

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**The North Carolina Medical Care Commission  
809 Ruggles Drive  
Raleigh, North Carolina**

**MINUTES**

**CALLED MEETING OF THE EXECUTIVE COMMITTEE  
CONFERENCE TELEPHONE MEETING ORIGINATING  
FROM THE COMMISSION'S OFFICE**

**October 19, 2011**

**2:00 P.M.**

**Members of the Executive Committee Present:**

Lucy Hancock Bode, Chairman  
Dr. George Binder  
Gerald P. Cox  
Charles T. Frock  
Dr. Robert E. Schaaf

**Members of the Executive Committee Absent:**

Joseph D. Crocker, Vice-Chairman

**Members of Staff Present:**

Drexdal Pratt, DHSR Director/MCC Secretary  
Christopher B. Taylor, CPA, Assistant Secretary  
Alice S. Creech, Bond Program Assistant

**Others Present:**

Kevin Dougherty, McGuire Woods, LLP  
Curtis Baker, BB&T Capital Markets  
Nadine Pfeiffer, DHSR Medical Facilities Planning Section  
Mandy Poole, DHSR Rule Making Coordinator  
Becky Wertz, DHSR Nursing Home Licensure Section  
Megan Lamphere, DHSR Adult Care Licensure Section

1. Series resolution authorizing the issuance of \$37,745,000 North Carolina Medical Care Commission Health Care Facilities First Mortgage Revenue Refunding Bonds (Friends Homes, Inc.), Series 2011, (2) Series resolution authorizing the approval of an Escrow Deposit Agreement for the defeasance of the Maria Parham Medical Center, Series 2003 Bonds with a Contribution Agreement Organizational Structure Chart and (3) certain rules related to Emergency Medical Services and Nursing Homes.
  
2. **SERIES RESOLUTION AUTHORIZING THE ISSUANCE OF \$37,745,000 NORTH CAROLINA MEDICAL CARE COMMISSION HEALTH CARE FACILITIES FIRST MORTGAGE REVENUE REFUNDING BONDS (FRIENDS HOMES, INC.), SERIES 2011** – Remarks were made by Curtis Baker and Kevin Dougherty

**Executive Committee Action:** A motion was made by Mr. Charles Frock, seconded by Dr. Robert Schaaf and unanimously approved.

**WHEREAS**, the North Carolina Medical Care Commission (the “Commission”) is a commission of the Department of Health and Human Services of the State of North Carolina and is authorized under Chapter 131A of the General Statutes of North Carolina, as amended (the “Act”), to borrow money and to issue in evidence thereof bonds and notes for the purpose of providing funds to pay all or any part of the cost of financing or refinancing health care facilities; and

**WHEREAS**, Friends Homes, Inc. (the “Corporation”) is a North Carolina nonprofit corporation and a “non-profit agency” within the meaning and intent of the Act, which owns and operates continuing care retirement facilities for the elderly in Greensboro, North Carolina; and

**WHEREAS**, the Commission has previously issued its Health Care Facilities First Mortgage Revenue Bonds (Friends Homes, Inc.), Series 2003 in the aggregate principal amount of \$45,165,000, of which \$37,745,000 principal amount is currently outstanding (the “Prior Bonds”), pursuant to that certain Trust Agreement, dated as of October 1, 2003, between the Commission and U.S. Bank National Association, as successor bond trustee, securing the Prior Bonds; and

**WHEREAS**, the Corporation has made an application to the Commission for a loan for the purpose of providing funds, together with other available funds, to refund the Prior Bonds; and

**WHEREAS**, the Commission has determined that the public will best be served by the proposed refinancing and, by a resolution adopted on September 15, 2011, has approved the issuance of the Bonds (as hereinafter defined), subject to compliance by the Corporation with the conditions set forth in such resolution, and the Corporation has complied with such conditions to the satisfaction of the Commission; and

**WHEREAS**, there have been presented at this meeting draft copies of the following documents relating to the issuance of the Bonds:

(a) the Contract of Purchase, to be dated November 1, 2011 (the "Contract of Purchase"), by and between the Local Government Commission of North Carolina (the "Local

(b) Government Commission") and Branch Banking and Trust Company (the "Bank"), and approved by the Commission and the Corporation;

(c) the Loan Agreement, to be dated as of November 1, 2011 (the "Loan Agreement"), by and between the Corporation and the Commission, pursuant to which the Commission will lend the proceeds of the Bonds to the Corporation;

(d) the Trust Agreement, to be dated as of November 1, 2011 (the "Trust Agreement"), by and between the Commission and U.S. Bank National Association, as bond trustee (the "Bond Trustee"), securing the Bonds;

(e) Supplemental Indenture for Obligation No. 3, to be dated as of November 1, 2011 ("Supplement No. 3"), by and between the Corporation and U.S. Bank National Association, as successor master trustee (the "Master Trustee"), supplementing the Master Trust Indenture, dated as of October 1, 2003 (the "Master Indenture"), by and between the Corporation and the Master Trustee;

(f) Obligation No. 3, to be dated the date of its issuance ("Obligation No. 3"), to be issued by the Corporation to the Commission and assigned by the Commission to the Bond Trustee;

(g) Supplemental Indenture for Obligation No. 4, to be dated as of November 1, 2011 ("Supplement No. 4"), by and between the Corporation and the Master Trustee, supplementing the Master Indenture;

(h) Obligation No. 4, to be dated the date of its issuance ("Obligation No. 4"), to be issued by the Corporation to the Bank;

(i) the Amendment to Deed of Trust, dated November 1, 2011, among the Corporation, the Deed of Trust Trustee and the Master Trustee, as Beneficiary, amending the Deed of Trust, dated as of October 16, 2003 (as amended, the "Deed of Trust"), among the Corporation, the Deed of Trust Trustee and the Master Trustee, as Beneficiary; and

(j) the Covenant Agreement, to be dated as of November 1, 2011 (the "Covenant Agreement"), by and between the Corporation and the Bank; and

**WHEREAS**, the Commission has determined that, taking into account historical financial performance and financial forecasts internally generated by the Corporation, the Corporation is financially responsible and capable of fulfilling its obligations under the Trust Agreement, the Loan Agreement, the Master Indenture, Supplement No. 3, Obligation No. 3, Supplement No. 4, Obligation No. 4 and the Covenant Agreement; and

**WHEREAS**, the Commission has determined that the public interest will be served by the proposed refinancing and that, taking into account historical financial performance and

financial forecasts internally generated by the Corporation, adequate provision has been made for the payment of the principal of, redemption premium, if any, and interest on the Bonds;

**NOW, THEREFORE, THE EXECUTIVE COMMITTEE OF THE NORTH CAROLINA MEDICAL CARE COMMISSION DOES HEREBY RESOLVE, as follows:**

**Section 1. Defined Terms.** Capitalized words and terms used in this Series Resolution and not defined herein shall have the same meanings in this Series Resolution as such words and terms are given in the Loan Agreement or the Trust Agreement.

