Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026

From: Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>
Sent: Monday, July 27, 2026 4:56 PM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>; Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>; Cnton Pinyan <CPINYAN@brookspierce.com>
Subject: RE: [External] Re: Medical Board-RRC Request for Changes-July 2026

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Travis,

Hi. I plan to attend in person.

Thanks,

Marcus Jimison
Deputy General Counsel
P 919.277.1844 **E** marcus.jimison@ncmedboard.org

From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Wednesday, July 8, 2026 11:22 AM
To: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

Good morning,

I'm satisfied with the changes made. Please send the final revised rules to oah.rules@oah.nc.gov and cc Mr. Burgos and I (or just reply all).

These rules are final for review and can be placed on July's agenda. Please let us know if anyone from your agency will be present for the meeting, in-person or on WebEx.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929

Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026
Attachments: 21 NCAC 32U .0103.docx

From: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Sent: Monday, July 20, 2026 10:13 AM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Attached as requested.

Thank you,

Leigh Anne Satterwhite, MSML, NCCP
Senior Paralegal
Rulemaking Coordinator
North Carolina Medical Board

21 NCAC 32U. 0103 is adopted with changes as published in 40:17 NCR 1350 as follows:

SUBCHAPTER 32U - PHARMACISTS VACCINATIONS AND ADMINISTRATION OF LONG-ACTING INJECTABLES

SECTION .0100 - PHARMACISTS VACCINATIONS AND ADMINSTRATION OF LONG-ACTING INJECTABLES

21 NCAC 32U .0103 INFLUENZA TEST AND TREAT

Pharmacists may, in accordance with 21 NCAC 46 .2517, initiate ~~CLIA-waived~~ Clinical Laboratory Improvement Amendments waived testing and treatment for influenza, as defined in G.S. 90-85.3(b2), per the protocols available at the Board of Pharmacy's office and on its website, (www.ncbop.org/protocols), including prophylactic treatment for ~~certain~~ high-risk patients who have been exposed to ~~influenza.~~ influenza, as set forth in the protocols.

History Note: *Authority G.S. 90-85.3(b2), S.L. 2025-37, s. 5.3*
Eff. August 1, 2026

Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026

From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Sunday, July 19, 2026 3:02 PM
To: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

Good afternoon,

An RRC Commissioner contacted me to request a change to 21 NCAC 32U .0103. His request is below.

I don't know what the acronym "CLIA" stands for and if I don't understand it, how would our state's citizens? I would like the Board of Pharmacy and Medical Board to spell it out because it would be clearer to our citizens. It will improve the chances that I vote "Aye" on this regulation.

In line 10, please spell out "CLIA" and resend us the changed Rule.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026
Attachments: 21 NCAC 32S .0227.docx; 21 NCAC 32U .0103.docx; 21 NCAC 32B .1362.docx

From: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Sent: Wednesday, July 8, 2026 11:26 AM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Apologies, thanks for the reminder.

Leigh Anne Satterwhite, MSML, NCCP
Senior Paralegal
Rulemaking Coordinator
North Carolina Medical Board

21 NCAC 32B .1362 is adopted with changes as published in 40:17 NCR 1346-1348 as follows:

SECTION .1300 – GENERAL

21 NCAC 32B .1362 APPLICATION FOR INTERNATIONALLY TRAINED PHYSICIAN EMPLOYEE LICENSE

(a) The Internationally Trained Physician License is limited to physicians who have not attended accredited medical schools or ~~graduate~~ graduated from medical education programs in the United States.

(b) In order to obtain an Internationally Trained Physician License, the Board ~~must~~ shall receive from the applicant or the primary source:

(1) a completed application ~~attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application.~~ containing the following information from the applicant:

(A) personal mailing, physical address;

(B) work mailing, physical, and email address;

(C) telephone number;

(D) social security number;

(E) chronological history of education and employment from your first day of medical school to present;

(G) history of government investigations, substance use history for the past five years, military service, professional liability insurance history, investigations for employment misclassification for the past five years, and history of ~~regulatory actions,~~ disciplinary actions and pending investigations by any state, federal, or foreign regulatory agency, hospital privilege, and malpractice; and

(H) an attestation under oath or affirmation that the information on the application is true and complete, and authorize the release to the Board of all information pertaining to the application.

(2) a completed form from (1) a hospital located and licensed in North Carolina attesting to an offer of full-time employment, or (2) a NC licensed supervising physician located at a medical practice in a North Carolina rural county with a population of less than 500 people per square mile attesting to an offer of full-time employment where the supervising physician is physically practicing on-site;

(3) documentation of a legal name change, if applicable;

(4) a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;

(5) proof of licensure in good standing from the medical licensing authority in a foreign country as required by G.S. 90-12.03(a)(2);

(6) proof of 130 weeks of medical education from a medical school as described in G.S. 90-12.03(a)(3);

(7) furnish an original ~~ECFMG~~ Educational Commission for Foreign Medical Graduates certification status report;

(8) proof of ECFMG eligibility, which shall include furnishing an original ECFMG certification status report and successful passage of ~~USMLE~~ United States Medical Licensing Examination Step 1 and Step 2;

(9) proof of either (1) two years of graduate medical education approved by the applicant's country of licensure or (2) active practice in country of licensure for at least 10 years after graduation. Proof of graduate medical education will require verification from both the graduate medical education program regarding attendance and applicant's country of licensure of approval. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations for the 10-year period to confirm the active practice of medicine;

(10) examination transcripts from the examining body that meet one of the requirements of G.S. 90-12.03(a)(4):

(A) if applying on the basis of the USMLE, the USMLE transcript ~~must~~ shall show a score on USMLE Step 3 and the applicant must have passed within three attempts;

(B) if applying on the basis of the COMLEX, the COMLEX transcript ~~must~~ shall show a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3 and the applicant must have passed each level within three attempts;

(C) if applying on the basis of any other board-approved examination under G.S. 90-10.1 or 21 NCAC 32B .1303, the transcript must be received from the examining body and must show a passing score of each part;

(D) if applying on the basis of a comprehensive assessment, the applicant should submit a proposal to the Board prior to undergoing the assessment to ensure approval. The comprehensive assessment must be performed by independent licensed physicians or medical educators. The assessment must evaluate the applicant's clinical knowledge, skills and ~~judgment~~ judgment, as well as their cognitive state and safety to practice. The assessment must perform the evaluation through multiple choice examination, neuro-cognitive screen, structured clinical interviews, simulated patient encounters, and procedure simulations. The assessment must evaluate and specify all current strengths and weaknesses in the intended area(s) of practice. The assessment must include testing and evaluation by licensed physicians or medical educators. The Board must receive an assessment report from the independent evaluators indicating the applicant's competence, all strengths and weaknesses in practice, and the ability to practice safely; or

(E) if the applicant does not qualify for any of the examinations listed in G.S. 90-12.03(a)(4), the Board may waive the requirement as long as the applicant satisfies all other requirements of G.S. 90-12.03, holds an O-1 visa, and submits the same supporting

documentation provided to the US Citizenship and Immigration Services indicating their extraordinary ability is relevant to the practice of medicine. The applicant must successfully pass the Special Purpose Examination or Post Licensure Assessment Systems within one year or the temporary license is rendered inactive.

