



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**MEMORANDUM**

**DATE:** December 15, 2020

**TO:** Interested Parties

**FROM:** Nadine Pfeiffer, Rule Review Manager *MP*

**RE:** Proposed Amendment of Emergency Medical Services and Trauma Rules  
10A NCAC 13P

GS 150B-21.2 requires a rule-making body to notify certain individuals of its intent to adopt a permanent rule. It also requires notification of the date, time and location of the public hearing on the rule and any fiscal note that has been prepared in connection with the proposed rule. The proposed rules will reflect the changes needed to update obsolete or unnecessary standards, clarify ambiguous language, incorporate changes in healthcare delivery models, recognize new technologies, and provide all regulated entities and the public the most efficient and effective structure for services regulated for emergency medical and trauma systems.

The North Carolina Medical Care Commission has submitted form OAH 0300 to the Codifier of Rules, Office of Administrative Hearings, indicating its intent to proceed with the following rule-making actions:

Emergency Medical Services and Trauma Rules

10A NCAC 13P .0101 Abbreviations (Amend)  
10A NCAC 13P .0102 Definitions (Amend)  
10A NCAC 13P .0222 Transport of Stretcher Bound Patients (Amend)  
10A NCAC 13P .0501 Educational Programs (Amend)  
10A NCAC 13P .0502 Initial Credentialing Requirements for EMR, EMT, AEMT, Paramedic, and EMD (Amend)  
10A NCAC 13P .0504 Renewal of Credentials for EMR, EMT, AEMT, Paramedic, and EMD (Amend)  
10A NCAC 13P .0507 Initial Credentialing Requirements for Level I EMS Instructors (Amend)  
10A NCAC 13P .0508 Initial Credentialing Requirements for Level II EMS Instructors (Amend)  
10A NCAC 13P .0510 Renewal of Credentials for Level I and Level II EMS Instructors (Amend)  
10A NCAC 13P .0512 Reinstatement of Lapsed EMS Credential (Amend)

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**OFFICE OF THE DIRECTOR**

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

10A NCAC 13P .0601	Continuing Education EMS Educational <del>Institution</del> <u>Program</u> Requirements (Amend)
10A NCAC 13P .0602	Basic and Advanced EMS Educational Institution Requirements (Amend)
10A NCAC 13P .0904	Initial Designation Process (Amend)
10A NCAC 13P .0905	Renewal Designation Process (Amend)
10A NCAC 13P .1101	State Trauma System (Amend)
10A NCAC 13P .1401	Chemical Addiction or Abuse <del>Treatment</del> <u>Recovery</u> Program Requirements (Amend)
10A NCAC 13P .1403	Conditions for Restricted Practice with Limited Privileges (Amend)
10A NCAC 13P .1404	Reinstatement of an Unencumbered EMS Credential (Amend)
10A NCAC 13P .1405	Failure to Complete the Chemical Addiction or Abuse <del>Treatment</del> <u>Recovery</u> Program (Amend)
10A NCAC 13P .1505	EMS Educational Institutions (Amend)
10A NCAC 13P .1507	EMS Personnel Credentials (Amend)
10A NCAC 13P .1511	Procedures for Qualifying for an EMS Credential Following Enforcement Action (Amend)

In accordance with G.S. 150B-21.4, certification and approval of the fiscal note was received for these rules from the Office of State Budget and Management on October 6, 2020.

The proposed rule text is attached to this memo and were published in today's December 15, 2020 edition of the N.C. Register which can be found at the Office of Administrative Hearings web site at <https://www.oah.nc.gov/documents/nc-register>.

A public hearing is scheduled for February 8, 2021 at 10:00 a.m. by teleconference. If you would like to participate in the public hearing, please use the following conference telephone number: 1-877-848-7030, and access code: 5133201. Ms. Nadine Pfeiffer, DHSR Rule Review Manager, is accepting public comments on these rules and fiscal note from December 15, 2020 through February 15, 2021. Comments will also be accepted via teleconference at the public hearing. The proposed effective date of these rules is July 1, 2021.

A copy of the proposed rules, fiscal note, and instructions for submitting comment can be found at the Division of Health Service Regulation web site at <https://info.ncdhhs.gov/dhsr/ruleactions.html>.

Please feel free to contact the Office of Emergency Medical Services at (919) 855-3750 should you have questions related to this memorandum or the proposed rule and fiscal note.

#### Enclosures

cc: Dr. John Meier, IV, MD, Chair, N.C. Medical Care Commission  
Mark Payne, Director, Health Service Regulation  
Emery Milliken, Deputy Director, DHSR  
Joel Johnson, Assistant General Counsel, DHHS  
Tom Mitchell, Chief, OEMS  
Wally Ainsworth, Regional Manager, OEMS  
Chuck Lewis, Assistant Chief, OEMS

1 10A NCAC 13P .0101 is proposed for amendment as follows:

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3 **10A NCAC 13P .0101 ABBREVIATIONS**

4 As used in this Subchapter, the following abbreviations mean:

- 5 (1) ACS: American College of Surgeons;
- 6 (2) AEMT: Advanced Emergency Medical Technician;
- 7 (3) AHA: American Heart Association;
- 8 (4) ASTM: American Society for Testing and Materials;
- 9 (5) CAAHEP: Commission on Accreditation of Allied Health Education Programs;
- 10 (6) CPR: Cardiopulmonary Resuscitation;
- 11 (7) ED: Emergency Department;
- 12 (8) EMD: Emergency Medical Dispatcher;
- 13 (9) EMR: Emergency Medical Responder;
- 14 (10) EMS: Emergency Medical Services;
- 15 (11) EMS-NP: EMS Nurse Practitioner;
- 16 (12) EMS-PA: EMS Physician Assistant;
- 17 (13) EMT: Emergency Medical Technician;
- 18 (14) FAA: Federal Aviation Administration;
- 19 ~~(15) FAR: Federal Aviation Regulation;~~
- 20 ~~(16)~~(15) FCC: Federal Communications Commission;
- 21 ~~(17) GCS: Glasgow Coma Scale;~~
- 22 ~~(18)~~(16) ICD: International Classification of Diseases;
- 23 ~~(19)~~(17) ISS: Injury Severity Score;
- 24 ~~(20) ICU: Intensive Care Unit;~~
- 25 ~~(21) IV: Intravenous;~~
- 26 ~~(22) LPN: Licensed Practical Nurse;~~
- 27 ~~(23)~~(18) MICN: Mobile Intensive Care Nurse;
- 28 ~~(24)~~(19) NHTSA: National Highway Traffic Safety Administration;
- 29 ~~(25)~~(20) OEMS: Office of Emergency Medical Services;
- 30 ~~(26)~~(21) OR: Operating Room;
- 31 ~~(27)~~(22) PSAP: Public Safety Answering Point;
- 32 ~~(28)~~(23) RAC: Regional Advisory Committee;
- 33 ~~(29)~~(24) RFP: Request For Proposal;
- 34 ~~(30) RN: Registered Nurse;~~
- 35 ~~(31)~~(25) SCTP: Specialty Care Transport Program;
- 36 ~~(32)~~(26) SMARTT: State Medical Asset and Resource Tracking Tool;
- 37 ~~(33)~~(27) STEMI: ST Elevation Myocardial Infarction; and

- 1           ~~(34)~~    TR: Trauma Registrar;
- 2           ~~(35)~~    TPM: Trauma Program Manager; and
- 3           ~~(36)~~(28) US DOT: United States Department of Transportation.

4

5    *History Note:*    *Authority G.S. 143-508(b);*  
6                    *Temporary Adoption Eff. January 1, 2002;*  
7                    *Eff. April 1, 2003;*  
8                    *Amended Eff. January 1, 2009; January 1, 2004;*  
9                    *Readopted Eff. January 1, ~~2017.~~ 2017;*  
10                    *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0102 is proposed for amendment as follows:

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3 **10A NCAC 13P .0102 DEFINITIONS**

4 In addition to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:

5 (1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association  
6 identified with a specific county EMS system as a condition for EMS Provider Licensing as required  
7 by Rule .0204 of this Subchapter.

8 (2) "Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center or  
9 there is a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's  
10 patient population to the non-trauma center hospital.

11 (3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active  
12 participation, collaboration, and involvement in a process or system between two or more parties.

13 (4) "Alternative Practice Setting" means a practice setting that utilizes credentialed EMS personnel that  
14 may not be affiliated with or under the oversight of an EMS System or EMS System Medical  
15 Director.

16 (5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients  
17 by air. The patient care compartment of air medical ambulances shall be staffed by medical crew  
18 members approved for the mission by the Medical Director.

19 (6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft  
20 configured and operated to transport patients.

21 (7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical  
22 Director with the medical aspects of the management of a practice setting utilizing credentialed  
23 EMS personnel or medical crew members.

24 (8) "Bypass" means a decision made by the patient care technician to transport a patient from the scene  
25 of an accident or medical emergency past a receiving facility for the purposes of accessing a facility  
26 with a higher level of care, or a hospital of its own volition reroutes a patient from the scene of an  
27 accident or medical emergency or referring hospital to a facility with a higher level of care.

28 (9) "Community Paramedicine" means an EMS System utilizing credentialed personnel who have  
29 received additional training as determined by the EMS system Medical Director to provide  
30 knowledge and skills for the community needs beyond the 911 emergency response and transport  
31 operating guidelines defined in the EMS system plan.

32 (10) "Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or  
33 amendment of a designation.

34 (11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport  
35 patients having a known non-emergency medical condition. Convalescent ambulances shall not be  
36 used in place of any other category of ambulance defined in this Subchapter.

- 1 (12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the basis  
2 for a focused review or denial of a designation.
- 3 (13) "Department" means the North Carolina Department of Health and Human Services.
- 4 (14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.
- 5 (15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects  
6 of approved EMS educational programs.
- 7 (16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies  
8 and personnel that relate to the dispatch, response, treatment, and disposition of any patient.
- 9 (17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS  
10 educational programs.
- 11 (18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider  
12 dedicated and equipped to move medical equipment and EMS personnel functioning within the  
13 scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS  
14 nontransporting vehicles shall not be used for the transportation of patients on the streets, highways,  
15 waterways, or airways of the state.
- 16 (19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).
- 17 (20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one  
18 or more reports generated from the State EMS data system analyzing the EMS service delivery,  
19 personnel performance, and patient care provided by an EMS system and its associated EMS  
20 agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of  
21 Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times,  
22 stroke, STEMI (heart attack), and pediatric care.
- 23 (21) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license  
24 issued by the Department pursuant to G.S. 131E-155.1.
- 25 (22) "EMS System" means a coordinated arrangement of local resources under the authority of the county  
26 government (including all agencies, personnel, equipment, and facilities) organized to respond to  
27 medical emergencies and integrated with other health care providers and networks including public  
28 health, community health monitoring activities, and special needs populations.
- 29 (23) "Essential Criteria" means those items that are the requirements for the respective level of trauma  
30 center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.
- 31 (24) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies  
32 that are a result of deficiencies following a site visit.
- 33 (25) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical  
34 conditions or patients for whom the need for specialty care, emergency, or non-emergency medical  
35 care is anticipated either at the patient location or during transport.

