

NORTH CAROLINA REGISTER

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September 15, 2023

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For questions or concerns regarding the Administrative Procedure Act or any of its components, consult with the agencies below. The bolded headings are typical issues which the given agency can address but are not inclusive.

Rule Notices, Filings, Register, Deadlines, Copies of Proposed Rules, etc.

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NORTH CAROLINA REGISTER
Publication Schedule for January 2023 – December 2023

FILING DEADLINES			NOTICE OF TEXT		PERMANENT RULE			TEMPORARY RULES
Volume & issue number	Issue date	Last day for filing	Earliest date for public hearing	End of required comment Period	Deadline to submit to RRC for review at next meeting	RRC Meeting Date	Earliest Eff. Date of Permanent Rule	270 th day from publication in the Register
37:13	01/03/23	12/07/22	01/18/23	03/06/23	03/20/23	04/20/2023	05/01/23	09/30/23
37:14	01/17/23	12/20/22	02/01/23	03/20/23	04/20/23	05/18/2023	06/01/23	10/14/23
37:15	02/01/23	01/10/23	02/16/23	04/03/23	04/20/23	05/18/2023	06/01/23	10/29/23
37:16	02/15/23	01/25/23	03/02/23	04/17/23	04/20/23	05/18/2023	06/01/23	11/12/23
37:17	03/01/23	02/08/23	03/16/23	05/01/23	05/20/23	06/15/2023	07/01/23	11/26/23
37:18	03/15/23	02/22/23	03/30/23	05/15/23	05/20/23	06/15/2023	07/01/23	12/10/23
37:19	04/03/23	03/13/23	04/18/23	06/02/23	06/20/23	07/20/2023	08/01/23	12/29/23
37:20	04/17/23	03/24/23	05/02/23	06/16/23	06/20/23	07/20/2023	08/01/23	01/12/24
37:21	05/01/23	04/10/23	05/16/23	06/30/23	07/20/23	08/17/2023	09/01/23	01/26/24
37:22	05/15/23	04/24/23	05/30/23	07/14/23	07/20/23	08/17/2023	09/01/23	02/09/24
37:23	06/01/23	05/10/23	06/16/23	07/31/23	08/20/23	09/21/2023	10/01/23	02/26/24
37:24	06/15/23	05/24/23	06/30/23	08/14/23	08/20/23	09/21/2023	10/01/23	03/11/24
38:01	07/03/23	06/12/23	07/18/23	09/01/23	09/20/23	10/19/2023	11/01/23	03/29/24
38:02	07/17/23	06/23/23	08/01/23	09/15/23	09/20/23	10/19/2023	11/01/23	04/12/24
38:03	08/01/23	07/11/23	08/16/23	10/02/23	10/20/23	11/16/2023	12/01/23	04/27/24
38:04	08/15/23	07/25/23	08/30/23	10/16/23	10/20/23	11/16/2023	12/01/23	05/11/24
38:05	09/01/23	08/11/23	09/16/23	10/31/23	11/20/23	12/14/2023	01/01/24	05/28/24
38:06	09/15/23	08/24/23	09/30/23	11/14/23	11/20/23	12/14/2023	01/01/24	06/11/24
38:07	10/02/23	09/11/23	10/17/23	12/01/23	12/20/23	01/18/2024	02/01/24	06/28/24
38:08	10/16/23	09/25/23	10/31/23	12/15/23	12/20/23	01/18/2024	02/01/24	07/12/24
38:09	11/01/23	10/11/23	11/16/23	01/02/24	01/20/24	02/15/2024	03/01/24	07/28/24
38:10	11/15/23	10/24/23	11/30/23	01/16/24	01/20/24	02/15/2024	03/01/24	08/11/24
38:11	12/01/23	11/07/23	12/16/23	01/30/24	02/20/24	03/21/2024	04/01/24	08/27/24
38:12	12/15/23	11/22/23	12/30/23	02/13/24	02/20/24	03/21/2024	04/01/24	09/10/24

This document is prepared by the Office of Administrative Hearings as a public service and is not to be deemed binding or controlling.

EXPLANATION OF THE PUBLICATION SCHEDULE

This Publication Schedule is prepared by the Office of Administrative Hearings as a public service and the computation of time periods are not to be deemed binding or controlling. Time is computed according to 26 NCAC 2C .0302 and the Rules of Civil Procedure, Rule 6.

GENERAL

The North Carolina Register shall be published twice a month and contains the following information submitted for publication by a state agency:

- (1) temporary rules;
- (2) text of proposed rules;
- (3) text of permanent rules approved by the Rules Review Commission;
- (4) emergency rules
- (5) Executive Orders of the Governor;
- (6) final decision letters from the U.S. Attorney General concerning changes in laws affecting voting in a jurisdiction subject of Section 5 of the Voting Rights Act of 1965, as required by G.S. 120-30.9H; and
- (7) other information the Codifier of Rules determines to be helpful to the public.

COMPUTING TIME: In computing time in the schedule, the day of publication of the North Carolina Register is not included. The last day of the period so computed is included, unless it is a Saturday, Sunday, or State holiday, in which event the period runs until the preceding day which is not a Saturday, Sunday, or State holiday.

FILING DEADLINES

ISSUE DATE: The Register is published on the first and fifteen of each month if the first or fifteenth of the month is not a Saturday, Sunday, or State holiday for employees mandated by the State Personnel Commission. If the first or fifteenth of any month is a Saturday, Sunday, or a holiday for State employees, the North Carolina Register issue for that day will be published on the day of that month after the first or fifteenth that is not a Saturday, Sunday, or holiday for State employees.

LAST DAY FOR FILING: The last day for filing for any issue is 15 days before the issue date excluding Saturdays, Sundays, and holidays for State employees.

NOTICE OF TEXT

EARLIEST DATE FOR PUBLIC HEARING: The hearing date shall be at least 15 days after the date a notice of the hearing is published.

END OF REQUIRED COMMENT PERIOD
An agency shall accept comments on the text of a proposed rule for at least 60 days after the text is published or until the date of any public hearings held on the proposed rule, whichever is longer.

DEADLINE TO SUBMIT TO THE RULES REVIEW COMMISSION: The Commission shall review a rule submitted to it on or before the twentieth of a month by the last day of the next month.

1 NOTICE OF RULE MAKING PROCEEDINGS AND PUBLIC HEARING

2
3 NORTH CAROLINA BUILDING CODE COUNCIL

4
5 **Notice of Rule-making Proceedings** is hereby given by NC Building Code Council in accordance with
6 G.S. 150B-21.5(d).

7
8 **Citation to Existing Rule Affected by this Rule-Making:** *North Carolina Administrative, Building, Fire,*
9 *Existing Building and Energy Conservation Code amendments.*

10
11 **Authority for Rule-making:** *G.S. 143-136; 143-138.*

12
13 **Reason for Proposed Action:** *To incorporate changes in the NC State Building Codes as a result of*
14 *rulemaking petitions filed with the NC Building Code Council and to incorporate changes proposed by the*
15 *Council.*

16
17 **Public Hearing:** *Tuesday, October 17, 2023, 10:00AM, Albemarle Building, 325 North Salisbury Street,*
18 *Raleigh, NC 27603, 2nd Floor Training Room 245. Comments on both the proposed rules and any fiscal*
19 *impacts will be accepted.*

20
21 **Comment Procedures:** *Written comments may be sent to David Bruce Rittlinger, (Interim) Secretary, NC*
22 *Building Code Council, NC Department of Insurance, 1429 Rock Quarry Road, Suite 105, Raleigh, NC*
23 *27610 (email david.rittlinger@ncdoi.gov). Comments on both the proposed rule and any fiscal impact will*
24 *be accepted. Comment period expires on November 14, 2023.*

25
26 **Link to Agency Notice:**
27 <https://www.ncosfm.gov/codes/building-code-council-bcc/bcc-hearing-notices>

28
29 **Statement of Subject Matter:**

30
31 **1. Request from the NC Building Code Council Energy Standing Committee to adopt the 2024**
32 **edition of the North Carolina Energy Conservation Code as presented by the committee as follows:**

33
34 The proposed amendments to the 2021 International Energy Conservation Code to establish the 2024 NC
35 Energy Conservation Code can be found at the following link on the NCDI website. Select the link to “B-
36 6 2024 NCECC”: <https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-2022>

1 The 2021 International Energy Conservation Code can be found at the following link on the ICC website:
2 <https://codes.iccsafe.org/content/IECC2021P2>

3
4 The fiscal note can be found at the following link on the NCDOT website. Select the link to “B-6 2024
5 NCECC Fiscal Note”: [https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-](https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-2022)
6 [2022](https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-2022)

7
8 The cost benefit analysis can be found at the following link on the NCDOT website. Select the link to “B-6
9 2024 NCECC Cost Benefit Analysis”: [https://www.ncosfm.gov/news/events/building-code-council-](https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-2022)
10 [meeting-december-13-2022](https://www.ncosfm.gov/news/events/building-code-council-meeting-december-13-2022)

11
12 **Motion/Second/Approved** – The request was granted. The proposed effective date of this rule is
13 January 1, 2025, unless the BCC assigns a delayed effective date.

14 **Reason Given** – This amendment is proposed to protect the public by updating the code to current
15 standards of practice.

16 **Fiscal Statement** – A fiscal note has been prepared per N.C.G.S. 143-138 (a1)(1) and was approved by
17 OSBM on 8/21/23. OSBM has determined the amendments may have substantial economic impacts and
18 impacts to local government with a potential for savings over time. No additional construction costs are
19 anticipated for the commercial provisions. Increases in construction costs are anticipated for the residential
20 provisions. The construction costs of dwellings regulated by this proposal exceeds \$80 per dwelling unit.
21 State funds will not be affected. Local funds will be affected. Life-Cycle Cost savings are anticipated for
22 both the commercial and residential provisions. A cost benefit analysis per N.C.G.S. 143-138 (a1)(2) has
23 been prepared and was completed on 8/1/23.

24
25 **NOTICE:**

26 **Appeals and Interpretations** of the North Carolina State Building Codes are published online at the
27 following link.

28 <https://www.ncosfm.gov/interpretations>

29
30 **NOTICE:**

31 **Amendments** of the North Carolina State Building Codes are published online at the following link.

32 <https://www.ncosfm.gov/codes/codes-current-and-past>

33
34 **NOTICE:**

35 **Objections and Legislative Review** requests may be made to the NC Office of Administrative Hearings in
36 accordance with G.S. 150B-21.3(b2) after Rules are adopted by the Building Code Council.

37 <http://www.ncoah.com/rules/>

North Carolina License and Theft Bureau

PUBLIC NOTICE

This serves as a notice pursuant to G.S. § 20-288 of a license application submission by a manufacturer, factory branch, factory representative, distributor, distributor branch, or distributor representative that has not been previously issued a license by the Division.

Applicant's Name: Johnie Gregory Truck Bodies Inc

Applicant's Address: 337 Old US 17 Road, Hertford NC 27944

Application Date: 08/08/2023

Names and titles of any individual listed on the application as an owner, partner, member or officer of the applicant:

Derek Justin Ungerecht - President

Note from the Codifier: The notices published in this Section of the NC Register include the text of proposed rules. The agency must accept comments on the proposed rule(s) for at least 60 days from the publication date, or until the public hearing, or a later date if specified in the notice by the agency. If the agency adopts a rule that differs substantially from a prior published notice, the agency must publish the text of the proposed different rule and accept comment on the proposed different rule for 60 days. Statutory reference: G.S. 150B-21.2.

TITLE 08 – STATE BOARD OF ELECTIONS

Notice is hereby given in accordance with G.S. 150B-21.2 that the State Board of Elections intends to adopt the rules cited as 08 NCAC 04 .0401, and .0402.

Link to agency website pursuant to G.S. 150B-19.1(e):
<https://www.ncsbe.gov/about-elections/legal-resources/rulemaking>

Proposed Effective Date: January 1, 2024

Public Hearing:

Date: October 2, 2023

Time: 11:00 a.m.

Location:

<https://ncgov.webex.com/ncgov/j.php?MTID=m43c6a73819d5061efbc48afd07f400f0> Webinar number: "24274915948"
Webinar password: "NCSBE" (or 62723 for phone callers)

Reason for Proposed Action: *The State Board proposes two rules that will establish the standards and procedures for an electronic poll book certification program in North Carolina. An electronic poll book is a system used to check the registration of voters who appear to vote in person, to assign voters their correct ballots, and to record the voters' check-in and acceptance of ballots. By law, the only electronic poll books permitted for use in elections in North Carolina, other than those which have been developed or maintained by the State Board, are those which have been certified by the State Board in accordance with procedures and subject to standards adopted by the State Board. The first proposed rule, 08 NCAC 04 .0401, contains the standards that must be met by the electronic poll book and vendor to qualify for certification and to maintain the electronic poll book's certified status. The second proposed rule, 08 NCAC 04 .0402, contains the procedures that must be followed by the State Board when certifying an electronic poll book and when reviewing changes to, decertifying, or temporarily suspending the use of a certified electronic poll book.*

Comments may be submitted to: Rulemaking Coordinator, PO Box 27255, Raleigh, NC 27611-7255; email rulemaking.sboe@ncsbe.gov

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons

clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
- Local funds affected
- Substantial economic impact (\geq \$1,000,000)
- Approved by OSBM
- No fiscal note required

CHAPTER 04 - VOTING EQUIPMENT

SECTION .0400 – APPROVAL OF ELECTRONIC POLL BOOKS

08 NCAC 04 .0401 STANDARDS FOR CERTIFICATION OF ELECTRONIC POLL BOOKS

(a) As used in this Chapter, an "electronic poll book" is a system used to check the registration of voters who appear to vote in person, to assign voters their correct ballots, and to record the voters' check-in and acceptance of ballots. An electronic poll book shall, to qualify for certification by the State Board for use in any election in North Carolina, fulfill the following requirements:

- (1) It shall record all information a voter is required by law to provide when presenting to vote and be equipped so that voters and election workers can complete the steps required by law for checking a voter's registration and the distribution of ballots to checked-in voters in a timely fashion.
- (2) It shall be equipped for use on any day the polls are open for in-person voting and shall contain the list of registered voters eligible to vote in the election.
- (3) It shall verify a voter's eligibility to receive a ballot, confirm a voter has not previously voted in the election based on available records, and record a voter's check-in and receipt of a ballot.
- (4) It shall log all user activity and that log shall be secured from unauthorized alteration and be available only to authorized users. It shall require the use of individual user accounts

assigned to individual authorized users and not allow shared accounts for access to the electronic poll book. As used in this Chapter, an "authorized user" is an individual designated by the State Board or a purchasing county board of elections to operate and maintain the electronic poll book.

- (5) It shall secure the data of the electronic poll book such that the data is stored in a manner that an unauthorized party will not be able to access the data.
- (6) It shall secure the data contained within the electronic poll book such that the data is not transmitted or transported for any purpose except for official use in the conduct of an election or as otherwise authorized by law.
- (7) It shall be designed to ensure that county elections personnel can comply with all applicable laws pertaining to records retention.
- (8) It shall not allow access to confidential voter data, except for official use by authorized users, including in the conduct of an election or as otherwise authorized by law.
- (9) It shall meet applicable standards for electronic poll books issued by the United States Election Assistance Commission or its successor.
- (10) It shall be reviewed by an independent testing authority recognized by the United States Election Assistance Commission for compliance with applicable state law.
- (11) It shall be designed and constructed for frequent and safe transport to voting locations, and for simple setup and use by election workers.
- (12) It shall be compatible with systems, equipment, and software utilized by the State Board and county boards of elections for storing and processing voter registration and voting data.
- (13) It shall allow for a wired connection to peripherals approved during the certification process that are required for the operation of the electronic poll book and, as minimally required for functionality, allow for a wired connection for the secure transmission of data with the state's electronic information management system, provided that the connection to the network is not automatically enabled by default upon powering on or opening the electronic poll book. All other forms of connectivity are prohibited.

(b) A vendor applying for certification by the State Board of Elections of an electronic poll book shall, as part of the certification application, fulfill the following requirements:

- (1) The vendor shall submit, in a manner set forth by the State Board, the electronic poll book for examination, testing, and evaluation by the State Board. The vendor shall initiate the certification process by submitting a letter of application directed to the Executive Director of the State Board. A corporate officer or

designee of the vendor shall sign the letter, and the letter shall include:

- (A) The name and contact information of the company and the name and title of the corporate officer signing the application. and all corporate information requested by the State Board.
 - (B) The vendor's corporate information. Corporate information shall include a history and description of the business, year established, products and services offered, areas served, branch office locations, and subsidiary or parent companies; a list of owners or shareholders with a 5% or greater interest or share in each of the vendor's company, subsidiary companies, and parent company; a description of management and staff organization, number of full-time employees by category, number of part-time employees by category, and resumes of primary employees to be tasked with assisting purchasing counties; documentation that the vendor meets the same level of security compliance required for vendors connected to the State Network; an audited report of the business' most current fiscal year; a comfort letter from the vendor's primary bank; and a description of the vendor's financial history including a financial statement for the past three (3) fiscal years. If the vendor is not the manufacturer of the equipment for which application is made, the vendor shall include the vendor's financial statement for the past three (3) fiscal years.
 - (C) The name and version number of the electronic poll book to be certified, and a list of all jurisdictions that have certified, have used, or are currently using the electronic poll book.
 - (D) An attestation that the corporate officer signing the application has reviewed and confirmed that the electronic poll book meets all legal requirements of electronic poll book systems under state and federal law.
- (2) The vendor shall provide a listing of all software, hardware, and consumables necessary for operation of the electronic poll book, a technical data package, an accounting of any prior submission of the electronic poll book to another jurisdiction for certification, an accounting of any decertification of the vendor's electronic poll book or other voting

product, and a demonstration of the system. The vendor shall provide access to the information required to be placed in escrow by a vendor pursuant to G.S. 163-165.9A.

(3) The vendor shall submit documentation of any review by an independent testing authority recognized by the United States Election Assistance Commission for compliance with federal or state standards applicable to electronic poll books.

(4) The vendor shall provide a copy of its standard purchase contract and shall quote a statewide uniform price for each unit of the electronic poll book, including peripherals, consumables, and software required for operation of the electronic poll book.

(5) The vendor shall post a bond or letter of credit to cover damages resulting from defects in the electronic poll book, sufficient to cover any costs of conducting a new statewide election attributable to those defects. The State Board shall survey the county boards of elections in April of every odd-numbered year following an election held at the time prescribed in G.S. 163-1(c) to determine each county's costs for conducting its most recent general election, and the State Board shall aggregate those amounts to arrive at the cost of conducting a new statewide election. That aggregate amount shall determine the bond or letter of credit requirement, and it shall be effective June 1 of the year the survey is conducted and remain in effect until an amount is likewise calculated in a subsequent odd-numbered year following an election held at the time prescribed in G.S. 163-1(c) and is made effective.

(6) The vendor shall bear all of its costs associated with certification.

(7) The State Board may terminate a pending certification process if:

(A) The vendor fails to respond to a State Board request for information or other resources required for the certification process.

(B) The State Board identifies irreparable deficiencies with the electronic poll book system, vendor, or certification application.

(C) The vendor withdraws from the certification process.

(c) A vendor, to maintain certification by the State Board of Elections of the vendor's electronic poll book, shall fulfill the following requirements for the duration of the electronic poll book's certification and use in North Carolina:

(1) The vendor shall demonstrate for a county board of elections, as part of that county board's procurement and acceptance of a certified electronic poll book, the system's ability to execute its designed functionality as presented

and tested during State-level certification and the vendor's ability to fulfill the duties required by G.S. 163-165.9A.

(2) The vendor shall submit to the State Board any escrow-related affidavits and other information required by G.S. 163-165.9A.

(3) The vendor's contract with each purchasing county shall include the agreement required by G.S. 163-165.7(c)(4) and the following training and support:

(A) Operational training for a purchasing county's elections personnel;

(B) Operational support prior to and during any election in which the certified electronic poll book will be in use; and,

(C) End-of-life and end-of-service-life planning for the certified electronic poll book system, including guaranteed support until the system has reached the vendor's stated end-of-life date, optional extended support until the system has reached the end-of-service-life date, and sanitization of the electronic poll book once it has reached its end-of-service-life. End-of-life shall mean the point in time in which the vendor will no longer sell or market the electronic poll book. End-of-service-life shall mean the point in time in which the vendor will no longer provide maintenance or support for the electronic poll book.

(4) The vendor shall provide, upon request by the State Board or a purchasing county, memory devices or USB drives, sufficient in number to support the operation of the certified electronic poll book in an election setting, that meet industry standards for sanitization and security requirements for cryptographic modules, use cryptographic hashing algorithms of Secure Hash Algorithm 256-bit (SHA-256) or higher, and meet all applicable North Carolina Department of Information Technology information security standards and policies. The standard for sanitization shall be as prescribed in National Institute of Standards and Technology (NIST) SP 800-88 Guidelines for Media Sanitization. A copy of the SP 800-88 Guidelines are available for inspection in the offices of the State Board of Elections and may also be obtained at no cost by accessing the NIST website at <https://csrc.nist.gov/pubs/sp/800/88/r1/final>.

The security requirements for cryptographic modules shall be as prescribed in the National Institute of Standards and Technology's Federal Information Processing Standards 140-3 (FIPS 140-3). A copy of the FIPS 140-3 is available

for inspection in the offices of the State Board of Elections and may also be obtained at no cost by accessing the NIST website at <https://csrc.nist.gov/pubs/fips/140-3/final>.

- (5) The vendor shall allow the State Board to examine the certified electronic poll book at any time to ensure compliance with state and federal election laws and certification standards. To facilitate this requirement, the vendor shall make available to the State Board, upon request and at no cost to the agency, a certified electronic poll book model. The vendor shall, upon request, assist in the State Board's examination and submit requested changes to the electronic poll book to ensure continued compliance with state and federal law.
- (6) The vendor shall submit documentation to the State Board identifying and describing a proposed change to a certified electronic poll book in use in North Carolina. The vendor shall, upon request, assist in the State Board's review of proposed changes. No vendor shall provide a county board of elections any software, hardware, or instruction that will change a certified electronic poll book unless that change has first been approved in accordance with 08 NCAC 04 .0402(b).
- (7) The vendor shall provide electronic notice to the State Board of another United States jurisdiction's decision to decertify or halt the use of its electronic poll book or other voting product within 24 hours of the jurisdiction's decision. The vendor shall provide electronic notice to the State Board of any incident, anomaly, or defect in the same system known to have occurred anywhere, and of any relevant defect known to have occurred in similar systems, within 24 hours of knowledge of the incident, anomaly, or defect.
- (8) The vendor shall maintain the required bond or letter of credit on a continuous basis, without interruption.
- (9) The vendor shall, on a quarterly basis, provide the State Board a quote for a statewide uniform price for each unit of the electronic poll book. The vendor shall, on a quarterly basis, furnish the State Board with an accounting of purchases of certified electronic poll books by a jurisdiction within North Carolina.

(d) In accordance with G.S. 163-165.7, this Rule shall not apply to an electronic poll book which is developed or maintained by the State Board of Elections.

Authority G.S. 163-22; 163-165.7; 163-165.9A; 163-166.7.

08 NCAC 04 .0402 PROCEDURES FOR CERTIFICATION OF ELECTRONIC POLL BOOKS

(a) Before certifying an electronic poll book for use in North Carolina, the State Board shall do the following:

- (1) Evaluate the electronic poll book for compliance with North Carolina laws and rules related to electronic poll books.
- (2) Examine an electronic poll book's system functions, operational procedures, user guides and maintenance manuals, certification reports from other states, reviews from product users, and any other documentation provided by the vendor.
- (3) Test the electronic poll book for accuracy, reliability, security, usability, and accessibility.
- (4) Evaluate the suitability of the electronic poll book equipment's design and construction for use in an election.
- (5) Obtain from the proposed vendor a current financial statement and the manufacturer's contact information.

(b) Changes to Certified Electronic Poll Books. A vendor shall submit in writing for the review of the Executive Director of the State Board of Elections any change to a certified electronic poll book, including changes to its software or hardware, prior to implementation in a certified electronic poll book in use in any county's elections. Following the review, the Executive Director shall determine whether the change is a modification or minor change of the certified electronic poll book. "Minor change" shall have the same meaning as that term is defined in Section 3.5 of Version 3.0 of the United States Election Assistance Commission's Voting System Testing & Certification Program Manual. Minor changes can include manufacturer enhancements. A copy of the Manual is available for inspection in the offices of the State Board of Elections. A copy of the Manual may be obtained at no cost by accessing the website of the Election Assistance Commission at <https://www.eac.gov/voting-equipment/manuals-and-forms>. A "modification" is a change to a certified electronic poll book that is not a minor change. Based on this determination, the Executive Director shall proceed as follows:

- (1) If it is determined to be a modification, the vendor shall submit the electronic poll book as modified to the State Board of Elections for full certification review.
- (2) A vendor that proposes to implement a minor change to a certified electronic poll book shall, when submitting the proposal to the State Board for review and approval, identify whether the proposed minor change has been submitted to a Voting System Test Laboratory (VSTL) for review and endorsement. The State Board may require the vendor to obtain VSTL review and endorsement before approving a minor change. The Executive Director shall make a written Recommendation for Administrative Decision on the proposed minor change to the State Board. The State Board will then act on the Recommendation as follows:

- (A) If, after two calendar days following the transmission of the Recommendation, no State Board member has raised an oral or written objection to the Executive Director's Recommendation, the Recommendation will become effective.
- (B) If a State Board member raises an oral or written objection to the Executive Director's Recommendation within two calendar days following the transmission of the Recommendation, the State Board may hear the matter or require the change to be reviewed as a modification.

A county board of elections using an electronic poll book certified by the State Board shall not implement a change to the electronic poll book until that change has been approved in accordance with this Paragraph.

(c) Decertification of Electronic Poll Book. The State Board of Elections shall hear and act on complaints, arising by petition or otherwise, that may result in the decertification of an electronic poll book in use in North Carolina. The State Board shall base its decision to decertify an electronic poll book on any of the following grounds:

- (1) The failure or neglect of an electronic poll book or its vendor to comply with any part of the election laws of the State of North Carolina, including a failure to adhere to and fulfill the requirements of Rule .0401 of this Chapter.
- (2) The implementation by a vendor of a change to a certified electronic poll book prior to State Board review and approval pursuant to Paragraph (b) of this Rule.
- (3) The failure or neglect of a vendor to update and maintain the operability and security of the electronic poll book.
- (4) The failure of the electronic poll book to satisfy all performance standards in examination and testing, or in an election setting.
- (5) The failure of the vendor to provide electronic notice to the State Board of an incident or anomaly affecting the electronic poll book in any jurisdiction. The vendor shall provide the electronic notice within 24 hours of the vendor's knowledge of the incident or anomaly. As used in this Chapter, an "incident" is an event related to the security or functioning of the electronic poll book that contributed to, caused, or may have caused any of the following:
 - (A) An interruption to the voter check-in process, reporting process, or both processes.
 - (B) An unauthorized disclosure of voter information.
 - (C) An unauthorized access to the electronic poll book.