(11) confirmation from all jurisdictions where the applicant ~~holds~~ holds, or has held a ~~license~~ license, that the applicant has not had a license revoked, suspended, restricted, denied or ~~other~~ otherwise acted against and is not the subject of any pending investigation as required by G.S. 90-12.03(a)(5);

(12) criminal background check translated into English and submitted by country of licensure directly to the Board;

(13) submit two completed fingerprint record cards;

(14) submit a signed consent allowing a search of local, state, and national files for any criminal record;

(15) confirmation that the applicant has practiced medicine for at least five years. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations;

(16) demonstration of proficiency in English by:

(A) successfully passing an examination required under G.S. 90-10.1;

(B) licensure from a country where English is the primary language utilized by medical education programs; or,

(C) completing the Occupational English Test (OET) Medicine. The transcript for OET Medicine must be received from OET.

(17) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration status which the Board will use to verify applicant's lawful presence in the U.S.;

(18) valid social security number;

(19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the costs of a United States criminal background check; and,

(20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All information submitted under subsection (b) must be delivered to the Board from the primary originating source in English in order to verify the accuracy and authenticity of the information.

(d) An applicant may be required to appear in person for an interview with the Board or its agent if the Board determines it needs more information to evaluate the applicant based on the information provided and the Board's concerns.

(e) An application must be completed within one year of the date of the applicant's oath.

(f) The holder of an internationally trained physician employee license who meets the requirements of G.S. 90-12.03(d) may submit an application to convert their license to a full license after four years of active practice ~~and who meets the requirements of G.S. 90-12.03(d)~~. The Board must receive the following from the applicant or the primary source:

(1) a completed application containing the information listed above in (b)(1A) – (b)(1H);~~, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;~~

(2) submit to a criminal background check, and pay the cost of the criminal background check;

(3) submit a signed consent allowing a search of local, state, and national files for any criminal record; and

(4) report their practice plans, including geographic location of practice, practice setting, and area of specialty.

History Note: *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-12.03; 90-13.1;*
Eff. ~~*July*~~ *August 1, 2026*

21 NCAC 32S .0227 is adopted with changes as published in 40:17 NCR 1349-1350 as follows:

21 NCAC 32S .0227 TEAM-BASED SETTINGS PRACTICE

(a) For purposes of G.S. 90-1.1(4d), "consistent and meaningful participation in the design and implementation of health services to patients" means that a physician on the team:

(1) provides health services to patients in the team-based setting or team-based practice;

(2) is available, whether in person or by telecommunication, for collaboration, consultation, or referral during the times the team-based physician assistant is performing medical acts, tasks, or functions;

(3) participates in determining and documenting of how the team will continuously function, including (i) the roles of each member of the team; (ii) the manner in which the team will collaborate, consult, and refer; (iii) a continuous process for ensuring patient safety; and (iv) implementation of any quality improvement measures. These records and documents shall be shared and acknowledged by all team members. The records and documents shall be provided to the Board upon request. For purposes of this section, "team" shall refer to team-based physician assistants and physicians; and

(4) is engaged in shared governance within the organization that enables site-based decision-making.

(b) For purposes of G.S. 90-9.3A(a)(2), "clinical practice experience" means direct patient care as a physician assistant performing medical acts, tasks, and functions, including diagnosing, treating, and prescribing.

(c) For purposes of G.S. 90-9.3A(a)(b), in determining whether team-based physician assistants have appropriately collaborated, consulted, and referred to members of the health care team, the Board will take into consideration all documents and records under Subparagraph (a)(3) of this Rule. These records and documents shall be made available to the Board if requested.

(d) Prior to practicing as a team-based physician assistant, a physician assistant shall submit to the Board a registration for a Team-Based Practice ~~on the Board's website~~, by logging into their Licensure Gateway account at https://portal.ncmedboard.org/index.aspx, that includes the following information:

(1) the physician assistant's name, mailing address, and telephone number;

(2) the address of all the team-based settings in which the physician assistant practices;

(3) ~~a three-part~~ an attestation, signed by the physician assistant, under oath and affirmation that the physician assistant:

(A) has at least 4,000 documented hours of clinical practice experience as a licensed physician assistant. Documentation shall be made available to the Board if requested;

(B) has at least 1,000 documented hours of clinical practice experience within each specified medical specialty area of practice in which the team-based physician assistant will be practicing. Documentation shall be made available to the Board if requested; and

(C) will be working in a team-based setting or team-based practice as defined by G.S. 90-1.1(4d).

~~(4) confirmation from at least one North Carolina licensed physician, who is also a member of the team-based setting or team-based practice, that the physician assistant will be practicing in a team-based~~

~~practice or team-based setting as set forth in G.S. 90-9.3A(a) and that the team-based practice or team-based setting meets the requirements set forth in G.S. 90-1.1(4d)(a) or (b); and~~

~~(5) confirmation from an employer, or its authorized representative, that it has determined the physician assistant has been hired or promoted as a team-based physician assistant in a team-based setting or practice.~~

(e) The physician assistant shall not commence practice as team-based physician assistant until they receive acknowledgement from the Board, or confirm on its website, that the Board has received and processed the Team-Based Practice Registration. The Team-Based Practice Registration is limited to the medical specialty and team-based setting registered with the Board. A team-based physician assistant shall notify the Board of any changes to the information required in Subparagraphs (d)(1) and (d)(2) of this Rule within 60 days of the change. Physician assistants shall update all information under Paragraph (d) when the team-based physician assistant changes team-based practices under a different employer or their medical specialty before initiating practice.

(f) A team-based physician assistant who changes employment to a medical practice that does not qualify as a team-based setting, or who changes to a specialty practice area, within which they do not have 1,000 hours of practice in a specialty practice area shall be subject to the requirements of Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

(g) The team-based physician assistant shall ensure that in the team-based setting:

(1) ~~they practice~~ the physician assistant practices within the scope of their education, experience, competence, as well as within the functions of the team as established in Subparagraph (a)(3) of this Rule;

(2) that there are physicians who have consistent and meaningful participation in the design and implementation of health services to patients as defined in Paragraph (a) of this Rule; and

(3) that there are means for collaboration, consultation, and referral, as indicated by the patient's condition, as well as the education, experience, and competencies of the physician assistant, and the applicable standard of care.

(h) Nothing in this Rule requires a physician assistant to be in the same physical location as a physician on the team.

(i) For purposes of G.S. 90-9.3A(c), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who performs medical acts, tasks, and functions in a perioperative setting. A perioperative setting includes all patient care that is provided at a hospital, surgical center, or the office of a health care provider from the time of the patient's admission to the time of the patient's discharge from the surgical suite. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training, and experience to perform medical acts, tasks, and functions within the perioperative setting. The supervising physician must have written protocols to determine the team-based physician assistant's scope of practice in the perioperative setting when the physician is present onsite or remote.

(j) For purposes of G.S. 90-18.1(e2), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who provides final interpretations of plain film radiographs, or X-rays. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training,

Commented [AW1]: Referred back to the Register and this paragraph is in there. Not sure what Travis means that it wasn't published there.

and experience to provide final interpretations of plain film radiographs, or X-rays. Nothing in this Paragraph shall be construed to require a team-based physician assistant to comply with Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section. For purposes of this Paragraph, a plain film radiograph includes a Dual-Energy X-Ray Absorptiometry ("DEXA") scan.

