

Rule .0221 – Patient Transportation Between Hospitals

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

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

Section .0700 – Enforcement

This entire section is being repealed and moved to a new Section .1500 – Denial, Suspension, Amendment, and Revocation. This is considered necessary to make the enforcement rules easier to read and use. Also, the agency will use this opportunity to update criteria within each area of enforcement.

Section 1500 – Denial, Suspension, Amendment, or Revocation

This is the new enforcement section. Where the old .0700 sections consisted of two rules, this new section is being expanded to 10 rules. The agency's approach to enforcement is being changed to provide options currently unavailable for EMS systems, educational institutions, and specialty care providers to undergo a focused review when it is determined that an application for designation fails to meet the criteria at the time of designation, but as with trauma centers, utilizing an expanded process enables the applicant to function pending resolution of any noted deficiencies. Also, the criteria warranting administrative sanctions is being expanded to include failures to report, fraudulent representations, or refusal to provide information necessary to verify compliance. There is also additional language that is being included for credentialed personnel to address the new chemical dependency rules which were codified effective October 1, 2010.

1 10A NCAC 13P .0221 is proposed for adoption as follows:

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3 **10A NCAC 13P .0221 PATIENT TRANSPORTATION BETWEEN HOSPITALS**

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

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

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

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

12 (a) Emergency Medical Technician;

13 (b) EMT-Intermediate;

14 (c) EMT-Paramedic;

15 (c) nurse practitioner;

16 (e) physician;

17 (f) physician assistant;

18 (g) registered nurse; or

19 (h) respiratory therapist.

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

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

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

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

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

28 *Eff. July 1, 2011.*

1 10A NCAC 13P .0701 is proposed for repeal as follows:

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3 **10A NCAC 13P .0701 DENIAL, SUSPENSION, AMENDMENT OR REVOCATION**

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5 *History Note: Authority G.S. 131E-155.1(d); 131E-157(c); 131E-159(a),(f); 131E-162; 143-508(d)(10);*

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

7 *Eff. January 1, 2004;*

8 *Amended Eff. January 1, ~~2009~~ 2009;*

9 *Repealed Eff. July 1, 2011.*

1 10A NCAC 13P .0702 is proposed for repeal as follows:

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3 **10A NCAC 13P .0702 PROCEDURES FOR DENIAL, SUSPENSION, AMENDMENT, OR**
4 **REVOCAATION**

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6 *History Note: Authority G.S. 143-508(d)(10);*
7 *Temporary Adoption Eff. January 1, 2002;*
8 *Eff. April 1, ~~2003~~ 2003;*
9 *Repealed Eff. July 1, 2011.*

1 10A NCAC 13P .1501 is proposed for adoption as follows:

2 **SECTION .1500 - DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION**

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4 **10A NCAC 13P .1501 ENFORCEMENT DEFINITIONS**

5 Notwithstanding Section .0100 of this Subchapter, for the purpose of this Section, the following definitions apply to
6 Rules .1502, 1503, 1504, and .1506 for EMS Systems, Licensed EMS Providers, Specialty Care Transport
7 Programs, and EMS Educational Institutions:

8 (1) "Contingencies" mean conditions placed on an initial or renewal designation, approval or license
9 that, if unmet, can result in the loss or amendment of the designation, approval, or license.

10 (2) "Deficiency" means the failure to meet essential criteria for credentialing, approval, or licensing as
11 specified in Sections .0200, .0300 or .0600 of this Subchapter, that can serve as the basis for a
12 focused review or denial of a designation, approval or license.

13 (3) "Essential Criteria" means those items listed in Sections .0200, .0300 or .0600 of this Subchapter
14 that are the minimum requirements for the respective application for initial or renewal designation,
15 approval, or licensing.

16 (5) "Focused Review" means an evaluation by the OEMS of a regulated entity's corrective actions to
17 remove contingencies that are a result of deficiencies placed upon it following review of an
18 application for renewal.

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20 *History Note:* Authority G.S. 131E-155(13a); 143-508(b),(d)(1),(d)(4),(d)(13);
21 Eff. July 1, 2011.