**Section 2. Authorization of Bonds.** Pursuant to the authority granted to it by the Act, the Commission hereby authorizes the issuance of the North Carolina Medical Care Commission Health Care Facilities First Mortgage Revenue Refunding Bonds (Friends Homes, Inc.), Series 2011, in the aggregate principal amount of \$37,745,000 (the "Bonds"), dated the date of Closing, and having a final stated maturity date of September 1, 2033.

The Bonds shall be issued as fully registered bonds, initially in the denominations of \$100,000 and any integral multiple of \$5,000 in excess of \$100,000, and thereafter in denominations authorized by the provisions of the Trust Agreement. Commencing on the date of Closing, the Bonds shall bear interest at the Bank-Bought Rate, calculated as provided in the Trust Agreement. The initial Bank-Bought Minimum Holding Period shall commence on the date of the Closing and shall end on November 1, 2021. The initial Bank-Bought Rate shall be a rate of interest per annum equal to the sum obtained by adding (i) the product of (x) 78% and (y) One-Month LIBOR plus (ii) 1.60% per annum, adjusted monthly and in accordance with the terms of the Trust Agreement. Thereafter the Bonds shall bear interest as provided in the Trust Agreement. Interest on the Bonds shall be payable on each Interest Payment Date as provided in the Trust Agreement. Payments of principal and interest on the Bonds shall be forwarded by the Bond Trustee to the registered owners of the Bonds in such manner as is set forth in the Trust Agreement.

**Section 3. Redemption.** The Bonds shall be subject to extraordinary, optional and mandatory redemption at the times, upon the terms and conditions, and at the price set forth in the Trust Agreement. The Sinking Fund Requirements for the Bonds are set forth in Schedule 1 attached to this Series Resolution.

**Section 4. Optional and Mandatory Tender for Purchase.** The Bonds shall be subject to optional and mandatory tender for purchase at the times, upon the terms and conditions, and at the price set forth in the Trust Agreement.

**Section 5. Use of Bond Proceeds.** The Commission hereby finds that the use of the proceeds of the Bonds for the purpose described in the preamble to this Series Resolution accomplishes the public purposes set forth in the Act. The proceeds of the Bonds shall be applied as set forth in Section 2.10 of the Trust Agreement.

**Section 6. Authorization of Loan Agreement and Trust Agreement.** The forms, terms and provisions of the Loan Agreement and the Trust Agreement are hereby approved in all respects, and the Chairman, Vice Chairman or any member of the Commission designated in

writing by the Chairman of the Commission for such purpose and the Secretary or the Assistant Secretary of the Commission are hereby authorized and directed to execute and deliver the Loan Agreement and the Trust Agreement in substantially the forms presented to this meeting, together with such changes, modifications and deletions as they, with the advice of counsel, may deem necessary and appropriate, including but not limited to changes, modifications and deletions necessary to incorporate the final terms of the Bonds; and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

**Section 7. Authorization of Contract of Purchase.** The form, terms and provisions of the Contract of Purchase are hereby approved in all respects and the Chairman, Vice Chairman or any member of the Commission designated in writing by the Chairman of the Commission for such purpose is hereby authorized and directed to approve, by execution and delivery, the Contract of Purchase in substantially the form presented to this meeting, together with such changes, modifications, insertions and deletions as the Chairman, Vice Chairman or such member of the Commission, with the advice of counsel, may deem necessary and appropriate; and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

**Section 8. Forms of Bonds.** The forms of the Bonds set forth in the Trust Agreement are hereby approved in all respects and the Chairman, Vice Chairman or any member of the Commission designated in writing by the Chairman of the Commission for such purpose and the Secretary or the Assistant Secretary of the Commission are hereby authorized and directed to execute, by manual or facsimile signature as provided in such forms of the Bonds, and to deliver to the Bond Trustee for authentication on behalf of the Commission, the Bonds in definitive form, which shall be in substantially the forms presented to this meeting, together with such changes, modifications and deletions as they, with the advice of counsel, may deem necessary, appropriate and consistent with the Trust Agreement; and such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

**Section 9. Approval of Other Financing Documents.** The forms, terms and provisions of Supplement No. 3, Obligation No. 3, Supplement No. 4, Obligation No. 4, the Deed of Trust and the Covenant Agreement are hereby approved in substantially the forms presented at this meeting, together with such changes, modifications and deletions as the Chairman, Vice Chairman or any member of the Commission designated in writing by the Chairman of the Commission for such purpose, with the advice of counsel, may deem necessary and appropriate; and the execution and delivery of the Trust Agreement pursuant to Section 6 of this Series Resolution shall be conclusive evidence of the approval by the Commission of the agreements and instruments set forth in this Section 9.

**Section 10. Purchase of Bonds.** The Commission hereby approves the action of the Local Government Commission in awarding the Bonds to the Bank at a purchase price of \$37,745,000 (representing the aggregate principal amount of the Bonds). The Corporation will separately pay the Bank a fee of \$113,235.00 in consideration for such purchase.

Upon their execution in the form and manner set forth in the Trust Agreement, the Bonds shall be deposited with the Bond Trustee for authentication, and the Bond Trustee is hereby authorized and directed to authenticate the Bonds upon the due and valid execution of the Trust

Agreement, the Loan Agreement, Supplement No. 3, Obligation No. 3, Supplement No. 4, Obligation No. 4, the Contract of Purchase, the Deed of Trust and the Covenant Agreement by the parties thereto, and the Bond Trustee shall deliver the Bonds to the Bank against payment therefor.

**Section 11. Commission Representatives.** Drexdal R. Pratt, Secretary to the Commission, Christopher B. Taylor, C.P.A., Assistant Secretary to the Commission, Steven C. Lewis, Chief of the Construction Section of the Division of Health Service Regulation, and Kathy C. Larrison, Auditor to the Commission, are each hereby appointed a Commission Representative as that term is defined in the Loan Agreement, with full power to carry out the duties set forth therein.

