

1 21 NCAC 32S .0201 is amended as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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3 **21 NCAC 32S .0201 DEFINITIONS**

4 The following definitions apply to this Subchapter:

- 5 (1) "Board" means the North Carolina Medical Board.
- 6 (2) "Examination" means the Physician Assistant National Certifying Examination.
- 7 (3) "Family member" means a spouse, parent, grandparent, child, grandchild, sibling, aunt, uncle or first  
8 cousin, or persons to the same degree by marriage.
- 9 (4) "Physician Assistant" means a person licensed by the Board under the provisions of G.S. 90-9.3.
- 10 (5) "Physician Assistant License" means approval for the physician assistant to perform medical acts,  
11 tasks, or functions under North Carolina law.
- 12 (6) "Physician Assistant Educational Program" is the educational program set out in G.S. 90-9.3(a)(1).
- 13 (7) "License Renewal" means paying the annual fee and providing the information requested by the Board  
14 as outlined in this Subchapter.
- 15 (8) ~~"Supervising"~~ **"Supervise" or "Supervision"** means the physician's function of overseeing the  
16 activities of, and accepting the responsibility for, the medical services rendered acts performed by a  
17 physician assistant.
- 18 (9) "Supervisory Arrangement" is the written statement that describes the medical acts, ~~tasks~~ tasks, and  
19 functions delegated to the physician assistant by the primary supervising physician appropriate to the  
20 physician assistant's education, qualification, training, ~~skill~~ skills, and competence.
- 21 (10) ~~"Supervising Physician" means a physician who is licensed by the Board and who is not prohibited by~~  
22 ~~the Board from supervising physician assistants.~~ means the licensed physician who shall provide on-  
23 going supervision, [consultation] consultation, and evaluation of the medical acts performed by the  
24 physician assistant as defined in the in the Supervisory Arrangement. The physician may serve as a  
25 primary supervising physician or as a back-up supervising physician.
- 26 (a) "Primary Supervising Physician" is the physician who ~~accepts full responsibility~~ is  
27 accountable to the Board for the physician assistant's medical activities and professional  
28 conduct at all times, whether the physician personally is providing supervision or the  
29 supervision is being provided by a Back-up Supervising Physician. The Primary Supervising  
30 Physician shall assure the Board that the physician assistant is qualified by education,  
31 ~~training~~ training, and competence to perform all medical acts required of the physician  
32 assistant ~~and is responsible for the physician assistant's performance~~ in the particular field or  
33 fields ~~in which that~~ the physician assistant is expected to perform medical acts. The Primary  
34 Supervising Physician shall also be accountable to the Board for his or her physician  
35 assistant's compliance with the [Rules] rules of this Subchapter.

1 (b) "Back-up Supervising Physician" means the physician who is ~~responsible~~ accountable to the  
2 Board for supervision of the physician assistant's activities in the absence of the Primary  
3 Supervising Physician and while actively supervising the physician assistant.

4 (11) "Volunteer practice" means performance of medical acts, tasks, or functions without expectation of  
5 any form of payment or compensation.

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7 *History Note:* Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;  
8 Eff. September 1, 2009;  
9 Amended Eff. May 1, 2015.

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21 NCAC 32S .0202 is amended as published in 29:14 NCR pages 1702-1706 ~~with changes~~ as follows:

**21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE**

(a) Except as otherwise provided in this Subchapter, an individual ~~must shall~~ obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license ~~must: shall:~~

- (1) submit a completed ~~application~~ ~~application, available at [www.ncmedboard.org](http://www.ncmedboard.org)~~, to the Board;
- (2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14;
- (3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant ~~must shall~~ provide information about ~~the~~ applicant's immigration and work status ~~which that~~ the Board ~~will shall~~ use to verify applicant's ability to work lawfully in the United States;
- (4) submit to the Board proof that the applicant ~~has~~ completed a Physician Assistant Educational ~~Program;~~ ~~Program. if a physician assistant was licensed in North Carolina after June 1, 1994, he/she~~ ~~He or she~~ ~~must shall~~ also show successful completion of the Physician Assistant National Certifying Examination;
- (5) pay to the Board a non-refundable fee of two hundred dollars (\$200.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license;
- (6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports ~~must shall~~ be requested by the ~~Applicant applicant~~ and submitted to the Board within 60 days of the request;
- (7) submit a Board Action Data Bank Inquiry from the Federation of State Medical Boards (FSMB). This report ~~must shall~~ be requested by the ~~Applicant applicant~~ and submitted to the Board within 60 days of the request;
- (8) submit to the Board two complete original fingerprint record cards, on fingerprint record cards supplied by the ~~Board;~~ ~~Board upon request;~~
- (9) submit to the Board a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
- (10) disclose whether ~~he/she~~ ~~he or she~~ has ever been suspended from, placed on academic probation, ~~expelled expelled,~~ or required to resign from any school, including a PA educational program;
- (11) attest that ~~he/she~~ ~~he or she~~ has no license, certificate, or registration as a physician assistant currently under discipline, revocation, ~~suspension suspension,~~ or probation or any other adverse action resulting from a health care licensing board;
- (12) certify that he or she is mentally and physically able to safely practice as a physician assistant and is of good moral character;

