REQUEST FOR TECHNICAL CHANGES

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32B .2100 (Temporary)

DEADLINE FOR RECEIPT: January 23, 2026.

***PLEASE NOTE:* This request may extend to 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 email the reviewing attorney to inquire concerning the staff recommendation.

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

In (a), line 9, the cited subsection (a) doesn't cover the Compact. Replace (a) with (g). What is the cost of the "non-refundable application fee"?

In (b), line 10, is "state of principal license" defined in this context? Please cite the definition or define the phrase for clarity.

Line 11, what is the "cost of a criminal background check" and how is it determined?

In (c), line 12, what is the process to "annually register" through the Compact? Where can the process be found?

Line 13, add a comma after "fee" and after "birthday".

Line 14, what "Compact rules" are being referred to? Please specify the rules by citing them in this Rule.

Line 16, "any law" is unclear. Please delete it or cite which specific laws are being referred to so the regulated public can be aware of their obligations.

Line 16, "including, but not limited to," is unclear and unnecessary. Please delete it.

Line 16, G.S. 90-5.2(b) requires the Board to "make information collected under G.S. 90-5.2(a) available to the public." Consider adding that language for transparency.

Line 16, "and any corresponding rule" is unclear and unnecessary. Please delete it or cite the specific rules you are referring to.

Line 17, replace "renewal to" with "registration for" for consistency and clarity.

Travis Wiggs
Commission Counsel
Date submitted to agency: January 13, 2026

Line 21, "any law" is unclear. Please delete it or cite which specific laws are being referred to so the regulated public can be aware of their obligations.

Line 21, "including, but not limited to," is unclear and unnecessary. Please delete it.

Lines 21-22, "and any corresponding rule" is unclear and unnecessary. Please delete it or cite the specific rules you are referring to.

Line 23, G.S. 90-14(a)(17) says, "Failure to make reports as required by this Article." Is there a definition for "make reports"? Please cite the definition or specify what your agency is requiring of the regulated public.

In your History Note, why is G.S. 143-789 not listed as authority? Also, please include your agency's desired effective date for this Rule.

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

Travis Wiggs
Commission Counsel
Date submitted to agency: January 13, 2026

TEMPORARY RULE-MAKING
FINDINGS OF NEED

[Authority G.S. 150B-21.1]

OAH USE ONLY

VOLUME:

ISSUE:

1. Rule-Making Agency:
Medical Board

2. Rule citation & name:
21 NCAC 32B .2100 INTERSTATE MEDICAL LICENSURE COMPACT

3. Action: ☒ **Adoption** ☐ **Amendment** ☐ **Repeal**

4. Was this an Emergency Rule: ☐ **Yes** **Effective date:**
☒ **No**

5. Provide dates for the following actions as applicable:

a. Proposed Temporary Rule submitted to OAH: 10/31/2025

b. Proposed Temporary Rule published on the OAH website: 11/12/2025

c. Public Hearing date: 11/24/2025

d. Comment Period: 11/24/2025

e. Notice pursuant to G.S. 150B-21.1(a3)(2): 11/12/2025

f. Adoption by agency on: 12/17/2025

g. Proposed effective date of temporary rule [if other than effective date established by G.S. 150B- 21.1(b) and G.S. 150B-21.3]: 02/06/2026

6. Reason for Temporary Action. Attach a copy of any cited law, regulation, or document necessary for the review.

☐ **A serious and unforeseen threat to the public health, safety or welfare.**
☒ **The effective date of a recent act of the General Assembly or of the U.S. Congress.**
Cite: House Bill 67/SL 2025-37
Effective date: 01/01/2026
☐ **A recent change in federal or state budgetary policy.**
Effective date of change:
☐ **A recent federal regulation.**
Cite:
Effective date:
☐ **A recent court order.**
Cite order:
☐ **Other:**

Explain:

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

This rule is necessary to implement Part I of House Bill 67/SL 2025-37, which was signed into law July 1, 2025, but goes into effect January 1, 2026.