**Section 12. Ancillary Actions.** The Chairman, the Vice Chairman, any member of the Commission designated in writing by the Chairman of the Commission for such purpose, the Secretary and the Assistant Secretary of the Commission are authorized and directed (without limitation except as may be expressly set forth herein) to take such action and to execute and deliver any such documents, certificates, undertakings, agreements or other instruments as they, with the advice of counsel, may deem necessary or appropriate to effect the transactions, including the refunding of the Prior Bonds, contemplated by the Trust Agreement, the Loan Agreement, the Master Indenture, Supplement No. 3, Obligation No. 3, Supplement No. 4, Obligation No. 4, the Contract of Purchase, the Deed of Trust and the Covenant Agreement.

**Section 13. Professional Fees.** A comparison of the professional fees as set forth in the resolution adopted by the Commission granting preliminary approval of this financing with the actual professional fees incurred in connection with this financing is attached to this Series Resolution as Schedule 2.

**Section 14. Effective Date.** This Series Resolution shall take effect immediately upon its passage.

**Schedule 1**

**Sinking Fund Requirements**

<u>Year</u> <u>(September 1)</u>	<u>Amount</u>
2012	\$1,080,000
2013	1,140,000
2014	1,190,000
2015	1,245,000
2016	1,300,000
2017	1,370,000
2018	1,425,000
2019	1,495,000
2020	1,565,000
2021	1,640,000
2022	1,555,000
2023	1,630,000
2024	1,705,000
2025	1,785,000
2026	1,865,000
2027	1,955,000
2028	2,045,000
2029	2,145,000
2030	2,240,000
2031	2,345,000
2032	2,455,000
2033*	2,570,000

\*Maturity

**Schedule 2**

**Professional Fees**

<u>Professional</u>	<u>Preliminary Approval</u>	<u>Actual</u>
Financial Advisor	\$25,000	\$25,000
Corporation Counsel	\$20,000	\$16,000
Bond Counsel	\$40,000	\$38,500
Bank Commitment Fee	\$117,300	\$113,235
Bank Counsel	\$35,000	\$35,000

3. **RESOLUTION AUTHORIZING THE EXECUTION AND DELIVERY OF AN ESCROW DEPOSIT AGREEMENT RELATING TO THE NORTH CAROLINA MEDICAL CARE COMMISSION HOSPITAL REVENUE BONDS (MARIA PARHAM MEDICAL CENTER), SERIES 2003** – Remarks were made by Kevin Dougherty

**Executive Committee Action:** A motion was made by Dr. George Binder, seconded by Mr. Charles Frock and unanimously approved with Dr. Robert Schaaf abstaining from the vote.

**WHEREAS**, the North Carolina Medical Care Commission (the “Commission”) has heretofore issued under and pursuant to a Trust Agreement, dated as of August 1, 2003, by and between the Commission and First-Citizens Bank & Trust Company, as bond trustee, its Hospital Revenue Bonds (Maria Parham Medical Center), Series 2003 (the “Prior Bonds”), in the aggregate principal amount of \$50,835,000, of which \$44,415,000 aggregate principal amount is outstanding and unpaid as of the date hereof; and

**WHEREAS**, the Commission has heretofore loaned the proceeds of the Prior Bonds to Maria Parham Medical Center, Inc. (the “Corporation”), a private, nonprofit corporation duly incorporated and validly existing under and by virtue of the laws of the State of North Carolina, which owns and operates health care facilities located in Henderson, North Carolina, under and pursuant to a Loan Agreement, dated as of August 1, 2003, by and between the Commission and the Corporation; and

**WHEREAS**, the Corporation has entered into that certain Contribution Agreement, dated as of July 22, 2011 (the “Contribution Agreement”), by and among the Corporation, Maria Parham Anesthesia and Physiatry Center, Inc., Maria Parham Healthcare Enterprises, Inc., Four County Primary Care, RLLP (collectively, the “MPMC Group”), DLP Healthcare, LLC (“DLP”) and DLP Maria Parham Medical Center, LLC (the “Joint Venture”); and

**WHEREAS**, the Contribution Agreement provides for, among other matters, (i) the contribution by MPMC Group of the Assets; (ii) the assumption by the Joint Venture of certain liabilities associated with the Assets; (iii) the issuance to the Corporation of Class A Units; ~~(iv)~~ DLP’s contribution of immediately available funds to the Joint Venture; (v) the Joint Venture’s distribution of the Cash Proceeds to the Corporation; and (vi) certain covenants and capital commitments relating to the business and operation of the Joint Venture and Facilities following the Closing (as each such term is defined in the Contribution Agreement); and

**WHEREAS**, the Corporation has presented to the Commission, in connection with such transaction, a draft of an Escrow Deposit Agreement, to be dated as of October 31, 2011 (the “Escrow Deposit Agreement”), by and among the Commission, the Corporation, and U.S. Bank National Association, as escrow agent, providing for the payment of the Prior Bonds; and



**WHEREAS**, the sufficiency of the amounts to be deposited in the Escrow Account created by the Escrow Deposit Agreement to pay the principal of and interest on the Prior Bonds to the maturity date or dates of such Prior Bonds or to the date specified for the redemption thereof, will be verified by The Arbitrage Group, Inc.; and

**WHEREAS**, the Commission has determined that the public interest will be served by entering into the Escrow Deposit Agreement;

**NOW, THEREFORE, THE EXECUTIVE COMMITTEE OF THE NORTH CAROLINA MEDICAL CARE COMMISSION DOES HEREBY RESOLVE, as follows:**