(k) For purposes of G.S. 90-18.1(e2), a physician assistant's use of portable point-of-care ultrasonography for purposes of clinical evaluation shall not be construed as the physician assistant performing a final interpretation of diagnostic imaging studies.

(l) For purposes of G.S. 90-18.1(c), "supervision" for compounding and dispensing shall mean compliance with Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

(m) The requirements set out in Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section shall not apply to a team-based physician assistant at any registered team-based setting or practice where the team-based physician assistant is offering services within their registered medical specialty.

History Note: *Authority G.S. 90-5.1(a)(3); 90-1.1; 90-9.3A; 90-18.1;*
Eff. ~~*July*~~ *August 1, 2026.*

21 NCAC 32U. 0103 is adopted with changes as published in 40:17 NCR 1350 as follows:

SUBCHAPTER 32U - PHARMACISTS VACCINATIONS AND ADMINISTRATION OF LONG-ACTING INJECTABLES

SECTION .0100 - PHARMACISTS VACCINATIONS AND ADMINSTRATION OF LONG-ACTING INJECTABLES

21 NCAC 32U .0103 INFLUENZA TEST AND TREAT

Pharmacists may, in accordance with 21 NCAC 46 .2517, initiate CLIA-waived testing and treatment for influenza, as defined in G.S. 90-85.3(b2), per the protocols available at the Board of Pharmacy's office and on its website, (www.ncbop.org/protocols), including prophylactic treatment for ~~certain~~ high-risk patients who have been exposed to ~~influenza.~~ influenza, as set forth in the protocols.

History Note: *Authority G.S. 90-85.3(b2), S.L. 2025-37, s. 5.3*
Eff. August 1, 2026

Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026

From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Wednesday, July 8, 2026 11:22 AM
To: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>; Rules, Oah <oah.rules@oah.nc.gov>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

Good morning,

I'm satisfied with the changes made. Please send the final revised rules to oah.rules@oah.nc.gov and cc Mr. Burgos and I (or just reply all).

These rules are final for review and can be placed on July's agenda. Please let us know if anyone from your agency will be present for the meeting, in-person or on WebEx.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

Burgos, Alexander N

Subject: FW: [External] Re: Medical Board-RRC Request for Changes-July 2026
Attachments: Attachment 1. Request for Changes - Medical Board - 05 2026.docx; Attachment 2. NCAC 32S NCAPA Comments 4.2026.pdf; Attachment 3. BOP Response to Request for Changes - 07.2026.docx; Attachment 4. BOP Rule with Changes - 07.2026.docx; 07.2026-Medical Board's Responses to Request for Technical Changes.docx; 21 NCAC 32B .1362.docx; 21 NCAC 32S .0227.docx; 21 NCAC 32U .0103.docx

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From: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Sent: Wednesday, July 8, 2026 10:15 AM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>; Marcus B. Jimison <Marcus.Jimison@NCMEDBOARD.ORG>; Ashley D. White <ashley.white@ncmedboard.org>
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Please find attached the Board's response to the request for technical changes for 21 NCAC 32B .1362; 21 NCAC 32S .0227; and 21 NCAC 32U .0103. The additional four attachments are referenced within the Board's Response.

As we reviewed Rule 21 NCAC 32S .0227 against the version published in the North Carolina Register ("NCR"), we identified several typographical errors that occurred between publication and submission to the RRC. The following revisions were made to conform the rule to the version published in the NCR:

1. Page 1, Line 11: Roman numeral was used in the Register version. Version submitted to RRC, used the number (4). We reverted to what was published;
2. Page 1, Line 20: "Subparagraph" was used in the Register version. Version submitted to RRC used the word "Paragraph". We reverted to what was published;
3. Page 1, Lines 29, 31, and 34: In the version submitted in the Register, letters were used. Removed the Roman numerals and reverted to what was published;
4. Page 2, Lines 10, 19: "Subparagraph" was used in the Register version. Version submitted to RRC used the word "Paragraph." We reverted to what was published; and
5. Page 3, Line 3: "Paragraph" was used in the Register version. Version submitted to RRC used the word "subsection." We reverted to what was published.

Please let me know if anything else is needed.

Thanks you,

Leigh Anne Satterwhite, MSML, NCCP
Senior Paralegal
Rulemaking Coordinator
North Carolina Medical Board

REQUEST FOR TECHNICAL CHANGES

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32B .1362

DEADLINE FOR RECEIPT: July 8, 2026.

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

Line 8, add a "d" to the end of "graduate" and add "from" before "medical." *Done*

Line 9, replace "must" with "shall." *Done*

Line 10, what is the meaning of "primary source?"
Primary source means the organization or institution that created the original, first-hand document and maintains that document as a business record.

Line 11, are the complete contents of the "application" entirely described in this Rule, another rule, or a statute?
The contents of the application are described in this rule in subsection (b)(1)(A-H) lines 14-26.

Lines 14-26 were not published in the Register. Why does this not constitute a substantial change under G.S. 150B-21.2(g)?
Lines 14-26 were added in response to a previous technical change request by RRC counsel on May 5, 2026, for a similar issue involving Rule 21 NCAC 32B .1403.

One of the May 5, 2026, requests for technical changes asked that the Board lay out the contents of the application form for conversion of a resident training license to a full license in order to comply with G.S. 150B-2(8a)d. Please see attached Request for Changes. (ATTACHMENT 1)

Because the current rule had already been published in the Register prior to receiving RRC counsel's request for changes in 21 NCAC 32B .1403, and because Rule .1362 presents a similar issue, the Board, when approving the final version of .1362, added the contents of the application form to avoid receiving a similar request for change here.

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

G.S. 150B-21.2(g) is not impacted because the contents of the application do not present a subject matter not addressed in the proposed text, nor does it affect, or produce an effect, on the interests of persons that could not have reasonably been anticipated.

The contents of an application simply seek information which would identify the applicant and provide a history of the applicant's background that is relevant for the Board to evaluate the statutory requirements for a license as set out in G.S. 90-12.03.

In sum, the Board made similar changes after publication in the Register for Rule .1403 in response to RRC counsel, and that rule was subsequently approved by the Commission at its May meeting, without comment to G.S. 90-21.2(g) or a request for republication.

Line 22, what is meant by "regulatory actions" in this context? Please clarify. *Regulatory actions are disciplinary actions or pending investigations by any state, federal, or foreign regulatory agency as required by G.S. 90-12.03(d). This clarification has been added to the rule.*

Line 37, spell out "ECFMG" the first time used in this Rule. *Done.*

Page 2, line 2, spell out "USMLE" the first time used in this Rule. *Done*

Line 4, add "of" after "Proof." *Done.*

Line 6, add "the" before "applicant's." *Done.*

Lines 18 and 22, replace "must" with "shall". *Done.*

Line 24, add a comma after "judgment". *Done.*

Page 3, line 3, add a comma after "holds" and after "license". *Done.*

Line 4, add a comma after "denied". Add "wise" to the end of "other." *Done.*

Line 36, consider moving "who meets the requirements of G.S. 90-12.03(d)" to line 35 after "license." Delete "and" on line 36 and end the sentence with "practice." *Done.*

Line 37, "receive" what? Please insert "application" if that's what was intended. *As the Board is requesting more than the completed application, "the following" was used to reference all items of the subsequent list.*

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

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

REQUEST FOR TECHNICAL CHANGES

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32S .0227

DEADLINE FOR RECEIPT: July 8, 2026.