- 1 (13) provide the Board with three original recommendation forms dated within six months of the  
2 application. These recommendations shall come from persons under whom the applicant has worked  
3 or trained who are familiar with the applicant's academic ~~competence or~~ competence, clinical ~~skills.~~  
4 skills, and character. At least one reference form ~~must shall~~ be from a physician and two reference  
5 forms must be from peers under whom the applicant has worked or trained. ~~References must be able~~  
6 ~~to evaluate the applicant's academic competence, clinical skills and character as a physician assistant.~~  
7 References shall not be from any family member or in the case of ~~new graduate applicants,~~ applicants  
8 who have not been licensed anywhere, references shall not be from fellow students of the applicant's  
9 Educational Program;
- 10 (14) if two years or more have passed since graduation from a Physician Assistant Educational Program,  
11 document that ~~he/she~~ he or she has ~~successfully~~ completed at least 100 hours of continuing medical  
12 education (CME) during the preceding two years, at least ~~40~~ 50 hours of which must be ~~American~~  
13 ~~Academy of Physician Assistants~~ recognized by the National Commission on Certification of  
14 Physician Assistants as Category I CME; and
- 15 (15) supply any other information the Board deems necessary to evaluate the applicant's ~~qualifications.~~  
16 qualifications, including explanation or documentation of the information required in this Rule.
- 17 (b) An applicant may be required to appear in person for an interview with the ~~Board.~~ Board, if the Board determines in  
18 its discretion that more information is needed to evaluate the application.

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20 *History Note:* Authority G.S. ~~90-3;~~ 90-9.3; 90-11; 90-18(c)(13); 90-18.1;  
21 *Eff. September 1, 2009;*  
22 *Amended Eff. May 1, 2015; March 1, 2011.*

1 21 NCAC 32S .0211 is repealed as published in 29:14 NCR pages 1702-1706 as follows:

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3 **21 NCAC 32S .0211 AGENCY**

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5 *History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;*

6 *Eff. September 1, 2009.*

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*Repealed Eff. May 1, 2015.*

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1 21 NCAC 32S .0212 is amended as published in 29:14 NCR pages 1702-1706 with changes as follows:

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3 **21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY**

4 A physician assistant may prescribe, order, procure, ~~dispense~~ dispense, and administer drugs and medical devices  
5 subject to the following conditions:

- 6 (1) The physician assistant complies with all state and federal laws regarding prescribing prescribing,  
7 including G.S. 90-18.1(b);
- 8 (2) Each supervising physician and physician assistant incorporates within his or her written  
9 supervisory arrangements, as defined in Rule ~~.0201(8)~~ .0201(9) of this Subchapter, instructions for  
10 prescribing, ordering, and administering drugs and medical devices and a policy for periodic  
11 review by the physician of these instructions and policy;
- 12 (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- 13 (4) In order to prescribe controlled substances,
- 14 (a) the physician assistant must have a valid Drug Enforcement Administration (DEA)  
15 registration and prescribe in accordance with DEA rules;
- 16 (b) all prescriptions for substances falling within schedules II, IIN, III, and IIIN, as defined in  
17 the federal Controlled Substances Act, 21 U.S.C. §812, which is hereby incorporated by  
18 reference, including all subsequent amendments or editions, shall not exceed a legitimate  
19 30 day supply supply. 21 U.S.C. §812 may be accessed at  
20 <http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm> free of charge; and
- 21 (c) the supervising physician ~~must~~ shall possess at least the same schedule(s) of controlled  
22 substances as the physician assistant's DEA registration;
- 23 (5) Each prescription issued by the physician assistant contains, in addition to other information  
24 required by law, the following:
- 25 (a) the physician assistant's name, practice ~~address~~ address, and telephone number;
- 26 (b) the physician assistant's license number and, if applicable, the physician assistant's DEA  
27 number for controlled substances prescriptions; and
- 28 (c) the ~~responsible~~ authorizing supervising physician's, either primary or back-up,  
29 physician's (primary or back-up) name and telephone number;
- 30 (6) The physician assistant documents prescriptions in writing on the patient's record, including the  
31 medication name and dosage, amount prescribed, directions for use, and number of refills;
- 32 (7) A physician assistant who requests, receives, and dispenses medication samples to patients  
33 complies with all applicable state and federal regulations; and
- 34 (8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal  
35 controlled substances acts acts, for:
- 36 (a) the physician assistant's own use;
- 37 (b) the use of the physician assistant's supervising physician;

