

Commission Review

Log of Permanent Rule Filings

January 23, 2012 through February 20, 2012

* Approval Recommended, ** Objection Recommended, *** Other

HHS - HEALTH SERVICE REGULATION, DIVISION OF

The rules in Chapter 14 are from the Director of the Division of Health Service Regulation.

The rules in Subchapter 14B concern the State Medical Facilities Plan including planning policies and need determination for 1999 and 2000 (.0100); planning policies and need determination for 2001 and 2002 (.0200); and planning policies and need determination for 2003 (.0300).

<u>Applicability of Rules Related to the 1999 State Medical ...</u> Repeal/*	10A NCAC 14B .0101
<u>Certificate of Need Review</u> Repeal/*	10A NCAC 14B .0102
<u>Certificate of Need Review Schedule</u> Repeal/*	10A NCAC 14B .0103
<u>Multi-County Groupings</u> Repeal/*	10A NCAC 14B .0104
<u>Service Areas and Planning Areas</u> Repeal/*	10A NCAC 14B .0105
<u>Reallocations and Adjustments</u> Repeal/*	10A NCAC 14B .0106
<u>Acute Care Bed Need Determination (Review Category A)</u> Repeal/*	10A NCAC 14B .0107
<u>Rehabilitation Bed Need Determination (Review Category E)</u> Repeal/*	10A NCAC 14B .0108
<u>Ambulatory Surgical Facilities Need Determination (Review...</u> Repeal/*	10A NCAC 14B .0109
<u>Open Heart Surgery Services Need Determinations (Review C...</u> Repeal/*	10A NCAC 14B .0110
<u>Heart-Lung Bypass Machines Need Determination (Review Cat...</u> Repeal/*	10A NCAC 14B .0111
<u>Fixed Cardiac Catheterization Equipment and Fixed Cardiac...</u> Repeal/*	10A NCAC 14B .0112
<u>Mobile Cardiac Catheterization Equipment and Mobile Cardi...</u> Repeal/*	10A NCAC 14B .0113
<u>Burn Intensive Care Services Need Determination (Review C...</u> Repeal/*	10A NCAC 14B .0114
<u>Positron Emission Tomography Scanners Need Determination ...</u> Repeal/*	10A NCAC 14B .0115
<u>Bone Marrow Transplantation Services Need Determination (...</u> Repeal/*	10A NCAC 14B .0116
<u>Solid Organ Transplantation Services Need Determination (...</u> Repeal/*	10A NCAC 14B .0117
<u>Gamma Knife Need Determination (Review Category H)</u> Repeal/*	10A NCAC 14B .0118

<u>Lithotripter Need Determination (Review Category H)</u> Repeal/*	10A NCAC 14B .0119
<u>Radiation Oncology Treatment Centers Need Determination (...)</u> Repeal/*	10A NCAC 14B .0120
<u>Magnetic Resonance Imaging Scanners Need Determination (R...</u> Repeal/*	10A NCAC 14B .0121
<u>Nursing Care Bed Need Determination (Review Category B)</u> Repeal/*	10A NCAC 14B .0122
<u>Home Health Agency Office Need Determination (Review Cate...</u> Repeal/*	10A NCAC 14B .0123
<u>Dialysis Station Need Determination</u> Repeal/*	10A NCAC 14B .0124
<u>Hospice need Determination (Review Category F)</u> Repeal/*	10A NCAC 14B .0125
<u>Hospice Inpatient Facility Bed Need Determination (Review...</u> Repeal/*	10A NCAC 14B .0126
<u>Psychiatric Bed Need Determination (Review Category C)</u> Repeal/*	10A NCAC 14B .0127
<u>Chemical Dependency (Substance Abuse) Treatment Bed Need...</u> Repeal/*	10A NCAC 14B .0128
<u>Intermediate Care Beds for the Mentally Retarded Need Det...</u> Repeal/*	10A NCAC 14B .0129
<u>Policies for General Acute Care Hospitals</u> Repeal/*	10A NCAC 14B .0130
<u>Policies for Inpatient Rehabilitation Services</u> Repeal/*	10A NCAC 14B .0131
<u>Policy for Ambulatory Surgical Facilities</u> Repeal/*	10A NCAC 14B .0132
<u>Policy for Provision of Hospital-Based Long-Term Nursing ...</u> Repeal/*	10A NCAC 14B .0133
<u>Policy for Nursing Care Beds in Continuing Care Facilities</u> Repeal/*	10A NCAC 14B .0134
<u>Policy for Determination of Need for Additional Nursing B...</u> Repeal/*	10A NCAC 14B .0135
<u>Policy for Relocation of Certain Nursing Facility Beds</u> Repeal/*	10A NCAC 14B .0136
<u>Policy for Home Health Services</u> Repeal/*	10A NCAC 14B .0137
<u>Policy for End-Stage Renal Disease Dialysis Services</u> Repeal/*	10A NCAC 14B .0138
<u>Policies for Psychiatric Inpatient Facilities</u> Repeal/*	10A NCAC 14B .0139
<u>Policy for Chemical Dependency Treatment Facilities</u> Repeal/*	10A NCAC 14B .0140
<u>Policies for Intermediate Care Facilities for Mentally Re...</u> Repeal/*	10A NCAC 14B .0141
<u>Applicability of Rules Related to the 2000 State Medical ...</u> Repeal/*	10A NCAC 14B .0150
<u>Certificate of Need Review Schedule</u>	10A NCAC 14B .0152

