

G.S. 150B-21.3A Report for 10A NCAC SUBCHAPTER 13P, EMERGENCY MEDICAL SERVICES AND TRAUMA RULES

Agency - Medical Care Commission

Comment Period - 05/29/2015 through 07/28/2015

Date Submitted to APO - January 25, 2016

| Rule Section | Rule Citation | Rule Name | Date and Last Agency Action on the Rule | Agency Determination [150B-21.3A(c)(1)a] | Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)] | Federal Regulation Citation | Public Comment Received [150B-21.3A(c)(1)] | Agency Determination Following Public Comment [150B-21.3A(c)(1)] | RRC Determination of Public Comments [150B-21.3A(c)(2)] | RRC Final Determination of Status of Rule for Report to APO [150B-21.3A(c)(2)] | OAH Next Steps |
|------------------------------------|--------------------|--|--|---|---|-----------------------------|--|--|---|--|------------------------------------|
| SECTION .0100 – DEFINITIONS | 10A NCAC 13P .0101 | ABBREVIATIONS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | Yes | Necessary with substantive public interest | RRC not required to review comment(s) | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0102 | DEFINITIONS | 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 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| SECTION .0200 – EMS SYSTEMS | 10A NCAC 13P .0201 | EMS SYSTEM REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0203 | SPECIAL SITUATIONS | Amended Eff. January 1, 2004 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0204 | EMS PROVIDER LICENSE REQUIREMENTS | 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 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0205 | EMS PROVIDER LICENSE CONDITIONS | Amended Eff. February 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0206 | TERM OF EMS PROVIDER LICENSE | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0207 | GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0208 | CONVALESCENT AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0209 | AIR MEDICAL AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS | 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 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0210 | WATER AMBULANCE: WATERCRAFT AND EQUIPMENT REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0211 | AMBULANCE PERMIT CONDITIONS | Amended Eff. January 1, 2004 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0212 | TERM OF AMBULANCE PERMIT | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0213 | EMS NONTRANSPORTING VEHICLE REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |

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|--|--------------------|---|--|---|---|-----------------------------|--|--|---|--|------------------------------------|
| | 10A NCAC 13P .0214 | EMS NONTRANSPORTING VEHICLE PERMIT CONDITIONS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0215 | TERM OF EMS NONTRANSPORTING VEHICLE PERMIT | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0216 | WEAPONS AND EXPLOSIVES FORBIDDEN | Eff. April 1, 2003 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0217 | MEDICAL AMBULANCE/EVACUATION BUS: VEHICLE AND EQUIPMENT REQUIREMENTS | Eff. July 1, 2011 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0218 | PEDIATRIC SPECIALTY CARE GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS | Eff. July 1, 2011 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0219 | STAFFING FOR MEDICAL AMBULANCE/EVACUATION BUS VEHICLES | Eff. July 1, 2011 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0220 | STAFFING FOR PEDIATRIC SPECIALTY CARE GROUND AMBULANCES | Eff. July 1, 2011 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0221 | PATIENT TRANSPORTATION BETWEEN HOSPITALS | Eff. July 1, 2012 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| SECTION .0300 – SPECIALTY CARE TRANSPORT PROGRAMS | 10A NCAC 13P .0301 | SPECIALTY CARE TRANSPORT PROGRAM CRITERIA | 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 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0302 | AIR MEDICAL SPECIALTY CARE TRANSPORT PROGRAM CRITERIA FOR LICENSED EMS PROVIDERS USING ROTARY-WING AIRCRAFT | 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 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0305 | AIR MEDICAL SPECIALTY CARE TRANSPORT PROGRAM CRITERIA FOR LICENSED EMS PROVIDERS USING FIXED-WING AIRCRAFT | 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 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| SECTION .0400 - MEDICAL OVERSIGHT | 10A NCAC 13P .0401 | COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0402 | COMPONENTS OF MEDICAL OVERSIGHT FOR SPECIALTY CARE TRANSPORT PROGRAMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0403 | RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0404 | RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR SPECIALTY CARE TRANSPORT PROGRAMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Select One |