- 1 (26) "Hospital" means a licensed facility as defined in G.S. 131E-176 or an acute care in-patient  
2 diagnostic and treatment facility located within the State of North Carolina that is owned and  
3 operated by an agency of the United States government.
- 4 ~~(27)~~ ~~"Immediately Available" means the physical presence of the health professional or the hospital~~  
5 ~~resource within the trauma center to evaluate and care for the trauma patient.~~
- 6 ~~(28)~~(27) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to  
7 provide quality care and to improve measurable outcomes for all defined injured patients. EMS,  
8 hospitals, other health systems, and clinicians shall participate in a structured manner through  
9 leadership, advocacy, injury prevention, education, clinical care, performance improvement, and  
10 research resulting in integrated trauma care.
- 11 ~~(29)~~(28) "Infectious Disease Control Policy" means a written policy describing how the EMS system will  
12 protect and prevent its patients and EMS professionals from exposure and illness associated with  
13 contagions and infectious disease.
- 14 ~~(30)~~(29) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that  
15 provides staff support and serves as the coordinating entity for trauma planning.
- 16 ~~(31)~~(30) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research,  
17 and total care for every aspect of injury from prevention to rehabilitation.
- 18 ~~(32)~~(31) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of  
19 the injury, but may lack the comprehensive care as a Level I trauma center, and does not have trauma  
20 research as a primary objective.
- 21 ~~(33)~~(32) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency  
22 operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma  
23 center.
- 24 ~~(34)~~ ~~"Licensed Health Care Facility" means any health care facility or hospital licensed by the~~  
25 ~~Department of Health and Human Services, Division of Health Service Regulation.~~
- 26 ~~(35)~~(33) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed  
27 or registered in North Carolina and are affiliated with a SCTP.
- 28 ~~(36)~~(34) "Medical Director" means the physician responsible for the medical aspects of the management of  
29 a practice setting utilizing credentialed EMS personnel or medical crew members, or a Trauma  
30 Center.
- 31 ~~(37)~~(35) "Medical Oversight" means the responsibility for the management and accountability of the medical  
32 care aspects of a practice setting utilizing credentialed EMS personnel or medical crew members.  
33 Medical Oversight includes physician direction of the initial education and continuing education of  
34 EMS personnel or medical crew members; development and monitoring of both operational and  
35 treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew  
36 members; participation in system or program evaluation; and directing, by two-way voice  
37 communications, the medical care rendered by the EMS personnel or medical crew members.

- 1 ~~(38)~~(36) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received  
2 additional training as determined by the Alternative Practice Setting medical director to provide  
3 knowledge and skills for the healthcare provider program needs.
- 4 ~~(39)~~ "Off line Medical Control" means ~~medical supervision provided through the EMS System Medical  
5 Director or SCTP Medical Director who is responsible for the day to day medical care provided by  
6 EMS personnel. This includes EMS personnel education, protocol development, quality  
7 management, peer review activities, and EMS administrative responsibilities related to assurance of  
8 quality medical care.~~
- 9 ~~(40)~~(37) "Office of Emergency Medical Services" means a section of the Division of Health Service  
10 Regulation of the North Carolina Department of Health and Human Services located at 1201  
11 Umstead Drive, Raleigh, North Carolina 27603.
- 12 ~~(41)~~(38) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel  
13 through direct communication in-person, via radio, cellular phone, or other communication device  
14 during the time the patient is under the care of an EMS professional.
- 15 ~~(42)~~(39) "Operational Protocols" means the administrative policies and procedures of an EMS System or that  
16 provide guidance for the day-to-day operation of the system.
- 17 ~~(43)~~ "Participating Hospital" means ~~a hospital that supplements care within a larger trauma system by  
18 the initial evaluation and assessment of injured patients for transfer to a designated trauma center if  
19 needed.~~
- 20 ~~(44)~~(40) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board  
21 to practice medicine in the state of North Carolina.
- 22 ~~(45)~~(41) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group  
23 representing trauma care providers and the community, for the purpose of regional planning,  
24 establishing, and maintaining a coordinated trauma system.
- 25 ~~(46)~~(42) "Request for Proposal" means a State document that must be completed by each hospital seeking  
26 initial or renewal trauma center designation.
- 27 ~~(47)~~(43) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during  
28 compliance monitoring to exceed the ability of the local EMS System to correct, warranting  
29 enforcement action pursuant to Section .1500 of this Subchapter.
- 30 ~~(48)~~(44) "State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by  
31 the OEMS both in its daily operations and during times of disaster to identify, record, and monitor  
32 EMS, hospital, health care, and sheltering resources statewide, including facilities, personnel,  
33 vehicles, equipment, and pharmaceutical and supply caches.
- 34 ~~(49)~~(45) "Specialty Care Transport Program" means a program designed and operated for the transportation  
35 of a patient by ground or air requiring specialized interventions, monitoring, and staffing by a  
36 paramedic who has received additional training as determined by the program Medical Director



beyond the minimum training prescribed by the OEMS, or by one or more other healthcare professional(s) qualified for the provision of specialized care based on the patient's condition.

~~(50)~~(46) "Specialty Care Transport Program Continuing Education Coordinator" means a ~~Level I~~ Level II EMS Instructor within a SCTP who is responsible for the coordination of EMS continuing education programs for EMS personnel within the program.

~~(51)~~(47) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent position and may only be used in an ambulance vehicle permitted by the Department.

~~(52)~~(48) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.

~~(53)~~(49) "System Continuing Education Coordinator" means the ~~Level I~~ Level II EMS Instructor designated by the local EMS System who is responsible for the coordination of EMS continuing education programs.

~~(54)~~(50) "System Data" means all information required for daily electronic submission to the OEMS by all EMS Systems using the EMS data set, data dictionary, and file format as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated herein by reference including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699- 2707, at no cost and online at [www.ncems.org](http://www.ncems.org) at no cost.

~~(55)~~(51) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe injury.

~~(56)~~ "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.

~~(57)~~ "Trauma Center Designation" means a process of approval in which a hospital voluntarily seeks to have its trauma care capabilities and performance evaluated by experienced on-site reviewers.

~~(58)~~ "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely injured patient due to a lack of staffing or resources.

~~(59)~~ "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma system.

~~(60)~~ "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the Trauma Registry.

~~(61)~~(52) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North Carolina Trauma Registry Data Dictionary," incorporated herein by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.

~~(62)~~(53) "Trauma Program" means an administrative entity that includes the trauma service and coordinates other trauma-related activities. It shall also include the trauma Medical Director, trauma program manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it

1 the ability to interact with at least equal authority with other departments in the hospital providing  
2 patient care.

3 ~~(63)~~(54) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data  
4 elements that describe the injury event, demographics, pre-hospital information, diagnosis, care,  
5 outcomes, and costs of treatment for injured patients collected and electronically submitted as  
6 defined by the OEMS. The elements of the Trauma Registry can be accessed at  
7 <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.

8 ~~(64)~~(55) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS  
9 System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the  
10 OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and  
11 patient-care-related policies that shall be completed by EMS personnel or medical crew members  
12 based upon the assessment of a patient.

13 ~~(65)~~(56) "Triage" means the assessment and categorization of a patient to determine the level of EMS and  
14 healthcare facility based care required.

15 ~~(66)~~(57) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport  
16 patients.

17  
18 *History Note:* Authority G.S. 131E-155(6b); 131E-162; 143-508(b), 143-508(d)(1); 143-508(d)(2); 143-  
19 508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-  
20 508(d)(13); 143-518(a)(5);  
21 *Temporary Adoption Eff. January 1, 2002;*  
22 *Eff. April 1, 2003;*  
23 *Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;*  
24 *Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this*  
25 *rule;*  
26 *Readopted Eff. January 1, 2017;*  
27 *Amended Eff. July 1, 2021; September 1, 2019; July 1, 2018.*

1 10A NCAC 13P .0222 is proposed for amendment as follows:

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3 **10A NCAC 13P .0222 TRANSPORT OF STRETCHER BOUND PATIENTS**

4 (a) Any person transported on a stretcher as defined in Rule .0102 of this Subchapter meets the definition of patient  
5 as defined in G.S. 131E-155(16).

6 (b) Stretchers may only be utilized for patient transport in an ambulance permitted by the OEMS in accordance with  
7 G.S. 131E-156 and Rule .0211 of this Section.

8 (c) The Medical Care Commission exempts wheeled chair devices used solely for the transportation of mobility  
9 impaired persons seated in an upright position in non-permitted vehicles from the definition of stretcher.

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11 *History Note: Authority G.S. 131E-156; 131E-157; 143-508(d)(8);*

12 *Eff. January 1, 2017;*

13 *Amended Eff. July 1, 2021; July 1, 2018.*

1 10A NCAC 13P .0501 is proposed for amendment as follows:

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3 **10A NCAC 13P .0501 EDUCATIONAL PROGRAMS**

4 (a) EMS educational programs that qualify credentialed EMS personnel to perform within their scope of practice shall  
5 be offered by an EMS educational institution as set forth in Section .0600 of this Subchapter, or by an EMS educational  
6 institution in another state where the education and credentialing requirements have been approved for legal  
7 recognition by the Department pursuant to G.S. 131E-159 as determined using the professional judgment of OEMS  
8 staff following comparison of out-of-state standards with the program standards set forth in this Rule.

9 (b) Educational programs approved to qualify EMS personnel for credentialing shall meet the educational content of  
10 the "US DOT NHTSA National EMS Education Standards," which is hereby incorporated by reference, including  
11 subsequent amendments and editions. This document is available online at no cost at [www.ems.gov/education.html](http://www.ems.gov/education.html).

12 (c) Educational programs approved to qualify EMS personnel for AEMT and Paramedic credentialing shall meet the  
13 requirements of Paragraph (b) of this Rule and possess verification of accreditation or a valid letter of review from the  
14 Commission on Accreditation of Allied Health Education Programs (CAAHEP) or other accrediting agency  
15 determined using the professional judgment of OEMS staff following a comparison of standards.

16 ~~(d)~~ (d) Educational programs approved to qualify EMD personnel for credentialing shall conform with the "ASTM  
17 ~~F1258 – 95(2006);~~ F1258 – 95(2014); Standard Practice for Emergency Medical ~~"Dispatch"~~ "Dispatch" incorporated  
18 by reference including subsequent amendments and editions. This document is available from ASTM International,  
19 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA, 19428-2959 USA, at a cost of forty eight dollars  
20 ~~(\$40.00)~~ (\$48.00) per copy.

21 ~~(e)~~ (e) Instructional methodology courses approved to qualify Level I EMS instructors shall conform with the "US  
22 DOT NHTSA 2002 National Guidelines for Educating EMS Instructors" incorporated by reference including  
23 subsequent amendments and additions. This document is available online at no cost at [www.ems.gov/education.html](http://www.ems.gov/education.html).

24 ~~(f)~~ (f) Continuing educational programs approved by the OEMS to qualify EMS personnel for renewal of credentials  
25 shall be approved by demonstrating the ability to assess cognitive competency in the skills and medications for the  
26 level of application as defined by the North Carolina Medical Board pursuant to G.S. 143-514.

27 ~~(g)~~ (g) Refresher courses shall comply with the requirements defined in Rule .0513 of this Section.

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29 *History Note: Authority G.S. 143-508(d)(3); 143-508(d)(4); 143-514;*

30 *Temporary Adoption Eff. January 1, 2002;*

31 *Eff. January 1, 2004;*

32 *Amended Eff. January 1, 2009;*

33 *Readoption Eff. January 1, ~~2017.~~ 2017;*

34 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0502 is proposed for amendment as follows:

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3 **10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT,**  
4 **PARAMEDIC, AND EMD**

5 (a) In order to be credentialed by the OEMS as an EMR, EMT, AEMT, or Paramedic, individuals shall:

6 (1) ~~be~~ Be at least 18 years of age. An examination may be taken at age 17; however, the EMS credential  
7 shall not be issued until the applicant has reached the age of 18.