House Bill 67/SL 2025-37 significantly impacted and increased the Medical Board's mandate in several areas. Part I enacted the Interstate Medical Licensure Compact ("IMLC"), which is the subject of the current temporary rule. The IMLC will make it much easier for physicians from other Compact states to obtain a North Carolina medical license and practice here. Part II of SL 2025-37 streamlined the licensing process for internationally trained physicians. Part IV created the Physician Assistant Licensure Compact. Part V of SL 2025-37 authorized immunizing pharmacists to test and treat influenza pursuant to protocols and rules adopted by the Medical and Pharmacy Boards. Part VI of SL 2025-37 created "team based physician assistants." Part VII of SL 2025-37 restructured the supervisory relationship between physicians and clinical pharmacist practitioners.

Although different parts of SL 2025-37 have different effective dates, the IMLC had the earliest effective date and arguably the most significant impact on Board processes. Furthermore, all of these new laws will require some form of rulemaking to implement. Given the significance and breadth of these legislative changes, Board staff began diligently working on crafting rules, including the current proposed temporary rule, soon after passage of SL 2025-37. These efforts included careful legal analysis of a licensing model different from the Medical Board's traditional processes, discussions and trainings with subject matter experts, evaluation of technological capabilities, preparing for implementation, and responding to a significant volume of inquiries from the public on the IMLC as well as other provisions of the law. After thoughtful consideration and drafting, staff presented the Board with the proposed IMLC rule at its September meeting and began the temporary rulemaking process the following month. All the while, staff invested a significant amount of time on rules and implementation for other sections of SL 2025-37. Just recently, representatives of the Medical and Pharmacy Boards met to adopt protocols, later to be adopted as rules, guiding immunizing pharmacists on how to test for and treat influenza.

By enacting SL 2025-37, the Legislature signaled its intent to increase the supply of physicians in this State and to increase access to healthcare by expanding the scope of practice of other advanced and allied healthcare professionals. The public is served by having rules in place to help physician applicants for a Compact license to navigate the licensure process quickly and efficiently, which in turn, will increase the supply of North Carolina physicians. The temporary rules are needed to effectuate this process all the while ensuring the public that applicants are properly vetted.

Given the breadth, enormity, and significance of SL 2025-37 which greatly transforms licensing and access to healthcare in the State, the public is served by having rules in place, even if temporarily, to implement these recently enacted legislative changes while more permanent rules are considered and proposed.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

☐ **Yes**
Agency submitted request for consultation on:
Consultation not required. Cite authority:

☒ **No**

9. Rule-making Coordinator:
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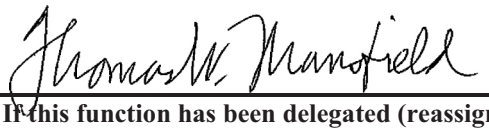
10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**
Typed Name:

Title:

E-Mail:

RULES REVIEW COMMISSION USE ONLY

Action taken:	Submitted for RRC Review:
☐ Date returned to agency:	

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

SESSION LAW 2025-37
HOUSE BILL 67

AN ACT TO ENACT HEALTHCARE WORKFORCE REFORMS FOR THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina enacts:

PART I. INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1.(a) Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 1O.
"Interstate Medical Licensure Compact.

"**§ 90-21.160. Short title.**

This Article shall be known as the "Interstate Medical Licensure Compact."

"**§ 90-21.161. Purpose.**

(a) The purpose of this Article is to strengthen access to health care, and, in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact (Compact) have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and to provide a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients.

(b) The Interstate Medical Licensure Compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act or provisions. The Compact adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter and, therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures of the Compact.

"**§ 90-21.162. Definitions.**

The following definitions apply in this Article:

(1) Bylaws. – Bylaws established by the Interstate Commission pursuant to G.S. 90-21.171.

(2) Commissioner. – The voting representative appointed by each member board pursuant to G.S. 90-21.171.

(3) Conviction. – A finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by a court shall be considered final for purposes of disciplinary action by a member board.

(4) Expedited license. – A full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(1) The service or procedure was performed within the pharmacist's licensed lawful scope of practice.

(2) The health benefit plan would have covered the service if the service or procedure had been performed by another healthcare provider.