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

Line 23, please provide the specific page on the Board's website where the registration can be found. Done.

Lines 35-Line 5 (pg. 2) were not published in the Register. Why does this not constitute a substantial change under G.S. 150B-21.2(g)?
Please refer to the updated request, sent via email on June 24, 2026, as highlighted below:

2. Thank you for the correction. It appears your agency published that text but now doesn't want it included in the Rule. If that's correct, why was is that language being removed?

G.S. 150B-21.2(g) is not impacted because the deleted language does not present a subject matter not addressed in the proposed text, nor does it affect, or produce an effect, on the interests of persons that could not have reasonably been anticipated.

A public comment received by the North Carolina Academy of Physician Associates ("NCAPA"), a copy of which is attached hereto (ATTACHMENT 2). requested a single attestation which, if agreed to by the Board, would necessitate removing subsections (d)(4)(5) from the rule. The Board considered, the NCAPA's comments and removed the relevant subsections when adopting the final rule. The deleted language does not adversely affect the interests of physician assistants, and the removal of such language could have been, and was, reasonably anticipated by the physician assistant community as evidenced by them requesting it.

Page 2, lines 14-15, add a comma after "setting" and after "area." Done.

Line 18, replace "they" with "physician assistant" or whomever was intended. Done.

Line 27, add a comma after "tasks." Done.

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

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

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

REQUEST FOR TECHNICAL CHANGES

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32U .0103

DEADLINE FOR RECEIPT: July 8, 2026.

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

Line 10, what is a "CLIA-waved testing…"? Consider referencing the definition found in G.S. 90-85.3(b2) for clarity.

The Board adopts and incorporates by reference, as attached hereto, the response to this request for technical change by counsel for the Board of Pharmacy. (ATTACHMENT 3 & ATTACHMENT 4)

Line 11, what is a "prophylactic treatment"? Please define it or cite a definition.

The Board adopts and incorporates by reference, as attached hereto, the response to this request for technical change by counsel for the Board of Pharmacy. (ATTACHMENT 3 & 4)

Line 11, who would be considered "certain high-risk patients"? Are there factors or criteria that will be evaluated? Please clarify.

The Board adopts and incorporates by reference, as attached hereto, the response to this request for technical change by counsel for the Board of Pharmacy. (ATTACHMENT 3 & 4)

Line 10, add the specific page on the website where the protocols are found (www.ncbop/protocols.org)

The Board adopts and incorporates by reference, as attached hereto, the response to this request for technical change by counsel for the Board of Pharmacy. (ATTACHMENT 3 & 4)

Line 13, add G.S. 90-85.3(b2) if it's used to define the phrase in line 10. *Done*

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

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

Travis C. Wiggs
Commission Counsel
Submitted to agency: June 24, 2026

21 NCAC 32B .1362 is adopted with changes as published in 40:17 NCR 1346-1348 as follows:

SECTION .1300 – GENERAL

21 NCAC 32B .1362 APPLICATION FOR INTERNATIONALLY TRAINED PHYSICIAN EMPLOYEE LICENSE

(a) The Internationally Trained Physician License is limited to physicians who have not attended accredited medical schools or ~~graduate~~ graduated from medical education programs in the United States.

(b) In order to obtain an Internationally Trained Physician License, the Board ~~must~~ shall receive from the applicant or the primary source:

(1) a completed application ~~attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application.~~ containing the following information from the applicant:

(A) personal mailing, physical address;

(B) work mailing, physical, and email address;

(C) telephone number;

(D) social security number;

(E) chronological history of education and employment from your first day of medical school to present;

(G) history of government investigations, substance use history for the past five years, military service, professional liability insurance history, investigations for employment misclassification for the past five years, and history of ~~regulatory actions,~~ disciplinary actions and pending investigations by any state, federal, or foreign regulatory agency, hospital privilege, and malpractice; and

(H) an attestation under oath or affirmation that the information on the application is true and complete, and authorize the release to the Board of all information pertaining to the application.

(2) a completed form from (1) a hospital located and licensed in North Carolina attesting to an offer of full-time employment, or (2) a NC licensed supervising physician located at a medical practice in a North Carolina rural county with a population of less than 500 people per square mile attesting to an offer of full-time employment where the supervising physician is physically practicing on-site;

(3) documentation of a legal name change, if applicable;

(4) a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;

(5) proof of licensure in good standing from the medical licensing authority in a foreign country as required by G.S. 90-12.03(a)(2);

(6) proof of 130 weeks of medical education from a medical school as described in G.S. 90-12.03(a)(3);

(7) furnish an original ~~ECFMG~~ Educational Commission for Foreign Medical Graduates certification status report;

(8) proof of ECFMG eligibility, which shall include furnishing an original ECFMG certification status report and successful passage of ~~USMLE~~ United States Medical Licensing Examination Step 1 and Step 2;

(9) proof of either (1) two years of graduate medical education approved by the applicant's country of licensure or (2) active practice in country of licensure for at least 10 years after graduation. Proof of graduate medical education will require verification from both the graduate medical education program regarding attendance and applicant's country of licensure of approval. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations for the 10-year period to confirm the active practice of medicine;

(10) examination transcripts from the examining body that meet one of the requirements of G.S. 90-12.03(a)(4):

(A) if applying on the basis of the USMLE, the USMLE transcript ~~must~~ shall show a score on USMLE Step 3 and the applicant must have passed within three attempts;

(B) if applying on the basis of the COMLEX, the COMLEX transcript ~~must~~ shall show a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3 and the applicant must have passed each level within three attempts;

(C) if applying on the basis of any other board-approved examination under G.S. 90-10.1 or 21 NCAC 32B .1303, the transcript must be received from the examining body and must show a passing score of each part;

(D) if applying on the basis of a comprehensive assessment, the applicant should submit a proposal to the Board prior to undergoing the assessment to ensure approval. The comprehensive assessment must be performed by independent licensed physicians or medical educators. The assessment must evaluate the applicant's clinical knowledge, skills and ~~judgment~~ judgment, as well as their cognitive state and safety to practice. The assessment must perform the evaluation through multiple choice examination, neuro-cognitive screen, structured clinical interviews, simulated patient encounters, and procedure simulations. The assessment must evaluate and specify all current strengths and weaknesses in the intended area(s) of practice. The assessment must include testing and evaluation by licensed physicians or medical educators. The Board must receive an assessment report from the independent evaluators indicating the applicant's competence, all strengths and weaknesses in practice, and the ability to practice safely; or

(E) if the applicant does not qualify for any of the examinations listed in G.S. 90-12.03(a)(4), the Board may waive the requirement as long as the applicant satisfies all other requirements of G.S. 90-12.03, holds an O-1 visa, and submits the same supporting

documentation provided to the US Citizenship and Immigration Services indicating their extraordinary ability is relevant to the practice of medicine. The applicant must successfully pass the Special Purpose Examination or Post Licensure Assessment Systems within one year or the temporary license is rendered inactive.