- (D) The software or data of the electronic poll book to become unreliable or corrupt.

As used in this Chapter, an "anomaly" is an unexpected functioning of the electronic poll book in its operation.

- (6) The failure of the vendor to report in writing to the State Board a change in the vendor's corporate information provided with the certification application. The vendor shall make the report within 30 calendar days of the change.
- (7) The electronic poll book reaching its end-of-service-life date.

Before exercising its power to decertify an electronic poll book, the State Board shall notify the electronic poll book vendor and any affected county boards of elections, and shall give the opportunity for the vendor and county boards to be heard at a hearing to be set by the State Board. The State Board's written decision to decertify an electronic poll book shall be considered a final decision for purposes of seeking judicial review. An electronic poll book that has been decertified by the State Board cannot be used for elections held in the State of North Carolina and cannot be purchased by a county board of elections. An electronic poll book which has been decertified and is in the possession of a county board of elections shall have its memory sanitized after decertification.

(d) Suspension of Electronic Poll Book. The Executive Director of the State Board may, in the event of a threat to the integrity of an election or the privacy of voter information, issue a written order to a county board of elections to suspend the use of a certified electronic poll book system, or individual unit, for a term not to exceed one month. The Executive Director shall give written notice of the suspension to the electronic poll book vendor.

(e) In accordance with G.S. 163-165.7, this Rule shall not apply to an electronic poll book which is developed or maintained by the State Board of Elections.

Authority G.S. 163-22; 163-165.7; 163-165.9A; 163-166.7.

TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice is hereby given in accordance with G.S. 150B-21.2 that the Medical Care Commission intends to amend the rules cited as 10A NCAC 13L .0301, and .0302.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://info.ncdhhs.gov/dhsr/ruleactions.html>

Proposed Effective Date: April 1, 2024

Public Hearing:

Date: November 9, 2023

Time: 11:00 a.m.

Location: Dorothea Dix Park, Brown Building, Room 104, 801 Biggs Drive, Raleigh, NC 27603

SECTION .0300 - ADMINISTRATION

Reason for Proposed Action: These two rules for Nursing Pool Licensure are proposed for amendment in response to the N.C. Medical Care Commission's granting of a petition submitted for rulemaking. Nursing Pools are agencies licensed and operated that engage for hire in the business for providing or procuring temporary employment in healthcare facilities for nursing personnel, including nurses, nursing assistants, nurses aides, and orderlies. Health care facilities have been increasingly relying on nursing pool agencies to provide adequate staff to residents and patients. The result has been a lack of continuity of staff when caring for residents and patients in the health care facilities as well as dissatisfaction from the contracting health care facilities with their experience with some nursing pool agencies. These rules are proposed for amendment to improve the quality of care for residents in North Carolina's health care facilities.

The proposed rules clarify the types of administrative records the nursing pool shall keep and specify the records retention time period. The proposed rules clarify the requirements on the job application and for the annual performance evaluation as well as specify the time period for retention of personnel records by the nursing pool. In addition, technical changes were made in the rules.

Comments may be submitted to: Nadine Pfeiffer, 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701; email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
Local funds affected
Substantial economic impact (>= \$1,000,000)
Approved by OSBM
No fiscal note required

CHAPTER 13 - NC MEDICAL CARE COMMISSION
SUBCHAPTER 13L - NURSING POOL LICENSURE

10A NCAC 13L .0301 WRITTEN POLICIES AND PROCEDURES

(a) The nursing pool shall have written administrative and personnel policies to govern the services that it provides. These policies shall include those concerning patient care, personnel, training and orientation, supervision, employee evaluation, and organizational structure.

(b) At the option of the licensee, written policies and procedures may address other services not subject to the Nursing Pool Licensure Act. The Division shall not require separate policies and procedures if the premises from which nursing pool services are offered also offers additional temporary nursing services not subject to licensure.

(c) Policies shall provide that no reprisal action shall be taken against any employee who reports instances of patient rights violations or patient abuse, neglect, or exploitation to the appropriate governmental authority.

(d) The nursing pool shall retain all administrative records for five years and shall make these records available to the Division upon request. Administrative records shall include:

- documents evidencing control and ownerships, such as corporation or partnership papers;
policies and procedures governing the operation of the agency;
minutes of the agency's professional and administrative staff meetings;
reports of complaints, inspections, reviews, and corrective actions taken related to licensure; and
contracts and agreements to which the agency is a party.

Authority G.S. 131E-154.4.

10A NCAC 13L .0302 PERSONNEL RECORDS

(a) A nursing pool shall maintain a personnel record on each individual.

(b) Each individual's personnel record shall include:

- A legible copy of a current an unexpired license verification to practice nursing as a registered nurse or a licensed practical nurse or a current an unexpired Nurse Aide I or Nurse Aide II Listing Card issued by the North Carolina Board of Nursing, listing verification.
A completed job application with employment history, training, education and continuing education, education, continuing education, and identification data including name, address, and telephone number.
Results of reference checks.
Performance evaluations at least annually. The annual performance evaluation shall include feedback from the health care facility of the on-site performance of contracted nursing personnel.

(c) Personnel records shall be maintained for one year after termination from agency employment.

Authority G.S. 131E-154.4.

Notice is hereby given in accordance with G.S. 150B-21.2 that the Medical Care Commission intends to amend the rules cited as 10A NCAC 13P .0101, .0102, .0201, .0207, .0216-.0218, .0221, .0224, .0301, .0401-.0404, .0407, .0410, .0502, .0503, .0512, .0601, .0602, .0904, .0905, .1505 and .1507.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://info.ncdhhs.gov/dhsr/ruleactions.html>

Proposed Effective Date: April 1, 2024

Public Hearing:

Date: November 8, 2023

Time: 2:00 p.m.

Location: Dorothea Dix Park, Wright Building, Room 131, 1201 Umstead Drive, Raleigh, NC 27603

Reason for Proposed Action: The N.C. Medical Care Commission is proposing amendments to 25 rules in the Emergency Medical Services and Trauma Rules in 10A NCAC 13P for regulated entities for emergency medical services and trauma systems.

The proposed rules update Emergency Medical Systems (EMS) System requirements for a plan for two-way radio communication between a hospital and EMS providers, add requirements for EMS systems utilizing Emergency Medical Dispatch to maintain credentialed personnel in the state database, update ambulance requirements for two-way radio communications reflecting newer technology, remove two-way radio communications requirements from EMS ambulances that do not provide 911 Emergency services, and update Ambulance Manufacturing Standards to include recently released Remount Ambulances. The proposed rules clarify the requirements for the emergency medical dispatch priority reference system's written plan, compliance data reporting, and peer review participation to be used for an approved emergency medical dispatcher program. The proposed rules update the requirements for the written operational protocols for specialty care transport programs and update the time period an approved specialty care transport program is not required to coincide with the agency license. The rules clarify the responsibilities of the medical director for EMS Systems and Specialty Care Transport Programs. The proposed rules clarify the time for submission of electronic patient care data to the N.C. Office of Emergency Medical Services (OEMS) for air medical programs.

The proposed rules add a requirement for OEMS' written examination for initial credentialing through legal recognition for applicants who completed the initial education course through an approved OEMS educational institution and remove Cardio-Pulmonary Resuscitation requirements beyond criteria defined by the Emergency Medical Dispatch Priority Reference System vendor. The rules revise the reinstatement timeframe and update the requirements for application for reinstatement of a lapsed

credential. The proposed rules revise the written educational policies and procedures for advanced EMS educational institutions, add a requirement for notification to OEMS for a change in program coordinator or Medical Advisor, clarify the time frame for reapplication for initial designation of an EMS educational institution following denial, and clarify the timeframe for newly appointed program coordinators to complete the OEMS workshop requirement.

The proposed rules revise the site team composition for initial and renewal trauma center designation surveys and remove the six-month time frame for the site visit to clarify the agreed upon date for the site visit. The proposed rules add and clarify criteria for amending, denying, suspending, or revoking the credentials of EMS personnel and add a timeframe requirement for notification to the OEMS for violations by credentialed EMS personnel.

The proposed rules remove abbreviations and definitions that no longer apply and add abbreviations and definitions for clarification. In addition, the proposed rules remove requirements that no longer apply and make technical changes to update website addresses and rule references, clarify requirements and ambiguous language, correct rule text formatting, and update the cost for referenced documents.

Comments may be submitted to: Nadine Pfeiffer, 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701; email DHSR.RulesCoordinator@dhhs.nc.gov

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
- Local funds affected
- Substantial economic impact (>= \$1,000,000)
- Approved by OSBM
- No fiscal note required

CHAPTER 13 - NC MEDICAL CARE COMMISSION

SUBCHAPTER 13P – EMERGENCY MEDICAL SERVICES AND TRAUMA RULES

SECTION .0100 – DEFINITIONS

10A NCAC 13P .0101 ABBREVIATIONS

As used in this Subchapter, the following abbreviations mean:

- (1) ACS: American College of Surgeons;
- (2) AEMT: Advanced Emergency Medical Technician;
- (3) AHA: American Heart Association;
- (4) ASTM: American Society for Testing and Materials;
- (5) CAAHEP: Commission on Accreditation of Allied Health Education Programs;
- (6) CPR: Cardiopulmonary Resuscitation;
- (7) ED: Emergency Department;
- (8) EMD: Emergency Medical Dispatcher;
- (9) EMDPRS: Emergency Medical Dispatch Priority Reference System;
- ~~(9)~~(10) EMR: Emergency Medical Responder;
- ~~(10)~~(11) EMS: Emergency Medical Services;
- ~~(11)~~(12) EMS-NP: EMS Nurse Practitioner;
- ~~(12)~~(13) EMS-PA: EMS Physician Assistant;
- ~~(13)~~(14) EMT: Emergency Medical Technician;
- ~~(14)~~(15) FAA: Federal Aviation Administration;
- ~~(15)~~(16) FCC: Federal Communications Commission;
- ~~(16)~~(17) ICD: International Classification of Diseases;
- ~~(17)~~(18) ISS: Injury Severity Score;
- ~~(18)~~ ~~MICN: Mobile Intensive Care Nurse;~~
- (19) NHTSA: National Highway Traffic Safety Administration;
- (20) OEMS: Office of Emergency Medical Services;
- (21) OR: Operating Room;
- (22) PSAP: Public Safety Answering Point;
- (23) RAC: Regional Advisory Committee;
- (24) RFP: Request For Proposal;
- (25) SCTP: Specialty Care Transport Program;
- (26) SMARTT: State Medical Asset and Resource Tracking Tool;
- (27) STEMI: ST Elevation Myocardial Infarction; and
- (28) US DOT: United States Department of Transportation.

Authority G.S. 143-508(b).

10A NCAC 13P .0102 DEFINITIONS

In addition to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:

- (1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association identified with a specific county EMS system as a condition for EMS Provider Licensing as required by Rule .0204 of this Subchapter.
- (2) "Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center ~~or there is~~ or a hospital with a contract

or other agreement to allow for the acceptance or transfer of the Trauma Center's patient population to the non-trauma center hospital.

- (3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active participation, collaboration, and involvement in a process or system between two or more parties.
- (4) "Alternative Practice Setting" means a practice setting that utilizes credentialed EMS personnel that may not be affiliated with or under the oversight of an EMS System or EMS System Medical Director.
- (5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.
- (6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft configured and operated to transport patients.
- (7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical Director with the medical aspects of the management of a practice setting utilizing credentialed EMS personnel or medical crew members.
- (8) "Bypass" means a decision made by the patient care technician to transport a patient from the scene of an accident or medical emergency past a receiving facility for the purposes of accessing a facility with a higher level of care, ~~or by~~ a hospital of its own volition ~~reroutes to~~ reroute a patient from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.
- (9) "Community Paramedicine" means an EMS System utilizing credentialed personnel who have received additional training as determined by the EMS ~~system~~ System Medical Director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS ~~system~~ System plan.
- (10) "Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or amendment of a designation.
- (11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.
- (12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the

- basis for a focused review or denial of a designation.
- (13) "Department" means the North Carolina Department of Health and Human Services.
 - (14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.
 - (15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational programs.
 - (16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies and personnel that relate to the dispatch, response, treatment, and disposition of any patient.
 - (17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.
 - (18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.
 - (19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).
 - ~~(20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one or more reports generated from the State EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.~~
 - ~~(21)~~(20) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
 - ~~(22)~~(21) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks including public health, community health monitoring activities, and special needs populations.
 - ~~(23)~~(22) "Essential Criteria" means those items that are the requirements for the respective level of trauma center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.
 - ~~(24)~~(23) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies that are a result of deficiencies following a site visit.
 - ~~(25)~~(24) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for specialty care, emergency, or non-emergency medical care is anticipated either at the patient location or during transport.
 - ~~(26)~~(25) "Hospital" means a licensed facility as defined in G.S. 131E-176 or an acute care in-patient diagnostic and treatment facility located within the State of North Carolina that is owned and operated by an agency of the United States government.
 - ~~(27)~~(26) "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.
 - ~~(28)~~(27) "Infectious Disease Control Policy" means a written policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.
 - ~~(29)~~(28) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves as the coordinating entity for trauma planning.
 - ~~(30)~~(29) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research, and total care for every aspect of injury from prevention to rehabilitation.
 - ~~(31)~~(30) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of the injury, but may lack the comprehensive care as a Level I trauma center, and does not have trauma research as a primary objective.
 - ~~(32)~~(31) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.
 - ~~(33)~~(32) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed or registered in North Carolina and are affiliated with a SCTP.
 - ~~(34)~~(33) "Medical Director" means the physician responsible for the medical aspects of the management of a practice setting utilizing

- credentialed EMS personnel or medical crew members, or a Trauma Center.
- (35)(34) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of a practice setting utilizing credentialed EMS personnel or medical crew members. Medical Oversight includes physician direction of the initial education and continuing education of EMS personnel or medical crew members; development and monitoring of both operational and treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew members; participation in system or program evaluation; and directing, by two-way voice communications, the medical care rendered by the EMS personnel or medical crew members.
- (36)(35) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for the healthcare provider program needs.
- (37)(36) "Office of Emergency Medical Services" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at 1201 Umstead Drive, Raleigh, North Carolina 27603.
- (38)(37) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel through direct communication in-person, via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional.
- (39)(38) "Operational Protocols" means the administrative policies and procedures of an EMS System or that provide guidance for the day-to-day operation of the system.
- (40)(39) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board to practice medicine in the state of North Carolina.
- (41)(40) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group representing trauma care providers and the community, for the purpose of regional planning, establishing, and maintaining a coordinated trauma system.
- (42)(41) "Request for Proposal" means a State document that must be completed by each hospital seeking initial or renewal trauma center designation.
- (42) "Specialized Ambulance Protocol Summary (SAPS) means a document listing of all standard medical equipment, supplies, and medications, approved by the Specialty Care or
- Air Medical Program Medical Director as sufficient to manage the anticipated number and severity of injury or illness of the patients, for all vehicles used in the program based on the treatment protocols and approved by the OEMS.
- (43) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during compliance monitoring to exceed the ability of the local EMS System to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.
- (44) ~~"State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by the OEMS both in its daily operations and during times of disaster to identify, record, and monitor EMS, hospital, health care, and sheltering resources statewide, including facilities, personnel, vehicles, equipment, and pharmaceutical and supply caches.~~
- (45)(44) "Specialty Care Transport Program" means a program designed and operated for the transportation of a patient by ground or air requiring specialized interventions, monitoring, and staffing by a paramedic who has received additional training as determined by the program Medical Director beyond the minimum training prescribed by the OEMS, or by one or more other healthcare professional(s) qualified for the provision of specialized care based on the patient's condition.
- (46)(45) "Specialty Care Transport Program Continuing Education Coordinator" means a ~~Level II~~ Level I EMS Instructor within a SCTP who is responsible for the coordination of EMS continuing education programs for EMS personnel within the program.
- (47)(46) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent position and may only be used in an ambulance vehicle permitted by the Department.
- (48)(47) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.
- (49)(48) "System Continuing Education Coordinator" means the Level II EMS Instructor designated by the local EMS System who is responsible for the coordination of EMS continuing education programs.
- (50)(49) "System Data" means all information required for daily electronic submission to the OEMS by all EMS Systems using the EMS data set, data dictionary, and file format as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," incorporated herein by reference including subsequent amendments and editions. This document is available from

~~the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at www.neems.org~~ OEMS at <https://oems.nc.gov> at no cost.

~~(51)~~(50) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe injury.

~~(52)~~(51) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North Carolina Trauma Registry Data Dictionary," incorporated herein by reference, including subsequent amendments and editions. This document is available from the ~~OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and~~ OEMS online at <https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> <https://oems.nc.gov/wp-content/uploads/2022/10/datadictionary.pdf> at no cost.

~~(53)~~(52) "Trauma Program" means an administrative entity that includes the trauma service and coordinates other trauma-related activities. It shall also include the trauma Medical Director, trauma program manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it the ability to interact with at least equal authority with other departments in the hospital providing patient care.

~~(54)~~(53) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes, and costs of treatment for injured patients collected and electronically submitted as defined by the OEMS. The elements of the Trauma Registry can be accessed at ~~<https://info.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html>~~ online at <https://oems.nc.gov/wp-content/uploads/2022/10/datadictionary.pdf> at no cost.

~~(55)~~(54) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and patient-care-related policies that shall be completed by EMS personnel or medical crew members based upon the assessment of a patient.

~~(56)~~(55) "Triage" means the assessment and categorization of a patient to determine the level of EMS and healthcare facility based care required.

~~(57)~~(56) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients.

Authority G.S. 131E-155(6b); 131E-162; 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-508(d)(13); 143-518(a)(5).

SECTION .0200 – EMS SYSTEMS

10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS

(a) County governments shall establish EMS Systems. Each EMS System shall have:

- (1) a defined geographical service area for the EMS System. The minimum service area for an EMS System shall be one county. There may be multiple EMS Provider service areas within an EMS System. The highest level of care offered within any EMS Provider service area shall be available to the citizens within that service area 24 hours a day, seven days a week;
- (2) a defined scope of practice for all EMS personnel functioning in the EMS System within the parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- (3) written policies and procedures describing the dispatch, coordination, and oversight of all responders that provide EMS care, specialty patient care skills, and procedures as set forth in Rule .0301 of this Subchapter, and ambulance transport within the system;
- (4) at least one licensed EMS Provider;
- (5) a listing of permitted ambulances to provide coverage to the service area 24 hours a day, seven days a week;
- (6) personnel credentialed to perform within the scope of practice of the system and to staff the ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of credentialed EMS personnel for all practice settings used within the system;
- (7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources;
- (8) a written Infectious Disease Control Policy as defined in Rule .0102 of this Subchapter and written procedures that are approved by the EMS System Medical Director that address the cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;
- (9) a listing of resources that will provide online medical direction for all EMS Providers operating within the EMS System;
- (10) an EMS communication system that provides for:

- (A) public access to emergency services by dialing 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;
 - (B) a PSAP operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours a day, seven days a week;
 - (C) dispatch of the most appropriate emergency medical response unit or units to any caller's request for assistance. The dispatch of all response vehicles shall be in accordance with a written EMS System plan for the management and deployment of response vehicles including requests for mutual aid; and
 - (D) two-way radio voice communications from within the defined service area to the PSAP and to facilities where patients are transported. The PSAP shall maintain all required FCC radio licenses or authorizations;
- (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs resources utilized within the system;
 - (12) a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from EMS Care system data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the criteria set forth in Rule .0501 of this Subchapter;
 - (13) written policies and procedures to address management of the EMS System that includes:
 - (A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that may require the bypass of other licensed health care facilities and that are based upon the expanded clinical capabilities of the selected healthcare facilities;
- (B) triage and transport of patients to facilities outside of the system;
 - (C) arrangements for transporting patients to identified facilities when diversion or bypass plans are activated;
 - (D) reporting, monitoring, and establishing standards for system response times using system data;
 - ~~(E) weekly updating of the SMARTT EMS Provider information;~~
 - ~~(F)(E)~~ a disaster plan;
 - ~~(G)(F)~~ a mass-gathering plan that includes how the provision of EMS standby coverage for the public-at-large will be provided;
 - ~~(H)(G)~~ a mass-casualty plan;
 - ~~(I)(H)~~ a weapons plan for any weapon as set forth in Rule .0216 of this Section;
 - ~~(J)(I)~~ a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-301;
 - ~~(K)(J)~~ a plan on how EMS personnel shall report suspected abuse of the disabled pursuant to G.S. 108A-102; ~~and~~
 - ~~(L)(K)~~ a plan on how each responding agency is to maintain a current roster of its personnel providing EMS care within the county under the provider number issued pursuant to Paragraph (c) of this Rule, in the OEMS credentialing and information database; ~~and~~
 - (L) a plan on how each licensed hospital facility will use and maintain two-way radio communication for receiving in coming patient from EMS providers;
- (14) affiliation as defined in Rule .0102 of this Subchapter with a trauma RAC as required by Rule .1101(b) of this Subchapter; and
 - (15) medical oversight as required by Section .0400 of this Subchapter.
- (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or offering EMD services, procedures, or programs to the public shall have:
- (1) a defined service area for each agency;
 - (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area are available 24 hours per day, seven days a ~~week; and week,~~ and a written policy describing how the agency will maintain a roster of credentialed EMD personnel in the OEMS credentialing and information database; and
 - (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations requiring referral to specialty ~~hotlines; hotlines; and~~

(4) EMD medical oversight as required in Section .0400 of this Subchapter.

- (c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within the county.
- (d) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval no more than 90 days prior to expiration.

Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518.

10A NCAC 13P .0207 GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

- (a) To be permitted as a Ground Ambulance, a vehicle shall have:
 - (1) a patient compartment that meets the following interior dimensions:
 - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment;
 - (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," ~~incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. Collection.~~ The equipment and supplies shall be clean, in working order, and secured in the vehicle;
 - (3) other equipment that includes:
 - (A) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge; and
 - (B) the availability of one pediatric restraint device to safely transport pediatric patients and children under 40 pounds in the patient compartment of the ambulance;
 - (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
 - (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
 - (6) emergency warning lights and audible warning devices mounted on the vehicle as required by

~~G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards G.S. 20-125. All warning devices shall function properly;~~

- (7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (8) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has ~~sufficient~~ the range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device ~~mounted~~ in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
- (9) permanently installed heating and air conditioning systems; and
- (10) a copy of the EMS System patient care treatment protocols.

(b) ~~Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication. permitted by the OEMS that do not back up the 911 EMS System shall be exempt from requirements for two-way radio communications as defined in Subparagraph (8) of this Rule. A two-way radio or radiotelephone device such as a cellular telephone shall be available to summon emergency assistance.~~

(c) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

Authority G.S. 131E-157(a); 143-508(d)(8).

10A NCAC 13P .0216 WEAPONS AND EXPLOSIVES FORBIDDEN

- (a) Weapons, whether lethal or non-lethal, and explosives shall not be worn or carried aboard an ambulance or EMS non-transporting vehicle within the State of North Carolina when the

vehicle is operating in any patient treatment or transport capacity or is available for such function.

(b) Conducted electrical weapons and chemical irritants such as mace, pepper (oleoresin capsicum) spray, and tear gas shall be considered weapons for the purpose of this Rule.

(c) This Rule shall apply whether ~~or not~~ such weapons and explosives are concealed or visible.

(d) If any weapon is found to be in the possession of a patient or person accompanying the patient during transportation, the weapon shall be safely secured in accordance with the weapons policy as set forth in ~~Rule .0201(a)(13)(f)~~ Rule .0201 of this Section.

(e) Weapons authorized for use by EMS personnel attached to a law enforcement tactical team in accordance with the weapons policy as set forth in ~~Rule .0201(a)(13)(f)~~ Rule .0201 of this Section may be secured in a locked, dedicated compartment or gun safe mounted within the ambulance or non-transporting vehicle for use when dispatched in support of the law enforcement tactical team, but are not to be worn or carried open or concealed by any EMS personnel in the performance of normal EMS duties under any circumstances.

(f) This Rule shall not apply to duly appointed law enforcement officers.

(g) Safety flares are authorized for use on an ambulance with the following restrictions:

- (1) these devices are not stored inside the patient compartment of the ambulance; and
- (2) these devices shall be packaged and stored ~~so as~~ to prevent accidental discharge or ignition.

Authority G.S. 131E-157(a); 143-508(d)(8).

**10A NCAC 13P .0217 MEDICAL
AMBULANCE/EVACUATION BUS: VEHICLE AND
EQUIPMENT REQUIREMENTS**

(a) A Medical Ambulance/Evacuation bus is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three stretcher bound patients with traumatic or medical conditions.

(b) To be permitted as a Medical Ambulance/Evacuation Bus, a vehicle shall have:

- (1) a non-light penetrating sliding curtain installed behind the driver from floor-to-ceiling and from side-to-side to keep all light from the patient compartment from reaching the driver's area during vehicle operation at night;
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data ~~Collection,~~ Collection." ~~which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost.~~ The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) ~~five-pound~~ five-pound fire extinguishers mounted in a quick release bracket located

- (4) inside the patient compartment at the front and rear of the vehicle that are either a dry chemical or all-purpose type and have pressure gauges;
 - (5) monitor alarms installed inside the patient compartment at the front and rear of the vehicle to warn of unsafe buildup of carbon monoxide;
 - (6) the name of the EMS provider permanently displayed on each side of the vehicle;
 - (7) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
 - (8) emergency warning lights and audible warning devices mounted on the vehicle as required by ~~G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. G.S. 20-125.~~ All warning devices shall function properly;
 - (9) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
 - (10) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has ~~sufficient~~ the range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device ~~mounted~~ in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
 - (11) permanently installed heating and air conditioning systems; and
 - (12) a copy of the EMS System patient care treatment protocols.
- (c) A Medical Ambulance/Evacuation Bus shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.
- (d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.
- (e) The EMS System medical director shall designate the combination of medical equipment as required in Subparagraph

(b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

(f) The ambulance permit for this vehicle shall remain in effect for two years unless any of the following occurs:

- (1) ~~The the~~ Department imposes an administrative sanction which specifies permit expiration;
- (2) ~~The the~~ EMS Provider closes or goes out of business;
- (3) ~~The the~~ EMS Provider changes name or ownership; or
- (4) ~~Failure failure~~ to comply with the applicable Paragraphs of this Rule.

Authority G.S. 131E-157(a); 143-508(d)(8).

10A NCAC 13P .0218 PEDIATRIC SPECIALTY CARE GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS

(a) A Pediatric Specialty Care Ground Ambulance is an ambulance used to transport only those patients 18 years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an inter-facility or discharged patient transport.

