TEMPORARY RULE
RRC STAFF OPINION

Please Note: This communication is either 1) only the recommendation of an RRC staff attorney as to action that the attorney believes the Commission should take on the cited rule at its next meeting, or 2) an opinion of that attorney as to some matter concerning that rule. The agency and members of the public are invited to submit their own comments and recommendations (according to RRC rules) to the Commission.

AGENCY: Medical Board

RULE CITATION: 21 NCAC 32B .2100

RECOMMENDED ACTION:

Approve, but note staff's comment

X Object, based on:

Lack of statutory authority

Unclear or ambiguous

Unnecessary

X Failure to comply with the APA

COMMENT:

The Medical Board ("Agency") initially submitted proposed temporary rule 21 NCAC 32B .2100 (the "Rule") and their Findings of Need (Form 0500) on December 18, 2025. The Agency withdrew the Rule on December 29, 2025. The Agency resubmitted the same Rule and a revised Form 0500 on January 8, 2026. As part of the rule review process, the RRC must determine whether the proposed Rule "was adopted in accordance with Part 2" of the Administrative Procedures Act (the "APA").

Findings of Need Fails to Meet the Criteria in G.S. 150B-21.1(a)

To adopt a temporary rule, G.S. 150B-21.1(a) says agencies must find that "adherence to the notice and hearing requirements of G.S. 150B-21.2 would be *contrary to the public interest* and that the *immediate adoption* of the rule *is required* by one or more" of the listed justifications (emphasis added). The Agency indicated this proposed Rule is required by "(2) The effective date of a recent act of the General Assembly or the United States Congress", to wit, House Bill 67/SL 2025-37 (the "Session Law") that went into effect July 1, 2025. The initial Form 0500 submitted by the Agency says the temporary rule "is necessary to implement Part 1 of House Bill 67/SL 2025-37" and elaborates on the different Parts of the Session Law (See both attached Forms 0500).

Commission Counsel asked the Agency via email, "Why are following the notice and hearing requirements of G.S. 150B-21.2 *contrary to the public interest*? Where in House Bill 67 does it *require* your agency to *immediately adopt* any temporary rule?" The responses by the Agency have not directly answered these questions. The Agency has asserted that G.S. 150B-21.1(a2)

"is a legislative presumption that if the new recently enacted law goes into effect in less than 210 days, then the agency is presumptively allowed to make temporary rules."

The Legislature frequently directs agencies in session laws to begin temporary rulemaking when it's in the public's interest for "immediate adoption" of rules to be "required". Here, the Session Law does not direct the Agency to adopt temporary rules or to adopt rules within a specific timeframe.

The General Assembly enacted the notice and hearing requirements of G.S. 150B-21.2 in the interest of public transparency. The language chosen by the Legislature makes clear that agencies must have a compelling basis to circumvent the permanent rulemaking requirements through the abbreviated temporary rule making process. In Commission Counsel's opinion, the Agency has failed to demonstrate compliance with G.S. 150B-21.1(a).

Failure to Comply with G.S. 150B-21.1(a3)(2)

Under G.S. 150B-21.2(d), agencies "must maintain a mailing list of persons that have requested notice of rulemaking." Pursuant to G.S. 150B-21.1(a3)(2), Commission Counsel asked the Agency to send us the notification sent to the mailing list and other interested parties at least 30 business days prior to adopting" the temporary rule The notification must be sent to make interested parties aware of an agency's "intent to adopt a temporary rule and of the public hearing." The Agency responded to the request as follows:

> "Although not required by GS 150B-21.1, the Board posted the temporary rule on its Rule Change Tracker for notification in an effort to solicit, invite, and receive public comments. The proposed temporary rule with instruction on how to submit written comments or attend the public hearing was posted on November 12, 2025, and has continued to remain there for notification purposes. To date, the Board has received no public comments regarding this rule. The Board currently has no individual who has requested notice of Medical Board rulemaking per GS 150B-21.2."
>
> "The Board does not have a mailing list because no one has ever asked to us to be notified of rulemaking per 150B-21.2(d). In addition, no specific parties or persons expressed interest in Compact rule making, which is the subject of this particular rule, and the Board has not identified other interested parties for this particular rule. The Board did, however, notify the public of its intent to adopt a temporary rule and of the public hearing by placing it on the Board's rule tracker on its website."

