To: N.C. Medical Care Commission

From: DHSR Office of Emergency Medical Services

Re: Adoption of Chemical Dependency Treatment Program Rules

The Division is recommending the Medical Care Commission adopt OEMS rules 10A NCAC 13P .1401-.1405 which concerns the establishment of a recovery and rehabilitation program for EMS professions with chemical addition or abuse problems. The Commission granted approval to initiate rule-making at the 2/12/10 meeting. The rule amendment has been published in the N.C. Register, the public hearing has been held and one comment has been received.

In order to being the process of implementing this program, the rules are being proposed to accomplish the following:

- Define the component requirements of the treatment program;
- Establish criteria for eligibility to enter the program;
- Allow for the issuance of an encumbered EMS credential with limited and restricted practice privileges;
- Initiate revocation procedures for individuals failing to adhere to the treatment program; and
- Provide for the reissuance of the EMS credential upon successful completion of the treatment program.

Once codified, the OEMS plans on utilizing the list of treatment providers recommended by the N.C. Board of Nursing (BON) Alternate Program for Chemical Dependency, and initially contracting with the BON to monitor the participants for compliance with the individual's treatment program. Eventually, the OEMS will bring the monitoring in-house.

As a general note, the cost for the initial assessment, treatment, on-going monitoring, and body fluid screenings will be borne by the EMS professional. The OEMS estimates it will cost the individual between \$5,200 and \$15,000 to complete a three year program. The costs may vary dependant upon the severity of the addition and amount of time needed for rehabilitation.

One comment was received from Dr. Nicholas Benson. The proposed rules used the term "body fluid screenings" twice and used "urine and blood drug screenings" once. Dr. Benson requested that "body fluid screenings" replace the term "urine and blood drug screenings" because "body fluid screenings" is more universally applicable and more likely to stand the test of time as new methods of lab testing are developed. The requested change is reflected in 10A NCAC 13P .1401(b)(6)(D).

We are asking for adoption from the N.C. Medical Care Commission in order to proceed forward to the Rules Review Commission with these rules.

10A NCAC 13P .1401 is adopted with changes as published in NCR 24:22, pp. 1960-1961, as follows:

### SECTION 1400 – RECOVERY AND REHABILITATION OF CHEMICALLY DEPENDENT EMS PERSONNEL

## 10A NCAC 13P .1401 CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM REQUIREMENTS

(a) The OEMS shall provide a treatment program for aiding in the recovery and rehabilitation of EMS personnel subject to disciplinary action for being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of use of alcohol, drugs, chemicals, or any other type of material and who are recommended by the EMS Disciplinary Committee pursuant to G. S. 143-519.

#### (b) This program requires:

- (1) an initial assessment by a healthcare professional specialized in chemical dependency affiliated with the treatment program;
- (2) a specific treatment plan developed for the individual using the findings of the initial assessment;
- (3) random body fluid screenings;
- (4) the individual attend at least three self-help recovery meetings each week for the first year of participation, and a minimum of two each week for the remainder of participation in the treatment program;
- (5) monitoring of the individual for compliance with the treatment program; and
- (6) written progress reports available for review by the EMS Disciplinary Committee:
  - (A) upon completion of the initial assessment by the treatment program;
  - (B) upon request by the EMS Disciplinary Committee throughout the individual's participation in the treatment program;
  - (C) upon completion of the treatment program;
  - (D) of all urine or blood drug body fluid screenings showing chain of custody;
  - (E) by Therapist and Counselor; and
  - (F) listing attendance at self-help recovery meetings.

History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13); 143-519;

10A NCAC 13P .1402 is adopted as published in NCR 24:22, pp. 1960-1961, as follows:

# 10A NCAC 13P .1402 PROVISIONS FOR PARTICIPATION IN THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM

<u>Individuals recommended by the EMS Disciplinary Committee to enter the Treatment Program defined in Rule</u> .1401 of this Section may participate if:

- (1) the individual acknowledges, in writing, the actions which violated the performance requirements found in this Subchapter;
- (2) the individual has not been charged or convicted of diverting chemicals for the purpose of sale or distribution or dealing or selling illicit drugs;
- (3) the individual is not under investigation or subject to pending criminal charges by law enforcement;
- (4) the individual ceases in the direct delivery of any patient care and surrenders all EMS credentials until either the individual is eligible for issuance of an encumbered EMS credential pursuant to Rule .1403 of this Section, or has successfully completed the treatment program established in Rule .1401 of this Section; and
- (5) the individual agrees to accept responsibility for all costs including assessment, treatment, monitoring, and body fluid screening.

History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13); 143-519; <u>Eff. October 1, 2010.</u> 10A NCAC 13P .1403 is adopted as published in NCR 24:22, pp. 1960-1961, as follows:

#### 10A NCAC 13P .1403 CONDITIONS FOR RESTRICTED PRACTICE WITH LIMITED PRIVILEGES

- (a) Individuals who have surrendered their EMS credential as a condition of entry into the treatment program may be reviewed by the EMS Disciplinary Committee to determine if a recommendation to the OEMS for issuance of an encumbered EMS credential is warranted.
- (b) In order to be considered for restricted practice with limited privileges, an individual must:
  - (1) be compliant for a minimum of 90 consecutive days with the treatment program described in Paragraph (b) of Rule .1402 of this Section;
  - (2) be recommended in writing for review by the individual's treatment counselor;
  - (3) <u>be interviewed by the EMS Disciplinary Committee; and</u>
  - (4) be recommended in writing by the EMS Disciplinary Committee for issuance of an encumbered EMS credential. The EMS Disciplinary Committee shall detail in their recommendation to the OEMS all restrictions and limitations to the individual's practice privileges.
- (c) The individual must agree to sign a consent agreement with the OEMS which details the practice restrictions and privilege limitations of the encumbered EMS credential, and which contains the consequences of failure to abide by the terms of this agreement.
- (d) The individual will be issued the encumbered credential within 10 business days following execution of the consent agreement described in Paragraph (c).

History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13); 143-519;

10A NCAC 13P .1404 is adopted as published in NCR 24:22, pp. 1960-1961, as follows:

### 10A NCAC 13P .1404 REINSTATEMENT OF AN UNENCUMBERED EMS CREDENTIAL

Reinstatement of an unencumbered EMS credential is dependant upon the individual successfully completing all requirements of the treatment program as defined in this Section.

History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-509(13);

10A NCAC 13P .1405 is adopted as published in NCR 24:22, pp. 1960-1961, as follows:

# 10A NCAC 13P .1405 FAILURE TO COMPLETE THE CHEMICAL ADDICTION OR ABUSE TREATMENT PROGRAM

<u>Individuals</u> who fail to complete the treatment program, upon review and recommendation by the North Carolina EMS Disciplinary Committee to the OEMS, are subject to revocation of their EMS credential.

History Note: Authority G.S. 131E-159(f); 143-508(d)(10); 143-519;