1 10A NCAC 13P .1502 is proposed for adoption as follows:

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3 **10A NCAC 13P .1502 EMS SYSTEMS**

4 (a) The Department shall deny the initial or renewal approval, without first allowing a focused review, of an EMS
5 System for any of the following reasons:

6 (1) failure to comply with the requirements of Rule .0201 of this Subchapter; or

7 (2) obtaining or attempting to obtain approval through fraud or misrepresentation.

8 (b) When an EMS System is required to have a focused review, it must demonstrate compliance with the provisions
9 of Rule .0201 of this Subchapter within one year or less.

10 (c) The Department shall revoke an EMS System approval at any time or deny a request for renewal of approval,
11 whenever the Department finds that the EMS System has failed to comply with the provisions of Rule .0201 of this
12 Subchapter; and

13 (1) it is not probable that the EMS System can remedy the deficiencies within 12 months or less;

14 (2) although the EMS System may be able to remedy the deficiencies, it is not probable that the EMS
15 System shall be able to remain in compliance with approval rules for the foreseeable future;

16 (3) the EMS System fails to meet the requirements of a focused review;

17 (4) failure to comply endangers the health, safety, or welfare of the public;

18 (5) the failure is a repetition of deficiencies placed on the EMS System in previous compliance site
19 visits; or

20 (6) the failure involves altering, destroying or attempting to destroy evidence needed for a complaint
21 investigation.

22 (d) The Department shall give the Board of Commissioners in the county or counties of the EMS System written
23 notice of revocation. This notice shall be given personally or by certified mail and shall set forth:

24 (1) the factual allegations;

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

26 (3) notice of the county's right to a contested case hearing on the revocation of the approval.

27 (e) In the event of a revocation, the Department shall provide written notification to all hospitals and emergency
28 medical services providers within the EMS System's defined service area.

29 (f) Focused review is not a procedural prerequisite to the revocation of an approval pursuant to Paragraph (c) of this
30 Rule.

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32 *History Note: Authority G.S. 143-508(d)(10), (d)(13);*

33 *Eff. July 1, 2011.*

1 10A NCAC 13P .1503 is proposed for adoption as follows:

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3 **10A NCAC 13P .1503 LICENSED EMS PROVIDERS**

4 (a) The Department shall amend any EMS Provider license by reducing it from a full license to a provisional license
5 whenever the Department finds that:

- 6 (1) the licensee failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted
7 under that article;
8 (2) there is a reasonable probability that the licensee can remedy the licensure deficiencies within; and
9 (3) there is a reasonable probability that the licensee will be able thereafter to remain in compliance
10 with the licensure rules for the foreseeable future.

11 (b) The Department shall give the licensee written notice of the amendment of the EMS Provider license. This
12 notice shall be given personally or by certified mail and shall set forth:

- 13 (1) the length of the provisional EMS Provider license;
14 (2) the factual allegations;
15 (3) the statutes or rules alleged to be violated; and
16 (4) notice to the EMS provider's right to a contested case hearing on the amendment of the EMS
17 Provider license.

18 (c) The provisional EMS Provider license is effective immediately upon its receipt by the licensee and shall be
19 posted in a prominent location at the primary business location of the EMS Provider, accessible to public view, in
20 lieu of the full license. The provisional license remains in effect until the Department:

- 21 (1) restores the licensee to full licensure status; or
22 (2) revokes the licensee's license.

23 (d) The Department shall revoke or suspend an EMS Provider license whenever the Department finds that the
24 licensee:

- 25 (1) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that
26 article and it is not reasonably probable that the licensee can remedy the licensure deficiencies
27 within 12 months or less;
28 (2) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that
29 Article and, although the licensee may be able to remedy the deficiencies, it is not reasonably
30 probable that the licensee will be able to remain in compliance with licensure rules for the
31 foreseeable future;
32 (3) failed to comply with the provision of G.S. 131E, Article 7, and the rules adopted under that
33 article that endanger the health, safety or welfare of the patients cared for or transported by the
34 licensee;
35 (4) obtained or attempted to obtain an ambulance permit, EMS nontransporting vehicle permit, or
36 EMS Provider license through fraud or misrepresentation;
37 (5) repeated deficiencies placed on the EMS Provider License in previous compliance site visits;

1 (6) failed to provide emergency medical care within the defined EMS service area in a timely manner
2 as determined by the EMS System;

3 (7) altered, destroyed, attempted to destroy, withheld or delayed release of evidence, records, or
4 documents needed for a complaint investigation; or

5 (8) continues to operate within an EMS System after a Board of County Commissioners has
6 terminated its affiliation with the licensee.

