

1 10A NCAC 13P .0410 is proposed for adoption as follows:

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3 **10A NCAC 13P .0410 COMPONENTS OF MEDICAL OVERSIGHT FOR AIR MEDICAL PROGRAMS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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