(11) confirmation from all jurisdictions where the applicant ~~holds~~ holds, or has held a ~~license~~ license, that the applicant has not had a license revoked, suspended, restricted, denied or ~~other~~ otherwise acted against and is not the subject of any pending investigation as required by G.S. 90-12.03(a)(5);

(12) criminal background check translated into English and submitted by country of licensure directly to the Board;

(13) submit two completed fingerprint record cards;

(14) submit a signed consent allowing a search of local, state, and national files for any criminal record;

(15) confirmation that the applicant has practiced medicine for at least five years. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations;

(16) demonstration of proficiency in English by:

(A) successfully passing an examination required under G.S. 90-10.1;

(B) licensure from a country where English is the primary language utilized by medical education programs; or,

(C) completing the Occupational English Test (OET) Medicine. The transcript for OET Medicine must be received from OET.

(17) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration status which the Board will use to verify applicant's lawful presence in the U.S.;

(18) valid social security number;

(19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the costs of a United States criminal background check; and,

(20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All information submitted under subsection (b) must be delivered to the Board from the primary originating source in English in order to verify the accuracy and authenticity of the information.

(d) An applicant may be required to appear in person for an interview with the Board or its agent if the Board determines it needs more information to evaluate the applicant based on the information provided and the Board's concerns.

(e) An application must be completed within one year of the date of the applicant's oath.

(f) The holder of an internationally trained physician employee license who meets the requirements of G.S. 90-12.03(d) may submit an application to convert their license to a full license after four years of active practice ~~and who meets the requirements of G.S. 90-12.03(d)~~. The Board must receive the following from the applicant or the primary source:

(1) a completed application containing the information listed above in (b)(1A) – (b)(1H);~~, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;~~

(2) submit to a criminal background check, and pay the cost of the criminal background check;

(3) submit a signed consent allowing a search of local, state, and national files for any criminal record; and

(4) report their practice plans, including geographic location of practice, practice setting, and area of specialty.

History Note: *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-12.03; 90-13.1;*
Eff. ~~*July*~~ *August 1, 2026*

21 NCAC 32S .0227 is adopted with changes as published in 40:17 NCR 1349-1350 as follows:

21 NCAC 32S .0227 TEAM-BASED SETTINGS PRACTICE

(a) For purposes of G.S. 90-1.1(4d), "consistent and meaningful participation in the design and implementation of health services to patients" means that a physician on the team:

(1) provides health services to patients in the team-based setting or team-based practice;

(2) is available, whether in person or by telecommunication, for collaboration, consultation, or referral during the times the team-based physician assistant is performing medical acts, tasks, or functions;

(3) participates in determining and documenting of how the team will continuously function, including (i) the roles of each member of the team; (ii) the manner in which the team will collaborate, consult, and refer; (iii) a continuous process for ensuring patient safety; and (iv) implementation of any quality improvement measures. These records and documents shall be shared and acknowledged by all team members. The records and documents shall be provided to the Board upon request. For purposes of this section, "team" shall refer to team-based physician assistants and physicians; and

(4) is engaged in shared governance within the organization that enables site-based decision-making.

(b) For purposes of G.S. 90-9.3A(a)(2), "clinical practice experience" means direct patient care as a physician assistant performing medical acts, tasks, and functions, including diagnosing, treating, and prescribing.

(c) For purposes of G.S. 90-9.3A(a)(b), in determining whether team-based physician assistants have appropriately collaborated, consulted, and referred to members of the health care team, the Board will take into consideration all documents and records under Subparagraph (a)(3) of this Rule. These records and documents shall be made available to the Board if requested.

(d) Prior to practicing as a team-based physician assistant, a physician assistant shall submit to the Board a registration for a Team-Based Practice ~~on the Board's website~~, by logging into their Licensure Gateway account at https://portal.ncmedboard.org/index.aspx, that includes the following information:

(1) the physician assistant's name, mailing address, and telephone number;

(2) the address of all the team-based settings in which the physician assistant practices;

(3) ~~a three-part~~ an attestation, signed by the physician assistant, under oath and affirmation that the physician assistant:

(A) has at least 4,000 documented hours of clinical practice experience as a licensed physician assistant. Documentation shall be made available to the Board if requested;

(B) has at least 1,000 documented hours of clinical practice experience within each specified medical specialty area of practice in which the team-based physician assistant will be practicing. Documentation shall be made available to the Board if requested; and

(C) will be working in a team-based setting or team-based practice as defined by G.S. 90-1.1(4d).

~~(4) confirmation from at least one North Carolina licensed physician, who is also a member of the team-based setting or team-based practice, that the physician assistant will be practicing in a team-based~~

~~practice or team-based setting as set forth in G.S. 90-9.3A(a) and that the team-based practice or team-based setting meets the requirements set forth in G.S. 90-1.1(4d)(a) or (b); and~~

~~(5) confirmation from an employer, or its authorized representative, that it has determined the physician assistant has been hired or promoted as a team-based physician assistant in a team-based setting or practice.~~

(e) The physician assistant shall not commence practice as team-based physician assistant until they receive acknowledgement from the Board, or confirm on its website, that the Board has received and processed the Team-Based Practice Registration. The Team-Based Practice Registration is limited to the medical specialty and team-based setting registered with the Board. A team-based physician assistant shall notify the Board of any changes to the information required in Subparagraphs (d)(1) and (d)(2) of this Rule within 60 days of the change. Physician assistants shall update all information under Paragraph (d) when the team-based physician assistant changes team-based practices under a different employer or their medical specialty before initiating practice.

(f) A team-based physician assistant who changes employment to a medical practice that does not qualify as a team-based setting, or who changes to a specialty practice area, within which they do not have 1,000 hours of practice in a specialty practice area shall be subject to the requirements of Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

(g) The team-based physician assistant shall ensure that in the team-based setting:

(1) ~~they practice~~ the physician assistant practices within the scope of their education, experience, competence, as well as within the functions of the team as established in Subparagraph (a)(3) of this Rule;

(2) that there are physicians who have consistent and meaningful participation in the design and implementation of health services to patients as defined in Paragraph (a) of this Rule; and

(3) that there are means for collaboration, consultation, and referral, as indicated by the patient's condition, as well as the education, experience, and competencies of the physician assistant, and the applicable standard of care.

(h) Nothing in this Rule requires a physician assistant to be in the same physical location as a physician on the team.

(i) For purposes of G.S. 90-9.3A(c), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who performs medical acts, tasks, and functions in a perioperative setting. A perioperative setting includes all patient care that is provided at a hospital, surgical center, or the office of a health care provider from the time of the patient's admission to the time of the patient's discharge from the surgical suite. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training, and experience to perform medical acts, tasks, and functions within the perioperative setting. The supervising physician must have written protocols to determine the team-based physician assistant's scope of practice in the perioperative setting when the physician is present onsite or remote.

(j) For purposes of G.S. 90-18.1(e2), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who provides final interpretations of plain film radiographs, or X-rays. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training,

Commented [AW1]: Referred back to the Register and this paragraph is in there. Not sure what Travis means that it wasn't published there.

and experience to provide final interpretations of plain film radiographs, or X-rays. Nothing in this Paragraph shall be construed to require a team-based physician assistant to comply with Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section. For purposes of this Paragraph, a plain film radiograph includes a Dual-Energy X-Ray Absorptiometry ("DEXA") scan.

