

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: All rules

DEADLINE FOR RECEIPT: Friday, April 10, 2015

NOTE WELL: 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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

Please insert the new effective date for every rule. When you published these rules in the NC Register (Volume 29, Issue 14), you proposed an effective date of May 1, 2015. You may use that date or a later date, if you prefer. However, each rule must include a proposed effective date.

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: March 27, 2015

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0201

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Item (2), I take it your regulated public knows what the "Physician Assistant National Certifying Examination" is?

In Item (10), line 23, should it read "consultation, and evaluation"?

In Sub-Item (10)(a), how are assurances provided by the physician to the Board?

Also in Sub-Item (10)(a), line 35, "rules" should be lowercase.

In Sub-Item (10)(b), Page 2, line 3, what is "actively" supervising? Does your regulated public know?

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: March 27, 2015

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

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21 NCAC 32S .0201 DEFINITIONS

The following definitions apply to this Subchapter:

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

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0202

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

Replace "must" with "shall" on Page 1, lines 4, 5, 11, 14, 19, 22, and 37 (both places).

In (a)(1), what is in the application? Is this in another Rule? And how does one get the application? Please note that G.S. 150B-2(8a) states that while forms themselves do not need to be in rule, the contents must be in rule or law.

In (a)(3), line 11, state "about the applicant's"

On line 12, replace "which" with "that"

Also on line 12, replace "will" with "shall"

In (a)(4), line 13, delete "has" and end the sentence after "Program." Then begin the next sentence, "If a physician..."

Replace "he/she" with "he or she" on lines 14, 27, 29 on Page 1 and line 6 on Page 2.

Also in (a)(4), does your regulated public know what the examination referenced is?

In (a)(4), do you need to retain the language on line 14, "If the physician assistant.. after June 1, 1994"? Can't you just state "He or she shall also show..."

In (a)(5), what is the cost of the criminal background check? How does the applicant know?

In (a)(6), line 19, and (a)(7), line 22, why is "Applicant" capitalized? The term is not capitalized elsewhere in the Rule.

Also in (a)(6), what are these reports and how are they requested? Does your regulated public know?

In (a)(7), what is this inquiry and who is this Board? Does your regulated public know?

In (a)(8), line 23, define "complete"

Amanda J. Reeder
Commission Counsel
Date submitted to agency: March 27, 2015

On line 24, how does one get these cards?

In (a)(10), line 27, please insert a comma after “expelled”

In (a)(11), line 30, insert a comma after “suspension”

In (a)(13), you require three recommendations. At least one must be from a physician and two from peers under whom the applicant has worked or trained. What is a “peer” in this situation, especially given that the applicant must have worked or trained under them? The language reads as if an applicant must submit at least three and may have additional from physicians. Is that the intent? What is the intent of this Subparagraph?

Also in (a)(13), where does one get the forms?

Also in (a)(13), isn’t the language on lines 1-2 of Page 2 repetitive of the language in lines 35-36 on Page 1? Why do you need it in both places?

What is the purpose of (a)(13), Page 2, lines 3-4? That classmates cannot be references unless the individual is no longer a “new” graduate? What is “new” graduate?

In (a)(14), line 6, delete or define “successfully”

Also on line 6, generally the use of “at least” is repetitive in rulemaking, since rules set the minimum standards. Do you feel you need to retain the language here?

In (a)(14), what is the National Commission on Certification of Physician Assistants? Does your regulated public know?

In (a)(15), what may be requested? What are the guidelines?

In (b), when may an applicant not have to appear? Or do you mean “shall” instead of “may”?

In the History Note, why do you have G.S. 90-3? That statute only deals with the Review Panel and not the Board or applicants.

Additionally in the History Note, aren’t 90-5.1 (for continuing education) and 90-10.1 (examinations) applicable?

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: March 27, 2015

1 21 NCAC 32S .0202 is amended as published in 29:14 NCR pages 1702-1706 as follows:

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3 **21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE**

