Burgos, Alexander N

Subject: FW: Medical Care Commission RFC for March 2024

From: Ascher, Seth M <seth.ascher@oah.nc.gov>
Sent: Thursday, March 14, 2024 4:47 PM
To: Corpening, Taylor <taylor.corpening@dhhs.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: RE: Medical Care Commission RFC for March 2024

Taylor,

Thank you for your prompt response, and understanding my misnumbering on the RFC. I anticipate recommending approval of the final revised version of these rules, and they should be updated on the website agenda in the next couple of days.

Sincerely,

Seth Ascher
Counsel to the North Carolina Rules Review Commission
Office of Administrative Hearings
(984) 236-1934

Burgos, Alexander N

Subject: FW: Medical Care Commission RFC for March 2024
Attachments: MCC RFC March 2024 (002).docx; Form0400PermRule 10A NCAC 13P .0407.docx; 10A NCAC 13P .0102.docx; 10A NCAC 13P .0207.docx

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From: Corpening, Taylor <taylor.corpening@dhhs.nc.gov>
Sent: Monday, March 11, 2024 1:20 PM
To: Ascher, Seth M <seth.ascher@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: RE: Medical Care Commission RFC for March 2024

Hello,

Attached are our responses, as well as updated rules and forms.

Please let me know if you need anything else.

Thanks,
Taylor Corpening
Rule-making Coordinator
Division of Health Service Regulation
NC Department of Health and Human Services

Work Cell: 919-896-9371
Office: 919-855-4619
Fax: 919-733-2757
taylor.corpening@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2701 Mail Service Center
Raleigh, NC 27699-2701

Request for Changes Pursuant to N.C. Gen. Stat. § 150B-21.10

Staff reviewed these Rules to ensure that each Rule is within the agency's statutory authority, reasonably necessary, clear and unambiguous, and adopted in accordance with Part 2 of the North Carolina Administrative Procedure Act. Following review, staff has issued this document that may request changes pursuant to G.S. 150B-21.10 from your agency or ask clarifying questions.

If the request includes questions, please contact the reviewing attorney to discuss.

In order to properly submit rewritten rules, please refer to the following Rules in the NC Administrative Code:

- Rule 26 NCAC 02C .0108 – The Rule addresses general formatting.
- Rule 26 NCAC 02C .0404 – The Rule addresses changing the introductory statement.
- Rule 26 NCAC 02C .0405 – The Rule addresses properly formatting changes made after publication in the NC Register.

Note the following general instructions:

1. You must submit the revised rule via email to oah.rules@oah.nc.gov. The electronic copy must be saved as the official rule name (XX NCAC XXXX).
2. For rules longer than one page, insert a page number.
3. Use line numbers; if the rule spans more than one page, have the line numbers reset at one for each page.
4. Do not use track changes. Make all changes using manual strikethroughs, underlines and highlighting.
5. You cannot change just one part of a word. For example:
    - Wrong: "~~a~~Association"
    - Right: "~~association~~ Association"
6. Treat punctuation as part of a word. For example:
    - Wrong: "day~~,~~; and"
    - Right: "~~day,~~ day; and"
7. Formatting instructions and examples may be found at: https://www.oah.nc.gov/rule-format-examples

If you have any questions regarding proper formatting of edits after reviewing the rules and examples, please contact the reviewing attorney.

Seth Ascher
Commission Counsel
Date submitted to agency: March 7, 2023

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0101

DEADLINE FOR RECEIPT: March 20, 2024

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

On p. 5, line 9, I did not see where the incorporated material was at the provided link. I did find this link, which appears to be what you are talking about: https://www.ncems.org/nccepstandards.html. For the purposes of incorporation, the link in the rule needs to be to the thing being incorporated (such as the link I found, or a more precise link to where it is located on OEMS). The links you provide for subsequent incorporations (lines 18 and 29) are also examples of sufficiently precise links.

The first change was for .0101 on the request page, but should be .0102. The website link was updated specifically to the NCCEP information.