The Agency's apparent position is they don't have to comply with G.S. 150B-21.1(a3)(2) because "no one has ever asked to be notified of rulemaking". Since G.S. 150B-21.1(a3)(2) requires agencies to also notify "interested parties" of rulemaking, is the RRC to assume the Agency has never received public comments for any of its rules? Commission Counsel has identified 7 rules (21 NCAC 32X .0101-.0107) where the RRC received written objections, from 10 or more people, to the Agency's rules in August 2008.

First established in 1859, the Agency is the oldest continuously operating medical board in the United States. It strains credulity that no single person has ever requested notice of the Agency's rulemaking since G.S. 150B-21.2(d) went into effect in 1985.

Commission Counsel is unaware of any other State agency who does not currently maintain a mailing list of persons interested in their rulemaking. State agencies utilize mailing lists to notify interested parties of rulemaking so the public knows how to get more information about proposed rules, and how to submit comments or objections to them. Without a mailing list, the public would not likely be aware of the proposed rules unless they periodically go to the agency's website, click "Resources & Information", click "Professional Resources", then click "Laws, Rules, and Position Statements", click "Rules", then click "Rule Change Tracker", and finally scroll down to view proposed rules. This process requires the public to spend considerable amounts of time and energy simply to learn of the Agency's rulemaking actions.

Failure to Comply with G.S. 150B-21.1(a4) and G.S. 12-3.1

Paragraph (a) of the Rule says, "Any applicant applying for a North Carolina medical license through the Interstate Medical Licensure Compact (the "Compact") shall pay a *non-refundable* application fee pursuant to G.S. 90-13.1(a)."

G.S. 90-13.1(a) states "Each applicant for a license to practice medicine and surgery in this State under G.S. 90-9.1, 90-9.2, or 90-12.02 shall pay to the North Carolina Medical Board an application fee of four hundred dollars ($400.00)." The Agency cites G.S. 90-9.1 as the path for physicians to apply for a State medical license through the Compact, which is the subject of the Rule. Neither G.S. 90-13.1(a) or G.S. 90-9.1 say application fees are "non-refundable".

The Session Law established G.S. 90-13.1(g), which says, "Each applicant for a license issued or renewed through the Compact…shall be subject to any additional fees or assessments as determined by the Board (i.e., the Agency) or the Interstate Medical Licensure Compact Commission." G.S. 90-13.1(g) gives the Agency authority to create "additional fees or assessments." The Rule "establishes a new fee" under G.S. 150B-21.1(a4) by making application fees "non-refundable". The Board appears to have relied on the Compact to impose this "additional fee or assessment" on applicants.

G.S. 150B-21.1(a4) says, "if the temporary rule establishes a new fee or increases an existing fee, the agency shall include in the written statement that it has complied with G.S. 12-3.1. The statement must be signed by the head of the agency adopting the temporary rule." Commission Counsel inquired if the Rule establishes a new fee or increases an existing fee. The Agency responded as follows:

> "As to the fee language in subsection (a) of the temporary rule and the consultation requirement in GS 12-3.1, there is a sense among the staff that the proposed rule does not establish a fee but simply directs the applicant to pay the fee as required in GS 90-13.1(a). However, in an abundance of caution, it was decided to seek consultation in submitting the permanent rule."

> "The Board will strike subsection(a) of the proposed temporary rule. I believe this will moot your objections to issues regarding the fee and GS 12-3.1. As stated in our conversation, the fee in subsection (a)(1) is set by GS 90-13.1(a)."
>
> "May the Board submit a new statement that withdraws the fee or simply rechecks the box on form 0500 to state that it does not establish a new fee, which it doesn't, and in hindsight stating that it did was in error."