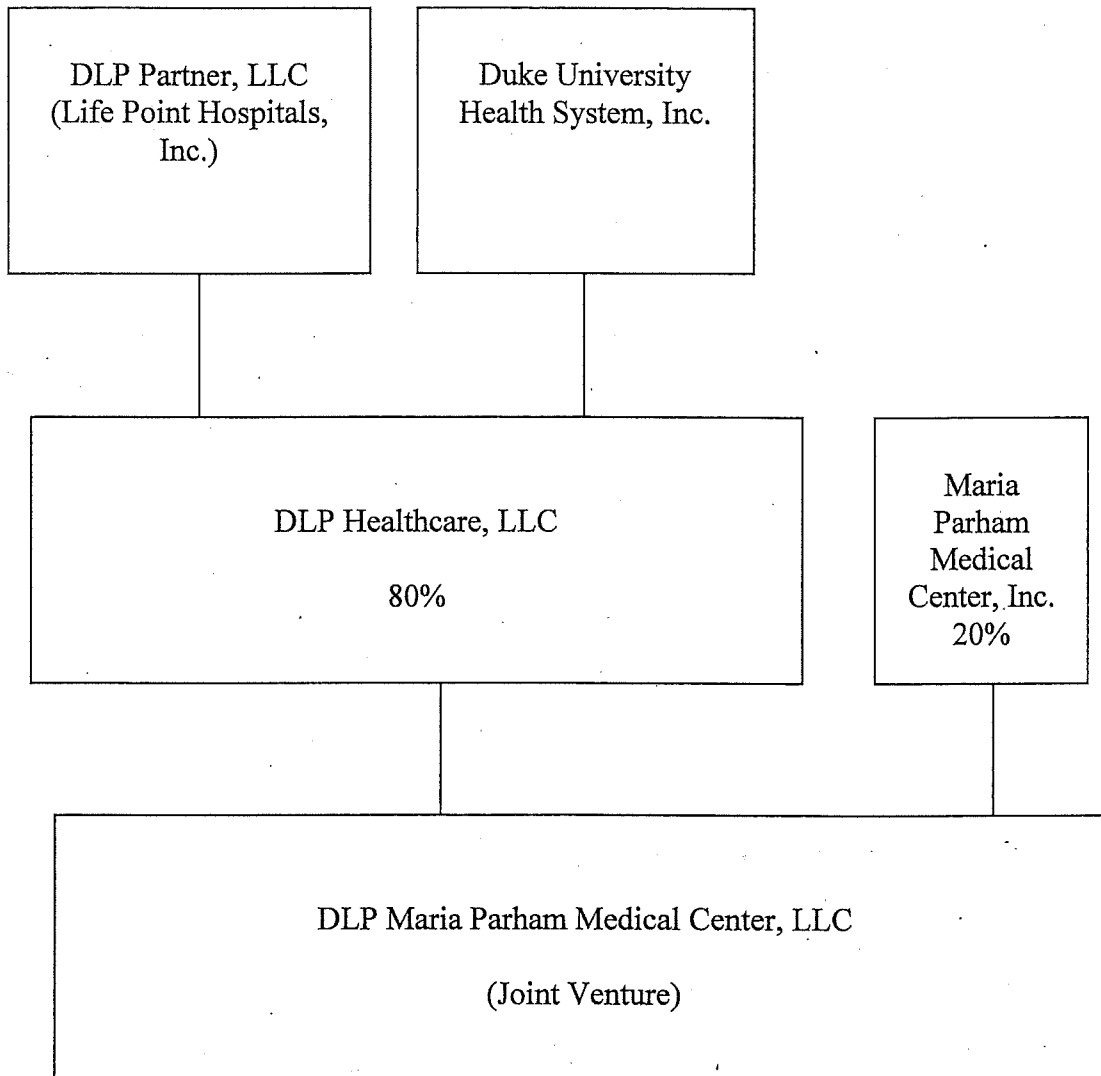
**Section 1.** The form, terms and provisions of the Escrow Deposit Agreement are hereby approved in all respects and the Chairman, Vice Chairman or any member of the Commission designated in writing by the Chairman of the Commission and the Secretary or any Assistant Secretary of the Commission are hereby authorized and directed to approve, by execution and delivery, the Escrow Deposit Agreement in substantially the form presented to this meeting, together with such changes, modifications, insertions and deletions as the Chairman, Vice Chairman or such designated member, with the advice of counsel, may deem necessary and appropriate; such execution and delivery shall be conclusive evidence of the approval and authorization thereof by the Commission.

**Section 2.** The Chairman, Vice Chairman, any member of the Commission designated in writing by the Chairman, the Secretary and any Assistant Secretary of the Commission are authorized and directed (without limitation except as may be expressly set forth herein) to take such action and to execute and deliver any such documents, certificates, undertakings, agreements or other instruments as they, with the advice of counsel, may deem necessary or appropriate to effect the transactions contemplated by the Escrow Deposit Agreement.

**Section 3.** This Resolution shall take effect immediately upon its passage.

#### 4. Contribution Agreement

##### Organizational Structure



5. The Medical Care Commission hereby agrees with the fiscal notes as presented to the Commission for the following two sets of rules. (1) Nursing Home Rules 10NCAC 13D and (2) OEMS Rule 10NCAC 13P.1508. The Division of Health Service Regulation is hereby directed to proceed with the Rule making Process for the two rules.

**Executive Committee Action:** A motion was made by Dr. Carl Rust, seconded by Dr. George Binder and unanimously approved.

10A NCAC 13P .0221-Patient Transportation Between Hospitals – Remarks were made by Nadine Pfeiffer and Mandy Poole

(a) For the purpose of this rule, hospital means those facilities as defined in Rule .0102(30) of this Subchapter.

(b) Every ground ambulance when transporting a patient between hospitals shall be occupied by all of the following:

(1) one person who holds a credential issued by the OEMS as a Medical Responder or higher who is responsible for the operation of the vehicle and rendering assistance to the patient caregiver when needed; and

(2) at least one of the following who is responsible for the medical aspects of the mission:

(a) Emergency Medical Technician;

(b) EMT-Intermediate;

(c) EMT-Paramedic;

(c) nurse practitioner;

(e) physician;

(f) physician assistant;

(g) registered nurse; or

(h) respiratory therapist.

(c) Information must be provided to the OEMS by the licensed EMS provider:

(1) describing the intended staffing pursuant to Rule .0204 (a)(3) of this Subchapter; and

(2) showing authorization pursuant to Rule .0204, (a)(4) of this Subchapter by the county in which the EMS provider license is issued to use the staffing in paragraph (b) of this Rule.

(d) Ambulances used for patient transports between hospitals must contain all medical equipment, supplies, and medications approved by the medical director, based on the treatment protocols.

*History Note: Authority G.S.131E-155.1; 131E-158(b); 143-508(d)(1), (d)(8);*

*Eff. April 1, 2012.*

## 6. 10A NCAC 13D .2101-APPLICATION REQUIREMENTS

(a) ~~An~~ A legal entity shall submit an application for licensure for a new facility shall be submitted to the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation at least 30 days prior to a license being issued or patients admitted.

(b) The application shall contain the following:

- (1) legal identity of applicant (licensee) and mailing address;
- (2) name or names under which the facility is presented to the public;
- (3) location and mailing address of facility;
- (4) ownership disclosure;
- (5) ~~accreditation data;~~
- (6) (5) bed complement;
- (7) (6) magnitude and scope of services offered;
- (8) (7) name and current license number of the administrator; ~~and~~
- (9) (8) name and current license number of the director of ~~nursing; nursing; and~~
- (9) name and current license number of the medical director.