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

Seth Ascher
Commission Counsel
Date submitted to agency: March 7, 2023

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0207

DEADLINE FOR RECEIPT: March 20, 2024

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

On p. 2, line 8, I think you mean "Subparagraph (a)(8)". Done.

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

Seth Ascher
Commission Counsel
Date submitted to agency: March 7, 2023

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0407

DEADLINE FOR RECEIPT: March 20, 2024

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

The title on the form and the title on the rule are different. Which is correct? Update accordingly.

The form rule name is incorrect, should be REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM. The updated form is attached.

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

Seth Ascher
Commission Counsel
Date submitted to agency: March 7, 2023

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0503

DEADLINE FOR RECEIPT: March 20, 2024

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

On line 4, why isn't the addition of EMTs to this rule a substantive change post-publication?
The change for .0503, the addition of EMT should not be a substantive change. Rule .0502 specifies all credential levels of EMS personnel. The amendment proposed credentials listed in detail to distinguish the EMD credential which is changing to be valid for two years. EMT was inadvertently left out of the proposed amendment.

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

Seth Ascher
Commission Counsel
Date submitted to agency: March 7, 2023

10A NCAC 13P .0102 is amended as published in 38:06 NCR 308-332 as follows:

10A NCAC 13P .0102 DEFINITIONS

In addition to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:

(1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association identified with a specific county EMS system as a condition for EMS Provider Licensing as required by Rule .0204 of this Subchapter.

(2) "Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center ~~or there is~~ or a hospital with a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's patient population to the non-trauma center hospital.

(3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active participation, collaboration, and involvement in a process or system between two or more parties.

(4) "Alternative Practice Setting" means a practice setting that utilizes credentialed EMS personnel that may not be affiliated with or under the oversight of an EMS System or EMS System Medical Director.

(5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.

(6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft configured and operated to transport patients.

(7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical Director with the medical aspects of the management of a practice setting utilizing credentialed EMS personnel or medical crew members.

(8) "Bypass" means a decision made by the patient care technician to transport a patient from the scene of an accident or medical emergency past a receiving facility for the purposes of accessing a facility with a higher level of care, ~~or~~ by a hospital of its own volition ~~reroutes~~ to reroute a patient from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.

(9) "Community Paramedicine" means an EMS System utilizing credentialed personnel who have received additional training as determined by the EMS ~~system~~ System Medical Director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS ~~system~~ System plan.

(10) "Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or amendment of a designation.

(11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.

(12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the basis for a focused review or denial of a designation.

(13) "Department" means the North Carolina Department of Health and Human Services.

(14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.

(15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational programs.

(16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies and personnel that relate to the dispatch, response, treatment, and disposition of any patient.

(17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.

(18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.

(19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).

~~(20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one or more reports generated from the State EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.~~

~~(21)~~(20) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.

~~(22)~~(21) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks including public health, community health monitoring activities, and special needs populations.

~~(23)~~(22) "Essential Criteria" means those items that are the requirements for the respective level of trauma center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.

~~(24)~~(23) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies that are a result of deficiencies following a site visit.

~~(25)~~(24) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for specialty care, emergency, or non-emergency medical care is anticipated either at the patient location or during transport.

~~(26)~~(25) "Hospital" means a licensed facility as defined in G.S. 131E-176 or an acute care in-patient diagnostic and treatment facility located within the State of North Carolina that is owned and operated by an agency of the United States government.

~~(27)~~(26) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems, and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance improvement, and research resulting in integrated trauma care.

~~(28)~~(27) "Infectious Disease Control Policy" means a written policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.

~~(29)~~(28) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves as the coordinating entity for trauma planning.

~~(30)~~(29) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research, and total care for every aspect of injury from prevention to rehabilitation.

~~(31)~~(30) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of the injury, but may lack the comprehensive care as a Level I trauma center, and does not have trauma research as a primary objective.

~~(32)~~(31) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.

