AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0101

### DEADLINE FOR RECEIPT: March 20, 2024

# <u>PLEASE NOTE:</u> 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: <u>https://www.ncems.org/nccepstandards.html</u>. 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.

1	10A NCAC 13P .0101 is amended with changes as published in 38:06 NCR 308-332 as follows:					
2						
3	SUBCHAPTER 13P – EMERGENCY MEDICAL SERVICES AND TRAUMA RUL	ES				
4						
5	SECTION .0100 – DEFINITIONS					
6						
7	10A NCAC 13P .0101 ABBREVIATIONS					
8	As used in this Subchapter, the following abbreviations mean:					
9	(1) ACS: American College of Surgeons;					
10	(2) AEMT: Advanced Emergency Medical Technician;					
11	(3) AHA: American Heart Association;					
12	(4) ASTM: American Society for Testing and Materials;					
13	(5) CAAHEP: Commission on Accreditation of Allied Health Education Programs;					
14	(6) CPR: Cardiopulmonary Resuscitation;					
15	(7) ED: Emergency Department;					
16	(8) EMD: Emergency Medical Dispatcher;					
17	(9) EMDPRS: Emergency Medical Dispatch Priority Reference System;					
18	(9)(10) EMR: Emergency Medical Responder;					
19	(10)(11) EMS: Emergency Medical Services;					
20	(11)(12) EMS-NP: EMS Nurse Practitioner;					
21	(12)(13) EMS-PA: EMS Physician Assistant;					
22	(13)(14) EMT: Emergency Medical Technician;					
23	(14)(15) FAA: Federal Aviation Administration;					
24	(15)(16) FCC: Federal Communications Commission;					
25	(16)(17) ICD: International Classification of Diseases;					
26	(17)(18) ISS: Injury Severity Score;					
27	(18) MICN: Mobile Intensive Care Nurse;					
28	(19) NHTSA: National Highway Traffic Safety Administration;					
29	(20) OEMS: Office of Emergency Medical Services;					
30	(21) OR: Operating Room;					
31	(22) PSAP: Public Safety Answering Point;					
32	(23) RAC: Regional Advisory Committee;					
33	(24) RFP: Request For Proposal;					
34	(25) SCTP: Specialty Care Transport Program;					
35	(26) SMARTT: State Medical Asset and Resource Tracking Tool;					
36	(27)(26) STEMI: ST Elevation Myocardial Infarction; and					
37	(28)(27) US DOT: United States Department of Transportation.					

## 1/5/24

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2	History Note:	Authority G.S. 143-508(b);
3		Temporary Adoption Eff. January 1, 2002;
4		Eff. April 1, 2003;
5		Amended Eff. January 1, 2009; January 1, 2004;
6		Readopted Eff. January 1, 2017;
7		Amended Eff. <u>April 1, 2024;</u> July 1, 2021.

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0207

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

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

1	10A NCAC 13P .0207 is amended as published in 38:06 NCR 308-332 as follows:					
2						
3	10A NCAC 13P	.0207 GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS				
4	(a) To be permitted as a Ground Ambulance, a vehicle shall have:					
5	(1)	a patient compartment that meets the following interior dimensions:				
6		(A) the length, measured on the floor from the back of the driver's compartment, driver's seat				
7		or partition to the inside edge of the rear loading doors, is at least 102 inches; and				
8		(B) the height is at least 48 inches over the patient area, measured from the approximate center				
9		of the floor, exclusive of cabinets or equipment;				
10	(2)	patient care equipment and supplies as defined in the "North Carolina College of Emergency				
11		Physicians: Standards for Medical Oversight and Data Collection," incorporated by reference in				
12		accordance with G.S. 150B 21.6, including subsequent amendments and editions. This document				
13		is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no				
14		cost. Collection." The equipment and supplies shall be clean, in working order, and secured in the				
15		vehicle;				
16	(3)	other equipment that includes:				
17		(A) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or				
18		all-purpose type and has a pressure gauge; and				
19		(B) the availability of one pediatric restraint device to safely transport pediatric patients and				
20		children under 40 pounds in the patient compartment of the ambulance;				
21	(4)	the name of the EMS Provider permanently displayed on each side of the vehicle;				
22	(5)	reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;				
23	(6)	emergency warning lights and audible warning devices mounted on the vehicle as required by G.S.				
24		20-125 in addition to those required by Federal Motor Vehicle Safety Standards. G.S. 20-125. All				
25		warning devices shall function properly;				
26	(7)	no structural or functional defects that may adversely affect the patient, the EMS personnel, or the				
27		safe operation of the vehicle;				
28	(8)	an operational two-way radio that:				
29		(A) is mounted to the ambulance and installed for safe operation and controlled by the				
30		ambulance driver;				
31		(B) has sufficient the range, radio frequencies, and capabilities to establish and maintain two-				
32		way voice radio communication from within the defined service area of the EMS System				
33		to the emergency communications center or PSAP designated to direct or dispatch the				
34		deployment of the ambulance;				
35		(C) is capable of establishing two-way voice radio communication from within the defined				
36		service area to the emergency department of the hospital(s) where patients are routinely				
37		transported and to facilities that provide on-line medical direction to EMS personnel;				

