

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

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HOUSE BILL 452
Committee Substitute Favorable 4/16/01

Short Title: Emergency Medical Services Act Update-AB.

(Public)

Sponsors:

Referred to:

March 1, 2001

A BILL TO BE ENTITLED

AN ACT TO REVISE AND UPDATE THE EMERGENCY MEDICAL SERVICES
ACT OF 1973.

The General Assembly of North Carolina enacts:

SECTION 1. Article 56 of Chapter 143 reads as rewritten:

"Article 56.

"Emergency Medical Services Act of 1973.

§ 143-507. Establishment of emergency medical services program.

(a) There is ~~hereby~~ established a comprehensive emergency medical services program in the Department of Health and Human Services. All responsibility for this program shall be vested in the Secretary of the Department of Health and Human Services and other ~~such~~ officers, boards, and commissions specified by law or regulation.

(b) This Article is to enable and assist providers of emergency medical services in the delivery of ~~adequate emergency medical~~ these services for all the people of North Carolina and the provision of medical care during a disaster.

(c) Emergency medical services referred to in this Article include ~~all~~ services rendered by emergency medical services personnel as defined in G.S. 131E-155(7) in responding to improve the health and wellness of the community and to address the individual's need for immediate emergency medical care in order to prevent loss of life or further aggravation of physiological or psychological illness or injury. The Statewide Emergency Medical Services System ~~medical care is further described as also includes~~ first aid by members of the community; public knowledge and easy access into the system; prompt emergency medical dispatch of well designed, equipped, and staffed ambulances; effective care by trained attendants-credentialed personnel with appropriate disposition at the scene of the emergency and while in transit; communications with the treatment center while at the scene and while in transit; routing and referral to the appropriate treatment facility; ~~immediate definitive care~~ emergency medical services at the emergency treatment facility; injury prevention initiatives; wellness initiatives

1 within the community and the public health system; and follow-up lifesaving and
2 restorative care.

3 **"§ 143-508. Department of Health and Human Services to establish program; rules**
4 **and regulations of North Carolina Medical Care Commission.**

5 (a) The State Department of Health and Human Services shall establish and
6 maintain a program for the improvement and upgrading of emergency medical services
7 throughout the State. The Department shall consolidate all State functions relating to
8 emergency medical services, both regulatory and developmental, under the auspices of
9 this program.

10 (b) ~~The North Carolina Medical Care Commission is authorized and directed to~~
11 ~~adopt~~shall adopt, amend, and rescind rules and regulations to carry out the purpose of
12 this Article and ~~Article 26~~ Articles 7 and 7A of Chapter ~~130~~131E of the General
13 Statutes ~~of North Carolina~~ regardless of other provisions of rule or law. ~~Such~~ These
14 ~~rules and regulations~~ shall be adopted with the advice of the Emergency Medical
15 Services Advisory Council. The Department of Health and Human Services shall
16 enforce all rules adopted by the Commission. Nothing in this Chapter shall be construed
17 to authorize the North Carolina Medical Care Commission to establish or modify the
18 scope of practice of emergency medical personnel.

19 (c) The North Carolina Medical Care Commission may adopt rules with regard
20 to emergency medical services, not inconsistent with the laws of this State, that may be
21 required by the federal government for grants-in-aid for emergency medical services
22 and licensure which may be made available to the State by the federal government. This
23 section is to be liberally construed in order that the State and its citizens may benefit
24 from such grants-in-aid.

25 (d) The North Carolina Medical Care Commission shall adopt rules to do all of
26 the following:

- 27 (1) Establish standards and criteria for the credentialing of emergency
28 medical services agencies to carry out the purpose of Article 7 of
29 Chapter 131E of the General Statutes.
- 30 (2) Establish standards and criteria for the credentialing of trauma centers
31 to carry out the purpose of Article 7A of Chapter 131E of the General
32 Statutes.
- 33 (3) Establish standards and criteria for the education and credentialing of
34 emergency medical services personnel to carry out the purpose of
35 Article 7 of Chapter 131E of the General Statutes.
- 36 (4) Establish standards and criteria for the credentialing of EMS
37 educational institutions to carry out the purpose of Article 7 of Chapter
38 131E of the General Statutes.
- 39 (5) Establish standards and criteria for data collection as part of the
40 statewide emergency medical services information system to carry out
41 the purpose of G.S. 143-509(5).