8 (2) ~~complete~~ Complete an approved educational program as set forth in Rule ~~.0501(b)~~ .0501 of this  
9 Section for their level of application.

10 (3) ~~complete~~ Complete a scope of practice performance evaluation that uses performance measures  
11 based on the cognitive, psychomotor, and affective educational objectives set forth in Rule ~~.0501(b)~~  
12 .0501 of this Section and that is consistent with their level of application, and approved by the  
13 OEMS. This scope of practice evaluation shall be completed no more than one year prior to  
14 examination. This evaluation shall be conducted by a Level I or Level II EMS Instructor credentialed  
15 at or above the level of application or under the direction of the primary credentialed EMS instructor  
16 or educational medical advisor for the approved educational program.

17 (4) ~~within~~ Within 90 days from their course graded date as reflected in the OEMS credentialing  
18 database, complete a written examination administered by the OEMS. If the applicant fails to  
19 register and complete a written examination within the ~~90-day~~ 90-day period, the applicant shall  
20 obtain a letter of authorization to continue eligibility for testing from his or her EMS Educational  
21 Institution's program coordinator to qualify for an extension of the ~~90-day~~ 90-day requirement set  
22 forth in this Paragraph. If the EMS Educational Institution's program coordinator declines to provide  
23 a letter of authorization, the applicant shall be disqualified from completing the credentialing  
24 process. Following a review of the applicant's specific circumstances, OEMS staff will determine,  
25 based on professional judgment, if the applicant qualifies for EMS credentialing eligibility. The  
26 OEMS shall notify the applicant in writing within 10 business days of the decision.

27 (A) a maximum of three attempts within ~~nine~~ six months shall be allowed.

28 (B) ~~if the individual fails to pass a written examination, the individual may continue eligibility~~  
29 ~~for examination for an additional three attempts within the following nine months by~~  
30 ~~submitting to the OEMS evidence the individual repeated a course specific scope of~~  
31 ~~practice evaluation as set forth in Subparagraph (a)(3) of this Rule, and evidence of~~  
32 ~~completion of a refresher course as set forth in Rule .0513 of this Section for the level of~~  
33 ~~application; or~~

34 (C)(B) if unable to pass the written examination requirement after ~~six attempts~~ three attempts,  
35 ~~within an 18 period following course grading date as reflected in the OEMS credentialing~~  
36 ~~database~~, the educational program shall become invalid and the individual may only

1                   become eligible for credentialing by repeating the requirements set forth in Rule .0501 of  
2                   this Section.

3           (5)   ~~submit~~ Submit to a criminal background history check as set forth in Rule .0511 of this Section.

4           (6)   ~~submit~~ Submit evidence of completion of all court conditions resulting from any misdemeanor or  
5           felony conviction(s).

6 (b) An individual seeking credentialing as an EMR, EMT, ~~AEMT~~ AEMT, or Paramedic may qualify for initial  
7 credentialing under the legal recognition option set forth in G.S. 131E-159(c).

8           (1)   Individuals possessing a credential for less than two years being used for the level of application  
9           shall complete a written examination administered by the OEMS as set forth in this Rule.

10          (2)   Individuals seeking credentialing as an AEMT or Paramedic shall submit documentation that the  
11          credential being used for application is from a CAAHEP Accredited program.

12 (c) In order to be credentialed by the OEMS as an EMD, individuals shall:

13          (1)   be at least 18 years of age;

14          (2)   complete the educational requirements set forth in Rule ~~.0501(e)~~ .0501 of this Section;

15          (3)   complete, within one year prior to application, an AHA CPR course or a course determined by the  
16          OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR;

17          (4)   submit to a criminal background history check as defined in Rule .0511 of this Section;

18          (5)   submit evidence of completion of all court conditions resulting from any misdemeanor or felony  
19          conviction(s); and

20          (6)   possess an EMD nationally recognized credential pursuant to G.S. 131E-159(d).

21 (d) Pursuant to G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the  
22 Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that  
23 would have required registration if committed at a time when registration would have been required by law.

24

25 *History Note:*    *Authority G.S. 131E-159(a); 131E-159(b); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952;*

26                    *Temporary Adoption Eff. January 1, 2002;*

27                    *Eff. February 1, 2004;*

28                    *Amended Eff. January 1, 2009;*

29                    *Readopted Eff. January 1, ~~2017~~ 2017;*

30                    *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0504 is proposed for amendment as follows:

2

3 **10A NCAC 13P .0504 RENEWAL OF CREDENTIALS FOR EMR, EMT, AEMT, PARAMEDIC, AND**  
 4 **EMD**

5 (a) EMR, EMT, AEMT, and Paramedic applicants shall renew credentials by meeting the following criteria:

6 (1) presenting documentation to the OEMS or an approved EMS educational institution or program as  
 7 set forth in Rule .0601 or .0602 of this Subchapter that they have completed an approved educational  
 8 program as described in Rule ~~.0504(e) or (f)~~ .0501 of this Section;

9 (2) submit to a criminal background history check as set forth in Rule .0511 of this Section;

10 (3) submit evidence of completion of all court conditions resulting from applicable misdemeanor or  
 11 felony conviction(s); and

12 (4) be a resident of North Carolina or affiliated with an EMS provider approved by the Department.

13 (b) An individual may renew credentials by presenting documentation to the OEMS that he or she holds a valid EMS  
 14 credential for his or her level of application issued by the National Registry of Emergency Medical Technicians or by  
 15 another state where the education and credentialing requirements have been determined by OEMS staff in their  
 16 professional judgment to be equivalent to the educations and credentialing requirements set forth in this Section.

17 (c) EMD applicants shall renew credentials by presenting documentation to the OEMS that he or she holds a valid  
 18 EMD credential issued by a national credentialing agency using the education criteria set forth in Rule ~~.0504(e)~~ .0501  
 19 of this Section.

20 (d) Upon request, an EMS professional may renew at a lower credentialing level by meeting the requirements defined  
 21 in Paragraph (a) of this Rule. To restore the credential held at the higher level, the individual shall meet the  
 22 requirements set forth in Rule .0512 of this Section.

23 (e) EMS credentials may not be renewed through a local credentialed institution or program more than 90 days prior  
 24 to the date of expiration.

25 (f) Pursuant to G.S. 150B-3(a), if an applicant makes a timely and sufficient application for renewal, the EMS  
 26 credential shall not expire until a decision on the credential is made by the Department. If the application is denied,  
 27 the credential shall remain effective until the last day for applying for judicial review of the Department's order.

28 (g) Pursuant to G.S. 131E-159(h), the Department shall not renew the EMS credential for any person listed on the  
 29 North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of  
 30 an offense that would have required registration at a time when registration would have been required by law.

31

32 *History Note: Authority G.S. 131E-159(a); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952; 150B-3(a);*

33 *Temporary Adoption Eff. January 1, 2002;*

34 *Eff. February 1, 2004;*

35 *Amended Eff. January 1, 2009;*

36 *Readopted Eff. January 1, 2017. 2017;*

37 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0507 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0507 INITIAL CREDENTIALING REQUIREMENTS FOR LEVEL I EMS**  
4 **INSTRUCTORS**

5 (a) Applicants for credentialing as a Level I EMS Instructor shall:

6 (1) be currently credentialed by the OEMS as an EMT, AEMT, or Paramedic;

7 ~~(2)~~ have completed post-secondary level education equal to or exceeding a minimum of an Associate  
8 Degree from an institution accredited by an approved agency listed on the U.S. Department of  
9 Education website, [www.ed.gov](http://www.ed.gov):

10 (A) The Department shall accept degrees from programs accredited by the Accreditation  
11 Commission for Education in Nursing (ACEN) and the Commission on Accreditation of  
12 Allied Health Education Programs.

13 (B) Additional degrees may be accepted based on the professional judgment of OEMS staff  
14 following a comparison of standards;

15 ~~(2)(3)~~ have three years experience at the scope of practice for the level of application;

16 ~~(3)(4)~~ within one year prior to application, complete an in-person evaluation that demonstrates the  
17 applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor,  
18 and affective educational objectives in Rule ~~.0501(b)~~ .0501 of this Section consistent with their level  
19 of application and approved by the OEMS:

20 (A) for a credential to teach at the EMT level, this evaluation shall be conducted under the  
21 direction of a Level II EMS Instructor credentialed at or above the level of application; and

22 (B) for a credential to teach at the AEMT or Paramedic level, this evaluation shall be conducted  
23 under the direction of the educational medical advisor, or a Level II EMS Instructor  
24 credentialed at or above the level of application and designated by the educational medical  
25 advisor;

26 ~~(4)(5)~~ have 100 hours of teaching experience at or above the level of application in an approved EMS  
27 educational program or a program determined by OEMS staff in their professional judgment  
28 equivalent to an EMS education program;

29 ~~(5)(6)~~ complete an educational program as described in Rule ~~.0501(d)~~ .0501 of this Section; and

30 ~~(6)(7)~~ within one year prior to application, attend an OEMS Instructor workshop sponsored by the OEMS.  
31 A listing of scheduled OEMS Instructor workshops is available from the OEMS at ~~[www.ncems.org](http://www.ncems.org)~~;  
32 ~~and~~ <https://info.ncdhhs.gov/dhsr/ems>.

33 ~~(7)~~ have a high school diploma or General Education Development certificate.

34 (b) An individual seeking credentialing for Level I EMS Instructor may qualify for initial credentialing under the  
35 legal recognition option defined in G.S. 131E-159(c).

36 (c) The credential of a Level I EMS Instructor shall be valid for four years, or less pursuant to G.S. ~~131E-159(e)~~  
37 131E-159(c), unless any of the following occurs:



- 1           (1)     the OEMS imposes an administrative action against the instructor credential; or
- 2           (2)     the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level
- 3                     that the instructor is approved to teach.

4 (d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person  
5 listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an  
6 offense that would have required registration if committed at a time when registration would have been required by  
7 law.

8  
9 *History Note:*     *Authority G.S. 131E-159; 143-508(d)(3);*  
10                    *Temporary Adoption Eff. January 1, 2002;*  
11                    *Eff. February 1, 2004;*  
12                    *Amended Eff. January 1, 2009;*  
13                    *Readopted Eff. January 1, 2017;*  
14                    *Amended Eff. July 1, 2021; September 1, 2019.*

1 10A NCAC 13P .0508 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0508 INITIAL CREDENTIALING REQUIREMENTS FOR LEVEL II EMS**  
4 **INSTRUCTORS**

5 (a) Applicants for credentialing as a Level II EMS Instructor shall:

6 (1) be currently credentialed by the OEMS as an EMT, AEMT, or Paramedic;

7 ~~(2)~~ be currently credentialed by the OEMS as a Level I Instructor at the EMT, AEMT, or Paramedic  
8 level;

9 ~~(2)(3)~~ have completed post-secondary level education equal to or exceeding an Associate Degree; a  
10 Bachelor's Degree from an institution accredited by an approved agency listed on the U.S.  
11 Department of Education website, www.ed.gov;

12 (A) The Department shall accept degrees from programs accredited by the Accreditation  
13 Commission for Education in Nursing (ACEN) and the Commission on Accreditation of  
14 Allied Health Education Programs.