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

- 6 (1) submit a completed application to the Board;
- 7 (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-
8 14;
- 9 (3) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a
10 certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S.
11 citizenship, the applicant must provide information about applicant's immigration and work status
12 which the Board will use to verify applicant's ability to work lawfully in the United States;
- 13 (4) submit to the Board proof that the applicant has completed a Physician Assistant Educational Program;
14 if a physician assistant was licensed in North Carolina after June 1, 1994, he/she must also show
15 successful completion of the Physician Assistant National Certifying Examination;
- 16 (5) pay to the Board a non-refundable fee of two hundred dollars (\$200.00) plus the cost of a criminal
17 background check. There is no fee to apply for a physician assistant limited volunteer license;
- 18 (6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank
19 (HIPDB) reports. These reports must be requested by the Applicant and submitted to the Board within
20 60 days of the request;
- 21 (7) submit a Board Action Data Bank Inquiry from the Federation of State Medical Boards (FSMB). This
22 report must be requested by the Applicant and submitted to the Board within 60 days of the request;
- 23 (8) submit to the Board two complete original fingerprint record cards, on fingerprint record cards
24 supplied by the Board;
- 25 (9) submit to the Board a signed consent form allowing a search of local, state, and national files to
26 disclose any criminal record;
- 27 (10) disclose whether he/she has ever been suspended from, placed on academic probation, expelled or
28 required to resign from any school, including a PA educational program;
- 29 (11) attest that he/she has no license, certificate, or registration as a physician assistant currently under
30 discipline, revocation, suspension or probation or any other adverse action resulting from a health care
31 licensing board;
- 32 (12) certify that he or she is mentally and physically able to safely practice as a physician assistant and is of
33 good moral character;
- 34 (13) provide the Board with three original recommendation forms dated within six months of the
35 application. These recommendations shall come from persons under whom the applicant has worked
36 or trained who are familiar with the applicant's academic competence or clinical skills. At least one
37 reference form must be from a physician and two reference forms must be from peers under whom the

1 applicant has worked or trained. References must be able to evaluate the applicant's academic
2 competence, clinical skills and character as a physician assistant. References shall not be from any
3 family member or in the case of new graduate applicants, references shall not be from fellow students
4 of the applicant's Educational Program;

- 5 (14) if two years or more have passed since graduation from a Physician Assistant Educational Program,
6 document that he/she has successfully completed at least 100 hours of continuing medical education
7 (CME) during the preceding two years, at least ~~40~~ 50 hours of which must be ~~American Academy of~~
8 ~~Physician Assistants~~ recognized by the National Commission on Certification of Physician Assistants
9 as Category I CME; and

- 10 (15) supply any other information the Board deems necessary to evaluate the applicant's qualifications.

11 (b) An applicant may be required to appear in person for an interview with the Board.

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13 *History Note:* Authority G.S. 90-3; 90-9.3; 90-11; 90-18(c)(13); 90-18.1;
14 Eff. September 1, 2009;
15 Amended Eff. March 1, 2011.

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0211

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

Please do not strike the Rule number and name.

You do not need to show the struck through text. The repeal should look like this:

21 NCAC 32S .0211 AGENCY

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff.*

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: March 27, 2015

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**

4 ~~Physician assistants are the agents of their supervising physicians in the performance of all medical practice related~~
5 ~~activities, including the ordering of diagnostic, therapeutic and other medical services.~~

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7 ~~History Note: Authority G.S. 90-9.3; 90-18(e)(13); 90-18.1;~~

8

~~Eff. September 1, 2009.~~

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REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0212

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Item (1), line 6, insert a comma after "prescribing"

In Item (2), lines 10 and 11, what is "periodic review"?

In Sub-Item (4)(b), please incorporate this federal act by reference, as required by G.S. 150B-21.6.

Further, on line 17, what is a "legitimate" supply?

In Sub-Item (4)(c), what are you saying here? Can the physician not have a high level? And what do you mean by level?

In Item (8), line 32, please insert a comma after "acts"

In Item (8), Page 2, line 1, replace "Paragraph" with "Item"

In the History Note, I cannot find 21 CFR 301. Do you mean 21 CFR 1301?

Also in the History Note, why are you citing to G.S. 90-171.23(14)? It requires the Board of Nursing to:

§ 90-171.23. Duties, powers, and meetings.

(b) Duties, powers. The Board is empowered to:

(14) Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and regulations to govern the performance of medical acts by registered nurses and to determine reasonable fees to accompany an application for approval or renewal of such approval as provided in G.S. 90-8.2. The fees and rules developed by this subcommittee shall govern the performance of medical acts by registered nurses and shall become effective when they have been adopted by both Boards.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: March 27, 2015

This Rule only applies to physician assistants, not registered nurses, correct? Should this citation be removed?