- 1 (6) Implement the scope of practice of credentialed emergency medical
2 services personnel as determined by the North Carolina Medical
3 Board.
4 (7) Define the practice settings of credentialed emergency medical
5 services personnel.
6 (8) Establish standards for vehicles and equipment used within the
7 emergency medical services system.
8 (9) Establish standards for a statewide EMS communications system.
9 (10) Establish standards and criteria for the denial, suspension, or
10 revocation of emergency medical services credentials for emergency
11 medical services agencies, educational institutions, and personnel
12 including the establishment of fines for credentialing violations.
13 (11) Establish standards and criteria for the education and credentialing of
14 persons trained to administer lifesaving treatment to a person who
15 suffers a severe adverse reaction to insect stings.
16 (12) Establish standards for the voluntary submission of hospital
17 emergency medical care data consistent with Article 11A of Chapter
18 131E of the General Statutes.

19 ~~All rules and regulations not inconsistent with the provisions of this Article~~
20 ~~heretofore adopted by the State Board of Health or the Commission for Health Services~~
21 ~~shall remain in full force and effect until repealed or superseded by action of the North~~
22 ~~Carolina Medical Care Commission.~~

23 **"§ 143-509. Powers and duties of Secretary.**

24 The Secretary of the Department of Health and Human Services has full
25 responsibilities for supervision and direction of the emergency medical services
26 program and, to that end, ~~shall~~ shall accomplish all of the following:

- 27 (1) After consulting with the Emergency Medical Services Advisory
28 Council and with ~~such any~~ local governments as ~~that~~ may be involved,
29 seek the establishment of a statewide, ~~regional and local~~ emergency
30 medical services ~~operations~~; system, integrated with other health care
31 providers and networks including, but not limited to, public health,
32 community health monitoring activities, and special needs populations.
33 (2) Repealed by Session Laws 1989, c. 74.
34 (3) ~~Encourage and assist in the development of appropriately located~~
35 ~~comprehensive emergency treatment centers;~~ Establish and maintain a
36 comprehensive statewide trauma system in accordance with the
37 provisions of Article 7A of Chapter 131E of the General Statutes and
38 the rules of the North Carolina Medical Care Commission.
39 (4) ~~Encourage and assist in the development of~~ Establish and maintain a
40 statewide emergency medical services communications system
41 including designation of EMS radio frequencies and coordination of
42 EMS radio communications networks within FCC rules and

- 1 ~~regulations, which will enable transport vehicles to communicate with~~
2 ~~treatment facilities;~~
- 3 (5) ~~Establish and maintain a State-statewide emergency medical services~~
4 ~~records system; information system that provides information linkage~~
5 ~~between various public safety services and other health care providers.~~
- 6 (6) ~~Inspect ambulances, issue permits for operation of ambulance vehicles,~~
7 ~~train and license ambulance Credential emergency medical services~~
8 ~~providers, vehicles, EMS educational institutions, and personnel after~~
9 ~~documenting that the requirements of the North Carolina Medical Care~~
10 ~~Commission are met, and shall be responsible for the enforcement of~~
11 ~~all other quality control provisions of the Ambulance Act of 1967,~~
12 ~~Article 26 of Chapter 130 of the General Statutes of North Carolina;~~
- 13 (7) ~~Designate emergency medical services radio frequencies and~~
14 ~~coordinate emergency medical services radio communications~~
15 ~~networks within FCC rules and regulations; and~~
- 16 (8) ~~Promote the development of an air ambulance support system to~~
17 ~~supplement ground vehicle operations.~~
- 18 (9) Promote a means of training individuals to administer life-saving
19 treatment to persons who suffer a severe adverse reaction to insect
20 stings. Individuals, upon successful completion of this training
21 program, may be approved by the North Carolina Medical Board Care
22 Commission to administer epinephrine to these persons, in the absence
23 of the availability of physicians or other practitioners who are
24 authorized to administer the treatment. This training may also be
25 offered as part of the emergency medical technician services training
26 program.
- 27 (10) Establish and maintain a collaborative effort with other community
28 resources and agencies to educate the public regarding EMS systems
29 and issues.
- 30 (11) Collaborate with community agencies and other health care providers
31 to integrate the principles of injury prevention into the statewide EMS
32 system to improve community health.
- 33 (12) Establish and maintain a means of medical direction and control for
34 the statewide EMS system.

35 **"§ 143-510. North Carolina Emergency Medical Services Advisory Council.**

36 (a) There is hereby created ~~an~~ the North Carolina Emergency Medical Services
37 Advisory Council ~~composed of 21 members~~ to consult with the Secretary of the
38 Department of Health and Human Services in the administration of this Article. ~~The~~
39 ~~Secretary of the Department of Health and Human Services shall appoint 17 members~~
40 ~~with at least one member representing each of the following categories:~~

- 41 (1) ~~Physicians licensed to practice medicine versed in treatment of trauma~~
42 ~~and suddenly occurring illnesses;~~
- 43 (2) ~~Emergency room nurses;~~

- 1 (3) Hospitals,
- 2 (4) Providers of ambulance service (including rescue squads),
- 3 (5) Local government, and
- 4 (6) The general public.