- 1 (c) the use of the physician assistant's immediate family;
- 2 (d) the use of any person living in the same residence as the physician assistant; or
- 3 (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

4 As used in this ~~Paragraph, Item,~~ "immediate family" means a spouse, parent, child, sibling, parent-in-law,  
5 son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

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7 *History Note:* Authority G.S. 90-18(c)(13); 90-18.1; 90-18.2A; ~~90-171.23(14); 21 C.F.R. 301;~~  
8 Eff. September 1, 2009;  
9 Amended Eff. May 1, 2015; August 1, 2012.

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1 21 NCAC 32S .0213 is amended as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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3 **21 NCAC 32S .0213      PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS**

4 (a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant  
5 in accordance with rules adopted by the Board.

6 ~~(a)(b)~~ A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician.  
7 Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed  
8 as requiring the physical presence of the supervising physician at the time and place that the services are rendered.

9 ~~(b)(c)~~ Each team of physician(s) and physician assistant(s) shall ensure: ~~ensure~~

- 10       (1) ~~that~~ the physician assistant's scope of practice is identified;  
11       (2) ~~that~~ delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as  
12             the physician assistant's level of competence;  
13       (3) ~~that~~ the relationship of, and access to, each supervising physician is defined; and  
14       (4) ~~that~~ a process for evaluation of the physician assistant's performance is established.

15 ~~(c)(d)~~ Each supervising physician and physician assistant shall sign a statement, as defined in Rule ~~.0201(8)~~ .0201(9) of  
16 this Subchapter, that describes the supervisory arrangements in all settings. ~~Written prescribing instructions are required~~  
17 ~~for each approved site. The physician assistant shall maintain written prescribing instructions at each site.~~ This statement  
18 shall be kept on file at all practice sites, and ~~must~~ shall be available upon request by the Board.

19 ~~(d)(e)~~ A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for  
20 the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the  
21 primary supervising physician and the physician assistant shall meet at least once every six months. A written record of  
22 these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be  
23 available **for inspection** upon request by the **Board, Board agent**. The written record shall include a description of the  
24 relevant clinical issues discussed and the quality improvement measures taken.

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26 *History Note:*     *Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;*

27                     *Eff. September 1, 2009;*

28                     **Amended Eff. May 1, 2015.**



1 21 NCAC 32S .0214 is repealed as published in 29:14 NCR pages 1702-1706 as follows:

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3 **21 NCAC 32S .0214 SUPERVISING PHYSICIAN**

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5 *History note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;*

6 *Eff. September 1, 2009.*

7 *Repealed Eff. May 1, 2015.*

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1 21 NCAC 32S .0215 is amended as published in 29:14 NCR pages 1702-1706 as follows:

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3 **21 NCAC 32S .0215 RESPONSIBILITIES OF PRIMARY SUPERVISING PHYSICIANS IN REGARD TO**  
4 **BACK-UP SUPERVISING PHYSICIANS**

5 (a) The primary supervising physician shall ensure that a supervising physician, either primary or back-up, is ~~readily~~  
6 accessible for the physician assistant to consult whenever the physician assistant is performing medical acts, tasks, or  
7 functions.

8 (b) A back-up supervising physician ~~must~~ shall be licensed to practice medicine by the Board, not prohibited by the  
9 Board from supervising a physician assistant, and approved by the primary supervising physician as a person willing and  
10 qualified to ~~assume responsibility for the care rendered~~ oversee the medical acts performed by the physician assistant in  
11 the absence of the primary supervising physician. ~~An ongoing~~ A current list of all approved back-up supervising  
12 physicians, signed and dated by each back-up supervising physician, the primary supervising physician, and the  
13 physician assistant, ~~must~~ shall be retained as part of the Supervisory Arrangement.

