Emergency Medical Services and Trauma Rules
Readoptions/Amendments/Adoptions Rules - Public Comments
Comment Period 6/15/16 – 8/15/16

Rule: 13P .0102(4)	**Commenter**	**Comment Summary**	**Agency Response**
	Cabarrus County EMS	Suggested language will allow private and hospital based systems to provide community paramedic care in our EMS system without approval or coordination. I think this language undermines the intent of an EMS system under the control of county government, it will serve to be harmful rather than helpful.	Proposed language was not intended to address any provisions of Community Paramedicine (CP). CP will be addressed in upcoming rule proposals.
Rule: 13P .0203	**Commenter**	**Comment Summary**	**Agency Response**
	Eastern Band of Cherokee Indians (+ duplicate submission)	Opposes repeal of rule. If repealed, Cherokee Tribal EMS System would become invalid since rule 13P .0201 states a county govt. shall develop an EMS System. Retaining this rule allows EBCI to continue oversight and management of tribal resources without falling under local govt control. The repeal serves no useful purpose.	Due to the comment received, it was determined the repeal of .0203 was an error, and this rule needs to be maintained in Administrative Code. We will be republishing in NC Register as a readoption with substantial changes in Nov. and accept comment for 60 days.
Rule: 13P .0216	**Commenter**	**Comment Summary**	**Agency Response**
	Cabarrus County EMS	The language essentially prevents all weapons. Conversations we have conducted through the NC EMS Administrators Association and other groups are not consistent with this proposed language. This issue should be decided by the system, system leadership, and the medical director. As violence continues to increase against EMS providers and public safety in general, we are moving in the wrong direction with prohibiting all weapons. Chemical irritants, conducted electrical	The OEMS is aware of concerns by the EMS community of potential threats to EMS personnel and the current prohibition against weapons of any type on-board ambulances. OEMS staff have been in discussion with legislators, Justice Academy staff, and BLET instructors on options for use of chemical irritants

		devices, and batons may have a place in emergency response with the proper training. This proposed language does not represent the best interest of EMS providers or systems.	and other defensive devices and minimum training needed to sanction use of defensive devices. OEMS will also continue to collaborate with stakeholders in pursuing viable options at safely protecting EMS personnel during potentially violent encounters. The results will be reflected in the next rule revision anticipated with the next 12-18 months.
	Guilford County Emergency Services	Agree to concept of no weapons on ambulances, except in very specific cases. Concur with ability of specially trained personnel/law enforcement affiliated personnel to carry a weapon if properly secured. Need clarification on verbiage "whether lethal or non-lethal." Should reflect NC Supreme Ct rulings on dangerous weapons. Majority of EMS providers carry folding knives, nothing in the rule should discourage that. Need clarification for "duly appointed law enforcement officers." They meet all NCSA standards for firearms. Wording is inadequate for them to carry firearms legally in ambulances for transporting incarcerated subjects.	Agency response same as previous comment.
Rule: 13P .0222	**Commenter**	**Comment Summary**	**Agency Response**
	Guilford County Emergency Services	A much needed rule to define stretcher bound patient as requiring an ambulance. American Ambulance Association has a position statement against stretcher vans.	No Response

Rule: 13P .0506(b)(1)(2), 13P .0506	**Commenter**	**Comment Summary**	**Agency Response**
	Cabarrus County EMS	Suggested language will allow private and hospital based systems to provide community paramedic care in our EMS system without approval or coordination. This language undermines the intent of an EMS system under the control of county government, it will serve to be harmful rather than helpful.	Proposed language was not intended to address any provisions of Community Paramedicine (CP). CP will be addressed in upcoming rule proposals.
	Cabarrus County EMS	The state has required that a physician associated with an EMS system meet the regulations of the state in order to be a resource for them and that implies a level of connection with EMS, understanding the scope and limitations of paramedic training, skills and requirements. Hospital systems are looking at ways to save money, EMS systems are looking at ways to offset decreasing reimbursement of ambulance billing. Community paramedicine faces competition from large corporations who have no interest in the survival of the EMS system. If the state delegates the oversight of paramedics at this level, what qualifications will there be for the physicians? It is not in the best interest of the EMS or Paramedicine to allow further consolidation of control by hospital systems.	Agency response same as previous comment.
	Guilford County Emergency Services	Item (b) tries to define "alternative" practice settings, yet allows delegation of the medical direction. We question the affiliation to the EMS system and the scope of practice defined to the level of credential. It is often functioning within medical offices etc and the provider should be considered a medical office assistant under	Agency response same as previous comment.