~~(33)~~(32) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed or registered in North Carolina and are affiliated with a SCTP.

~~(34)~~(33) "Medical Director" means the physician responsible for the medical aspects of the management of a practice setting utilizing credentialed EMS personnel or medical crew members, or a Trauma Center.

~~(35)~~(34) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of a practice setting utilizing credentialed EMS personnel or medical crew members. Medical Oversight includes physician direction of the initial education and continuing education of EMS personnel or medical crew members; development and monitoring of both operational and treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew members; participation in system or program evaluation; and directing, by two-way voice communications, the medical care rendered by the EMS personnel or medical crew members.

~~(36)~~(35) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for the healthcare provider program needs.

~~(37)~~(36) "Office of Emergency Medical Services" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at 1201 Umstead Drive, Raleigh, North Carolina 27603.

~~(38)~~(37) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel through direct communication in-person, via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional.

~~(39)~~(38) "Operational Protocols" means the administrative policies and procedures of an EMS System or that provide guidance for the day-to-day operation of the system.

~~(40)~~(39) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board to practice medicine in the state of North Carolina.

~~(41)~~(40) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group representing trauma care providers and the community, for the purpose of regional planning, establishing, and maintaining a coordinated trauma system.

~~(42)~~(41) "Request for Proposal" means a State document that must be completed by each hospital seeking initial or renewal trauma center designation.

(42) "Specialized Ambulance Protocol Summary (SAPS) means a document listing of all standard medical equipment, supplies, and medications, approved by the Specialty Care or Air Medical Program Medical Director as sufficient to manage the anticipated number and severity of injury or illness of the patients, for all vehicles used in the program based on the treatment protocols and approved by the OEMS.

(43) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during compliance monitoring to exceed the ability of the local EMS System to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.

~~(44) "State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by the OEMS both in its daily operations and during times of disaster to identify, record, and monitor EMS, hospital, health care, and sheltering resources statewide, including facilities, personnel, vehicles, equipment, and pharmaceutical and supply caches.~~

~~(45)~~(44) "Specialty Care Transport Program" means a program designed and operated for the transportation of a patient by ground or air requiring specialized interventions, monitoring, and staffing by a paramedic who has received additional training as determined by the program Medical Director beyond the minimum training prescribed by the OEMS, or by one or more other healthcare professional(s) qualified for the provision of specialized care based on the patient's condition.

~~(46)~~(45) "Specialty Care Transport Program Continuing Education Coordinator" means a ~~Level II~~ Level I EMS Instructor within a SCTP who is responsible for the coordination of EMS continuing education programs for EMS personnel within the program.

~~(47)~~(46) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent position and may only be used in an ambulance vehicle permitted by the Department.

~~(48)~~(47) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.

~~(49)~~(48) "System Continuing Education Coordinator" means the Level II EMS Instructor designated by the local EMS System who is responsible for the coordination of EMS continuing education programs.

~~(50)~~(49) "System Data" means all information required for daily electronic submission to the OEMS by all EMS Systems using the EMS data set, data dictionary, and file format as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated herein by reference including subsequent amendments and editions. This document is available from the ~~OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at www.ncems.org~~ OEMS at ~~https://oems.nc.gov~~ https://oems.nc.gov/systems at no cost.

~~(51)~~(50) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe injury.

~~(52)~~(51) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North Carolina Trauma Registry Data Dictionary," incorporated herein by reference, including subsequent amendments and editions. This document is available from the ~~OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and~~ OEMS online at ~~https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html~~ https://oems.nc.gov/wp-content/uploads/2022/10/datadictionary.pdf at no cost.

~~(53)~~(52) "Trauma Program" means an administrative entity that includes the trauma service and coordinates other trauma-related activities. It shall also include the trauma Medical Director, trauma program manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it the ability to interact with at least equal authority with other departments in the hospital providing patient care.