(k) For purposes of G.S. 90-18.1(e2), a physician assistant's use of portable point-of-care ultrasonography for purposes of clinical evaluation shall not be construed as the physician assistant performing a final interpretation of diagnostic imaging studies.

(l) For purposes of G.S. 90-18.1(c), "supervision" for compounding and dispensing shall mean compliance with Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

(m) The requirements set out in Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section shall not apply to a team-based physician assistant at any registered team-based setting or practice where the team-based physician assistant is offering services within their registered medical specialty.

History Note: *Authority G.S. 90-5.1(a)(3); 90-1.1; 90-9.3A; 90-18.1;*
Eff. ~~*July*~~ *August 1, 2026.*

21 NCAC 32U. 0103 is adopted with changes as published in 40:17 NCR 1350 as follows:

SUBCHAPTER 32U - PHARMACISTS VACCINATIONS AND ADMINISTRATION OF LONG-ACTING INJECTABLES

SECTION .0100 - PHARMACISTS VACCINATIONS AND ADMINSTRATION OF LONG-ACTING INJECTABLES

21 NCAC 32U .0103 INFLUENZA TEST AND TREAT

Pharmacists may, in accordance with 21 NCAC 46 .2517, initiate CLIA-waived testing and treatment for influenza, as defined in G.S. 90-85.3(b2), per the protocols available at the Board of Pharmacy's office and on its website, (www.ncbop.org/protocols), including prophylactic treatment for ~~certain~~ high-risk patients who have been exposed to ~~influenza.~~ influenza, as set forth in the protocols.

History Note: *Authority G.S. 90-85.3(b2), S.L. 2025-37, s. 5.3*
Eff. August 1, 2026

Request for Changes Pursuant to N.C. Gen. Stat. § 150B-21.10

Staff reviewed these Rules to ensure that each Rule is within the agency's statutory authority, reasonably necessary, clear, and unambiguous, and adopted in accordance with Part 2 of the North Carolina Administrative Procedure Act. Following review, staff has issued this document that may request changes pursuant to G.S. 150B-21.10 from your agency or ask clarifying questions.

Questions contained herein suggest that the rule as written is unclear or there is some ambiguity. If this document includes questions and you do not understand the question, please contact the reviewing attorney to discuss. Failure to respond may result in a staff opinion recommending objection.

Staff may suggest the agency "consider" an idea or language in this document. This is in no way a formal request that the agency adopt the idea or language but rather is offered merely for the agency's consideration which the agency may find preferable and clarifying.

To properly submit rewritten rules, please refer to the following Rules in the NC Administrative Code:

- Rule 26 NCAC 02C .0108 – The Rule addresses general formatting.
- Rule 26 NCAC 02C .0404 – The Rule addresses changing the introductory statement.
- Rule 26 NCAC 02C .0405 – The Rule addresses properly formatting changes made after publication in the NC Register.

Note the following general instructions:

1. You must submit the revised rule via email to oah.rules@oah.nc.gov and copy RRC Counsel. The electronic copy must be saved as the official rule name (XX NCAC XXXX).
2. For rules longer than one page, insert a page number.
3. Use line numbers; if the rule spans more than one page, have the line numbers reset at one for each page.
4. Do not use track changes. Make all changes using manual strikethroughs, underlines and highlighting.
5. You cannot change just one part of a word. For example:
    - Wrong: "~~a~~Association"
    - Right: "~~association~~ Association"
6. Treat punctuation as part of a word. For example:
    - Wrong: "day~~,~~; and"
    - Right: "~~day,~~ day; and"
7. Formatting instructions and examples may be found at: www.ncoah.com/rules/examples.html

If you have any questions regarding proper formatting of edits after reviewing the rules and examples, please contact the reviewing attorney.

Christopher S. Miller
Commission Counsel
Date submitted to agency: May 5, 2026

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: North Carolina Medical Board

RULE CITATION: 21 NCAC 32B .1403 (Adoption)

DEADLINE FOR RECEIPT: May 15, 2026

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

Form 0400, Box 6, Notice of Text Date: In the form, you state that the Notice of Text was published on October 31, 2025. Is this accurate? Wasn't this included in the December 1, 2025, version of the Register? Please check this.

General Formatting: Please change the line spacing of the rule to 1.5. Also, all of the numbering and lettering should also be in underline.

Line 3, Section Title: This isn't the correct Section if the new rule will be .1403. It should instead be, "SECTION .1400 – RESIDENT'S TRAINING LICENSE". Please correct this.

(b)(1): Is this application form specific to conversions? Are the required contents of said application form laid out anywhere in your rules? If not, you will need to do that in order to comply with G.S. 150B-2(8a)d. Please see OAH's Form Requirements Guidance at https://www.oah.nc.gov/rrc-guidance-form-requirements-rules/open.

(b)(1), line 10: Change "authorizing" to "authorize".

(b)(5), (7), and (8): For consistency, these should also end with semi-colons. Also "and" should be placed at the end of (b)(8).

(c)(1): Change "claim(s)" to "claims" and "payment(s)" to "payments".

(c)(4): Change the semi-colon at the end to a period.

(d)(1): Is there a word missing here? Should "for" be inserted in between "graduation" and "medical education"?

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

Christopher S. Miller
Commission Counsel
Date submitted to agency: May 5, 2026

NCAPA
NORTH CAROLINA ACADEMY OF PHYSICIAN ASSOCIATES

April 28, 2026

Dear Members of the North Carolina Medical Board,

On behalf of the North Carolina Academy of Physician Associates (NCAPA), I appreciate the opportunity to provide comments on the proposed rule 21 NCAC 32S .0227 regarding Team-Based Practice Settings. We appreciate the Board's work to implement the General Assembly's enactment of team-based practice for physician assistants under G.S. 90-9.3A and G.S. 90-1.1(4d). The statute modernizes the regulatory framework for physician assistants in North Carolina and affirms that experienced PAs who practice in team-based settings and maintain collaboration with physicians and other members of the health care team do not need to have a specific relationship with one physician.

The proposed rule appropriately establishes a registration process requiring the physician assistant to attest that they meet the statutory eligibility requirements, which include having at least 4,000 hours of clinical practice experience and 1,000 hours of experience in the relevant specialty and practicing in a qualifying team-based setting.

However, the proposed rule unnecessarily exceeds the statutory requirements by requiring additional confirmation from a physician member of the team and confirmation from the employer as part of the Team-Based Practice Registration. We respectfully recommend reconsideration of these additional attestations. We believe these engrafted requirements would unnecessarily burden physician team members and employers and impede implementation of the legislative intent to increase access to care through team-based practice.

Under North Carolina law, physician assistants are licensed medical professionals regulated by the North Carolina Medical Board, who must graduate from accredited programs, acquire initial national certification, and meet continuing medical education requirements to maintain licensure. The Team-Based Practice statute further establishes experience thresholds and maintains professional accountability for the care PAs provide, emphasizing collaboration and referral when clinically appropriate.