(b) To be permitted as a Pediatric Specialty Care Ground Ambulance, a vehicle shall have:

- (1) a patient compartment that meets the following interior dimensions:
 - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the center of the floor, exclusive of cabinets or equipment;
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," ~~which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699 2707, at no cost.~~ Collection." The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge;
- (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (6) emergency warning lights and audible warning devices mounted on the vehicle as required by ~~G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. G.S.~~

20-125. All warning devices shall function properly;

(7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;

(8) an operational two-way radio that:

- (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has ~~sufficient the~~ range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device ~~mounted~~ in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
- (9) permanently installed heating and air conditioning systems; and
- (10) a copy of the EMS System patient care treatment protocols.

(c) Pediatric Specialty Care Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.

(d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

(e) The Specialty Care Transport Program medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

(f) The ambulance permit for this vehicle shall remain in effect for two years unless any of the following occurs:

- (1) ~~The the~~ Department imposes an administrative sanction which specifies permit expiration;
- (2) ~~The the~~ EMS Provider closes or goes out of business;
- (3) ~~The the~~ EMS Provider changes name or ownership; or
- (4) ~~Failure failure~~ to comply with the applicable paragraphs of this Rule.

Authority G.S. 131E-157(a); 143-508(d)(8).

10A NCAC 13P .0221 PATIENT TRANSPORTATION BETWEEN HOSPITALS

(a) For the purpose of this Rule, hospital means those facilities as defined in ~~Rule .0102(25)~~ Rule .0102 of this Subchapter.

(b) Every ground ambulance when transporting a patient between hospitals shall be occupied by all of the following:

- (1) one person who holds a credential issued by the OEMS as an emergency medical responder or higher who is responsible for the operation of the vehicle and rendering assistance to the patient caregiver when needed; and
- (2) at least one of the following individuals as determined by the transferring physician to manage the anticipated severity of injury or illness of the patient who is responsible for the medical aspects of the mission:
 - (A) emergency medical technician;
 - (B) advanced EMT;
 - (C) paramedic;
 - (D) nurse practitioner;
 - (E) physician;
 - (F) physician assistant;
 - (G) registered nurse; or
 - (H) respiratory therapist.

(c) Information shall be provided to the OEMS by the licensed EMS provider in the application:

- (1) describing the intended staffing pursuant to ~~Rule .0204(a)(3)~~ Rule .0204 of this Section; and
- (2) showing authorization pursuant to ~~Rule .0204(a)(4)~~ Rule .0204 of this Section by the county where the EMS provider license is issued to use the staffing in Paragraph (b) of this Rule.

(d) Ambulances used for patient transports between hospitals shall contain all medical equipment, supplies, and medications approved by the Medical Director, based upon the NCCEP treatment protocol guidelines. These protocol guidelines set forth in Rules .0405 and .0406 of this Subchapter are available online at no cost at ~~www.ncems.org~~ https://oems.nc.gov.

Authority G.S. 131E-155.1; 131E-158(b); 143-508(d)(1); 143-508(d)(8).

10A NCAC 13P .0224 GROUND AMBULANCE VEHICLE MANUFACTURING STANDARDS

(a) In addition to the terms defined in Rule .0102 of this Subchapter, the following definitions apply to this Rule:

- (1) "Remounted" means a ground ambulance patient compartment module that has been removed from its original chassis and mounted onto a different chassis.
- (2) "Refurbished" means upgrading or repairing an existing ground ambulance patient care module or chassis that may not involve replacement of the chassis.

(b) "Ground ambulances" as defined in Rule .0102 of this Subchapter manufactured after July 1, ~~2018~~, 2018, or remounted after July 1, 2025, that are based and operated in North Carolina shall meet one of the following manufacturing standards:

(1) the Commission on Accreditation of Ambulance Services (CAAS) "Ground Vehicle Standard for ~~Ambulances~~" (~~GVS v.1.0~~), Ambulances, which is incorporated herein by reference including all subsequent amendments and editions. This document is available online at no cost at www.groundvehiclestandard.org; or

(2) the National Fire Protection Association (NFPA) 1917-2016 "Standard for Automotive Ambulances," which is incorporated herein by reference including all subsequent amendments and editions. This document is available for purchase online at www.nfpa.org for a cost of ~~fifty two dollars (\$52.00)~~ seventy-eight dollars (\$78.00).

(c) The following shall be exempt from the criteria set forth in Paragraph (b) of this Rule:

- (1) ambulances owned and operated by an agency of the United States government;
- (2) ambulances manufactured prior to July 1, 2018;
- ~~(3)~~ (3) ambulances remounted prior to July 1, 2025;
- ~~(3)(4)~~ "convalescent ambulances" as defined in Rule .0102 of this Subchapter;
- ~~(4)(5)~~ (4)(5) remounted or refurbished ambulances; or
- ~~(5)(6)~~ (5)(6) Medical Ambulance/Evacuation/Bus as set forth in Rule .0217 of this Section.

(d) Effective July 1, 2018, the National Highway Traffic Safety Administration (NHTSA) KKK-A-1822F- Ambulance Manufacturing Standard shall no longer meet the manufacturing standards for new ground ambulances as set forth in Paragraph (b) of the Rule.

(e) Ground ambulances that do not meet the criteria set forth in this Rule shall be ineligible for permitting as set forth in Rule .0211 of this Section.

Authority G.S. 131E-156; 131E-157; 143-508(d)(8).

SECTION .0300 – SPECIALTY CARE TRANSPORT PROGRAMS

10A NCAC 13P .0301 SPECIALTY CARE TRANSPORT PROGRAM CRITERIA

(a) EMS Providers seeking designation to provide specialty care transports shall submit an application for program approval to the OEMS at least 60 days prior to field implementation. The application shall document that the program has:

- (1) a defined service area that identifies the specific transferring and receiving facilities the program is intended to service;
- (2) written policies and procedures implemented for medical oversight meeting the requirements of Section .0400 of this Subchapter;
- (3) service available on a 24 hour a day, seven days a week basis;
- (4) the capability to provide the patient care skills and procedures as specified in "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"

- (5) a written continuing education program for EMS personnel, under the direction of the Specialty Care Transport Program Continuing Education Coordinator, developed and modified based upon feedback from program data, review and evaluation of patient outcomes, and quality management review that follows the criteria set forth in Rule .0501 of this Subchapter;
- (6) a communication system that provides two-way voice communications for transmission of patient information to medical crew members anywhere in the service area of the program. The SCTP Medical Director shall verify that the communications system is satisfactory for on-line medical direction;
- (7) medical crew members that have completed training conducted every six months regarding:
 - (A) operation of the EMS communications system used in the program; and
 - (B) the medical and patient safety equipment specific to the program;
- (8) written operational protocols for the management of equipment, supplies, and medications. These protocols shall include:
 - (A) a Specialized Ambulance Protocol Summary document listing of all standard medical equipment, supplies, and medications, approved by the Medical Director as sufficient to manage the anticipated number and severity of injury or illness of the patients, for all vehicles and aircraft used in the program based on the treatment protocols and approved by the OEMS; and
 - (B) a methodology to ensure that each ground vehicle and aircraft contains the required equipment, supplies, and medications on each response; and
- (9) written policies and procedures specifying how EMS Systems will dispatch and utilize the ground ambulances and aircraft operated by the program.

(b) When transporting patients, staffing for the ground ambulance and aircraft used in the SCTP shall be approved by the SCTP Medical Director as medical crew members, using any of the following as determined by the transferring physician who is responsible for the medical aspects of the mission to manage the anticipated severity of injury or illness of the patient:

- (1) paramedic;
- (2) nurse practitioner;
- (3) physician;
- (4) physician assistant;
- (5) registered nurse; or
- (6) respiratory therapist.

(c) SCTP as defined in Rule .0102 of this Subchapter are exempt from the staffing requirements defined in G.S. 131E-158(a).

(d) SCTP approval is ~~valid for a period to coincide with the EMS Provider License that is issued by OEMS and is valid for six years.~~ Programs shall apply to the OEMS for reapproval no more than 90 days prior to expiration.

Authority G.S. 131E-155.1(b); 131E-158; 143-508.

SECTION .0400 - MEDICAL OVERSIGHT

10A NCAC 13P .0401 COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS

Each EMS System shall have the following components in place to assure medical oversight of the system:

- (1) a medical director for adult and pediatric patients appointed, either directly or by written delegation, by the county responsible for establishing the EMS System. Systems may elect to appoint one or more assistant medical directors. The medical director and assistant medical directors shall meet the criteria defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," ~~incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; Collection;"~~
- (2) written treatment protocols for adult and pediatric patients for use by EMS personnel;
- (3) for systems providing EMD service, an EMDPRS approved by the medical director;
- (4) an EMS Peer Review Committee; and
- (5) written procedures for use by EMS personnel to obtain on-line medical direction. On-line medical direction shall:
 - (a) be restricted to medical orders that fall within the scope of practice of the EMS personnel and within the scope of approved system treatment protocols;
 - (b) be provided only by a physician, ~~MICN~~, EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and
 - (c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.

Authority G.S. 143-508(b); 143-509(12).

10A NCAC 13P .0402 COMPONENTS OF MEDICAL OVERSIGHT FOR SPECIALTY CARE TRANSPORT PROGRAMS

Each Specialty Care Transport Program shall have the following components in place to assure Medical Oversight of the system:

- (1) a medical director. The administration of the SCTP shall appoint a medical director

- following the criteria for medical directors of Specialty Care Transport Programs as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," ~~incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost.~~ Collection." The program administration may elect to appoint one or more assistant medical directors;
- (2) treatment protocols for adult and pediatric patients for use by medical crew members;
 - (3) an EMS Peer Review Committee; and
 - (4) a written protocol for use by medical crew members to obtain on-line medical direction. On-line medical direction shall:
 - (a) be restricted to medical orders that fall within the scope of practice of the medical crew members and within the scope of approved program treatment protocols;
 - (b) be provided only by a physician, ~~MICN,~~ EMS-NP, or EMS-PA. Only physicians may deviate from written treatment protocols; and
 - (c) be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient.

- (6) the medical review of the care provided to patients;
- (7) providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on all ambulances and EMS nontransporting vehicles operating within the system;
- (8) determining the combination and number of EMS personnel sufficient to manage the anticipated number and severity of injury or illness of the patients transported in Medical Ambulance/Evacuation Bus Vehicles defined in Rule .0219 of this Subchapter; and
- (9) keeping the care provided up-to-date with current medical ~~practice;~~ practice.
- (10) ~~developing and implementing an orientation plan for all hospitals within the EMS system that use MICN, EMS NP, or EMS PA personnel to provide on-line medical direction to EMS personnel. This plan shall include:~~
 - (A) ~~a discussion of all EMS System treatment protocols and procedures;~~
 - (B) ~~an explanation of the specific scope of practice for credentialed EMS personnel, as authorized by the approved EMS System treatment protocols required by Rule .0405 of this Section;~~
 - (C) ~~a discussion of all practice settings within the EMS System and how scope of practice may vary in each setting;~~
 - (D) ~~a mechanism to assess the ability to use EMS System communications equipment, including hospital and prehospital devices, EMS communication protocols, and communications contingency plans as related to on-line medical direction; and~~
 - (E) ~~the completion of a scope of practice performance evaluation that verifies competency in Parts (A) through (D) of this Subparagraph and that is administered under the direction of the Medical Director.~~

Authority G.S. 143-508(b); 143-509(12).

10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS

- (a) The Medical Director for an EMS System is responsible for the following:
- (1) ensuring that medical control as set forth in Rule .0401(5) of this Section is available 24 hours a day, seven days a week;
 - (2) the establishment, approval, and annual updating of adult and pediatric treatment ~~protocols;~~ protocols as set forth in Rule .0405 of this Section;
 - (3) ~~EMD programs, the establishment, approval, and annual updating of the Emergency Medical Dispatch Priority Reference System; EMDPRS, including subsequent editions published by the EMDPRS program utilized by the EMS System;~~
 - (4) medical supervision of the selection, system orientation, continuing education and performance of all EMS personnel;
 - (5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;

(b) Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or paramedics. The EMS System Medical Director may delegate physician medical oversight for a licensed EMS provider at the EMT level of service that does not back up the emergency 911 EMS System. Any decision delegating medical oversight for a licensed provider shall comply with the EMS System franchise requirements in Rule .0204 of this Subchapter. Medical oversight delegated for a licensed EMS provider shall meet the following requirements:

- (1) a medical director for adult and pediatric patients. The medical director and assistant

medical directors shall meet the criteria defined in "The North Carolina College of Emergency Physicians: Standards for Medical Oversight and Collection:"

- (2) treatment protocols must be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and
- (3) establish an agency peer review committee that meets quarterly. The agency peer review committee minutes shall be reported to the EMS System peer review committee.

(c) The Medical Director may suspend temporarily, pending review, any EMS personnel from further participation in the EMS System when he or she determines that the individual's actions are detrimental to the care of the patient, the individual committed unprofessional conduct, or the individual failed to comply with credentialing requirements. During the review process, the Medical Director may:

- (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified deficiencies;
- (2) continue the suspension pending completion of remediation on the identified deficiencies; or
- (3) permanently revoke the EMS personnel's participation in the EMS System.

Authority G.S. 143-508(b); 143-508(d)(3); 143-508(d)(7).

10A NCAC 13P .0404 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR SPECIALTY CARE TRANSPORT PROGRAMS

(a) The medical director for a Specialty Care Transport Program is responsible for the following:

- (1) ~~The~~ the establishment, approval, and updating of adult and pediatric treatment ~~protocøols;~~ protocols as set forth in Rule .0406 of this Section;
- (2) ~~Medical~~ medical supervision of the selection, program orientation, continuing education, and performance of medical crew members;
- (3) ~~Medical~~ medical supervision of a scope of practice performance evaluation for all medical crew members in the program based on the treatment protocols for the program;
- (4) ~~The~~ the medical review of the care provided to patients;
- (5) ~~Keeping~~ keeping the care provided up to date with current medical practice; ~~and~~
- (6) approving the Specialized Ambulance Protocol Summary (SAPS) document listing of all medications, equipment, and supplies for all Specialty Care level ground vehicles and aircraft permitted by the OEMS; and
- ~~(6)(7)~~ in ~~in~~ air medical programs, determination and specification of the medical equipment required ~~in Item (2) of Rule .0209 of this Subchapter that~~

is carried on a mission based on anticipated patient care needs.

(b) Any tasks related to Paragraph (a) of this Rule may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, or medical crew members.

(c) The medical director may suspend temporarily, pending process review, any medical crew members from further participation in the Specialty Care Transport Program when it is determined the activities or medical care rendered by such personnel may be detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements. During the review process, the medical director may:

- (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified deficiencies;
- (2) continue the suspension pending completion of remediation on the identified deficiencies; or
- (3) permanently revoke the EMS personnel's participation in the Specialty Care Transport Program.

Authority G.S. 143-508(b); 143-509(12).

10A NCAC 13P .0407 REQUIREMENTS FOR EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM

(a) EMDPRS used by an EMD within an approved EMD program shall:

- (1) be approved by the OEMS Medical Director and meet or exceed the statewide standard for EMDPRS as defined by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data ~~Collection;~~ incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost; and Collection."
- (2) not exceed the EMD scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514; 143-514;
- (3) have a written plan how the agency is to maintain a current roster of EMD personnel in the OEMS credentialing and information database;
- (4) have a written plan how the emergency medical dispatching agency applying the principles of EMD or offering EMD services, procedures, or program will comply with subsequent editions and compliance standards defined by the EMDPRS program and the EMS System; and
- (5) participate and report compliance data at EMS System peer review meetings.

(b) An EMDPRS developed locally shall be reviewed and updated annually and submitted to the OEMS Medical Director for approval. Any change in the EMDPRS shall be submitted to

the OEMS Medical Director for review and approval at least 30 days prior to the implementation of the change.

Authority G.S. 143-508(b); 143-509(12).

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

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

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

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

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

- (1) a Medical Director as set forth in Rules .0402 and .0404 of this Section;
- (2) treatment protocols approved by the OEMS, to be utilized by the provider as required by Rule .0406 of this Section;
- (3) a peer review committee as required by Rule .0409 of this Section;
- (4) notify all North Carolina EMS Systems where services will be provided to enable each EMS System to include the provider in their EMS System plan, as set forth in Rule .0201 of this Subchapter;
- (5) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter;
- (6) populate and maintain a roster in the North Carolina database for all air medical crew members, Medical Directors, and staff identified by the program to serve as primary and secondary administrative contacts;
- (7) all medical crew members operating in North Carolina shall maintain a North Carolina license or credential in accordance with the rules and regulations of the appropriate respective state licensing or credentialing body;
- (8) active membership in each Trauma RAC containing the majority of hospitals where the program transports patients for admission;
- (9) submit patient care data ~~into the PreHospital Medical Information System (PreMIS)~~ electronically, within 24 hours, to the OEMS EMS care database as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Collection" for all interstate and intrastate

- (10) transports as set forth in Rule .0204 of this Subchapter;
- (10) provide information regarding procedures performed during transport within North Carolina to OEMS for quality management review as required by the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;"
- (11) submit peer review materials to the receiving hospital's peer review committee for each patient transported for admission; and
- (12) a method providing for the coordinated dispatch of resources between air medical programs for scene safety, ensuring that only the number of air medical resources needed respond to the incident location are provided, and arrange arranging for the receiving hospital to prepare for the incoming patient.

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

- (1) submit to the OEMS all existing treatment protocols utilized by the program in the state that it is based for comparison with North Carolina standards as set forth in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," and make any modifications identified by the OEMS to comply with the standards as set forth in Subparagraph ~~(d)(2)(c)(2)~~ of this Rule;
- (2) all aircrafts used within North Carolina shall comply with Rule .0209 of this Subchapter, to be conducted at a location inside North Carolina at a time agreed upon by the Department and the Air Medical Program;
- (3) submit written notification to the Department within three business days of receiving notice of any arrests or regulatory investigations for the diversion of drugs or patient care issues involving a North Carolina credentialed or licensed medical crew member; and
- (4) any medical crew member suspended by the Department shall be barred from patient contact when operating in North Carolina until such time as the case involving the medical crew member has been adjudicated or resolved as set forth in Rule .1507 of this Subchapter;

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

Authority G.S. 131E-155.1; 131E-156; 131E-157(a); 131E-161; 143-508(d)(8).

SECTION .0500 – EMS PERSONNEL

10A NCAC 13P .0502 INITIAL CREDENTIALING REQUIREMENTS FOR EMR, EMT, AEMT, PARAMEDIC, AND EMD

(a) In order to be credentialed by the OEMS as an EMR, EMT, AEMT, or Paramedic, individuals shall:

- (1) Be at least 18 years of age. An examination may be taken at age 17; however, the EMS credential shall not be issued until the applicant has reached the age of 18.
- (2) Complete an approved educational program as set forth in Rule .0501 of this Section for their level of application.
- (3) Complete a scope of practice performance evaluation that uses performance measures based on the cognitive, psychomotor, and affective educational objectives set forth in Rule .0501 of this Section and that is consistent with their level of application, and approved by the OEMS. This scope of practice evaluation shall be completed no more than one year prior to examination. This evaluation shall be conducted by a Level I or Level II EMS Instructor credentialed at or above the level of application or under the direction of the primary credentialed EMS instructor or educational medical advisor for the approved educational program.
- (4) Within 90 days from their course graded date as reflected in the OEMS credentialing database, complete a written examination administered by the OEMS. If the applicant fails to register and complete a written examination within the 90-day period, the applicant shall obtain a letter of authorization to continue eligibility for testing from his or her EMS Educational Institution's program coordinator to qualify for an extension of the 90-day requirement set forth in this Paragraph. If the EMS Educational Institution's program coordinator declines to provide a letter of authorization, the applicant shall be disqualified from completing the credentialing process. Following a review of the applicant's specific circumstances, OEMS staff will determine, based on professional judgment, if the applicant qualifies for EMS credentialing eligibility. The OEMS shall notify the applicant in writing within 10 business days of the decision.

- (A) a maximum of three attempts within six months shall be allowed.
- (B) if unable to pass the written examination requirement after three attempts, the educational program shall become invalid and the individual may only become eligible for credentialing by repeating the requirements set forth in Rule .0501 of this Section.

(5) Individuals applying to OEMS for legal recognition, who completed initial educational courses through an OEMS approved North Carolina educational institution, shall complete a written examination administered by the OEMS.

~~(5)~~(6) Submit to a criminal background history check as set forth in Rule .0511 of this Section.

~~(6)~~(7) Submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s).

(b) An individual seeking credentialing as an EMR, EMT, AEMT, or Paramedic may qualify for initial credentialing under the legal recognition option set forth in G.S. 131E-159(c). Individuals seeking credentialing as an AEMT or Paramedic shall submit documentation that the credential being used for application is from an educational program meeting the requirements as set forth in Rule .0501 of this Section.

(c) In order to be credentialed by the OEMS as an EMD, individuals shall:

- (1) be at least 18 years of age;
- (2) complete the educational requirements set forth in Rule .0501 of this Section;
- (3) ~~complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR;~~ possess a valid CPR card;
- (4) submit to a criminal background history check as defined in Rule .0511 of this Section;
- (5) submit evidence of completion of all court conditions resulting from any misdemeanor or felony conviction(s); and
- (6) possess an EMD nationally recognized credential pursuant to G.S. 131E-159(d).

(d) Pursuant to G.S. 131E-159(h), the Department shall not issue an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

Authority G.S. 131E-159(a); 131E-159(b); 131E-159(g); 131E-159(h); 143-508(d)(3); 143B-952.

10A NCAC 13P .0503 TERM OF CREDENTIALS FOR EMS PERSONNEL

~~Credentials for EMS Personnel~~ EMR, AEMT, Paramedic, and Instructor credentials shall be valid for a period of four years, and the EMD credential shall be valid for a period of two years, barring any delay in expiration as set forth in ~~Rule .0504(f)~~ Rule .0504 of this Section.

Authority G.S. 131E-159(a).

10A NCAC 13P .0512 REINSTATEMENT OF LAPSED EMS CREDENTIAL

(a) EMS personnel enrolled in an OEMS approved continuing education program as set forth in Rule .0601 of this Subchapter

and who were eligible for renewal of an EMS credential prior to expiration, may request the EMS educational institution submit documentation of the continuing education record to the OEMS. OEMS shall renew the EMS credential to be valid for four years from the previous expiration date.

(b) An individual with a lapsed North Carolina EMS credential is eligible for reinstatement through the legal recognition option defined in G.S. 131E-159(c) and Rule .0502 of this Section.

(c) EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed up to ~~36 months~~, 12 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);
- (2) be a resident of North Carolina or affiliated with a North Carolina EMS ~~Provider~~; provider or employed with an alternative practice setting in compliance with Rule .0506 of this Section;
- (3) at the time of application, present evidence that renewal education requirements were met prior to expiration or complete a refresher course at the level of application taken following expiration of the credential;
- (4) complete an OEMS administered written examination for the individual's level of credential application;
- (5) undergo a criminal history check performed by the ~~OEMS~~; and OEMS as defined in Rule .0511 of this Section; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(d) EMR, EMT, AEMT, and Paramedic applicants for reinstatement of an EMS credential, lapsed more than ~~36 months~~, 12 months shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); ~~and~~
- ~~(2) meet the provisions for initial credentialing set forth in Rule .0502 of this Section.~~
- (2) be a resident of North Carolina, affiliated with a North Carolina EMS Provider, or employed with an alternative practice setting in compliance with Rule .0506 of this Section;
- (3) at the time of application, complete a refresher course at the level of application taken following expiration of the credential;
- (4) complete an OEMS administered written examination for the level of credential application;
- (5) undergo a criminal history check performed by the OEMS as defined in Rule .0511 of this Section; and
- (6) submit evidence of completion of all court conditions resulting from applicable misdemeanor or felony conviction(s).

(e) EMT, AEMT, and Paramedic applicants for reinstatement of an EMS Instructor Credential, lapsed up to 12 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c);

- (2) be a resident of North Carolina or affiliated with a North Carolina EMS Provider; and
- (3) at the time of application, present evidence that renewal requirements were met prior to expiration or within six months following the expiration of the Instructor credential.

(f) EMT, AEMT, and Paramedic applicants for reinstatement of an EMS Instructor credential, lapsed greater than 12 months, shall:

- (1) be ineligible for legal recognition pursuant to G.S. 131E-159(c); and
- (2) meet the requirements for initial Instructor credentialing set forth in Rules .0507 and .0508 of this Section. Degree requirements that were not applicable to EMS Instructors initially credentialed prior to July 1, 2021 shall be required for reinstatement of a lapsed credential.

(g) EMD applicants shall renew a lapsed credential by meeting the requirements for initial credentialing set forth in Rule .0502 of this Section.

(h) Pursuant to G.S. 131E-159(h), the Department shall not issue or renew an EMS credential for any person listed on the Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when registration would have been required by law.

Authority G.S. 131E-159; 143-508(d)(3); 143B-952.

SECTION .0600 – EMS EDUCATIONAL INSTITUTIONS AND PROGRAMS

10A NCAC 13P .0601 CONTINUING EDUCATION EMS EDUCATIONAL PROGRAM REQUIREMENTS

(a) Continuing Education EMS Educational Programs shall be credentialed by the OEMS to provide only EMS continuing education. An application for credentialing as an approved EMS continuing education program shall be submitted to the OEMS for review.

(b) Continuing Education EMS Educational Programs shall have:

- (1) at least a Level I EMS Instructor as program coordinator and shall hold a Level I EMS Instructor credential at a level equal to or greater than the highest level of continuing education program offered in the EMS System, Specialty Care Transport Program, or Agency;
- (2) a continuing education program shall be consistent with the services offered by the EMS System, Specialty Care Transport Program, or Agency;
 - (A) In an EMS System, the continuing education programs shall be reviewed and approved by the system continuing education coordinator and Medical Director;
 - (B) In a Specialty Care Transport Program, the continuing education program shall be reviewed and

approved by Specialty Care Transport Program Continuing Education Coordinator and the Medical Director; and

(C) In an Agency not affiliated with an EMS System or Specialty Care Transport Program, the continuing education program shall be reviewed and approved by the Agency Program Medical Director;

(3) written educational policies and procedures to include each of the following;

(A) the delivery of educational programs in a manner where the content and material is delivered to the intended audience, with a limited potential for exploitation of such content and material;

(B) the record-keeping system of student attendance and performance;

(C) the selection and monitoring of EMS instructors; and

(D) student evaluations of faculty and the program's courses or components, and the frequency of the evaluations;

(4) access to instructional supplies and equipment necessary for students to complete educational programs as defined in Rule .0501 of this Subchapter;

(5) meet the educational program requirements as defined in Rule .0501 of this Subchapter;

(6) Upon request, the approved EMS continuing education program shall provide records to the OEMS in order to verify compliance and student eligibility for credentialing; and

(7) approved education program credentials are valid for a period not to exceed four years.

