

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0801

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

***NOTE: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.***

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (2)(c), line 20, and elsewhere the term is used, what is a "non-training situation"? I take it your regulated public knows?*

*In (4), line 25, what is meant by "continuous" here? Does your regulated public know?*

*In (5), line 28, please remove the comma after "Governor"*

*In (9), Page 2, lines 7 and 8, and anywhere else this term is used, what is "active and unencumbered"? Does your regulated public know what this means?*

*In (13), line 28, do you mean only this Rule or do you mean all of Section .0800? I assume you mean Section, but if you mean rule then please capitalize the term.*

*On line 29, please insert a comma after "in kind"*

*In the History Note, why are you citing to G.S. 90-171.20(4) and (7)?*

*On lines 32-33, G.S. 90-171.83 was repealed by SL 2017-140, to become effective when the set number of states joined the compact. Is this law still effective?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0801 is proposed to be amended as published in NCR 35:13 page 1457-1459 as follows:

2  
3 **21 NCAC 36 .0801 DEFINITIONS**

4 The following definitions apply to this Section:

- 5 (1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and  
6 the Board of Nursing for a nurse practitioner to ~~perform medical acts~~ practice within her or his area  
7 of educational preparation and certification under a collaborative practice agreement (~~CPA~~) with a  
8 ~~licensed~~ physician licensed by the Medical Board in accordance with this Section.
- 9 (2) "Back-up Supervising Physician" means ~~the a licensed physician licensed by the Medical Board~~  
10 who, by signing an agreement with the nurse practitioner and the primary supervising physician(s)  
11 shall provide supervision, collaboration, ~~consultation~~ consultation, and evaluation of medical acts  
12 by the nurse practitioner in accordance with the collaborative practice agreement when the ~~Primary~~  
13 ~~Supervising Physician~~ primary supervising physician is not available. Back-up supervision shall be  
14 in compliance with the following:
- 15 (a) The signed and dated agreements for each back-up supervising physician(s) shall be  
16 maintained at each practice site.
- 17 (b) A physician in a graduate medical education program, whether fully licensed or holding  
18 only a resident's training license, shall not be named as a back-up supervising physician.
- 19 (c) A fully licensed physician in a graduate medical education program who is also practicing  
20 in a non-training situation and has a signed collaborative practice agreement with the nurse  
21 practitioner and the primary supervising physician may be a back-up supervising physician  
22 for a nurse practitioner in the non-training situation.
- 23 (3) ~~"Board of Nursing"~~ "Board" means the North Carolina Board of Nursing.
- 24 (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician provides  
25 for continuous availability to each other for ongoing supervision, consultation, collaboration,  
26 ~~referral~~ referral, and evaluation of care provided by the nurse practitioner.
- 27 (5) ~~"Disaster"~~ "Emergency" means a state of ~~disaster~~ emergency as defined in ~~G.S. 166A-4(1a)~~ G.S.  
28 166A-19.3 and proclaimed by the Governor, or by the General ~~Assembly~~ pursuant to G.S. 166A-6.  
29 Assembly.
- 30 (6) "Joint Subcommittee" means the subcommittee composed of members of the Board ~~of Nursing~~ and  
31 members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-  
32 171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in  
33 North Carolina.
- 34 (7) "Medical Board" means the North Carolina Medical Board.
- 35 (8) "National Credentialing Body" means one of the following credentialing bodies that offers  
36 certification and re-certification in the nurse practitioner's specialty area of practice:
- 37 (a) American Nurses Credentialing Center (ANCC);

