

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2001**

**SESSION LAW 2001-220  
HOUSE BILL 452**

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 of the General Statutes reads as rewritten:

"Article 56.

"Emergency Medical Services Act of 1973.

**"§ 143-507. Establishment of ~~emergency medical services program~~. Statewide Emergency Medical Services System.**

(a) ~~There is hereby established a comprehensive emergency medical services program~~ Statewide Emergency Medical Services System in the Department of Health and Human Services. All responsibility for this ~~program~~ System 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 services for all the people of North Carolina and the provision of medical care during a disaster.~~ The Statewide Medical Services System includes Emergency Medical Services and 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 and 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; injury prevention initiatives; wellness initiatives within the community and the public health system; and follow-up lifesaving and restorative care.

(c) ~~Emergency medical services referred to in this Article include all services rendered in responding to the individual's need for immediate medical care in order to prevent loss of life or further aggravation of physiological or psychological illness or injury. Emergency medical care is further described as first aid by members of the community; public knowledge and easy access into the system; prompt dispatch of well designed, equipped, and staffed ambulances; effective care by trained attendants 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 at the emergency treatment facility; and follow up lifesaving and restorative care.~~ The purpose of this Article is to enable and assist providers of Emergency Medical Services in the delivery of adequate emergency medical services for all people of North Carolina and the provision of medical care during a disaster.

(d) Emergency Medical Services as 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.

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

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

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

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

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

- (1) Establish standards and criteria for the credentialing of emergency medical services agencies to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (2) Establish standards and criteria for the credentialing of trauma centers to carry out the purpose of Article 7A of Chapter 131E of the General Statutes.
- (3) Establish standards and criteria for the education and credentialing of emergency medical services personnel to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (4) Establish standards and criteria for the credentialing of EMS educational institutions to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (5) Establish standards and criteria for data collection as part of the statewide emergency medical services information system to carry out the purpose of G.S. 143-509(5).
- (6) Implement the scope of practice of credentialed emergency medical services personnel as determined by the North Carolina Medical Board.
- (7) Define the practice settings of credentialed emergency medical services personnel.
- (8) Establish standards for vehicles and equipment used within the emergency medical services system.
- (9) Establish standards for a statewide EMS communications system.
- (10) Establish standards and criteria for the denial, suspension, or revocation of emergency medical services credentials for emergency medical services agencies, educational institutions, and personnel including the establishment of fines for credentialing violations.
- (11) Establish standards and criteria for the education and credentialing of persons trained to administer lifesaving treatment to a person who suffers a severe adverse reaction to insect stings.

- (12) Establish standards for the voluntary submission of hospital emergency medical care data.

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

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

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

- (1) After consulting with the Emergency Medical Services Advisory Council and with ~~such any~~ local governments as that may be involved, seek the establishment of ~~a statewide, regional and local emergency medical services operations;~~ Statewide Emergency Medical Services System, integrated with other health care providers and networks including, but not limited to, public health, community health monitoring activities, and special needs populations.
- (2) Repealed by Session Laws 1989, c. 74.
- (3) ~~Encourage and assist in the development of appropriately located comprehensive emergency treatment centers;~~ Establish and maintain a comprehensive statewide trauma system in accordance with the provisions of Article 7A of Chapter 131E of the General Statutes and the rules of the North Carolina Medical Care Commission.
- (4) ~~Encourage and assist in the development of~~ Establish and maintain a statewide emergency medical services communications system including designation of EMS radio frequencies and coordination of EMS radio communications networks within FCC rules and regulations, which will enable transport vehicles to communicate with treatment facilities;
- (5) ~~Establish and maintain a State statewide emergency medical services records system;~~ information system that provides information linkage between various public safety services and other health care providers.
- (6) ~~Inspect ambulances, issue permits for operation of ambulance vehicles, train and license ambulance~~ Credential emergency medical services providers, vehicles, EMS educational institutions, and personnel after documenting that the requirements of the North Carolina Medical Care Commission are met, and shall be responsible for the enforcement of all other quality control provisions of the Ambulance Act of 1967, Article 26 of Chapter 130 of the General Statutes of North Carolina;
- (7) ~~Designate emergency medical services radio frequencies and coordinate emergency medical services radio communications networks within FCC rules and regulations;~~ and
- (8) ~~Promote the development of an air ambulance support system to supplement ground vehicle operations.~~
- (9) Promote a means of training individuals to administer life-saving treatment to persons who suffer a severe adverse reaction to insect stings. Individuals, upon successful completion of this training program, may be approved by the North Carolina Medical ~~Board~~ Care Commission to administer epinephrine to these persons, in the absence of the availability of physicians or other practitioners who are authorized to administer the treatment. This training may also be offered as part of the emergency medical ~~technician~~ services training program.

- (10) Establish and maintain a collaborative effort with other community resources and agencies to educate the public regarding EMS systems and issues.
- (11) Collaborate with community agencies and other health care providers to integrate the principles of injury prevention into the Statewide EMS System to improve community health.
- (12) Establish and maintain a means of medical direction and control for the Statewide EMS System.