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|--------------------------------------|--------------------|---|--|---|---|-----------------------------|--|--|---|--|------------------------------------|
| | 10A NCAC 13P .0405 | REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR EMS SYSTEMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0406 | REQUIREMENTS FOR ADULT AND PEDIATRIC TREATMENT PROTOCOLS FOR SPECIALTY CARE TRANSPORT PROGRAMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0407 | REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM | Amended Eff. January 1, 2004 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0408 | EMS PEER REVIEW COMMITTEE FOR EMS SYSTEMS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0409 | EMS PEER REVIEW COMMITTEE FOR SPECIALTY CARE TRANSPORT PROGRAMS | 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 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| SECTION .0500 – EMS PERSONNEL | 10A NCAC 13P .0501 | EDUCATIONAL PROGRAMS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0502 | INITIAL CREDENTIALING REQUIREMENTS FOR MR, EMT, EMT-I, EMT-P, AND EMD | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0503 | TERM OF CREDENTIALS FOR EMS PERSONNEL | Eff. April 1, 2003 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0504 | RENEWAL OF CREDENTIALS FOR MR, EMT, EMT-I, EMT-P, AND EMD | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0505 | SCOPE OF PRACTICE FOR EMS PERSONNEL | Eff. April 1, 2003 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0506 | PRACTICE SETTINGS FOR EMS PERSONNEL | Amended Eff. January 1, 2004 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0507 | CREDENTIALING REQUIREMENTS FOR LEVEL I EMS INSTRUCTORS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0508 | CREDENTIALING REQUIREMENTS FOR LEVEL II EMS INSTRUCTORS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0509 | CREDENTIALING OF INDIVIDUALS TO ADMINISTER LIFESAVING TREATMENT TO PERSONS SUFFERING AN ADVERSE REACTION TO AGENTS THAT MIGHT CAUSE ANAPHYLAXIS | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .0510 | RENEWAL OF CREDENTIALS FOR LEVEL I AND LEVEL II EMS INSTRUCTORS | Amended Eff. February 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0511 | CRIMINAL HISTORIES | Amended Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |

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|---|--------------------|---|---|---|---|-----------------------------|--|--|---|--|------------------------------------|
| SECTION .0600 – EMS EDUCATIONAL INSTITUTIONS | 10A NCAC 13P .0601 | CONTINUING EDUCATION EMS EDUCATIONAL INSTITUTION REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0602 | BASIC EMS EDUCATIONAL INSTITUTION REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0603 | ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| SECTION .0900 – TRAUMA CENTER STANDARDS AND APPROVAL | 10A NCAC 13P .0901 | LEVEL I TRAUMA CENTER CRITERIA | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0902 | LEVEL II TRAUMA CENTER CRITERIA | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0903 | LEVEL III TRAUMA CENTER CRITERIA | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0904 | INITIAL DESIGNATION PROCESS | Amended Eff. January 1, 2009 | Necessary with substantive public interest | No | | Yes | Necessary with substantive public interest | RRC not required to review comment(s) | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .0905 | RENEWAL DESIGNATION PROCESS | Amended Eff. April 1, 2009 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| SECTION .1000 – TRAUMA CENTER DESIGNATION ENFORCEMENT | 10A NCAC 13P .1003 | MISREPRESENTATION OF DESIGNATION | Eff. April 1, 2003 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| SECTION .1100 – TRAUMA SYSTEM DESIGN | 10A NCAC 13P .1101 | STATE TRAUMA SYSTEM | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1102 | REGIONAL TRAUMA SYSTEM PLAN | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1103 | REGIONAL TRAUMA SYSTEM POLICY DEVELOPMENT | Amended Eff. January 1, 2009 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| SECTION 1400 – RECOVERY AND REHABILITATION OF CHEMICALLY DEPENDENT EMS PERSONNEL | 10A NCAC 13P .1401 | CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM REQUIREMENTS | Eff. October 1, 2010 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .1402 | PROVISIONS FOR PARTICIPATION IN THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM | Eff. October 1, 2010 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .1403 | CONDITIONS FOR RESTRICTED PRACTICE WITH LIMITED PRIVILEGES | Eff. October 1, 2010 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .1404 | REINSTATEMENT OF AN UNENCUMBERED EMS CREDENTIAL | Eff. October 1, 2010 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1405 | FAILURE TO COMPLETE THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM | Eff. October 1, 2010 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |

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|---|--------------------|---|---|---|---|-----------------------------|--|--|---|--|------------------------------------|
| SECTION .1500 - DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION | 10A NCAC 13P .1501 | ENFORCEMENT DEFINITIONS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1502 | LICENSED EMS PROVIDERS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1503 | SPECIALTY CARE TRANSPORT PROGRAMS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1504 | TRAUMA CENTERS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1505 | EMS EDUCATIONAL INSTITUTIONS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1506 | EMS VEHICLE PERMITS | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1507 | EMS PERSONNEL CREDENTIALS | Eff. January 1, 2013 | Necessary with substantive public interest | No | | No | Necessary with substantive public interest | No comments with merit | Necessary with substantive public interest and must be readopted | Agency must readopt |
| | 10A NCAC 13P .1508 | SUMMARY SUSPENSION | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |
| | 10A NCAC 13P .1509 | PROCEDURES FOR DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION | Eff. January 1, 2013 | Necessary without substantive public interest | No | | No | Necessary without substantive public interest | No comments with merit | Necessary without substantive public interest and should remain in effect without further action | Keep in Code - Update History Note |

Comments Subchapter 13P – Emergency Medical Services and Trauma Rules

| Rule Title | Rule Citation | Date | First Name | Last Name | Company | Email Address | Zip | Comment |
|-----------------------------|--------------------|-----------|------------|------------|---|-----------------------------|-----|--|
| ABBREVIATIONS | 10A NCAC 13P .0101 | 5/21/2015 | Erin | Glendening | DHSR | erin.glendening@dhhs.nc.gov | | This is a test comment to verify that the system is working. |
| INITIAL DESIGNATION PROCESS | 10A NCAC 13P .0904 | 5/22/2015 | Phil | Angelo | Novant Health Presbyterian Medical Center | pjangelo@novanthealth.org | | I respectfully request that the above rule be reviewed and amended to remove the requirement that hospitals seeking a Level II Trauma designation meet a minimum admission requirement. 10A NCAC 13P .0904(b) describes the initial designation process for hospitals applying for Level I and Level II trauma designation and defines certain limiting criteria. Subsection (b)(3) states “Evidence the Trauma Center will admit at least 1,200 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) greater than or equal to 15 yearly. This 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.” The admission requirement for Level I trauma Centers is based on the American College of Surgeons (ACS) recommendations for trauma centers as outlined in their Resources for Optimal Care of the Injured Patient 2014. This guideline states “A Level I trauma center must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15. This is the minimum volume that is believed to be adequate to support the education and research requirements for a Level I trauma center.” Only Level I Trauma Centers have this requirement under the ACS. As is noted in the above statement, the 1,200 trauma patient admission criteria is related to a Level I institution’s trauma research and education. The ACS defines the differences between a Level I and Level II trauma center as the following: “Level I trauma centers are distinguished from Level II centers in that they must do the following: • Meet the admission volume requirements. • Maintain a surgically directed critical care service. • Participate in the training of residents and be a leader in |

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| | | | | | | | <p>education and outreach activities. • Conduct trauma research.” As is clearly stated in the above statements, only a Level I trauma center has minimum admission requirements. Level II trauma centers do not have a minimum admission requirement proscribed by the ACS as they do not have any research or education requirements. Enforcing a minimum admission requirement on hospitals seeking Level II trauma center designation that is based off of the education and research requirements that only Level I trauma centers have is inappropriate. This requirement poses an unfair restriction on hospitals seeking Level II trauma center designation. Furthermore, the ACS states that “A Level II trauma center provides comprehensive trauma care in two distinct environments that have been recognized in the ongoing verification program sponsored by the ACS-COT (American College of Surgeons Committee on Trauma). The first environment is a population-dense area in which a Level II trauma center may supplement the clinical activity and expertise of a Level I institution. In this scenario, the Level I and II trauma centers should work together to optimize resources expended to care for all injured patients in their area. This implies a cooperative environment between institutions that allows patients to flow between hospitals, depending on resources and clinical expertise and matched to patient need.” The requirement for hospitals seeking initial designation as a Level II trauma center, as currently stated in 10A NCAC 13P .0904, to admit at least 1,200 patients yearly or 240 with an ISS greater than or equal to 15 is contradictory to the above stated purpose of a Level II trauma center. The purpose of the Level II center is to “supplement the clinical activity and expertise of a Level I” center. The admission requirements, as currently written, are unwarranted and impede the ability to create a tiered trauma system that ensures a cooperative environment amongst trauma centers. Furthermore, this requirement deters the establishment of such a system by fostering a competitive environment and negatively impacts hospitals abilities to increase the level of trauma care provided to the citizens of this state. I request</p> |
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Comments Subchapter 13P – Emergency Medical Services and Trauma Rules

