

## Emergency Medical Services Legislation in North Carolina

*Drexdal Pratt*

North Carolina's history of emergency medical services (EMS) legislation dates back to 1967. The study commission and subsequent legislation in the state was a result of the federal National Highway Safety Act of 1966. This federal act created the National Highway Safety Administration and directed each state to develop a regional EMS system. The North Carolina Governors Highway Safety Program was charged with assisting in the funding of such a program in our state. Soon after the enactment of this act the US Department of Transportation released national standards for the design and equipment of ambulances and training for ambulance attendants.

In 1967 the North Carolina General Assembly passed the Ambulance Services Act under Chapter 130, Article 26, Regulation of Ambulance Services. This act placed the regulatory responsibilities of EMS under the North Carolina State Board of Health and provided the board authority for adopting standards for equipment, inspection of medical equipment, and supplies required for ambulances. In addition, the law required that ambulances have permits and the board adopted regulations setting forth the qualifications required for certification of ambulance attendants.

The 1967 law also created an Advisory Committee on Ambulance Service to assist the North Carolina State Board of Health in developing standards for use in Article 26. The advisory committee consisted of 9 members and representative of the North Carolina Funeral Directors Association Inc., Funeral Directors and Morticians Association of North Carolina Inc., North Carolina Ambulance Association Inc., North Carolina Medical Society, North Carolina Hospital Association, American Red Cross, North Carolina State Association of Rescue Squads Inc., North Carolina Association of

County Commissioners, and North Carolina League of Municipalities.<sup>1</sup> This advisory committee still exists today and has expanded in membership to represent the many EMS stakeholders. The committee's name has changed to the North Carolina EMS Advisory Council, and it continues to offer a valuable service to the state and the citizens of North Carolina.

In 1971 Senator F. O'Neil Jones sponsored Senate Resolution 827 authorizing a Legislative Research Commission "to study and investigate the problem of emergency care in North Carolina and to plan and develop an adequate system of providing comprehensive emergency medical care throughout the state with sufficient resources to save human lives and diminish the immeasurable emotional burden and vast economic losses of avoidable disability."<sup>2</sup> The Commission was instructed to report its findings and recommendations to the 1973 session of the General Assembly. Senator Jones chaired the commission and provided its report and recommendations to the General Assembly in January 1973.

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One of the recommendations of the commission was the establishment of the Office of Emergency Medical Services within the Department of Human Resources (now Health and Human Services). In addition, the agency should be adequately funded and empowered to coordinate and control all state EMS programs and have the ability to pursue federal and private funding and make allocations to both governmental and private local EMS systems. There were several other recommendations to increase the minimum standards for EMS training and to change the name of the Advisory Committee to the EMS Advisory Council and increase its membership to better reflect all of the state's EMS stakeholders.

As a result of the study commission's work, the Office of Emergency Medical Services was established in 1973 and placed in the Division of Facility Services. Funding was appropriated to the agency to improve training, transportation, hospital emergency rooms, and communications consistent with the 15 federally recognized components of an EMS system. Chapter 224 of the law consolidated the rule-making authority over ambulances and personnel in the Medical Care Commission. In Chapter 1121 the law authorized training emergency medical technicians to perform advanced first aid and limited medical procedures under the rules and regulations of the Board of Medical Examiners.

Over the next 20 years some minor changes were made to the EMS statutes and many administrative rule changes were made. In 1976 the North Carolina Medical Care Commission published a document entitled "Rules & Regulations Governing Ambulance Services," thus creating the state's basic life support rules. Also in 1976 the North Carolina Medical Board adopted rules to allow advanced skills for EMTs under the certification of Mobile Intensive Care Technicians.

In 1993 G.S. 131E-162 was passed and required the department to develop a Statewide Trauma System and, in 1995, G.S. 131E-155.1 was enacted to require the licensing of EMS providers. This legislation served EMS in our state well for many years and established a solid foundation to build on for the future.

## North Carolinas EMS Legislation Rewritten in 2001

In 1999 the NC Office of Emergency Medical Services embraced the National Highway Traffic and Safety Administration's plan entitled *Emergency Medical Services, Agenda for the Future*. The agenda listed 14 attributes of an EMS system much like the previous 15 components but revised to meet the needs of a more expanded and developed profession. Realizing that EMS continues to be a local community based system, the new vision brings clarity and places emphasis on the fact that EMS is truly a part of entry to the overall health care system. Integration of health services are needed with such partners as public health, social services, community agencies, and academic institutions as part of the new vision.<sup>3</sup>

The new attributes address areas such as EMS research, system finance, prevention, information systems, evaluation, and others requiring additional statutory authority for implementation and funding. Those of us that have worked in the EMS system since its inception realized that North Carolina needed to rewrite its laws and rules governing EMS to fully embrace and implement the agenda.

