



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Mark Payne, Director  
Health Service Regulation

**MINUTES OF PUBLIC HEARING**  
**NOVEMBER 1, 2016**  
**10:00 A.M.**

**Division Staff Present:**

Nadine Pfeiffer, Rule-making Coordinator  
Diana Barbry, Rule-making Assistant  
Chuck Lewis, Assistant Chief, OEMS  
Donnie Sides, OEMS

**Others Present:**

Doug Swanson, Carolinas Healthcare System  
Dennis Made, Carolinas Healthcare System  
Jenn Hayes, UNC Healthcare/Carolina Air Care  
Christian Lawson, UNC Healthcare/Carolina Air Care  
Henry Ward, Med Trans  
Brian Langston, Cape Fear Valley Health-LifeLink  
John Popella, New Hanover Regional Medical Center-AirLink  
Daniel Valiere, Vidant Health  
Mike Thomson, Carolinas Healthcare System  
Scott Sampey, Vidant EastCare  
Rene Borghese, Duke Life Flight  
Matthew Rougeux, Duke Life Flight  
Charles Blankenship, Mission Health  
Katy Kingsbury, Brooks Pierce  
John Grindstaff, Mission Health  
Tony Raymond, Air Methods  
Ruthie Hubka, Air Methods  
Jason Schwebach, Carolinas Healthcare System  
Sean Gibson, NC Air Medical Association Duke University Hospital  
Robert Byrd, AMGH  
Marc Chadwick, Vidant EastCare



**Office of the Director**

<http://www.ncdhhs.gov/dhsr/>

Phone: 919-855-3750 / Fax: 919-733-2757

Location: 809 Ruggles Drive v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

Mailing Address: 2701 Mail Service Center • Raleigh, North Carolina 27699-2701

An Equal Opportunity / Affirmative Action Employer



## 1. Purpose of Hearing

The purpose of this public hearing was to solicit verbal and/or written comments from the public on the proposed rule readoption and fiscal note for one Emergency Services and Trauma rule, specifically 10A NCAC 13P .0204. This readoption is pursuant to the Periodic Review and Expiration of Existing Rule process.

## 2. Hearing Summary

The Public Hearing was opened by Nadine Pfeiffer at 10:00 a.m. Attending were representatives from the provider community and advocacy organizations. A total of six oral comments were recorded. A summary of these comments is as follows:

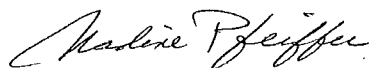
1. Doug Swanson, Emergency Physician, Carolinas Healthcare System stated that we need to ensure with any rule change this significant is the continued quality program and quality healthcare for the patients we serve in North Carolina. There needs to be mandatory quality assurance programs associated with the rule change to ensure affiliation with the RAC system and participants being members of the RAC System which requires quality assurance and quality oversight with specific language regarding the dispatch of free-standing air ambulance providers. We need to ensure that medical oversight comes from local entities and not from corporate medical oversight that may not have a presence in our state and direct contact with patients in our state.
2. Henry Ward, Regional Operations Director, Med Trans stated that he works in NC and SC and his agency would like to come to NC and adhere to the same rules that are in NC because their quality assurance program is equal to and exceeding any quality assurance program currently in the state and their pilot training is equal to or higher because they have training every 90 days opposed to ever year in NC. They have an exceeding quality assurance program for safety and the clinical side. He wanted to leave his contact information so that NC programs could reach out and become partners with Med Trans. They want to be part of the solution for the citizens of NC.
3. Dr. Mike Thomasan, Trauma Surgeon from Carolinas Healthcare System stated the trauma system started from scratch in NC. We have rules guiding us for that without funding. The trauma centers provide that funding themselves and that has led to a spirit of cooperation and collaboration for over 30 years. We have a coordinated system of trauma care without gaps. There is a destination protocol used for the right patient, the right place and the right time. If we make changes, the new people need to become part of a system. All care flows through the RAC with peer review. Who you are or where you are all flows through it and are accountable to OEMS. Anyone coming in, I would urge be affiliated with a RAC, be actively participating with a RAC and hold themselves accountable to the assessments being delivered there.
4. Ruthie Hubka, Air Methods spoke in support of the position of the NC Air Medical Association and their customers. Air Methods works with hospital partners to ensure the highest standard of patient care and safety. NC has a strong network of Level I and II trauma centers. The current rule enforced ensures air medical programs adhere to the high standard of clinical care which ultimately results in quality patient care and quality outcomes. Air medical programs can operate on different models,

individually or with a hospital, but with any scenario it is necessary that they operate at a baseline standard. The current clinical oversight model shows it does work for patients in NC.