Repeal/*	
<u>Multi-County Groupings</u>	10A NCAC 14B .0153
Repeal/*	
<u>Service Areas and Planning Areas</u>	10A NCAC 14B .0154
Repeal/*	
<u>Reallocations and Adjustments</u>	10A NCAC 14B .0155
Repeal/*	
<u>Acute Care Bed Need Determination (Review Category E)</u>	10A NCAC 14B .0156
Repeal/*	
<u>Rehabilitation Bed Need Determination (Review Category E)</u>	10A NCAC 14B .0157
Repeal/*	
<u>Ambulatory Surgical Facilities Need Determination (Review...</u>	10A NCAC 14B .0158
Repeal/*	
<u>Open Heart Surgery Services Need Determinations (Review C...</u>	10A NCAC 14B .0159
Repeal/*	
<u>Heart-Lung Bypass Machines Need Determination (Review Cat...</u>	10A NCAC 14B .0160
Repeal/*	
<u>Fixed Cardiac Catheterization Equipment and Fixed Cardiac...</u>	10A NCAC 14B .0161
Repeal/*	
<u>Burn Intensive Care Services Need Determination (Review C...</u>	10A NCAC 14B .0163
Repeal/*	
<u>Positron Emission Tomography Scanners Need Determination ...</u>	10A NCAC 14B .0164
Repeal/*	
<u>Bone Marrow Transplantation Services Need Determination (...</u>	10A NCAC 14B .0165
Repeal/*	
<u>Solid Organ Transplantation Services Need Determination (...</u>	10A NCAC 14B .0166
Repeal/*	
<u>Gamma Knife Need Determination (Review Category H)</u>	10A NCAC 14B .0167
Repeal/*	
<u>Lithotripter Need Determination (Review Category H)</u>	10A NCAC 14B .0168
Repeal/*	
<u>Radiation Oncology Treatment Centers Need Determination (...</u>	10A NCAC 14B .0169
Repeal/*	
<u>Magnetic Resonance Imaging Scanners Need Determination (R...</u>	10A NCAC 14B .0170
Repeal/*	
<u>Magnetic Resonance Imaging Scanners Need Determination fo...</u>	10A NCAC 14B .0171
Repeal/*	
<u>Nursing Care Bed Need Determination (Review Category B)</u>	10A NCAC 14B .0172
Repeal/*	
<u>Demonstration Project for Continuing Care of Adults with ...</u>	10A NCAC 14B .0173
Repeal/*	
<u>Home Health Agency Office Need Determination (Review Cate...</u>	10A NCAC 14B .0174
Repeal/*	
<u>Dialysis Station Need Determination Methodology</u>	10A NCAC 14B .0175
Repeal/*	
<u>Dialysis Station Adjusted Need Determination (Review Cate...</u>	10A NCAC 14B .0176
Repeal/*	
<u>Hospice Need Determination (Review Category F)</u>	10A NCAC 14B .0177
Repeal/*	

