

REQUEST FOR TECHNICAL CHANGE

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32M .0117

**DEADLINE FOR RECEIPT: Wednesday, March 9, 2016**

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.

***NOTE WELL:*** *This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.*

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

*In Subparagraphs (a)(1) and (2), so that I understand - it appears that the reporting criteria in (a)(1) will capture the same individuals in (a)(2). Are you trying to ensure through Subparagraph (a)(2) that the Department issues two reports, one for each Subparagraph?*

*In (b), line 12, (c), line 14, and (d), line 16, what "Board" are you referring to? I ask because you define the "Board of Nursing" on line 5. Do you mean that Board?*

*In (b), line 13, please state "12" Since you published using the numerals, you do not have to show the change; simply make it.*

*In (c), is the intent that the Board will always trigger the reporting by asking for it?*

*In the History Note, line 19, please add a citation to G.S. 90-18.2, which establishes the joint responsibility of the Medical Board with the Board of Nursing regarding Nurse Practitioners, or another statute if you believe there is a better one.*

**§ 90-18.2. Limitations on nurse practitioners.**

- (a) Any nurse approved under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions may use the title "nurse practitioner." Any other person who uses the title in any form or holds out to be a nurse practitioner or to be so approved, shall be deemed to be in violation of this Article.
- (b) Nurse practitioners are authorized to write prescriptions for drugs under the following conditions:
  - (1) The North Carolina Medical Board and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual nurse practitioners to write prescriptions with such limitations as the boards may determine to be in the best interest of patient health and safety;
  - (2) The nurse practitioner has current approval from the boards;

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- (3) The North Carolina Medical Board has assigned an identification number to the nurse practitioner which is shown on the written prescription; and
  - (4) The supervising physician has provided to the nurse practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.
- (c) Nurse practitioners are authorized to compound and dispense drugs under the following conditions:
- (1) The function is performed under the supervision of a licensed pharmacist; and
  - (2) Rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with.
- (d) Nurse practitioners are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes and other health facilities under the following conditions:
- (1) The North Carolina Medical Board and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual nurse practitioners to order medications, tests and treatments with such limitations as the boards may determine to be in the best interest of patient health and safety;
  - (2) The nurse practitioner has current approval from the boards;
  - (3) The supervising physician has provided to the nurse practitioner written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and
  - (4) The hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests and treatments, including procedures for verification of the nurse practitioners' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.
- (e) Any prescription written by a nurse practitioner or order given by a nurse practitioner for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the boards as the supervisor of the nurse practitioner and such supervising physician shall be responsible for authorizing such prescription or order.
- (e1) Any medical certification completed by a nurse practitioner for a death certificate shall be deemed to have been authorized by the physician approved by the boards as the supervisor of the nurse practitioner, and the supervising physician shall be responsible for authorizing the completion of the medical certification.
- (f) Any registered nurse or licensed practical nurse who receives an order from a nurse practitioner for medications, tests or treatments is authorized to perform

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that order in the same manner as if it were received from a licensed physician.  
(1977, 2nd Sess., c. 1194, s. 2; 1995, c. 94, s. 21; 2011-197, s. 2.)

*Also in the History Note, line 20, please remove the "Eff. April 1, 2015" as this is a new rule. And change "Amended Eff." to just "Eff." on line 21.*

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

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1 **21 NCAC 32M .0117 is adopted as published in 30:10 NCR pages 159-160 as follows:**

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**21 NCAC 32M .0117 REPORTING CRITERIA**

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board of Nursing") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:

(1) falls within the top one percent of those prescribing 100 milligrams of morphine equivalents ("MME") per patient per day; or

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

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

(c) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

(d) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-16 and G.S. 90-113.74.

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

*Eff. April 1, 2015.*

*Amended Eff. April 1, 2016.*