5 ~~The President Pro Tempore of the Senate shall appoint two members from the~~
6 ~~Senate, and the Speaker of the House of Representatives shall appoint two members~~
7 ~~from the House of Representatives.~~

8 ~~(b) Members appointed by the Secretary of the Department of Health and Human~~
9 ~~Services shall hold office for a term of four years beginning July 1, 1973, and~~
10 ~~quadrennially thereafter, except the terms of the members first taking office shall expire,~~
11 ~~as designated at the time of appointment, six at the end of the second year, six at the end~~
12 ~~of the third year, and five at the end of the fourth year. Members appointed by the~~
13 ~~President Pro Tempore and the Speaker shall serve for two years coinciding with the~~
14 ~~term for which they were elected to the General Assembly. Vacancies shall be filled by~~
15 ~~the office making the initial appointment and for the remainder of the unexpired term~~
16 ~~only.~~

17 ~~(c) The Council shall meet at least once each quarter and at the call of the~~
18 ~~Secretary of the Department of Health and Human Services. The Council shall elect its~~
19 ~~chairman annually.~~

20 ~~(d) Council members who are not members of the General Assembly or State~~
21 ~~employees or officers shall receive per diem, travel, and subsistence as provided by G.S.~~
22 ~~138-5 while engaged in Council business or attending Council meetings. Council~~
23 ~~members who are members of the General Assembly shall receive travel and~~
24 ~~subsistence allowances as provided by G.S. 120-3.1. Council members who are State~~
25 ~~employees or officers shall receive travel and subsistence as provided by G.S. 138-6.~~

26 The North Carolina Emergency Medical Services Advisory Council shall consist of
27 25 members.

28 (1) Twenty-one of the members shall be appointed by the Secretary of the
29 Department of Health and Human Services as follows:

- 30 a. Three of the members shall represent the North Carolina
31 Medical Society, and include one licensed pediatrician,
32 surgeon, and public health physician.
- 33 b. Three members shall represent the North Carolina College of
34 Emergency Physicians, two of whom shall be current local
35 EMS Medical Directors.
- 36 c. One member shall represent the North Carolina Chapter of the
37 American College of Surgeons Committee on Trauma.
- 38 d. One member shall represent the North Carolina Association of
39 Rescue and Emergency Medical Services.
- 40 e. One member shall represent the North Carolina Association of
41 EMS Administrators.
- 42 f. One member shall represent the North Carolina Hospital
43 Association.

- 1 g. One member shall represent the North Carolina Nurses
2 Association.
- 3 h. One member shall represent the North Carolina Association of
4 County Commissioners.
- 5 i. One member shall represent the North Carolina Medical Board.
- 6 j. One member shall represent the American Heart Association,
7 North Carolina Council.
- 8 k. One member shall represent the American Red Cross.
- 9 l. The remaining six members shall be appointed so as to fairly
10 represent the general public, credentialed and practicing EMS
11 personnel, EMS educators, local public health officials, and
12 other EMS interest groups in North Carolina.
- 13 (2) Two members shall be appointed by the General Assembly upon the
14 recommendation of the Speaker of the House of Representatives.
- 15 (3) Two members shall be appointed by the General Assembly upon the
16 recommendation of the President Pro Tempore of the Senate.

17 The membership of the Council shall, to the extent possible, reflect the gender and
18 racial makeup of the population of the State.

19 (b) The members of the council appointed pursuant to subsection (a) of this
20 section shall serve initial terms as follows:

- 21 (1) The members appointed by the Secretary of the Department of Health
22 and Human Services shall serve initial terms as follows:
- 23 a. Five members shall serve initial terms of one year;
- 24 b. Five members shall serve initial terms of two years;
- 25 c. Five members shall serve initial terms of three years; and
- 26 d. Six members shall serve initial terms of four years.
- 27 (2) The members appointed by the General Assembly upon the
28 recommendation of the President Pro Tempore of the Senate shall
29 serve initial terms as follows:
- 30 a. One member shall serve an initial term of two years; and
- 31 b. One member shall serve an initial term of four years.
- 32 (3) The members appointed by the General Assembly upon the
33 recommendation of the Speaker of the House of the Representatives
34 shall serve initial terms as follows:
- 35 a. One member shall serve an initial term of two years; and
- 36 b. One member shall serve an initial term of four years.