*History Note: Authority G.S. 131E-104; 131E-102;*

*Eff. January 1, 1996; 1996;*

*Amended Eff. April 1, 2012.*

**7. 10A NCAC 13D .2209 INFECTION CONTROL**

(a) The A facility shall establish and maintain an infection control program for the purpose of providing a safe, clean and comfortable environment and preventing the transmission of diseases and infection.

(b) Under the infection control program, the facility shall decide what procedures, such as isolation techniques, are needed for individual patients, investigate episodes of infection and attempt to control and prevent infections in the facility.

(c) The facility shall maintain records of infections and of the corrective actions taken.

(d) The facility shall ensure communicable disease ~~screening, testing including tuberculosis, as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Screening shall be done upon prior to admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities; facilities. prior to or upon admission for all patients admitted from hospitals, nursing facilities and combination facilities; and Staff shall be screened within seven days upon the hiring of all staff. of the hire date. The facility shall ensure tuberculosis screening annually thereafter for patients and staff staff. as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Identification of a communicable disease does not, in all cases, in and of itself, preclude admission to the facility.~~

(e) All cases of reportable disease as defined by 10A NCAC 41A "Communicable Disease Control" and ~~epidemic outbreaks, and poisonings outbreaks~~ outbreaks consisting of two or more linked cases of disease transmission shall be reported ~~immediately~~ to the local health department.

(f) The facility shall ~~isolate~~ use isolation precautions for any patient deemed appropriate by the ~~its infection control program. program~~ and as recommended by the following Centers for Disease Control guidelines, Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006, <http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf> and 2007 Guideline for

Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.  
<http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html>.

(g) The facility shall prohibit any employee with a communicable disease or infected skin lesion from direct contact with patients or their food, if direct contact is the mode of transmission of the disease.

(h) The facility shall require all staff to use good hand washing technique as indicated in the Centers for Disease Control and Prevention "Guidelines for Hand Washing in Hospital Environmental Control," as published by the U.S. Department of Health and Human Services, Public Health Service which is incorporated by reference, including subsequent amendments. Copies may be purchased from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia, 22161 for fifteen dollars and 95 cents (\$15.95). Control, "Guideline for Hand Hygiene in Health-Care Settings, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force". This information can be accessed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>.

(i) All linen shall be handled, store, processed and transported so as to prevent the spread of infection.

*History Note: Authority G.S. 131E-104; 131E-113*

*Eff. January 1, 1996; 1996;*

*Amended Eff. April 1, 2012.*

## **8. 10A NCAC 13D .2308 ADULT CARE HOME PERSONNEL REQUIREMENTS**

(a) The administrator of a combination home shall designate a person to be in charge of the adult care home residents at all times. The nurse-in-charge of the nursing facility may also serve as supervisor-in-charge of the domiciliary beds.

(b) If adult care home beds are located in a separate building or a separate level of the same building, there shall be a person on duty in the adult care home portion of the facility at all times.

~~(c) The facility shall comply with all rules in Subchapter 10A NCAC 13F, Licensing of Homes for the Aged and Infirm, which is incorporated by reference, including all subsequent amendments. Copies of these Rules can be obtained free of charge from the Division of Health~~

~~Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC  
27699-2708.~~

*History Note: Authority G.S. 131E-104;*

*Eff. January 1, ~~1996~~ 1996;*

*Amended Eff. January 1, 2012.*

### **9. 10A NCAC 13D .2606 -PHARMACEUTICAL RECORDS**

(a) ~~The pharmacist~~ A facility shall ensure that accurate records of the receipt, use and disposition of drugs are maintained and readily available.

(b) ~~The director of nursing and pharmacist~~ A facility shall ensure accountability of controlled substances as defined by the Disposal of Unused Controlled Substances From Nursing Home as described in North Carolina Controlled Substance Act and Regulations (10A NCAC 26E .0406) 10A NCAC 26E .0406, which is hereby incorporated by reference including subsequent amendments. ~~Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).~~ These rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;*

*RRC objection due to lack of statutory authority Eff. July 13, 1995;*

*Eff. January 1, ~~1996~~ 1996;*

*Amended Eff. April 1, 2012.*

### **10. 10A NCAC 13D .2701 PROVISION OF NUTRITION AND DIETETIC SERVICES**

(a) ~~The~~ A facility shall ensure that each patient is provided with a palatable diet that meets his or her daily nutritional and specialized nutritional needs.

(b) The facility shall designate a person to be known as the director of food service who shall be responsible for the facility's dietetic service and for supervision of dietetic service personnel. If this person is not a ~~dietitian~~, licensed dietitian/nutritionist or a registered dietitian with the Commission on Dietetic Registration, ~~he or she shall meet the criteria for membership in the Dietary Managers Association which is hereby incorporated by reference including subsequent amendments and editions. Copies of criteria may be obtained from the Dietary Managers Association, 406 SurrySurrey Woods Drive, St. Charles, IL 60174 at no cost. or it can be~~

~~accessed online at [www.DMAonline.org](http://www.DMAonline.org). If the course has not been completed, this person shall be enrolled in a course and making satisfactory progress for completion within the time limit specified by course requirements. a Certified Dietary Manager who is certified by the Certifying Board of the Dietary Managers, Dietetic Technician Registered, who is registered by the Commission on Dietetic Registration of the American Dietetic Association, or an individual who has met the academic requirements as referenced in G.S. 90-357(3)b.1., c.1. and d., then the person shall enroll in a course of study to obtain these qualifications and make satisfactory progress for completion within the time limit specified by course requirements.~~

(c) If the food service supervisor is not a dietitian, the facility shall employ a licensed dietitian/nutritionist ~~dietitian~~ on at least a consultant basis. The consultant shall submit written reports of clinical and food service operation recommendations to the administrator and food service supervisor.

(d) The dietitian shall spend sufficient time in the facility to assure the following parameters of nutrition have been addressed and that recommended successful interventions by the facility have been met:

- (1) An analysis of weight loss or gain;
- (2) Laboratory values;
- (3) Clinical indicators of malnutrition;
- (4) Drug therapy that may contribute to nutritional deficiencies;
- (5) The amount of meal and supplement consumed to meet nutritional needs;
- (6) Increased nutritional needs related to disease state or deterioration in physical or mental status, i.e., decubitus, low protein status, inadequate intake, or nutrition provided via enteral or parenteral route.

(e) There shall be sufficient dietetic personnel employed ~~competent~~ to meet the nutritional needs of all patients in the areas of therapeutic diets, food preparation and service, principles of sanitation, and resident's rights as related to food services.