7 (e) The issuance of a provisional EMS Provider license is not a procedural prerequisite to the revocation or
8 suspension of a license pursuant to Paragraph (d) of this Rule.

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10 *History Note: Authority G.S. 131E-155.1(d); 143-508(d)(10);*

11 *Eff. July 1, 2011.*

1 10A NCAC 13P .1504 is proposed for adoption as follows:

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3 **10A NCAC 13P .1504 SPECIALTY CARE TRANSPORT PROGRAMS**

4 (a) The Department shall deny the initial or renewal approval, without first allowing a focused review, of a SCTP
5 for any of the following reasons:

- 6 (1) failure to comply with the provisions of G.S.131E, Article 7 and the rules adopted under that
7 Article;
8 (2) obtained or attempted to obtain approval through fraud or misrepresentation;
9 (3) endangerment to the health, safety, or welfare of patients cared for by the SCTP; or
10 (4) repeated deficiencies placed on the program in previous site visits.

11 (b) When an SCTP is required to have a focused review, it must demonstrate compliance with the provisions of
12 G.S. 131E, Article 7 and the rules adopted under that Article within 12 months or less.

13 (c) The Department shall revoke an SCTP approval at any time or deny a request for renewal of approval whenever
14 the Department finds that the SCTP failed to comply with the provisions of G.S.131E, Article 7 and the rules
15 adopted under that Article; and

- 16 (1) it is not probable that the SCTP can remedy the deficiencies within 12 months or less;
17 (2) although the SCTP may be able to remedy the deficiencies, it is not probable that the SCTP shall
18 be able to remain in compliance with designation rules for the foreseeable future;
19 (3) the SCTP fails to meet the requirements of a focused review;
20 (4) endangerment to the health, safety, or welfare of patients cared for or transported by the SCTP;
21 (5) fails to provide SCTP services within the defined service area in a timely manner as determined by
22 the Department;
23 (6) continues to operate within an EMS System after a Board of County Commissioners has
24 terminated its affiliation with the SCTP; or
25 (7) alters, destroys or attempts to destroy evidence needed for a complaint investigation.

26 (d) The Department shall give the SCTP written notice of revocation. This notice shall be given personally or by
27 certified mail and shall set forth:

- 28 (1) the factual allegations;
29 (2) the statutes or rules alleged to be violated; and
30 (3) notice of the program's right to a contested case hearing on the revocation of the approval.

31 (e) Focused review is not a procedural prerequisite to the revocation of an approval pursuant to Paragraph (c) of this
32 Rule.

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34 *History Note: Authority 143-508(d)(10), (d)(13);*
35 *Eff. July 1, 2011.*

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

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3 **10A NCAC 13P .1505 TRAUMA CENTERS**

4 (a) The Department shall deny the initial or renewal designation, without first allowing a focused review, of a
5 trauma center for any of the following reasons:

- 6 (1) failure to comply with G.S. 131E-162 and the rules adopted under that Statute;
7 (2) attempted to obtain a trauma center designation through fraud or misrepresentation;
8 (3) endangerment to the health, safety, or welfare of patients cared for in the hospital; or
9 (4) repeated deficiencies placed on the trauma center in previous site visits.

10 (b) When a trauma center is required to have a focused review, it must demonstrate compliance with the provisions
11 of G.S.131E-162 and the rules adopted under that Statute within 12 months or less.

12 (c) The Department shall revoke a trauma center designation at any time or deny a request for renewal of
13 designation, whenever the Department finds that the trauma center has failed to comply with the provisions of G.S.
14 131E-162 and the rules adopted under that Statute; and

- 15 (1) it is not probable that the trauma center can remedy the deficiencies within 12 months or less;
16 (2) although the trauma center may be able to remedy the deficiencies it is not probable that the
17 trauma center shall be able to remain in compliance with designation rules for the foreseeable
18 future;
19 (3) the trauma center failed to meet the requirements of a focused review;
20 (4) failure to comply endangers the health, safety, or welfare of patients cared for in the trauma center;
21 or
22 (5) altered, destroyed or attempted to destroy evidence needed for a complaint investigation.