It appears, perhaps, the request for consultation was withdrawn and the Agency offered to strike subsection (a) simply because I asked about it.

The Agency must comply with the requirements in G.S. 12-3.1 if the RRC believes the Agency has established a new fee. G.S. 12-3.1 says, "a rule adopted by an agency to establish or increase a fee or charge shall not go into effect until the agency has consulted with the Joint Legislative Commission on Governmental Operations on the amount and purpose of the fee or charge to be established or increased." Further, "the agency shall submit a request for consultation to all members of the Commission, the Commission Assistant, the Fiscal Research Division of the General Assembly on the same date the notice of text of the rule is published. The request for consultation shall consist of a written report…"

The original Form 0500 indicates the Agency published notice of the Rule on November 12, 2025, but did not request a consultation until December 18, 2025, the same date the Rule was initially submitted to the RRC for review. The Agency then withdrew the request for consultation and has still not consulted with the Joint Legislative Commission because they contend "the proposed rule does not establish a fee but simply directs the applicant to pay the fee as required in GS 90-13.1(a)." The Agency has not provided the written report that was required to be filed with the consultation request pursuant to G.S. 12-3.1(a).

Lastly, the RRC should be cognizant that G.S. 150B-21.1(b3) says, "Notwithstanding any other provision of this subsection, if the agency has not complied with the provisions of G.S. 12-3.1, the Codifier of Rules shall not enter the rule into the Code."

Recommendation

Commission Counsel recommends that the RRC object to the Rule because the written statement of Findings of Need fails to meet the criteria in G.S. 150B-21.1(a). Further, the Agency has failed to comply with G.S. 150B-21.1(a3)(2) and (a4). Therefore, the temporary Rule was not "adopted in accordance with Part 2" of the APA and is in violation of G.S. 150B-21.9(a)(4).

§ 150B-21.1. Procedure for adopting a temporary rule.

(a) Adoption. — An agency may adopt a temporary rule when it finds that adherence to the notice and hearing requirements of G.S. 150B-21.2 would be contrary to the public interest and that the immediate adoption of the rule is required by one or more of the following:

(1) A serious and unforeseen threat to the public health, safety, or welfare.

(2) The effective date of a recent act of the General Assembly or the United States Congress.

(a2) A recent act, change, regulation, or order as used in subdivisions (2) through (5) of subsection (a) of this section means an act, change, regulation, or order occurring or made effective no more than 210 days prior to the submission of a temporary rule to the Rules Review Commission. Upon written request of the agency, the Commission may waive the 210-day requirement upon consideration of the degree of public benefit, whether the agency had control over the circumstances that required the requested waiver, notice to and opposition by the public, the need for the waiver, and previous requests for waivers submitted by the agency.

(a3) Unless otherwise provided by law, the agency shall:

(1) At least 30 business days prior to adopting a temporary rule, submit the rule and a notice of public hearing to the Codifier of Rules, and the Codifier of Rules shall publish the proposed temporary rule and the notice of public hearing on the internet to be posted within five business days.

(2) At least 30 business days prior to adopting a temporary rule, notify persons on the mailing list maintained pursuant to G.S. 150B-21.2(d) and any other interested parties of its intent to adopt a temporary rule and of the public hearing.

(3) Accept written comments on the proposed temporary rule for at least 15 business days prior to adoption of the temporary rule.

(4) Hold at least one public hearing on the proposed temporary rule no less than five days after the rule and notice have been published. If notice of a public hearing has been published and that public hearing has been cancelled, the agency shall publish notice at least five days prior to the date of any rescheduled hearing.

(a4) An agency must also prepare a written statement of its findings of need for a temporary rule stating why adherence to the notice and hearing requirements in G.S. 150B-21.2 would be contrary to the public interest and why the immediate adoption of the rule is required. If the temporary rule establishes a new fee or increases an existing fee, the agency shall include in the written statement that it has complied with the requirements of G.S. 12-3.1. The statement must be signed by the head of the agency adopting the temporary rule.