~~(54)~~(53) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes, and costs of treatment for injured patients collected and electronically submitted as defined by the OEMS. The elements of the Trauma Registry can be accessed ~~at https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html~~ online at https://oems.nc.gov/wp-content/uploads/2022/10/datadictionary.pdf at no cost.

~~(55)~~(54) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and patient-care-related policies that shall be completed by EMS personnel or medical crew members based upon the assessment of a patient.

~~(56)~~(55) "Triage" means the assessment and categorization of a patient to determine the level of EMS and healthcare facility based care required.

(~~57~~)(56) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients.

History Note: *Authority G.S. 131E-155(6b); 131E-162; 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-508(d)(13); 143-518(a)(5);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
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;
Readopted Eff. January 1, 2017;
Amended Eff. April 1, 2024; July 1, 2021; September 1, 2019; July 1, 2018.

SUBMISSION FOR PERMANENT RULE

1. Rule-Making Agency: N.C. Medical Care Commission

2. Rule citation & name (name not required for repeal): 10A NCAC 13P .0407/REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM

3. Action:
☐ **ADOPTION** ☒ **AMENDMENT** ☐ **REPEAL** ☐ **READOPTION** ☐ **REPEAL through READOPTION**

4. Rule exempt from RRC review?
☐ **Yes. Cite authority:**
☒ **No**

5. Rule automatically subject to legislative review?
☐ **Yes. Cite authority:**
☒ **No**

6. Notice for Proposed Rule:

☒ **Notice Required**
Notice of Text published on: 09/15/23
Link to Agency notice: https://info.ncdhhs.gov/dhsr/ruleactions.html
Hearing on: 11/08/23
Adoption by Agency on: 02/02/24
☐ **Notice not required under G.S.:**
Adoption by Agency on:

7. Rule establishes or increases a fee? (See G.S. 12-3.1)

☐ **Yes**
Agency submitted request for consultation on:
Consultation not required. Cite authority:

☒ **No**

8. Fiscal impact. Check all that apply.

☒ **This Rule was part of a combined analysis.**

☒ **State funds affected**
☒ **Local funds affected**
☐ **Substantial economic impact (≥$1,000,000)**
☒ **Approved by OSBM**
☐ **No fiscal note required**

9. REASON FOR ACTION

9A. What prompted this action? Check all that apply:

☒ **Agency**
☐ **Court order / cite:**
☐ **Federal statute / cite:**
☐ **Federal regulation / cite:**
☐ **Legislation enacted by the General Assembly**
Cite Session Law:
☐ **Petition for rule-making**
☐ **Other:**

9B. Explain: The N.C. Medical Care Commission is amending this rule by adding language that strengthen EMS medical oversight of the EMD agency complying with subsequent additions and compliance standards defined by the EMDPRS program and the EMS System, addressing an issue of rosters not being updated in a timely manner to reflect the current roster of credentialed EMD personnel functioning under medical oversight, and minor technical changes.

10. Rulemaking Coordinator: Taylor Corpening

Phone: 919-855-4619
E-Mail: taylor.corpening@dhhs.nc.gov

Additional agency contact, if any:
Phone:
E-Mail:

11. Signature of Agency Head* or Rule-making Coordinator:

Taylor Corpening

***If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Taylor Corpening
Title: Rule-making Coordinator

RRC AND OAH USE ONLY

Action taken:

☐ RRC extended period of review:
☐ RRC determined substantial changes:
☐ Withdrawn by agency
☐ Subject to Legislative Review
☐ Other:

SUBMISSION FOR PERMANENT RULE

10A NCAC 13P .0207 is amended as published in 38:06 NCR 308-332 as follows:

10A NCAC 13P .0207 GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

(a) To be permitted as a Ground Ambulance, a vehicle shall have:

(1) a patient compartment that meets the following interior dimensions:

(A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and

(B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment;

(2) patient care equipment and supplies as defined in the "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 editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost.~~ Collection." The equipment and supplies shall be clean, in working order, and secured in the vehicle;