23 (d) The Department shall give the trauma center written notice of revocation. This notice shall be given personally
24 or by certified mail and shall set forth:

- 25 (1) the factual allegations;
26 (2) the statutes or rules alleged to be violated; and
27 (3) notice of the hospital's right to a contested case hearing on the revocation of the designation.

28 (e) Focused review is not a procedural prerequisite to the revocation of a designation pursuant to Paragraph (c) of
29 this Rule.

30 (f) A trauma center may voluntarily withdraw its designation for a maximum of one year by submitting a written
31 request to the Department. This request shall include the reasons for withdrawal and a plan for resolution of the
32 issues. To reactivate the designation, the facility shall provide to the Department written documentation of
33 compliance. Voluntary withdrawal does not affect the original expiration date of the trauma center's designation.

34 (g) If the trauma center fails to resolve the issues which resulted in a voluntary withdrawal within one year, the
35 Department shall revoke the trauma center designation.

36 (h) In the event of a revocation or voluntary withdrawal, the Department shall provide written notification to all
37 hospitals and emergency medical services providers within the trauma center's defined trauma primary catchment

1 area. The Department shall provide written notification to all hospitals and emergency medical services providers
2 within the trauma center's defined trauma primary catchment area if, and when, the voluntary withdrawal reactivates
3 to full designation.

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5 *History Note: Authority G.S. 131E-162; 143-508(d)(10);*
6 *Eff. April 1, 2011.*

1 10A NCAC 13P .1506 is proposed for adoption as follows:

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3 **10A NCAC 13P .1506 EMS EDUCATIONAL INSTITUTIONS**

4 (a) The Department shall deny the initial or renewal credential, without first allowing a focused review, of an EMS
5 Educational Institution for any of the following reasons:

- 6 (1) failure to comply with the provisions of Section .0600 of this Subchapter;
7 (2) attempting to obtain a EMS Educational Institution designation through fraud or
8 misrepresentation;
9 (3) endangerment to the health, safety, or welfare of patients cared by students of the EMS
10 Educational Institution; or
11 (4) repetition of deficiencies placed on the EMS Educational Institution in previous compliance site
12 visits.

13 (b) When a EMS Educational Institution is required to have a focused review, it must demonstrate compliance with
14 the provisions of Section .0600 of this Subchapter within 12 months or less.

15 (c) The Department will revoke an EMS Educational Institution credential at any time or deny a request for renewal
16 of credential, whenever the Department finds that the EMS Educational Institution has failed to comply with the
17 provisions of Section .0600 of this Subchapter; and:

- 18 (1) it is not probable that the EMS Educational Institution can remedy the deficiencies within 12
19 months or less;
20 (2) although the EMS Educational Institution may be able to remedy the deficiencies, it is not
21 probable that the EMS Educational Institution shall be able to remain in compliance with
22 credentialing rules for the foreseeable future;
23 (3) the EMS Educational Institution failed to meet the requirements of a focused review;
24 (4) failure to comply endangered the health, safety, or welfare of patients cared for as part of an EMS
25 educational program; or
26 (5) altered, destroyed or attempted to destroy evidence needed for a complaint investigation.

27 (d) The Department shall give the EMS Educational Institution written notice of revocation. This notice shall be
28 given personally or by certified mail and shall set forth:

- 29 (1) the factual allegations;
30 (2) the statutes or rules alleged to be violated; and
31 (3) notice of the EMS Educational Institution 's right to a contested case hearing on the revocation of
32 the credential.

33 (e) Focused review is not a procedural prerequisite to the revocation of a credential pursuant to Paragraph (c) of this
34 Rule.

35 (f) An EMS Educational Institution may voluntarily withdraw its credential for a maximum of one year by
36 submitting a written request. This request shall include the reasons for withdrawal and a plan for resolution of the
37 deficiencies. To reactivate the credential, the institution shall provide to the Department written documentation of

1 compliance. Voluntary withdrawal does not affect the original expiration date of the EMS Educational Institution's
2 credential.

3 (g) If the institution fails to resolve the issues which resulted in a voluntary withdrawal within one year, the
4 Department shall revoke the EMS Educational Institution credential.