(b) Review. — When an agency adopts a temporary rule it must submit the rule and the agency's written statement of its findings of the need for the rule to the Rules Review Commission. Within 15 business days after receiving the proposed temporary rule, the Commission shall review the agency's written statement of findings of need for the rule and the rule to determine whether the statement meets the criteria listed in

subsection (a) of this section and the rule meets the standards in G.S. 150B-21.9. The Commission shall direct a member of its staff who is an attorney licensed to practice law in North Carolina to review the statement of findings of need and the rule. The staff member shall make a recommendation to the Commission, which must be approved by the Commission or its designee. The Commission's designee shall be a panel of at least three members of the Commission. In reviewing the statement, the Commission or its designee may consider any information submitted by the agency or another person. If the Commission or its designee finds that the statement meets the criteria listed in subsection (a) of this section and the rule meets the standards in G.S. 150B-21.9, the Commission or its designee must approve the temporary rule and deliver the rule to the Codifier of Rules within two business days of approval. The Codifier of Rules must enter the rule into the North Carolina Administrative Code on the sixth business day following receipt from the Commission or its designee.

(b1) If the Commission or its designee finds that the statement does not meet the criteria listed in subsection (a) of this section or that the rule does not meet the standards in G.S. 150B-21.9, the Commission or its designee must immediately notify the head of the agency. The agency may supplement its statement of need with additional findings or submit a new statement within 30 days of the notification. If the agency fails to supplement its statement of need with additional findings or submit a new statement to the Commission within 30 days, or submits written notice within 30 days to the Commission that the agency does not intend to supplement its statement of need with additional findings or submit a new statement, the Commission or its designee shall immediately return the rule to the agency. If the agency provides additional findings or submits a new statement within 30 days of the notification, the Commission or its designee must review the additional findings or new statement within five business days after the agency submits the additional findings or new statement. If the Commission or its designee again finds that the statement does not meet the criteria listed in subsection (a) of this section or that the rule does not meet the standards in G.S. 150B-21.9, the Commission or its designee must immediately notify the head of the agency and return the rule to the agency. When the Commission returns a rule to an agency in accordance with this subsection, the agency may file an action for declaratory judgment within 30 days after notification of the return of the rule by the Commission in Wake County Superior Court pursuant to Article 26 of Chapter 1 of the General Statutes.

(b2) If an agency decides not to provide additional findings or submit a new statement when notified by the Commission or its designee that the agency's findings of need for a rule do not meet the required criteria or that the rule does not meet the required standards, the agency must notify the Commission or its designee of its decision. The Commission or its designee shall then return the rule to the agency. When the Commission returns a rule to an agency in accordance with this subsection, the agency may file an action for declaratory judgment in Wake County Superior Court pursuant to Article 26 of Chapter 1 of the General Statutes within 30 days of the date the rule is returned to the agency.

(b3) Notwithstanding any other provision of this subsection, if the agency has not complied with the provisions of G.S. 12-3.**1**, the Codifier of Rules shall not enter the rule into the Code.

N.C. Gen. Stat. § 150B-21.1

§ 12-3.1. Fees and charges by agencies.

(a) Authority. — Only the General Assembly has the power to authorize an agency to establish or increase a fee or charge for the rendering of any service or fulfilling of any duty to the public. In the construction of a statute, unless that construction would be inconsistent with the manifest intent of the General Assembly or repugnant to the context of the statute, the legislative grant of authority to an agency to adopt rules shall not be construed as a grant of authority to the agency to establish by rule a fee or a charge for the rendering of any service or fulfilling of any duty to the public, unless the statute expressly provides for the grant of authority to establish a fee or charge for that specific service. Notwithstanding any other law, a rule adopted by an agency to establish or increase a fee or charge shall not go into effect until the agency has consulted with the Joint Legislative Commission on Governmental Operations on the amount and purpose of the fee

or charge to be established or increased. Where a rule provides for a periodic automatic adjustment to a fee, the agency that adopts the rule is not required to consult with the Commission every time the fee automatically adjusts. The agency shall submit a request for consultation to all members of the Commission, the Commission Assistant, and the Fiscal Research Division of the General Assembly on the same date the notice of text of the rule is published. The request for consultation shall consist of a written report stating (i) the amount of the current fee or charge, if applicable, (ii) the amount of the proposed new or increased fee or charge, (iii) the statutory authority for the fee or charge, and (iv) a detailed explanation of the need for the establishment or increase of the fee or charge.