Because physician assistants are individually licensed and accountable for their professional conduct, they are fully capable of attesting under oath to their own eligibility and compliance with statutory requirements. The proposed rule requires a sworn attestation by the PA regarding experience and practice setting, which provides a clear mechanism for accountability and enforcement should any misrepresentation occur.

North Carolina Academy of Physician Associates
1121 Slater Road, Durham, NC 27703 | 919.479.1995 | ncapa.org

Requiring separate confirmation from a physician and an employer introduces an additional administrative step that is not expressly required by statute and may create unnecessary operational barriers without improving patient safety or regulatory oversight. The statute itself places responsibility on the team-based physician assistant to collaborate, consult, and refer as clinically indicated and to remain accountable for the care they provide, reinforcing that PAs are responsible professionals within a healthcare team. We respectfully submit that the additional attestation requirements revert back to utilizing traditional notions of supervision by a specific physician rather than enabling experienced PAs to attest to their qualifying requirements as individually-licensed and accountable medical practitioners.

Allowing physician assistants to self-attest to compliance with the statutory requirements for team-based practice would be consistent with the legislative intent to modernize PA practice and align regulation with current healthcare delivery models. It would also maintain appropriate regulatory oversight while avoiding unnecessary administrative burden and complexity for clinicians, employers, and the Board.

For these reasons, we respectfully recommend revising Rule 21 NCAC 32S .0227(d**)** to permit physician assistants to submit a self-attestation regarding their eligibility for team-based practice and the qualifying nature of their practice setting, without requiring additional attestations from physicians or employers. We have included a proposed revision of subsection(d) consistent with these comments for your reference and convenience.

Thank you for your consideration of these comments, requested revisions, and for your continued work to ensure that North Carolina's regulatory framework supports high-quality, collaborative, and patient-centered care.

Sincerely,

Truett Smith, MPAS, PA-C, DFAAPA

Truett Smith, PA-C
President
North Carolina Academy of Physician Associates

Request for Changes Pursuant to N.C. Gen. Stat. § 150B-21.10

Staff reviewed these Rules to ensure that each Rule is within the agency's statutory authority, reasonably necessary, clear and unambiguous, and adopted in accordance with Part 2 of the North Carolina Administrative Procedure Act. Following review, staff has issued this document that may request changes pursuant to G.S. 150B-21.10 from your agency or ask clarifying questions.

If the request includes questions, please contact the reviewing attorney to discuss.

In order to properly submit rewritten rules, please refer to the following Rules in the NC Administrative Code:

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    - Wrong: "~~a~~Association"
    - Right: "~~association~~ Association"
6. Treat punctuation as part of a word. For example:
    - Wrong: "day~~,~~; and"
    - Right: "~~day,~~ day; and"
7. Formatting instructions and examples may be found at: www.ncoah.com/rules/examples.html

If you have any questions regarding proper formatting of edits after reviewing the rules and examples, please contact the reviewing attorney.

Travis Wiggs
Commission Counsel
Date submitted to agency: June 23, 2026

REQUEST FOR CHANGES PURSUANT TO G.S. 150B-21.10

AGENCY: N.C. Board of Pharmacy

RULE CITATION: 21 NCAC 46 .2517

DEADLINE FOR RECEIPT: Tuesday, July 7, 2026.

***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 email the reviewing attorney to inquire concerning the staff recommendation.

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

Line 4, consider adding a comma after "Director" and replace "and" with "which were". Done

Line 6, consider deleting "either" since it's unnecessary. Done.

Line 7, what is a "CLIA-waved test for influenza"? Consider referencing the definition found G.S. 90-85.3(b2) for clarity. I'm not at all opposed to this, but let's talk about whether it's necessary or just adding unnecessary detail: Our definitions rule has a default that terms in the rules are used as defined in the Pharmacy Practice Act, so that we don't have to define terms that the General Assembly defined for us. So, for example, we do not define the term "pharmacy" or "drug" in the rules because those are defined in the statute. Also, despite the fact that the General Assembly defined it, it is universally known in the health care industry what this means. Which may be why the statutory definition basically just writes out what CLIA stands for and says, "it's waived under that." Happy to do it, but we didn't think it added anything here.

Line 9, what is a "prophylactic treatment"? Please define it or cite a definition. Again, happy to do it, but this is unnecessary for the regulated people. This is a universally known term in health care, meaning to prevent something from happening (think of the most common use of the term 'prophylactic'). I'm told by the pharmacists at the Board that not a single health care practitioner reading this would be confused, and they would think we were odd for telling them that's what it means. But let me know.

Line 9, who would be considered "certain high-risk patients"? Are there factors or criteria that will be evaluated? Please clarify.

Travis Wiggs
Commission Counsel
Date submitted to agency: June 23, 2026

I think this is fixed now. Some background may help explain my predicament here: These protocols came to be because the General Assembly first told the State Health Director to come up with them as standing. Then we adopted them without any substantive changes. So, the "high-risk individuals" are the ones listed in this protocol:

https://www.ncbop.org/downloads/InfluenzaProphylaxisProtocol.pdf

And it was just my job to describe them. I don't know how to describe that disparate group of people otherwise, but it would certainly be clearer if I referred to the protocols. So that's what I'll do here.

Frankly, this is hard to summarize in a rule, which is why it's in a protocol. But the General Assembly said we had to adopt a rule, so there it is. If you have other thoughts, please let me know.

Line 10, add the specific page on the website where the protocols are found (www.ncbop/protocols.org)

Done. It wasn't set up and live until recently, so I knew we'd need to fix that.

Line 10, is "the pharmacist" referring to the "prescribing" pharmacist? Please clarify.

Do you think this is clarified by reference to line 6? The first sentence in the rule is that "a pharmacist" may do these things. It seems clear enough that we're still talking about that same pharmacist. I wouldn't know how to fix it other than to say "the pharmacist initiating treatment," which I would do. But, again, there's only one pharmacist in this rule. So let me know.

Line 11, "maintain" how? Does this mean digitally stored in a secure cloud location? Physical files in a filing cabinet? Or both?

Good point. We have rules about how to maintain records, so I've referred to those. These just get kept the same way that pharmacies keep any records, since these are effectively the same as any other drugs that they dispense.

Line 11, "three years" from what date?

As with the line 10 thing, I wonder if this is clear enough already. The rule allows for initiating treatment of someone for the flu (either someone with the flu or a high-risk person exposed to the flu). That's the event referenced in the rule. It seemed clear to me that three years means three years from the event. Plus, as stated in the last item, the rule is now going to refer to Section .2300, which also contains a "three year"

Travis Wiggs
Commission Counsel
Date submitted to agency: June 23, 2026

rule, so they should know to keep them the same as any other records of any other drug that they have dispensed. I could add "from the initiation of treatment," but ponder whether that's overkill.

Line 13, add G.S. 90-85.3(b2) if it's used to define the phrase in line 7.

Done.

