



November 14, 2016

Ms. Nadine Pfeiffer
Rules Review Manager
Division of Health Services Regulation
North Carolina Department of Health and Human Services
2707 Mail Service Center
Raleigh, NC
By email: DHSR.RulesCoordinator@dhhs.nc.gov

Re: North Carolina Register: September 15 issue - Emergency Medical Services and **Trauma Rule 10A NCAC 13P .0204**

Dear Ms. Pfeiffer:

The NCHA appreciates the opportunity to submit comments on North Carolina Emergency Medical Services and Trauma Rule 10A NCAC 13P .0204. According to the proposed rule change in the September 15 issue of the NC Register, air medical programs will no longer be required to identify their service area and obtain Emergency Medical System affiliation. Sections 10A NCAC 13P .0204 (b) and (c), which currently require affiliation [as defined in Rule .0102(4) of this Subchapter] with a hospital “to ensure the provision of peer review, medical director oversight and treatment protocol maintenance,” are proposed to be removed.

Ostensibly these regulations are proposed to be stricken due to their relationship to a 2008 U.S. District Court finding that North Carolina’s CON law regulating air ambulance was superseded by federal law governing the licensing and operation of medical aircraft. While the Med-Trans decision did mandate that the state refrain from aviation safety inspections and aviation related requirements on air carriers, it did not require the agency to cease regulation of the medical aspects of the service, specifying that the Commission may “*adopt rules specifying medically related equipment, sanitation, supply and design requirements for air ambulances, and the DHHS may still inspect air ambulances for compliance with these medically-related regulations.*” Other examples of regulations cited in the decision as being within the continued purview of the agency include “*regulations regarding EMS related equipment*” and “*training regarding cabin pressurization of the specific aircraft as it relates to specific medical conditions.*”

Healthcare is increasingly being delivered through systems and networks of providers. But without proper coordination of activities such as care transitions, those efforts simply won’t work, and any quality or cost saving potential is unlikely. Rules 10A NCAC 13P .0204 (b) and (c) provide for coordination of services with receiving medical facilities that will provide trauma and other needed care, and support a current process that enables for safe and effective patient transports. These rules are not related to the operation of the aircraft and are within the scope of the agency’s interest in establishing a process whereby critical patient care decisions can be made in a safe and timely manner.

North Carolina currently enjoys an excellent reputation for the quality of its emergency medical system. However it is also a fast-growing state that faces challenges in providing all of its citizens with high



quality care. NCHA requests that the Division carefully consider the need for continued regulation of the medical aspects of air transport if our state is to effectively support an **inclusive trauma system* approach.

Thank you for your consideration, and please contact me if you have questions.

Mike Vicario,
Vice President of Regulatory Affairs
North Carolina Hospital Association

** "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance improvement and research resulting in integrated trauma care.*