(a1) If the Commission does not hold a meeting to hear the consultation required by subsection (a) of this section within 90 days after the notice of text of the rule has been published and the consultation request required by subsection (a) of this section has been submitted, the consultation requirement is satisfied.

(b) Definitions. — The following definitions apply in this section:

(1) Agency. — Every agency, institution, board, commission, bureau, department, division, council, member of the Council of State, or officer of the legislative, executive or judicial branches of State government. The term does not include counties, cities, towns, villages, other municipal corporations or political subdivisions of the State or any agencies of these subdivisions, the University of North Carolina, community colleges, hospitals, county or city boards of education, other local public districts, units, or bodies of any kind, or private corporations created by act of the General Assembly.

(2) Rule. — Every rule, regulation, ordinance, standard, and amendment thereto adopted by any agency, including rules and regulations regarding substantive matters, standards for products, procedural rules for complying with statutory or regulatory authority or requirements and executive orders of the Governor.

(c) Exceptions. — This section does not apply to any of the following:

(1) Rules establishing fees or charges to State, federal or local governmental units.

(2) A reasonable fee or charge for copying, transcripts of public hearings, State publications, or mailing a document or other item.

(3) Reasonable registration fees covering the cost of a conference or workshop.

(4) Reasonable user fees covering the cost of providing data processing services.

(d) In lieu of the requirements of subsections (a) and (a1) of this section, the North Carolina State Ports Authority shall report the establishment or increase of any fee to the Joint Legislative Commission on Governmental Operations as provided in G.S. 136-262(a)(11).

N.C. Gen. Stat. § 12-3.1

§ 90-13.1. License fees.

(a) Each applicant for a license to practice medicine and surgery in this State under G.S. 90-9.1, 90-9.2, or 90-12.02 shall pay to the North Carolina Medical Board an application fee of four hundred dollars ($400.00).

(b) Each applicant for a limited license to practice in a medical education and training program under G.S. 90-12.01 shall pay to the Board a fee of one hundred dollars ($100.00).

(c) An applicant for a limited volunteer license under G.S. 90-12.1A or G.S. 90-12.1B shall not pay a fee.

(d) A fee of twenty-five dollars ($25.00) shall be paid for the issuance of a duplicate license.

(e) All fees shall be paid in advance to the North Carolina Medical Board, to be held in a fund for the use of the Board.

(f) For the initial and annual licensure of an anesthesiologist assistant, the Board may require the payment of a fee not to exceed one hundred fifty dollars ($150.00).

(g) Each applicant for a license issued or renewed through the Interstate Medical Licensure Compact in accordance with Article 1P of Chapter 90 of the General Statutes shall be subject to any additional fees or assessments as determined by the Board or the Interstate Medical Licensure Compact Commission to cover any costs incurred by the Board for the participation in the Interstate Medical Licensure Compact.

N.C. Gen. Stat. § 90-13.1

§ 90-9.1. Requirements for licensure as a physician under this Article.