<u>Hospice Inpatient Facility Bed Need Determination (Review ...</u> Repeal/*	10A NCAC 14B .0178
<u>Psychiatric Bed Need Determination (Review Category C)</u> Repeal/*	10A NCAC 14B .0179
<u>Chemical Dependency (Substance Abuse) Treatment Bed Need...</u> Repeal/*	10A NCAC 14B .0180
<u>Intermediate Care Beds for the Mentally Retarded Need Det...</u> Repeal/*	10A NCAC 14B .0181
<u>Policies for General Acute Care Hospitals</u> Repeal/*	10A NCAC 14B .0182
<u>Policies for Inpatient Rehabilitation Services</u> Repeal/*	10A NCAC 14B .0183
<u>Policy for Ambulatory Surgical Facilities</u> Repeal/*	10A NCAC 14B .0184
<u>Policy for Provision of Hospital-Based Long-Term Nursing ...</u> Repeal/*	10A NCAC 14B .0185
<u>Policy for Plan Exemption for Continuing Care Retirement ...</u> Repeal/*	10A NCAC 14B .0186
<u>Policy for Determination of Need for Additional Nursing Be...</u> Repeal/*	10A NCAC 14B .0187
<u>Policy for Relocation of Certain Nursing Facility Beds</u> Repeal/*	10A NCAC 14B .0188
<u>Policies for Home Health Services</u> Repeal/*	10A NCAC 14B .0189
<u>Policy for Relocation of Dialysis Stations</u> Repeal/*	10A NCAC 14B .0190
<u>Policies for Psychiatric Inpatient Facilities</u> Repeal/*	10A NCAC 14B .0191
<u>Policy for Chemical Dependency Treatment Facilities</u> Repeal/*	10A NCAC 14B .0192
<u>Policies for Intermediate Care Facilities for Mentally Re...</u> Repeal/*	10A NCAC 14B .0193
<u>Equipment Need Determinations for 1996 SMFP (Review Categ...</u> Repeal/*	10A NCAC 14B .0194
<u>Open Heart Surgery Services Need Determinations for 1996 ...</u> Repeal/*	10A NCAC 14B .0195
<u>Applicability of Rules Related to the 2001 State medical ...</u> Repeal/*	10A NCAC 14B .0201
<u>Certificate of Need Review Schedule</u> Repeal/*	10A NCAC 14B .0202
<u>Multi-County Groupings</u> Repeal/*	10A NCAC 14B .0203
<u>Service Areas and Planning Areas</u> Repeal/*	10A NCAC 14B .0204
<u>Reallocations and Adjustments</u> Repeal/*	10A NCAC 14B .0205
<u>Acute Care Bed Need Determination (Review Category A)</u> Repeal/*	10A NCAC 14B .0206
<u>Rehabilitation Bed Need Determination (Review Category E)</u>	10A NCAC 14B .0207

