2016 “Standard for Automotive Ambulances,” incorporated herein by reference including all subsequent amendments and editions. This document is available for purchase online at [www.nfpa.org](http://www.nfpa.org) for a cost of fifty-two dollars \$52.00.

(c) The following are exempt from the criteria set forth in Paragraph (b) of this Rule:

(1) ambulances owned and operated by an agency of the United States government;

(2) ambulances manufactured prior to July 1, 2018;

(3) convalescent ambulances as defined in Rule .0102 of this Subchapter;

(4) remounted and refurbished ambulances; and

(5) Medical Ambulance/Evacuation/Bus as set forth in Rule .0217 of this Section.

(d) Effective July 1, 2018, the National Highway Traffic Safety Administration (NHTSA) KKK-A-1822F-Ambulance Manufacturing Standard will no longer meet the minimum manufacturing standard for new ambulances as set forth in Paragraph (b) of the Rule.

(e) Ground ambulances that do not meet the criteria set forth in this Rule shall be ineligible for permitting as set forth in Rule .0211 of this Section.

*History Note: Authority G.S. 131E-156; 131E-157; 143-508(d)(8);*

*Eff. January 1, 2018.*

## REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0410

**DEADLINE FOR RECEIPT: Friday, December 8, 2017**

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

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

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

*Line 4, replace the comma after "Rule" with a colon*

*Line 4, delete the "a" after "Rule"*

*Line 6 says "Air Medical Program" and line 7 says "Licensed EMS providers" Are both of these terms necessary in the Rule? Is there a distinction? "Air Medical Program" is defined in Rule .0102. The same rule also defines "EMS Provider," but what is a "licensed EMS provider," as the EMS provider is defined to be "licensed"? Please review the usage in the entire Rule and clarify*

*Line 8 mentions making "application." What is meant by that clause? G.S. 150B-2(8a)d does not require an application to be a rule if "the contents or substantive requirements of which are prescribed by rule or statute." Is there a rule or statute that provides the information required in the application? Could it be cross-referenced? Please clarify*

*Line 21 cross-references Rule .0209 for "inspection of all aircraft" However, Rule .0209 does not have inspection standards. There is "vehicle and equipment requirements." If that is what this Rule should be referencing, please clarify by deleting the clause "permit inspections of" re-write the following clauses as follows:*

*"all aircrafts used within North Carolina shall comply with ~~as set forth in~~ Rule .0209"*

*Line 22, add a comma after "Subchapter"*

*Line 22, what "supplemental information" is contained on the SAPS form? G.S. 150B-2(8a)d does not require an application to be a rule if "the contents or substantive requirements of which are prescribed by rule or statute." Is there a rule or statute that provides the information required in the application? Could it be cross-referenced? Please clarify.*

*Line 23, delete the term "current"*

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*Line 23, what is meant by the “Credentialing Licensing System”? Where is this information found and how is it maintained? Is there a rule that may be cross-referenced to clarify? Please review*

*Line 26, delete “current and active”*

*Lines 28 thru 30, please clarify the authority to bar this contact? Is it based upon Rule .1508 and G.S. 150B-3? If so, please add a cross-reference to Rule .1508 to clarify.*

*Line 31, replace “continued” with “active”*

*Line 31, delete “and active participation”*

*Lines 31 thru 32, please review the language used in 10A NCAC 13P .0201(a)(14) and consider using consistent language in this Rule*

*Lines 33 thru 34, please review this language as it may need to be deleted. The cross-referenced language does not exist. Please clarify*

*Lines 35 thru 36, does this pertain to all “procedures performed during transport”? How long is the review process? Rules .0405 and .0406 is a 30-day before change review. Is that the same as what is occurring in this Rule? Please review and clarify if necessary.*

*Line 36, delete the “North Carolina” before “OEMS Medical Director”*

*Page 2, line 3, is the clause “organized and” necessary to the Rule? Please consider deleting*

*Page 2, line 4, define or delete “enhance”*

*Page 2, line 4, define or delete “ensure”*

*Page 2, line 9, replace “conditions” with “requirements” to be consistent with line 12 on page 1*

*Page 2, line 13, replace “ensure compliance” with “comply”*

*Page 2, line 13, delete “North Carolina”*

*Page 2, line 15 thru 17, this is the same concern with the language on line 21 of page 1. Please review changes so that the language is consistent*

*Page 2, line 16, define or delete “mutually”*

*Page 2, line 17, why is the clause “air medical program” not capitalized when it is capitalized on page 1, line 12 and page 2, line 7. Please review and use consistent terms.*