- 1 (b) American Academy of Nurse Practitioners (~~AANP~~); National Certification Board  
2 (AANPNCB);
- 3 (c) American Association of Critical Care Nurses Certification Corporation (AACN);
- 4 (d) National Certification Corporation of the Obstetric Gynecologic and Neonatal Nursing  
5 Specialties (NCC); and
- 6 (e) the Pediatric Nursing Certification Board (PNCB).
- 7 (9) "Nurse Practitioner" or "NP" means a ~~currently licensed~~ registered nurse who holds an active  
8 unencumbered license approved to ~~perform medical acts~~ practice consistent with the nurse's area of  
9 nurse practitioner academic educational preparation and national certification under an agreement  
10 with a ~~licensed~~ physician licensed by the Medical Board for ongoing supervision, consultation,  
11 ~~collaboration~~ collaboration, and evaluation of the medical acts performed. Such medical acts are in  
12 addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is  
13 held accountable under the RN license for those nursing acts that he or she may perform.
- 14 (10) "Primary Supervising Physician" means ~~the licensed~~ a physician with an active unencumbered  
15 license with the Medical Board who shall provide ongoing supervision, collaboration, ~~consultation~~  
16 consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in  
17 the collaborative practice agreement. Supervision shall be in compliance with the following:
- 18 (a) The primary supervising physician shall assure both Boards that the nurse practitioner is  
19 qualified to perform those medical acts described in the collaborative practice agreement.
- 20 (b) A physician in a graduate medical education program, whether fully licensed or holding  
21 only a resident's training license, shall not be named as a primary supervising physician.
- 22 (c) A fully licensed physician in a graduate medical education program who is also practicing  
23 in a non-training situation may supervise a nurse practitioner in the non-training situation.
- 24 (11) "Registration" means authorization ~~by the Medical Board and the Board of Nursing~~ for a registered  
25 nurse to use the title nurse practitioner in accordance with this Section.
- 26 (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse  
27 practitioner.
- 28 (13) "Volunteer Approval" means approval to practice consistent with this rule except without  
29 expectation of direct or indirect compensation or payment (monetary, in kind or otherwise) to the  
30 nurse practitioner.

31

32 *History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.20(4); 90-171.20(7); 90-171.23(b); 90-*  
33 *171.83;*

34 *Recodified from 21 NCAC 36 .0227(a) Eff. August 1, 2004;*

35 *Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004;*

36 *Readopted Eff. January 1, 2019; 2019;*

37 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0802

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*What does the sentence on lines 4-5 mean? And aren't the concepts of "academic educational preparation" and "maintained competence" already addressed by the existing language on line 7 ("educationally prepared and for which competency has been maintained")?*

*On line 5, since you have changed Rule .0101 to define "Board" as the Board of Nursing, do you need to spell out "Board" and "Medical Board" here? Or do you believe your regulated public will understand this as written?*

*On lines 5-6, what do you mean by "continuous and comprehensive"? What about "broad range"*

*On line 8, consider deleting, "but are not restricted to"*

*In (3), line 11, please insert a comma after "treating"*

*In (6), line 16, I take it the determination of what is appropriate here will be made by the Nurse Practitioner and supervising physician?*

*In the History Note, line 19, please update the citation to G.S. 18(c)(14).*

*Also in the History Note, why aren't you including G.S. 90-18.2?*

*And why are you citing to G.S. 90-171.20(7)?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0802 is proposed to be amended as published in NCR 35:13 page 1459 as follows:

2

3 **21 NCAC 36 .0802 SCOPE OF PRACTICE**

4 The nurse practitioner's scope of practice is defined by academic educational preparation and national certification  
5 and maintained competence. A nurse practitioner shall be held accountable by both Boards for the continuous and  
6 comprehensive management of a broad range of personal health services for which the nurse practitioner is  
7 educationally prepared and for which competency has been maintained, with physician supervision and collaboration  
8 as described in Rule .0810 of this Section. These services include but are not restricted to:

- 9 (1) promotion and maintenance of health;
- 10 (2) prevention of illness and disability;
- 11 (3) diagnosing, treating and managing acute and chronic illnesses;
- 12 (4) guidance and counseling for both individuals and families;
- 13 (5) prescribing, ~~administering~~ administering, and dispensing therapeutic measures, tests, ~~procedures~~  
14 procedures, and drugs;
- 15 (6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring  
16 to other health care providers as appropriate; and
- 17 (7) evaluating health outcomes.