(c) The participation of a pharmacy in a drug benefit provider network of a health benefit plan shall not satisfy any requirement that insurers offering health benefit plans include pharmacists in medical benefit provider networks."

SECTION 7.2.(c) G.S. 58-56-26 is amended by adding a new subsection to read:

"(e) Notwithstanding any provision of this Article to the contrary, all requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a third-party administrator in the same way they are applicable to an insurer."

SECTION 7.2.(d) Article 56A of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-56A-55. Health benefit plan requirements applicable.**

All requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a pharmacy benefits manager in the same way they are applicable to an insurer."

SECTION 7.2.(e) This section becomes effective October 1, 2025, and applies to contracts entered into, renewed, or amended on or after that date.

SECTION 7.3.(a) The North Carolina Medical Board and the North Carolina Board of Pharmacy may adopt temporary rules to implement the provisions of this Part.

SECTION 7.3.(b) This section is effective when it becomes law.

SECTION 7.4. Except as otherwise provided, this Part becomes effective October 1, 2025.

PART VIII. ALLEVIATE THE DANGERS OF SURGICAL SMOKE

SECTION 8.(a) Part 2 of Article 5 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-78.4. Hospital standards for surgical smoke evacuation.**

(a) Definitions. – The following definitions apply in this section:

(1) Smoke evacuation/filtering system. – Stand-alone, portable equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tracts of occupants in the room. This equipment is not required to be interconnected to the hospital surgical ventilation or medical gas system.

(2) Surgical smoke. – The gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust.

(b) Each hospital licensed under this Part shall adopt and implement policies that require the use of a smoke evacuation/filtering system during any surgical procedure that is likely to generate surgical smoke.

(c) Adverse Action. – The Department of Health and Human Services may take adverse action against a hospital under G.S. 131E-78 for a violation of this section."

SECTION 8.(b) Part 4 of Article 6 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-147.2. Ambulatory surgical facility standards for surgical smoke evacuation.**

(a) Definitions. – The following definitions apply in this section:

(1) Smoke evacuation/filtering system. – Equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or the respiratory tracts of occupants in the room.

PART XI. EFFECTIVE DATE

SECTION 11. Except as otherwise provided, this act is effective when it becomes law.

In the General Assembly read three times and ratified this the 25th day of June, 2025.

s/ Rachel Hunt
President of the Senate

s/ Destin Hall
Speaker of the House of Representatives

s/ Josh Stein
Governor

Approved 9:31 a.m. this 1st day of July, 2025

21 NCAC 32B .2100 is proposed for adoption under temporary procedures as follows:

SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE

SECTION .2100 – INTERSTATE MEDICAL LICENSURE COMPACT

21 NCAC 32B .2100 INTERSTATE MEDICAL LICENSURE COMPACT

(a) Any applicant applying for a North Carolina medical license through the Interstate Medical Licensure Compact ("Compact") shall pay a non-refundable application fee pursuant to G.S. 90-13.1(a).

(b) Any applicant seeking licensure through the Compact with North Carolina as a state of principal license shall pay to the Board the cost of a criminal background check.

(c) Any holder of a North Carolina medical license obtained through the Compact shall annually register his or her license through the Compact and pay the annual registration fee no later than 30 days after his or her birthday pursuant to G.S. 90-13.2. The Board will provide a notice of renewal as required by Compact rules. After submitting their registration to the Compact, holders of a Compact license shall submit additional information the Board is required to collect pursuant to any law, including but not limited to, G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30 days of submitting their renewal to the Compact. The license of any physician who fails to register and who remains unregistered for a period of 30 days after certified notice of the failure is automatically inactive pursuant to G.S. 90-13.2(e).

(d) Applicants granted a North Carolina medical license through the Compact must submit information the Board is required to collect pursuant to any law, including but not limited to G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30 days of being granted a Compact license. Failure to submit the information within 30 days may result in disciplinary action under G.S. 90-14(a)(17).

History Note: *Authority G.S.90-21.165; 90-11(b); 90-21.166; 90-13.1(g); 90-21.167; 90-13.2; 90-5.2; 90-14.*