5 (h) In the event of a revocation or voluntary withdrawal, the Department shall provide written notification to all
6 EMS Systems within the EMS Educational Institution's defined service area. The Department shall provide written
7 notification to all EMS Systems within the EMS Educational Institution's defined service area if, and when, the
8 voluntary withdrawal reactivates to full credential.

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10 *History Note: 143-508(d)(4), (d)(10);*

11 *Eff. July 1, 2011.*

1 10A NCAC 13P .1507 is proposed for adoption as follows:

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3 **10A NCAC 13P .1507 EMS VEHICLE PERMITS**

4 (a) The Department shall deny, suspend, or revoke the permit of an ambulance or EMS nontransporting vehicle if
5 the EMS Provider:

- 6 (1) failed to comply with the provisions of G.S. 131E, Article 7, and the rules adopted under that
7 Article;
- 8 (2) obtained or attempted to obtain a permit through fraud or misrepresentation;
- 9 (3) has continued deficiencies identified as repeated from previous compliance site visits;
- 10 (4) failed to provide emergency medical care within the defined EMS service area in a timely manner
11 as determined by the EMS System;
- 12 (5) continued to operate the ambulance or nontransporting vehicle in a county after written
13 notification by a Board of Commissioners to cease operations in that county;
- 14 (6) altered, destroyed or attempted to destroy evidence needed for a complaint investigation; or
- 15 (7) does not possess a valid EMS Provider License.

16 (b) In lieu of suspension or revocation, the Department shall issue a temporary permit for an ambulance or EMS
17 nontransporting vehicle whenever the Department finds that:

- 18 (1) the EMS Provider to which that vehicle is assigned has failed to comply with the provisions of
19 G.S. 131E, Article 7, and the rules adopted under that Article;
- 20 (2) there is a reasonable probability that the EMS Provider can remedy the permit deficiencies within
21 a length of time determined by the Department; and
- 22 (3) there is a reasonable probability that the EMS Provider will be willing and able to remain in
23 compliance with the rules regarding vehicle permits for the foreseeable future.

24 (c) The Department shall give the EMS Provider written notice of the temporary permit. This notice shall be given
25 personally or by certified mail and shall set forth:

- 26 (1) the duration of the temporary permit not to exceed 60 days;
- 27 (2) a copy of the vehicle inspection form;
- 28 (3) the statutes or rules alleged to be violated; and
- 29 (4) notice of the EMS Provider's right to a contested case hearing on the temporary permit.

30 (d) The temporary permit is effective immediately upon its receipt by the EMS Provider and remains in effect until
31 the earlier of the expiration date of the permit or until the Department:

- 32 (1) restores the vehicle to full permitted status; or
- 33 (2) suspends or revokes the vehicle permit.

34 *History Note: Authority G.S. 131E-156(c),(d); 131E-157(c);*
35 *Eff. July 1, 2011.*

1 10A NCAC 13P .1508 is proposed for adoption as follows:
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3 **10A NCAC 13P .1508 EMS PERSONNEL CREDENTIALS**

4 (b) An EMS credential which has been forfeited under G.S.15A-1331A may not be reinstated until the person has
5 successfully complied with the court's requirements, has petitioned the Department for reinstatement, has appeared
6 before the EMS Disciplinary Committee, and has had reinstatement approved.

7 (c) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for any of the
8 following reasons:

- 9 (1) failure to comply with the applicable performance and credentialing requirements as found in this
10 Subchapter;
- 11 (2) making false statements or representations to the Department or willfully concealing information
12 in connection with an application for credentials;
- 13 (3) making false statements or representations, willfully concealing information, or failing to respond
14 within a reasonable period of time and in a reasonable manner to inquiries from the Department
15 during a complaint investigation;
- 16 (4) tampering with or falsifying any record used in the process of obtaining an initial EMS credential
17 or in the renewal of an EMS credential;
- 18 (5) in any manner or using any medium, engaging in the stealing, manipulating, copying, reproducing
19 or reconstructing of any written EMS credentialing examination questions or scenarios;
- 20 (6) cheating or assisting others to cheat while preparing to take or when taking a written EMS
21 credentialing examination;
- 22 (7) altering an EMS credential, using an EMS credential that has been altered or permitting or
23 allowing another person to use his or her EMS credential for the purpose of alteration. Altering
24 includes changing the name, expiration date or any other information appearing on the EMS
25 credential;
- 26 (8) unprofessional conduct, including a failure to comply with the rules relating to the proper function
27 of credentialed EMS personnel contained in this Subchapter or the performance of or attempt to
28 perform a procedure that is detrimental to the health and safety of any person or that is beyond the
29 scope of practice of credentialed EMS personnel or EMS instructors;
- 30 (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients
31 and the public by reason of illness, use of alcohol, drugs, chemicals, or any other type of material
32 or by reason of any physical or mental abnormality;
- 33 (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, or
34 conviction of a crime involving the scope of practice of credentialed EMS personnel;
- 35 (11) by false representations obtaining or attempting to obtain money or anything of value from a
36 patient;
- 37 (12) adjudication of mental incompetence;