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

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

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

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

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

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

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

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

- (1) Twenty-one of the members shall be appointed by the Secretary of the Department of Health and Human Services as follows:
  - a. Three of the members shall represent the North Carolina Medical Society and include one licensed pediatrician, one surgeon, and one public health physician.
  - b. Three members shall represent the North Carolina College of Emergency Physicians, two of whom shall be current local EMS Medical Directors.
  - c. One member shall represent the North Carolina Chapter of the American College of Surgeons Committee on Trauma.

- d. One member shall represent the North Carolina Association of Rescue and Emergency Medical Services.
  - e. One member shall represent the North Carolina Association of EMS Administrators.
  - f. One member shall represent the North Carolina Hospital Association.
  - g. One member shall represent the North Carolina Nurses Association.
  - h. One member shall represent the North Carolina Association of County Commissioners.
  - i. One member shall represent the North Carolina Medical Board.
  - j. One member shall represent the American Heart Association, North Carolina Council.
  - k. One member shall represent the American Red Cross.
  - l. The remaining six members shall be appointed so as to fairly represent the general public, credentialed and practicing EMS personnel, EMS educators, local public health officials, and other EMS interest groups in North Carolina.
- (2) Two members shall be appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives.
  - (3) Two members shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate.

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

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

- (1) The members appointed by the Secretary of the Department of Health and Human Services shall serve initial terms as follows:
  - a. Five members shall serve initial terms of one year;
  - b. Five members shall serve initial terms of two years;
  - c. Five members shall serve initial terms of three years; and
  - d. Six members shall serve initial terms of four years.
- (2) The members appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate shall serve initial terms as follows:
  - a. One member shall serve an initial term of two years; and
  - b. One member shall serve an initial term of four years.
- (3) The members appointed by the General Assembly upon the recommendation of the Speaker of the House of the Representatives shall serve initial terms as follows:
  - a. One member shall serve an initial term of two years; and
  - b. One member shall serve an initial term of four years.

Thereafter, all terms shall be four years.

(c) Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. Vacancies on the Council among the membership nominated by a society, association, or foundation as provided in subsection (a) of this section shall be filled by appointment of the Secretary upon consideration of a nomination by the executive committee or other authorized agent of the society, association, or foundation until the next meeting of the society, association, or foundation at which time the society, association, or foundation shall nominate a member to fill the vacancy for the unexpired term.

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

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

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

The North Carolina Emergency Medical Services Advisory Council shall may advise the Secretary of the Department of Health and Human Services on policy issues regarding the Statewide Emergency Medical Services System, including all rules proposed to be adopted by the North Carolina Medical Care Commission.

- ~~(1) Advise the Secretary of the Department of Health and Human Services on recommendation to the commission or commissions as to designation of multicounty emergency medical services regions,~~
- ~~(2) Give their advice as to all rules and regulations proposed to be adopted by the commission or commissions, and~~
- ~~(3) Advise the Secretary on all other matters pertaining to this Article.~~

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

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

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

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

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

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

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

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

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

**"§ 143-516. Single State agency.**

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

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

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

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

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

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

- (1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified.
- (2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardians.
- (3) Release is made to health care personnel providing medical care to the patient.
- (4) Release is made pursuant to a court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties, and those engaged in the trial of the case.
- (5) Release is made to a Medical Review Committee as defined in G.S. 131E-95, 90-21.22A, or 130A-45.7 or to a peer review committee as defined in G.S. 131E-108, 122C-30, or 131D-21.1.
- (6) Release is made for use in a health research project under rules adopted by the North Carolina Medical Care Commission. The Commission shall adopt rules that allow release of information when an institutional review board, as defined by the Commission, has determined that the health research project:
  - a. Is of sufficient scientific importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
  - b. Is impracticable without the use or disclosure of identifying health information;
  - c. Contains safeguards to protect the information from redisclosure;
  - d. Contains safeguards against identifying, directly or indirectly, any patient in any report of the research project; and
  - e. Contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project.
- (7) Release is made to a statewide data processor, as defined in Article 11A of Chapter 131E of the General Statutes, in which case the data is deemed to have been submitted as if it were required to have been submitted under that Article.

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

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

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

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

(c) In order to stagger the terms of the membership of the Committee, the initial appointment for one of the local EMS physician medical directors and the currently practicing and credentialed emergency medical technician-paramedic shall be for a three-year term. The other three initial appointments and all future appointments shall be for four-year terms.

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

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

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

**SECTION 2.** This act becomes effective January 1, 2002.

In the General Assembly read three times and ratified this the 6<sup>th</sup> day of June, 2001.

s/ Beverly E. Perdue  
President of the Senate

s/ James B. Black  
Speaker of the House of Representatives

s/ Michael F. Easley  
Governor

Approved 4:33 p.m. this 15<sup>th</sup> day of June, 2001