1		(D)	is equipped with a radio control device mounted in the patient compartment capable of			
2			operation by the patient attendant to receive on-line medical direction; and			
3		(E)	is licensed or authorized by the FCC;			
4	(9)	perman	ently installed heating and air conditioning systems; and			
5	(10)	a copy	of the EMS System patient care treatment protocols.			
6	(b) Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-					
7	way radio voice communication. permitted by the OEMS that do not back up the 911 EMS System shall be exempt					
8	from requirements for two-way radio communications as defined in Subparagraph (8) of this Rule. A two-way radio					
9	or radiotelephone device such as a cellular telephone shall be available to summon emergency assistance.					
10	(c) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in					
11	addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.					
12						
13	History Note:	Authori	ty G.S. 131E-157(a); 143-508(d)(8);			
14		Тетрог	ary Adoption Eff. January 1, 2002;			
15		Eff. Apr	ril 1, 2003;			
16		Amende	ed Eff. January 1, 2009; January 1, 2004;			
17		Pursua	nt to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2,			
18		<del>2016.</del> <u>2</u>	<u>016:</u>			
19		<u>Amende</u>	ed Eff. April 1, 2024.			

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P .0407

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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.

1 10A NCAC 13P .0407 is amended as published in 38:06 NCR 308-332 as follows:

# 3 10A NCAC 13P.0407 REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY 4 REFERENCE SYSTEM

5 (a) EMDPRS used by an EMD within an approved EMD program shall:

6 (1) be approved by the OEMS Medical Director and meet or exceed the statewide standard for
 7 EMDPRS as defined by the "North Carolina College of Emergency Physicians: Standards for
 8 Medical Oversight and Data Collection," incorporated by reference in accordance with G.S. 150B 9 21.6, including subsequent amendments and editions. This document is available from the OEMS,
 10 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no cost; and Collection;"

- 11(2)not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to12G.S. <u>143-514</u>, <u>143-514</u>;
- 13 (3) have a written plan how the agency is to maintain a current roster of EMD personnel in the OEMS
   14 credentialing and information database;
- 15
   (4) have a written plan how the emergency medical dispatching agency applying the principles of EMD

   16
   or offering EMD services, procedures, or program will comply with subsequent editions and

   17
   compliance standards defined by the EMDPRS program and the EMS System; and
- 18 (5) participate and report compliance data at EMS System peer review meetings.

19 (b) An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical

20 Director for approval. Any change in the EMDPRS shall be submitted to the OEMS Medical Director for review and

21 approval at least 30 days prior to the implementation of the change.

22

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23 *History Note: Authority G.S.* 143-508(b); 143-509(12);

24 Temporary Adoption Eff. January 1, 2002;

25 *Eff. April 1, 2003;* 

26 Amended Eff. January 1, 2004;

27 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2,

28 <del>2016.</del> <u>2016;</u>

29 <u>Amended Eff. April 1, 2024.</u>

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13P.0503

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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 postpublication?

1 10A NCAC 13P .0503 is amended <u>with changes</u> as published in 38:06 NCR 308-332 as as follows:

## 3 10A NCAC 13P .0503 TERM OF CREDENTIALS FOR EMS PERSONNEL

4 Credentials for EMS Personnel EMR, EMT, AEMT, Paramedic, and Instructor credentials shall be valid for a period 5 of four years, and the EMD credential shall be valid for a period of two years, barring any delay in expiration as set 6 forth in Rule .0504(f) Rule .0504 of this Section. 7 8 *History Note:* Authority G.S. 131E-159(a); 9 Temporary Adoption Eff. January 1, 2002; 10 *Eff. April 1, 2003;* 11 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 12 2016; 13 Amended Eff. April 1, 2024; January 1, 2017.

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