

1 21 NCAC 32M .0117 is amended, **with changes**, as published in 32:12 NCR, pages 1217-1218 as follows:

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3 **21 NCAC 32M .0117 REPORTING CRITERIA**

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

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

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

12 (b) In addition, the Department may report to the Board of Nursing information regarding prescribers who have had
13 two or more patient deaths in the preceding 12 months due to opioid ~~poisoning~~, poisoning where the prescribers
14 authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the
15 patient deaths.

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

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

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21 *History Note: Authority G.S. 90-18.2; 90-113.74;*
22 *Eff. April 1, 2016.*
23 *Amended Eff. **[April 1, 2018.] May 1, 2018.***
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REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Medical Board

RULE CITATION: 21 NCAC 32M .0118

DEADLINE FOR RECEIPT: Tuesday, April 10, 2018

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 call our office to inquire concerning the staff recommendation.

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

On the Submission for Permanent Rule form:

Please complete Box 5.

In Box 9B, given the explanation you provided, please check "Legislation Enacted by the General Assembly" and cite to SL 2017-743.

In the Rule:

On line 5, please state "For the purposes of G.S. 90-18.2(b)." Since you published the Rule this way in the Register, you do not need to show it as a change.

On line 6, so that I'm clear, I take it that a consult in person or electronically shall satisfy the "personal consult" required by G.S. 90-18.2(b)(5)?

On line 7, please capitalize "Rule." Since you published the Rule this way in the Register, you do not need to show it as a change.

On line 9, I take it that "targeted controlled substance" is as defined in G.S. 90-87?

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 26, 2018

1 21 NCAC 32M .0118 is adopted, **with changes**, as published in NCR 32:12, page 1218, as follows:

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3 **21 NCAC 32M .0118 DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED**
4 **TARGETED SUBSTANCES**

5 For purposes of N.C. Gen. Stat. § 90-18.2(b), the term “consult” shall mean a meaningful communication, occurring
6 either in person or electronically, between the nurse practitioner and a supervising physician that is documented in the
7 patient medical record. For the purposes of this rule, ~~“meaningful”~~ “meaningful communication” shall mean an
8 exchange of information sufficient for the supervising physician to make a determination that the prescription for a
9 targeted controlled substance is medically indicated.

10

11 *History Note:* Authority G.S. 90-18.2;
12 Eff. ~~April 1, 2018.~~ **May 1, 2018.**

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14

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Medical Board

RULE CITATION: 21 NCAC 32S .0212

DEADLINE FOR RECEIPT: Tuesday, April 10, 2018

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 our office to inquire concerning the staff recommendation.

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

On lines 6, 34, and 35, by "state" do you mean all states, or just NC? If you mean only NC, please capitalize the term.

Item (2), line 9, consider replacing "Subchapter" with "Section"

In Sub-Item (4)(b), line 20, do you mean "shall" instead of "may"? If not, you are allowing the individuals to not issue the refills consistent with the law?

On line 21, what are the law and the regulations you are referring to here?

In the History Note, Page 2, line 7, do you mean to reference G.S. 90-18.1, which governs Physicians Assistants, rather than G.S. 90-18.2, which governs Nurse Practitioners?

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 26, 2018

1 21 NCAC 32S .0212 is amended, **with changes**, as published in NCR 32:12, pages 1218-1219, as follows:
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3 **21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY**

4 A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to
5 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(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 IIN, 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. 21 U.S.C. 812 may be accessed at~~
20 ~~<http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm> free of charge; refills may be~~
21 issued consistent with Controlled Substance Law and regulations; and
 - 22 (c) the supervising physician shall possess at least the same schedule(s) of controlled
23 substances as the physician assistant's DEA registration;
- 24 (5) Each prescription issued by the physician assistant contains, in addition to other information
25 required by law, the following:
 - 26 (a) the physician assistant's name, practice address, and telephone number;
 - 27 (b) the physician assistant's license number and, if applicable, the physician assistant's DEA
28 number for controlled substances prescriptions; and
 - 29 (c) the authorizing supervising physician's, either primary or back-up, name and telephone
30 number;
- 31 (6) The physician assistant documents prescriptions in writing on the patient's record, including the
32 medication name and dosage, amount prescribed, directions for use, and number of refills;
- 33 (7) A physician assistant who requests, receives, and dispenses medication samples to patients
34 complies with all applicable state and federal regulations; and
- 35 (8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal
36 controlled substances acts, for:
 - 37 (a) the physician assistant's own use;
 - 38 (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 Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or
5 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. ~~90-18.2; 90-18(c)(13); 90-18.1; 90-18.2A;~~*
8 *Eff. September 1, 2009;*
9 *Amended Eff. ~~April 1, 2018;~~ May 1, 2018; May 1, 2015; August 1, 2012;*
10 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*
11 *2016.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Medical Board

RULE CITATION: 21 NCAC 32S .0225

DEADLINE FOR RECEIPT: Tuesday, April 10, 2018

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 our office to inquire concerning the staff recommendation.

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

On the Submission for Permanent Rule form:

Please complete Box 5.

In Box 9B, given the explanation you provided, please check "Legislation Enacted by the General Assembly" and cite to SL 2017-743.

In the Rule:

On line 5, please state "For the purposes of G.S. 90-18.1(b)." Since you published the Rule this way in the Register, you do not need to show it as a change.

On line 6, so that I'm clear, I take it that a consult in person or electronically shall satisfy the "personal consult" required by G.S. 90-18.1(b)(5)?

On line 7, please capitalize "Rule." Since you published the Rule this way in the Register, you do not need to show it as a change.

On line 9, I take it that "targeted controlled substance" is as defined in G.S. 90-87?

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 26, 2018

1 21 NCAC 32S .0225 is adopted, with changes, as published in NCR 32:12, page 1219, as follows:

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3 **21 NCAC 32S .0225 DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED**
4 **CONTROLLED SUBSTANCES**

5 For purposes of N.C. Gen. Stat. § 90-18.1(b), the term “consult” shall mean a meaningful communication, occurring
6 either in person or electronically, between the physician assistant and a supervising physician that is documented in
7 the patient medical record. For the purposes of this rule, ~~“meaningful”~~ “meaningful communication” shall mean an
8 exchange of information sufficient for the supervising physician to make a determination that the prescription for a
9 targeted controlled substance is medically indicated.

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11 *History Note:* Authority G.S. 90-18.1;
12 Eff. [April 1, 2018.] May 1, 2018.

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