15 (B) Additional degrees may be accepted based on the professional judgment of OEMS staff  
16 following a comparison of standards;

17 ~~(3)(4)~~ within one year prior to application, complete an in-person evaluation that demonstrates the  
18 applicant's ability to provide didactic and clinical instruction based on the cognitive, psychomotor,  
19 and affective educational objectives in Rule .0501(b) .0501 of this Section consistent with their level  
20 of application and approved by the OEMS:

21 (A) for a credential to teach at the EMT level, this evaluation shall be conducted under the  
22 direction of a Level II EMS Instructor credentialed at or above the level of application; and

23 (B) for a credential to teach at the AEMT or Paramedic level, this evaluation shall be conducted  
24 under the direction of the educational medical advisor, or a Level II EMS Instructor  
25 credentialed at or above the level of application and designated by the educational medical  
26 advisor;

27 ~~(4)(5)~~ have two a minimum two concurrent years teaching experience as a Level I EMS Instructor at or  
28 above the level of application application, or as a Level II EMS Instructor at a lesser credential level  
29 applying for a higher level in an approved EMS educational program program, or teaching  
30 experience determined by OEMS staff in their professional judgment to be equivalent to an EMS  
31 Level I education program;

32 ~~(5)(6)~~ complete the "EMS Education Administration Course conducted by a North Carolina Community  
33 College or the National Association of EMS Educators Level II Instructor Course; Course that is  
34 valid for the duration of the active Level II Instructor credential; and

35 ~~(6)(7)~~ within one year prior to application, attend an OEMS Instructor workshop sponsored by the OEMS.  
36 A listing of scheduled OEMS Instructor workshops is available from the OEMS at [www.ncems.org](http://www.ncems.org).  
37 <https://info.ncdhhs.gov/dhsr/ems>.

1 (b) An individual seeking credentialing for Level II EMS Instructor may qualify for initial credentialing under the  
2 legal recognition option defined in G.S. 131E-159(c).

3 (c) The credential of a Level II EMS Instructor is valid for four years, or less pursuant to ~~G.S. 131E-159(e)~~ 131E-  
4 159(c), unless any of the following occurs:

- 5 (1) the OEMS imposes an administrative action against the instructor credential; or
- 6 (2) the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level  
7 that the instructor is approved to teach.

8 (d) Pursuant to the provisions of G.S. 131E-159(h) the Department shall not issue an EMS credential for any person  
9 listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an  
10 offense that would have required registration if committed at a time when registration would have been required by  
11 law.

12  
13 *History Note: Authority G.S. 131E-159; 143-508(d)(3);*  
14 *Temporary Adoption Eff. January 1, 2002;*  
15 *Eff. February 1, 2004;*  
16 *Amended Eff. January 1, 2009;*  
17 *Readopted Eff. January 1, 2017;*  
18 *Amended Eff. July 1, 2021; September 1, 2019.*

1 10A NCAC 13P .0510 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0510 RENEWAL OF CREDENTIALS FOR LEVEL I AND LEVEL II EMS**  
4 **INSTRUCTORS**

5 (a) Level I and Level II EMS Instructor applicants shall renew credentials by presenting documentation to the OEMS  
6 that they:

- 7 (1) are credentialed by the OEMS as an EMT, ~~AEMT~~ AEMT, or Paramedic;
- 8 (2) within one year prior to application, complete an evaluation that demonstrates the applicant's ability  
9 to provide didactic and clinical instruction based on the cognitive, psychomotor, and affective  
10 educational objectives in Rule ~~.0501(b)~~ .0501 of this Section consistent with their level of  
11 application and approved by the OEMS:
- 12 (A) to renew a credential to teach at the EMT level, this evaluation shall be conducted under  
13 the direction of a Level II EMS Instructor credentialed at or above the level of application;  
14 and
- 15 (B) to renew a credential to teach at the AEMT or Paramedic level, this evaluation shall be  
16 conducted under the direction of the educational medical advisor, or a Level II EMS  
17 Instructor credentialed at or above the level of application and designated by the  
18 educational medical advisor;
- 19 (3) completed 96 hours of EMS instruction at the level of ~~application; and application.~~ Individuals  
20 identified as EMS program coordinators or positions determined by OEMS staff in the professional  
21 judgment to the equivalent to an EMS program coordinator may provide up to 72 hours related to  
22 the institution's needs, with the remaining 24 hours in EMS instruction;
- 23 (4) completed 24 hours of educational professional development as defined by the educational  
24 institution that provides for:
- 25 (A) enrichment of knowledge;
- 26 (B) development or change of attitude in students; or
- 27 (C) acquisition or improvement of skills; and
- 28 (5) within one year prior to renewal application, attend an OEMS Instructor workshop sponsored by the  
29 OEMS.

30 (b) An individual may renew a Level I or Level II EMS Instructor credential under the legal recognition option defined  
31 in G.S. 131E-159(c).

32 (c) The credential of a Level I or Level II EMS Instructor is valid for four years, or less pursuant to G.S. 131E-159(c)  
33 unless any of the following occurs:

- 34 (1) the OEMS imposes an administrative action against the instructor credential; or
- 35 (2) the instructor fails to maintain a current EMT, AEMT, or Paramedic credential at the highest level  
36 that the instructor is approved to teach.

1 (d) Pursuant to the provisions of G.S. 131E-159(h), the Department shall not issue an EMS credential for any person  
2 listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an  
3 offense that would have required registration if committed at a time when registration would have been required by  
4 law.

5

6 *History Note: Authority G.S. 131E-159(a); 131E-159(b); 143-508(d)(3);*

7 *Eff. February 1, 2004;*

8 *Amended Eff. February 1, 2009;*

9 *Readopted Eff. January 1, ~~2017~~ 2017;*

10 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0512 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0512 REINSTATEMENT OF LAPSED EMS CREDENTIAL**

4 (a) EMS personnel enrolled in an OEMS approved continuing education program as set forth in Rule .0601 of this  
5 Subchapter and ~~that~~ who was eligible for renewal of an EMS credential prior to expiration, may request the EMS  
6 educational institution submit documentation of the continuing education record to the OEMS. OEMS shall renew  
7 the EMS credential to be valid for four years from the previous expiration date.

8 (b) An individual with a lapsed North Carolina EMS credential is eligible for reinstatement through the legal  
9 recognition option defined in G.S. 131E-159(c) and Rule .0502 of this Section.

10 (c) EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed up to ~~24~~ 12 months,  
11 shall:

- 12 (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);  
13 (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;  
14 (3) at the time of application, present evidence that renewal education requirements were met prior to  
15 expiration or complete a refresher course at the level of application taken following expiration of  
16 the credential;  
17 (4) ~~EMRs and EMTs shall~~ complete an OEMS administered written examination for the individual's  
18 level of credential application;  
19 (5) undergo a criminal history check performed by the OEMS; and  
20 (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or  
21 felony conviction(s).

22 ~~(d) EMR and EMT applicants for reinstatement of an EMS credential, lapsed more than 24 months, must:~~

- 23 ~~(1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); and~~  
24 ~~(2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section~~

25 ~~(e) AEMT and Paramedic applicants for reinstatement of an EMS credential, lapsed between 24 and 48 months, shall:~~

- 26 ~~(1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);~~  
27 ~~(2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider;~~  
28 ~~(3) present evidence of completion of a refresher course at the level of application taken following~~  
29 ~~expiration of the credential;~~  
30 ~~(4) complete an OEMS administered written examination for the individuals level of credential~~  
31 ~~application;~~  
32 ~~(5) undergo a criminal history check performed by the OEMS; and~~  
33 ~~(6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or~~  
34 ~~felony conviction(s).~~

35 ~~(f)(d)~~ AEMT, EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed more  
36 than ~~48~~ 12 months, shall:

- 37 (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); and

1           (2)       meet the provisions for initial credentialing set forth in Rule .0502 of this Section.

2 (e) EMT, AEMT, and Paramedic applicants for reinstatement of an EMS Instructor Credential, lapsed up to 12  
3 months, shall:

4           (1)       be ineligible for legal recognition pursuant to G.S. 131E-159(c);

5           (2)       be a resident of North Carolina or affiliated with a North Carolina EMS Provider; and

6           (3)       at the time of application, present evidence that renewal requirements were met prior to expiration  
7 or within six months following the expiration of the Instructor credential.

8 (f) EMT, AEMT, and Paramedic applicants for reinstatement of an EMS Instructor credential, lapsed greater than 12  
9 months, shall:

10          (1)       be ineligible for legal recognition pursuant to G.S. 131E-159(c); and

11          (2)       meet the requirements for initial Instructor credentialing set forth in Rules .0507 and .0508 of this  
12 Section. Degree requirements that were not applicable to EMS Instructors initially credentialed  
13 prior to July 1, 2021 shall be required for reinstatement of a lapsed credential.

14 (g) EMD applicants shall renew a lapsed credential by meeting the requirements for initial credentialing set forth in  
15 Rule .0502 of this Section.

16 (h) Pursuant to G.S. 131E-159(h), the Department shall not issue or renew an EMS credential for any person listed  
17 on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense  
18 that would have required registration if committed at a time when registration would have been required by law.

19

20 *History Note: Authority G.S. 131E-159; 143-508(d)(3); 143B-952;*

21 *Eff. January 1, ~~2017~~ 2017;*

22 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0601 is proposed for amendment as follows:

2  
3 **SECTION .0600 – EMS EDUCATIONAL INSTITUTIONS AND PROGRAMS**

4  
5 **10A NCAC 13P .0601 CONTINUING EDUCATION EMS EDUCATIONAL INSTITUTION PROGRAM**  
6 **REQUIREMENTS**

7 (a) Continuing Education EMS Educational ~~Institutions Programs~~ shall be credentialed by the OEMS to provide only  
8 EMS continuing ~~education programs~~ education. An application for credentialing as an approved EMS continuing  
9 education ~~institution program~~ shall be submitted to the OEMS for review.

10 (b) Continuing Education EMS Educational ~~Institutions Programs~~ shall have:

11 (1) at least a Level I EMS Instructor as program coordinator and shall hold a Level I EMS Instructor  
12 credential at a level equal to or greater than the highest level of continuing education program  
13 offered in the EMS ~~System or System~~, Specialty Care Transport ~~Program; Program, or Agency;~~

14 (2) a continuing education program shall be consistent with the services offered by the EMS ~~System or~~  
15 System, Specialty Care Transport ~~Program; Program, or Agency;~~

16 (A) In an EMS System, the continuing education programs shall be reviewed and approved by  
17 the system continuing education coordinator and Medical Director; ~~and~~

18 (B) In a Specialty Care Transport Program, the continuing education program shall be reviewed  
19 and approved by Specialty Care Transport Program Continuing Education Coordinator and  
20 the Medical Director; and

21 (C) In an Agency not affiliated with an EMS System or Specialty Care Transport Program, the  
22 continuing education program shall be reviewed and approved by the Agency Program  
23 Medical Director;

24 (3) written educational policies and procedures to include each of the following:

25 (A) the delivery of educational programs in a manner where the content and material is  
26 delivered to the intended audience, with a limited potential for exploitation of such content  
27 and material;

28 (B) the record-keeping system of student attendance and performance;

29 (C) the selection and monitoring of EMS instructors; and

30 (D) student evaluations of faculty and the program's courses or components, and the frequency  
31 of the evaluations;

32 (4) access to instructional supplies and equipment necessary for students to complete educational  
33 programs as defined in Rule ~~.0501(b)~~ .0501 of this Subchapter;

34 (5) meet ~~at a minimum~~, the educational program requirements as defined in Rule ~~.0501(e)~~ .0501 of this  
35 Subchapter;

36 (6) Upon request, the approved EMS continuing education ~~institution program~~ shall provide records to  
37 the OEMS in order to verify compliance and student eligibility for credentialing; and



1 (7) ~~unless accredited in accordance with Rule .0605 of this Section,~~ approved education ~~institution~~  
2 program credentials are valid for a period not to exceed four years.