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: March 27, 2015

1 21 NCAC 32S .0212 is amended as published in 29:14 NCR pages 1702-1706 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 including
7 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, shall not exceed a legitimate 30 day supply; and
 - 18 (c) the supervising physician ~~must~~ shall possess the same schedule(s) of controlled
19 substances as the physician assistant's DEA registration;
- 20 (5) Each prescription issued by the physician assistant contains, in addition to other information
21 required by law, the following:
 - 22 (a) the physician assistant's name, practice ~~address~~ address, and telephone number;
 - 23 (b) the physician assistant's license number and, if applicable, the physician assistant's DEA
24 number for controlled substances prescriptions; and
 - 25 (c) the ~~responsible~~ authorizing supervising physician's, either primary or back-up,
26 physician's (primary or back-up) name and telephone number;
- 27 (6) The physician assistant documents prescriptions in writing on the patient's record, including the
28 medication name and dosage, amount prescribed, directions for use, and number of refills;
- 29 (7) A physician assistant who requests, receives, and dispenses medication samples to patients
30 complies with all applicable state and federal regulations; and
- 31 (8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal
32 controlled substances acts for:
 - 33 (a) the physician assistant's own use;
 - 34 (b) the use of the physician assistant's supervising physician;
 - 35 (c) the use of the physician assistant's immediate family;
 - 36 (d) the use of any person living in the same residence as the physician assistant; or
 - 37 (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

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

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4 *History Note:* *Authority G.S. 90-18(c)(13); 90-18.1; 90-18.2A; 90-171.23(14); 21 C.F.R. 301;*

5 *Eff. September 1, 2009;*

6 *Amended Eff. August 1, 2012.*

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REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0213

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In Paragraph (b), line 7, I take it your regulated public knows what "continuous" means?

In (d), the supervisory arrangement must be available upon request of the Board. In (e), the meeting records must be available upon request by the Board agent. Assuming the procedure is the same for both (and indeed, they may not be), then the language should be similar.

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: March 27, 2015

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

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21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

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

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

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

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

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

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

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0214

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

Please do not strike the Rule number and name.

You do not need to show the struck through text. The repeal should look like this:

21 NCAC 32S .0214 SUPERVISING PHYSICIAN

*History note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
 Eff. September 1, 2009;
 Repealed Eff.*

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: March 27, 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**

4 A physician wishing to serve as a primary supervising physician must exercise supervision of the physician assistant in
5 accordance with rules adopted by the Board. The physician shall retain professional responsibility for the care rendered
6 by the physician assistant within the scope of the supervisory arrangement.

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8 *History note: — Authority G.S. 90-9.3; 90-18(e)(13); 90-18.1;*

9

Eff. September 1, 2009.

10

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.*

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REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0216

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a), on line 4, please replace "must" with "shall"

In (a) on line 6, are you saying that the physician assistant shall provide this to the Board upon request? I think it would be better to state who the actor is in this sentence and write in active voice.

What are you saying in the sentence on lines 7 and 8? Do you still need the reference to 1999 here?

So that I understand – the CME requirement is the same as an applicant under Rule .0202(a)(14)?

In (b), line 10, please replace "will" with "shall"

In the History Note, please state "90-5.1(a)(3); 90-5.1(a)(10)"

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: March 27, 2015

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

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21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION

(a) A physician assistant must 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 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 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); 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. November 1, 2010.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0217

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

On line 5, I believe you inadvertently did not delete the "or"

On line 6, please state "himself or herself"

On line 7, I don't know think you need the commas setting off "pursuant to..."

Also, do you mean to cite to 90-14(a)(6) and (7)? You don't want to cite to all of 90-14(a)?

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: March 27, 2015

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

2

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 as a physician. The Board may take disciplinary action against a supervising physician or a physician~~
7 ~~assistant, pursuant to G.S. 90-14(a)(6)(7), for violations of the rules of this Subchapter.~~

8

9 *History Note: Authority G.S. 90-9.3; 90-14; 90-14.2;*
10 *Eff. September 1, 2009.*

11

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0224

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

On line 4, please replace "the" with "this"

On line 5, please insert a comma after "supervision"

In the History Note, please state "90-5.1(a)(2); 90-5.1(a)(3)"

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: March 27, 2015

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

2

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

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

6

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

8

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32Y .0101

DEADLINE FOR RECEIPT: Friday, April 10, 2015

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 this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

Please begin (a)(1) and (2) with lowercase letters.

Also in (a)(1) and (2), so that I understand, this top percentage will be determined by DHHS based upon the information it receives?

In (b), are those deaths reported to the Department and the CSRS? Is that how the Department will know about those deaths?

In (c), line 18, the citation is "G.S. 90-113.73(b)" (See Rule 26 NCAC 02C .0109(b)(1))

In (d), do you need the reference to 90-16? I think the confidentiality is addressed by 90-113.74.

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: March 27, 2015

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

2
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 within the top one percent of those prescribing 100 milligrams of morphine equivalents (“MME”)
11 per patient per day; or

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

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.

21
22 History Note: Authority G.S. 90-113.74