(c) Program coordinators shall attend an OEMS Program Coordinator workshop annually. A listing of scheduled OEMS Program Coordinator Workshops is available at <https://emspic.org>. Newly appointed program coordinators who have not attended an OEMS Program Coordinator Workshop within the past year shall attend a workshop within one year of appointment as the program coordinator.

(d) Assisting physicians delegated by the EMS System Medical Director as authorized by Rule .0403 of this Subchapter or SCTP Medical Director as authorized by Rule .0404 of this Subchapter for provision of medical oversight of continuing education programs ~~must~~ shall meet the Education Medical Advisor criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight."

Authority G.S. 143-508(d)(4); 143-508(d)(13).

10A NCAC 13P .0602 BASIC AND ADVANCED EMS EDUCATIONAL INSTITUTION REQUIREMENTS

(a) Basic and Advanced EMS Educational Institutions may offer educational programs for which they have been credentialed by the OEMS.

(1) EMS Educational Institutions shall complete a minimum of two initial courses at the highest level educational program approved for the Educational Institution's credential approval period.

(2) EMS Educational Institutions that do not complete two initial courses for each educational program approved shall be subject to action as set forth in Rule .1505 of this Subchapter.

(b) For initial courses, Basic EMS Educational Institutions shall meet all of the requirements for continuing EMS educational programs defined in Rule .0601 of this Section and shall have:

(1) ~~at least~~ a Level I or higher EMS Instructor as each lead course instructor for all courses. The lead course instructor must be credentialed at a level equal to or higher than the course and shall meet the lead instructor responsibilities ~~under Standard III~~ of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services ~~Professions~~. Professions as set forth in Rule .0501 of this Subchapter. The lead instructor shall:

(A) perform duties assigned under the direction and delegation of the program director.

(B) assist in coordination of the didactic, lab, clinical, and field internship instruction.

(2) a lead EMS educational program coordinator. This individual shall be a Level II EMS Instructor credentialed at or above the highest level of course offered by the ~~institution~~, institution. Newly appointed program coordinators who have not attended an OEMS Program Coordinator Workshop with the past year shall attend a workshop within one year of appointment as the program coordinator; and:

(A) have EMS or related allied health education, training, and experience;

(B) be knowledgeable about methods of instruction, testing, and evaluation of students;

(C) have field experience in the delivery of pre-hospital emergency care;

(D) have academic training and preparation related to emergency medical services, at least equivalent to that of a paramedic; and

(E) be knowledgeable of current versions of the National EMS Scope of Practice and National EMS Education Standards as defined by USDOT NHTSA National EMS, evidence-informed clinical practice, and incorporated by Rule .0501 of this ~~Section; Subchapter;~~

- (3) a lead EMS educational program coordinator responsible for the following:
 - (A) the administrative oversight, organization, and supervision of the program;
 - (B) the continuous quality review and improvement of the program;
 - (C) the long-range planning on ongoing development of the program;
 - (D) evaluating the effectiveness of the instruction, faculty, and overall program;
 - (E) the collaborative involvement with the Education Medical Advisor;
 - (F) the training and supervision of clinical and field internship preceptors; and
 - (G) the effectiveness and quality of fulfillment of responsibilities delegated to another qualified individual;
- (4) written educational policies and procedures that include:
 - (A) the written educational policies and procedures set forth in Rule .0601 of this Section;
 - (B) the delivery of cognitive and psychomotor examinations in a manner that will protect and limit the potential for exploitation of such content and material;
 - (C) the exam item validation process utilized for the development of validated cognitive examinations;
 - (D) the selection and monitoring of all in-state and out-of-state clinical education and field internship sites;
 - (E) the selection and monitoring of all educational institutionally approved clinical education and field internship preceptors;
 - (F) utilization of EMS preceptors providing feedback to the student and EMS program;
 - (G) the evaluation of preceptors by their students, including the frequency of evaluations;
 - (H) the evaluation of the clinical education and field internship sites by their students, including the frequency of evaluations; ~~and~~
 - (I) completion of an annual evaluation of the program to identify any correctable deficiencies;
 - (J) the program annually assesses goals and learning domains that include how program staff identify and respond to changes in the needs or expectations of the community's interests; and

- (K) an advisory committee representing all practice settings utilizing EMS personnel, including clinical preceptor sites, shall assist the program to monitor community needs and expectations and provide guidance to revise goals and responsiveness to change. The advisory committee shall meet no less than annually.
- (5) an Educational Medical Advisor that meets the criteria as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection" who is responsible for the following:
 - (A) medical oversight of the program;
 - (B) collaboration to provide appropriate and updated educational content for the program curriculum;
 - (C) establishing minimum requirements for program completion;
 - (D) oversight of student evaluation, monitoring, and remediation as needed;
 - (E) ensuring entry level competence;
 - (F) ensuring interaction of physician and students; and
- (6) written educational policies and procedures describing the delivery of educational programs, the record-keeping system detailing student attendance and performance, and the selection and monitoring of EMS instructors.
 - (c) For initial courses, Advanced Educational Institutions shall meet all requirements set forth in Paragraph (b) of this Rule, Standard III of the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions shall apply, and;
 - (1) The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training, and experience to teach the courses or topics to which they are assigned.
 - (2) A faculty member to assist in teaching and clinical coordination in addition to the program coordinator.
 - (d) The educational institution shall notify the OEMS within 10 business days of a change to the program coordinator or Medical Advisor position. The educational institution shall submit the change to the OEMS as an addendum to the approved Educational Institution application within 30 days of the effective date of the position change.
 - ~~(d)~~(e) Basic and Advanced EMS Educational Institution credentials shall be valid for a period of four years, unless the institution is accredited in accordance with Rule .0605 of this Section.

Authority G.S. 143-508(d)(4); 143-508(d)(13).

SECTION .0900 - TRAUMA CENTER STANDARDS AND APPROVAL

10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS

(a) For initial Trauma Center ~~designation~~, designation or changing the level of Trauma Center designation, the hospital shall request a consult visit by OEMS and the consult shall occur within one year prior to submission of the RFP.

(b) A hospital interested in pursuing Trauma Center designation shall submit a letter of intent 180 days prior to the submission of an RFP to the OEMS. The letter shall define the hospital's primary trauma catchment area. Simultaneously, Level I or II applicants shall also demonstrate the need for the Trauma Center designation by submitting one original and three copies of documents that include:

- (1) the population to be served and the extent that the population is underserved for trauma care with the methodology used to reach this conclusion;
(2) geographic considerations, to include trauma primary and secondary catchment area and distance from other Trauma Centers; and
(3) evidence the Trauma Center will admit ~~at least~~ 1200 or more trauma patients annually or show that its trauma service will be taking care of at least 240 trauma patients with an ISS greater than or equal to 15 yearly. These criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum.

(c) The hospital shall be participating in the State Trauma Registry as defined in Rule .0102 of this Subchapter, and submit data weekly to the OEMS ~~weekly a minimum~~ of 12 months or more prior to application that includes all the Trauma Center's trauma patients as defined in Rule .0102 of this Subchapter who are:

- (1) diverted to an affiliated hospital;
(2) admitted to the Trauma Center for greater than 24 hours from an ED or hospital;
(3) die in the ED;
(4) are DOA; or
(5) are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital).

(d) OEMS shall review the regional Trauma Registry data from both the applicant and the existing trauma center(s), and ascertain the applicant's ability to satisfy the justification of need information required in Paragraph (b) of this Rule. The OEMS shall notify the applicant's primary RAC of the application and provide the regional data submitted by the applicant in Paragraph (b) of this Rule for review and comment. The RAC shall be given 30 days to submit written comments to the OEMS.

(e) OEMS shall notify the respective Board of County Commissioners in the applicant's primary catchment area of the request for initial designation to allow for comment during the same 30 day comment period.

(f) OEMS shall notify the hospital in writing of its decision to allow submission of an RFP. If approved, the RAC and Board of

County Commissioners in the applicant's primary catchment area shall also be notified by the OEMS that an RFP will be submitted.

(g) Once the hospital is notified that an RFP will be accepted, the hospital shall complete and submit an electronic copy of the completed RFP with signatures to the OEMS ~~at least~~ no later than 45 days prior to the proposed site visit date.

(h) The RFP shall demonstrate that the hospital meets the standards for the designation level applied for as found in Rule .0901 of this Section.

(i) If OEMS does not recommend a site visit based upon failure to comply with Rule .0901 of this Section, the OEMS shall send the written reasons to the hospital within 30 days of the decision. The hospital may reapply for designation within six months following the submission of an updated RFP. If the hospital fails to respond within six months, the hospital shall reapply following the process outlined in Paragraphs (a) through (h) of this Rule.

(j) If after review of the RFP, the OEMS recommends the hospital for a site visit, the OEMS shall notify the hospital within 30 ~~days~~ and the site visit shall be conducted within six months of the recommendation. ~~days~~. The hospital and the OEMS shall agree on the date of the site visit.

(k) Except for OEMS representatives, ~~any in-state reviewer reviewers~~ for a Level I or II visit shall be from outside the local or adjacent RAC, unless mutually agreed upon by the OEMS and the trauma center seeking designation where the hospital is located. The composition of a Level I or II ~~state~~ site survey team shall be as follows:

- (1) one ~~out-of-state~~ trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
(2) one ~~in-state~~ emergency physician who currently works in a designated trauma center, is a member of the American College of Emergency Physicians or American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
(3) one ~~in-state~~ trauma surgeon who is a member of the ~~North Carolina Committee on Trauma; surgeon;~~
(4) ~~for Level I designation, one out-of-state one trauma program manager with an equivalent license from another state; manager; and~~
(5) ~~for Level II designation, one in-state program manager who is licensed to practice nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes; and~~
(6)(5) OEMS Staff.

(l) All site team members for a Level III ~~visit shall be from in-state, and, visit~~ except for the OEMS representatives, shall be from outside the local or adjacent RAC where the hospital is located. The composition of a Level III state site survey team shall be as follows:

- (1) one trauma surgeon who is a Fellow of the ACS, ~~who is a member of the North Carolina Committee on Trauma~~ ACS and shall be the primary reviewer;

- (2) one emergency physician who currently works in a designated trauma center, ~~is a member of the North Carolina College of Emergency Physicians or American Academy of Emergency Medicine,~~ center and is boarded in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
 - (3) one trauma program ~~manager who is licensed to practice nursing in North Carolina in accordance with the Nursing Practice Act, Article 9A, Chapter 90 of the North Carolina General Statutes;~~ manager; and
 - (4) OEMS Staff.
- (m) ~~On the day of the site visit, the~~ The hospital shall make available all requested patient medical charts.
- (n) The primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS a written consensus report within 30 days of the site visit.
- (o) The report of the site survey team and the staff recommendations shall be reviewed by the State Emergency Medical Services Advisory Council at its next regularly scheduled meeting following the site visit. Based upon the site visit report and the staff recommendation, the State Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center designation be approved or denied.
- (p) All criteria defined in Rule .0901 of this Section shall be met for initial designation at the level requested.
- (q) Hospitals with a deficiency(ies) resulting from the site visit shall be given up to 12 months to demonstrate compliance. Satisfaction of deficiency(ies) may require an additional site visit. The need for an additional site visit shall be determined on a case-by-case basis based on the type of deficiency. If compliance is not demonstrated within the time period set by OEMS, the hospital shall submit a new application and updated RFP and follow the process outlined in Paragraphs (a) through (h) of this Rule.
- (r) The final decision regarding Trauma Center designation shall be rendered by the OEMS.
- (s) The OEMS shall notify the hospital in writing of the State Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the Advisory Council meeting.
- (t) If a trauma center changes its trauma program administrative structure such that the trauma service, trauma Medical Director, trauma program manager, or trauma registrar are relocated on the hospital's organizational chart at any time, it shall notify OEMS of this change in writing within 30 days of the occurrence.
- (u) Initial designation as a trauma center shall be valid for a period of three years.

Authority G.S. 131E-162; 143-508(d)(2).

10A NCAC 13P .0905 RENEWAL DESIGNATION PROCESS

- (a) Hospitals may utilize one of two options to achieve Trauma Center renewal:

- (1) undergo a site visit conducted by OEMS to obtain a four-year renewal designation; or
 - (2) undergo a verification visit by the ACS, in conjunction with the OEMS, to obtain a three-year renewal designation.
- (b) For hospitals choosing Subparagraph (a)(1) of this Rule:
- (1) prior to the end of the designation period, the OEMS shall forward to the hospital an RFP for completion. The hospital shall, within 10 business days of receipt of the RFP, define for OEMS the Trauma Center's trauma primary catchment area.
 - (2) hospitals shall complete and submit an electronic copy of the RFP to the OEMS and the specified site surveyors at least 30 days prior to the site visit. The RFP shall include information that supports compliance with the criteria contained in Rule .0901 of this Section as it relates to the Trauma Center's level of designation.
 - (3) all criteria defined in Rule .0901 of this Section, as it relates to the Trauma Center's level of designation, shall be met for renewal designation.
 - (4) a site visit shall be conducted within 120 days prior to the end of the designation period. The hospital and the OEMS shall agree on the date of the site visit.
 - (5) the composition of a Level I or II site survey team shall be the same as that specified in ~~Rule .0904(k)~~ Rule .0904 of this Section.
 - (6) the composition of a Level III site survey team shall be the same as that specified in ~~Rule .0904(l)~~ Rule .0904 of this Section.
 - (7) on the day of the site visit, the hospital shall make available all requested patient medical charts.
 - (8) the primary reviewer of the site review team shall give a verbal post-conference report representing a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS a written consensus report within 30 days of the site visit.
 - (9) the report of the site survey team and a staff recommendation shall be reviewed by the NC Emergency Medical Services Advisory Council at its next regularly scheduled meeting following the site visit. Based upon the site visit report and the staff recommendation, the NC Emergency Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma Center renewal be:
 - (A) approved;
 - (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;
 - (C) approved with a contingency(ies) not due to a deficiency(ies) requiring a consultative visit; or

- (D) denied.
- (10) hospitals with a deficiency(ies) shall have up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this period prior to the NC Emergency Medical Services Advisory Council meeting, the hospital shall be given 12 months by the OEMS to demonstrate compliance and undergo a focused review that may require an additional site visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the four-year period from the previous designation's expiration date. If compliance is not demonstrated within the 12 month time period, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit an updated RFP and follow the initial applicant process outlined in Rule .0904 of this Section.
- (11) the final decision regarding trauma center renewal shall be rendered by the OEMS.
- (12) the OEMS shall notify the hospital in writing of the NC Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services Advisory Council meeting.
- (13) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days following receipt of the written final decision on the trauma recommendations.
- (c) For hospitals choosing Subparagraph (a)(2) of this Rule:
- (1) at least six months prior to the end of the Trauma Center's designation period, the trauma center shall notify the OEMS of its intent to undergo an ACS verification visit. It shall simultaneously define in writing to the OEMS its trauma primary catchment area. Trauma Centers choosing this option shall then comply with all the ACS' verification procedures, as well as any additional state criteria as defined in Rule .0901 of this Section, that apply to their level of designation.
- (2) when completing the ACS' documentation for verification, the Trauma Center shall ensure access to the ACS on-line PRQ (pre-review questionnaire) to OEMS. The Trauma Center shall simultaneously complete any documents supplied by OEMS and forward these to the OEMS.
- (3) the Trauma Center shall make sure the site visit is scheduled to ensure that the ACS' final written report, accompanying medical record reviews and cover letter are received by OEMS at least 30 days prior to a regularly scheduled NC Emergency Medical Services Advisory Council meeting to ensure that the Trauma Center's state designation period does not terminate without consideration by the NC Emergency Medical Services Advisory Council.
- (4) any in-state review for a hospital choosing Subparagraph (a)(2) of this Rule, except for the OEMS staff, shall be from outside the local or adjacent RAC in which the hospital is located.
- (5) the composition of a Level I, II, or III site survey team for hospitals choosing Subparagraph (a)(2) of this Rule shall be as follows:
- (A) one ~~out-of-state~~ trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor, who shall be the primary reviewer;
- (B) one ~~out-of-state~~ emergency physician who works in a designated trauma center, is a member of the American College of Emergency Physicians or the American Academy of Emergency Medicine, and is boarded in emergency medicine by the American Board of Emergency Physicians or the American Osteopathic Board of Emergency Medicine;
- (C) one ~~out-of-state~~ trauma program ~~manager with an equivalent license from another state;~~ manager; and
- (D) OEMS staff.
- (6) the date, time, and all proposed members of the site visit team shall be submitted to the OEMS for review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall approve the proposed site visit team members if the OEMS determines there is no conflict of interest, such as previous employment, by any site visit team member associated with the site visit.
- (7) all state Trauma Center criteria shall be met as defined in Rule .0901 of this Section for renewal of state designation. ACS' verification is not required for state designation. ACS' verification does not ensure a state designation.
- (8) The ACS final written report and supporting documentation described in Subparagraph (c)(4) of this Rule shall be used to generate a report following the post conference meeting for presentation to the NC Emergency Medical Services Advisory Council for renewal designation.

- (9) the final written report issued by the ACS' verification review committee, the accompanying medical record reviews from which all identifiers shall be removed and cover letter shall be forwarded to OEMS within 10 business days of its receipt by the Trauma Center seeking renewal.
- (10) the OEMS shall present its summary of findings report to the NC Emergency Medical Services Advisory Council at its next regularly scheduled meeting. The NC Emergency Medical Services Advisory Council shall recommend to the Chief of the OEMS that the request for Trauma Center renewal be:
 - (A) approved;
 - (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;
 - (C) approved with a contingency(ies) not due to a deficiency(ies); or
 - (D) denied.
- (11) the OEMS shall send the hospital written notice of the NC Emergency Medical Services Advisory Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services Advisory Council meeting.
- (12) the final decision regarding trauma center designation shall be rendered by the OEMS.
- (13) hospitals with contingencies as the result of a deficiency(ies), as determined by OEMS, shall have up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be corrected in this time period, the hospital, may undergo a focused review to be conducted by the OEMS whereby the Trauma Center shall be given 12 months by the OEMS to demonstrate compliance. Satisfaction of contingency(ies) may require an additional site visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall retain its Trauma Center designation during the focused review period. If compliance is demonstrated within the prescribed time period, the hospital shall be granted its designation for the three-year period from the previous designation's expiration date. If compliance is not demonstrated within the 12 month time period, the Trauma Center designation shall not be renewed. To become redesignated, the hospital shall submit a new RFP and follow the initial applicant process outlined in Rule .0904 of this Section.
- (14) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the deficiency(ies) within 10 business days

following receipt of the written final decision on the trauma recommendations.

- (d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must notify the OEMS at least six months prior to the end of its state trauma center designation period of its intention to exercise the option in Subparagraph (a)(1) of this Rule. Upon notification, the OEMS shall extend the designation for one additional year to ensure consistency with hospitals using Subparagraph (a)(1) of this Rule.

Authority G.S. 131E-162; 143-508(d)(2).

SECTION .1500 - DENIAL, SUSPENSION, AMENDMENT, OR REVOCATION

10A NCAC 13P .1505 EMS EDUCATIONAL INSTITUTIONS

(a) For the purpose of this Rule, "focused review" means an evaluation by the OEMS of an educational institution's corrective actions to remove contingencies that are a result of deficiencies identified in the initial or renewal application process.

(b) The Department shall deny the initial or renewal designation, without first allowing a focused review, of an EMS Educational ~~Institution for any of the following reasons:~~ Institution. An Educational Institution denied initial designation shall not be eligible to reapply to the OEMS for two years. Reasons for denial are:

- (1) significant failure to comply with the provisions of Sections .0500 and .0600 of this Subchapter; or
- (2) attempting to obtain an EMS Educational Institution designation through fraud or misrepresentation.

(c) When an EMS Educational Institution is required to have a focused review, it shall demonstrate compliance with the provisions of Sections .0500 and .0600 of this Subchapter within six months or less.

(d) The Department shall amend, suspend, or revoke an EMS Educational Institution designation at any time whenever the Department finds that the EMS Educational Institution has significant failure to comply, as defined in Rule .0102 of this Subchapter, with the provisions of Section .0600 of this Subchapter, and:

- (1) it is not probable that the EMS Educational Institution can remedy the deficiencies within six months or less as determined by OEMS staff based upon analysis of the educational institution's ability to take corrective measures to resolve the issue of non-compliance with Section .0600 of this Subchapter;
- (2) although the EMS Educational Institution may be able to remedy the deficiencies, it is not probable that the EMS Educational Institution shall be able to remain in compliance with credentialing rules;
- (3) failure to produce records upon request as required in Rule .0601 of this Subchapter;
- (4) the EMS Educational Institution failed to meet the requirements of a focused review within six

months, as set forth in Paragraph (c) of this Rule;

- (5) the failure to comply endangered the health, safety, or welfare of patients cared for as part of an EMS educational program as determined by OEMS staff in their professional judgment based upon a complaint investigation, in consultation with the Department and Department of Justice, to verify the results of the investigations are sufficient to initiate enforcement action pursuant to G.S. 150B; or
- (6) the EMS Educational Institution altered, destroyed, or attempted to destroy evidence needed for a complaint investigation.

(e) The Department shall give the EMS Educational Institution written notice of action taken on the Institution designation. This notice shall be given personally or by certified mail and shall set forth:

- (1) the factual allegations;
- (2) the statutes or rules alleged to be violated; and
- (3) notice of the EMS Educational Institution's right to a contested case hearing, set forth in Rule .1509 of this Section, on the revocation of the designation.

(f) Focused review is not a procedural prerequisite to the revocation of a designation as set forth in Rule .1509 of this Section.

(g) If determined by the educational institution that suspending its approval to offer EMS educational programs is necessary, the EMS Educational Institution may voluntarily surrender its credential without explanation by submitting a written request to the OEMS stating its intention. The voluntary surrender shall not affect the original expiration date of the EMS Educational Institution's designation. To reactivate the designation:

- (1) the institution shall provide OEMS written documentation requesting reactivation; and
- (2) the OEMS shall verify the educational institution is compliant with all credentialing requirements set forth in Section .0600 of this Subchapter prior to reactivation of the designation by the OEMS.

(h) If the institution fails to resolve the issues that resulted in a voluntary surrender, the Department shall revoke the EMS Educational Institution designation.

(i) In the event of a revocation or voluntary surrender, the Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area. The Department shall provide written notification to all EMS Systems within the EMS Educational Institution's defined service area when the voluntary surrender reactivates to full credential.

(j) When an accredited EMS Educational Institution as defined in Rule .0605 of this Subchapter has administrative action taken against its accreditation, the OEMS shall determine if the cause of action is sufficient for revocation of the EMS Educational Institution designation or imposing a focused review pursuant to Paragraphs (b) and (c) of this Rule is warranted.

Authority G.S. 143-508(d)(4); 143-508(d)(10).

10A NCAC 13P .1507 EMS PERSONNEL CREDENTIALS

(a) Any EMS credential that has been forfeited under G.S. 15A-1331.1 may not be reinstated until the person has complied with the court's requirements, has petitioned the Department for reinstatement, has completed the disciplinary process, and has received Department reinstatement approval.

(b) The Department shall amend, deny, suspend, or revoke the credentials of EMS personnel for any of the following:

- (1) significant failure to comply with the applicable performance and credentialing requirements as found in this Subchapter;
- (2) making false statements or representations to the Department, or concealing information in connection with an application for credentials;
- (3) making false statements or representations, concealing information, or failing to respond to inquiries from the Department during a complaint investigation;
- (4) tampering with, or falsifying any record used in the process of obtaining an initial EMS credential, or in the renewal of an EMS credential;
- (5) in any manner or using any medium, engaging in the stealing, manipulating, copying, reproducing, or reconstructing of any written EMS credentialing examination questions, or scenarios;
- (6) cheating, or assisting others to cheat while preparing to take, or when taking a written EMS credentialing examination;
- (7) altering an EMS credential, using an EMS credential that has been altered, or permitting or allowing another person to use his or her EMS credential for the purpose of alteration. "Altering" includes changing the name, expiration date, or any other information appearing on the EMS credential;
- (8) unprofessional conduct, including a significant failure to comply with the rules relating to the function of credentialed EMS personnel contained in this Subchapter, or the performance of or attempt to perform a procedure that is detrimental to the health and safety of any person, or that is beyond the scope of practice of credentialed EMS personnel or EMS instructors;
- (9) being unable to perform as credentialed EMS personnel with reasonable skill and safety to patients and the public by reason of illness that will compromise skill and safety, use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical impairment;
- (10) conviction in any court of a crime involving moral turpitude, a conviction of a felony, a conviction requiring registering on a sex offender registry, or conviction of a crime

- (11) involving the scope of practice of credentialed EMS personnel;
by theft or false representations, obtaining or attempting to obtain, money or anything of value from a patient, EMS Agency, or educational institution;
 - (12) adjudication of mental incompetence;
 - (13) lack of competence to practice with a reasonable degree of skill and safety for patients, including a failure to perform a prescribed procedure, failure to perform a prescribed procedure competently, or performance of a procedure that is not within the scope of practice of credentialed EMS personnel or EMS instructors;
 - (14) performing as a credentialed EMS personnel in any EMS System in which the individual is not affiliated and authorized to function;
 - (15) performing or authorizing the performance of procedures, or administration of medications detrimental to a student or individual;
 - (16) delay or failure to respond when on-duty and dispatched to a call for EMS assistance;
 - (17) testing positive, whether for-cause or at random, through urine, blood, or breath sampling, for any substance, legal or illegal, that is likely to impair the physical or psychological ability of the credentialed EMS personnel to perform all required or expected functions while on duty;
 - (18) failure to comply with G.S. 143-518 regarding the use or disclosure of records or data associated with EMS Systems, Specialty Care Transport Programs, Alternative Practice Settings, or patients;
 - (19) refusing to consent to any criminal history check required by G.S. 131E-159;
 - (20) abandoning or neglecting a patient who is in need of care, without making arrangements for the continuation of such care;
 - (21) falsifying a patient's record or any controlled substance records;
 - (22) harassing, abusing, or intimidating a patient, student, ~~bystander~~, EMS personnel, other allied healthcare personnel, student, educational institution staff, members of the public, or OEMS staff, either physically, verbally, or in writing;
 - (23) engaging in any activities of a sexual nature with a patient, including kissing, fondling, or touching while responsible for the care of that individual;
 - (24) any criminal arrests that involve charges that have been determined by the Department to indicate a necessity to seek action in order to further protect the public pending adjudication by a court;
 - (25) altering, destroying, or attempting to destroy evidence needed for a complaint investigation being conducted by the OEMS;
 - (26) significant failure to comply with a condition to the issuance of an encumbered EMS credential with limited and restricted practices for persons in the chemical addiction or abuse treatment program;
 - (27) unauthorized possession of lethal or non-lethal weapons, chemical irritants to include mace, pepper (oleoresin capsicum) spray and tear gas, or explosives while in the performance of providing emergency medical services;
 - (28) significant failure to comply to provide EMS care records to the licensed EMS provider for submission to the OEMS as required by Rule .0204 of this Subchapter;
 - (29) continuing to provide EMS care after local suspension of practice privileges by the local EMS System, Medical Director, or Alternative Practice Setting;
 - (30) representing or allowing others to represent that the credentialed EMS personnel has a credential that the credentialed EMS personnel does not in fact have;
 - (31) diversion of any medication requiring medical oversight for credentialed EMS personnel; ~~or~~
 - (32) filing a knowingly false complaint against an individual, EMS Agency, or educational ~~institution.~~ institution; or
 - (33) failure to comply with educational requirements defined in Sections .0500 and .0600 of this Subchapter.
- (c) Pursuant to the provisions of G.S. 131E-159(h), the OEMS shall not issue an EMS credential for any person listed on the North Carolina Department of Public Safety, Sex Offender and Public Protection Registry, or who was convicted of an offense that would have required registration if committed at a time when the registration would have been required by law.
- (d) Pursuant to the provisions of G.S. 50-13.12, upon notification by the court, the OEMS shall revoke an individual's EMS credential until the Department has been notified by the court that evidence has been obtained of compliance with a child support order. The provisions of G.S. 50-13.12 supersede the requirements of Paragraph (f) of this Rule.
- (e) When a person who is credentialed to practice as an EMS professional is also credentialed in another jurisdiction and the other jurisdiction takes disciplinary action against the person, the Department shall summarily impose the same or lesser disciplinary action upon receipt of the other jurisdiction's action. The EMS professional may request a hearing before the EMS Disciplinary Committee. At the hearing the issues shall be limited to:
- (1) whether the person against whom action was taken by the other jurisdiction and the Department are the same person;
 - (2) whether the conduct found by the other jurisdiction also violates the rules of the N.C. Medical Care Commission; and

- (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.
- (f) The OEMS shall provide written notification of the amendment, denial, suspension, or revocation. This notice shall be given personally or by certified mail, and shall set forth:
 - (1) the factual allegations;
 - (2) the statutes or rules alleged to have been violated; and
 - (3) notice of the individual's right to a contested hearing, set forth in Rule .1509 of this Section, on the revocation of the credential.