3 (c) Program coordinators shall attend an OEMS Program Coordinator workshop annually. A listing of scheduled  
4 OEMS Program Coordinator Workshops is available at <https://emspic.org>.

5 ~~(d)~~ Assisting physicians delegated by the EMS System Medical Director as authorized by Rule ~~.0403(b)~~ .0403 of  
6 this Subchapter or SCTP Medical Director as authorized by Rule ~~.0404(b)~~ .0404 of this Subchapter for provision of  
7 medical oversight of continuing education programs must meet the Education Medical Advisor criteria as defined in  
8 the "North Carolina College of Emergency Physicians: Standards for Medical Oversight."  
9

10 *History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);*  
11 *Temporary Adoption Eff. January 1, 2002;*  
12 *Eff. January 1, 2004;*  
13 *Amended Eff. January 1, 2009;*  
14 *Readopted Eff. January 1, ~~2017~~, 2017;*  
15 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0602 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0602 BASIC AND ADVANCED EMS EDUCATIONAL INSTITUTION**  
4 **REQUIREMENTS**

5 (a) Basic and Advanced EMS Educational Institutions may offer educational programs for which they have been  
6 credentialed by the OEMS.

7 (1) EMS Educational Institutions shall complete a minimum of two initial courses for each educational  
8 program approved for the Educational Institution's credential approval period.

9 (2) EMS Educational Institutions that do not complete two initial courses for each educational program  
10 approved shall be subject to action as set forth in in Rule .1505 of this Subchapter.

11 (b) For initial courses, Basic EMS Educational Institutions shall meet all of the requirements for continuing EMS  
12 educational ~~institutions~~ programs defined in Rule .0601 of this Section and shall have:

13 (1) at least a Level I EMS Instructor as each lead course instructor for ~~EMR and EMT~~ all courses. The  
14 lead course instructor must be credentialed at a level equal to or higher than the course ~~offered~~; and  
15 shall meet the lead instructor responsibilities under Standard III of the CAAHEP Standards and  
16 Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services  
17 Professions. The lead instructor shall:

18 (A) perform duties assigned under the direction and delegation of the program director.

19 (B) assist in coordination of the didactic, lab, clinical, and field internship instruction.

20 (2) a lead EMS educational program coordinator. This individual ~~may be either~~ shall be a Level II EMS  
21 Instructor credentialed at or above the highest level of course offered by the ~~institution, or a~~  
22 ~~combination of staff who cumulatively meet the requirements of the Level II EMS Instructor set~~  
23 ~~forth in this Subparagraph. These individuals may share the responsibilities of the lead EMS~~  
24 ~~educational coordinator. The details of this option shall be defined in the educational plan required~~  
25 ~~in Subparagraph (b)(5) of this Rule;~~ institution, and:

26 (A) have EMS or related allied health education, training, and experience;

27 (B) be knowledgeable about methods of instruction, testing, and evaluation of students;

28 (C) have field experience in the delivery of pre-hospital emergency care;

29 (D) have academic training and preparation related to emergency medical services, at least  
30 equivalent to that of a paramedic; and

31 (E) be knowledgeable of current versions of the National EMS Scope of Practice and National  
32 EMS Education Standards as defined by USDOT NHTSA National EMS, evidenced-  
33 informed clinical practice, and incorporated by Rule .0501 of this Section;

34 (3) a lead EMS educational program coordinator responsible for the following:

35 (A) the administrative oversight, organization, and supervision of the program;

36 (B) the continuous quality review and improvement of the program;

37 (C) the long-range planning on ongoing development of the program;

- 1           (D)    evaluating the effectiveness of the instruction, faculty, and overall program;  
 2           (E)    the collaborative involvement with the Education Medical Advisor;  
 3           (F)    the training and supervision of clinical and field internship preceptors; and  
 4           (G)    the effectiveness and quality of fulfillment of responsibilities delegated to another qualified  
 5                individual;

6        ~~(3)~~(4) written educational policies and procedures that include:

- 7           (A)    the written educational policies and procedures set forth in Rule ~~.0601(b)(4)~~ .0601 of this  
 8                Section;  
 9           (B)    the delivery of cognitive and psychomotor examinations in a manner that will protect and  
 10               limit the potential for exploitation of such content and material;  
 11           (C)    the exam item validation process utilized for the development of validated cognitive  
 12               examinations;  
 13           (D)    the selection and monitoring of all in-state and out-of-state clinical education and field  
 14               internship sites;  
 15           (E)    the selection and monitoring of all educational institutionally approved clinical education  
 16               and field internship preceptors;  
 17           (F)    utilization of EMS preceptors providing feedback to the student and EMS program;  
 18           (G)    the evaluation of preceptors by their students, including the frequency of evaluations;  
 19           (H)    the evaluation of the clinical education and field internship sites by their students, including  
 20               the frequency of evaluations; and  
 21           (I)    completion of an annual evaluation of the program to identify any correctable deficiencies;

22        ~~(4)~~(5) an Educational Medical Advisor that meets the criteria as defined in the “North Carolina College of  
 23        Emergency Physicians: Standards for Medical Oversight and Data ~~Collection;~~” and Collection” who  
 24        is responsible for the following:

- 25           (A)    medical oversight of the program;  
 26           (B)    collaboration to provide appropriate and updated educational content for the program  
 27                curriculum;  
 28           (C)    establishing minimum requirements for program completion;  
 29           (D)    oversight of student evaluation, monitoring, and remediation as needed;  
 30           (E)    ensuring entry level competence;  
 31           (F)    ensuring interaction of physician and students; and

32        ~~(5)~~(6) written educational policies and procedures describing the delivery of educational programs, the  
 33        record-keeping system detailing student attendance and performance, and the selection and  
 34        monitoring of EMS instructors.

35        (c) For initial courses, Advanced Educational Institutions shall meet all requirements ~~defined set forth~~ defined set forth in Paragraph  
 36        (b) of this Rule, ~~and have a Level II EMS Instructor as lead instructor for AEMT and Paramedic initial courses. The~~  
 37        ~~lead instructor shall be credentialed at a level equal to or higher than the course offered.~~ Rule, standard III of the

1 CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical  
2 Services Professions shall apply, and;

3 (1) The faculty must be knowledgeable in course content and effective in teaching their assigned  
4 subjects, and capable through academic preparation, training, and experience to teach the courses  
5 or topics to which they are assigned.

6 (2) A faculty member to assist in teaching and clinical coordination in addition to the program  
7 coordinator.

8 (d) Basic and Advanced EMS Educational Institution credentials shall be valid for a period of four years, unless the  
9 institution is accredited in accordance with Rule .0605 of this Section.

10

11 *History Note: Authority G.S. 143-508(d)(4); 143-508(d)(13);*

12 *Temporary Adoption Eff. January 1, 2002;*

13 *Eff. January 1, 2004;*

14 *Amended Eff. January 1, 2009;*

15 *Readopted Eff. January 1, ~~2017~~, 2017;*

16 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .0904 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS**

4 (a) For initial Trauma Center designation, the hospital shall request a consult visit by OEMS and the consult shall  
5 occur within one year prior to submission of the RFP.

6 (b) A hospital interested in pursuing Trauma Center designation shall submit a letter of intent 180 days prior to the  
7 submission of an RFP to the OEMS. The letter shall define the hospital's primary trauma catchment area.  
8 Simultaneously, Level I or II applicants shall also demonstrate the need for the Trauma Center designation by  
9 submitting one original and three copies of documents that include:

- 10 (1) the population to be served and the extent that the population is underserved for trauma care with  
11 the methodology used to reach this conclusion;
- 12 (2) geographic considerations, to include trauma primary and secondary catchment area and distance  
13 from other Trauma Centers; and
- 14 (3) ~~evidence for Level 1 applicants, evidence~~ the Trauma Center will admit at least 1200 trauma patients  
15 annually or show that its trauma service will be taking care of at least 240 trauma patients yearly  
16 with an ISS greater than or equal to ~~15 yearly. 15. These criteria shall be met without compromising~~  
17 ~~the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing~~  
18 ~~all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this~~  
19 ~~same 240 patient minimum.~~

20 (c) The hospital shall be participating in the State Trauma Registry as defined in Rule .0102 of this Subchapter, and  
21 submit data to the OEMS weekly a minimum of 12 months prior to application that includes all the Trauma Center's  
22 trauma patients as defined in Rule .0102 of this ~~Subchapter who are:~~ Subchapter.

- 23 (1) ~~diverted to an affiliated hospital;~~
- 24 (2) ~~admitted to the Trauma Center for greater than 24 hours from an ED or hospital;~~
- 25 (3) ~~die in the ED;~~
- 26 (4) ~~are DOA; or~~
- 27 (5) ~~are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated~~  
28 ~~hospital).~~

29 (d) ~~OEMS shall review the regional Trauma Registry data from both the applicant and the existing trauma center(s),~~  
30 ~~and ascertain the applicant's ability to satisfy the justification of need information required in Paragraph (b) of this~~  
31 ~~Rule. The OEMS shall notify the applicant's primary RAC of the application and provide the regional data submitted~~  
32 ~~by the applicant in Paragraph (b) of this Rule for review and comment.~~ application. The applicant's primary RAC  
33 shall be given 30 days to submit written comments to the OEMS.

34 (e) ~~OEMS shall notify the respective Board of County Commissioners in the applicant's primary catchment area of~~  
35 ~~the request for initial designation to allow for comment during the same 30 day comment period.~~

~~(e)~~ OEMS shall notify the hospital in writing of its decision to allow submission of an RFP. ~~If approved, the RAC and Board of County Commissioners in the applicant's primary catchment area shall also be notified by the OEMS that an RFP will be submitted.~~

~~(f)~~ Once the hospital is notified that an RFP will be accepted, the hospital shall complete and submit an electronic copy of the completed RFP ~~with signatures~~ to the OEMS at least 45 days prior to the proposed site visit date.

~~(g)~~ The RFP shall demonstrate that the hospital meets the standards for the designation level applied for as found in Rule .0901 of this Section.

~~(h)~~ If OEMS does not recommend a site visit based upon failure to comply with Rule .0901 of this Section, the OEMS shall send the written reasons to the hospital within 30 days of the decision. The hospital may reapply for designation within six months following the submission of an updated RFP. If the hospital fails to respond within six months, the hospital shall reapply following the process outlined in Paragraphs (a) through ~~(h)~~ (g) of this Rule.

~~(i)~~ ~~If after review of the RFP, the OEMS recommends the hospital for a site visit, the OEMS shall notify the hospital within 30 days and the site visit shall be conducted within six months of the recommendation. The hospital and the OEMS shall agree on the date of the site visit.~~

~~(j)~~ Except for OEMS representatives, any in-state reviewer for a Level I or II visit shall be from outside the local or adjacent RAC, unless mutually agreed upon by the OEMS and the trauma center seeking designation where the hospital is located. The composition of a Level I or II state site survey team shall be as follows:

- (1) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
- (2) one in-state emergency physician who currently works in a designated trauma center, is a member of the American College of Emergency Physicians or American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
- (3) one in-state trauma surgeon who is a member of the North Carolina Committee on Trauma;
- (4) for Level I designation, one out-of-state trauma program manager with an equivalent license from another state;
- (5) for Level II designation, one in-state program manager who is licensed to practice nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and
- (6) OEMS Staff.