(f) The facility shall ensure that menus are followed which meet the nutritional needs of patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences which are incorporated by reference, including subsequent amendments. Copies of this publication ~~can~~ may be obtained by contacting The National Academy Press, 2101 ~~Constitution Avenue N.W., Lockbox 285, Washington, D.C.,~~



~~20055. 500 Fifth St. N.W., Washington, D.C. 20001 or accessing it at [http://www.nap.edu/catalog.php?record\\_id=1349](http://www.nap.edu/catalog.php?record_id=1349). Cost of this publication is eighteen dollars and ninety five cents (\$18.95) and includes shipping and handling.~~ Menus shall:

- (1) be planned at least 14 days in advance,
  - (2) provide for substitutes of similar nutritive value for patients who refuse food that is served, and
  - (3) be provided to patients orally or written through such methods as ~~posting, posting and daily announcements, periodic newsletters, etc.~~ announcements.
- (g) Food must be prepared to conserve its nutritive value and appearance.
- (h) Food shall be served at the preferred temperature as discerned by the resident and customary practice, in a form to meet the patient's individual needs and with assistive devices as dictated by the patient's needs. Hot foods shall leave the kitchen (or steam table) above ~~140~~ 135 degrees F; and cold foods below 41 degrees F; ~~F. and freezer temperatures at 0 degrees F or below. The freezer must keep frozen foods frozen solid.~~
- (i) If patients require assistance in eating, food shall be maintained at the appropriate temperature until assistance is provided.
- (j) All diets, including enteral and parenteral nutrition therapy, shall be as ordered by the physician or other legally authorized person, and served as ordered.
- (k) At least three meals shall be served daily to all patients in accordance with medical orders.
- (l) No more than 14 hours shall elapse between an evening meal containing a protein food and a morning meal containing a protein food.
- (m) Hour-of-sleep (hs) nourishment shall be available to patients upon request or in accordance with nutritional plans.
- (n) Between meal fluids for hydration shall be available and offered to all patients in accordance with medical orders.
- (o) The facility shall have a current online or hard copy nutrition care manual or handbook approved by the dietitian, medical staff and the Administrator which shall be used in the planning of the regular and therapeutic diets and be accessible to all staff.
- (p) Food services shall comply with Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments (15A NCAC 18A .1300) as promulgated by the Commission for Public Health which is are incorporated by reference, including subsequent amendments,

assuring storage, preparation, and serving of food under sanitary conditions. Copies of these Rules can be obtained, at no charge, by contacting the N.C. Department of Environment and Natural Resources, Division of Environmental Health Services, 1630 Mail Service Center, Raleigh, NC 27699-1630. accessed online at <http://www.deh.enr.state.nc.us/rules.htm>.

*History Note: Authority G.S. 131E-104; 90-368(4)*

*RRC objection due to lack of statutory authority Eff. July 13, 1995;*

*Eff. January 1, 1996- 1996;*

*Amended Eff. April 1, 2012.*

**11. DHHS / OSMB Review Permanent Rule Repeal and Adoption without Substantial Economic Impact**

**Agency Proposing Rule Change**  
North Carolina Medical Care Commission

**Contact Persons**

Mandy Poole, Rule Making Coordinator – (919) 855-3758  
Donnie S. Sides, Operations Manager – (919) 855-3964

**Impact Summary:**

State government: No Impact  
Local government: Negligible Impact  
Substantial impact: No Impact  
Federal government: No Impact  
Small businesses: Negligible Impact

**Titles of Rule Changes and Statutory Citations**

Note: No statutory changes were involved in the revision of these rules.

**See proposed text of these rules in the Appendix**

**10A NCAC 13P**

Section .0200 – EMS Systems

- Patient Transportation Between Hospitals 10A NCAC 13P .0221 (Adopt)

**Authorizing Statutes**

Gen. Stat. § 131E-155.1  
Gen. Stat. § 131E-156  
Gen. Stat. § 131E-157  
Gen. Stat. § 131E-158(a)

Gen. Stat. § 143-508(b), (d)(8)

**Background**

Under the authority of Gen. Stat. §143-509, the Medical Care Commission (MCC) has the responsibility for the adoption of rules for the development of emergency medical and trauma services for the citizens of North Carolina. To ensure these rules are kept contemporary and stay in line with industry standards, the MCC routinely makes revisions to the EMS and Trauma rules in collaboration with stakeholders, clients, state and local officials, and members of the general public. This set of rules adoptions and repeals is the result of these on-going efforts and when codified, will strengthen the emergency medical regulations keeping the citizens and visitors of North Carolina safe and provided with the best possible health treatment and care.

**Summary of Revisions and its Anticipated Fiscal Impact**

**Rule .0221** - Transportation of Patients between Hospitals is being proposed for adoption in order to expand the capabilities of licensed EMS providers to manage how patients are transported between licensed hospitals statewide. Through consultation with representatives of the NC Association of EMS Administrators, NC Association of Rescue and EMS, NC Hospital Association, Specialty Care Transport Provider (SCTP) organizations, County EMS system administrators, and representatives of the County Government Associations, the Office of EMS has focused on the provision of transport services for stabilized patients needing movement by ground ambulance between licensed hospitals. The language and standards in current rule do not allow licensed ambulance services to configure the necessary staffing, equipment, and medications to the provision of transport services focused solely on those patients already within the health care system that have been stabilized and need only to be moved between these facilities. Currently, in order to move these patients, an ambulance provider must either (1) equip and staff the ambulance to handle emergency situations for use in the out-of hospital setting (i.e. stair chair stretchers, scoop stretchers, splints, etc.) and then provide the transport, or (2) require SCTP programs already staffed and equipped to manage the critically ill and injured patients for transport between facilities to substitute qualified health care professionals with persons holding an EMS credential and add the unnecessary out-of hospital equipment and supplies before being authorized to perform the transport.

Both of these situations are unrealistic and result in ambulance providers having to meet arbitrary standards that have no benefit to the services provided to their patients. It also results in SCTP providers having to mandate their licensed allied health professionals to be dually credentialed with the OEMS in order to meet a statutory minimum staffing requirement beyond the original intent of this minimum staffing law (G.S. § 131E-158).

An item addressed in this rule that is silent in the current SCTP (10A NCAC 13P .0300) rules is the qualifications of the driver of the ambulance vehicle. Using input from the Association of EMS Administrators, Association of Rescue and EMS, SCT providers and the Hospital Association, the driver qualifications under this new .0221 rule will mirror the language currently in statute, requiring the driver to hold an OEMS issued credential at the Medical

Responder level or higher. This driver will then be capable of performing the duties associated with vehicle operations, but will also have medical training to augment the attendant in the patient compartment of the vehicle.