18

19 *History Note: Authority G.S. 90-18(14); 90-171.20(7); 90-171.23(b)(14);*  
20 *Recodified from 21 NCAC 36 .0227(b) Eff. August 1, 2004;*  
21 *Amended Eff. August 1, 2004;*  
22 *Readopted Eff. January 1, ~~2019~~ 2019;*  
23 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0803

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (a)(1), line 5, what is an "active unencumbered license"?*

*On line 6, when will this be "applicable"?*

*I note that Rule .0806 refers to having licensure or privilege. Should "privilege" be included in this Rule, as well?*

*In (a)(2), line 9, what is "successfully" here? Rule .0805 only refers to "success" in Paragraph (b). What about for the other Paragraphs in that Rule?*

*In (a)(3), lines 11-12, I recommend stating "Rule .0801(8) of this Section"*

*In (a)(4), requested by whom? And this request will be based upon what? Is this on a case-by-case basis?*

*In (b)(2), line 17, what is "successfully" here?*

*On line 18, what do you mean by a "national accrediting body"? An educational accrediting body?*

*In the History Note, line 21, I believe you intended to cite to G.S. 90-18(c)(14) here.*

*Also in the History Note, why are you citing to G.S. 90-171.20(7)?*

*And is G.S. 90-171.83 now repealed?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel

Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0803 is proposed to be amended as published in NCR 35:13 page 1459 as follows:

2

3 **21 NCAC 36 .0803 NURSE PRACTITIONER REGISTRATION**

4 (a) The Board of Nursing shall register an applicant as a nurse practitioner who:

5 (1) has an ~~unrestricted~~ active unencumbered license to practice as a registered nurse in North Carolina  
6 or compact state and, when applicable, an ~~unrestricted~~ active unencumbered approval, ~~registration~~  
7 registration, or license as a nurse practitioner in another state, territory, or possession of the United  
8 States;

9 (2) has successfully completed a nurse practitioner education program as outlined in Rule .0805 of this  
10 Section;

11 (3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36  
12 .0801(8); and

13 (4) has supplied additional information necessary to evaluate the application as requested.

14 (b) ~~Beginning~~ Applicants who have graduated from a nurse practitioner program after January 1, 2005, new graduates  
15 ~~of a nurse practitioner program~~, who are seeking first-time nurse practitioner registration ~~in North Carolina~~ shall:

16 (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;

17 (2) have successfully completed a graduate level nurse practitioner education program accredited by a  
18 national accrediting body; and

19 (3) provide documentation of certification by a national credentialing body.

20

21 *History Note: Authority G.S. 90-18(c)(13); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.83;*

22 *Eff. August 1, 2004;*

23 *Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006;*

24 *Readopted Eff. January 1, ~~2019~~ 2019;*

25 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0805

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*On the Submission for Permanent Rule form, Box 2, please insert the new name of the Rule and be sure to spell out "Nurse Practitioner"*

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (a), line 5, and elsewhere this is used, what is the difference between "registration" and "first-time approval"? Does "registration" address renewal?*

*In (b), line 7, to mirror the language on line 5, should this say, "or first-time approval"?*

*On line 8, what is "successful" completion here?*

*In (b)(4), line 17, what are "common" health problems and diseases?*

*Also on line 17, you say "such as the following" but most of the list contains systems, not problems and diseases. Should this read, "diseases of the following..."?*

*And how will "evident" be determined?*

*In (b)(4)(K), line 29, please insert a comma after "health"*

*In (b)(5), line 30, please insert a comma after "services"*

*In (b)(6), line 31, consider stating "(b)(4) and (5)..."*

*In (c)(1), where did the January 18 date come from? In G.S. 90-171.28, I see an exemption for those licensed prior to June 30, 1981, but I don't see this date.*

*In the History Note, Page 2, line 8, why are you citing to G.S. 90-171.42?*

*Also in the History Note, why aren't you citing to G.S. 90-18(c)(14)?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel

Date submitted to agency: May 3, 2021



1 21 NCAC 36 .0805 is proposed to be amended as published in NCR 35:13 pages 1459-1460 as follows:

2  
3 **21 NCAC 36 .0805** **EDUCATION AND CERTIFICATION REQUIREMENTS FOR**  
4 **REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER**

5 (a) A nurse practitioner ~~applicant seeking with registration or~~ first-time approval to practice after January 1, 2000,  
6 shall provide evidence of current certification ~~or recertification~~ as a nurse practitioner by a national credentialing body.