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

Travis Wiggs
Commission Counsel
Date submitted to agency: June 23, 2026

21 NCAC 46 .2517 is adopted with changes as published in 40:17 NCR 1351:

21 NCAC 46 .2517 INFLUENZA TEST AND TREAT

In accordance with the protocols issued by the State Health ~~Director and~~ Director, which were adopted by the Medical Board and the Board of Pharmacy pursuant to S.L. 2025-37, s. 5.3.(b), including any amendments adopted by the Medical Board and the Board of Pharmacy, a pharmacist may: ~~may either:~~

(a) Order and perform a ~~CLIA-waved~~ CLIA-waived test for influenza, as defined in G,S. 90-85.3(b2), ~~influenza~~ and initiate treatment pursuant to the results of the CLIA-waived test; or

(b) Initiate prophylactic treatment for ~~certain~~ high-risk patients who have been exposed to ~~influenza.~~ influenza, as set forth in the protocols.

These protocols are available at the Board of Pharmacy's office and on its website (www.ncbop.org/protocols). ~~(www.ncbop.org).~~ The pharmacist shall maintain records of compliance with the protocols for three years, pursuant to Section .2300 of this Chapter. ~~years.~~

History Note: *Authority G.S. 90-85.3(b2); 90-85.3A(e); 90-85.6; 90-85.32; 90-85.36; S.L. 2025-37, s. 5.3; Eff. August 1, 2026.*

Burgos, Alexander N

From: Wiggs, Travis C
Sent: Wednesday, June 24, 2026 8:12 PM
To: Leigh Anne Satterwhite
Cc: Burgos, Alexander N
Subject: Re: [External] Re: Medical Board-RRC Request for Changes-July 2026

Leigh Anne,

Thank you for the email.

1. I'm requesting that you add where the "registration" can be accessed on the Board's website. It does not need to be hyperlinked. I have no issue with the specific page not being published.
2. Thank you for the correction. It appears your agency published that text but now doesn't want it included in the Rule. If that's correct, why was is that language being removed?

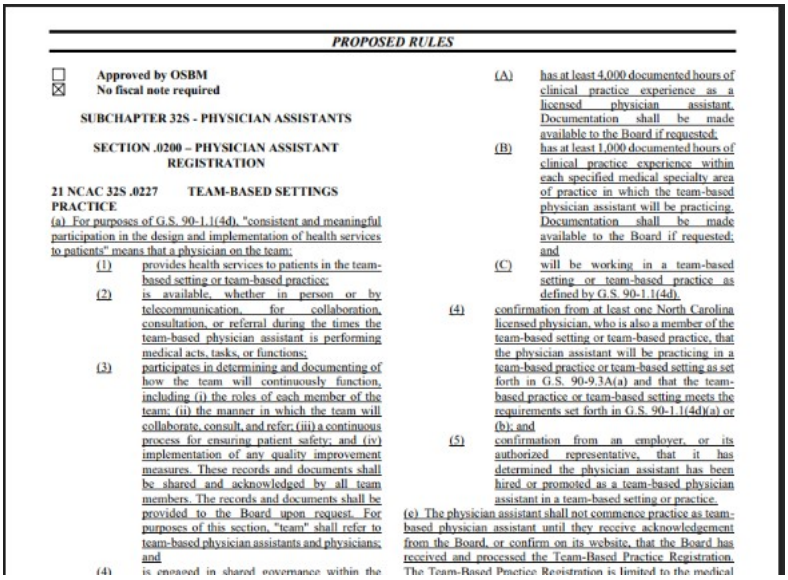
Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

From: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Sent: Wednesday, June 24, 2026 4:40 PM
To: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: [External] Re: Medical Board-RRC Request for Changes-July 2026

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Travis,

I just wanted quick clarification on two items referenced in the request for technical changes for 21 NCAC 32S .0227:
(1) Are you requesting the link to the application for your own reference, or do you believe the link should be published?
(2) I'm not sure I understand "*Lines 35-Line 5 (pg. 2) were not published in the Register. Why does this not constitute a substantial change under G.S. 150B-21.2(g)?*" as those lines were published in the Register (see below).



PROPOSED RULES

☐ Approved by OSBM
☒ No fiscal note required

SUBCHAPTER 32S - PHYSICIAN ASSISTANTS

SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION

21 NCAC 32S .0227 TEAM-BASED SETTINGS PRACTICE

(a) For purposes of G.S. 90-1.1(4d), "consistent and meaningful participation in the design and implementation of health services to patients" means that a physician on the team:

(1) provides health services to patients in the team-based setting or team-based practice;

(2) is available, whether in person or by telecommunication, for collaboration, consultation, or referral during the times the team-based physician assistant is performing medical acts, tasks, or functions;

(3) participates in determining and documenting of how the team will continuously function, including (i) the roles of each member of the team; (ii) the manner in which the team will collaborate, consult, and refer; (iii) a continuous process for ensuring patient safety; and (iv) implementation of any quality improvement measures. These records and documents shall be shared and acknowledged by all team members. The records and documents shall be provided to the Board upon request. For purposes of this section, "team" shall refer to team-based physician assistants and physicians; and

(4) is engaged in shared governance within the

(A) has at least 4,000 documented hours of clinical practice experience as a licensed physician assistant. Documentation shall be made available to the Board if requested;

(B) has at least 1,000 documented hours of clinical practice experience within each specified medical specialty area of practice in which the team-based physician assistant will be practicing. Documentation shall be made available to the Board if requested; and

(C) will be working in a team-based setting or team-based practice as defined by G.S. 90-1.1(4d).

(4) confirmation from at least one North Carolina licensed physician, who is also a member of the team-based setting or team-based practice, that the physician assistant will be practicing in a team-based practice or team-based setting as set forth in G.S. 90-9.3A(a) and that the team-based practice or team-based setting meets the requirements set forth in G.S. 90-1.1(4d)(a) or (b); and

(5) confirmation from an employer, or its authorized representative, that it has determined the physician assistant has been hired or promoted as a team-based physician assistant in a team-based setting or practice.

(c) The physician assistant shall not commence practice as team-based physician assistant until they receive acknowledgement from the Board, or confirm on its website, that the Board has received and processed the Team-Based Practice Registration. The Team-Based Practice Registration is limited to the medical

Thanks!

Leigh Anne Satterwhite, MSML, NCCP
Senior Paralegal
Rulemaking Coordinator
North Carolina Medical Board

From: Wiggs, Travis C <travis.wiggs@oah.nc.gov>
Sent: Wednesday, June 24, 2026 2:30 PM
To: Leigh Anne Satterwhite <leigh.satterwhite@ncmedboard.org>
Cc: Burgos, Alexander N <alexander.burgos@oah.nc.gov>
Subject: Medical Board-RRC Request for Changes-July 2026

Good afternoon,

I'm the attorney who reviewed the rules submitted by the Medical Board for the July 2026 RRC meeting. The RRC will formally review this Rule at its meeting on Thursday, July 30, 2026, at 10:00 a.m. The meeting will be a hybrid of in-person and WebEx attendance, and an evite should be sent to you as we get close to the meeting. If there are any other representatives from your agency who want to attend virtually, please let me know prior to the meeting, and we will get evites out to them as well.

Attached is the Request for Changes Pursuant to G.S. 150B-21.10. Please submit the revised rules to me via email, no later than 5 p.m. on July 8, 2026. Let me know if you have any questions.

Thanks,

Travis C. Wiggs
Rules Review Commission Counsel
Office of Administrative Hearings
Telephone: 984-236-1929
Email: travis.wiggs@oah.nc.gov

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