(a) Except as provided in G.S. 90-9.2, to be eligible for licensure as a physician under this Article, an applicant shall submit proof satisfactory to the Board that the applicant meets all of the following criteria:
(1) The applicant has passed each part of an examination described in G.S. 90-10.1.
(2) The applicant has completed at least 130 weeks of medical education and satisfies any of the following:
a. The applicant is a graduate of a medical college approved by the Liaison Commission on Medical Education, the Committee for the Accreditation of Canadian Medical Schools, or an osteopathic college approved by the American Osteopathic Association and has successfully completed one year of training in a medical education program approved by the Board after graduation from medical school; or
b. The applicant is a graduate of a medical college approved or accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or an osteopathic college approved by the American Osteopathic Association, is a dentist licensed to practice dentistry under Article 2 of Chapter 90 of the General Statutes, and has been certified by the American Board of Oral and Maxillofacial Surgery after having completed a residency in an Oral and Maxillofacial Surgery Residency program approved by the Board before completion of medical school.
c. The applicant may satisfy the education and graduation requirements of subdivision (2) of this subsection by providing proof of current certification by a specialty board recognized by the American Board of Medical Specialties, Certificate of the College of Family Physicians, Fellowship of the Royal College of Physicians of Canada, Fellowship of the Royal College of Surgeons of Canada, American Osteopathic Association, the American Board of Oral and Maxillofacial Surgery, or any other specialty board the Board recognizes pursuant to rules.
(3) The applicant is of good moral character.
(b) No license may be granted to any applicant who graduated from a medical or osteopathic college that has been disapproved by the Board pursuant to rules adopted by the Board.
(c) The Board may, by rule, require an applicant to comply with other requirements or submit additional information the Board deems appropriate.
N.C. Gen. Stat. § 90-9.1

§ 90-9.2. Requirements for graduates of international medical schools.

(a) To be eligible for licensure under this section, an applicant who is a graduate of a medical school not approved by the Liaison Commission on Medical Education, the Committee for the Accreditation of Canadian Medical Schools, or the American Osteopathic Association shall submit proof satisfactory to the Board that the applicant has met all of the following:
(1) The applicant has successfully completed two years of training in a medical education program approved by the Board after graduation from medical school, or provides proof of current certification by a specialty board recognized by the American Board of Medical Specialties, Certificate of the College of Family Physicians, Fellowship of the Royal College of Physicians of Canada, Fellowship of the Royal College of Surgeons of Canada, American Osteopathic Association, the American Board of Oral and Maxillofacial Surgery, or any specialty board the Board recognizes pursuant to rules.
(2) The applicant has good moral character.
(3) The applicant has a currently valid standard certificate of Educational Commission for Foreign Medical Graduates.
(4) The applicant has the ability to communicate in English.
(5) The applicant has successfully passed each part of an examination described in G.S. 90-10.1.
(b) The Board may waive ECFMG certification if the applicant:
(1) Has passed the ECFMG examination and successfully completed an approved Fifth Pathway Program. The applicant is required to provide the original ECFMG Certification Status Report from the ECFMG; or

(2) Has been licensed in another state on the basis of written examination before the establishment of ECFMG in 1958.
(c) The Board may, by rule, require an applicant to comply with other requirements or submit additional information the Board deems appropriate.
N.C. Gen. Stat. § 90-9.2

§ 90-12.02. Physician and physician assistant military relocation license for military servicemembers and spouses.

(a) The Board may issue a license known as a "military relocation license" to a physician or physician assistant not otherwise actively licensed by the Board who meets all of the following requirements:
(1) Is a servicemember of the United States Armed Forces or a spouse of a servicemember of the United States Armed Forces.
(2) Resides in this State pursuant to military orders for military service.
(3) Holds a current license in another jurisdiction that has licensing requirements that are substantially equivalent or otherwise exceed the requirements for licensure in this State.
(4) Is in good standing in the jurisdiction of licensure, has not been disciplined in the last five years by any occupational licensing board, and has no pending investigations by any occupational licensing board.
(5) Has actively practiced medicine an average of 20 hours per week during the two years immediately preceding relocation in this State.
(b) A military relocation license remains active for the duration of military orders for military service in this State and upon completion of annual registration, which shall include providing documentation of meeting the requirements of subsection (a) of this section. The military relocation license shall become inactive at the time the license holder relocates pursuant to military orders to reside in another state, when the military orders for military service in this State expire, or when the servicemember separates from military service. The license holder shall notify the Board within 15 days of the issuance of new military orders requiring relocation to another state, within 15 days of the expiration of military orders, or within 15 days of separation from military service. The Board shall retain jurisdiction over the holder of the inactive license.
(c) A military relocation license may be converted to a full license by completing an application for full license. The Board shall waive the application fee for converting to a full license if the application is submitted within one year of the issuance of the military relocation license.
(d) The Board may, by rule, require an applicant for a military relocation license under this section to comply with other requirements or to submit additional information.
N.C. Gen. Stat. § 90-12.02