5. Jason Schwebach, Carolinas Healthcare System stated that he was there in 2003 when MedTrans filed their application for an air medical license with the state and were denied because they did not demonstrate the need. They have since filed a lawsuit. During the mediation hearings MedTrans was offered a mutual aid agreement on behalf of NC air medical programs and they turned it down each time. Senator Dole filed legislation to go after the 1978 airline deregulation act, which MedTrans is using today. Is this about healthcare or aviation, because this rule has a grey area. It is the opinion of other air medical operators the airline deregulation act does not preempt current NC licensure requirements specifically related to affiliation with a trauma center. It is the perception of the air operators that the state of NC may be settling because they are afraid of a lawsuit, I hope that is not true.
6. Sean Gibson, President of the NC Air Medical Association stated that he supports continued affiliation requirement between air ambulance providers and Level I & II trauma centers. It helps to strengthen NC's position as one of the premier providers of air medical services in the nation and ensures citizens receive high quality care while being accountable to our sponsor trauma centers. Required hospital affiliation ensures quality patient care only available through a trauma center that provides an intense orientation process under medical direction and ongoing education through highly specialized MDs and content experts. It also establishes a coordinated and orchestrated system for rapid patient movement, proven over the past 30 yrs in NC. The cost to patients is lower for this service by non-profit health systems like Mission Health, UNC Healthcare or Carolinas Health System. MT and ND changed their rules years ago and are looking to reverse course due to the high cost billing of patients by for-profit air ambulance providers. Patients do not get to choose their air ambulance providers, the choice is made by local EMS or an MD who is not aware of the cost but the patient is responsible for the bill. We owe it to protect patients from the high cost of care provided by for-profit air ambulance providers in addition to maintaining high quality of care provided by our current air medical programs sponsored by a Level I or II provider. Trauma centers with air ambulances chose them through an RFP process. Ask that you reach out to Senators in MT and ND regarding the negative impact on their rule changes.

In addition, a total of two written comments were given to the Agency. These comments will be taken into consideration by the Agency. The hearing was adjourned at 10:19 a.m.

Respectfully Submitted,



Nadine Pfeiffer, Rule-making Coordinator  
November 7, 2016

Public Hearing Attendance  
 Emergency Services and Trauma Rules  
 10A NCAC 13P .0204  
 November 1, 2016 10:00 a.m.

Please print information below:

Name	Representing	Speaking Yes(Y)No(N)
Doug Swanson	CAROLINAS HEALTHCARE SYSTEM	Y
Dennis Matle	Carolina Healthcare System	N
John Haynes	UNC CAROLINA AIR CARE	N
CHRISTIAN LAMSON	UNC HEALTHCARE / CAROLINA AIR CARE	N
Henry Ward	Med-Trans	Y
Brian Langston	Cape Fear Valley Health - Lifeline	N
Tommy Appella	New Hanover Regional Medical Center - Airline	N
Daniel VanLiere	VIRANT HEALTH	N
Mike Thompson	CAROLINA HEALTHCARE SYSTEM	Y
Jeff Samper	VIRANT HEALTHCARE	Y
René Borghese	DUKE LIFE FLIGHT	N

Name	Representing	Speaking Yes (Y) No (N)
Matthew Rogers	Dile of Flight	N
Paul Blankenship	Mission Health	N
Kathryn Shumway	Brooks Pierce	N
John Grooms	MISSION HEALTH	N
Tory Bryman	AIR METHODS	N
Pustine Hruska	AIR METHODS	Y
Jason Schwabach	Carolina's Healthcare System	Y
Sean B. Boren	Duke University Hosp.	Y
Brendan Boren	Haze Med Music	N
S. Mark Wilson	Wake Med	N
Robert Byrd	AMG 14	N
Marc Chaswick	Vidant EASTCOAST	N

00

✓  
✓  
✓