(g) The OEMS shall provide written notification to the EMS professional within five business days after information has been entered into the National Practitioner Data Bank and the Healthcare Integrity and Protection Integrity Data Bank.

(h) The EMS System Administrator, Primary Agency Contact, Medical Director, Educational Institution Program Coordinator, or Medical Advisor shall notify the OEMS of any violation listed in Paragraph (b) of this ~~Rule~~ Rule within 30 days of discovery of the violation or upon completion of the internal agency or EMS system investigation.

Authority G.S. 131E-159; 143-508(d)(10); 143-519.

TITLE 11 – DEPARTMENT OF INSURANCE

Notice is hereby given in accordance with G.S. 150B-21.2 that the Home Inspector Licensure Board intends to amend the rules cited as 11 NCAC 08 .1101, .1103, .1105, .1107, .1109-.1111, and .1116.

Link to agency website pursuant to G.S. 150B-19.1(c):
<https://www.ncdoi.gov/insurance-industry/rules-rules-review-and-legislative-reports>

Proposed Effective Date: January 1, 2024

Public Hearing:

Date: October 13, 2023

Time: 9:00 a.m.

Location: 1429 Rock Quarry Road, Suite 105, Raleigh, NC 27610

Reason for Proposed Action: *Input from licensees and prelicensing education sponsors gathered from surveys and feedback sessions prompted proposed amendments to 11 NCAC 08 .1101, 11 NCAC 08 .1103, 11 NCAC 08 .1105, 11 NCAC 08 .1107, 11 NCAC 08 .1109, 11 NCAC 08 .1110, and 11 NCAC 08 .1111.*

Concerns raised by licensees prompted amendments to the Code of Ethics to permit sharing of data for safety reasons. Proposed adjustments to the Code of Ethics should be made to clarify when nominal marketing expenses can be expended on persons affiliated with real estate transactions.

Comments may be submitted to: Loretta Peace-Bunch, North Carolina Department of Insurance, 325 N. Salisbury Street, Raleigh, NC 27603; email Loretta.Peace-Bunch@ncdoi.gov

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review:

If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
- Local funds affected
- Substantial economic impact (\geq \$1,000,000)
- Approved by OSBM
- No fiscal note required

CHAPTER 08 - ENGINEERING AND BUILDING CODES DIVISION

SECTION .1100 - N.C. HOME INSPECTOR STANDARDS OF PRACTICE AND CODE OF ETHICS

11 NCAC 08 .1101 DEFINITIONS

The following definitions apply to this Section:

- (1) "Abnormal" means nontypical or unusual conditions that could cause damage to systems and components of the home.
- (2) "Arc-fault circuit interrupter" means a device intended to provide protection from the effects of arc faults by recognizing characteristics unique to arcing and by functioning to de-energize the circuit when an arc fault is detected.
- (2)(3) "Automatic safety controls" means devices designed and installed to protect systems and components from excessively high or low pressures and temperatures, excessive electrical current, loss of water, loss of ignition, fuel leaks, fire, freezing, or other unsafe conditions as stated in manufacturer's instructions.
- (3)(4) "Central air conditioning" means a system that uses ducts to distribute cooled or dehumidified air to more than one room or uses pipes to distribute chilled water to heat exchangers in more than one room, and that is not plugged into an electrical convenience outlet.

- (4)(5) "Component" means a readily accessible and visible aspect of a system, such as a floor, or wall, but not individual pieces such as boards or nails where many similar pieces make up the component.
- (5)(6) "Cosmetic damage" means blemishes or defects that do not interfere with the functionality of the component or system.
- (6)(7) "Cross connection" means any physical connection or arrangement between potable water and any source of contamination.
- (7)(8) "Dangerous or adverse situations" means situations that pose a threat of injury to the inspector, or those situations that require the use of special protective clothing or safety equipment.
- (8)(9) "Describe" means report in writing a system or component by its type, or other inspected characteristics, to distinguish it from other systems or components used for the same purpose.
- (9)(10) "Dismantle" means to take apart or remove any component, device, or piece of equipment that is bolted, screwed, or fastened by other means and that would not be disassembled by a homeowner in the course of routine household maintenance.
- (10)(11) "Enter" means to go into an area to inspect all visible components.
- (11)(12) "Functional drainage" means a drain that empties at a rate equal to or greater than the supply water flow to the fixture.
- (12)(13) "Functional flow" means a usable flow at the highest fixture in a dwelling when another fixture is operated simultaneously.
- (14) "Gray water" means wastewater generated from household activities that do not involve human waste, such as bathing, showering, handwashing, and laundry, which typically contains some residues from soap, detergent, and dirt.
- (15) "Gray water system" means a water reuse system contained within a single-family residence or multiunit residential or commercial building that filters gray water or captured rainwater and reuses it for nonportable purposes such as toilet flushing and irrigation.
- (16) "Ground-fault circuit interrupter" means devices intended for the protection of personnel that functions to de-energize a circuit or portion thereof within an established period of time when currents are out of balance.
- (13)(17) "Habitable space" means a space in a building for living, sleeping, eating or cooking. "Habitable space" does not mean a bathroom, toilet room, closet, or any space used or designed for storage.
- (14)(18) "Harmful" means conditions that cause damage to systems and components of the home.
- (15)(19) "Inspect" means to make a visual examination.
- (16)(20) "Installed" means attached or connected such that an item requires tools for removal.
- (17)(21) "Normal operating controls" means homeowner operated devices such as a thermostat, wall switch, or safety switch.
- (18)(22) "On-site water supply quality" means water quality based on the bacterial, chemical, mineral, and solids content of the water.
- (19)(23) "On-site water supply quantity" means the rate of flow of on-site well water.
- (20)(24) "Operate" means to cause systems or equipment to ~~function.~~ function as intended.
- (21)(25) "Readily accessible" means within reach, without the use of a ladder, not blocked by appliances, and approachable or enterable for visual inspection without the risk of damage to any property or alteration of the accessible space, equipment, or opening.
- (22)(26) "Readily openable access panel" means a panel provided for homeowner inspection and maintenance that has removable or operable fasteners or latch devices in order to be lifted off, swung open, or otherwise removed by one person; and its edges and fasteners are not painted in place. This definition is limited to those panels within reach standing on the floor or from a four-foot stepladder, and that are not blocked by stored items, furniture, or building components.
- (23)(27) "Readily visible" means seen by using natural or artificial light without the use of equipment or tools other than a flashlight.
- (24)(28) "Representative number" means, for multiple identical components such as windows and electrical outlets, one such component per room; and, for multiple identical exterior components, one such component on each side of the building.
- (25)(29) "Roof drainage systems" means gutters, downspouts, leaders, splash blocks, and similar components used to carry water off a roof and away from a building.
- (30) "Sewage pump" means a device used at elevations where mechanical assistance is needed to move effluent to a sewage system.
- (26)(31) "Shut down" means a piece of equipment or a system that cannot be operated by the device or control provided for homeowner operation. If its safety switch or circuit breaker is in the "off" position, or its fuse is missing or blown, the inspector is not required to reestablish the circuit for the purpose of operating the equipment or system.
- (27)(32) "Solid fuel heating device" means any wood, coal, fossil, or other similar organic fuel burning device, including fireplaces whether masonry or factory built, fireplace inserts and

- stoves, wood stoves (room heaters), central furnaces, and combinations of these devices.
- ~~(28)~~(33) "Structural component" means a component that supports non-variable forces or weights (dead loads) and variable forces or weights (live loads).
- (34) "Sump pump" means a device used to remove clear water such as condensation or foundation drainage not associated with the plumbing system.
- ~~(29)~~(35) "System" means a combination of interacting or interdependent components, assembled to carry out one or more functions.
- ~~(30)~~(36) "Technically exhaustive" means an inspection involving the use of measurements, instruments, testing, calculations, and other means to develop scientific or engineering findings, conclusions, and recommendations.
- ~~(31)~~(37) "Under floor crawl space" means the area within the confines of the foundation and between the ground and the underside of the lowest floor structural component.

Authority G.S. 143-151.49.

11 NCAC 08 .1103 PURPOSE AND SCOPE

- (a) Home inspections performed according to this Section shall provide the client with an understanding of the property conditions, as inspected at the time of the home inspection.
- (b) Home inspectors shall:
- (1) provide a written contract, signed by the client, before the home inspection is performed that shall:
 - (A) State that the home inspection is in accordance with the Standards of Practice of the North Carolina Home Inspector Licensure Board as set forth in this Section;
 - (B) State what services shall be provided and the cost; and
 - (C) When an inspection is for only one or a limited number of systems or components, state that the inspection is limited to only those systems or components;
 - (2) inspect readily visible and readily accessible installed systems and components described in Rules .1106 through .1115 of this Section;
 - (3) submit a written report pursuant to G.S. 143-151.58(a), to the client that shall:
 - (A) Describe those systems and components required to be described in Rules .1106 through .1115 of this Section;
 - (B) State which systems and components present at the home and designated for inspection in this Section were not inspected, and the reason for not inspecting;

- (C) State any systems or components inspected that do not function as intended, allowing for normal wear and tear, or appear not to function as intended, based upon documented tangible evidence;
 - (D) Describe each system or component, pursuant to Part (b)(3)(C) of this Rule; state how the condition is defective; explain the implications of defective conditions reported; and direct the client to a course of action for repair, monitoring, or further investigation by a specialist;
 - (E) On the first or second page clearly State state the name, license number, and signature of the person conducting the inspection.
- (4) submit a summary page(s) pursuant to G.S. 143-151.58(a1).
- (c) Home inspectors may:
- (1) report observations and conditions, including safety or habitability concerns, or render opinions of items in addition to those required in Paragraph (b) of this Rule; or
 - (2) exclude systems and components from the inspection if requested by the client, and so stated in the written contract.

Authority G.S. 143-151.49; 143-151.58.

11 NCAC 08 .1105 GENERAL EXCLUSIONS

- (a) Home inspectors are not required to report on:
- (1) Life expectancy of any component or system;
 - (2) The causes of the need for a repair;
 - (3) The methods, materials, and costs of corrections;
 - (4) The suitability of the property for any specialized use;
 - (5) Compliance or non-compliance with codes, ordinances, statutes, regulatory requirements, or restrictions;
 - (6) The market value of the property or its marketability;
 - (7) The advisability or inadvisability of purchase of the property;
 - (8) Any component or system that was not inspected;
 - (9) The presence or absence of pests such as wood damaging organisms, rodents, or insects;
 - (10) Cosmetic damage, underground items, or items not installed; or
 - (11) The presence or absence of systems installed to control or remove suspected hazardous substances listed in Subparagraph (b)(7) of this Rule.
- (b) Home inspectors are not required to:
- (1) Offer warranties or guarantees of any kind;

PROPOSED RULES

- (2) Calculate the strength, adequacy, or efficiency of any system or component;
- (3) Enter any area or perform any procedure that may damage the property or its components or be dangerous to or adversely affect the health or safety of the home inspector or other persons;
- (4) Operate any system or component that is shut down or otherwise inoperable;
- (5) Operate any system or component that does not respond to normal operating controls;
- (6) Move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility;
- (7) Determine the presence or absence of any suspected adverse environmental condition or hazardous substance, including mold, toxins, carcinogens, noise, contaminants in the building or in soil, water, and air;
- (8) Determine the effectiveness of any system installed to control or remove suspected hazardous substances;
- (9) Determine House Energy Ratings (HER), insulation R values, system or component efficiencies;
- (10) Inspect heat recovery and similar whole house ventilation systems;
- (11) Predict future condition, including failure of components;
- (12) Project operating costs of components;
- (13) Evaluate acoustical characteristics of any system or component;
- (14) Inspect special equipment or accessories that are not listed as components to be inspected in this Section; ~~or~~
- (15) Disturb insulation, except as required in Rule .1114 of this ~~Section~~. Section;
- (16) Inspect elevators or related equipment meant to transport occupants or materials between elevations; or
- (17) Inspect 240V receptacles or outlets.

(c) Home inspectors shall not:

- (1) Offer or perform any act or service contrary to law; or
- (2) Offer or perform engineering, architectural, plumbing, electrical or any other job function requiring an occupational license in the jurisdiction where the inspection is taking place, unless the home inspector holds a valid occupational license. In that case the home inspector shall inform the client that the home inspector is so licensed, and therefore qualified to go beyond this Section and perform additional inspections beyond those within the scope of the Standards of Practice.

Authority G.S. 143-151.49.

11 NCAC 08 .1107 EXTERIOR

(a) The home inspector shall inspect:

- (1) Wall cladding, flashings, and trim;
- (2) Entryway doors and a representative number of windows;
- (3) ~~Garage door operators;~~ operators including automatic safety controls;
- (4) Decks, balconies, stoops, steps, areaways, porches, and appurtenant railings;
- (5) Eaves, soffits, and fascias;
- (6) Driveways, patios, walkways, and retaining walls; and
- (7) Vegetation, grading, and drainage with respect only to their effect on the condition of the building.

(b) The home inspector shall:

- (1) Describe wall cladding materials;
- (2) Operate all entryway doors;
- (3) Operate garage doors manually or by using installed controls for any garage door operator; and
- (4) ~~Report whether or not~~ any garage door operator that will not automatically reverse or stop when meeting reasonable resistance during closing; ~~and~~
- (5) Report when any garage door that will not automatically reverse when photoelectric safety devices are actuated;
- (6) Report any garage door operator that does not utilize a photoelectric safety device; and
- ~~(5)~~(7) Probe exterior wood components where deterioration is suspected.

(c) The home inspector is not required to inspect:

- (1) Storm windows, storm doors, screening, shutters, and awnings;
- (2) Fences;
- (3) For the presence of safety glazing in doors and windows;
- (4) Garage door operator remote control transmitters;
- (5) Geological conditions;
- (6) Soil conditions;
- (7) Recreational facilities (including spas, saunas, steam baths, swimming pools, tennis courts, playground equipment, and other exercise, entertainment, or athletic facilities), except as otherwise required in 11 NCAC 08 .1109(d)(5)(F);
- (8) Detached buildings or structures; or
- (9) For the presence or condition of buried fuel storage tanks.

Authority G.S. 143-151.49.

11 NCAC 08 .1109 PLUMBING

(a) The home inspector shall inspect:

- (1) Interior water supply and distribution system, including: piping materials, supports, and insulation; fixtures and faucets; functional flow; leaks; and cross connections;

- (2) Interior drain, waste, and vent system, including: traps; drain, waste, and vent piping; piping supports and pipe insulation; leaks; and functional drainage;
 - (3) Hot water systems including: water heating equipment; normal operating controls; automatic safety controls; and chimneys, flues, and vents;
 - (4) Fuel storage and distribution systems including: interior fuel storage equipment, supply piping, venting, and supports; leaks; and
 - (5) Sump pumps.
- (b) The home inspector shall describe:
- (1) Water supply and distribution piping materials;
 - (2) Drain, waste, and vent piping materials;
 - (3) Water heating equipment, including fuel or power source, storage capacity or tankless point of use demand systems, and location; and
 - (4) The location of any main water supply shutoff device.
- (c) The home inspector shall operate all plumbing fixtures, including their faucets and all exterior faucets attached to the house, except where the flow end of the faucet is connected to an appliance.
- (d) The home inspector is not required to:
- (1) State the requirement for or effectiveness of anti-siphon devices;
 - (2) Determine whether water supply and waste disposal systems are public or private or the presence or absence of backflow devices;
 - (3) Operate automatic safety controls;
 - (4) Operate any valve except water closet flush valves, fixture faucets, and hose faucets;
 - (5) Inspect:
 - (A) Water conditioning systems;
 - (B) Fire and lawn sprinkler systems;
 - (C) On-site water supply quantity and quality;
 - (D) On-site waste disposal ~~systems;~~ systems including electrical controls, alarms, sewage pumps, and gray water systems;
 - (E) Foundation irrigation systems;
 - (F) Bathroom spas, whirlpools, or air jet tubs except as to functional flow and functional drainage;
 - (G) Swimming pools;
 - (H) Solar water heating equipment; ~~or~~
 - (I) Fixture overflow devices or shower pan liners; or
 - (6) Inspect the system for proper sizing, design, or use of approved materials;
 - (7) Report on the absence or presence of thermal expansion tanks; ~~or~~
 - (8) Report on the adequacy of the reported water heater ~~capacity;~~ capacity; or
 - (9) Operate sewage pumps.

11 NCAC 08 .1110 ELECTRICAL

- (a) The home inspector shall inspect:
- (1) Electrical service entrance conductors;
 - (2) Electrical service equipment, grounding equipment, main overcurrent device, and interiors of panelboard enclosures unless unsafe conditions are reported;
 - (3) Amperage and voltage ratings of the electrical service;
 - (4) Branch circuit conductors, their overcurrent devices, and the compatibility of their ampacities at the interiors of panelboard enclosures unless unsafe conditions are reported;
 - (5) The operation of a representative number of installed ceiling fans, lighting fixtures, switches, and receptacles located inside the house, garage, and on the dwelling's exterior walls;
 - (6) ~~The polarity and grounding of all~~ All readily accessible 120V receptacles within six feet of interior plumbing fixtures, not separated from a fixture by an operable door, and all receptacles in the garage or carport, and on the exterior of inspected structures; structures; and
 - (7) The operation of ground fault circuit ~~interrupters; and~~ interrupters within six feet of the floor/ground.
 - (8) ~~Smoke detectors and installed carbon monoxide alarms.~~
- (b) The home inspector shall describe:
- (1) Electrical service amperage and voltage;
 - (2) Electrical service entry conductor ~~materials;~~ materials at the readily openable access panels at the main;
 - (3) The electrical service type as being overhead or underground; and
 - (4) The location of main and distribution panels.
- (c) The home inspector shall report in writing the presence of any readily accessible single strand aluminum branch circuit wiring.
- (d) The home inspector shall report in writing ~~on the presence or absence of readily accessible: smoke detectors, and installed carbon monoxide alarms in any homes with fireplaces, fuel fired appliances or attached garages, and operate their test function, if readily accessible, except when detectors are part of a central alarm system.~~
- (1) Installed smoke alarms, and operate their test function, except when smoke alarms are part of a central system;
 - (2) Installed carbon monoxide alarms in any homes with fireplaces, fuel fired appliances, or attached garages, and operate their test function, except when carbon monoxide alarms are part of a central alarm system; and
 - (3) Ground fault protection of receptacles within six feet of interior plumbing fixtures not separated from a fixture by an operable door, and all receptacles in the garage or carport, on the exterior of inspected structures.

Authority G.S. 143-151.49.

- (e) The home inspector is not required to:
 - (1) Insert any tool, probe, or testing device inside the panels;
 - (2) Test or operate any arc-fault circuit interrupters or other overcurrent devices; except ground fault circuit interrupters;
 - (3) Dismantle any electrical device or control other than to remove the covers of panelboard enclosures; or
 - (4) Inspect:
 - (A) Low voltage systems;
 - (B) Security systems and heat detectors;
 - (C) Telephone, security, cable TV, intercoms, or other ancillary wiring that is not a part of the primary electrical distribution system;
 - (D) Built-in vacuum equipment;
 - (E) Back up electrical generating equipment;
 - (F) Other alternative electrical generating or renewable energy systems such as solar, wind, or hydro power;
 - (G) Battery or electrical automotive charging systems; ~~or~~
 - (H) Electrical systems to swimming pools or spas, including bonding and ~~grounding~~; grounding; or
 - (I) Elevators or related equipment used for the purpose of transporting occupants or materials between elevations.

Authority G.S. 143-151.49; 143-151.58.

11 NCAC 08 .1111 HEATING

- (a) The home inspector shall inspect permanently installed heating systems including:
 - (1) Heating equipment;
 - (2) Normal operating controls;
 - (3) Automatic safety controls;
 - (4) Chimneys, flues, and vents, where readily visible;
 - (5) Solid fuel heating devices; and
 - (6) Heat distribution systems including fans, pumps, ducts and piping, with supports, insulation, air filters, registers, radiators, fan coil units, ~~convectors; and~~ and convectors.
 - (7) ~~The presence or absence of an installed heat source for each habitable space.~~
- (b) The home inspector shall describe the:
 - (1) Energy source; and
 - (2) Heating equipment and distribution type.
- (c) The home inspector shall operate the systems using normal operating controls appropriate to weather conditions at the time of the inspection.
- (d) The home inspector shall open readily openable access panels provided by the manufacturer or installer for routine homeowner maintenance. The home inspector shall report the method of

inspection used to inspect the heating system and whether or not access panels were removed.

- (e) The home inspector is not required to:
 - (1) Operate heating systems when weather conditions or other circumstances may cause equipment damage or when inappropriate to weather conditions at the time of inspection;
 - (2) Operate automatic safety controls;
 - (3) Ignite or extinguish solid fuel fires;
 - (4) Ignite a pilot light; or
 - (5) Inspect:
 - (A) The interior of flues;
 - (B) Fireplace insert flue connections;
 - (C) Heat exchangers;
 - (D) Humidifiers;
 - (E) Electronic air filters;
 - (F) The uniformity or adequacy of heat supply to the various rooms; or
 - (G) Solar space heating equipment.

Authority G.S. 143-151.49.

11 NCAC 08 .1116 CODE OF ETHICS

- (a) Licensees shall discharge their duties with fidelity to the public and to their clients, with fairness and impartiality to all.
- (b) Opinions expressed by licensees shall be based only on their education, experience, and honest convictions.
- (c) A licensee shall not disclose any information about the results of an inspection without the approval of the client for whom the inspection was performed, or the client's ~~representative~~. representative unless the licensee finds that public health, safety, or welfare imperatively requires immediate or emergency action.
- (d) No licensee shall accept compensation or any other consideration from more than one interested party for the same service without the written consent of all interested parties.
- (e) No licensee or licensee's company shall compensate, either financially or through other services or benefits, realty agents or other parties with a financial interest in closing or settlement of real estate transactions for the following:
 - (1) Referral of inspections; or
 - (2) Inclusion on a list of recommended inspectors or preferred providers.

This Rule also prohibits co-marketing or sharing of expenses between the licensee or licensee's company and realty agents or other parties with a financial interest in closing or settlement of real estate transactions that obligates the realty agents or other parties with a financial interest in closing or settlement of real estate transactions to include the licensee or the licensee's company on preferred lists of providers. However, nothing set forth in this Rule shall prohibit a licensee or licensee's company from engaging in customary marketing activities of low monetary value, such as providing food or beverages or other items, where the costs for such marketing activities are nominal, so long as the marketing activities are not intended to be a form of compensation in exchange for recommendations for referrals or placement on preferred lists of providers.

- (f) No licensee shall express, within the context of an inspection, an appraisal or opinion of the market value of the inspected property.

(g) Before the execution of a contract to perform a home inspection, a licensee shall disclose to the client any interest he or she has in a business that may create a conflict of interest for the home inspector or the client. No licensee shall allow his or her interest in any business to affect the quality or results of the inspection work that the licensee may be called upon to perform. The client must approve in writing the licensee's dissemination of personal information (including names, addresses, email addresses or phone numbers) unrelated to the results of the home inspection to any third parties, other than the Board.

(h) A licensee shall not solicit for repairs of systems or components found defective in the course of a home inspection performed by the licensee or that licensee's company.

(i) Licensees shall not engage in false or misleading advertising or otherwise misrepresent any matters to the public.

(j) Licensees shall not inspect properties under contingent arrangements whereby any compensation or future referrals are dependent on reported findings or on the sale of a property.

(k) A licensee shall not impugn the professional reputation or practice of another home inspector, nor criticize another inspector's reports.

(l) Unless written permission is obtained from the appropriate party or parties, the licensee shall not sell, share or provide data or personal information (such as names, addresses, email addresses, telephone numbers) about the home inspection or the client to third parties, other than the Board, and shall "opt out" of software programs that seek permission from the licensee to use such data or personal information obtained from home inspection.

Authority G.S. 143-151.49.

