

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2001

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SENATE BILL 988

Short Title: Emergency Medical Services Act Update.

(Public)

Sponsors: Senator Purcell.

Referred to: Health Care.

April 5, 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 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~~

1 emergency medical services at the emergency treatment facility; injury prevention  
2 initiatives; wellness initiatives within the community and the public health system; and  
3 follow-up lifesaving and restorative care.

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

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

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

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

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

- 28 (1) Establish standards and criteria for the credentialing of emergency  
29 medical services agencies to carry out the purpose of Article 7 of  
30 Chapter 131E of the General Statutes of North Carolina.
- 31 (2) Establish standards and criteria for the credentialing of trauma centers  
32 to carry out the purpose of Article 7A of Chapter 131E of the General  
33 Statutes of North Carolina.
- 34 (3) Establish standards and criteria for the education and credentialing of  
35 emergency medical services personnel to carry out the purpose of  
36 Article 7 of Chapter 131E of the General Statutes of North Carolina.
- 37 (4) Establish standards and criteria for the credentialing of EMS  
38 educational institutions to carry out the purpose of Article 7 of Chapter  
39 131E of the General Statutes of North Carolina.
- 40 (5) Establish standards and criteria for data collection as part of the  
41 statewide emergency medical services information system to carry out  
42 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 of  
38 North Carolina and the rules of the North Carolina Medical Care  
39 Commission.
- 40           (4) ~~Encourage and assist in the development of~~ Establish and maintain a  
41 statewide emergency medical services communications system  
42 including designation of EMS radio frequencies and coordination of

1 EMS radio communications networks within FCC rules and  
2 regulations, which will enable transport vehicles to communicate with  
3 treatment facilities;

4 (5) Establish and maintain a State-statewide emergency medical services  
5 records system; information that provides information linkage between  
6 various public safety services and other health care providers.

7 (6) Inspect ambulances, issue permits for operation of ambulance vehicles,  
8 train and license ambulance-Credential emergency medical services  
9 providers, vehicles, EMS educational institutions, and personnel after  
10 documenting that the requirements of the North Carolina Medical Care  
11 Commission are met, and shall be responsible for the enforcement of  
12 all other quality control provisions of the Ambulance Act of 1967,  
13 Article 26 of Chapter 130 of the General Statutes of North Carolina;

14 (7) Designate emergency medical services radio frequencies and  
15 coordinate emergency medical services radio communications  
16 networks within FCC rules and regulations; and

17 (8) Promote the development of an air ambulance support system to  
18 supplement ground vehicle operations.

19 (9) Promote a means of training individuals to administer life-saving  
20 treatment to persons who suffer a severe adverse reaction to insect  
21 stings. Individuals, upon successful completion of this training  
22 program, may be approved by the North Carolina Medical Board-Care  
23 Commission to administer epinephrine to these persons, in the absence  
24 of the availability of physicians or other practitioners who are  
25 authorized to administer the treatment. This training may also be  
26 offered as part of the emergency medical technician-services training  
27 program.

28 (10) Establish and maintain a collaborative effort with other community  
29 resources and agencies to educate the public regarding EMS systems  
30 and issues.

31 (11) Collaborate with community agencies and other health care providers  
32 to integrate the principles of injury prevention into the statewide EMS  
33 system to improve community health.

34 (12) Establish and maintain a means of medical direction and control for  
35 the statewide EMS system.

36 **"§ 143-510. North Carolina Emergency Medical Services Advisory Council.**

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

- 1           (1) ~~Physicians licensed to practice medicine versed in treatment of trauma~~  
2           ~~and suddenly occurring illnesses;~~
- 3           (2) ~~Emergency room nurses;~~
- 4           (3) ~~Hospitals;~~
- 5           (4) ~~Providers of ambulance service (including rescue squads);~~
- 6           (5) ~~Local government, and~~
- 7           (6) ~~The general public.~~

8           ~~The President Pro Tempore of the Senate shall appoint two members from the~~  
9 ~~Senate, and the Speaker of the House of Representatives shall appoint two members~~  
10 ~~from the House of Representatives.~~

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

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

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

29          The North Carolina Emergency Medical Services Advisory Council shall consist of  
30 25 members.

- 31           (1) Twenty-one of the members shall be appointed by the Secretary of the  
32 Department of Health and Human Services as follows:
  - 33           a. Three of the members shall represent the North Carolina  
34 Medical Society, and include one licensed pediatrician,  
35 surgeon, and public health physician.
  - 36           b. Three members shall represent the North Carolina College of  
37 Emergency Physicians, two of whom shall be current local  
38 EMS Medical Directors.
  - 39           c. One member shall represent the North Carolina Chapter of the  
40 American College of Surgeons Committee on Trauma.
  - 41           d. One member shall represent the North Carolina Association of  
42 Rescue and Emergency Medical Services.

- 1           e.     One member shall represent the North Carolina Association of  
2                 EMS Administrators.
- 3           f.     One member shall represent the North Carolina Hospital  
4                 Association.
- 5           g.     One member shall represent the North Carolina Nurses  
6                 Association.
- 7           h.     One member shall represent the North Carolina Association of  
8                 County Commissioners.
- 9           i.     One member shall represent the North Carolina Medical Board.
- 10          j.     One member shall represent the American Heart Association,  
11                 North Carolina Council.
- 12          k.     One member shall represent the American Red Cross.
- 13          l.     The remaining six members shall be appointed so as to fairly  
14                 represent the general public, credentialed and practicing EMS  
15                 personnel, EMS educators, local public health officials, and  
16                 other EMS interest groups in North Carolina.