Therefore, in 1999 we began the process to educate EMS stakeholders on the National EMS Agenda for the Future and rewrite the existing EMS laws. With help and support from the secretary of the Department of Health and Human Services, the director of the Division of Facility Services, the North Carolina EMS Advisory Council, 18 EMS stakeholder groups, and the dedicated staff of the Office of Emergency Medical Services, Representative Thomas Wright, New Hanover County, agreed to introduce House Bill 452, An Act to Revise and Update the EMS Act of 1973, and House Bill 453, Regulation of Emergency Medical Services, two of the most comprehensive EMS system bills in the country. The bills were passed in the 2001 session of the General Assembly and became law on January 1, 2002. The North Carolina Medical Care Commission adopted temporary rules to coincide with the legislation's enactment.

The new legislation required many changes to the structure of EMS in the state. Since most EMS providers in the state had progressed using the previous enabling legislation to provide advanced life support, it was apparent that EMS rule making needed to reside under the authority of one entity, either the NC Medical Care Commission or the NC Medical Board. After much discussion with the stakeholders it was decided to move all rule-making authority under the authority of the NC Medical Care Commission. The NC Medical Board retained statutory authority in G.S. 143-514 for defining the scope of practice for all levels of EMS personnel.<sup>4</sup>

The law now defines emergency medical services in G.S. 131E-155 (6) as: "services rendered by emergency medical personnel in responding to improve the health and wellness of the community and to address the individual's need for emergency medical care within the scope of practice defined by the North Carolina Medical Board in accordance with G.S. 143-514 in order to prevent loss of life or further aggravation of physiological illness or injury." The law also defines the Statewide Emergency Medical System in G.S. 143-507 (b).

Another major change in the law clearly places the responsibility of ensuring that every citizen has access to EMS to the Board of County Commissioners for each county. The new law establishes local EMS systems with no more than one system per county. New rules require that all counties submit a comprehensive EMS system plan to the Office of EMS and that all EMS providers licensed to operate in the county function as part of the county's EMS system. These requirements help standardize and coordinate the EMS care provided by the more than 850 EMS agencies operating in the state.<sup>5</sup>

New rules enacted by the NC Medical Care Commission

enable counties to advance their systems to earn the designation of "Model System."<sup>a</sup> Model System designation far exceeds the minimum system requirements, is voluntary, and allows counties less regulatory oversight by the state. Less regulatory oversight includes self inspection of vehicles with appropriate documentation and more flexibility in all areas of their program management. In order to obtain the designation, counties must provide documentation that all system components of medical oversight, peer review, continuing education, and emergency medical dispatch are met and ensure the same high level of care is being provided to its citizens 24 hours, 365 days per year. The OEMS reviews the documentation then verifies through an on-site visit with the county before awarding the designation. The designation is awarded for a six-year period. Currently there are 12 counties in North Carolina that have obtained this designation.

Although air medical services were included in the previous rules, the new rules changed the terminology to include Specialty Care Air and Specialty Care Ground to address the interfacility patient transport. The term specialty care also

assists EMS systems with reimbursement issues because this is a recognized term for Medicare and Medicaid. The law also provides liability protection for local and regional peer review meetings and requires electronic patient records to be submitted to the department on a daily basis. The data provides valuable information to assist the counties and state in assessing needs and looking at statewide patient outcomes for prehospital care.

The law also expanded membership on the EMS Advisory Council to be more representative of today's EMS system and created a 7-member EMS disciplinary committee that reviews all EMS personnel disciplinary cases and provides recommendations to the Office of EMS for possible action.

Throughout North Carolina EMS history the General Assembly, the Department of Health and Human Services, and the Division of Facility Services have supported efforts to improve the state's EMS system and have been proactive in passing legislation and rules to meet the needs of an ever expanding North Carolina EMS system. **NCMJ**

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a The requirements for Model System designation can be found in the North Carolina Administrative Code 10A NCAC 13P .0202.

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## REFERENCES

- 1 Rules And Regulations Governing Ambulance Service, North Carolina State Board of Health, Division of Epidemiology, 1967
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- 3 *Emergency Medical Services, Agenda For The Future*. Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration; August 1996. <http://www.nhtsa.dot.gov/people/injury/ems/agenda/emsman.html>. Accessed May 14, 2007.
- 4 North Carolina General Assembly. North Carolina General Statutes. [http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter\\_143/gs\\_143-514.html](http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter_143/gs_143-514.html). Accessed June 1, 2007.
- 5 North Carolina Office of EMS Dial Code Book, 2002.