TEMPORARY RULE-MAKING
FINDINGS OF NEED

[Authority G.S. 150B-21.1]

OAH USE ONLY

VOLUME:

ISSUE:

1. Rule-Making Agency:
Medical Board

2. Rule citation & name:
21 NCAC 32B .2100 INTERSTATE MEDICAL LICENSURE COMPACT

3. Action: ☒ **Adoption** ☐ **Amendment** ☐ **Repeal**

4. Was this an Emergency Rule: ☐ **Yes** **Effective date:**
☒ **No**

5. Provide dates for the following actions as applicable:

a. Proposed Temporary Rule submitted to OAH: 10/31/2025

b. Proposed Temporary Rule published on the OAH website: 11/12/2025

c. Public Hearing date: 11/24/2025

d. Comment Period: 11/24/2025

e. Notice pursuant to G.S. 150B-21.1(a3)(2): 11/12/2025

f. Adoption by agency on: 12/17/2025

g. Proposed effective date of temporary rule [if other than effective date established by G.S. 150B- 21.1(b) and G.S. 150B-21.3]: 02/06/2026

6. Reason for Temporary Action. Attach a copy of any cited law, regulation, or document necessary for the review.

☐ **A serious and unforeseen threat to the public health, safety or welfare.**
☒ **The effective date of a recent act of the General Assembly or of the U.S. Congress.**
Cite: House Bill 67/SL 2025-37
Effective date: 01/01/2026
☐ **A recent change in federal or state budgetary policy.**
Effective date of change:
☐ **A recent federal regulation.**
Cite:
Effective date:
☐ **A recent court order.**
Cite order:
☐ **Other:**

Explain:

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

This rule is necessary to implement Part I of House Bill 67/SL 2025-37, which was signed into law July 1, 2025, but goes into effect January 1, 2026.

House Bill 67/SL 2025-37 significantly impacted and increased the Medical Board's mandate in several areas. Part I enacted the Interstate Medical Licensure Compact ("IMLC"), which is the subject of the current temporary rule. The IMLC will make it much easier for physicians from other Compact states to obtain a North Carolina medical license and practice here. Part II of SL 2025-37 streamlined the licensing process for internationally trained physicians. Part IV created the Physician Assistant Licensure Compact. Part V of SL 2025-37 authorized immunizing pharmacists to test and treat influenza pursuant to protocols and rules adopted by the Medical and Pharmacy Boards. Part VI of SL 2025-37 created "team based physician assistants." Part VII of SL 2025-37 restructured the supervisory relationship between physicians and clinical pharmacist practitioners.

Although different parts of SL 2025-37 have different effective dates, the IMLC had the earliest effective date and arguably the most significant impact on Board processes. Furthermore, all of these new laws will require some form of rulemaking to implement. Given the significance and breadth of these legislative changes, Board staff began diligently working on crafting rules, including the current proposed temporary rule, soon after passage of SL 2025-37. These efforts included careful legal analysis of a licensing model different from the Medical Board's traditional processes, discussions and trainings with subject matter experts, evaluation of technological capabilities, preparing for implementation, and responding to a significant volume of inquiries from the public on the IMLC as well as other provisions of the law. After thoughtful consideration and drafting, staff presented the Board with the proposed IMLC rule at its September meeting and began the temporary rulemaking process the following month. All the while, staff invested a significant amount of time on rules and implementation for other sections of SL 2025-37. Just recently, representatives of the Medical and Pharmacy Boards met to adopt protocols, later to be adopted as rules, guiding immunizing pharmacists on how to test for and treat influenza.

