

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

2

HOUSE BILL 878
Senate Health Care Committee Substitute Adopted 7/1/09

Short Title: EMS Prsnl/Recvry Rehab./DHHS/NCPHP. (Public)

Sponsors:

Referred to:

March 31, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO AUTHORIZE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO
3 IDENTIFY PROGRAMS FOR AIDING IN THE RECOVERY AND REHABILITATION
4 OF EMS PERSONNEL WITH CHEMICAL ADDICTION OR ABUSE AND TO MAKE
5 CHANGES TO THE NORTH CAROLINA PHYSICIANS HEALTH PROGRAM.

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** G.S. 143-509 reads as rewritten:

8 **"§ 143-509. Powers and duties of Secretary.**

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

- 12 (1) After consulting with the Emergency Medical Services Advisory Council
13 and with any local governments that may be involved, seek the
14 establishment of a Statewide Emergency Medical Services System,
15 integrated with other health care providers and networks including, but not
16 limited to, public health, community health monitoring activities, and special
17 needs populations.
- 18 (2) Repealed by Session Laws 1989, c. 74.
- 19 (3) Establish and maintain a comprehensive statewide trauma system in
20 accordance with the provisions of Article 7A of Chapter 131E of the General
21 Statutes and the rules of the North Carolina Medical Care Commission.
- 22 (4) Establish and maintain a statewide emergency medical services
23 communications system including designation of EMS radio frequencies and
24 coordination of EMS radio communications networks within FCC rules and
25 regulations.
- 26 (5) Establish and maintain a statewide emergency medical services information
27 system that provides information linkage between various public safety
28 services and other health care providers.
- 29 (6) Credential emergency medical services providers, vehicles, EMS
30 educational institutions, and personnel after documenting that the
31 requirements of the North Carolina Medical Care Commission are met.
- 32 (7), (8) Repealed by Session Laws 2001-220, s. 1, effective January 1, 2002.
- 33 (9) Promote a means of training individuals to administer life-saving treatment
34 to persons who suffer a severe adverse reaction to agents that might cause
35 anaphylaxis. Individuals, upon successful completion of this training
36 program, may be approved by the North Carolina Medical Care Commission
37 to administer epinephrine to these persons, in the absence of the availability



1 of physicians or other practitioners who are authorized to administer the
2 treatment. This training may also be offered as part of the emergency
3 medical services training program.

4 (10) Establish and maintain a collaborative effort with other community
5 resources and agencies to educate the public regarding EMS systems and
6 issues.

7 (11) Collaborate with community agencies and other health care providers to
8 integrate the principles of injury prevention into the Statewide EMS System
9 to improve community health.

10 (12) Establish and maintain a means of medical direction and control for the
11 Statewide EMS System.

12 (13) Establish programs for aiding in the recovery and rehabilitation of EMS
13 personnel who experience chemical addiction or abuse and programs for
14 monitoring these EMS personnel for safe practice."

15 **SECTION 2.** G.S. 90-14(b) reads as rewritten:

16 "(b) The Board shall refer to the North Carolina Physicians Health Program all
17 ~~physicians and physician assistants~~ licensees whose health and effectiveness have been
18 significantly impaired by alcohol, drug addiction or mental illness. Sexual misconduct shall not
19 constitute mental illness for purposes of this subsection."

20 **SECTION 3.** G.S. 90-14(f) reads as rewritten:

21 "(f) A person, partnership, firm, corporation, association, authority, or other entity acting
22 in good faith without fraud or malice shall be immune from civil liability for (i) reporting,
23 investigating, assessing, monitoring, or providing an expert medical opinion to the Board
24 regarding the acts or omissions of a licensee or applicant that violate the provisions of
25 subsection (a) of this section or any other provision of law relating to the fitness of a licensee or
26 applicant to practice medicine and (ii) initiating or conducting proceedings against a licensee or
27 applicant if a complaint is made or action is taken in good faith without fraud or malice. A
28 person shall not be held liable in any civil proceeding for testifying before the Board in good
29 faith and without fraud or malice in any proceeding involving a violation of subsection (a) of
30 this section or any other law relating to the fitness of an applicant or licensee to practice
31 medicine, or for making a recommendation to the Board in the nature of peer review, in good
32 faith and without fraud and malice."

33 **SECTION 4.** G.S. 90-16(c) reads as rewritten:

34 "(c) All records, papers, investigative files, investigative reports, other investigative
35 information and other documents containing information in the possession of or received or
36 gathered by the Board, or its members or employees or consultants as a result of investigations,
37 ~~inquiries~~ inquiries, assessments, or interviews conducted in connection with a licensing,
38 ~~complaint or~~ complaint, assessment, potential impairment matter, disciplinary matter, or report
39 of professional liability insurance awards or settlements pursuant to G.S. 90-14.13, shall not be
40 considered public records within the meaning of Chapter 132 of the General Statutes and are
41 privileged, confidential, and not subject to discovery, subpoena, or other means of legal
42 compulsion for release to any person other than the Board, its employees or ~~agents~~ consultants
43 involved in the application for ~~license~~ license, impairment assessment, or discipline of a license
44 holder, except as provided in subsections (d) and (e1) of this section. For purposes of this
45 subsection, investigative information includes information relating to the identity of, and a
46 report made by, a physician or other person performing an expert review for the Board and
47 transcripts of any deposition taken by Board counsel in preparation for or anticipation of a
48 hearing held pursuant to this Article but not admitted into evidence at the hearing."

49 **SECTION 5.** This act is effective when it becomes law.