

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0101

**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 (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 29, please insert a comma after “in kind”*

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 32M .0101 is amended as published in 34:17 NCR 1667-1669 as follows:

2  
3 **21 NCAC 32M .0101 DEFINITIONS**

4 The following definitions apply to this Subchapter:

- 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 Subchapter.
- 9 (2) "Back-up Supervising Physician" means ~~the licensed a~~ 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 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 on-going 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 Subchapter.
- 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 Subchapter 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. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2;*  
33 *Eff. January 1, 1991;*  
34 *Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004; May 1,*  
35 *1999; January 1, 1996;*  
36 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
37 *2016. 2016;*

1  
2

Amended Eff. June 1, 2021.

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0102

**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:

*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?*

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 32M .0102 is amended as published in 34:17 NCR 1669 as follows:

2

3 **21 NCAC 32M .0102 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 .0110 of this Subchapter. 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. 90-5.1(a)(3); 90-18(14);*  
20 *Eff. January 1, 1991;*  
21 *Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;*  
22 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
23 *2016-2016;*  
24 *Amended Eff. June 1, 2021.*

25

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0103

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

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

*I note that Rule .0106 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 .0105 only refers to "success" in Paragraph (b). What about for the other Paragraphs in that Rule?*

*In (a)(3), I realize you are referring to the Board as in the Board of Nursing on line 4, but why aren't you referring to your own Rule, 32M .0101, here? It names the same national credentialing bodies. I note that you refer to your own rule in 32M .0106(a)(2).*

*If you want to refer to the Board of Nursing rule, you will need to incorporate it by reference pursuant to G.S. 150B-21.6.*

*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, why are you citing to G.S. 90-171.36?*

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 32M .0103 is amended as published in 34:17 NCR 1669 as follows:

2

3 **21 NCAC 32M .0103 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 .0105 of this  
10 Subchapter;

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. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36;*

22 *Eff. August 1, 2004;*

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

24 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
25 *~~2016.~~ 2016;*

26 *Amended Eff. June 1, 2021.*

27



## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0105

**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 (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 (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?*

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 32M .0105 is amended as published in 34:17 NCR 1670-1671 as follows:

2  
3 **21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION**  
4 **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 contact 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) and (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 Subparagraphs (b)(1) – (3) of this Rule shall be exempt from core  
3 curriculum requirements in Sub-paragraphs (b)(4) – (7) of this Rule. Evidence of satisfying  
4 Subparagraphs (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. 90-5.1(a)(3); 90-18(c)(14); 90-171.42;*  
9 *Eff. January 1, 1991;*  
10 *Recodified from 21 NCAC 32M .0005 Eff. January 1, 1996;*  
11 *Amended Eff. May 1, 1999; January 1, 1996;*  
12 *Recodified from 21 NCAC 32M .0104 Eff. August 1, 2004;*  
13 *Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;*  
14 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
15 *~~2016.~~ 2016.*  
16 *Amended Eff. June 1, 2021.*  
17

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0106

**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 (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.*

*Please end the sentence on line 10 with a semicolon, not a period.*

*Also, on line 10, you refer to "this Section" but in (a)(1) and (4), you refer to "this Subchapter" Please be consistent here. Since other rules refer to the Subchapter, I suggest you use that term here.*

*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?*

*I am only asking – why aren't you citing to G.S. 90-18(c)(14) in the History Note?*

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 32M .0106 is amended as published in 34:17 NCR 1671 as follows:

2

3 **21 NCAC 32M .0106 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 .0101(8) of this Subchapter;

9 (3) attesting to completion of continuing competence requirements, and submitting evidence of  
10 completion if requested by the Board, as specified in Rule .0107 of this Section.

11 ~~(3)~~(4) Submitting the fee required in Rule .0115 of this Subchapter; 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. 90-5.1(a)(3); 90-8.1; 90-8.2(a);*

17 *Eff. January 1, 1996;*

18 *Amended Eff. August 1, 2004; May 1, 1999;*

19 *Recodified from Rule .0105 Eff. August 1, 2004;*

20 *Amended Eff. December 1, 2009; November 1, 2008;*

21 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
22 *2016;*

23 *Amended Eff. June 1, 2021; March 1, 2017.*

24

## REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0107

**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:

*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, I recommend replacing "Section" with "Subchapter" to be consistent with cross-references in the rest of the Subchapter.*

*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 32M .0101(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 16, when does the Board request this?*

*In the History Note, why are you citing to G.S. 90-14(a)(5)? Did you mean to cite to (a)(15)?*

*I am only asking – why aren’t you citing to G.S. 90-18(c)(14) in the History Note?*

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

1 21 NCAC 32M .0107 is amended as published in 34:17 NCR 1671 as follows:

2

3 **21 NCAC 32M .0107 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 .0101(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;~~ G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-14(a)(5); S.L. 2015-241, s. 12F;*

19 *Eff. January 1, 1996;*

20 *Amended Eff. August 1, 2004; May 1, 1999;*

21 *Recodified from Rule .0106 Eff. August 1, 2004;*

22 *Amended Eff. December 1, 2009; April 1, 2008;*

23 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
24 *2016;*

25 *Amended Eff. June 1, 2021; March 1, 2017.*

26



## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0108

**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 (c), line 8, should this say “.0104(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”?*

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 32M .0108 is amended as published in 34:17 NCR 1671 as follows:

2

3 **21 NCAC 32M .0108 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 .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter  
9 and receive notification from the Board of Nursing of approval prior to beginning practice after the application is  
10 ~~approved 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. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36;*

18 *Eff. January 1, 1996;*

19 *Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August*  
20 *1, 2004; May 1, 1999;*

21 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
22 *~~2016.~~ 2016;*

23 *Amended Eff. June 1, 2021.*

24

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0110

**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:

*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 (4)(c)(i), line 34, there is no Subparagraph (d)(2) of this Rule. Did you mean Sub-Item (4)(b)?*

*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 citations to G.S. 90- 18(c)(14) and 90-171.23(b)(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 32M .0110 is amended as published in 34:17 NCR 1672-1673 as follows:

2  
3 **21 NCAC 32M .0110 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 .0109 of this Subchapter; 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 Subparagraph (d)(2) of this Rule, and recommendations, if  
35 any, 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. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(14);*  
18 *Eff. January 1, 1991;*  
19 *Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;*  
20 *Recodified from Rule .0109 Eff. August 1, 2004;*  
21 *Amended Eff. December 1, 2009;*  
22 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
23 *~~2016.~~ 2016.*  
24 *Amended Eff. June 1, 2021.*  
25