		supervision of the MD, NOT affiliated to the EMS System or EMS credential. Authority for EMS systems resides with counties and alternative practice settings should be regulated through county EMS systems. Alternative practice settings could include "community paramedicine." We suggest these EMS system functions be regulated through EMS system plans of Counties. Suggest new rule for emerging field of community paramedicine.	Language addressing Community Paramedicine is currently being drafted for consideration.
Rule: 13P .0901-.0903(not specified)	**Commenter**	**Comment Summary**	**Agency Response**
	CaroMont Health Trauma Services (email + hard copy)	Submitting examples of potential hardships for continued compliance and maintenance of Level III Trauma Center designation with adoption of rule changes. Currently all state designated trauma centers must develop a rigorous PI program with patient safety and loop closure. The proposed rule require participation in a costly national benchmarking PI program with significant expenditures for software programs, licensing fees, continuing education, and expanding staff resources to transition to this requirement. In some cases it has been estimated it will actually cost facilities upwards of $15/patient to participate. All trauma registry is submitted at least weekly to the NC OEMS. The proposed rule requires submission of registry data to an additional registry source (NTDB). There will be costs associated with the set up, maintenance of NTDB program, software vendor	The Office of EMS is actively working with the Commenter to ensure a full understanding of American College of Surgeons (ACS) criteria, and to facilitate compliance with the proposed standard.

		charges, server construction and maintenance, and possibly additional resources to enter and maintain data. The ACS defines pediatric patients as 14 or younger. Currently Level III trauma centers are able to define the age of the adult based on the services they are capable of providing. Level III centers with only state designation, there may be additional costs for ACS consultation in order to ensure and maintain compliance with the broadly stated ACS rule changes for re-designation. Allowing the NC COT Medical Directors appropriate discretion to interpret the intent of the rules, if not the exact letter of the rules, you will allow the state to allocate resources necessary to provide care for residents and visitors of NC. Allowing the NCCOT Medical Directors the discretion to interpret the ACS guidelines in ways that make sense for NC is the best way to continue to ensure the highest standards and exceptional car offered through the coordinated NC Trauma System.	
	CaroMont Health Trauma Services (email + hard copy)	Concern regarding the decision to proceed with changes in NC rules governing state designation of trauma centers. The decision to adopt the ACS rules for verification of trauma centers creates significant potential hardship for the continued compliance of maintenance of designation. It is imperative that the NC COT Medical Directors provide leadership, consent and advice for the continued designation of Level III trauma centers. During the designation process, medical directors should have appropriate discretion to interpret the intent of the rules, if not the exact letter of the rule. This is the best	The Office of EMS is actively working with the Commenter to ensure a full understanding of American College of Surgeons (ACS) criteria, and to facilitate compliance with the proposed standard.

		way for experts in our state to continue to allocate resources necessary to provide sufficient care to all in NC. This discretionary function will remain part of the designation process. Proper recommendations will be made to the site based upon this interpretation. The COT Medical Directors will then make appropriate recommendations for designation to the state. This function has always been taken seriously by the COT Medical Directors. We should not cede it. This is the best way to maintain the highest standards and exceptional care offered through the coordinated NC Trauma System.	
Rule: 13P .1510	**Commenter**	**Comment Summary**	**Agency Response**
	Guilford County Emergency Services	A much needed rule for the voluntary surrender of credential or reduction of function.	No Response