

1 10A NCAC 13P .0410 is adopted with changes as published in 31:24 NCAC 2448-2450 as follows:

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3 **10A NCAC 13P .0410 COMPONENTS OF MEDICAL OVERSIGHT FOR AIR MEDICAL PROGRAMS**

4 (a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definition applies to this ~~Rule, a~~
5 Rule: “Specialized Ambulance Protocol Summary (SAPS) form” means a document completed by the Medical
6 Director of the Air Medical Program that contains a listing of all medications, equipment, and supplies.

7 (b) Licensed EMS providers seeking to offer rotary-wing or fixed-wing air medical program services within North
8 Carolina shall ~~make application and~~ receive approval from the OEMS prior to beginning operation.

9 (c) Licensed EMS providers seeking to offer multiple air medical programs under separate medical oversight
10 processes as set forth in Paragraph (d) of this Rule shall make application for each program and receive approval from
11 the OEMS as set forth in Paragraph (b) of this Rule.

12 (d) Each Air Medical Program providing services within North Carolina shall meet the following requirements for
13 the provision of medical oversight:

- 14 (1) a Medical Director as set forth in Rules .0402 and .0404 of this Section;
- 15 (2) treatment protocols approved by the OEMS, to be utilized by the provider as required by Rule .0406
16 of this Section;
- 17 (3) a peer review committee as required by Rule .0409 of this Section;
- 18 (4) notify all North Carolina EMS Systems where services will be provided to enable each EMS System
19 to include the provider in their EMS System plan, as set forth in Rule ~~.0201(a)(11)~~ .0201 of this
20 Subchapter;
- 21 (5) ~~permit inspections of all aircraft~~ aircrafts used within North Carolina ~~as set forth in~~ shall comply
22 with Rule .0209 of this ~~Subchapter including the supplemental information contained on the~~
23 ~~program’s SAPS form; Subchapter;~~
- 24 (6) populate and maintain a ~~current~~ roster in the North Carolina ~~Credentialing Information System~~
25 database for all air medical crew members, Medical Directors, and staff identified by the program
26 to serve as primary and secondary administrative contacts;
- 27 (7) all medical crew members operating in North Carolina shall maintain a ~~current and active~~ North
28 Carolina license or credential in accordance with the rules and regulations of the appropriate
29 licensing or credentialing ~~body. Any medical crew member suspended by the Department shall be~~
30 ~~barred from patient contact when operating in North Carolina until such time as the case involving~~
31 ~~the medical crew member has been adjudicated or resolved;~~ body;
- 32 (8) ~~continued active~~ active membership ~~and active participation~~ in each Trauma RAC containing the majority
33 of hospitals where the program transports patients for admission;
- 34 (9) submit patient care data into the PreHospital Medical Information System (PreMIS) for all interstate
35 and intrastate transports as set forth in Rule ~~.0204(b)(6)~~ .0204 of this Subchapter;
- 36 (10) provide information regarding procedures performed during transport within North Carolina to
37 OEMS ~~to allow review by the North Carolina OEMS Medical Director;~~ for quality management

1 review as required by the “North Carolina College of Emergency Physicians: Standards for Medical
 2 Oversight and Data Collection;”

3 (11) submit peer review materials to the receiving hospital’s peer review committee for each patient
 4 transported for admission; and

5 (12) a method providing for the ~~organized and~~ coordinated dispatch of resources between air medical
 6 programs ~~to enhance~~ for scene safety, ~~ensure that~~ only the number of air medical resources needed
 7 respond to the incident location are provided, and arrange for the receiving hospital to prepare for
 8 the incoming patient.

9 (e) In addition to the requirements set forth in Paragraph (d) of this Rule, Air Medical Program whose base of
 10 operation is outside of North Carolina who operate fixed-wing or rotary-wing air medical programs within the State
 11 shall meet the following ~~conditions~~ requirements for the provision of medical oversight:

12 (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is
 13 based for comparison with North Carolina standards as set forth in the “North Carolina College of
 14 Emergency Physicians: Standards for Medical Oversight and Data Collection” ~~standards,~~
 15 Collection,” and make any modifications identified by the OEMS to ~~ensure compliance~~ comply with
 16 the ~~North Carolina~~ standards as set forth in Subparagraph (d)(2) of this Rule;

17 (2) ~~permit inspections of all aircraft~~ aircrafts used within North Carolina ~~as set forth in~~ shall comply
 18 with Paragraph (b)(5) of this Rule, Rule .0209 of this Subchapter, to be conducted at a location
 19 inside North Carolina at a time ~~mutually~~ agreed upon by the Department and the ~~air medical~~
 20 program; Air Medical Program;

21 (3) submit written notification to the Department within three business days of receiving notice of any
 22 arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North
 23 Carolina credentialed or licensed medical crew member; and

24 (4) any medical crew member suspended by the Department shall be barred from patient contact when
 25 operating in North Carolina until such time as the case involving the medical crew member has been
 26 adjudicated or ~~resolved;~~ resolved as set forth in Rule .1507 of this Subchapter;

27 (d) Significant failure to comply with the criteria set forth in this Rule shall result in revocation of the Air Medical
 28 Program ~~approval~~ as set forth in Rule .1503 of this Subchapter.

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 30 *History Note:* G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8);
 31 Eff. January 1, 2018.