7 (b) A nurse practitioner applicant seeking registration or approval to practice who completed a nurse practitioner  
8 education program prior to December 31, 1999 shall provide evidence of successful completion of a course of  
9 education that contains a core curriculum including 400 contact hours of didactic education and 400 hours of  
10 preceptorship or supervised clinical experience. The core curriculum shall contain the following components:

11 (1) health assessment and diagnostic reasoning including:

12 (A) historical data;

13 (B) physical examination data;

14 (C) organization of data base;

15 (2) pharmacology;

16 (3) pathophysiology;

17 (4) clinical management of common health problems and diseases such as the following shall be evident  
18 in the nurse practitioner's academic program:

19 (A) respiratory system;

20 (B) cardiovascular system;

21 (C) gastrointestinal system;

22 (D) genitourinary system;

23 (E) integumentary system;

24 (F) hematologic and immune systems;

25 (G) endocrine system;

26 (H) musculoskeletal system;

27 (I) infectious diseases;

28 (J) nervous system;

29 (K) behavioral, mental health and substance abuse problems;

30 (5) clinical preventative services including health promotion and prevention of disease;

31 (6) client education related to Subparagraph (b)(4)–(5) of this Rule; and

32 (7) role development including legal, ethical, economical, health ~~policy~~ policy, and interdisciplinary  
33 collaboration issues.

34 (c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph  
35 (b) of this Rule are:

36 (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is  
37 permanently exempt from the core curriculum requirement.

- 1           (2)     A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also  
2 provides evidence of satisfying Subparagraph (b)(1)–(3) of this Rule shall be exempt from core  
3 curriculum requirements in Subparagraph (b)(4)–(7) of this Rule. Evidence of satisfying  
4 Subparagraph (b)(1)–(3) of this Rule shall include:  
5           (A)     a narrative of course content; and  
6           (B)     contact hours.

7  
8 *History Note:*     *Authority G.S. 90-18(14); 90-171.42;*  
9                     *Recodified from 21 NCAC 36.0227(d) Eff. August 1, 2004;*  
10                    *Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;*  
11                    *Readopted Eff. January 1, ~~2019~~ 2019;*  
12                    *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0806

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*On the Submission for Permanent Rule form, Box 2, please insert the new name of the Rule.*

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (a), line 4, so that I'm clear – while the RN license is only renewed every two years per G.S. 90-171.34, the approval to practice as an NP must be renewed annually?*

*In (a)(3), please begin line 9 with a capitalized word to be consistent with the other Subparagraphs.*

*Also in (a)(3), under what circumstances will this be requested? Guidance needs to be providing in the rule.*

*In (a)(5), what are the contents of this application? G.S. 150B-2(8a)(d) requires that the contents of forms be in rule or law. Is there another rule that you can cross-reference here?*

*In the History Note, was G.S. 90-171.83 repealed?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

1 21 NCAC 36 .0806 is proposed to be amended as published in NCR 35:13 page 1460 as follows:

2

3 **21 NCAC 36 .0806 ANNUAL RENEWAL OF APPROVAL TO PRACTICE**

4 (a) Each registered nurse who is approved to practice as a nurse practitioner in this State shall annually renew each  
5 approval to practice with the Board of Nursing no later than the last day of the nurse practitioner's birth month by:

6 (1) Maintaining current North Carolina RN licensure; licensure or privilege to practice;

7 (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule  
8 .0801(8) of this Section;

9 (3) attesting to completion of continuing competence requirements, and submitting evidence of  
10 completion if requested by the Board, as specified in Rule .0807 of this Section;

11 ~~(3)~~(4) Submitting the fee required in Rule .0813 of this Section; and

12 ~~(4)~~(5) Completing the renewal application.

13 (b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice as a  
14 nurse practitioner shall ~~lapse.~~ expire.

15

16 *History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(c)(14); 90-171.23(b)(14); 90-171.83;*

17 *Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;*

18 *Amended Eff. March 1, 2017; December 1, 2009; November 1, 2008; August 1, 2004;*

19 *Readopted Eff. January 1, ~~2019.~~ 2019.*

20 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0807

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*I recommend breaking this Rule down into three paragraphs. Paragraph (a) would be the language on lines 4-10. Paragraph (b) would be lines 10-14. Paragraph (c) would be the language on lines 15 and 16.*

*On line 5, does your regulated public know what "contact hours" means?*

*On line 6, consider inserting a comma after "each year" and before "beginning"*

*On lines 6-7, typically the term "at least" is not favored in rules, as they set the minimum requirements. I take it you need to retain the term here?*

*On line 7, what does "the advanced practice nursing population focus of the NP role"?*

*On line 9, what are "other national credentialing bodies" known to your regulated public? Is it the term as defined in Rule .0801(8)?*

*Also on line 9, what are "practice relevant courses"?*

*On line 11, I take it you are using the language "designed specifically" to mirror the language of SL 2015-241(12F.16)?*

### CONTINUING EDUCATION REQUIREMENTS

**SECTION 12F.16.(b)** The following health care provider occupational licensing boards shall require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances:

- (1) North Carolina Board of Dental Examiners.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

- (2) North Carolina Board of Nursing.
- (3) North Carolina Board of Podiatry Examiners.
- (4) North Carolina Medical Board.