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15 *History Note: Authority G.S. 90-18(c)(13); 90-18.1;*

16 *Eff. September 1, 2009.*

17 *Amended Eff. May 1, 2015.*

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1 21 NCAC 32S .0216 is amended as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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**21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION**

(a) A physician assistant **must shall** complete at least 100 hours of continuing medical education (CME) every two years, at least ~~40~~ 50 hours of which must be ~~American Academy of Physician Assistants~~ recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. ~~CME~~ **A physician assistant shall provide** CME documentation **must be available** for inspection by the board or its agent upon request. The two year period shall run from the physician assistant's birthday, beginning in the year 1999, or the first birthday following initial licensure, whichever occurs later.

(b) A physician assistant who possesses a current certification with the ~~National Commission on Certification of Physician Assistants (NCCPA)~~ NCCPA **will shall** be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant must attest on his or her annual renewal that he or she is currently certified by the NCCPA.

*History Note:* Authority G.S. ~~90-5.1(a)(3) and (10); 90-5.1(a)(3); 90-5.1(a)(10);~~ 90-9.3; 90-18(c)(13); 90-18.1;  
Eff. September 1, 2009;  
Amended Eff. **May 1, 2015;** November 1, 2010.

1 21 NCAC 32S .0217 is amended as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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3 **21 NCAC 32S .0217 VIOLATIONS**

4 ~~The Board may take disciplinary action against a supervising physician or a physician assistant, pursuant to G.S. 90-14. It~~  
5 ~~is unprofessional or dishonorable~~ conduct for a physician assistant to violate the rules of this Subchapter, or to represent  
6 ~~him/herself himself or herself~~ as a physician. The Board may take disciplinary action against a supervising physician or  
7 a physician [assistant,] assistant pursuant to [G.S. 90-14(a)(6)(7),] G.S. 90-14(a)(6) and (7) for violations of the rules of  
8 this Subchapter.

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10 *History Note: Authority G.S. 90-9.3; 90-14; 90-14.2;*

11 *Eff. September 1, 2009;*

12 *Amended Eff. May 1, 2015.*

13

1 21 NCAC 32S .0224 is adopted as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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3 **21 NCAC 32S .0224 SCOPE OF RULES**

4 The rules in ~~the~~ this Subchapter are intended for the purpose of fulfilling the Board's statutory directive with regard to  
5 the regulation, ~~supervision~~ supervision, and disciplining of physician assistants and their supervising physicians, and for  
6 no other purpose.

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8 *History Note:* Authority G.S. ~~90-5.1(a)(2)(3);~~ 90-5.1(a)(2); 90-5.1(a)(3); 90-18.1;

9

Eff. May 1, 2015;

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1 21 NCAC 32Y .0101 is adopted as published in 29:14 NCR pages 1702-1706 **with changes** as follows:

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3 **SUBCHAPTER 32Y –CONTROLLED SUBSTANCE REPORTING SYSTEM**

4  
5 **21 NCAC 32Y .0101 REPORTING CRITERIA**

6  
7 (a) The Department of Health and Human Services (“Department”) may report to the North Carolina Medical Board  
8 (“Board”) information regarding the prescribing practices of those physicians and physician assistants  
9 (“prescribers”) whose prescribing:

10 (1) ~~Falls~~ falls within the top one percent of those prescribing 100 milligrams of morphine equivalents  
11 (“MME”) per patient per day; or

12 (2) ~~Falls~~ falls within the top one percent of those prescribing 100 MME’s per patient per day in  
13 combination with any benzodiazepine and who are within the top one percent of all controlled substance  
14 prescribers by volume.

15 (b) In addition, the Department may report to the Board information regarding prescribers who have had two or  
16 more patient deaths in the preceding twelve months due to opioid poisoning.

17 (c) The Department may submit these reports to the Board upon request and may include the information described  
18 in ~~N.S. Gen. Stat. § 90-113.73(b).~~ G.S. 90-113.73(b).

19 (d) The reports and communications between the Department and the Board shall remain confidential pursuant to  
20 ~~N.C. Gen. Stat. § 90-16 and 90-113.74.~~ G.S. 90-16 and G.S. 90-113.74.

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22 *History Note: Authority G.S. 90-113.74*

23 *Eff. May 1, 2015;*