



Uniting hospitals, health systems and  
care providers for healthier communities

February 11, 2021

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2701 Mail Service Drive  
Raleigh, NC 27699-2701

Ref: **Emergency Medical Services and Trauma Rules**  
Submitted via email to [DHSR.RulesCoordinator@dhhs.nc.gov](mailto:DHSR.RulesCoordinator@dhhs.nc.gov)

To Whom It May Concern:

The North Carolina Healthcare Association (NCHA) represents over 130 hospitals and health systems in North Carolina who care for North Carolinians. Our mission is to improve the health of the communities where we live and work by advocating for sound public policy and collaborative partnerships. NCHA believes in a North Carolina where high-quality health care is accessible and equitable for all. Thank you for the opportunity to comment on the proposed amendments to various portions of 10A NCAC 13P. NCHA appreciates the intent to more closely align North Carolina rules and regulations applying to trauma centers with national gold standards as outlined by the American College of Surgeons (ACS) Trauma Standards.

NCHA requests the following revisions in proposed rule 10A NCAC 13P .0904:

**Unstrike language consistent with the ACS Trauma Standards to ensure a stable, high-quality spectrum of regional trauma services.** According to the [Resources for Optimal Care of the Injured Patient](#) (ACS, Committee on Trauma), a well coordinated network of regional trauma centers is essential for a stable network within a geographical area. Per the ACS Trauma Standards, "The development of Level II trauma centers should not compromise the flow of patients to existing high volume Level I trauma centers." (ACS, p. 3). Without proper enforcement, oversaturation of trauma centers will lead to weakened patient care, jeopardizing the key principles that ensure trauma centers can provide high-quality, clinically complex care. Prior to the revisions, this concept was enforced in section b(3), "These criteria shall be met without compromising the quality of care or cost effectiveness of an other designated Level I or II Trauma Center sharing all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240 patient minimum." By striking this language in the proposed rule amendments, North Carolina will lose an important enforcement mechanism to "...determine the optimal number and level of trauma centers in a given area." (ACS, p.2). **NCHA recommends unstriking the language in 10A NCAP 13P .0904, Section b(3) and amending the volume minimum to apply to level I trauma centers.**

If you have questions, please contact me at [slawler@ncha.org](mailto:slawler@ncha.org) or Nicholle Karim at [nkarim@ncha.org](mailto:nkarim@ncha.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen J. Lawler", is written over a light blue horizontal line.

Stephen J. Lawler  
President and CEO  
North Carolina Healthcare Association