37 Thereafter, all terms shall be four years.

38 (c) Any appointment to fill a vacancy on the Council created by the resignation,
39 dismissal, death, or disability of a member shall be for the balance of the unexpired
40 term. Vacancies on the Council among the membership nominated by a society,
41 association, or foundation as provided in subsection (a) of this section shall be filled by
42 appointment of the Secretary upon consideration of a nomination by the Executive
43 Committee or other authorized agent of the society, association, or foundation until the

1 next meeting of the society, association, or foundation at which time the society,
2 association, or foundation shall nominate a member to fill the vacancy for the unexpired
3 term.

4 (d) The members of the Council shall receive per diem and necessary travel and
5 subsistence expenses in accordance with the provisions of G.S. 138-5.

6 (e) A majority of the Council shall constitute a quorum for the transaction of
7 business. All clerical and other services required by the Council shall be supplied by the
8 Department of Health and Human Services, Division of Facility Services, Office of
9 Emergency Medical Services.

10 **"§ 143-511. Powers and duties of the Council.**

11 The North Carolina Emergency Medical Services Advisory Council shall~~may~~ advise
12 the Secretary of the Department of Health and Human Services on personnel and policy
13 issues regarding the statewide Emergency Medical Services program, including all rules
14 proposed to be adopted by the North Carolina Medical Care Commission.

15 (1) ~~Advise the Secretary of the Department of Health and Human Services~~
16 ~~on recommendation to the commission or commissions as to~~
17 ~~designation of multicounty emergency medical services regions,~~

18 (2) ~~Give their advice as to all rules and regulations proposed to be adopted~~
19 ~~by the commission or commissions, and~~

20 (3) ~~Advise the Secretary on all other matters pertaining to this Article.~~

21 **"§ 143-512. Regional demonstration plans.**

22 The Secretary of the Department of Health and Human Services is~~authorized to~~ may
23 develop and implement, in conjunction with such~~any~~ local sponsors as~~that~~ may agree
24 to participate, regional emergency medical services systems in order to demonstrate the
25 desirability of comprehensive regional emergency medical services systems and to
26 determine the optimum characteristics of such plans. The Secretary may make special
27 grants-in-aid to participants.

28 **"§ 143-513. Regional emergency medical services councils.**

29 The Secretary of the Department of Health and Human Services may establish
30 emergency medical services regional councils to implement and coordinate emergency
31 medical services programs within regions.

32 **"§ 143-514. ~~Training programs; utilization of emergency services personnel.~~ Scope**
33 **of practice for credentialed emergency medical services personnel.**

34 ~~The Department of Health and Human Services in cooperation with educational~~
35 ~~institutions shall develop training programs for emergency medical service personnel.~~
36 ~~Upon successful completion of such training programs and other programs approved by~~
37 ~~the North Carolina Medical Board, emergency medical services personnel may, in the~~
38 ~~course of their emergency medical services duties, perform such acts, tasks and~~
39 ~~functions as they have been trained to perform and as provided in rules and regulations~~
40 ~~of such Board, regardless of other provisions of law.~~

41 The North Carolina Medical Board shall determine the scope of practice for
42 credentialed emergency medical services personnel regardless of other provisions of law
43 by establishing the medical skills and medications that may be used by credentialed

1 emergency medical services personnel at each level of patient care. No provision of
2 Article 56 of Chapter 143 or Article 7 of Chapter 131E of the General Statutes shall be
3 interpreted to require the North Carolina Medical Board to include any service within
4 the scope of practice of any Emergency Medical Services provider, unless the North
5 Carolina Medical Board determines that the emergency medical service personnel in
6 question have the experience and training necessary to ensure the service can be
7 provided in a safe manner.

8 **"§ 143-515. Establishment of regions.**

9 The Secretary ~~is authorized to~~ may establish an appropriate number of multicounty
10 emergency medical services regions.

11 **"§ 143-516. Single State agency.**

12 The Department of Health and Human Services is hereby designated as the single
13 agency for North Carolina for the purposes of all federal emergency medical services
14 legislation as has or may be hereafter enacted to assist in development of emergency
15 medical services plans and programs.

16 **"§ 143-517. Ambulance support; free enterprise.**

17 Each county shall ensure that emergency medical services are provided to its
18 citizens. Nothing in this Article affects the power of local governments to finance
19 ambulance operations or to support rescue squads. Nothing in this Article shall be
20 construed to allow infringement on the private practice of medicine or the lawful
21 operation of health care facilities.