(3) other equipment that includes:

(A) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge; and

(B) the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the ambulance;

(4) the name of the EMS Provider permanently displayed on each side of the vehicle;

(5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;

(6) emergency warning lights and audible warning devices mounted on the vehicle as required by ~~G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards.~~ G.S. 20-125. All warning devices shall function properly;

(7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;

(8) an operational two-way radio that:

(A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;

(B) has ~~sufficient~~ the range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;

(C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;

(D) is equipped with a radio control device ~~mounted~~ in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and

(E) is licensed or authorized by the FCC;

(9) permanently installed heating and air conditioning systems; and

(10) a copy of the EMS System patient care treatment protocols.

(b) Ground ambulances ~~shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.~~ permitted by the OEMS that do not back up the 911 EMS System shall be exempt from requirements for two-way radio communications as defined in Subparagraph(a)(8) of this Rule. A two-way radio or radiotelephone device such as a cellular telephone shall be available to summon emergency assistance.

(c) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

History Note: *Authority G.S. 131E-157(a); 143-508(d)(8);*
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009; January 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, ~~2016.~~ 2016;
Amended Eff. April 1, 2024.

Burgos, Alexander N

From: Ascher, Seth M
Sent: Thursday, March 7, 2024 4:18 PM
To: Corpening, Taylor
Cc: Burgos, Alexander N
Subject: Medical Care Commission RFC for March 2024
Attachments: MCC RFC March 2024.docx; Pre-review 10A NCAC 13P Comments response.docx

Good afternoon,

I'm the attorney who reviewed the Rules submitted by the Medical Care Commission for the March 2024 RRC meeting. The RRC will formally review these Rules at its meeting on Wednesday, March 27, 2024, at 10:00 a.m. The meeting will be a hybrid of in-person and WebEx attendance, and an evite should be sent to you as we get close to the meeting. If there are any other representatives from your agency who want to attend virtually, let me know prior to the meeting, and we will get evites out to them as well.

Attached is the Request for Changes Pursuant to G.S. 150B-21.10. Please submit the revised Rules and forms to me via email, no later than 5 p.m. on March 20, 2024. Note that I also intend to provide the RRC with the agency's response to my questions in the pre-review, since those responses addressed questions that would otherwise be part of the RFC. I've also attached a copy of that here in the event that you want to update or supplement those responses.

Please let me know if you have any questions of concerns.

Seth Ascher
Counsel to the North Carolina Rules Review Commission
Office of Administrative Hearings
(984) 236-1934

Medical Care Commission Emergency Services Rules

Pre-Review: 10A NCAC 13P

Seth Ascher

May 2023

10A NCAC 13P .0102

- P.1, lines 8 and 9, I think there is a grammar problem. As written, "affiliated hospital" could mean "there is a contract or other agreement." Consider rephrasing: "or a hospital with ~~there is~~ a contract or other agreement to allow . . ." Changed
- P.1, line 26, consider rephrasing to "or by a hospital of its own volition to reroute ~~reroutes.~~" Changed
- P. 2, line 4, I don't understand this definition. Diversion – the hospital may temporarily be unable to accept incoming ambulance patients due to reasons that may include no ED or inpatient beds available, the ED may be overwhelmed, staffing or physician shortage, or an adverse event (ruptured water main, hospital on lockdown, etc.).
- P. 2, line 33, consider structuring like water and air ambulance definitions, "automobile ~~ambulance~~". Ground ambulance is an industry term, utilized by the Commission on Accreditation for Ambulance Services. (The CAAS standard for the manufacture or remount of vehicles is titled "Ground Vehicle Standards for Ambulances 3.0). NC GS 131E-155(1a) defines an ambulance. OEMS Rules define the types of ambulances as ground, air (fixed wing and rotary wing), bus, and watercraft. The OEMS regulated public understands the reference.