TITLE 21 - OCCUPATIONAL LICENSING BOARDS AND COMMISSIONS

CHAPTER 23 - IRRIGATION CONTRACTORS' LICENSING BOARD

Notice is hereby given in accordance with G.S. 150B-21.2 that the Irrigation Contractors' Licensing Board intends to amend the rule cited as 21 NCAC 23 .0406.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://www.nciclb.org/>

Proposed Effective Date: January 1, 2024

Instructions on How to Demand a Public Hearing: *(must be requested in writing within 15 days of notice): Any person/party requesting a public hearing can direct the request to the Board Administrator, Margaret Geiger at nciclbadmin@nciclb.org or by calling (919) 872-2229.*

Reason for Proposed Action: *The North Carolina Irrigation Contractors' Licensing Board received a rule-making petition from a company based outside the state. The Board does not take a position on the proposed amendment and is soliciting public comments.*

Comments may be submitted to: Margaret Geiger, N.C. Irrigation Contractors' Licensing Board P.O. Box 41421, Raleigh, NC 27629-1421; phone (919) 872-2229; fax (919) 872-1598; email nciclbadmin@nciclb.org

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
- Local funds affected
- Substantial economic impact (\geq \$1,000,000)
- Approved by OSBM
- No fiscal note required

SECTION .0400 - IRRIGATION DESIGN MINIMUM STANDARDS

21 NCAC 23 .0406 COMPONENTS AND ZONE DESIGN

When designing an irrigation system, an irrigation contractor shall:

- (1) Design the layout of heads and other emission devices to reduce evaporation loss, reduce surface run-off, and limit overspray across or onto a street, public driveway or sidewalk, parking area, building, fence, or adjoining property.
- (2) Design sprinkler head spacing with an approximate "head-to-head" ~~coverage~~ coverage or according to manufacturer recommendations.
- (3) Use separate stations or zones for areas with dissimilar environmental conditions or dissimilar water or scheduling requirements (hydrozones). These conditions or requirements include sun exposure, plant type, soil type, varying wind conditions, grades, and dimensional issues. When not practicable due to accessibility, dimensional issues, or other

- constraints, practical modifications to this standard may be acceptable.
- (4) When selecting system components:
 - (a) select components to avoid surface runoff;
 - (b) select components to keep the sprinkler precipitation rate below the infiltration rate of the soil;
 - (c) specify the use of repeat cycles to allow the water to soak into the root zone; and
 - (d) specify stations or zones for sprinklers at the top and toe of sloped areas.
- (5) Place sprinkler heads based on an evaluation of physical, environmental, and hydraulic site conditions, including typical wind conditions during the normal irrigation period.
- (6) Select sprinkler heads and nozzles to achieve an approximate matched precipitation rate within each zone.
- (7) Plan to use the following water conserving equipment:
 - (a) check valves to minimize low-head drainage when grades exceed five percent;
 - (b) pressure regulators or pressure compensating devices when pressures exceed manufacturer's recommendations;
 - (c) rain sensors to suspend irrigation during rain or other forms of precipitation;
 - (d) a controller that has multi-program capability with at least four start times (for multiple repeat soak cycles) and run time adjustments in one-minute increments;
 - (e) low-trajectory sprinkler nozzles and modified head spacings to mitigate the effects of wind; and
 - (f) components that do not mist when manufacturer's pressure specifications are met.
- (8) Offset turf grass sprinklers a minimum of two inches from pavement edges to allow for edging of the turf.
- (9) Offset sprinklers from vertical walls to limit spray on the walls.
- (10) Ensure that valves are located so as to allow reasonable access for maintenance or service.
- (11) Ensure that the roots of existing trees are protected by:
 - (a) Planning pipe system layout to limit its effect on existing trees and other planting.
 - (b) When necessary to trench into the root zone of an established plant in order to provide irrigation within the root zone:
 - (i) planning to dig the trench so as to minimize the effect on the roots (for example, by digging the trench in a straight line towards the base of the tree or shrub such that, if the line of the trench were extended, it would intersect with the base of the tree or shrub); or
 - (ii) planning to use direct boring or hand-trenching. An irrigation contractor shall use hand-trenching techniques that dig a trench without damaging roots having a diameter of one-half inch or more.
- (c) In the event of trenching, maintaining a distance of one foot from the tree trunk for every inch of tree diameter at a height of four feet six inches above the ground. For example, piping shall be kept at least 20 feet away from the trunk of a tree having a 20 inch diameter at four feet six inches above the ground.
- (d) In the event of boring, maintaining a distance of at least one-half foot from the tree trunk for each inch of tree diameter at a height of four feet six inches above the ground and, in any event, maintaining a distance of at least five feet from the tree trunk. When direct boring, an irrigation contractor shall bore to a minimum of 36 inches.
- (e) Avoiding placing sprinklers in a position to directly spray water on tree trunks of mature trees by placing them no closer to a tree than one-third of the sprinkler spray radius.
- (12) With respect to wiring:
 - (a) install control wires in the same trench along the side of the main line piping;
 - (b) allow slack in the wiring;
 - (c) bundle an expansion coil for all wires at each valve location;
 - (d) use the appropriate size American Wire Gauge ("AWG") wire, as noted by the manufacturer, to operate a valve;
 - (e) indicate common wiring (wire that runs through the entire circuit of valves) by using a different colored wire from all other wire connections;
 - (f) provide additional wire along the irrigation wire path for future

- expansion or replacement of damaged wires;
- (g) design irrigation systems with control wire splices made with a waterproof wire splice kit that is UL listed for underground applications. For two-wire control systems, the design shall specify the manufacturer's recommended splice kits; and
- (h) follow the manufacturer's recommendation for all wiring and grounding, including two-wire control systems.
- (13) Use valve boxes that are large enough to provide sufficient space for servicing the valve housed inside. For single valve boxes, valve boxes shall be at least 10 inches in diameter for both manual and automatic valves.

Authority G.S. 89G-5.

CHAPTER 26 – BOARD OF LANDSCAPE ARCHITECTS

Notice is hereby given in accordance with G.S. 150B-21.2 that the Board of Landscape Architects intends to amend the rule cited as 21 NCAC 26 .0105.

Link to agency website pursuant to G.S. 150B-19.1(c): <https://www.ncbola.org/about/news>

Proposed Effective Date: January 1, 2024

Public Hearing:

Date: October 20, 2023

Time: 10:00 a.m.

Location: 3733 Benson Drive, Raleigh, NC 27609

Reason for Proposed Action: Gradual increases in costs and expenses has necessitated an increase in the last two fees that have not been raised to the statutory maximum. (See G.S. 89A-6.) The Board has not raised any fee, therefore, received no additional income since 2015.

Comments may be submitted to: Barbara U. Geiger, Board Administer, P.O. Box 41225, Raleigh, NC 27629-1225; phone (919) 850-9088; email barbara.geiger@ncbola.org

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as

provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
- Local funds affected
- Substantial economic impact (>= \$1,000,000)
- Approved by OSBM
- No fiscal note required

SECTION .0100 – STATUTORY AND ADMINISTRATIVE PROVISIONS

21 NCAC 26 .0105 FEES

- (a) The fee for any initial license application shall be one hundred dollars (\$100.00).
- (b) Examination fees payable to the Board shall be paid prior to the examination and in accordance with G.S 89A-6.
- (c) The initial fee for a license by examination or comity shall be ~~one two hundred fifty dollars (\$150.00).~~ (\$250.00).
- (d) The initial fee for a corporate certificate of registration shall be two hundred fifty dollars ~~(\$200.00).~~ (\$250.00).
- (e) The fee for the annual renewal of any certificate of registration of any person, firm, or corporation shall be one hundred dollars (\$100.00).
- (f) Annual renewal fees received after June 30th of each year shall be subject to a late fee of fifty dollars (\$50.00). Lapse of license renewal in excess of one year shall require an application for reinstatement and an application fee of one hundred dollars (\$100.00).
- (g) The fee for re-issue of a lost or damaged certificate shall be twenty-five dollars (\$25.00).
- (h) If the accompanying payment in the amount of the renewal fee is dishonored by the firm's drawee bank for any reason, the Board shall suspend the firm registration until the renewal fee is paid.

Authority G.S. 89A-3.1; 89A-5; 89A-6.

CHAPTER 36 – BOARD OD NURSING

Notice is hereby given in accordance with G.S. 150B-21.2 that the Board of Nursing intends to amend the rules cited as 21 NCAC 36 .0120, .0220, .0233, .0302, .0303, .0309, .0317, .0318, and .0320-.0323.

Link to agency website pursuant to G.S. 150B-19.1(c): www.ncbon.com

Proposed Effective Date: January 1, 2024

Public Hearing:

Date: November 1, 2023

Time: 10:00 am

Location: 4516 Lake Boone Trail, Raleigh, NC 27607

Reason for Proposed Action: The Education and Practice Committee, with the goal of assuring that the NCBON Administrative Code (Rules) regulating pre-licensure nursing education programs are current, consistent, and conducive to the preparation of nurses able to provide safe, effective, care now and in the future, carefully reviewed the literature, resources from the National Council of State Boards of Nursing (NCSBN), rules and practices of other nursing regulatory bodies, and testimony from NC education, regulatory and practice stakeholders.

Comments may be submitted to: Angela Ellis, PO Box 2129, Raleigh, NC 27602-2129; email lawsrules@ncbon.com

Comment period ends: November 14, 2023

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit a written objection to the Rules Review Commission. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive letters via U.S. Mail, private courier service, or hand delivery to 1711 New Hope Church Road, Raleigh, North Carolina, or via email to oah.rules@oah.nc.gov. If you have any further questions concerning the submission of objections to the Commission, please review 26 NCAC 05 .0110 or call a Commission staff attorney at 984-236-1850.

Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

- State funds affected
Local funds affected
Substantial economic impact (>= \$1,000,000)
Approved by OSBM
No fiscal note required

SECTION .0100 - GENERAL PROVISIONS

21 NCAC 36 .0120 DEFINITIONS

The following definitions apply throughout this chapter unless the context indicates otherwise:

- (1) "Administrative Law Counsel" means an attorney licensed to practice in this State whom the Board has retained to serve as procedural officer for contested cases.
(2) "Academic term" means one semester of a school year.

- (3) "Accountability/Responsibility" means being answerable for action or inaction of self, and of others in the context of delegation or assignment.
(4) "Accredited institution" means an institution accredited by a United States Department of Education-approved institutional accrediting body.
(5) "Active Practice" means activities that are performed, either for compensation or without compensation, consistent with the scope of practice for each level of licensure as defined in G.S. 90-171.20(4), (7), and (8).
(6) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse anesthetist, nurse-midwife, or clinical nurse specialist.
(7) "Assigning" means designating responsibility for implementation of a specific activity or set of activities to an individual licensed and competent to perform such activities.
(8) "Bulletin" means the official publication of the Board.
(9) "Clinical experience" means application of nursing knowledge demonstrating clinical judgment in a current or evolving practice setting in which a student provides care to clients under the supervision of faculty or a preceptor.
(10) "Clinical judgment" means the application of nursing knowledge, skills, abilities, and experience in making decisions about client care. the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.
(11) "Competent" means having the knowledge, skills, and ability to safely perform an activity or role.
(12) "Continuing Competence" means on-going acquisition and application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served.
(13) "Contact Hour" means 60 minutes of an organized learning experience.
(14) "Continuing Education Activity" means a planned, organized learning experience that is related to the practice of nursing or contributes to the competency of a nurse as outlined in 21 NCAC 36 .0223(a)(2).
(15) "Controlling institution" means the degree-granting organization or hospital under which a nursing education program is operating, operating or seeking to establish a new nursing education program. The controlling institution

- shall hold approval or applicable licensure by the appropriate North Carolina agency, the University of North Carolina System, or North Carolina Community College System and be accredited by an accrediting body recognized by the United States Secretary of Education.
- (16) "Curriculum" means an organized system of teaching and learning activities directed toward the achievement of specified learning objectives and outcomes.
- (17) "Delegation" means transferring to a competent individual the authority to perform a specific nursing activity in a selected situation. The nurse retains accountability/responsibility for the delegation.
- (18) "Debriefing" means an organized learning activity that follows a clinical or simulated experience and is led by a trained faculty facilitator. Students' reflective thinking is encouraged and feedback is provided regarding the students' performance during discussion of various aspects of the completed experiences.
- (19) "DHSR" means Division of Health Service Regulation.
- (20) "Dimensions of Practice" means aspects of nursing practice, including professional responsibility, knowledge-based practice, ethical and legal practice, and collaborating with others, consistent with G.S. 90-171.20(4), (7), and (8).
- (21) "Distance education" means teaching and learning strategies used to meet the learning needs of students when the students and faculty are not in the same location.
- (22) "External standardized examination" means a commercially available standardized predictive test that provides individual student scores that are linked to a probability of passing the NCLEX™ examination.
- (23) "Faculty directed clinical practice" means clinical experiences provided under the accountability/responsibility and direction of nursing program faculty.
- (24) "Focused client care experience" means a clinical experience that emulates an entry-level work experience in nursing, assisting the student in transitioning to an entry-level nursing practice. Supervision may be by faculty and preceptor dyad or direct faculty supervision.
- (25) "Full Approval" is the status assigned to a program following graduation by the first cohort of students, evidence of compliance with Section .0300 of this Chapter, and an NCLEX® examination pass rate that meets or exceeds 90 percent of the national pass rate for licensure level on first writing of the licensure examination for calendar years ending December 31.
- ~~(25)~~(26) "Initial Approval" means the status assigned to a ~~newly established~~ nursing education program following submission of a new, complete application and documented evidence of compliance with Section .0300 of this Chapter.
- ~~(26)~~(27) "Interdisciplinary faculty" means faculty from professions other than nursing.
- ~~(27)~~(28) "Interdisciplinary team" means all individuals involved in providing a client's care who cooperate, collaborate, communicate, and integrate care to ensure that care is continuous and reliable.
- ~~(28)~~(29) "Learning resources" means materials that faculty use to assist students in meeting the expectations for learning defined by the curriculum.
- ~~(29)~~(30) "Level of Licensure" means practice of nursing by either a licensed practical nurse or a registered nurse, as defined in G.S. 90-171.20(7) and (8).
- ~~(30)~~(31) "Level of student" means the point in the program to which the student has progressed.
- ~~(31)~~(32) "Maximum enrollment" means the total number of pre-licensure students that can be enrolled in the nursing program at any one time. The number reflects the capacity of the nursing program based on demonstrated resources sufficient to implement the curriculum.
- ~~(32)~~(33) "Methods of Instruction" means the planned process through which teacher and student interact with selected environment and content so that the response of the student gives evidence that learning has taken place, based upon stated course objectives and outcomes for learning experiences in classroom, laboratory, simulation, and clinical settings.
- ~~(33)~~(34) "National Credentialing Body" means a credentialing body that offers certification or re-certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of practice.
- ~~(34)~~(35) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.
- ~~(35)~~(36) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.
- ~~(36)~~(37) "Nursing Accreditation body" means a national nursing accrediting body that is recognized by the United States Department of Education.
- ~~(37)~~(38) "Nursing program faculty" means individuals employed full or part-time by an academic institution responsible for developing, implementing, evaluating, and updating nursing curricula.
- ~~(38)~~(39) "Nursing project" means a project or research study of a topic related to nursing practice that includes a problem statement, objectives, methodology, and summary of findings.
- ~~(39)~~(40) "Participating in" means to have a part in or contribute to the elements of the nursing

process. As defined by the legal scope of practice, the licensed practical nurse role for participating in the nursing process is dependent upon the assignment and supervision by the registered nurse, physician, dentist, or other person authorized by State law to provide the supervision.

~~(40)~~(41)"Pattern of noncompliance" means episodes of recurring non-compliance with one or more Rules in Section .0300.

~~(41)~~(42)"Preceptor" means a registered nurse at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, and supervisor for the student in a faculty-directed clinical experience.

~~(42)~~(43)"Prescribing Authority" means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend and controlled pharmacological agents and devices to a client in compliance with Board rules and other applicable federal and State law, regulations, and rules.

~~(43)~~(44)"Program Closure" means to cease operation of a nursing program.

~~(44)~~(45)"Program" means a course of study that prepares an individual to function as an entry-level practitioner of nursing. The ~~three~~ four types of programs are:

(a) Bachelor of Science Degree in Nursing (BSN) - Curriculum components for the BSN provide for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance, communications, therapeutic interventions, and current trends in health care. For this program type, the client is the individual, family, group, and ~~community~~ community;

(b) Associate Degree in Nursing (ADN)~~/Diploma in Registered Nursing~~ - Curriculum components for the ADN ~~/Diploma in Registered Nursing~~ provide for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions, and current trends in health care. For this program type, client is the individual, group of individuals, and ~~family~~ family;

(c) Practical Nurse Diploma (PN) - Curriculum components for the ~~practical nurse~~ PN diploma prepare for providing direct nursing care under the

supervision of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development, and current trends in health care. For this program type client is the individual or group of ~~individuals~~ individuals; and

(d) Direct Master's Entry (DME) – Curriculum components for a DME provide for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance, communications, therapeutic interventions, and current trends in health care. For this program type, the client is the individual, family, group, and community. The DME will provide additional education for strengthened competencies in organizational and systems thinking, quality improvement and safety, care coordination, interprofessional communication, and team-based care and leadership for students with a non-nursing baccalaureate degree.

~~(45)~~(46)"Review" means collecting and analyzing information to assess compliance with Section .0300 of this Chapter. Information may be collected by multiple methods, including review of written reports and materials, on-site observations, review of documents, and in-person or telephone interviews and conferences.

~~(46)~~(47)"Self-Assessment" means the process whereby an individual reviews their own nursing practice and identifies the knowledge and skills possessed as well as those skills to be strengthened or acquired.

~~(47)~~(48)"Simulation" means a technique, not a technology, to replace or amplify clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world of nursing practice in a fully interactive manner.

~~(48)~~(49)"Specialty" means a broad, population-based focus of study encompassing the common health-related problems of a particular group of patients and the likely co-morbidities, interventions, and responses to those problems.

~~(49)~~(50)"Supervision" means the provision of guidance or direction, evaluation, and follow-up by a

licensed nurse to accomplish an assigned or delegated nursing activity or set of activities.

~~(50)~~(51) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing a nursing program's compliance with Section .0300 of this Chapter.

(52) "Traditional clinical experience" means a clinical experience where the student provides in-person care to patients/clients under the guidance of an instructor or preceptor.

(53) "Warning Status" means the status assigned to a nursing education program found to be noncompliant with any provision in Section .0300 of this Chapter.

(4) a faculty list that includes the director and all instructors, and identifies their qualifications and their functions in teaching roles; and

(5) the projected clinical schedule.

(f) The Board shall make site visits if it is unable to determine that all requirements have been met through application document review. A decision on an application to offer a refresher course shall be given within 30 days following receipt of a complete application.

(g) A provider of a refresher course shall be approved by the Board as set out in these Rules. A provider may be a post-secondary educational institution, a health care institution, or other agency.

(h) Administrative responsibility for developing and implementing a refresher course shall be vested in a registered nurse director.

(i) The registered nurse director shall have authority and responsibility for maintaining compliance with this Rule.

~~(i)~~(j) Instructors in the course shall be directly accountable to the nurse director. The director shall have had at least one year prior teaching experience preparing individuals for registered nurse or licensed practical nurse licensure at the post-secondary level or in a nursing staff development position. Instructors in the course shall be directly accountable to the director. The director and each instructor shall:

(1) hold an active unencumbered license to practice as a registered nurse in North Carolina;

(2) hold a baccalaureate or higher degree in nursing; and

(3) have had at least two years experience in direct patient nursing practice as a registered nurse.

~~(j)~~(k) Proximity of the instructor to students is the major factor in determining faculty-student ratio for clinical learning experiences. The ratio of instructors to students shall not exceed 1:10.

~~(k)~~(l) Clinical preceptors shall have competencies, assessed by the registered nurse director of the refresher course or a designated instructor, related to the area of assigned clinical precepting responsibilities. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

~~(l)~~(m) The refresher course shall include both theory and clinical instruction. Course objectives shall be stated that:

(1) show relationships between nursing theory and practice; and

(2) identify behaviors consistent with the ability to competently practice nursing.

~~(m)~~(n) The curriculum for a registered nurse refresher course shall include at least 240 hours of instruction, at least 120 of which shall consist of clinical learning experiences, and shall incorporate:

(1) the scope of practice for the registered nurse, as defined in G.S. 90-171.20 and 21 NCAC 36 .0221, .0224, .0225 and .0401; and

(2) instruction in and opportunities to demonstrate knowledge, skills, and abilities to competently practice nursing according to components of practice for the registered nurse as defined in 21 NCAC 36 .0224.

Authority G.S. 90-171.23; 90-171.38.

SECTION .0200 – LICENSURE

21 NCAC 36 .0220 REFRESHER COURSE

(a) A refresher course shall be designed for those individuals, previously licensed, who are not eligible for re-entry into nursing practice because their license has expired for five or more years.

(b) Satisfactory completion of a Board-approved refresher course shall be required of the individual who has not held an active license in any jurisdiction for five or more years and requests:

- (1) reactivation of an inactive license;
- (2) reinstatement of an expired license; or
- (3) endorsement to North Carolina.

(c) If satisfactory completion of a Board-approved refresher course is required by the Board based upon action as authorized in G.S. 90-171.37 or based upon a license being inactive due to disciplinary action, the individual may be subject to Board-stipulated restrictions in the clinical component of the refresher course, based upon the terms of the disciplinary actions and the contents of the clinical components. All eligibility requirements for reinstatement of the license shall have been met prior to refresher course enrollment.

(d) Application for approval of a refresher course shall be completed and submitted by the provider at least 90 days prior to the expected date of enrollment and shall include evidence of complying with the rules as defined in this Chapter for refresher courses. No student shall be enrolled prior to Board approval. Board approval shall be granted to a provider for a period of time not to exceed five years. All changes in faculty, curriculum, or clinical facilities shall be approved by the Board prior to implementation, as set out in the Rules of this Chapter.

(e) The application for approval of a refresher course shall include:

- (1) course objectives, content outline, and time allocation;
- (2) didactic and clinical learning experiences, including teaching methodologies for measuring the registrant's abilities to practice nursing;
- (3) a plan for evaluation of student competencies and ability to competently practice nursing;

~~(p)~~(o) The curriculum for a licensed practical nurse refresher course shall include at least 180 hours of instruction, at least 90 of which shall consist of clinical learning experiences, and shall incorporate:

- (1) the scope of practice for the licensed practical nurse, as defined in G.S. 90-171.20(8) and 21 NCAC 36 .0221, .0225 and .0401; and
- (2) instruction in and opportunities to demonstrate knowledge, skills, and abilities to competently practice nursing according to components of nursing practice for the licensed practical nurse as defined in 21 NCAC 36 .0225.

~~(p)~~(p) The refresher course director or the designated refresher course instructor shall assess each refresher student and ensure the appropriateness of all clinical learning settings and assignments.

~~(p)~~(q) Registered nurse and licensed practical nurse refresher courses shall limit simulation experiences to no more than 50 percent of clinical learning experiences, pursuant to 21 NCAC 26 .0321(m).

~~(q)~~(r) Evaluation processes shall be implemented that effectively measure the refresher student's ability to competently practice nursing consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0401.

(s) Completion of both the theory and clinical components of the refresher course shall occur within 24 months of initial enrollment in the course.

~~(t)~~(t) Clinical resources shall indicate, in written contract, support and availability to provide the necessary clinical experiences.

~~(u)~~(u) Individuals previously licensed in North Carolina and presently residing outside of North Carolina may meet the requirements of this Rule by successfully completing a refresher course approved by another state board of nursing.

~~(v)~~(v) Individuals enrolled in refresher courses shall identify themselves as RN Refresher Student (R.N.R.S.) or LPN Refresher Student (L.P.N.R.S.), consistent with the course level, after signatures on records or on name pins.

~~(w)~~(w) In a format specified by the Board, the course provider shall provide the Board with the names and license numbers of those individuals who have satisfactorily completed the refresher course at the appropriate level of licensure on the Board supplied form.

~~(x)~~(x) Upon request, the Board shall provide:

- (1) a list of approved providers;
- (2) the format for applications for program approval; and
- (3) the format for verification of successful completion to all approved programs.

Authority G.S. 90-171.23(b)(3); 90-171.35; 90-171.36; 90-171.37; 90-171.38; 90-171.83.

21 NCAC 36 .0233 OUT OF STATE STUDENTS

(a) Unlicensed nursing students enrolled in out-of-State nursing education programs who request use of North Carolina clinical facilities shall be allowed such experiences following approval by the Board. Upon receiving such a request, the chief nursing administrator of a North Carolina clinical facility shall provide the Board with the following Requests to use North Carolina clinical facilities for out-of-state nursing education programs shall be

submitted by the chief nursing administrator or RN designee of a North Carolina clinical facility in the format provided by the Board at least 30 days prior to the start of the requested experience: experience. The submitted request shall include the following:

- (1) a letter of request for approval to provide the clinical offering, including proposed starting and completion dates;
- (2) documentation that the nursing program is currently approved by the Board of Nursing in the state in which the parent institution is located;
- (3) the name, qualifications, curriculum vitae, and evidence of an active, unencumbered registered nurse licensure of the faculty responsible for coordinating the student's experience; ~~and~~
- (4) the name, qualifications, resume, and evidence of active unencumbered license to practice as a registered nurse in North Carolina for the preceptor or on-site ~~faculty~~; faculty; and
- (5) evidence of licensure from the UNC Board of Governors consistent with G.S. 116-15.

(b) Copies of the following shall be distributed by the chief nursing administrator of the clinical facility to all students and faculty involved in the clinical experiences:

- (1) North Carolina Nursing Practice Act;
- (2) North Carolina administrative rules and related interpretations provided by the Board regarding the role of the registered nurse, licensed practical nurse, and unlicensed nursing personnel; and
- (3) North Carolina Board of Nursing developed Suggestions for Utilization of Preceptors.

(c) Failure to continue in compliance with the requirements of Paragraph (a) of this Rule shall result in the immediate withdrawal of the Board's approval of the clinical offering and student status, consistent with G.S. 90-171.43(2).

Authority G.S. 90-85.3; 90-171.23(b) 90-171.43; 90-171.83.

SECTION .0300 - APPROVAL OF NURSING PROGRAMS

21 NCAC 36 .0302 ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL

(a) ~~A~~ A controlling institution seeking initial approval to operate a nursing program shall employ a program director qualified pursuant to Rule ~~.0317(e)~~ .0317(b) of this Section. A controlling institution can seek initial approval to establish one nursing program and one program entry option at a time.