<u>Repeal/*</u>	
<u>Open Heart Surgery Services Need Determinations (Review C...</u> <u>Repeal/*</u>	10A NCAC 14B .0209
<u>Heart-Lung Bypass Machines Need Determination (Review Cat...</u> <u>Repeal/*</u>	10A NCAC 14B .0210
<u>Fixed Cardiac Catheterization Equipment and Fixed Cardiac...</u> <u>Repeal/*</u>	10A NCAC 14B .0211
<u>Shared Fixed Cardiac Catheterization Equipment Need Deter...</u> <u>Repeal/*</u>	10A NCAC 14B .0212
<u>Burn Intensive Care Services Need Determination (Review C...</u> <u>Repeal/*</u>	10A NCAC 14B .0213
<u>Positron Emission Tomography Scanners Need Determination ...</u> <u>Repeal/*</u>	10A NCAC 14B .0214
<u>Bone Marrow Transplantation Services Need Determination (...)</u> <u>Repeal/*</u>	10A NCAC 14B .0215
<u>Solid Organ Transplantation Services Need Determination (...)</u> <u>Repeal/*</u>	10A NCAC 14B .0216
<u>Gamma Knife Unit Need Determination (Review Category H)</u> <u>Repeal/*</u>	10A NCAC 14B .0217
<u>Lithotripter Need Determination (Review Category H)</u> <u>Repeal/*</u>	10A NCAC 14B .0218
<u>Radiation Oncology Treatment Centers Need Determination (...)</u> <u>Repeal/*</u>	10A NCAC 14B .0219
<u>Magnetic Resonance Imaging Scanners Need Determination</u> <u>Repeal/*</u>	10A NCAC 14B .0220
<u>Magnetic Resonance Imaging Scanners Need Determination Ba...</u> <u>Repeal/*</u>	10A NCAC 14B .0221
<u>Nursing Care Bed need Determination (Review Category B)</u> <u>Repeal/*</u>	10A NCAC 14B .0222
<u>Medicare-Certified Home Health Agency Office Need Determi...</u> <u>Repeal/*</u>	10A NCAC 14B .0223
<u>Dialysis Need Determination Methodology for Reviews Begin...</u> <u>Repeal/*</u>	10A NCAC 14B .0224
<u>Dialysis Station Need Determination Methodology for Revie...</u> <u>Repeal/*</u>	10A NCAC 14B .0225
<u>Hospice Care Need Determination (Review Category F)</u> <u>Repeal/*</u>	10A NCAC 14B .0226
<u>Hospice Inpatient Facility Bed Need Determination (Review...</u> <u>Repeal/*</u>	10A NCAC 14B .0227
<u>Psychiatric Bed Need Determination (Review Category C)</u> <u>Repeal/*</u>	10A NCAC 14B .0228
<u>Chemical Dependency (Substance Abuse) Treatment Bed Need ...</u> <u>Repeal/*</u>	10A NCAC 14B .0229
<u>Chemical Dependency (Substance Abuse) Adult Detox-Only Be...</u> <u>Repeal/*</u>	10A NCAC 14B .0230
<u>Intermediate Care Beds for the Mentally Retarded Need Dee...</u> <u>Repeal/*</u>	10A NCAC 14B .0231
<u>Policies for General Acute Care Hospitals</u> <u>Repeal/*</u>	10A NCAC 14B .0232

<u>Policies for Cardiac Catheterization Equipment and Services</u> Repeal/*	10A NCAC 14B .0233
<u>Policies for Transplantation Services</u> Repeal/*	10A NCAC 14B .0234
<u>Policy for MRI Scanners</u> Repeal/*	10A NCAC 14B .0235
<u>Policy for Provision of Hospital-Based Long-Term Care Nur...</u> Repeal/*	10A NCAC 14B .0236
<u>Policy for Plan Exemption for Continuing Care Retirement ...</u> Repeal/*	10A NCAC 14B .0237
<u>Policy for Determination of Need for Additional Nursing B...</u> Repeal/*	10A NCAC 14B .0238
<u>Policy for Relocation of Certain Nursing Facility Beds</u> Repeal/*	10A NCAC 14B .0239
<u>Policy for Transfer of Beds from State Psychiatric Hospital...</u> Repeal/*	10A NCAC 14B .0240
<u>Policies for Relocation of Nursing Facility Beds</u> Repeal/*	10A NCAC 14B .0241
<u>Policies for Medicare-Certified Home Health Services</u> Repeal/*	10A NCAC 14B .0242
<u>Policy for Relocation of Dialysis Stations</u> Repeal/*	10A NCAC 14B .0243
<u>Policies for Psychiatric Inpatient Facilities</u> Repeal/*	10A NCAC 14B .0244
<u>Policy for Chemical Dependency Treatment Facilities</u> Repeal/*	10A NCAC 14B .0245
<u>Policies for Intermediate Care Facilities for Mentally Re...</u> Repeal/*	10A NCAC 14B .0246
<u>Applicability of Rules Related to the 2002 State Medical ...</u> Repeal/*	10A NCAC 14B .0251
<u>Certificate of Need Review Schedule</u> Repeal/*	10A NCAC 14B .0252
<u>Multi-County Groupings</u> Repeal/*	10A NCAC 14B .0253
<u>Service Areas and Planning Areas</u> Repeal/*	10A NCAC 14B .0254
<u>Reallocations and Adjustments</u> Repeal/*	10A NCAC 14B .0255
<u>Acute Care Bed Need Determination (Review Category A)</u> Repeal/*	10A NCAC 14B .0256
<u>Inpatient Rehabilitation Bed Need Determination (Review C...</u> Repeal/*	10A NCAC 14B .0257
<u>Operating Room Need Determinations (Review Category E)</u> Repeal/*	10A NCAC 14B .0258
<u>Open Heart Surgery Services Need Determination (Review Ca...</u> Repeal/*	10A NCAC 14B .0259
<u>Heart-Lung Bypass Machines Need Determination (Review Cat...</u> Repeal/*	10A NCAC 14B .0260
<u>Fixed Cardiac Catheterization/Angioplasty Equipment Need ...</u>	10A NCAC 14B .0261

