21 NCAC 32M .0110 is amended as published in 39:01 NCR 36 as follows:

21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

The following are the quality assurance standards for a collaborative practice agreement:

(1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

(2) Collaborative Practice Agreement:

(a) shall be agreed upon, signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;

(b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement, and available for inspection by either Board;

(c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter~~; and~~ and may include issuing do not resuscitate orders as outlined in G.S. 90-21.17(b) and determining and pronouncing death pursuant to G.S. 90-323 so long as all applicable requirements are met and doing so is permitted by and consistent with practice-site-specific policies and procedures; and

(d) shall include a pre-determined plan for emergency services.

(3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.

(4) Quality Improvement Process:

(a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.

(b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time frame.

(c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner for a minimum of every six months. Documentation for each meeting shall:

(i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-Item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);

(ii) be signed and dated by those who attended; and

(iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

(5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):

(a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings to discuss practice-relevant clinical issues and quality improvement measures.

(b) Documentation of the meetings shall:

(i) identify clinical issues discussed and actions taken;

(ii) be signed and dated by those who attended; and

(iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

History Note *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);*
Eff. January 1, 1991;
Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;
Recodified from Rule .0109 Eff. August 1, 2004;
Amended Eff. December 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. December 1, 2024; June 1, 2021.

21 NCAC 32N .0107 is amended with changes as published in 39:01 NCR 37 as follows:

21 NCAC 32N .0107 INVESTIGATIONS AND COMPLAINTS

(a) At the time of first oral or written communication from the Board or staff or agent of the Board to a licensee regarding a complaint or investigation, the Board shall provide the notices set forth in G.S. 90-14(i), except as provided in Paragraph (e) of this Rule.

(b) A licensee shall submit a written response to a complaint received by the Board within 45 days from the date of a written request by Board staff. The Board shall grant up to an additional 30 days for the response where the licensee demonstrates good cause for the extension of time. The response shall contain accurate and complete information. Where a licensee fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).

(c) The licensee's written response to a complaint submitted to the Board in accordance with Paragraph (b) of this Rule shall be provided to the complainant upon written request as permitted in G.S. 90-16(e1), except that the response shall not be provided where the Board determines that the complainant has misused the Board's complaint process or that the release of the response would be harmful to the physical or mental health of the complainant who was a patient of the responding licensee.

(d) A licensee shall submit to an interview within 30 days from the date of an oral or written request from Board staff. The Board may grant up to an additional 15 days for the interview where the licensee demonstrates good cause for the extension of time. The responses to the questions and requests for information, including documents, during the interview shall be complete and accurate. Where respondent fails to respond in the time and manner provided herein, the Board may treat that as a failure to respond to a Board inquiry in a reasonable time and manner as required by G.S. 90-14(a)(14).

(e) The licensee who is the subject of a Board inquiry may retain and consult with legal counsel of his or her choosing in responding to the inquiries as set out in G.S. 90-14(i).

(f) For purposes of G.S. 90-14(l) an investigation [~~shall be deemed~~] is complete when the Board's Chief Investigative Officer, or his or her designee, approves an investigative report for submission to the Board's Disciplinary Committee. Once approved, subsequent consideration of the report by the Disciplinary Committee and any follow-up investigation requested by the Disciplinary Committee shall not be considered part of the six-month period contained in G.S. 90-14(l). If an investigation is extended beyond six-months, then within six-months of beginning an investigation [~~An e-mail from~~] Board staff [~~explaining the reasons for extending an investigation that is sent~~] shall provide written notification pursuant to G.S. 90-14(l) by sending an email to the licensee or the licensee's attorney at his or her last known email address as provided to the Board explaining the reasons for the extending the investigation. [~~shall be deemed compliant with the written notification requirement contained in G.S. 90-14(l) so long as the email is sent within the six-month period.~~]

(g) Should a licensee not receive a written explanation of the circumstances or reasons for extending an investigation within the applicable six-month period, the licensee, or his or her attorney, may request a written explanation from the Board as to the reasons why the investigation has not yet been completed. The Board shall respond to the request

within 15 days from the date of receipt of the request. In the response the Board shall provide the reasons for extending the investigation along with an estimate as to when the investigation may be completed.

History Note: *Authority G.S. 90-5.1(a)(3); 90-14(a)(14); ~~90-14(i);~~ 90-14(a)(i) and (l); 90-16(e1);*
Eff. February 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.
Amended Eff. December 1, 2024.

21 NCAC 32S .0213 is amended as published in 39:01 NCR 37 as follows::

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

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

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

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

(1) the physician assistant's scope of practice is identified;

(2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of ~~competence;~~ competence and may include issuing do not resuscitate orders pursuant to G.S. 90-21.17(b) and determining and pronouncing death pursuant to G.S. 90-323 so long as all other requirements are met and doing so is permitted by and consistent with practice site-specific policies and procedures; and

(3) the relationship of, and access to, each supervising physician is defined; and

(4) a process for evaluation of the physician assistant's performance is established.

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

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

(f) Physician assistants enrolled and participating in a postgraduate training program shall designate on their intent to practice form as required by Rule .0203 of this Subchapter a single physician as their primary supervising physician as determined by the postgraduate training program. For purposes of this Rule, a postgraduate training program shall mean a professional development program of at least 12 months sponsored or co-sponsored by a licensed hospital and healthcare system in which the participants rotate through at least three or more distinct medical specialties. As the participants rotate through the program's various specialties, all other supervising physicians shall be designated as Back-Up Supervising Physicians.

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

Amended Eff. May 1, 2015;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. December 1, 2024; May 1, 2022.