**SECTION 12F.16.(c)** In establishing the continuing education standards, the boards listed in subsection (b) of this section shall require that at least one hour of the total required continuing education hours consists of a course designed specifically to address prescribing practices. The course shall include, but not be limited to, instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

*On line 12, please delete the comma after “practices”*

*On line 14, capitalize “Rule” As it was published correctly in the Register, you will not show it as a change – simply do it.*

*On line 16, when does the Board request this?*

*In the History Note, why are you citing to G.S. 90-5.1, as that is authority for the Medical Board?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0807 is proposed to be amended as published in NCR 35:13 page 1460 as follows:

2  
3 **21 NCAC 36 .0807 CONTINUING EDUCATION (CE)**

4 In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse  
5 practitioner by a national credentialing body identified in Rule .0801(8) of this Section and earn 50 contact hours of  
6 continuing education each year beginning with the first renewal after initial approval to practice has been granted. At  
7 least 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role ~~those~~  
8 ~~hours~~ for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation  
9 Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice relevant courses  
10 in an institution of higher learning. Every nurse practitioner who prescribes controlled substances shall complete at  
11 least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically  
12 to address controlled substance prescribing practices, ~~signs of the abuse or misuse of controlled substances,~~ and  
13 controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or  
14 misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this rule.  
15 Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available  
16 upon request to either Board.

17  
18 *History Note: Authority G.S. 90-5.1; 90-8.1; 90-8.2; 90-14(a)(15); 90-18(c)(14); 90-171.23(b)(14); 90-171.42;*  
19 *S.L. 2015-241, s 12F;*  
20 *Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;*  
21 *Amended Eff. March 1, 2017; December 1, 2009; April 1, 2008; August 1, 2004;*  
22 *Readopted Eff. January 1, ~~2019~~ 2019;*  
23 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0808

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (c), line 8, should this say ".0804(a) or (b),"?*

*On line 10, will this approval no longer be granted by both boards, but only the Board of Nursing?*

*In (d), line 13, what are "common conditions"? What is "directly related"?*

*In the History Note, line 17, instead of G.S. 90-18(13), did you mean to cite to G.S. 90-18(c)(14)?*

*Also in the History Note, was G.S. 90-171.83 repealed?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021



1 21 NCAC 36 .0808 is proposed to be amended as published in NCR 35:13 page 1460 as follows:

2

3 **21 NCAC 36 .0808 INACTIVE STATUS**

4 (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the  
5 Board of Nursing in writing.

6 (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.

7 (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet  
8 the qualifications for approval to practice in Rules .0803(a)(1), .0804(a) and (b), .0807, and .0810 of this Section and  
9 receive notification from the Board of Nursing of approval prior to beginning practice after the application is ~~approved~~  
10 by both Boards approved.

11 (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse  
12 practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC  
13 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse  
14 practitioner's area of academic education and national certification. A nurse practitioner refresher course participant  
15 shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

16

17 *History Note: Authority G.S. 90-18(13); 90-18.2; 90-171.36; 90-171.83;*

18 *Recodified from 21 NCAC 36 .0227(g) Eff. August 1, 2004;*

19 *Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August*  
20 *1, 2004;*

21 *Readopted Eff. January 1, ~~2019~~ 2019;*

22 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0810

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*Does this Rule apply to all collaborative agreements, including those with the back-up supervising physicians? I ask because this Rule mostly only refers to the primary supervising physician.*

*In (1), line 7, what is "continuously" here? Does your regulated public know?*

*On line 7, what do you mean by "direct"?*

*In (2)(b), line 15, and wherever you refer to the term, what are "agents" of the Board?*