Fiscal Impact - Agency

*The processing of information necessary to qualify licensed EMS providers will be absorbed in the existing work load of agency staff. The time to review any materials associated with this rule is negligible. No changes to existing application documents are required, nor will any additional vehicle inspection and permitting documents be necessary. All programmatic aspects of this rule are already accommodated under the policy and procedural structure in place within the OEMS.*

Fiscal Impact – County Governments

*Based upon input from county administration representatives working with the agency in drafting this rule, the processing of information necessary to qualify licensed EMS providers under the franchising authority of the county government will be absorbed in the existing work load of staff assigned to manage EMS resources operating within the geopolitical boundaries of the county. The time to review any materials associated with this rule is negligible. The decision to modify any existing franchise agreement with an EMS provider is at the discretion of county administration.*

*Should this decision to modify occur, it is impossible to place any monetary figures to the cost of this since each county is authorized by Gen. Stat. § 153A-250 to determine the degree of oversight stipulated in any ordinance, and to whom the county authorities delegate the administration of these changes. Counties that require use of attorneys to draft, review, and execute complex contractual franchise agreements would obviously be expected to expend more in processing costs than a county that utilizes a standardized contract that may be executed under signature of the county manager.*

*There is also nothing mandated by statute or rule that requires any more of a county government than simply acknowledging through official signature the authorization for a licensed EMS provider to operate and deliver these transportation services within the county.*

Fiscal Impact – Small Business / Licensed EMS Providers

*The primary licensed EMS providers that will be affected by implementation of this rule are those whom currently operate a SCT program, that (1) are prohibited under current statute (Gen. Stat. § 131E-158) from providing the transport of patient between hospitals without having a patient attendant that holds an EMS credential issued by the OEMS; (2) who are staffing their ambulances during the transport of SCT level patients with registered nurses, respiratory therapists, or other authorized licensed allied health professionals; and (3) desire to expand their services to perform the movement of patients between hospitals using their current staffing configuration as described in number (2). There are actually very few of these licensed EMS*

*providers in the state, with the current number being less than five. All other SCTP programs choose to use the two EMS credentialed staff in the delivery of their specialty care services.*

*The adoption of this rule will have no fiscal impact on any of the current SCT programs because the requirement of mandating the vehicle operator to hold an EMS credential issued by the OEMS is already met by all licensed EMS providers in the state without exception. The only costs will involve the necessity of these licensed EMS providers to modify their license application to address (1) the change in the delivery of the inter-hospital transports using non-EMS credentialed allied health care providers, and (2) to have the county governments in which the provider is licensed or has a physical base of operation agree to allow the inclusion of this new service. The 5 SCT providers were involved in the drafting of this rule language and indicated that any time necessary to modify their existing license will be absorbed in their daily administrative activities.*

*If these few licensed EMS providers should decide to incorporate this service into their business model, it will mean that ambulance providers currently providing this service will see a loss in revenue resulting from the addition of a new transport provider participating in this market. The newly authorized ambulance providers will pick up these revenues balancing the shift in revenues from one source to the other. Since the number of these providers that will decide to implement this service is unknown, and since the volume of transports and the fee schedules for the delivery of these services by the current providers varies and is also unknown, there is no way for the OEMS to provide an estimate of how much of a shift in revenues will occur other than to anticipate that it will result in a net zero cumulative change.*

### **Fiscal Impact Summary**

These rules are used by state and local governments; hospitals; colleges and universities; paid and volunteer emergency medical service organizations; county and municipal law enforcement communications centers; small and private businesses; industrial complexes using emergency response and transport programs; and EMS and healthcare professionals to provide a structured, well managed emergency medical and trauma system to the citizens and visitors of North Carolina.

The aggregate financial impact of these proposed permanent rules changes on all persons and entities affected is negligible and is considered not to have a substantial economic impact on any entity.

### **12. 10A NCAC 13D .2110-PUBLIC ACCESS TO DEPARTMENT LICENSURE RECORDS**

*History Note: Authority G.S. 8-53; 108A-80; 131E-104; 131E-124(c); 132-1.1;*

*Eff. January 1, ~~1996~~ 1996;*

*Repealed Eff. April 1, 2012.*

**13. 10A NCAC 13D .2304 -NURSE AIDES**

(a) ~~The A facility shall employ or contract individuals as nurse aides in compliance with N.C. General Statute 131E, Article 15 and facilities certified for Medicare or Medicaid participation shall also comply with 42 CFR Part 483 which is incorporated by reference, including subsequent amendments. Copies of the The Code of Federal Regulations may be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15202-7954 for thirty eight dollars (\$38.00) and may be purchased with a credit card by a direct telephone call to the G.P.O. at (202) 512-1800. accessed at [http://www.access.gpo.gov/nara/cfr/waisidx\\_08/42cfr483\\_08](http://www.access.gpo.gov/nara/cfr/waisidx_08/42cfr483_08).~~

(b) The A facility shall provide to the Department, upon request, verification of in-service training and of past or present employment of any nurse aide employed by the facility.

*History Note: Authority G.S. 131E-104; ~~131E-111~~; 131E-255; 143B-165; 42 U.S.C. 1395; 42 U.S.C. 1396;  
Eff. January 1, ~~1996~~; 1996;  
Amended Eff. April 1, 2012.*

**14. 10A NCAC 13D .2605 DRUG STORAGE AND DISPOSITION**

(a) ~~The pharmacist and director of nursing~~ A facility shall ensure that drug storage areas are clean, secure, well lighted and well ventilated; that room temperature is maintained between 59 degrees F. and 86 degrees F.; and that the following conditions are met:

- (1) All drugs shall be maintained under locked security except when under the ~~immediate or~~ direct physical supervision of a nurse or pharmacist.
- (2) Drugs requiring refrigeration shall be stored in a refrigerator containing a thermometer and capable of maintaining a temperature range of 2 degrees C. to 8 degrees C. (36 degrees F. to 46 degrees F.) Drugs shall not be stored in a refrigerator containing non-drugs and non-drug related items, except when stored in a separate container.
- (3) Drugs intended for topical use, except for ophthalmic, otic and transdermal medications, shall be stored in a ~~designated an~~ area separate from the drugs intended for oral and injectable use.
- (4) Drugs that are outdated, discontinued or deteriorated shall be removed from the facility within five days.

(b) Upon discontinuation of a drug or upon discharge of a patient, the remainder of the drug supply shall be disposed of ~~promptly, according to the facility's policy.~~ If it is reasonably expected that the patient shall will return to the facility and that the drug therapy will be resumed, the remaining drug supply may be held for not more than 30 calendar days after the date of discharge or discontinuation.