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| | | | | | | | <p>this rule be changed to apply only to Level I trauma centers as is the national standard as stated by the American College of Surgeons. My recommended change to section .0904(b)(3) is as follows: (3) Level I Trauma Centers shall provide: (i) Evidence the Level I 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) greater than or equal to 15 yearly. This criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I 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. (ii) This is the minimum volume believed to be adequate to support the education and research requirements of a Level I Trauma Center. This change would more closely align this rule with the current proposed changes to 10A NCAC 13P by adapting ACS recommendations and guidelines for trauma centers and would improve the ability to establish a comprehensive network of trauma centers in the state. Ultimately, these changes will help ensure we continue to provide optimal trauma care for the citizens of North Carolina. Thank you for your consideration.</p> |
| INITIAL DESIGNATION PROCESS | 10A NCAC 13P .0904 | 6/1/2015 | Phil | Angelo | Novant Health Presbyterian Medical Center | pjangelo@novanthealth.org | <p>I respectfully request that the above rule be reviewed and amended to remove the requirement that hospitals seeking a Level II Trauma designation meet a minimum admission requirement. 10A NCAC 13P .0904(b) describes the initial designation process for hospitals applying for Level I and Level II trauma designation and defines certain limiting criteria. Subsection (b)(3) states 'Evidence the Trauma Center will admit at least 1,200 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) greater than or equal to 15 yearly. This 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</p> |

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Comments Subchapter 13P – Emergency Medical Services and Trauma Rules

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| | | | | | | | guidelines for trauma centers and would improve the ability to establish a comprehensive network of trauma centers in the state. Ultimately, these changes will help ensure we continue to provide optimal trauma care for the citizens of North Carolina. Thank you for your consideration. |
| INITIAL DESIGNATION PROCESS | 10A NCAC 13P .0904 | 6/2/2015 | William | Walker, MD, FACS, FASCRS | | Walker52@mindspring.com | I respectfully request that the above rule be reviewed and amended to remove the requirement that hospitals seeking a Level II Trauma designation meet a minimum admission requirement. This will bring the rule into consistency with the American College of Surgeons recommendations which are applied elsewhere in the rules. 10A NCAC 13P .0904(b) describes the initial designation process for hospitals applying for Level I and Level II trauma designation and defines certain limiting criteria. Subsection (b)(3) states 'Evidence the Trauma Center will admit at least 1,200 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) greater than or equal to 15 yearly. 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.' The admission requirement for Level I trauma Centers is based on the American College of Surgeons (ACS) recommendations for trauma centers as outlined in their Resources for Optimal Care of the Injured Patient 2014. This guideline states 'A Level I trauma center must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15. This is the minimum volume that is believed to be adequate to support the education and research requirements for a Level I trauma center.' Only Level I Trauma Centers have this requirement under the ACS. As is noted in the above statement, the 1,200 trauma patient admission criteria is related to a Level I institution's trauma research and education. The ACS defines the differences between a |

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Periodic Rules Review Public Comments and Agency Response
Submission to RRC

Rule Subchapter: 10A NCAC 13P

1) Rule Citation: 10A NCAC 13P .0101

Rule Title: DEFINITIONS

a) Commenter: Erin Glendening, DHSR

Comment:

This is a test comment to verify that the system is working.

Agency Response:

This comment has no merit. It is a test of the comment reporting system.