22 **"§ 143-518. Confidentiality of patient information.**

23 (a) Medical records compiled and maintained by the Department or EMS
24 providers in connection with dispatch, response, treatment, or transport of individual
25 patients or in connection with the statewide trauma system pursuant to Article 7 of
26 Chapter 131E of the General Statutes may contain identifiable data which will allow
27 linkage to other health care-based data systems for the purposes of quality management,
28 peer review, and public health initiatives.

29 These medical records and data shall be strictly confidential and shall not be
30 considered public records within the meaning of G.S. 132-1 and shall not be released or
31 made public except under any of the following conditions:

- 32 (1) Release is made of specific medical or epidemiological information for
33 statistical purposes in a way that no person can be identified.
- 34 (2) Release is made of all or part of the medical record with the written
35 consent of the person or persons identified or their guardians.
- 36 (3) Release is made to health care personnel providing medical care to the
37 patient.
- 38 (4) Release is made pursuant to subpoena or court order. Upon request of
39 the person identified in the record, the record shall be reviewed in
40 camera. In the trial, the trial judge may, during the taking of testimony
41 concerning such information, exclude from the courtroom all persons
42 except the officers of the court, the parties, and those engaged in the
43 trial of the case.

- 1 (5) Release is made to a Medical Review Committee as defined in G.S.
2 131E-95 or in G.S. 90-21.22A.
- 3 (6) Release is made for use in a health research project under rules
4 adopted by the North Carolina Medical Care Commission. The
5 Commission shall adopt rules that allow release of information when
6 an institutional review board, as defined by the Commission, has
7 determined:
- 8 a. Is of sufficient scientific importance to outweigh the intrusion
9 into the privacy of the patient that would result from the
10 disclosure;
- 11 b. Is impracticable without the use or disclosure of identifying
12 health information;
- 13 c. Contains safeguards to protect the information from
14 redisclosure;
- 15 d. Contains safeguards against identifying, directly or indirectly,
16 any patient in any report of the research project; and
- 17 e. Contains procedures to remove or destroy at the earliest
18 opportunity, consistent with the purposes of the project,
19 information that would enable the patient to be identified,
20 unless an institutional review board authorizes retention of
21 identifying information for purposes of another research
22 project.
- 23 (7) Release is made to a statewide data processor, as defined in Article
24 11A of G.S. 131E of the General Statutes, in which case the data is
25 deemed to have been submitted pursuant to that Article.

26 Disclosure for a purpose listed in this subsection may not be used for the purpose of
27 marketing or sales.

28 (b) Charges, accounts, credit histories, and other personal financial records
29 compiled and maintained by the Department or EMS providers in connection with the
30 admission, treatment, and discharge of individual patients are strictly confidential and
31 shall not be released.

32 **"§ 143-519. Emergency Medical Services Disciplinary Committee.**

33 (a) There is created an Emergency Medical Services Disciplinary Committee
34 which shall review and make recommendations to the Department regarding all
35 disciplinary matters relating to credentialing of emergency medical services personnel.

36 (b) The Emergency Medical Services Disciplinary Committee shall consist of
37 five members appointed by the Secretary of the Department of Health and Human
38 Services to serve four-year terms. Two of the members shall be currently practicing
39 local EMS physician medical directors. One member each shall be a current physician
40 member of the North Carolina Medical Board, a current EMS administrator, and a
41 currently practicing and credentialed emergency medical technician-paramedic.

42 (c) In order to stagger the terms of the membership of the Committee, the initial
43 appointment for one of the local EMS physician medical directors and the currently

1 practicing and credentialed emergency medical technician-paramedic shall be for a
2 three-year term. The other three initial appointments and all future appointments shall
3 be for four-year terms.

4 (d) Any appointment to fill a vacancy on the Committee created by a resignation,
5 dismissal, death, or disability of a member shall be for the balance of the unexpired
6 term.

7 (e) A majority of the Committee shall constitute a quorum for the transaction of
8 business. The Department of Health and Human Services, Division of Facilities
9 Services, Office of Emergency Medical Services shall supply all clerical and other
10 services required by the Committee.

11 "~~§§ 143-518 through 143-520~~: § 143-520: Reserved for future codification purposes."

12 **SECTION 2.** In addition to the temporary rule-making authority contained
13 in G.S. 150B-21.1, the Secretary of the Department of Health and Human Services may
14 adopt temporary rules to implement Articles 7 and 7A of Chapter 131E and Article 56
15 of Chapter 143 of the General Statutes. The Secretary's authority to adopt temporary
16 rules pursuant to this section shall expire on the date that permanent rules adopted by
17 the Medical Care Commission to implement Articles 7 and 7A of Chapter 131E and
18 Article 56 of Chapter 143 of the General Statutes, as enacted by this act, become
19 effective.

20 **SECTION 3.** This act becomes effective January 1, 2002.