~~(k)~~ All site team members for a Level III visit shall be from in-state, and, except for the OEMS representatives, shall be from outside the local or adjacent RAC where the hospital is located. The composition of a Level III state site survey team shall be as follows:

- (1) one trauma surgeon who is a Fellow of the ACS, who is a member of the North Carolina Committee on Trauma and shall be the primary reviewer;
- (2) one emergency physician who currently works in a designated trauma center, is a member of the North Carolina College of Emergency Physicians or American Academy of Emergency Medicine,

1 and is boarded in emergency medicine by the American Board of Emergency Medicine or the  
2 American Osteopathic Board of Emergency Medicine;

3 (3) one trauma program manager who is licensed to practice nursing in North Carolina in accordance  
4 with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and

5 (4) OEMS Staff.

6 ~~(m)~~(k) On the day of the site visit, the hospital shall make available all requested patient medical charts.

7 ~~(l)~~(l) The primary reviewer of the site review team shall give a verbal post-conference report representing a consensus  
8 of the site review team. The primary reviewer shall complete and submit to the OEMS a written consensus report  
9 within 30 days of the site visit.

10 ~~(m)~~(m) The report of the site survey team and the staff recommendations shall be reviewed by the State Emergency  
11 Medical Services Advisory Council at its next regularly scheduled meeting following the site visit. Based upon the  
12 site visit report and the staff recommendation, the State Emergency Medical Services Advisory Council shall  
13 recommend to the OEMS that the request for Trauma Center designation be approved or denied.

14 ~~(n)~~(n) All criteria defined in Rule .0901 of this Section shall be met for initial designation at the level requested.

15 ~~(o)~~(o) Hospitals with a deficiency(ies) resulting from the site visit shall be given up to 12 months to demonstrate  
16 compliance. Satisfaction of deficiency(ies) may require an additional site visit. The need for an additional site visit  
17 shall be determined on a case-by-case basis based on the type of deficiency. If compliance is not demonstrated within  
18 the time period set by OEMS, the hospital shall submit a new application and updated RFP and follow the process  
19 outlined in Paragraphs (a) through ~~(h)~~(g) of this Rule.

20 ~~(p)~~(p) The final decision regarding Trauma Center designation shall be rendered by the OEMS.

21 ~~(q)~~(q) The OEMS shall notify the hospital in writing of the State Emergency Medical Services Advisory Council's  
22 and OEMS' final recommendation within 30 days of the Advisory Council meeting.

23 ~~(r)~~(r) If a trauma center changes its trauma program administrative structure such that the trauma service, trauma  
24 Medical Director, trauma program manager, or trauma registrar are relocated on the hospital's organizational chart at  
25 any time, it shall notify OEMS of this change in writing within 30 days of the occurrence.

26 ~~(s)~~(s) Initial designation as a trauma center shall be valid for a period of three years.

27  
28 *History Note: Authority G.S. 131E-162; 143-508(d)(2);*  
29 *Temporary Adoption Eff. January 1, 2002;*  
30 *Eff. April 1, 2003;*  
31 *Amended Eff. January 1, 2009;*  
32 *Readopted Eff. January 1, 2017;*  
33 *Amended Eff. July 1, 2021; July 1, 2018.*

1 10 NCAC 13P .0905 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .0905 RENEWAL DESIGNATION PROCESS**

4 (a) Hospitals may utilize one of two options to achieve Trauma Center renewal:

- 5 (1) undergo a site visit conducted by OEMS to obtain a four-year renewal designation; or  
6 (2) undergo a verification visit by the ACS, in conjunction with the OEMS, to obtain a three-year  
7 renewal designation.

8 (b) For hospitals choosing Subparagraph (a)(1) of this Rule:

- 9 (1) prior to the end of the designation period, the OEMS shall forward to the hospital an RFP for  
10 completion. The hospital shall, within 10 business days of receipt of the RFP, define for OEMS the  
11 Trauma Center's trauma primary catchment area. Upon this notification, OEMS shall notify the  
12 respective Board of County Commissioners in the applicant's trauma primary catchment area of the  
13 request for renewal to allow 30 days for comment.  
14 (2) hospitals shall complete and submit an electronic copy of the RFP to the OEMS and the specified  
15 site surveyors at least 30 days prior to the site visit. The RFP shall include information that supports  
16 compliance with the criteria contained in Rule .0901 of this Section as it relates to the Trauma  
17 Center's level of designation.  
18 (3) all criteria defined in Rule .0901 of this Section, as it relates to the Trauma Center's level of  
19 designation, shall be met for renewal designation.  
20 (4) a site visit shall be conducted within 120 days prior to the end of the designation period. The hospital  
21 and the OEMS shall agree on the date of the site visit.  
22 (5) the composition of a Level I or II site survey team shall be the same as that specified in Rule.0904(k)  
23 of this Section.  
24 (6) the composition of a Level III site survey team shall be the same as that specified in Rule .0904(l)  
25 of this Section.  
26 (7) on the day of the site visit, the hospital shall make available all requested patient medical charts.  
27 (8) the primary reviewer of the site review team shall give a verbal post-conference report representing  
28 a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS  
29 a written consensus report within 30 days of the site visit.  
30 (9) the report of the site survey team and a staff recommendation shall be reviewed by the NC  
31 Emergency Medical Services Advisory Council at its next regularly scheduled meeting following  
32 the site visit. Based upon the site visit report and the staff recommendation, the NC Emergency  
33 Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma  
34 Center renewal be:  
35 (A) approved;  
36 (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;



- 1 (C) approved with a contingency(ies) not due to a deficiency(ies) requiring a consultative visit;  
 2 or  
 3 (D) denied.

4 (10) hospitals with a deficiency(ies) shall have up to 10 business days prior to the NC Emergency  
 5 Medical Services Advisory Council meeting to provide documentation to demonstrate compliance.  
 6 If the hospital has a deficiency that cannot be corrected in this period prior to the NC Emergency  
 7 Medical Services Advisory Council meeting, the ~~hospital,~~ hospital shall be given 12 months by the  
 8 OEMS to demonstrate compliance and undergo a focused review that may require an additional site  
 9 visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency.  
 10 The hospital shall retain its Trauma Center designation during the focused review period. If  
 11 compliance is demonstrated within the prescribed time period, the hospital shall be granted its  
 12 designation for the four-year period from the previous designation's expiration date. If compliance  
 13 is not demonstrated within the 12 month time period, the Trauma Center designation shall not be  
 14 renewed. To become redesignated, the hospital shall submit an updated RFP and follow the initial  
 15 applicant process outlined in Rule .0904 of this Section.

16 (11) the final decision regarding trauma center renewal shall be rendered by the OEMS.

17 (12) the OEMS shall notify the hospital in writing of the NC Emergency Medical Services Advisory  
 18 Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services  
 19 Advisory Council meeting.

20 (13) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the  
 21 deficiency(ies) within 10 business days following receipt of the written final decision on the trauma  
 22 recommendations.

23 (c) For hospitals choosing Subparagraph (a)(2) of this Rule:

24 (1) at least six months prior to the end of the Trauma Center's designation period, the trauma center  
 25 shall notify the OEMS of its intent to undergo an ACS verification visit. It shall simultaneously  
 26 define in writing to the OEMS its trauma primary catchment area. Trauma Centers choosing this  
 27 option shall then comply with all the ACS' verification procedures, as well as any additional state  
 28 criteria as defined in Rule .0901 of this Section, that apply to their level of designation.

29 (2) when completing the ACS' documentation for verification, the Trauma Center shall ensure access  
 30 to the ACS on-line PRQ (pre-review questionnaire) to OEMS. The Trauma Center shall  
 31 simultaneously complete any documents supplied by OEMS and forward these to the OEMS.

32 ~~(3) the OEMS shall notify the Board of County Commissioners within the trauma center's trauma~~  
 33 ~~primary catchment area of the Trauma Center's request for renewal to allow 30 days for comments.~~

34 ~~(4)~~(3) the Trauma Center shall make sure the site visit is scheduled to ensure that the ACS' final written  
 35 report, accompanying medical record reviews and cover letter are received by OEMS at least 30  
 36 days prior to a regularly scheduled NC Emergency Medical Services Advisory Council meeting to

1 ensure that the Trauma Center's state designation period does not terminate without consideration  
2 by the NC Emergency Medical Services Advisory Council.

3 ~~(5)~~(4) any in-state review for a hospital choosing Subparagraph (a)(2) of this Rule, except for the OEMS  
4 staff, shall be from outside the local or adjacent RAC in which the hospital is located.

5 ~~(6)~~(5) the composition of a Level I, II, or III site survey team for hospitals choosing Subparagraph (a)(2)  
6 of this Rule shall be as follows:

7 (A) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor,  
8 who shall be the primary reviewer;

9 (B) one out-of-state emergency physician who works in a designated trauma center, is a  
10 member of the American College of Emergency Physicians or the American Academy of  
11 Emergency Medicine, and is boarded in emergency medicine by the American Board of  
12 Emergency Physicians or the American Osteopathic Board of Emergency Medicine;

13 (C) one out-of-state trauma program manager with an equivalent license from another state;  
14 and

15 (D) OEMS staff.

16 ~~(7)~~(6) the date, time, and all proposed members of the site visit team shall be submitted to the OEMS for  
17 review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the  
18 schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall  
19 approve the proposed site visit team members if the OEMS determines there is no conflict of interest,  
20 such as previous employment, by any site visit team member associated with the site visit.

21 ~~(8)~~(7) all state Trauma Center criteria shall be met as defined in Rule .0901 of this Section for renewal of  
22 state designation. ACS' verification is not required for state designation. ACS' verification does not  
23 ensure a state designation.

24 ~~(9)~~(8) The ACS final written report and supporting documentation described in Subparagraph (c)(4) of this  
25 Rule shall be used to generate a report following the post conference meeting for presentation to the  
26 NC Emergency Medical Services Advisory Council for renewal designation.

27 ~~(10)~~(9) the final written report issued by the ACS' verification review committee, the accompanying medical  
28 record reviews from which all identifiers shall be removed and cover letter shall be forwarded to  
29 OEMS within 10 business days of its receipt by the Trauma Center seeking renewal.

30 ~~(11)~~(10) the OEMS shall present its summary of findings report to the NC Emergency Medical Services  
31 Advisory Council at its next regularly scheduled meeting. The NC Emergency Medical Services  
32 Advisory Council shall recommend to the Chief of the OEMS that the request for Trauma Center  
33 renewal be:

34 (A) approved;

35 (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;

36 (C) approved with a contingency(ies) not due to a deficiency(ies); or

37 (D) denied.

1       ~~(12)~~(11) the OEMS shall send the hospital written notice of the NC Emergency Medical Services Advisory  
 2           Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services  
 3           Advisory Council meeting.

4       ~~(13)~~(12) the final decision regarding trauma center designation shall be rendered by the OEMS.

5       ~~(14)~~(13) hospitals with contingencies as the result of a deficiency(ies), as determined by OEMS, shall have  
 6           up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to  
 7           provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be  
 8           corrected in this time period, the hospital, may undergo a focused review to be conducted by the  
 9           OEMS whereby the Trauma Center shall be given 12 months by the OEMS to demonstrate  
 10          compliance. Satisfaction of contingency(ies) may require an additional site visit. The need for an  
 11          additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall  
 12          retain its Trauma Center designation during the focused review period. If compliance is  
 13          demonstrated within the prescribed time period, the hospital shall be granted its designation for the  
 14          three-year period from the previous designation's expiration date. If compliance is not demonstrated  
 15          within the 12 month time period, the Trauma Center designation shall not be renewed. To become  
 16          redesignated, the hospital shall submit a new RFP and follow the initial applicant process outlined  
 17          in Rule .0904 of this Section.

18       ~~(15)~~(14) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the  
 19           deficiency(ies) within 10 business days following receipt of the written final decision on the trauma  
 20           recommendations.