(c) The disposition of drugs shall be in accordance with written policies and procedures established by the Quality Assurance Committee.

(d) Destruction of controlled substances shall be in compliance with Disposal of Unused Controlled Substances From Nursing Home as described in North Carolina Controlled Substance Act and Regulations (10A NCAC 26E .0406) 10A NCAC 26E .0406, which is hereby incorporated by reference including subsequent amendments. ~~Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).~~ These rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;  
RRC objection due to lack of statutory authority Eff. July 13, 1995;  
Eff. January 1, 1996. 1996;  
Amended Eff. April 1, 2012.*

## **15. 10A NCAC 13D .2607 EMERGENCY DRUGS**

(a) ~~The A~~ facility shall maintain a supply of emergency drugs in compliance with ~~21 NCAC 46 .1403~~ 10A NCAC 26E .0408 which is hereby incorporated by reference including subsequent amendments. ~~Copies of the rule may be obtained from the North Carolina Board of Pharmacy, P.O. Box 459, Carrboro Plaza, Highway 54 Bypass, Carrboro, North Carolina 27510 at a cost of eight dollars and forty eight cents (\$8.48).~~ This rule can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

(b) Emergency drugs shall be stored in a portable container sealed with an easily breakable closure which cannot be resealed or reused and shall be readily accessible for use.

(c) Emergency drug kits shall be stored in a ~~secure area~~ locked storage cabinet or room out of ~~site~~ sight of patients and the general public. If stored in a locked area the kits shall be ~~immediately~~ accessible to all licensed nursing personnel.

(d) All emergency drugs and quantity to be maintained shall be approved by the Quality Assurance ~~Committee.~~ Committee as defined in 10A NCAC 13D .2212.

- (e) If emergency drug items require refrigerated storage, they shall be stored in a separate sealed container within the medication refrigerator. The container shall be labeled to indicate the emergency status of the enclosed drug and sealed as indicated in Paragraph (b) of this Rule.
- (f) An accurate inventory of emergency drugs and supplies shall be maintained with each emergency drug kit.
- (g) ~~The pharmacist~~ A facility shall ~~personally~~ examine the refrigerated and non-refrigerated emergency drug supply at least every 90 days and make any necessary changes at that time.
- (h) The facility shall have written policies and procedures which are enforced to ensure that in the event the sealed emergency drug container is opened and contents utilized, ~~immediate~~ steps are taken to replace the items used.
- (i) The availability of a controlled substance in an emergency kit shall be in compliance with the North Carolina Controlled Substances Act and Regulations (10A NCAC 26E) which is hereby incorporated by reference including subsequent amendments. ~~Copies of the rules may be obtained from the Drug Regulatory Branch, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3016 Mail Service Center, Raleigh, NC 27699-3016 at a cost of thirteen dollars (\$13.00).~~ These rules can be accessed online at <http://reports.oah.state.nc.us/ncac.asp>.

*History Note: Authority G.S. 131E-104; 131E-117;*

*RRC objection due to lack of statutory authority Eff. July 13, 1995;*

*Eff. January 1, 1996; 1996;*

*Amended Eff. April 1, 2012.*



Rules Fiscal Note  
DHSR

NH Licensure Certification


OSBM Review

Not a Significant Rule Change

Division of Health Service Regulation

Agency Proposing Rule Change:

Introductory Note: These rules were presented to the Medical Care Commission and stakeholders on May 5 and 13, 2011 to receive input and initiate rule-making without any objections.

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Projected Fiscal Impact on Federal, State, and Local Governments, and on Providers
1	Application Requirements, .2101	G.S. 131E-104	The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. Number "(5) accreditation data;" was struck because there is no requirement for that criteria. G.S. 131E-102, Licensure requirements, was added as an appropriate authority for the rule. This rule was effective January 1, 1996 and has had no amendments since that time.	None
2	Public Access to Department Licensure Records, .2110	G.S. 8-53; 108A-80; 131E-104; 131E-124(c); 132-1.1	Repeal. Compliance is achieved via the Public Records Law N.C.G.S. Chapter 132	None

Rules Fiscal Note  
DHSR

NH Licensure Certification

3	Infection Control, .2209	131E-104; 131E-113	<p>The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. Language has been simplified and clarified. References have been updated. G.S. 131E-113, Immunizations of employees and residents, was added as an appropriate authority for the rule. This rule was effective January 1, 1996 and has had no amendments since that time.</p>	None
4	Nurse Aides, .2304	131E-104; 131E-255; 143B-165; 42 U.S.C. 1395; 42 U.S.C. 1396	<p>The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. The price was removed and the web address was added. G.S. 131E-111 was removed as an authority because it was recodified and 131E-255 was added. This rule was effective January 1, 1996 and has had no amendments since that time.</p>	None
5	Adult Care Home Personnel Requirements, .2308	131E-104; 131E-255; 143B-165; 42 U.S.C. 1395; 42 U.S.C. 1396	<p>The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. Part c was removed from the rule because it contradicts rule 10A NCAC 13D .2104. G.S. 131E-111 was removed as an authority because it was recodified and 131E-255 was added. This rule was effective January 1, 1996 and has had no amendments since that time.</p>	None
6	Drug Storage and Disposition, .2605	131E-104; 131E-117	<p>The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. References were corrected and a web address was added. This rule was effective January 1, 1996 and has had no amendments since that time.</p>	None

Rules Fiscal Note  
DHSR

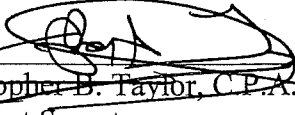
NH Licensure Certification

7	Pharmaceutical Records, .2606	131E-104; 131E-117	The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. References were corrected and a web address was added. This rule was effective January 1, 1996 and has had no amendments since that time.	None
8	Emergency Drugs, .2607	131E-104; 131E-117	The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. References were corrected and a web address was added. This rule was effective January 1, 1996 and has had no amendments since that time.	None
9	Provision of Nutrition and Dietetic Services, .2701	131E-104; 90-368(4)	The proposed amendment makes language more consistent with previous recommendations from the Rules Review Commission. References were corrected and a web address was added. This rule was effective January 1, 1996 and has had no amendments since that time. A new appropriate authority was added.	None

17. **Adjournment**

There being no further business, the meeting was adjourned at 3:10 p.m.

Respectfully submitted,

  
~~Christopher B. Taylor, C.P.A.~~  
Assistant Secretary