*Also, under what circumstances will the members or agents of the Board make requests of these individuals? [See (2), (4)(c)(iii), and (5)(b)(iii)]*

*In (4)(a), line 24, insert a comma after "site"*

*On lines 25-26, who determines "frequently encountered clinical problems"? Is it the NP and the supervising physician?*

*In (4)(b), I believe that "time frame" should be two words without a hyphen.*

*In (4)(c), line 31, I take it you need to retain "at least" here?*

*In (5)(a), Page 2, lines 7-8, delete "for the first six months" since it repeats the language on line 6.*

*On line 8, should "practice relevant" be hyphenated?*

*And I take it the NP and supervising physician will determine what is "practice-relevant"?*

*In the History Note, line 17, please update the citation to G.S. 18(c)(14).*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel

Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0810 is proposed to be amended as published in NCR 35:13 pages 1460-1461 as follows:

2  
3 **21 NCAC 36 .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE**  
4 **AGREEMENT**

5 The following are the quality assurance standards for a collaborative practice agreement:

- 6 (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be  
7 continuously available to each other for consultation by direct communication or  
8 telecommunication.
- 9 (2) Collaborative Practice Agreement:
- 10 (a) shall be agreed ~~upon and~~ upon, signed, and dated by both the primary supervising  
11 physician and the nurse practitioner, and maintained in each practice site;
- 12 (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature  
13 sheet, signed by both the primary supervising physician and the nurse practitioner,  
14 appended to the collaborative practice ~~agreement~~ agreement, and available for inspection  
15 by members or agents of either Board;
- 16 (c) shall include the drugs, devices, medical treatments, ~~tests~~ tests, and procedures that may be  
17 prescribed, ~~ordered~~ ordered, and performed by the nurse practitioner consistent with Rule  
18 .0809 of this Section; and
- 19 (d) shall include a pre-determined plan for emergency services.
- 20 (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the  
21 collaborative practice agreement upon request by members or agents of either Board.
- 22 (4) Quality Improvement Process.
- 23 (a) The primary supervising physician and the nurse practitioner shall develop a process for  
24 the ongoing review of the care provided in each practice site including a written plan for  
25 evaluating the quality of care provided for one or more frequently encountered clinical  
26 problems.
- 27 (b) This plan shall include a description of the clinical problem(s), an evaluation of the current  
28 treatment interventions, and if needed, a plan for improving outcomes within an identified  
29 time-frame.
- 30 (c) The quality improvement process shall include scheduled meetings between the primary  
31 supervising physician and the nurse practitioner at least every six months. Documentation  
32 for each meeting shall:
- 33 (i) identify clinical problems discussed, including progress toward improving  
34 outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any,  
35 for changes in treatment plan(s);
- 36 (ii) be signed and dated by those who attended; and

1 (iii) be available for review by members or agents of either Board for the previous five  
2 calendar years and be retained by both the nurse practitioner and primary  
3 supervising physician.

4 (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum  
5 standards for consultation between the nurse practitioner and primary supervising physician(s):

6 (a) During the first six months of a collaborative practice agreement between a nurse  
7 practitioner and the primary supervising physician, there shall be monthly meetings for the  
8 first six months to discuss practice relevant clinical issues and quality improvement  
9 measures.

10 (b) Documentation of the meetings shall:

11 (i) identify clinical issues discussed and actions taken;

12 (ii) be signed and dated by those who attended; and

13 (iii) be available for review by members or agents of either Board for the previous five  
14 calendar years and be retained by both the nurse practitioner and primary  
15 supervising physician.

16

17 *History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14);*

18 *Recodified from 21 NCAC 36 .0227(i) Eff. August 1, 2004;*

19 *Amended Eff. December 1, 2009; August 1, 2004;*

20 *Readopted Eff. January 1, ~~2019~~ 2019;*

21 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0815

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In the Introductory Statement, please remove "proposed to be" and just state "is amended" and add "with changes"*

*In (c)(5), line 25, I believe the "and" at the end of the line should be "or"*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0815 is proposed to be amended as published in NCR 35:11 page 1158 - 1159 as follows:

2  
3 **21 NCAC 36 .0815 REPORTING CRITERIA**

4 (a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing  
5 ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose  
6 prescribing:

- 7 (1) falls within the top two percent of those prescribing 100 morphine milligram equivalents ("MME")  
8 per patient per day; or  
9 (2) falls within the top two percent of those prescribing 100 MMEs per patient per day in combination  
10 with any benzodiazepine and who are within the top one percent of all controlled substance  
11 prescribers by volume.

