21 NCAC 32M .0101 is amended, with changes, as published in 34:17 NCR 1667-1669 as follows:

21 NCAC 32M .0101 DEFINITIONS

The following definitions apply to this Subchapter:

(1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and the Board of Nursing for a nurse practitioner to ~~perform medical acts~~ practice within her or his area of educational preparation and certification under a collaborative practice agreement ~~(CPA)~~ with a ~~licensed~~ physician licensed by the Medical Board in accordance with this Subchapter.

(2) "Back-up Supervising Physician" means ~~the licensed~~ a physician licensed by the Medical Board who, by signing an agreement with the nurse practitioner and the primary supervising physician(s), shall provide supervision, collaboration, ~~consultation~~ consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the ~~Primary Supervising Physician~~ primary supervising physician is not available. Back-up supervision shall be in compliance with the following:

(a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.

(b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.

(c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.

(3) ~~"Board of Nursing"~~ "Board" means the North Carolina Board of Nursing.

(4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician that provides for the continuous availability to each other for ongoing supervision, consultation, collaboration, ~~referral~~ referral, and evaluation of care provided by the nurse practitioner.

(5) ~~"Disaster"~~ "Emergency" means a state of ~~disaster~~ emergency as defined in ~~G.S. 166A-4(1a)~~ G.S. 166A-19.3 and proclaimed by the ~~Governor,~~ Governor or by the General ~~Assembly pursuant to G.S. 166A-6.~~ Assembly.

(6) "Joint Subcommittee" means the subcommittee composed of members of the Board ~~of Nursing~~ and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.

(7) "Medical Board" means the North Carolina Medical Board.

(8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:

(a) American Nurses Credentialing Center (ANCC);

(b) American Academy of Nurse Practitioners ~~(AANP);~~ National Certification Board (AANPNCB);

(c) American Association of Critical Care Nurses Certification Corporation (AACN);

(d) National Certification Corporation of the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); and

(e) the Pediatric Nursing Certification Board (PNCB).

(9) "Nurse Practitioner" or "NP" means a ~~currently licensed~~ registered nurse who holds an active unencumbered license approved to ~~perform medical acts~~ practice consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a ~~licensed~~ physician licensed by the Medical Board for ongoing supervision, consultation, ~~collaboration~~ collaboration, and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

(10) "Primary Supervising Physician" means ~~the licensed~~ a physician with an active unencumbered license with the Medical Board who shall provide on-going supervision, collaboration, ~~consultation~~ consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:

(a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.

(b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.

(c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.

(11) "Registration" means authorization ~~by the Medical Board and the Board of Nursing~~ for a registered nurse to use the title nurse practitioner in accordance with this Subchapter.

(12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.

(13) "Volunteer Approval" means approval to practice consistent with this Subchapter except without expectation of direct or indirect compensation or payment (monetary, in ~~kind~~ kind, or otherwise) to the nurse practitioner.

History Note: *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2;*
Eff. January 1, 1991;
Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999; January 1, 1996;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, ~~2016.~~ 2016;

Amended Eff. June 1, 2021.

21 NCAC 32M .0102 is amended, with changes, as published in 34:17 NCR 1669 as follows:

21 NCAC 32M .0102 SCOPE OF PRACTICE

The nurse practitioner's scope of practice is defined by academic educational preparation and national certification and maintained competence. A nurse practitioner shall be held accountable by both Boards for ~~the continuous and comprehensive management of~~ a broad range of personal health services managing patient care for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0110 of this Subchapter. These services ~~include but are not restricted to:~~ include:

(1) promotion and maintenance of health;

(2) prevention of illness and disability;

(3) diagnosing, ~~treating~~ treating, and managing acute and chronic illnesses;

(4) guidance and counseling for both individuals and families;

(5) prescribing, ~~administering~~ administering, and dispensing therapeutic measures, tests, ~~procedures~~ procedures, and drugs;

(6) planning for situations beyond the nurse practitioner's ~~expertise, and~~ scope of practice and expertise by consulting with and referring to other health care providers as appropriate; and

(7) evaluating health outcomes.

History Note: *Authority G.S. 90-5.1(a)(3); ~~90-18(14);~~ 90-18(c)(14); G.S. 90-18.2;*
Eff. January 1, 1991;
Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, ~~2016.~~ 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0103 is amended, with changes, as published in 34:17 NCR 1669 as follows:

21 NCAC 32M .0103 NURSE PRACTITIONER REGISTRATION

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

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

(2) has ~~successfully~~ completed a nurse practitioner education program as outlined in Rule .0105 of this Subchapter;

(3) is certified as a nurse practitioner by a national credentialing body consistent with ~~21 NCAC 36 .0801(8);~~ Rule .0101(8) of this Subchapter; and

(4) has supplied additional information necessary to evaluate the application as ~~requested.~~ requested by the Board on a case-by-case basis.