<u>Repeal/*</u>	
<u>Shared Fixed Cardiac Catheterization/Angioplasty Equipment...</u> <u>Repeal/*</u>	10A NCAC 14B .0262
<u>Burn Intensive Care Services Need Determination (Review C...</u> <u>Repeal/*</u>	10A NCAC 14B .0263
<u>Bone Marrow Transplantation Services Need Determination (...</u> <u>Repeal/*</u>	10A NCAC 14B .0264
<u>Solid Organ Transplantation Services Need Determination (...</u> <u>Repeal/*</u>	10A NCAC 14B .0265
<u>Gamma Knife Need Determination (Review Category H)</u> <u>Repeal/*</u>	10A NCAC 14B .0266
<u>Lithotripter Need Determination (Review Category H)</u> <u>Repeal/*</u>	10A NCAC 14B .0267
<u>Radiation Oncology Treatment Centers Need Determination (...</u> <u>Repeal/*</u>	10A NCAC 14B .0268
<u>Positron Emission Tomography Scanners Need Determination ...</u> <u>Repeal/*</u>	10A NCAC 14B .0269
<u>Fixed Magnetic Resonance Imaging Scanners Need Determination...</u> <u>Repeal/*</u>	10A NCAC 14B .0270
<u>Magnetic Resonance Imaging Scanners Need Determination for...</u> <u>Repeal/*</u>	10A NCAC 14B .0271
<u>Fixed Magnetic Resonance Imaging Scanners Need Determination...</u> <u>Repeal/*</u>	10A NCAC 14B .0272
<u>Nursing Care Bed Need Determination (Review Category B)</u> <u>Repeal/*</u>	10A NCAC 14B .0273
<u>Adult Care Home Bed Need Determination (Review Category B)</u> <u>Repeal/*</u>	10A NCAC 14B .0274
<u>Medicare-Certified Home Health Agency Office Need Determination...</u> <u>Repeal/*</u>	10A NCAC 14B .0275
<u>Dialysis Station Need Determination Methodology for Review...</u> <u>Repeal/*</u>	10A NCAC 14B .0276
<u>Dialysis Station Need Determination Methodology for Review...</u> <u>Repeal/*</u>	10A NCAC 14B .0277
<u>Hospice Home Care Need Determination (Review Category F)</u> <u>Repeal/*</u>	10A NCAC 14B .0278
<u>Single County Hospice Inpatient Bed Need Determination (R...</u> <u>Repeal/*</u>	10A NCAC 14B .0279
<u>Contiguous County Hospice Inpatient Bed Need Determination</u> <u>Repeal/*</u>	10A NCAC 14B .0280
<u>Psychiatric Bed Need Determination (Review Category C)</u> <u>Repeal/*</u>	10A NCAC 14B .0281
<u>Chemical Dependency (Substance Abuse) Treatment Bed Need ...</u> <u>Repeal/*</u>	10A NCAC 14B .0282
<u>Chemical Dependency (Substance Abuse) Adult Detox-Only Be...</u> <u>Repeal/*</u>	10A NCAC 14B .0283
<u>Intermediate Care Beds for the Mentally Retarded Need Detox...</u> <u>Repeal/*</u>	10A NCAC 14B .0284
<u>Policies for General Acute Care Hospitals</u> <u>Repeal/*</u>	10A NCAC 14B .0285