*Page 2, lines 18 thru 20, this language is in Paragraph (e) for Air Medical Programs outside of North Carolina, but a similar requirement does not exist in Paragraph (d). Is that correct? Please clarify.*

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*Page 2, lines 21 thru 23, Lines 28 thru 30, please clarify the authority to bar this contact? It is based upon Rule .1508 and G.S. 150B-3? If so, please add a cross-reference to Rule .1508 to clarify.*

*Page 2, line 24, define or delete "Significant" If the Rule is trying to track statutory language, then replace "Significant" with "Substantial" to track the language used in G.S. 131E-155.1(d).*

*Page 2, lines 24 thru 25, please clarify how this "revocation" is handled by the Department, as G.S. 131E-155.1(d) requires that "the Department finds that there has been a substantial failure." Consider adding cross-references to other rules establishing the process.*

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

10A NCAC 13P .0410 is adopted as published in 31:24 NCAC 2448-2450 as follows:

**10A NCAC 13P .0410 COMPONENTS OF MEDICAL OVERSIGHT FOR AIR MEDICAL PROGRAMS**

(a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definition applies to this Rule, a “Specialized Ambulance Protocol Summary (SAPS) form” means a document completed by the Medical Director of the Air Medical Program that contains a listing of all medications, equipment, and supplies.

(b) Licensed EMS providers seeking to offer rotary-wing or fixed-wing air medical program services within North Carolina shall make application and receive approval from the OEMS prior to beginning operation.

(c) Licensed EMS providers seeking to offer multiple air medical programs under separate medical oversight processes as set forth in Paragraph (d) of this Rule shall make application for each program and receive approval from the OEMS as set forth in Paragraph (b) of this Rule.

(d) Each Air Medical Program providing services within North Carolina shall meet the following requirements for the provision of medical oversight:

(1) a Medical Director as set forth in Rules .0402 and .0404 of this Section;

(2) treatment protocols approved by the OEMS, to be utilized by the provider as required by Rule .0406 of this Section;

(3) a peer review committee as required by Rule .0409 of this Section;

(4) notify all North Carolina EMS Systems where services will be provided to enable each EMS System to include the provider in their EMS System plan, as set forth in Rule .0201(a)(11) of this Subchapter;

(5) permit inspections of all aircraft used within North Carolina as set forth in Rule .0209 of this Subchapter including the supplemental information contained on the program’s SAPS form;

(6) populate and maintain a current roster in the North Carolina Credentialing Information System database for all air medical crew members, Medical Directors, and staff identified by the program to serve as primary and secondary administrative contacts;

(7) all medical crew members operating in North Carolina shall maintain a current and active North Carolina license or credential in accordance with the rules and regulations of the appropriate licensing or credentialing body. Any medical crew member suspended by the Department shall be barred from patient contact when operating in North Carolina until such time as the case involving the medical crew member has been adjudicated or resolved;

(8) continued membership and active participation in each Trauma RAC containing the majority of hospitals where the program transports patients for admission;

(9) submit patient care data into the PreHospital Medical Information System (PreMIS) for all interstate and intrastate transports as set forth in Rule .0204(b)(6) of this Subchapter;

(10) provide information regarding procedures performed during transport within North Carolina to OEMS to allow review by the North Carolina OEMS Medical Director;

(11) submit peer review materials to the receiving hospital's peer review committee for each patient transported for admission; and

(12) a method providing for the organized and coordinated dispatch of resources between air medical programs to enhance scene safety, ensure only the number of air medical resources needed respond to the incident location are provided, and arrange for the receiving hospital to prepare for the incoming patient.

(e) In addition to the requirements set forth in Paragraph (d) of this Rule, Air Medical Program whose base of operation is outside of North Carolina who operate fixed-wing or rotary-wing air medical programs within the State shall meet the following conditions for the provision of medical oversight:

(1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is based for comparison with North Carolina standards as set forth in the "North Carolina College of Emergency Physicians: Medical Oversight and Data Collection" standards, and make any modifications identified by the OEMS to ensure compliance with the North Carolina standards as set forth in Subparagraph (d)(2) of this Rule;

(2) permit inspections of all aircraft used within North Carolina as set forth in Paragraph (b)(5) of this Rule, to be conducted at a location inside North Carolina at a time mutually agreed upon by the Department and the air medical program;

(3) submit written notification to the Department within three business days of receiving notice of any arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North Carolina credentialed or licensed medical crew member; and

(4) any medical crew member suspended by the Department shall be barred from patient contact when operating in North Carolina until such time as the case involving the medical crew member has been adjudicated or resolved;

(d) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical Program approval.

*History Note: G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8);  
Eff. January 1, 2018.*