- 1 (13) lack of competence to practice with a reasonable degree of skill and safety for patients including a
2 failure to perform a prescribed procedure, failure to perform a prescribed procedure competently
3 or performance of a procedure that is not within the scope of practice of credentialed EMS
4 personnel or EMS instructors;
- 5 (14) performing as an EMT-I, EMT-P, or EMD in any EMS System in which the individual is not
6 affiliated and authorized to function;
- 7 (15) testing positive for any substance, legal or illegal, that has impaired the physical or psychological
8 ability of the credentialed EMS personnel to perform all required or expected functions while on
9 duty;
- 10 (16) failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated
11 with EMS Systems, Specialty Care Transport Programs, or patients;
- 12 (17) refusing to consent to any criminal history check required by G.S. 131E-159;
- 13 (18) abandoning or neglecting a patient who is in need of care, without making reasonable
14 arrangements for the continuation of such care;
- 15 (19) falsifying a patient's record or any controlled substance records;
- 16 (20) engaging in any activities of a sexual nature with a patient including kissing, fondling or touching
17 while responsible for the care of that individual;
- 18 (21) any criminal arrests that involve charges which have been determined by the Department to
19 indicate a necessity to seek action in order to further protect the public pending adjudication by a
20 court;
- 21 (22) altering, destroying or attempting to destroy evidence needed for a complaint investigation;
- 22 (23) as a condition to the issuance of an encumbered EMS credential with limited and restricted
23 practices for persons in the chemical addiction or abuse treatment program; or
- 24 (24) representing or allowing others to represent that the credentialed EMS personnel has a credential
25 that the credentialed EMS personnel does not in fact have.

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

- 30 (1) whether the person against whom action was taken by the other jurisdiction and the Department
31 are the same person;
- 32 (2) whether the conduct found by the other jurisdiction also violates the rules of the Medical Care
33 Commission; and
- 34 (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.

36 *History Note:* Authority G.S. 131E-159(f),(g); 143-508(d)(10);
37 Eff. July 1, 2011.

1 10A NCAC 13P .1509 is proposed for adoption as follows:

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3 **10A NCAC 13P. 1509 SUMMARY SUSPENSION**

4 In accordance with G.S. 150B-3(c) an EMS Provider License, EMS Vehicle Permit, or EMS credential may be
5 summarily suspended if the public health, safety, or welfare requires emergency action. This determination is
6 delegated to the Chief of the OEMS. For EMS credentials, this determination shall be made following review by the
7 EMS Disciplinary Committee pursuant to G.S. 131E-159(f). Such a finding shall be incorporated with the order of
8 the Department and the order is effective on the date specified in the order or on service of the certified copy of the
9 order at the last known address of the affected party, whichever is later, and continues to be effective during the
10 proceedings. Failure to receive the order because of refusal of service or unknown address does not invalidate the
11 order.

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13 *History Note: Authority G.S. 131E-159(f); 150B-3(c);*

14 *Eff. July 1, 2011.*

1 10A NCAC 13P .1510 is proposed for adoption as follows:

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3 **10A NCAC 13P .1510 PROCEDURES FOR DENIAL, SUSPENSION, AMENDMENT, OR**

4 **REVOCATION**

5 The procedures for contested cases in G.S. 150B, Article 3, apply to the denial, suspension, amendment or
6 revocation of credentials, licenses, permits, approvals, or designations.

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8 *History Note: Authority G.S. 143-508(d)(10);*

9 *Eff. July 1, 2011.*