17          (2)    Two members shall be appointed by the General Assembly upon the  
18                 recommendation of the Speaker of the House of Representatives .

19          (3)    Two members shall be appointed by the General Assembly upon the  
20                 recommendation of the President Pro Tempore of the Senate.

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

23          (b)    Five of the members appointed by the Secretary of the Department of Health  
24                 and Human Services pursuant to subsection (a) of this section shall serve initial terms of  
25                 one year. Five of the members appointed by the Secretary of the Department of Health  
26                 and Human Services pursuant to subsection (a) of this section shall serve initial terms of  
27                 two years. Five of the members appointed by the Secretary of the Department of Health  
28                 and Human Services pursuant to subsection (a) of this section shall serve initial terms of  
29                 three years. Six of the members appointed by the Secretary of the Department of Health  
30                 and Human Services pursuant to subsection (a) of this section shall serve initial terms of  
31                 four years. One of the Council members appointed by the General Assembly upon the  
32                 recommendation of the President Pro Tempore of the Senate and one of the Council  
33                 members appointed by the General Assembly upon the recommendation of the Speaker  
34                 of the House of Representatives shall serve initial terms of two years. One of the  
35                 Council members appointed by the General Assembly upon the recommendation of the  
36                 Speaker of the House of Representatives and one of the members appointed by the  
37                 General Assembly upon the recommendation of the President Pro Tempore of the  
38                 Senate shall serve initial terms of four years. Thereafter all terms shall be four years.

39          (c)    Any appointment to fill a vacancy on the Council created by the resignation,  
40                 dismissal, death, or disability of a member shall be for the balance of the unexpired  
41                 term. Vacancies on the Council among the membership nominated by a society,  
42                 association, or foundation as provided in subsection (a) of this section shall be filled by

1 appointment of the Secretary upon consideration of a nomination by the Executive  
2 Committee or other authorized agent of the society, association, or foundation until the  
3 next meeting of the society, association, or foundation at which time the society,  
4 association, or foundation shall nominate a member to fill the vacancy for the unexpired  
5 term.

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

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

12 **"§ 143-511. Powers and duties of the Council.**

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

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

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

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

23 **"§ 143-512. Regional demonstration plans.**

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

30 **"§ 143-513. Regional emergency medical services councils.**

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

34 **"§ 143-514. Training programs; utilization of emergency services personnel. Scope**  
35 **of practice for credentialed emergency medical services personnel.**

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

1 The North Carolina Medical Board shall determine the scope of practice for  
2 credentialed emergency medical services personnel regardless of other provisions of law  
3 by establishing the medical skills and medications that may be used by credentialed  
4 emergency medical services personnel at each level of patient care. No provision of  
5 Article 56 of Chapter 143 or Article 7 of Chapter 131E shall be interpreted to require  
6 the North Carolina Medical Board to include any service within the scope of practice of  
7 any Emergency Medical Service provider, unless the North Carolina Medical Board  
8 determines that the emergency medical service personnel in question have the  
9 experience and training necessary to ensure the service can be provided in a safe  
10 manner."

11 **"§ 143-515. Establishment of regions.**

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

14 **"§ 143-516. Single State agency.**

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

19 **"§ 143-517. Ambulance support; free enterprise.**

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

25 **"§ 143-518. Confidentiality of patient information.**

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

32 This data shall be strictly confidential and shall not be released or made public  
33 except under any of the following conditions:

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



1 concerning such information, exclude from the courtroom all persons  
2 except the officers of the court, the parties, and those engaged in the  
3 trial of the case.

4 (5) Release is made for use in a health research project under rules  
5 adopted by the North Carolina Medical Care Commission. The  
6 Commission shall adopt rules that allow release of information when  
7 an institutional review board, as defined by the Commission, has  
8 determined:

- 9 a. Is of sufficient scientific importance to outweigh the intrusion  
10 into the privacy of the patient that would result from the  
11 disclosure;  
12 b. Is impracticable without the use or disclosure of identifying  
13 health information;  
14 c. Contains safeguards to protect the information from  
15 redisclosure;  
16 d. Contains safeguards against identifying, directly or indirectly,  
17 any patient in any report of the research project; and  
18 e. Contains procedures to remove or destroy at the earliest  
19 opportunity, consistent with the purposes of the project,  
20 information that would enable the patient to be identified,  
21 unless an institutional review board authorizes retention of  
22 identifying information for purposes of another research  
23 project.

24 Disclosure for a purpose listed in this paragraph may not be used for the purpose of  
25 marketing or sales.

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

30 **"§ 143-519. Emergency Medical Services Disciplinary Committee.**

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

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

40 (c) In order to stagger the terms of the membership of the Committee, the initial  
41 appointment for one of the local EMS physician medical directors and the currently  
42 practicing and credentialed emergency medical technician-paramedic shall be for a

1 three-year term. The other three initial appointments and all future appointments shall  
2 be for four-year terms.

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

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

10 "~~§§ 143-518 through 143-520~~:§143-520: Reserved for future codification purposes."

11 **SECTION 2.** This act becomes effective December 1, 2001.