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

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

(2) have ~~successfully~~ completed a graduate or post-graduate level nurse practitioner education program accredited by a national accrediting body; and

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

History Note: *Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; ~~90-171.36;~~*
Eff. August 1, 2004;
Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, ~~2016.~~ 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0105 is amended, with changes, as published in 34:17 NCR 1670-1671 as follows:

21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER

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

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

(1) health assessment and diagnostic reasoning including:
  (A) historical data;
  (B) physical examination data;
  (C) organization of data base;
(2) pharmacology;
(3) pathophysiology;
(4) clinical management of common health problems and diseases such as the following shall be ~~evident~~ included in the nurse practitioner's academic program:
  (A) respiratory system;
  (B) cardiovascular system;
  (C) gastrointestinal system;
  (D) genitourinary system;
  (E) integumentary system;
  (F) hematologic and immune systems;
  (G) endocrine system;
  (H) musculoskeletal system;
  (I) infectious diseases;
  (J) nervous system;
  (K) behavioral, mental ~~health~~ health, and substance abuse problems;
(5) clinical preventative ~~services~~ services, including health promotion and prevention of disease;
(6) client education related to Subparagraph (b)(4) and (5) of this Rule; and
(7) role development including legal, ethical, economical, health ~~policy~~ policy, and interdisciplinary collaboration issues.

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

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

(2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall be exempt from core curriculum requirements in Sub-paragraphs (b)(4) – (7) of this Rule. Evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall include:

(A) a narrative of course content; and

(B) contact hours.

History Note: *Authority G.S. 90-5.1(a)(3); 90-18(c)(14); ~~90-171.42;~~*
Eff. January 1, 1991;
Recodified from 21 NCAC 32M .0005 Eff. January 1, 1996;
Amended Eff. May 1, 1999; January 1, 1996;
Recodified from 21 NCAC 32M .0104 Eff. August 1, 2004;
Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, ~~2016.~~ 2016;
Amended Eff. June 1, 2021.

21 NCAC 32M .0106 is amended, with changes, as published in 34:17 NCR 1671 as follows:

21 NCAC 32M .0106 ANNUAL RENEWAL OF APPROVAL TO PRACTICE

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

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

(2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter;

(3) [~~attesting~~] Attesting to completion of continuing competence requirements, and submitting evidence of completion if requested by the Board, as specified in Rule .0107 of this [~~Section.~~] Subchapter;

~~(3)~~(4) Submitting the fee required in Rule .0115 of this Subchapter; and

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

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

History Note: *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2(a); 90-18(c)(14);*
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0105 Eff. August 1, 2004;
Amended Eff. December 1, 2009; November 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

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

21 NCAC 32M .0107 CONTINUING EDUCATION (CE)

(a) In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this [~~Section~~] Subchapter and earn 50 contact hours of continuing education each ~~year~~ year, beginning with the first renewal after initial approval to practice has been granted. ~~At least~~ A minimum of 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role ~~those hours~~ for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or ~~practice relevant~~ practice-relevant courses in an institution of higher learning.

(b) Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically to address controlled substance prescribing practices ~~practices, signs of the abuse or misuse of controlled substances,~~ and controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule.

(c) Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available upon request to either Board.

History Note: *Authority ~~G.S. 90-5.1;~~ G.S. 90-5.1(a)(3); ~~90-8.1;~~ 90-8.2; 90-18(c)(14); ~~90-14(a)(5);~~ S.L. 2015-241, s. 12F;*
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0106 Eff. August 1, 2004;
Amended Eff. December 1, 2009; April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

21 NCAC 32M .0110 is amended, with changes, as published in 34:17 NCR 1672-1673 as follows:

21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

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

(1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

(2) Collaborative Practice Agreement:

(a) shall be agreed ~~upon and~~ upon, ~~signed~~ signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;

(b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice ~~agreement~~ agreement, and available for inspection by ~~members or agents of~~ either Board;

(c) shall include the drugs, devices, medical treatments, ~~tests~~ tests, and procedures that may be prescribed, ~~ordered~~ ordered, and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter; and

(d) shall include a pre-determined plan for emergency services.

(3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.

(4) Quality Improvement Process:

(a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice ~~site~~ site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.

(b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified ~~time frame.~~ time frame.

(c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner ~~at least~~ for a minimum of every six months. Documentation for each meeting shall:

(i) identify clinical problems discussed, including progress toward improving outcomes as stated in ~~Subparagraph (d)(2)~~ Sub-Item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);

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

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

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

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

(b) Documentation of the meetings shall:

(i) identify clinical issues discussed and actions taken;

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

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

History Note *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; ~~90-18(14);~~ 90-18(c)(14); 90-18.2; ~~90-171.23(14);~~ 90-171.23(b)(14);*
Eff. January 1, 1991;
Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;
Recodified from Rule .0109 Eff. August 1, 2004;
Amended Eff. December 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, ~~2016.~~ 2016;
Amended Eff. June 1, 2021.