10A NCAC 13P .0201

- P.1, line 10, do you mean to specifically use "citizens? If not, consider "residents" or "people"? We believe it should be citizens. The reference in (a) is the "County governments," EMS System requirements define the components to provide services to their citizens.
- P. 3, line 9, "a written policy describing how the agency". Changed

10A NCAC 13P .0217

- P. 1, line 17, does this mean "five one-pound fire extinguishers" or "one five-pound fire extinguisher"? Or something else? Changed to five-pound

10A NCAC 13P .0221

- P. 1, line 26, as phrased I am not sure if you mean that the ambulance contains only supplies that are approved by the medical director, or that the ambulance contains all **supplies** required by the medical director. For hospital-to-hospital transfer for patients may require a "higher" level of care. The term "approve" is used throughout OEMS Rules to clarify the Medical Director has formally "approved" (signed) all necessary documents for submission to OEMS. This may include protocols, equipment, version of EMD used, and the continuing education plan. While the ground ambulance is required

to have the equipment and supplies listed on the OEMS inspection form, the Medical Director may determine the appropriate staffing and medications/equipment needed based on patient acuity (the "mission"). The OEMS regulated public understands the reference.

10A NCAC 13P .0224

- Is paragraph (d) still necessary? We left the paragraph in due ambulances that are still in service manufactured prior to the refenced federal standard expiration date.

10A NCAC 13P .0301

- P. 1, line 30, similar to .0221, consider "identified ~~approved~~ by the Medical Director"
- The term "approve" is used throughout OEMS Rules to clarify the Medical Director has formally "approved" (signed) all necessary documents for submission to OEMS. This may include protocols, equipment, version of EMD used, and the continuing education plan. While the ground ambulance is required to have the equipment and supplies listed on the OEMS inspection form, the Medical Director may determine the appropriate staffing and medications/equipment needed based on patient acuity (the "mission"). The OEMS regulated public understands the reference.

10A NCAC 13P .0401

- P.1, line 7, I'm not sure why the rule lists "for adult and pediatric patients". Isn't that all patients? Initial education for EMS personnel distinguishes unique differences between adult and pediatric care. The NCCEP protocols are divided into adult and pediatric sections. While the protocols do encompass all patients, our regulated public understands the reference.
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10A NCAC 13P .0403

- P. 2, line 3, possible typo "physician medical oversight [~~of~~] to a licensed". Changed to "for" a licensed provider. Referencing medical oversight for that provider/agency.
- P. 2, line 4, possible typo "Any decision [~~for~~] delegating". Changed
- P.2, line 7, I'm not sure why the rule lists "for adult and pediatric patients". Isn't that all patients?
- P.2, line 18, instead of "during", do you mean "after"? No, "during" should remain. If the Medical Director decides continuing to allow the EMS personnel poses a safety risk to the public, the Medial Director may act if necessary to protect the public.
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10A NCAC 13P .0404

- P. 1, line 14, "~~approve~~ approving. Changed
- P. 1, line 25, instead of "during", do you mean "after"? No, "during" should remain. If the Medical Director decides continuing to allow the EMS personnel poses a safety risk to the public, the Medial Director may act if necessary to protect the public.

10A NCAC 13P .0410

- P.1, line 27, I'm not sure I understand this. Wouldn't there only be one Trauma RAC which contained the majority of the hospitals? The Trauma RAC is typically made up of affiliated hospitals in their respective catchment area having identified referral patterns for trauma patients transferred to that respective Trauma Center. Air Medical Programs are a regional resource, provide mutual aid to other Air Medical Programs as necessary, and may transport to multiple trauma centers.
- P.2, lines 2 and 3, possible grammar issue. Consider, "safety, ensuring that" and "and ~~arrange~~ arranging for". Changed

10A NCAC 13P .0503

- Line 5, "and the EMD". Changed

10A NCAC 13P .1505

- P. 1, line 9, "include" implies that there are other reasons for denial that are not listed, which could raise clarity issues. Looking at the edit, I think you used to mean these to be the only two reasons for denial. Consider "Reasons for denial are". Changed