21       (d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must  
 22       notify the OEMS at least six months prior to the end of its state trauma center designation period of its intention to  
 23       exercise the option in Subparagraph (a)(1) of this Rule. Upon notification, the OEMS shall extend the designation for  
 24       one additional year to ensure consistency with hospitals using Subparagraph (a)(1) of this Rule.

25  
 26       *History Note:*     *Authority G.S. 131E-162; 143-508(d)(2);*  
 27                            *Temporary Adoption Eff. January 1, 2002;*  
 28                            *Eff. April 1, 2003;*  
 29                            *Amended Eff. April 1, 2009; January 1, 2009; January 1, 2004;*  
 30                            *Readoption Eff. January 1, ~~2017~~ 2017;*  
 31                            *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .1101 is proposed for amendment as follows:

2

3 **10A NCAC 13P .1101 STATE TRAUMA SYSTEM**

4 (a) The state trauma system shall consist of regional plans, policies, guidelines, and performance improvement  
5 initiatives by the RACs to create an Inclusive Trauma System monitored by the OEMS.

6 (b) Each hospital and EMS System shall affiliate as defined in Rule ~~.0102(3)~~ .0102 of this Subchapter and participate  
7 with the RAC that includes the Level I or II Trauma Center where the majority of trauma patient referrals and  
8 transports occur. Each hospital and EMS System shall submit to the OEMS upon request patient transfer patterns from  
9 data sources that support the choice of their primary RAC affiliation. Each RAC shall include at least one Level I or  
10 II Trauma Center.

11 ~~(e) The OEMS shall notify each RAC of its hospital and EMS System membership annually.~~

12 ~~(d)~~(c) Each hospital and each EMS System Lead RAC Coordinator shall update and submit its RAC affiliation  
13 ~~information~~ membership for hospitals and EMS Systems to the OEMS no later than July 1 of each year. Each hospital  
14 or EMS System shall submit written notification to the OEMS for any RAC affiliation change. RAC affiliation may  
15 only be changed during this annual update and only if supported by a change in the majority of transfer patterns to a  
16 Level I or Level II Trauma Center. Documentation of these new transfer patterns shall be included in the request to  
17 change affiliation. ~~If no change is made in RAC affiliation, written notification shall be required annually to the OEMS~~  
18 ~~to maintain current RAC affiliation.~~

19

20 *History Note: Authority G.S. 131E-162;*  
21 *Temporary Adoption Eff. January 1, 2002;*  
22 *Eff. April 1, 2003;*  
23 *Amended Eff. January 1, 2009;*  
24 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*  
25 *2, 2016;*  
26 *Amended Eff. July 1, 2021; January 1, 2017.*

1 10A NCAC13P .1401 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .1401 CHEMICAL ADDICTION OR ABUSE ~~TREATMENT~~ RECOVERY PROGRAM**  
4 **REQUIREMENTS**

5 (a) The OEMS shall provide a ~~treatment~~ monitoring program for aiding in the recovery ~~and rehabilitation~~ of EMS  
6 personnel subject to disciplinary action for being unable to perform as credentialed EMS personnel with reasonable  
7 skill and safety to patients and the public by reason of use of alcohol, drugs, chemicals, or any other type of material  
8 as set forth in Rule ~~.1507(b)(9)~~ .1507 of this Subchapter.

9 (b) This program requires:

- 10 (1) an initial assessment by a healthcare professional ~~specialized~~ specializing in chemical dependency  
11 approved by the ~~treatment~~ program;
- 12 (2) a treatment plan developed ~~by the healthcare professional described in Subparagraph (b)(1) of this~~  
13 Rule by a healthcare professional specializing in chemical dependency for the individual using the  
14 findings of the initial assessment; assessment. The Department and individual will enter into a  
15 consent agreement based up on the treatment plan; and
- 16 ~~(3) random body fluid screenings using a standardized methodology designed by OEMS program staff~~  
17 ~~to ensure reliability in verifying compliance with program standards;~~
- 18 ~~(4) the individual attend three self help recovery meetings each week for the first year of participation,~~  
19 ~~and two each week for the remainder of participation in the treatment program;~~
- 20 ~~(5)(3) monitoring by OEMS program staff of the individual for compliance with the ~~treatment program;~~~~  
21 consent agreement entered into by the Department and the individual entering the program.
- 22 ~~(6) written progress reports, shall be made available for review by OEMS upon completion of the initial~~  
23 ~~assessment of the treatment program, upon request by OEMS throughout the individual's~~  
24 ~~participation in the treatment program, and upon completion of the treatment program. Written~~  
25 ~~progress reports shall include:~~
- 26 (A) ~~progress or response to treatment and when the individual is safe to return to practice;~~
- 27 (B) ~~compliance with program criteria;~~
- 28 (C) ~~a summary of established long term program goals; and~~
- 29 (D) ~~contain pertinent medical, laboratory, and psychiatric records with a focus on chemical~~  
30 ~~dependency.~~

31  
32 *History Note:* *Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);*  
33 *Eff. October 1, 2010;*  
34 *Readopted Eff. January 1, 2017. 2017;*  
35 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .1403 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .1403 CONDITIONS FOR RESTRICTED PRACTICE WITH LIMITED PRIVILEGES**

4 (a) In order to assist in determining eligibility for an individual to return to restricted practice, ~~the OEMS shall create~~  
5 ~~a standing Reinstatement Committee that shall consist of at least the following members: completion of all~~  
6 ~~requirements outlined in the individual's consent agreement with the Department as described in Rule .1401 of this~~  
7 ~~Section shall be presented to the Chief of the OEMS.~~

8 ~~(1) one physician licensed by the North Carolina Medical Board, representing EMS Systems, who shall~~  
9 ~~serve as Chair of this committee;~~

10 ~~(2) one counselor trained in chemical addiction or abuse therapy; and~~

11 ~~(3) the OEMS staff member responsible for managing the treatment program as set forth in Rule .1401~~  
12 ~~of this Section.~~

13 (b) Individuals who have surrendered his or her EMS credential(s) as a condition of entry into the ~~treatment recovery~~  
14 ~~program, as required in Rule .1402(4) .1402 of this Section, shall be reviewed by the OEMS Reinstatement Committee~~  
15 ~~Chief to determine if a recommendation to the OEMS for issuance of an encumbered EMS credential is warranted by~~  
16 ~~the Department.~~

17 (c) In order to obtain an encumbered credential with limited privileges, an individual shall:

18 (1) be compliant for a minimum of 90 consecutive days with the treatment program described in Rule  
19 ~~.1401(b) .1401~~ of this Section; ~~and~~

20 (2) be recommended in writing for review by the individual's ~~treatment counselor;~~ recovery healthcare  
21 professional overseeing the treatment plan developed as described in Rule .1401 of this Section.

22 ~~(3) be interviewed by the OEMS Reinstatement Committee; and~~

23 ~~(4) be recommended in writing by the OEMS Reinstatement Committee for issuance of an encumbered~~  
24 ~~EMS credential. The OEMS Reinstatement Committee shall detail in their recommendation all~~  
25 ~~restrictions and limitations to the individual's practice privileges.~~

26 (d) The individual shall agree to sign a consent agreement with the OEMS that details the practice restrictions and  
27 privilege limitations of the encumbered EMS credential, and that contains the consequences of failure to abide by the  
28 terms of this agreement.

29 (e) The individual shall be issued the encumbered credential by the OEMS within 10 business days following  
30 execution of the consent agreement described in Paragraph (d) of this Rule.

31 (f) The encumbered EMS credential shall be valid for a period not to exceed four years.

32  
33 *History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);*

34 *Eff. October 1, 2010;*

35 *Readopted Eff. January 1, 2017. 2017;*

36 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .1404 is proposed for amendment as follows:

2

3 **10A NCAC 13P .1404 REINSTATEMENT OF AN UNENCUMBERED EMS CREDENTIAL**

4 Reinstatement of an unencumbered EMS credential is ~~dependant~~ dependent upon the individual successfully  
5 completing all requirements of the ~~treatment program~~ consent agreement as defined in set forth in Rule .1401 of this  
6 Section.

7

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

9 *Eff. October 1, 2010;*

10 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*

11 *2, ~~2016.~~ 2016.*

12 *Amended Eff. July 1, 2021.*

1 10A NCAC 13P .1405 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .1405 FAILURE TO COMPLETE THE CHEMICAL ADDICTION OR ABUSE**  
4 **TREATMENT RECOVERY PROGRAM**

5 Individuals who fail to complete the ~~treatment program~~ consent agreement established in Rule .1401 of this Section,  
6 upon review by the OEMS, are subject to revocation of their EMS credential.

7  
8 *History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);*  
9 *Eff. October 1, 2010;*  
10 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February*  
11 *2, 2016;*  
12 *Amended Eff. July 1, 2021; January 1, 2017.*



1 10A NCAC 13P .1505 is proposed for amendment as follows:

2  
3 **10A NCAC 13P .1505 EMS EDUCATIONAL INSTITUTIONS**

4 (a) For the purpose of this Rule, "focused review" means an evaluation by the OEMS of an educational institution's  
5 corrective actions to remove contingencies that are a result of deficiencies identified in the initial or renewal  
6 application process.

7 (b) The Department shall deny the initial or renewal designation, without first allowing a focused review, of an EMS  
8 Educational Institution for any of the following reasons:

9 (1) significant failure to comply with the provisions of ~~Section .0600~~ Sections .0500 and .0600 of this  
10 Subchapter; or

11 (2) attempting to obtain an EMS Educational Institution designation through fraud or misrepresentation.

12 (c) When an EMS Educational Institution is required to have a focused review, it shall demonstrate compliance with  
13 the provisions of ~~Section .0600~~ Sections .0500 and .0600 of this Subchapter within ~~42~~ six months or less.

14 (d) The Department shall amend, suspend, or revoke an EMS Educational Institution designation at any time whenever  
15 the Department finds that the EMS Educational Institution has significant failure to comply, as defined in Rule .0102  
16 of this Subchapter, with the provisions of Section .0600 of this Subchapter, and:

17 (1) it is not probable that the EMS Educational Institution can remedy the deficiencies within ~~42~~ six  
18 months or less as determined by OEMS staff based upon analysis of the educational institution's  
19 ability to take corrective measures to resolve the issue of non-compliance with Section .0600 of this  
20 Subchapter;

21 (2) although the EMS Educational Institution may be able to remedy the deficiencies, it is not probable  
22 that the EMS Educational Institution shall be able to remain in compliance with credentialing rules;

23 (3) failure to produce records upon request as required in Rule ~~.0601(b)(6)~~ .0601 of this Subchapter;

24 (4) the EMS Educational Institution failed to meet the requirements of a focused review within ~~42~~ six  
25 months, as set forth in Paragraph (c) of this Rule;

26 (5) the failure to comply endangered the health, safety, or welfare of patients cared for as part of an  
27 EMS educational program as determined by OEMS staff in their professional judgment based upon  
28 a complaint investigation, in consultation with the Department and Department of Justice, to verify  
29 the results of the investigations are sufficient to initiate enforcement action pursuant to G.S. 150B;  
30 or

31 (6) the EMS Educational Institution altered, destroyed, or attempted to destroy evidence needed for a  
32 complaint investigation.

33 (e) The Department shall give the EMS Educational Institution written notice of ~~revocation and denial~~ action taken  
34 on the Institution designation. This notice shall be given personally or by certified mail and shall set forth:

35 (1) the factual allegations;

36 (2) the statutes or rules alleged to be violated; and

1 (3) notice of the EMS Educational Institution's right to a contested case hearing, set forth in Rule .1509  
2 of this Section, on the revocation of the designation.