12 (b) In addition, the Department may report to the Board information regarding prescribers who have had two or more  
13 patient deaths in the preceding 12 months due to opioid poisoning where the prescribers authorized more than 30  
14 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.

15 (c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of  
16 the following criteria, if there are a minimum of five patients for each criterion:

- 17 (1) at least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the  
18 prescriber's practice location;  
19 (2) the prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine  
20 combination;  
21 (3) the prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;  
22 (4) the prescriber had 90 percent or more of patients in a three-month period that received an opioid  
23 prescription that overlapped with another opioid prescription for at least one week;  
24 (5) more than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per  
25 day excluding office-based treatment medications; and  
26 (6) the prescriber had at least 25 percent of patients who used three or more pharmacies within a three-  
27 month period to obtain opioids regardless of the prescriber.

28 ~~(d)~~ The Department may submit these reports to the Board upon request and may include the information described  
29 in G.S. 90-113.73(b).

30 ~~(e)~~ The reports and communications between the Department and the Board shall remain confidential pursuant to  
31 G.S. 90-113.74.

32  
33 *History Note: Authority G.S. 90-113.74;*  
34 *Eff. April 1, 2016;*  
35 *Amended Eff. May 1, 2018;*  
36 *Readopted Eff. January 1, 2019; 2019;*  
37 *Amended Eff. June 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Board of Nursing

RULE CITATION: 21 NCAC 36 .0817

**DEADLINE FOR RECEIPT: Friday, May 14, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*On the Submission for Permanent Rule form, Box 3, this is an adoption, not an amendment.*

*In the Introductory Statement, please remove "proposed to be" and just state "is adopted" (Please note, as the only requested changes are the History Note, you will not add "with changes" here.)*

*In the History Note, why are you citing to G.S. 90-5.1?*

*Please be sure to put all cited authority in numerical order.*

*Please amend the citation to G.S. 90-171.23 to be more specific by adding (b)(14)*

*Please insert a new line after the Temporary Adoption date to state "Temporary Adoption Expired April 1, 2021;"*

*On the final line, do not say "Adopted" but only "Eff."*

*The History Note will look like this (depending upon the authority cited):*

*History Note: Authority G.S. 90-8.2; 90-171.23(b)(14); ~~90-171.23~~; ~~90-5.1~~;  
Emergency Adoption Eff. April 21, 2020;  
Temporary Adoption Eff. June 26, 2020;  
Temporary Adoption Expired April 11, 2021;  
Eff. June 1, 2021.*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: May 3, 2021

1 21 NCAC 36 .0817 is proposed to be adopted as published in NCR 35:11 pages 1159-1160 as follows:

2  
3 **21 NCAC 36 .0817 COVID-19 DRUG PRESERVATION RULE**

4 (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- 5 (1) Hydroxychloroquine;
- 6 (2) Chloroquine;
- 7 (3) Lopinavir-ritonavir;
- 8 (4) Ribavirin; and
- 9 (5) ~~Osetamivir~~; Darunavir.
- 10 ~~(6) — Darunavir; and~~
- 11 ~~(7) — Azithromycin.~~

12 (b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the  
13 prescriber consistent with the evidence of its use.

14 (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of  
15 COVID-19 shall:

- 16 (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- 17 (2) Be limited to no more than a 14-day supply; and
- 18 (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not  
19 being refilled through an emergency prescription refill.

20 (d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction  
21 of COVID-19 by someone who has not yet been diagnosed.

22 (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is  
23 provided to the pharmacy by the nurse practitioner, or the nurse practitioner's agent, and that information is recorded  
24 in writing in accordance with 21 NCAC 46 .1819(e).

25 (f) This Rule does not affect orders for administration to inpatients of health care facilities.

26 (g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that  
27 particular Restricted Drug on or before March 10, 2020.

28  
29 *History Note: Authority G.S. 90-171.23; 90-5.1; 90-8.2;*  
30 *Emergency Adoption Eff. April 21, 2020;*  
31 *Temporary Adoption Eff. June 26, 2020;*  
32 *Adopted Eff. June 1, 2021.*