2) Rule Citation: 10A NCAC 13P .0904

Rule Title: INITIAL DESIGNATION PROCESS

a) Commenter: Phil Angelo, Novant Health Presbyterian Medical Center

Comment:

I respectfully request that the above rule be reviewed and amended to remove the requirement that hospitals seeking a Level II Trauma designation meet a minimum admission requirement. 10A NCAC 13P .0904(b) describes the initial designation process for hospitals applying for Level I and Level II trauma designation and defines certain limiting criteria. Subsection (b)(3) states “Evidence the Trauma Center will admit at least 1,200 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) greater than or equal to 15 yearly. This 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.” The admission requirement for Level I trauma Centers is based on the American College of Surgeons (ACS) recommendations for trauma centers as outlined in their Resources for Optimal Care of the Injured Patient 2014. This guideline states “A Level I trauma center must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15. This is the minimum volume that is believed to be adequate to support the education and research requirements for a Level I trauma center.” Only Level I Trauma Centers have this requirement under the ACS. As is noted in the above statement, the 1,200 trauma patient admission criteria is related to a Level I institution’s trauma research and education. The ACS defines the

differences between a Level I and Level II trauma center as the following: “Level I trauma centers are distinguished from Level II centers in that they must do the following:

- Meet the admission volume requirements.
- Maintain a surgically directed critical care service.
- Participate in the training of residents and be a leader in education and outreach activities.
- Conduct trauma research.”

As is clearly stated in the above statements, only a Level I trauma center has minimum admission requirements. Level II trauma centers do not have a minimum admission requirement proscribed by the ACS as they do not have any research or education requirements. Enforcing a minimum admission requirement on hospitals seeking Level II trauma center designation that is based off of the education and research requirements that only Level I trauma centers have is inappropriate. This requirement poses an unfair restriction on hospitals seeking Level II trauma center designation. Furthermore, the ACS states that “A Level II trauma center provides comprehensive trauma care in two distinct environments that have been recognized in the ongoing verification program sponsored by the ACS-COT (American College of Surgeons Committee on Trauma). The first environment is a population-dense area in which a Level II trauma center may supplement the clinical activity and expertise of a Level I institution. In this scenario, the Level I and II trauma centers should work together to optimize resources expended to care for all injured patients in their area. This implies a cooperative environment between institutions that allows patients to flow between hospitals, depending on resources and clinical expertise and matched to patient need.” The requirement for hospitals seeking initial designation as a Level II trauma center, as currently stated in 10A NCAC 13P .0904, to admit at least 1,200 patients yearly or 240 with an ISS greater than or equal to 15 is contradictory to the above stated purpose of a Level II trauma center. The purpose of the Level II center is to “supplement the clinical activity and expertise of a Level I” center. The admission requirements, as currently written, are unwarranted and impede the ability to create a tiered trauma system that ensures a cooperative environment amongst trauma centers. Furthermore, this requirement deters the establishment of such a system by fostering a competitive environment and negatively impacts hospitals abilities to increase the level of trauma care provided to the citizens of this state. I request this rule be changed to apply only to Level I trauma centers as is the national standard as stated by the American College of Surgeons. My recommended change to section .0904(b)(3) is as follows: (3) Level I Trauma Centers shall provide: (i) Evidence the Level I 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) greater than or equal to 15 yearly. This criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I 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. (ii) This is the minimum volume believed to be adequate to support the education and research requirements of a Level I Trauma Center. This change would more closely align this rule with the current proposed changes to 10A NCAC 13P by adapting ACS recommendations and guidelines for trauma centers and would improve the ability to establish a comprehensive network of trauma centers in the state. Ultimately, these changes will help ensure we continue to provide optimal trauma care for the citizens of North Carolina. Thank you for your consideration.

Agency Response:

The agency has determined that the contents of the 10A NCAC 13P .0904 are necessary to ensure that quality trauma care is provided at our state's designated Level I and II trauma centers. Since the type of patients and care expectations are equivalent at Level I and II centers, it is felt that Level II centers would be unable to maintain the same level of expertise and quality of care if a lesser number of injured patients were treated at the Level II facility.

The proposed changes to 10A NCAC 13P .0901, .0902 and .0903 rules that reference ACS criteria as the care requirements are intended to reflect direct patient care standards that are expected of our states trauma centers. The State will always maintain the independent process of designating trauma centers and therefore will maintain requirements for initial and renewal designations that is felt to best serve the environment that is unique to NC. A one size fits all national process may not ensure that the highest quality of care is provided for our citizens.

b) Commenter: Phil Angelo, Novant Health Presbyterian Medical Center

Comment:

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c) Commenter: William Walker, MD, FACS, FASCRS

Comment:

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