(b) The program director shall develop and submit an application for initial approval at least ~~six~~ 12 months prior to the proposed program start date that documents the following:

- (1) a narrative description of the organizational structure of the program and its relationship to the controlling institution, including accreditation status. The controlling institution shall be an accredited institution;
- (2) a general overview of the entire proposed curriculum that includes:

- (A) the program philosophy, purposes, and objectives;
- (B) a master plan of the curriculum, indicating the sequence for both nursing and non-nursing courses, as well as prerequisites and corequisites;
- (C) course descriptions and course objectives for all courses; and
- (D) course syllabi pursuant to 21 NCAC 36 .0321(i) .0321(j) for all first-year nursing courses;
- ~~(3)~~ the proposed student population;
- ~~(4)~~(3) the projected student enrollment;
- ~~(5)~~(4) evidence of learning resources and clinical experiences available to implement and maintain the program;
- ~~(6)~~(5) financial resources adequate to begin and maintain the program;
- ~~(7)~~(6) physical facilities adequate to house the program;
- ~~(8)~~(7) support services available to the program from the controlling institution;
- ~~(9)~~(8) approval of the program by the governing body of the controlling ~~institution;~~ institution;
- (9) approval from the applicable licensing regulatory body in North Carolina for the controlling institution;
- (10) student policies for admission, progression and graduation of students, pursuant to 21 NCAC 36 .0320;
- (11) an emergency preparedness plan for addressing situations which shall include a reduction in the availability of clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation;
- (12) a comprehensive program evaluation plan, pursuant to 21 NCAC 36 .0317(f); and,
- ~~(10)~~(13) a plan with a specified time frame for:
 - (A) availability of qualified faculty as specified in 21 NCAC 36 .0318; .0318; and
 - (B) course syllabi as specified in 21 NCAC 36 .0321(h) .0321(i) and (j) of this Section for all nursing ~~courses;~~ courses.
 - ~~(C)~~ student policies for admission, progression, and graduation of students, pursuant to 21 NCAC 36 .0320; and
 - ~~(D)~~ comprehensive program evaluation, pursuant to 21 NCAC 36 .0317(d).

(c) The application to establish a nursing program shall contain current and accurate information required in Paragraph ~~(a)~~(b) of this Rule, be complete, and be signed by the program director and the chief executive officer of the controlling institution.

(d) The completed application shall be received by the Board not less than 120 days prior to a regular meeting of the Board to be considered for placement on the agenda of that meeting.

(e) If another program exists in the institution, the application shall include:

- (1) the organizational relationship of the existing program and the proposed program in the institution;
- (2) the NCLEX pass rate of the existing program for the past three years; and
- (3) a description of the expected impact of the proposed program on the existing program, including:
 - (A) the availability of a program director for each program;
 - (B) the availability of qualified faculty;
 - (C) the physical facilities adequate to house both programs;
 - (D) the availability of learning resources;
 - (E) the availability of clinical experiences; and
 - (F) the adequacy of student services.

(f) No new program application shall be considered if a nursing program currently exists in the institution if:

- (1) ~~the NCLEX pass rate of the existing program has not met the standard for the past three years, pursuant to 21 NCAC 36 .0320(e); and any currently approved program at the institution is on warning status; or~~
- (2) resources are not demonstrated to be adequate to maintain both the existing and the proposed program in compliance with Rules .0300 to .0323 of this Section.

~~(g) Programs on initial approval may admit students.~~

~~(h)~~(g) The Board shall conduct an on-site survey of the proposed program after the application meets all the requirements set forth in this Rule, shall prepare a survey report, and afford the petitioning institution an opportunity to respond to the survey report.

~~(i) The Board shall consider all evidence, including the application, the survey report, comments from representatives of the petitioning institution, public comments, and the status of other nursing programs at the institution in determining whether to approve the application.~~

~~(j)~~(h) If the application is approved, When the Board shall grant grants initial approval approval, it and shall establish a maximum enrollment and implementation date. date for the program.

~~(k)~~(i) The institution seeking initial approval shall not solicit students until the program has been granted initial approval status by the Board.

(j) Programs on initial approval status may admit students.

(k) The Board shall rescind the initial approval status of a program if the controlling institution fails to submit documentation as set forth in the plan required by Subparagraph ~~(b)~~(10)(b)(13) of this Rule.

(l) The Board shall rescind the initial approval status of a program if the first class of students is not enrolled in the program within one year after issuing the initial ~~approval.~~ approval status.

(m) For 12 months following rescission of approval, the controlling institution shall not submit an application for establishing a nursing program.

(n) A program shall retain initial approval status for the time necessary for full implementation of the ~~curriculum~~, curriculum and graduation of the first cohort of students, provided ~~that~~ the program complies with Section .0300 of this Chapter.

- (o) Programs with initial approval status shall be surveyed:
 - (1) during the final term of curriculum implementation of the program; and
 - (2) upon receipt by the Board of information that the program may not be complying with Section .0300.

(p) If at any time a program on initial approval status is not complying with Section .0300 of this Chapter, the program, upon written notification, shall:

- (1) correct the area of noncompliance and submit written evidence of this correction to the Board; or
- (2) submit and implement a plan for correction to the Board.

(q) The Board shall rescind the initial approval status of a program if the program does not comply with Paragraph (o) of this Rule.

(r) ~~If, following the survey and during final curriculum implementation, the Board finds that the program is complying with Section .0300 of this Chapter, the~~ The Board shall place the program on full approval ~~status~~ status provided:

- (1) the Board finds that the program has complied with Section .0300 of this Chapter while on initial approval status;
- (2) an on-site survey is completed during the final term of curriculum implementation; and
- (3) the program demonstrates an NCLEX@ examination pass rate that meets or exceeds 90 percent of the national pass rate for licensure level on first writing of the licensure examination for calendar years ending December 31.

(s) If, following the survey and during final curriculum implementation, the program does not comply with ~~the~~ Section .0300 of this Chapter, the Board shall rescind the program's initial approval status and provide the program with written notice of the Board's decision.

(t) Upon written request from the program submitted within 10 business days of the Board's written notice of rescinding the initial ~~approval~~, approval status, the Board shall schedule a hearing at the next available meeting of the Board for which appropriate notice can be provided, or at a meeting of the Board that is scheduled by consent of the parties.

(u) Following the hearing and consideration of all evidence provided, the Board shall assign the program full approval status or shall enter an Order rescinding the initial approval status, which shall constitute program closure pursuant to 21 NCAC 36 .0309.

Authority G.S. 90-171.23(b)(8); 90-171.38.

21 NCAC 36 .0303 EXISTING NURSING PROGRAM

(a) All prelicensure nursing education programs ~~that~~ are governed by the rules in this ~~Chapter~~ Chapter. Accreditation by a ~~may obtain~~ national nursing program accreditation by a nursing accreditation body as defined in 21 NCAC 36 .0120(30).

.0120(37) is required. For those programs granted initial approval status, full approval status, or warning status prior to December 31, 2023, evidence of accreditation by a national nursing accreditation body (not to include pre-accreditation status) is required effective January 1, 2030.

(b) Board action is based upon each program's performance and demonstrated compliance with the Board's requirements and responses to the Board's recommendations. The Board may, depending on the severity and pattern of violations of this Chapter, require corrective action for identified deficiencies, impose a monitoring plan, conduct a program survey, change program approval status, withdraw approval, issue discipline, or close a program.

(c) Full Approval

- (1) The Board shall review approved programs at least every ~~eight~~ 10 years as specified in G.S. 90-171.40. Reviews of individual programs shall be conducted at shorter intervals upon request from the individual institution or as considered necessary by the Board.

- (2) National accreditation by a national nursing accrediting body, set forth by the US Department of Education is required, and evidence of compliance with the accreditation standards shall be used for evaluating continuing approval. ~~self-study~~ Self-study reports shall provide a basis for review of accredited programs.

- ~~(2)~~(3) The Board shall send a written report of the review no more than ~~20~~ 30 business days following the completion of the review process. Responses from a nursing education program regarding a review report or warning status as referenced in Paragraph (d) of this Rule shall be received in the Board office by the deadline date specified in the letter accompanying the report or notification of warning status. If no materials or documents are received by the specified deadline date, the Board shall act upon the findings in the review report and the testimony of the Board staff.

- ~~(3)~~(4) If the Board finds a pattern of noncompliance with one or more rules in this Section, the Board may take action as outlined in Paragraph (b) of this Rule.

(d) Warning Status

- (1) If the Board finds that a program is not complying with the rules in this Section, the Board shall assign the program warning status and shall give written notice by certified mail to the program specifying:
 - (A) the areas in which there is noncompliance;
 - (B) the date by which the program must comply with the rules in this Section. The maximum time for compliance shall be two consecutive years after issuance of the written notice; and

- (C) the opportunity to schedule a hearing. Any request for a hearing regarding the program warning status shall be submitted to the Board. A hearing shall be afforded pursuant to the provisions of G.S. 150B, Article 3A.
- (2) On or before the required date of compliance specified in Part (d)(1)(B) of this Rule if the Board determines that the program is complying with the rules in this Section, the Board shall assign the program full approval status.
- (3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part (d)(1)(B) of this Rule, the program shall remain on warning status, and a review by the Board shall be conducted during that time and the Board shall either:
 - (A) ~~continue the program on warning status; or~~
 - (B)(4) If the Board finds the program is not in compliance with the rules in this Section for two consecutive years following the date specified in Part (d)(1)(B) of this Rule, warning status approval will be withdrawn, withdrawn, constituting a program closure consistent with Subparagraph (e)(3)(b) of this Rule.
 - (4)(5) Upon written request from the program submitted within 10 business days of the Board's written notice of warning status, or withdrawal of approval, the Board shall schedule a hearing at the next available meeting of the Board for which appropriate notice can be provided, or at a meeting of the Board that is scheduled by consent of the parties, provided.
 - (5)(6) If a hearing is held at the request of the program and the Board determines that the program is not in compliance with the rules in this Section, the program shall remain on warning status, a review by the Board shall be conducted during that time and the Board shall either: shall:
 - (A) continue the program on warning status; or
 - (B) withdraw approval, constituting program closure consistent with Subparagraph (e)(3)(b) of this Rule; or
 - (C) remove the program from warning status.

Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40.

21 NCAC 36 .0309 PROCESS FOR PROGRAM CLOSURE

(a) A program is deemed closed when the program has not enrolled students for a period of two consecutive years since the last graduating class or student enrollment has not occurred for a two consecutive year period.

~~(a)(b)~~ When the controlling institution makes the decision to close a nursing program, the Administration of the institution shall submit a written plan for the discontinuation of the program to the Board and shall ~~include~~ include:

- (1) the reasons for program ~~closure,~~ closure;
- (2) the date of intended ~~closure,~~ closure;
- (3) ~~and~~ a plan for students to complete this or another approved ~~program.~~ program;
- (4) a plan detailing the arrangement for secure storage and access to academic records and transcripts for all students and graduates; and
- (5) the communication methods to all current and former students the intent to close.

~~(b)(c)~~ When the Board closes a nursing program, the program director shall, within 30 days, develop and submit a plan for discontinuation of the program for Board approval. The plan shall address transfer of students to approved programs. When the controlling institution makes the decision to close a nursing program, the institution may not apply to establish a nursing program until at least 12 calendar months from the date of official notification to the Board in writing that the plan for closure has been fully implemented.

~~(e)(d)~~ The controlling institution shall notify the Board of the arrangement for secure storage and access to academic records and transcripts. When the Board closes a nursing program based on noncompliance with the rules and requirements in this Section, the Board shall give written notice of closure by certified mail to the program specifying the areas in which there is evidence of noncompliance and the opportunity for the program to request a hearing contesting the involuntary program closure pursuant to the provisions of G.S. 150B, Article 3A.

(e) If the program does not contest the involuntary closure by the Board, the program director shall, within 30 days, develop and submit a plan for discontinuation of the program for Board approval consistent with Paragraph (b) of this Rule. The plan shall address transfer of students to approved programs. Involuntary program closure shall occur within six months from the date of notification of closure by the Board.

(f) When the Board closes a program, the controlling institution may not apply to establish a nursing program until at least 24 calendar months from the date of official notification of program closure by the Board.

Authority G.S. 90-171.38; 90-171.39; 90-171.40.

21 NCAC 36 .0317 ADMINISTRATION

(a) The controlling institution of a nursing program shall provide human, physical, technical, and financial resources and services essential to support program processes and outcomes, including those listed in Paragraph (f) and (g) of this Rule, and maintain compliance with Section .0300 of this Chapter.

(b) The controlling institution shall ensure that a full-time registered nurse, qualified pursuant to Paragraph (e) of this Rule, has the authority to direct the nursing program. Full-time registered nurse is a registered nurse employed by the institution who is regularly assigned to work at least 40 hours each week in the position of program director.

(c) The controlling institution shall ensure that the program director has the authority and responsibility for maintaining

compliance with the Rules in this Chapter and other legal requirements in all areas of the program.

(d) The controlling institution shall ensure that the program director has non-teaching time sufficient to allow for program organization, administration, continuous review, planning, and development.

(e) The program director in a program preparing students for initial nurse licensure shall satisfy the following requirements:

- (1) hold an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) have two years of full-time experience as a faculty member in a Board-approved nursing program;
- (3) be experientially qualified, having clinical nursing experience, experience as a faculty member in a nursing program, and academic or nursing leadership experience to lead the program to accomplish the mission, goals, and expected program outcomes;
- (4) hold ~~either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution. institution. If newly employed on or after January 1, 2016, hold a graduate degree from an accredited institution. If newly employed on or after January 1, 2021, hold a graduate degree in nursing from an accredited institution;~~
- (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to the program director role. Once completed, this education need not be repeated if employing organization is changed. This education may be demonstrated by one of the following:
 - (A) completion of 45 contact hours of Board-approved continuing education courses;
 - (B) completion of a certificate program in nursing education;
 - (C) nine semester hours of graduate course work in adult learning and learning principles;
 - (D) national certification in nursing education; ~~or~~
 - (E) documentation of completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty ~~performance.~~ performance; or

(F) individuals with prior teaching experience in an academic nursing program setting may be evaluated by administration to assess each individual's prior teaching experience commensurate with formal education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to the program director role.

- (6) maintain competence in the areas of assigned responsibility; and
- (7) have knowledge of current nursing practice for the registered nurse and the licensed practical nurse.

(f) A nursing education program shall implement, for quality improvement, a comprehensive program evaluation that shall include the following:

- (1) students' achievement of program outcomes;
- (2) evidence of program resources, including fiscal, physical, human, clinical, and technical learning resources; student support services; and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
- (3) measures of program outcomes for graduates;
- (4) evidence that accurate program information for the public is available;
- (5) evidence that the controlling institution and its administration support program outcomes;
- (6) evidence that program director and program faculty meet Board qualifications and are sufficient in number to achieve program outcomes;
- (7) evidence that collected evaluative data is used in implementing quality improvement activities; and
- (8) evidence of student participation in program planning, implementation, evaluation, and continuous improvement.

(g) The controlling institution and the nursing education program shall communicate information describing the nursing education program that is accurate, complete, consistent across mediums, and accessible by the public. The following shall be accessible to all applicants and students:

- (1) admission policies and practices;
- (2) policy on advanced placement and transfer of credits;
- (3) the number of credits required for completion of the program;
- (4) tuition, fees, and other program costs;
- (5) policies and procedures for withdrawal, including refund of tuition or fees;
- (6) the grievance procedure;
- (7) criteria for successful progression in the program, including graduation requirements; and
- (8) policies for clinical performance.

Authority G.S. 90-171.23(b)(8); 90-171.38.

21 NCAC 36 .0318 FACULTY

(a) Policies for nursing program faculty members shall be consistent with those for other faculty of the controlling institution, with variations as needed due to the nature of the nursing curriculum.

(b) Fifty percent or more of the nursing faculty shall hold a graduate degree.

(c) Nurses licensed pursuant to this Chapter who are full-time and part-time faculty and who teach in a program leading to initial licensure as a nurse shall:

- (1) hold an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution;
- (3) have two calendar years or the equivalent of full-time ~~clinical~~ experience as a registered nurse. Full-time registered nurse is a registered nurse employed by the institution who is regularly assigned to work at least 40 hours each week in ~~the a position of faculty member;~~ position;
- (4) ~~if newly employed in a full-time faculty position on or after January 1, 2016,~~ full-time faculty shall hold a graduate degree from an accredited institution or obtain a graduate degree in nursing from an accredited institution within five years of initial full-time employment;
- (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this education need not be repeated if the employing organization is changed. This education may be demonstrated by one of the following:
 - (A) completion of 45 contact hours of Board-approved continuing education courses;
 - (B) completion of a certificate program in nursing education;
 - (C) nine semester hours of graduate course work in adult learning and learning principles;
 - (D) national certification in nursing education; ~~or~~
 - (E) documentation of completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in the curriculum implementation, curricular objectives to be met and evaluated,

review of strategies for identified student population, and expectations of student and faculty ~~performance.~~ performance; or

(F) individuals with prior teaching experience in an academic nursing program setting may be evaluated by the Program Director to assess each individual's prior teaching experience commensurate with formal education in teaching and learning principles for adult education including curriculum development, implementation, and evaluation, appropriate to faculty assignment.

(6) maintain competence in the areas of assigned responsibility; and

(7) have knowledge of current nursing practice for the registered nurse and the licensed practical nurse.

(d) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation, including a conferred degree, with applicable licensure or certification in the content area they are teaching.

(e) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

(f) Nurse faculty members shall have the authority and responsibility for:

(1) student admission, progression, and graduation requirements; and

(2) the development, implementation, and evaluation of the curriculum.

(g) Nurse faculty members shall be academically qualified and sufficient in number to implement the curriculum as required by the course objectives, the levels of the students, the nature of the learning environment, and to provide for teaching, supervision, and evaluation.

(h) The controlling institution shall provide workshops and presentations devoted to faculty development.

(i) The faculty-student ratio for faculty-directed preceptor clinical experiences shall be no greater than 1:15. The faculty-student ratio for all other clinical experiences shall be no greater than 1:10.

Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83.

21 NCAC 36 .0320 STUDENTS

(a) Students in nursing programs shall meet requirements established by the controlling institution.

(b) Admission requirements and practices shall be stated and published in the controlling institution's publications and shall include assessment of the student's:

- (1) record of high school graduation, high school equivalent, or earned credits from a post-secondary institution;
- (2) achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and
- (3) physical and ~~emotional~~ mental health that is indicative of the applicant's ability to provide competent nursing care to the public.

(c) The number of students enrolled in nursing courses shall not exceed by more than 10 students the maximum number approved by the Board, as established pursuant to 21 NCAC 36 ~~.0302(f)~~ .0302(h) and 21 NCAC 36 ~~.0321(k)~~ .0321(l).

(d) The nursing program shall publish policies in a nursing student handbook and college catalog that provide for identification and dismissal of students who:

- (1) present physical or ~~emotional~~ mental health problems that conflict with the safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives;
- (2) demonstrate behavior that conflicts with the safety essential to nursing practice; or
- (3) fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media, while in the nursing program of study.

(e) The nursing program shall maintain ~~a three-year average at or above 95 percent of~~ an NCLEX® examination pass rate that meets or exceeds 90 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.

(f) The controlling institution shall publish policies in a nursing student handbook and college catalog for transfer of credits or for admission to advanced placement, and the nursing program shall determine the total number of nursing courses or credits awarded for advanced placement.

Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.43.

21 NCAC 36 .0321 CURRICULUM

(a) The nursing program curriculum shall:

- (1) be planned by nursing program faculty;
- (2) reflect the stated program philosophy, purposes, and objectives, pursuant to 21 NCAC 36 .0302(b)(2);
- (3) be consistent with Article 9A of G.S. 90 and the Rules in this Chapter governing the practice of nursing;
- (4) define the level of performance required to pass each course in the curriculum;
- (5) enable a student to develop the nursing knowledge, skills, and abilities necessary for competent practice consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0231;

- (6) include content in the biological, physical, social, and behavioral sciences to provide a foundation for competent and effective nursing practice;
- (7) provide students the opportunity to acquire and demonstrate, through didactic content and clinical experience under faculty supervision, the knowledge, skills, and abilities required for effective and competent nursing practice in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health, and community health across the lifespan; and
- (8) be revised as necessary to reflect changes and advances in health care and its delivery.

(b) Didactic content and supervised clinical experience across the lifespan appropriate to program type shall include:

- (1) implementing quality and safety principles and practices minimizing the risk of harm to clients and providers through both system effectiveness and individual ~~performance;~~ performance to include clinical judgment, skill in clinical management, time management, and emergency preparedness;
- (2) using informatics to communicate, manage knowledge, mitigate error, and support decision making;
- (3) employing evidence-based practice to integrate the best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;
- (4) providing client-centered, culturally competent care by:
 - (A) respecting client differences, values, preferences, and expressed needs;
 - (B) involving clients in decision-making and care management;
 - (C) coordinating and managing continuous client care consistent with the level of licensure. This shall include a demonstrated ability to delegate and supervise others and provide leadership within the profession appropriate for program type; and
 - (D) promoting healthy lifestyles for clients and populations;
- (5) working in interdisciplinary teams to cooperate, collaborate, communicate, engage in patient teaching consistent with the level of licensure, and integrate client care and health promotion; ~~and~~
- (6) participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in client ~~care;~~ care; and
- (7) legal and ethical issues and professional responsibilities of the licensed nurse.

(c) ~~Clinical experience~~ experience, traditional or simulated, shall be comprised of sufficient hours to accomplish the ~~curriculum~~, curriculum and with the exception of observational experiences and the focused client care experience as noted in Paragraphs (e) and (f) of this Rule, shall be supervised by qualified on-site faculty pursuant to 21 NCAC 36 .0318, and shall ensure students' ability to practice at an entry level.

(d) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(e) A focused client care experience with a minimum of 120 hours shall be provided in the final year of curriculum implementation for programs preparing registered nurses.

(f) A focused client care experience with a minimum of 90 hours shall be provided in the final semester of the curriculum for programs preparing practical nurses.

(g) Learning experiences and methods of instruction, including distance education methods, shall be consistent with the written curriculum plan and shall demonstrate logical curricular progression.

(h) Remediation strategies for students shall be in place at the beginning of each course and include processes to remediate errors in the clinical setting.

~~(h)~~(i) Objectives for each course shall indicate the knowledge, skills, and abilities expected for competent student performance. These objectives shall:

- (1) indicate the relationship between the classroom learning and the application of this learning in the clinical experience;
- (2) serve as criteria for the selection of the types of and settings for learning experiences; and
- (3) serve as the basis for evaluating student performance.

~~(i)~~(j) Student course syllabi shall include a description and outline of:

- (1) the course content;
- (2) the learning environments and activities;
- (3) when the course is taken in the curriculum;
- (4) allocation of time for didactic content, clinical experience, laboratory experience, and simulation; and
- (5) methods of evaluation of student performance, including all evaluation tools used in the course.

~~(j)~~(k) Each course shall be implemented in accordance with and evaluated by reference to the student course syllabus.

~~(k)~~(l) Requests for approval of changes ~~in~~, in the currently approved curriculum, or expansion of, the program, accompanied by all required documentation, shall be submitted in the format provided by the Board at least ~~30~~ 60 days prior to implementation for approval by the Board. Criteria for approval shall include program approval status, the availability of classrooms, laboratories, clinical placements, equipment, and supplies and faculty sufficient to implement the curriculum to an increased number of students. Approval shall be required for any increase in enrollment that exceeds, by more than 10 students, the maximum number approved by the Board. Requests for expansion in enrollment shall be considered only for programs with full approval ~~status that demonstrate at least a three year average licensure examination pass rate equal to or greater than the North Carolina three year average pass rate for program type.~~ status.

~~(m)~~(m) The nursing education program shall notify the Board at least ~~30~~ 45 days prior to implementation of:

- (1) alternative or additional program schedules; and
- (2) planned decrease in the Board-approved student enrollment number to accurately reflect program ~~capacity~~; and capacity.
- ~~(3) changes that alter the currently approved curriculum.~~

(n) The program shall have written policies and procedures on the following:

- (1) short-term and long-term plans for integrating simulation into the curriculum;
- (2) method of debriefing for each simulated activity; and
- (3) a plan for orienting faculty to simulation.

~~(o)~~(o) For all programs using simulation experiences substituted for clinical experience time, the nursing education program shall:

- (1) demonstrate that simulation faculty have been formally educated and maintain the competencies in simulation and debriefing; and
- (2) provide a simulation environment with adequate faculty, space, equipment, and supplies that simulate realistic clinical experiences to meet the curriculum and course objectives.

~~(p)~~ Programs ~~not holding national nursing accreditation shall limit simulation experiences to no more than 25 percent in each course, including the focused client care experience.~~

~~(p)~~(p) Programs ~~holding national nursing accreditation~~ shall limit simulation experiences to:

- (1) no more than 25 percent in the focused client care experience; and
- (2) no more than 50 percent of clinical experience time in each course.

~~(q)~~(q) External standardized examinations shall not be used to determine a student's progression or graduation in a nursing education program preparing students for initial nurse licensure. When used, external examinations shall not weigh more than 10 percent of the final course grade or final course points calculation.

Authority G.S. 90-171.23(b)(8); 90-171.38.

21 NCAC 36 .0322 FACILITIES

(a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.

(b) Classrooms, laboratory and simulation space, and conference rooms shall be sufficient in size, number, and types for the number of students and purposes for which the rooms are to be used. Lighting, ventilation, location, and equipment shall be suitable for the number of students and purposes for which the rooms are to be used.

(c) Office and conference space for nursing program faculty members shall be appropriate and available for uninterrupted work and privacy, including conferences with students.

(d) Learning resources, including educational reference materials and clinical experiences, shall be comprehensive, current, developed with nursing faculty input, accessible to students and faculty and shall support the implementation of the curriculum.

Authority G.S. 90-171.23(b)(8); 90-171.38.

21 NCAC 36 .0323 RECORDS AND REPORTS

- (a) The controlling institution's publications describing the nursing program shall be current and accurate.
- (b) The controlling institution shall maintain a system for maintaining official records. Current and permanent student records shall be stored in a secure manner that prevents physical damage and unauthorized access.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each currently enrolled student shall contain up-to-date and complete information, including the following:
 - (1) documentation of admission criteria met by the student;
 - (2) documentation of high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
 - (3) a transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section, including:

- (1) an annual report to be filed with the Board by November 1 of each ~~year~~; year. This report shall include information about the program's use of simulation;
- (2) a program description report for non-accredited programs filed with the Board at least 30 days prior to a scheduled review by the Board; and
- (3) notification by institution administration of any change of the nursing program director. This notification shall include a curriculum vitae for the new director and shall be submitted no later than 10 business days before the effective date of the change.
- (g) All communications relevant to accreditation shall be submitted to the Board at the same time that the communications are submitted to the accrediting body.
- (h) The Board may require additional records and reports for review at any time to provide evidence and substantiate compliance with the rules in this Section by a program and its controlling institutions.
- (i) The part of the application for licensure by examination to be submitted to the Board by the nursing program shall include a statement verifying satisfactory completion of all requirements for program completion and the date of completion. The nursing program director shall verify completion of requirements to the Board no later than one month following completion of the Board-approved nursing program.

Authority G.S. 90-171.23(b)(8); 90-171.38.

