

1 10A NCAC 13P .0410 is proposed for amendment 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:~~
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)(a)~~ Licensed EMS providers seeking to offer rotary-wing or fixed-wing air medical program services within North
8 Carolina shall receive approval from the OEMS prior to beginning operation.

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

12 ~~(d)(c)~~ 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 of this Subchapter;
- 20 (5) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter;
- 21 (6) populate and maintain a roster in the North Carolina database for all air medical crew members,
22 Medical Directors, and staff identified by the program to serve as primary and secondary
23 administrative contacts;
- 24 (7) all medical crew members operating in North Carolina shall maintain a North Carolina license or
25 credential in accordance with the rules and regulations of the ~~appropriate~~ respective state licensing
26 or credentialing body;
- 27 (8) active membership in each Trauma RAC containing the majority of hospitals where the program
28 transports patients for admission;
- 29 (9) submit patient care data ~~into the PreHospital Medical Information System (PreMIS) electronically,~~
30 within 24 hours, to the OEMS EMS care database as defined in the "North Carolina College of
31 Emergency Physicians: Standards for Medical Oversight and Collection" for all interstate and
32 intrastate transports as set forth in Rule .0204 of this Subchapter;
- 33 (10) provide information regarding procedures performed during transport within North Carolina to
34 OEMS for quality management review as required by the "North Carolina College of Emergency
35 Physicians: Standards for Medical Oversight and Data Collection;"
- 36 (11) submit peer review materials to the receiving hospital's peer review committee for each patient
37 transported for admission; and

- 1 (12) a method providing for the coordinated dispatch of resources between air medical programs for
 2 scene safety, ensuring that only the number of air medical resources needed respond to the incident
 3 location are provided, and ~~arrange~~ arranging for the receiving hospital to prepare for the incoming
 4 patient.

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

- 8 (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is
 9 based for comparison with North Carolina standards as set forth in the "North Carolina College of
 10 Emergency Physicians: Standards for Medical Oversight and Data Collection," and make any
 11 modifications identified by the OEMS to comply with the standards as set forth in Subparagraph
 12 ~~(d)(2)~~ (c)(2) of this Rule;
- 13 (2) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter, to be
 14 conducted at a location inside North Carolina at a time agreed upon by the Department and the Air
 15 Medical Program;
- 16 (3) submit written notification to the Department within three business days of receiving notice of any
 17 arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North
 18 Carolina credentialed or licensed medical crew member; and
- 19 (4) any medical crew member suspended by the Department shall be barred from patient contact when
 20 operating in North Carolina until such time as the case involving the medical crew member has been
 21 adjudicated or resolved as set forth in Rule .1507 of this Subchapter;

22 ~~(d)~~(e) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical
 23 Program as set forth in Rule .1503 of this Subchapter.

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 25 *History Note:* G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8);
 26 Eff. January 1, 2018; 2018;
 27 Amended Eff. April 1, 2024.