Emergency Medical Services and Trauma Rules
Adoption Rules 10A NCAC 13P .0224 & .0410 - Public Comments
Comment Period 6/15/17 – 8/14/17

Rule: 13P .0410

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Comment Summary:
Much of this regulation should be covered under subsections .0401, .0402, and .0404. The requirements for medical oversight, quality improvement, staffing, and RAC participation should be the same for a ground ambulance or an air ambulance. These are medical issues independent of the type of vehicle. Several of the requirements vary depending on the location of the organization or receiving hospital. This is not a patient centered approach. The requirements should be based on the location from which the vehicle typically responds, not the hospital where the patients are received, because the RAC should serve to assure the quality of care for North Carolinians who reside within that RAC. If a base, whether it is air or a ground, is not serving the needs of the community in where based. That information should be developed and utilized in that community, not kept in a trauma center many miles away.

(d)(8): A program could have several bases, in different RACs and each could potentially transport patients to a hospital in another RAC. This has the potential that a program could choose the RAC they participate in. That RAC might not be the best to review the patient care activities that could, potentially, happen in another part of the state.
Suggest air medical programs participate in the RAC their base is located. If they have bases in several RACs, then they would participate in all those RACs. This assures programs have proper oversight, and have the ability to comment on local issues unique to that region.

(d)(12): (d) (12): Any regulation with a goal of the coordination of dispatch is likely to run afoul of the FAA. In aviation “dispatch” has a specific meaning. Only licensed dispatchers and pilots may dispatch an aircraft.

States are responsible for patient safety and aviation safety is Federal responsibility. A regulation coordinating aviation services to enhance scene (aviation) safety is preempted by the Airline Deregulation Act.
The NCOEMS would have to run a coordination center, if developed, and finding funding for it is likely to be difficult.
Questions arise: have there been instances of too many aircraft responding to a scene, or of any incidents or accidents involving helicopters at a motor vehicle crash scene? How would a coordinating center prevent such an accident? The money spent for this could be better used to educate EMS providers on how to choose and set up landing zones, especially if there are multiple helicopters landing.

(e) This section is difficult, if not impossible, to enforce. The enforcement tool, revocation of program approval, assumes that the program has, or desires to have a NC a permit. Any fixed wing program carrying a patient into or out of NC, would unlikely seek this prior approval unless they were physically based in NC. In that case, section (e) would not apply. They might carry patients to North Carolina once or twice a year, making process compliance unfeasible. Rotor wing programs in adjoining states, who might provide mutual aid, may ignore the rule or not respond to requests, rather than run afoul of the regulation. In either case it would not serve the interests of the people of NC.

Agency Response:
The proposed rule specifically addresses "Air Medical Programs." Rules .0401 and .0403 address EMS Systems which are the county based 911 operations. Protocols, training, education, and staffing differ for specialty care transport agencies therefore medical oversight issues may not be the same for all "ambulances." The level of care provided is the emphasis. The review of care for the trauma patient is a responsibility of the receiving Trauma Center and the EMS or Specialty Care provider's Medical Director. The Trauma Center provides feedback to the agency to regarding outcomes and any potential issues identified during transport. RAC participation is meant to strengthen the interaction between the Trauma Center and the agency to provide the best practice environment of care.

Understandably, some air medical transports may be to a Trauma Center further away, which the provider may not have an affiliation with. The proposed rule does not require an agency to affiliate with all RAC's, but the RAC which the "majority" of their patients are transported, usually in that region.

OEMS does not define the dispatch process, only that they have a process in place.

An agency based outside of North Carolina that operates programs "within" North Carolina is not mutual aid. We interpret operating "within" North Carolina as providing point to point service. Currently there are five Specialty Care Transport Programs operating under the license of an out of state provider through a settlement agreement. This rule addresses specific components from the agreement to insure appropriate medical oversight as approved by the North Carolina Medical Care Commission.