Note from the Codifier: The rules published in this Section of the NC Register are temporary rules reviewed and approved by the Rules Review Commission (RRC) and have been delivered to the Codifier of Rules for entry into the North Carolina Administrative Code. A temporary rule expires on the 270th day from publication in the Register unless the agency submits the permanent rule to the Rules Review Commission by the 270th day.
 This section of the Register may also include, from time to time, a listing of temporary rules that have expired. See G.S. 150B-21.1 and 26 NCAC 02C .0500 for adoption and filing requirements.

TITLE 25 – OFFICE OF STATE HUMAN RESOURCES

Rule-making Agency: State Human Resources Commission

Rule Citation: 25 NCAC 01E .1901 - .1908

Effective Date: August 25, 2023

Date Approved by the Rules Review Commission: August 17, 2023

Reason for Action: Part V of N.C. Sess. Law 2023-14 enacted G.S. 126-8.6 and 126-5(c19), new statutes that became effective July 1, 2023 to provide paid parental leave to certain North Carolina government employees. Section 13A.1 of N.C. Sess. Law 2023-65 amended those statutes, effective July 1, 2023. The new statutes require that the State Human Resources Commission "adopt rules and policies" on paid parental leave. G.S. 126-8.6(b), (c). The new statutes also require that for the University of North Carolina, for public school employees, and for community college employees, the appropriate governing entities "adopt rules and policies" on paid parental leave "that are substantially equivalent to those adopted by the State Human Resources Commission". G.S. 126-8.6(e). Because these other government employers must model their rules on the rules adopted by the Human Resources Commission, the Commission is moving as quickly as possible to put temporary rules in place.

Under the standard provided in G.S. 150B-21.1(a)(2), an agency or commission "may adopt a temporary rule when it finds that adherence to the notice and hearing requirements of G.S. 150B-21.2 would be contrary to the public interest and that the immediate adoption of the rules is required by ... [t]he effective date of a recent act of the General Assembly."

Here, the immediate adoption of the rules is required because of the effective date of Part V of N.C. Sess. Law 2023-14 and Section 13A.1 of N.C. Sess. Law 2023-65. Both acts are recent; Session Law 2023-14 became law on May 16, 2023, and Session Law 2023-65 became law on June 29, 2023. Both acts specify that they are effective July 1, 2023. The General Assembly required "rules and policies" to govern paid parental leave, and the General Assembly required the "rules and policies" for the University System, public schools, and community colleges to be "substantially equivalent" to those from the State Human Resources Commission. G.S. 126-8.6(b),(c),(e). To have the General Assembly's paid parental leave program be in place as close as possible to the July 1, 2023, effective date specified in the statute, the Commission's rules must be adopted as quickly as possible so that the University System, public schools, and community colleges can

adopt their rules. For this reason, the recent acts' effective date requires immediate adoption of the temporary rules.

The Human Resources Commission believes that the accelerated notice and hearing process under G.S. 150B-21.1 was helpful for these temporary rules. No formal comments were received, and there were no comments at the public hearing, but during the period for public comment, stakeholders reached out to Commission staff and made informal recommendations to improve the temporary rules. Those recommendations resulted in the Commission adopting the temporary rules with three changes after the accelerated notice and hearing process.

For four reasons, immediate adherence to the full notice and hearing requirements in G.S. 150B-21.2 would be contrary to the public interest at this time for these temporary rules.

First, there is a lesser need for the full period of public comment under G.S. 150B-21.2 in this situation because the details of these temporary rules are not new and were developed through years of feedback from state agencies. The temporary rules match the paid parental leave program that has existed at Cabinet agencies under Executive Order 95 and the previous Human Resources Commission policy. As a result, for most executive branch agencies, the material in the temporary rules is not new, and since the Executive Order was adopted in 2019, agencies have provided input that has been used to clarify and better implement the paid parental leave program.

Second, a feature of the statute shows that the legislature was comfortable with the program details that were part of the pre-existing paid parental leave program and are now in the proposed temporary rules. The legislature showed support for the Human Resources Commission's implementation of the program under Executive Order 95 by requiring that the new rules and policies for universities, public schools, and community colleges must be "substantially equivalent" to the Human Resources Commission rules and policies. G.S. 126-8.6(e). This suggests a legislative intent for continuity with existing Commission practices. The accelerated notice and hearing process is more appropriate when a temporary rule matches existing practices and there are signs of legislative intent favoring continuity with existing practices.

Third, the Commission is using the abbreviated notice and hearing process under G.S. 150B-21.1 for the noncontroversial topics in the temporary rules, but

delaying for full notice and hearing under G.S. 150B-21.2 the topic that has the greatest need for public notice and comment. The Human Resources Commission has left for permanent rulemaking-and has not included in the temporary rule- the most controversial and complicated topic for paid parental leave. Under Executive Order 95 and the previous Human Resources Commission policy, questions sometimes arose on whether agencies could provide paid parental leave in the event of miscarriage or stillbirth. There was no provision in the Executive Order or existing policy on this topic. On June 29, 2023, Session Law 2023-65 added a provision to the statute that expressly requires the Human Resources Commission to "adopt rules and policies" on paid parental leave for "miscarriage or the death of a child during birth." G.S. 126-8.6(c1). On the difficult and complex topic of paid leave following miscarriage or stillbirth, the full period of notice and hearing under G.S. 150B-21.2 is in the public interest. That is why that topic is not part of the temporary rules that are being submitted to the Rules Review Commission.

Fourth, requiring the full period of notice and hearing under G.S. 150B-21.2 would substantially delay the system of paid parental rules that the General Assembly required in G.S. 126-8.6(b)-(c). It would be contrary to the public interest to delay the effect of the General Assembly's statute for any longer than is necessary.

CHAPTER 01 - OFFICE OF STATE HUMAN RESOURCES

SUBCHAPTER 01E - EMPLOYEE BENEFITS

SECTION .1900 – PAID PARENTAL LEAVE

25 NCAC 01E .1901 DEFINITIONS

For the purposes of this Section, the following definitions shall apply:

- (1) "Agency" means any State agency, department, institution, office, board, or commission, including institutions and offices of the University of North Carolina, but excluding the legislative branch, the judicial branch, community college institutions, and public schools.
- (2) "Child" means a child as defined at G.S. 126-8.6(a)(1).
- (3) "Parent" means:
 - (a) the mother or father of a child through birth or legal adoption; or
 - (b) an individual who cares for a child through foster or other legal placement under the direction of a government authority.
- (4) "Qualifying event" means when an employee becomes a parent to a child.

History Note: Authority G.S. 126-5(c19); 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1902 RELATIONSHIP TO OTHER RULES AND POLICIES

(a) This Section states the terms and conditions only for paid parental leave that is provided under G.S. 126-8.6 by an agency, as defined in Rule .1901 of this Section.

~~(b) For the employers who are required by G.S. 126-8.6(c) to adopt rules and policies that are "substantially equivalent" to this Section, different circumstances may require differences in terminology and in how to put into application or effect the general principles of this Section. Therefore, those employers may diverge from the text of this Section and any related State Human Resources Commission policies when adopting their rules and policies, so long as those employers' rules and policies provide a substantially equivalent amount of leave to a substantially equivalent group of employees.~~

(b) The paid parental leave provided under this Section is in addition to any other leave authorized by state or federal law. Nothing in this Rule shall prohibit an employer, if authorized, from providing paid parental leave in amounts greater than as required by this Rule.

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1903 ELIGIBILITY FOR PAID PARENTAL LEAVE

(a) This Section applies to all agency employees subject to G.S. 126-8.6, whether or not those employees are exempt from other sections of the State Human Resources Act.

(b) Employees may receive paid parental leave under this Section only if they are in a permanent, time-limited, or probationary appointment. Temporary employees are not eligible for paid parental leave under this Section.

(c) An agency shall allow an employee to take paid parental leave under this Section only if, at the time of the qualifying event, the employee meets each of the following conditions.

- (1) For the immediate 12 preceding months, the employee has been employed without a break in service as defined by 25 NCAC 01D .0114 by the State of North Carolina in a permanent, time-limited, or probationary appointment.
- (2) The employee has been in pay status with the State of North Carolina for at least 1,040 hours during the previous 12-month period.

(d) This Section applies to requests for paid parental leave related to qualifying events occurring on or after July 1, 2023.

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1904 LEAVE AVAILABLE TO FULL-TIME EMPLOYEES

(a) Full-time employees eligible for paid parental leave under this Section may take, in their discretion, up to the following amounts of leave:

- (1) Eight weeks of paid leave after a parent gives birth to a child.
- (2) Four weeks of paid leave after any other qualifying event.

(b) Each week of paid parental leave under this Section shall result in compensation at 100 percent of the eligible employee's regular, straight time weekly pay- regular pay on a straight-time basis (without including overtime pay or paid time off, on the employee's regular weekly schedule).

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1905 LEAVE AVAILABLE TO PART-TIME EMPLOYEES

(a) Part-time employees (regardless whether they work half-time or more) shall receive paid parental leave under this Section if they meet all other requirements for eligibility.

(b) Part-time employees eligible for paid parental leave under this Section may take, in their discretion, a prorated amount of leave based on the hours worked in the employee's regular, weekly schedule compared to the hours worked by a full-time employee in a similar position at that agency.

(c) Each week of paid parental leave under this Section shall result in compensation at 100 percent of the eligible employee's regular, straight time weekly pay- regular pay on a straight-time basis (without including overtime pay or paid time off, on the employee's regular weekly schedule).

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1906 USE OF OTHER LEAVE

The paid parental leave provided under this Section shall not be counted against or deducted from the employee's sick, vacation, or other accrued leave. For agency employees, the paid parental leave provided under this Section is in addition to any other leave authorized by law, rule, or policy, including but not limited to leave without pay provided under 25 NCAC 01E .1110, voluntary shared leave under G.S. 126-8.3 and 25 NCAC 01E .1300, or family and medical leave. However, when an employee becomes eligible, as described in 25 NCAC 01E .1400, for family and medical leave, the paid parental leave under this Section shall run concurrently with the family and medical leave.

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1907 REQUESTING USE OF PAID PARENTAL LEAVE

(a) Eligible employees may take paid parental leave in one continuous period or may take intermittent use of paid parental leave. Requests for intermittent use of paid parental leave are subject to the agency's approval as stated in Paragraph (d) of this Rule.

(b) Whenever possible, eligible employees shall notify their employing agencies at least 10 weeks in advance of their

intention to use paid parental leave. This requirement is so that agencies can secure backfill coverage.

(c) The agency shall not deny, delay, or require intermittent use of paid parental leave to employees who gave birth and seek to use paid parental leave in one continuous period.

(d) For all other employees, the agency may delay providing paid parental leave or may provide paid parental leave intermittently if it determines that providing the leave will cause a public safety concern, meaning a significant impairment to the agency's ability to conduct its operations in a manner that protects the health and safety of North Carolinians. For example, the extension of paid parental leave to an eligible employee who did not give birth may constitute a public safety concern if:

- (1) Providing the paid parental leave would result in agency staffing levels below what is required by federal or state law to maintain operational safety; or
- (2) Providing the paid parental leave may impact the health or safety of staff, patients, residents, offenders, or other individuals the agency is required by law to protect; and
- (3) The agency has been unable to secure supplemental staffing after requesting or diligently exploring alternative staffing options.

(e) If the agency determines that it must delay paid parental leave, or make paid parental leave intermittent, because of a public safety concern under Paragraph (d) of this Rule, the agency shall provide paid parental leave as soon as practical following the qualifying event.

History Note: Authority G.S. 126-8.6; Temporary Adoption Eff. August 25, 2023.

25 NCAC 01E .1908 LEAVE ADMINISTRATION

(a) Paid parental leave under this Section may be used only once by an eligible employee within a rolling 12-month period.

(b) The birth or other qualifying event of twins, triplets, or other multiple children shall produce only one award of paid parental leave under this Section.

(c) Both parents may receive paid parental leave under this Section if they are both eligible agency employees. Both parents may take their leave simultaneously or at different times, subject to Rule .1907 of this Section.

(d) Employees shall submit documentation that they will use paid parental leave for a qualifying event under this Section. An agency may take appropriate action if an employee fraudulently requested or used paid parental leave. This action may include revoking approval and disciplinary action up to and including dismissal, pursuant to 25 NCAC 01J .0600.

(e) Employees shall not be paid for the leave provided by this Section upon separation from the employer. The leave provided by this Section shall not be used for calculating an employee's retirement benefits and shall not accrue or be donated as voluntary shared leave.

(f) Paid parental leave provided under this Section shall be reported separately from all other paid leave. Employees and

TEMPORARY RULES

supervisors are responsible for accurate reporting of the use of this leave on the employee's time record.

History Note: Authority G.S. 126-4(6); 126-8.6; 126-35(a); Temporary Adoption Eff. August 25, 2023.

RULES REVIEW COMMISSION

This Section contains information for the meeting of the Rules Review Commission August 17, 2023 at 1711 New Hope Church Road, RRC Commission Room, Raleigh, NC. Anyone wishing to submit written comment on any rule before the Commission should submit those comments to the RRC staff, the agency, and the individual Commissioners. Specific instructions and addresses may be obtained from the Rules Review Commission at 984-236-1850. Anyone wishing to address the Commission should notify the RRC staff and the agency no later than 5:00 p.m. of the 2nd business day before the meeting. Please refer to RRC rules codified in 26 NCAC 05.

RULES REVIEW COMMISSION MEMBERS

Appointed by Senate

Jeanette Doran (Chair)
Robert A. Bryan, Jr. (2nd Vice Chair)
Jay R. Hemphill
Jeff Hyde
Robert A. Rucho

Appointed by House

Andrew P. Atkins (1st Vice Chair)
Wayne R. Boyles, III
Barbara A. Jackson
Randy Overton
Paul Powell

COMMISSION COUNSEL

Brian Liebman	984-236-1948
Lawrence Duke	984-236-1938
William W. Peaslee	984-236-1939
Seth M. Ascher	984-236-1934

RULES REVIEW COMMISSION MEETING DATES

September 21, 2023	November 16, 2023
October 19, 2023	December 14, 2023

RULES REVIEW COMMISSION MEETING

MINUTES

August 17, 2023

The Rules Review Commission met on Thursday, August 17, 2023, in the Commission Room at 1711 New Hope Church Road, Raleigh, North Carolina, and via WebEx.

Commissioners Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jeanette Doran, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho were present in the Commission Room. Commissioner Jay Hemphill was present via WebEx.

Staff member Alexander Burgos, Commission Counsel Seth Ascher, Lawrence Duke, Brian Liebman, and Bill Peaslee were present in the room.

The meeting was called to order at 9:00 a.m. with Chair Doran presiding.

The Chair read the notice required by G.S. 138A-15(e) and reminded the Commission members that they have a duty to avoid conflicts of interest and the appearance of conflicts of interest.

The Chair notified the Commissioners that the following item on the agenda would be taken up out of order at the end of the agenda: Follow up matter Tab D for Coastal Resources Commission.

APPROVAL OF MINUTES

The Chair asked for any discussion, comments, or corrections concerning the minutes of the July 20, 2023, meeting. There were none and the minutes were approved as distributed.

Upon the call of the Chair, the minutes were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

FOLLOW UP MATTERS

Environmental Management Commission

Upon the call of the Chair, 15A NCAC 02D .0103, .0501, .0546, .0605, .1903, .1904, .1905, .2203; 02Q .0104, .0105, .0206, .0304, .0305, .0307, .0505, .0507, .0508, and .0710 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Environmental Management Commission

15A NCAC 02H .1301, .1401, .1402, .1403, .1404, and .1405 - The Commission objected to these Rules at the May 2022 meeting. The agency has not responded to the Commission's objection since August 2022. No action was required by the Commission.

Marine Fisheries Commission

15A NCAC 03M .0101 - The Commission objected to this Rule at the June meeting. No action was required by the Commission.

Coastal Resources Commission

Upon the call of the Chair, the Commission voted to approve 15A NCAC 07K .0207 and 15A NCAC 07M .0602 and to object to 15A NCAC 07H .0208 and 15A NCAC 07H .0308 by roll-call vote, ayes 8, noes 1 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Randy Overton, Paul Powell, and Bob Rucho – 8. Voting in the negative: Barbara Jackson - 1. The Commission found that 15A NCAC 07H .0208 and .0308 are unclear or ambiguous under G.S. 150B-21.9(a)(2). Additionally, the Commission objected to Rule 15A NCAC 07H .0208 for failure to comply with the APA under G.S. 150B- 21.9(a)(4).

Commissioner Atkins moved to approve 15A NCAC 07M .0603. The motion failed by roll-call vote, ayes 1, noes 8 as follows: Voting in the affirmative: Andrew Atkins. Voting in the negative: Wayne R. Boyles, III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 8.

Commissioner Hyde moved to object to 15A NCAC 07M .0603 pursuant to G.S. 150B-21.9(a)(1) on the grounds that the CRC lacks statutory authority to regulate floating upweller systems. The motion was approved by roll-call vote, ayes 8, noes 1 as follows: Voting in the affirmative: Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 8. Voting in the negative: Andrew Atkins - 1.

Mary Lucasse, with the Department of Justice and representing the agency, addressed the Commission.

Chris Mateo, with the North Carolina Shellfish Growers Association, addressed the Commission.

Keith Larick, with the North Carolina Farm Bureau Federation, addressed the Commission.

Coastal Resources Commission

15A NCAC 07H .0501, .0502, .0503, .0505, .0506, .0507, .0508, .0509, .0510; 07I .0406, .0506, .0702; 07J .0203, .0204, .0206, .0207, .0208, and .0312 – At the February meeting, the Commission continued its objection to these Rules from the September 2022 meeting pursuant to G.S. 150B-21.12(c). The agency has not responded to the Commission's continued objection. No action was required by the Commission.

Coastal Resources Commission

15A NCAC 07H .2305 – At the February meeting, the Commission continued its objection to this Rule from the September 2022 meeting pursuant to G.S. 150B-21.12(c). The agency has not responded to the Commission's continued objection. No action was required by the Commission.

Coastal Resources Commission

15A NCAC 07M .0201, .0202, .0401, .0402, .0403, .0701, .0703, .0704, .1001, .1002, and .1101 – At the February meeting, the Commission continued its objection to these Rules from the September 2022 meeting pursuant to G.S. 150B-21.12(c). The agency has not responded to the Commission's continued objection. No action was required by the Commission.

LOG OF FILINGS (PERMANENT RULES)**Sheriffs' Education and Training Standards Commission**

Upon the call of the Chair, 12 NCAC 10B .0702, .0705, .0803, .0901, .0903, .0906, and .0910 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Upon the call of the Chair, 12 NCAC 10B .0402, .0403, .0404, .0503, .0604, .0605, .0606, .0607, .0704, .0714, and .1302 – The Commission voted to extend the period of review by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Private Protective Services Board

Upon the call of the Chair, the Commission voted to extend the period of review for 14B NCAC 16 .0201, .0205, .0403, .0807, .1101, .1501, .1502, .1503, .1504, .1601, .1701, .1702, .1703, .1704, .1705, .1706, .1707, .1708, and .1709 by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Environmental Management Commission

Upon the call of the Chair, 15A NCAC 02B .0305 was approved by roll-call vote, ayes 8, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 8. Voting in the negative: None.

Environmental Management Commission

Upon the call of the Chair, the Commission voted to extend the period of review for 15A NCAC 02D .0503, .0506, .0532, .0614, .0918, .0926, .0927, .0928, .0932, .0960, .0961, .0964, .1403, and .1708; 02Q .0102, and .0706 by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Wildlife Resources Commission

Upon the call of the Chair, 15A NCAC 10B .0113; 10F .0102, .0104, .0109, .0310, and .0374 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Local Government Commission

Upon the call of the Chair, 20 NCAC 03 .0701, .0702, .0703, .0704, .0705, .0706, .0707, .0708, .0709, .0710, .0711, .0712, .0713, .0714 and .0715 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Board of Certified Public Accountant Examiners

Upon the call of the Chair, 21 NCAC 08F .0103, .0105, .0401, .0410; 08H .0101; 08J .0112; 08M .0105, 08N .0205, .0209, .0211, .0215, .0304, .0305, .0307, .0308, .0309, .0403, .0404, .0405, .0406, .0409, .0410, .0411, and .0412 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Board of Examiners in Optometry

Upon the call of the Chair, 21 NCAC 42B .0304 was approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Board of Pharmacy

Upon the call of the Chair, 21 NCAC 46 .1616 and .1821 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

Veterinary Medical Board

Upon the call of the Chair, 21 NCAC 66 .0108, .0206, .0901, .0902, .0903, .0904, and .0905 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None.

In accordance with G.S. 150B-21.3(b2), the Commission received over ten letters of objection requesting legislative review and a delayed effective date for 21 NCAC 66 .0206, .0902, .0903, and .0904.

Office of Administrative Hearings

Upon the call of the Chair, 26 NCAC 03 .0106 and .0401 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None

LOG OF FILINGS (TEMPORARY RULES)

State Human Resources Commission

Upon the call of the Chair, 25 NCAC 01E .1901, .1902, .1903, .1904, .1905, .1906, .1907, and .1908 were approved by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None

COMMISSION BUSINESS

The Chair announced that due new appointments of members to the RRC, the Commission may postpone the Elections of Commission Officers regularly scheduled at the September meeting.

Upon the call of the Chair, the Commission voted to adopt an oral resolution recognizing outgoing Commissioners Andrew Atkins, Bobby Bryan, and Bob Rucho for their service to the RRC by roll-call vote, ayes 9, noes 0 as follows: Voting in the affirmative: Andrew Atkins, Wayne R. Boyles III, Bobby Bryan, Jay Hemphill, Jeff Hyde, Barbara Jackson, Randy Overton, Paul Powell, and Bob Rucho – 9. Voting in the negative: None

The meeting was adjourned at 10:06 a.m.

The next regularly scheduled meeting of the Commission is Thursday, September 21, 2023, at 9:00 a.m.

Alexander Burgos, Paralegal

Minutes approved by the Rules Review Commission:
Jeanette Doran, Chair

RULES REVIEW COMMISSION

August 17, 2023

Rules Review Commission
Meeting
Please **Print** Legibly

Name	Agency
Jennifer Everett	DEQ
Keith Lanick	NC Farm Bureau
Chris Matteo	NC Shellfish Growers Association
Jason Sass	NC Dept. State Treasurer
Debbie Tomasko	NC Dept. State Treasurer
Laura Price	Dept State Treasurer
CINDY AIKEN	Dept of State Treasurer
Denise Mazza	OSHR
Boz Zellinger	NC DOJ
Melissa Bowman	NC DOJ
Keith West	NC Veterinary Medical Board
Grace Hardwick	OSBM
Ann B. Wall	Sec of State
Adriene Weathers	DEQ
Julie Ventaloro	NC OSBM
DAVID NANCE	NC CPA
Lynne Sanders	NCCPA Board
Frank Trainer	" "
Bloke Thomas	OSHR
Joanna LeFebvre	OSBM
ROBERT BROOME	NCACPA

Rules Review Commission Meeting August 17, 2023

Via WebEx

Name	Agency
Ann Elmore	SOSNC
Dana Lee	ncauditor.net
Katherine Quinlan	DEQ
Julie Peck	DHHS
Joelle Burleson	DEQ
Emily Jones	DOT
Rachel Love-Adrick	DEQ
Tancred Miller	DEQ
Jonathan Howell	DEQ
Debbie Hamrick	NCFB
Misty Piekaar	DHHS
Kirstin Greene	DOJ
Clint Pinyan	Pharmacy
Janice Peterson	Optometry
Anna Hayworth	Agriculture
Christine A Goebel	DEQ
Sirena Jones	SHETS
Jonathan Carr	jordanprice.com
Ruhlman, Carrie A	WRC
Drew Hargrove	Parker Poe
Phillip Reynolds	DOJ
Paul Wojoski	DEQ
Ross Smith	myncma.org
Angela Willis	DEQ
Hannah Jernigan	DOT
John McHugh	aspca.org
Hope Ascher	
Richard Squires	DOJ
Melva Bonner	WRC
Ashley McClung	DEQ

LIST OF APPROVED PERMANENT RULES

August 17, 2023 Meeting

SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

<u>Administration of Justice Officer Schools</u>	12 NCAC 10B .0702
<u>Qualifications to Act as School Directors</u>	12 NCAC 10B .0705
<u>Reports/Detention Officer Cert Course Presentation Comple...</u>	12 NCAC 10B .0803
<u>Cert/Instructors/Basic Law Enforcement Training Course</u>	12 NCAC 10B .0901
<u>Cert: Instructors for Detention Officer Certification Couse</u>	12 NCAC 10B .0903

RULES REVIEW COMMISSION

<u>Professional Lecturer Certification</u>	12 NCAC	10B	.0906
<u>Use of Guest Participants</u>	12 NCAC	10B	.0910
ENVIRONMENTAL MANAGEMENT COMMISSION			
<u>Watauga River Basin</u>	15A NCAC	02B	.0305
<u>Copies of Referenced Federal Regulations</u>	15A NCAC	02D	.0103
<u>Compliance with Emission Control Standards</u>	15A NCAC	02D	.0501
<u>Control of Emissions from Log Fumigation Operations</u>	15A NCAC	02D	.0546
<u>General Recordkeeping and Reporting Requirements</u>	15A NCAC	02D	.0605
<u>Open Burning Without an Air Quality Permit</u>	15A NCAC	02D	.1903
<u>Air Curtain Incinerators</u>	15A NCAC	02D	.1904
<u>Regional Office Locations</u>	15A NCAC	02D	.1905
<u>Public Notice</u>	15A NCAC	02D	.2203
<u>Where to Obtain and File Permit Applications</u>	15A NCAC	02Q	.0104
<u>Copies of Referenced Documents</u>	15A NCAC	02Q	.0105
<u>Payment of Fees</u>	15A NCAC	02Q	.0206
<u>Applications</u>	15A NCAC	02Q	.0304
<u>Application Submittal Content</u>	15A NCAC	02Q	.0305
<u>Public Participation Procedures</u>	15A NCAC	02Q	.0307
<u>Application Submittal Content</u>	15A NCAC	02Q	.0505
<u>Application</u>	15A NCAC	02Q	.0507
<u>Permit Content</u>	15A NCAC	02Q	.0508
<u>Public Notice and Opportunity for Public Hearing</u>	15A NCAC	02Q	.0710
COASTAL RESOURCES COMMISSION			
<u>Structural Accessways Over Frontal Dunes Exempted</u>	15A NCAC	07K	.0207
<u>Definitions</u>	15A NCAC	07M	.0602
WILDLIFE RESOURCES COMMISSION			
<u>Big Game Harvest Reports</u>	15A NCAC	10B	.0113
<u>Application for Certificate of Vessel Number</u>	15A NCAC	10F	.0102
<u>Certificate of Number</u>	15A NCAC	10F	.0104
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