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

Agency Proposing Rule Change
North Carolina Medical Care Commission

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Impact Summary:

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

Titles of Rule Changes and Statutory Citations
Note: No statutory changes were involved in the revision of these rules.

See proposed text of these rules in the Appendix

10A NCAC 13P

Section .0200 – EMS Systems

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

Authorizing Statutes Gen. Stat. § 131E-155.1
Gen. Stat. § 131E-156
Gen. Stat. § 131E-157
Gen. Stat. § 131E-158(a)
Gen. Stat. § 143-508(b), (d)(8)

Background

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

Summary of Revisions and its Anticipated Fiscal Impact

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

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

An item addressed in this rule that is silent in the current SCTP (10A NCAC 13P .0300) rules is the qualifications of the driver of the ambulance vehicle. Using input from the Association of EMS Administrators, Association of Rescue and EMS, SCT providers and the Hospital Association, the driver qualifications under this new .0221 rule will mirror the language currently in statute, requiring the driver to hold an OEMS issued credential at the Medical Responder level or higher. This driver will then be capable of performing the duties associated with vehicle operations, but will also have medical training to augment the attendant in the patient compartment of the vehicle.

Fiscal Impact - Agency

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

Fiscal Impact – County Governments

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

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

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

Fiscal Impact – Small Business / Licensed EMS Providers

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

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

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

Fiscal Impact Summary

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

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

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

10A NCAC 13P .0221 PATIENT TRANSPORTATION BETWEEN HOSPITALS

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

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

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

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

(a) Emergency Medical Technician;

(b) EMT-Intermediate;

(c) EMT-Paramedic;

(c) nurse practitioner;

(e) physician;

(f) physician assistant;

(g) registered nurse; or

(h) respiratory therapist.

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

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

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

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

History Note: *Authority G.S.131E-155.1; 131E-158(b); 143-508(d)(1),(d)(8);*
Eff. July 1, 2012.