<u>Policies for Nursing Care Facilities</u> Repeal/*	10A NCAC 14B .0289
<u>Policies for Medicare-Certified Home Health Services</u> Repeal/*	10A NCAC 14B .0291
<u>Policy for Relocation of Dialysis Stations</u> Repeal/*	10A NCAC 14B .0292
<u>Policies for Psychiatric Inpatient Facilities</u> Repeal/*	10A NCAC 14B .0293
<u>Policy for Chemical Dependency Treatment Facilities</u> Repeal/*	10A NCAC 14B .0294
<u>Policies for Intermediate Care Facilities for Mentally Re...</u> Repeal/*	10A NCAC 14B .0295

PUBLIC HEALTH, COMMISSION FOR

The rules in Chapter 41 concern epidemiology health.

The rules in Subchapter 41A deal with communicable disease control and include reporting of communicable diseases (.0100); control measures for communicable diseases including special control measures (.0200-.0300); immunization (.0400); purchase and distribution of vaccine (.0500); special program/project funding (.0600); licensed nursing home services (.0700); communicable disease grants and contracts (.0800); and biological agent registry (.0900).

<u>Control Measures - Hepatitis C</u> Adopt/*	10A NCAC 41A .0214
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COSMETIC ART EXAMINERS, BOARD OF

The rules in Subchapter 14B concern rule-making procedures including petitions for rule-making (.0100); notice (.0200); hearings (.0300); declaratory rulings (.0500); and fees (.0600).

<u>Control of Hearings</u> Amend/*	21 NCAC 14B .0307
<u>Waivers</u> Adopt/*	21 NCAC 14B .0607

The rules in Subchapter 14H are sanitation rules for both operators and facilities including shop licensing and physical dimension (.0200); cosmetic art shop and equipment (.0300); sanitation procedures and practices (.0400); and enforcement, maintenance of licensure (.0500).

<u>Application for Shop License</u> Adopt/*	21 NCAC 14H .0201
<u>Separation of Cosmetic Art Shops</u> Adopt/*	21 NCAC 14H .0202
<u>Newly Established Shops</u> Adopt/*	21 NCAC 14H .0203
<u>Dimensions of Cosmetic Art Shops</u> Adopt/*	21 NCAC 14H .0204
<u>Water Supply</u> Adopt/*	21 NCAC 14H .0301
<u>Ventilation and Light</u> Adopt/*	21 NCAC 14H .0302

<u>Bathroom Facilities</u> Adopt/*	21 NCAC 14H .0303
<u>Equipment</u> Adopt/*	21 NCAC 14H .0304
<u>Licensees and Students</u> Adopt/*	21 NCAC 14H .0401
<u>Cosmetic Art Shops and Schools</u> Adopt/*	21 NCAC 14H .0402
<u>Disinfections Procedures</u> Adopt/*	21 NCAC 14H .0403
<u>First Aid</u> Adopt/*	21 NCAC 14H .0404
<u>Inspection of Cosmetic Art Shops</u> Adopt/*	21 NCAC 14H .0501
<u>Failure to Permit Inspection</u> Adopt/*	21 NCAC 14H .0502
<u>Sanitary Ratings and Posting of Ratings</u> Adopt/*	21 NCAC 14H .0503
<u>Systems of Grading Beauty Establishments</u> Adopt/*	21 NCAC 14H .0504
<u>Rule Compliance and Enforcement Measures</u> Adopt/*	21 NCAC 14H .0505

The rules in Subchapter 14R are continuing education rules.

<u>Continuing Education</u> Adopt/*	21 NCAC 14R .0105
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LOCKSMITH LICENSING BOARD

The rules in Chapter 29 include general rules (.0100); rules about examinations (.0200); licensing requirements (.0400); code of ethics (.0500); administrative law procedures (.0600); license renewal requirements (.0700); and continuing education (.0800).

<u>Exemption from Examination</u> Repeal/*	21 NCAC 29 .0405
<u>Protection of the Public Interest</u> Amend/*	21 NCAC 29 .0503
<u>Requirements</u> Amend/*	21 NCAC 29 .0802