3 (f) Focused review is not a procedural prerequisite to the revocation of a designation as set forth in Rule .1509 of this  
4 Section.

5 (g) If determined by the educational institution that suspending its approval to offer EMS educational programs is  
6 necessary, the EMS Educational Institution may voluntarily surrender its credential without explanation by submitting  
7 a written request to the OEMS stating its intention. The voluntary surrender shall not affect the original expiration  
8 date of the EMS Educational Institution's designation. To reactivate the designation:

9 (1) the institution shall provide OEMS written documentation requesting reactivation; and

10 (2) the OEMS shall verify the educational institution is compliant with all credentialing requirements  
11 set forth in Section .0600 of this Subchapter prior to reactivation of the designation by the OEMS.

12 (h) If the institution fails to resolve the issues that resulted in a voluntary surrender, the Department shall revoke the  
13 EMS Educational Institution designation.

14 (i) In the event of a revocation or voluntary surrender, the Department shall provide written notification to all EMS  
15 Systems within the EMS Educational Institution's defined service area. The Department shall provide written  
16 notification to all EMS Systems within the EMS Educational Institution's defined service area when the voluntary  
17 surrender reactivates to full credential.

18 (j) When an accredited EMS Educational Institution as defined in Rule .0605 of this Subchapter has administrative  
19 action taken against its accreditation, the OEMS shall determine if the cause of action is sufficient for revocation of  
20 the EMS Educational Institution designation or imposing a focused review pursuant to Paragraphs (b) and (c) of this  
21 Rule is warranted.

22  
23 *History Note: Authority G.S. 143-508(d)(4); 143-508(d)(10);*  
24 *Eff. January 1, 2013;*  
25 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2,*  
26 *2016;*  
27 *Amended Eff. July 1, 2021; July 1, 2018; January 1, 2017.*

1 **10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS**

2 (a) ~~Any~~ Any EMS credential that has been forfeited under G.S. 15A-1331.1 may not be reinstated until the person has  
3 complied with the court's requirements, has petitioned the Department for reinstatement, has completed the  
4 disciplinary process, and has received Department reinstatement approval.

5 (b) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for any of the following:

- 6 (1) significant failure to comply with the applicable performance and credentialing requirements as  
7 found in this Subchapter;
- 8 (2) making false statements or representations to the Department, or concealing information in  
9 connection with an application for credentials;
- 10 (3) making false statements or representations, concealing information, or failing to respond to inquiries  
11 from the Department during a complaint investigation;
- 12 (4) tampering with, or falsifying any record used in the process of obtaining an initial EMS credential,  
13 or in the renewal of an EMS credential;
- 14 (5) in any manner or using any medium, engaging in the stealing, manipulating, copying, reproducing,  
15 or reconstructing of any written EMS credentialing examination questions, or scenarios;
- 16 (6) cheating, or assisting others to cheat while preparing to take, or when taking a written EMS  
17 credentialing examination;
- 18 (7) altering an EMS credential, using an EMS credential that has been altered, or permitting or allowing  
19 another person to use his or her EMS credential for the purpose of alteration. "Altering" includes  
20 changing the name, expiration date, or any other information appearing on the EMS credential;
- 21 (8) unprofessional conduct, including a significant failure to comply with the rules relating to the  
22 function of credentialed EMS personnel contained in this Subchapter, or the performance of or  
23 attempt to perform a procedure that is detrimental to the health and safety of any person, or that is  
24 beyond the scope of practice of credentialed EMS personnel or EMS instructors;
- 25 (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients  
26 and the public by reason of illness that will compromise skill and safety, use of alcohol, drugs,  
27 chemicals, or any other type of material, or by reason of any physical impairment;
- 28 (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, a conviction  
29 requiring registering on a sex offender registry, or conviction of a crime involving the scope of  
30 practice of credentialed EMS personnel;
- 31 (11) by theft or false representations obtaining or attempting to obtain, money or anything of value from  
32 a ~~patient;~~ patient, EMS Agency, or educational institution;
- 33 (12) adjudication of mental incompetence;
- 34 (13) lack of competence to practice with a reasonable degree of skill and safety for patients, including a  
35 failure to perform a prescribed procedure, failure to perform a prescribed procedure competently, or  
36 performance of a procedure that is not within the scope of practice of credentialed EMS personnel  
37 or EMS instructors;

- 1 (14) performing as a credentialed EMS personnel in any EMS System in which the individual is not
- 2 affiliated and authorized to function;
- 3 (15) performing or authorizing the performance of procedures, or administration of medications
- 4 detrimental to a student or individual;
- 5 (16) delay or failure to respond when on-duty and dispatched to a call for EMS assistance;
- 6 (17) testing positive, whether for-cause or at random, through urine, blood, or breath sampling, for any
- 7 substance, legal or illegal, that is likely to impair the physical or psychological ability of the
- 8 credentialed EMS personnel to perform all required or expected functions while on duty;
- 9 (18) failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated
- 10 with EMS Systems, Specialty Care Transport Programs, Alternative Practice Settings, or patients;
- 11 (19) refusing to consent to any criminal history check required by G.S. 131E-159;
- 12 (20) abandoning or neglecting a patient who is in need of care, without making arrangements for the
- 13 continuation of such care;
- 14 (21) falsifying a patient's record or any controlled substance records;
- 15 (22) harassing, abusing, or intimidating a patient, student, bystander, or OEMS staff, either physically,
- 16 verbally, or in writing;
- 17 (23) engaging in any activities of a sexual nature with a patient, including kissing, fondling, or touching
- 18 while responsible for the care of that individual;
- 19 (24) any criminal arrests that involve charges that have been determined by the Department to indicate a
- 20 necessity to seek action in order to further protect the public pending adjudication by a court;
- 21 (25) altering, destroying, or attempting to destroy evidence needed for a complaint investigation being
- 22 conducted by the OEMS;
- 23 (26) significant failure to comply with a condition to the issuance of an encumbered EMS credential with
- 24 limited and restricted practices for persons in the chemical addiction or abuse treatment program;
- 25 (27) unauthorized possession of lethal or non-lethal weapons, chemical irritants to include mace, pepper
- 26 (oleoresin capsicum) spray and tear gas, or explosives while in the performance of providing
- 27 emergency medical services;
- 28 (28) significant failure to comply to provide EMS care records to the licensed EMS provider for
- 29 submission to the OEMS as required by Rule .0204 of this Subchapter;
- 30 (29) continuing to provide EMS care after local suspension of practice privileges by the local EMS
- 31 System, Medical Director, or Alternative Practice Setting; ~~or~~
- 32 (30) representing or allowing others to represent that the credentialed EMS personnel has a credential
- 33 that the credentialed EMS personnel does not in fact ~~have~~, have;
- 34 (31) diversion of any medication requiring medical oversight for credentialed EMS personnel; or
- 35 (32) filing a knowingly false complaint against an individual, EMS Agency, or educational institution.

36 (c) Pursuant to the provisions of G.S. 131E-159(h), the OEMS shall not issue an EMS credential for any person listed  
37 on the North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was

1 convicted of an offense that would have required registration if committed at a time when the registration would have  
2 been required by law.

3 (d) Pursuant to the provisions of G.S. 50-13.12, upon notification by the court, the OEMS shall revoke an individual's  
4 EMS credential until the Department has been notified by the court that evidence has been obtained of compliance  
5 with a child support order. The provisions of G.S. 50-13.12 supersede the requirements of Paragraph (f) of this Rule.

6 (e) When a person who is credentialed to practice as an EMS professional is also credentialed in another jurisdiction  
7 and the other jurisdiction takes disciplinary action against the person, the Department shall summarily impose the  
8 same or lesser disciplinary action upon receipt of the other jurisdiction's action. The EMS professional may request a  
9 hearing before the EMS Disciplinary Committee. At the hearing the issues shall be limited to:

10 (1) whether the person against whom action was taken by the other jurisdiction and the Department are  
11 the same person;

12 (2) whether the conduct found by the other jurisdiction also violates the rules of the N.C. Medical Care  
13 Commission; and

14 (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.

15 (f) The OEMS shall provide written notification of the amendment, denial, suspension, or revocation. This notice  
16 shall be given personally or by certified mail, and shall set forth:

17 (1) the factual allegations;

18 (2) the statutes or rules alleged to have been violated; and

19 (3) notice of the individual's right to a contested hearing, set forth in Rule .1509 of this Section, on the  
20 revocation of the credential.

21 (g) The OEMS shall provide written notification to the EMS professional within five business days after information  
22 has been entered into the National Practitioner Data Bank and the Healthcare Integrity and Protection Integrity Data  
23 Bank.

24 (h) The EMS System Administrator, Primary Agency Contact, Medical Director, Educational Institution Program  
25 Coordinator, or Medical Advisor shall notify the OEMS of any violation listed in Paragraph (b) of this Rule.

26  
27 *History Note: Authority G.S. 131E-159; 143-508(d)(10); 143-519;*

28 *Eff. January 1, 2013;*

29 *Readopted Eff. January 1, ~~2017~~, 2017;*

30 *Amended Eff. July 1, 2021.*

1 10 NCAC 13P .1511 is proposed for amendment as follows:

2

3 **10A NCAC 13P .1511 PROCEDURES FOR QUALIFYING FOR AN EMS CREDENTIAL FOLLOWING**  
 4 **ENFORCEMENT ACTION**

5 (a) Any individual who has been subject to ~~denial~~, suspension, revocation, or amendment of an EMS credential shall  
 6 submit in writing to the OEMS a request for review to determine eligibility for credentialing.

7 (b) Factors the Department shall consider when determining eligibility shall include:

8 (1) the reason for administrative action, including:

9 (A) criminal history;

10 (B) patient care;

11 (C) substance abuse; and

12 (D) failure to meet credentialing requirements;

13 (2) the length of time since the administrative action was taken; and

14 (3) any mitigating or aggravating factors relevant to obtaining a valid EMS credential.

15 (c) In order to be considered for eligibility, the individual shall:

16 (1) wait a minimum of 36 months following administrative action before seeking review; and

17 (2) undergo a criminal history background check. If the individual has been charged or convicted of a  
 18 misdemeanor or felony in this or any other state or country within the previous 36 months, the 36  
 19 month waiting period shall begin from the date of the latest charge or conviction.

20 (d) If determined to be eligible, the Department shall grant authorization for the individual to begin the process for  
 21 EMS credentialing as set forth in Rule .0502 of this Subchapter.

22 (e) Prior to enrollment in an EMS educational program, the individual shall disclose the prior administrative action  
 23 taken against the individual's credential in writing to the EMS Educational Institution.

24 (f) An individual who has undergone administrative action against his or her EMS credential is not eligible for legal  
 25 recognition as defined in G.S. 131E-159(d) or issuance of a temporary EMS credential as defined in G.S. 131E159(e).

26 (g) For a period of 10 years following restoration of the EMS credential, the individual shall disclose the prior  
 27 administrative action taken against his or her credential to every EMS System, Medical Director, EMS Provider, and  
 28 EMS Educational Institution where he or she is affiliated and provide a letter to the OEMS from each verifying  
 29 disclosure.

30 (h) If the Department determines the individual is ineligible for EMS credentialing pursuant to this Rule, the  
 31 Department shall provide in writing the reason(s) for denial and inform him or her of the procedures for contested  
 32 case hearing as set forth in Rule .1509 of this Section.

33

34 *History Note: Authority G.S. 131E-159(g); 143-508(d)(3); 143-508(d)(10);*

35 *Eff. January 1, ~~2017~~ 2017;*

36 *Amended Eff. July 1, 2021.*