By enacting SL 2025-37, the Legislature signaled its intent to increase the supply of physicians in this State and to increase access to healthcare by expanding the scope of practice of other advanced and allied healthcare professionals. The public is served by having rules in place to help physician applicants for a Compact license to navigate the licensure process quickly and efficiently, which in turn, will increase the supply of North Carolina physicians. The temporary rules are needed to effectuate this process all the while ensuring the public that applicants are properly vetted.

Given the breadth, enormity, and significance of SL 2025-37 which greatly transforms licensing and access to healthcare in the State, the public is served by having rules in place, even if temporarily, to implement these recently enacted legislative changes while more permanent rules are considered and proposed.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

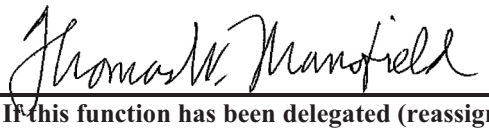
☐ **Yes**
Agency submitted request for consultation on:
Consultation not required. Cite authority:

☒ **No**

9. Rule-making Coordinator:
Leigh Anne Satterwhite
Phone:
919-326-1109, ext. 395
E-Mail:
rules@ncmedboard.org

Agency contact, if any:
Marcus Jimison
Phone:
919-326-1109, ext. 226
E-Mail: marcus.jimison@ncmedboard.org

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**
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Title:

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GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

SESSION LAW 2025-37
HOUSE BILL 67

AN ACT TO ENACT HEALTHCARE WORKFORCE REFORMS FOR THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina enacts:

PART I. INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1.(a) Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 1O.
"Interstate Medical Licensure Compact.

"**§ 90-21.160. Short title.**

This Article shall be known as the "Interstate Medical Licensure Compact."

"**§ 90-21.161. Purpose.**

(a) The purpose of this Article is to strengthen access to health care, and, in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact (Compact) have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and to provide a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients.

(b) The Interstate Medical Licensure Compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act or provisions. The Compact adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter and, therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures of the Compact.

"**§ 90-21.162. Definitions.**

The following definitions apply in this Article:

(1) Bylaws. – Bylaws established by the Interstate Commission pursuant to G.S. 90-21.171.

(2) Commissioner. – The voting representative appointed by each member board pursuant to G.S. 90-21.171.

(3) Conviction. – A finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by a court shall be considered final for purposes of disciplinary action by a member board.

(4) Expedited license. – A full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(5) Interstate Commission. – The Interstate Medical Licensure Compact Commission created pursuant to G.S. 90-21.171.

(6) License. – The authorization by a member state for a physician to engage in the practice of medicine, which would be unlawful without authorization.

(7) Medical practice act. – Laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(8) Member board. – A state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(9) Member state. – A state that has enacted the Compact.

(10) Offense. – A felony, gross misdemeanor, or crime of moral turpitude.

(11) Physician. – Any person who meets all of the following qualifications:

a. Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent.

b. Has passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes.

c. Has successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

d. Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists.

e. Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board.

f. Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.

g. Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.

h. Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

i. Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(12) Practice of medicine. – Clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the medical practice act of a member state.

(13) Rule. – A written statement by the Interstate Commission promulgated pursuant to G.S. 90-21.172 that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(14) State. – Any state, commonwealth, district, or territory of the United States.

(15) State of principal license. – A member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

"**§ 90-21.163. Eligibility.**

(a) A physician must meet the eligibility requirements as defined in G.S. 90-21.162(11) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of G.S. 90-21.162(11) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

"**§ 90-21.164. Designation of state of principal license.**

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and that state meets any one of the following qualifications:

(1) The state is the principal residence for the physician.

(2) The physician conducts at least twenty-five percent (25%) of their practice of medicine in the state.

(3) The state is the location of the physician's employer.

If no state qualifies under subdivision (1), (2), or (3) of this subsection, then the physician may designate the state of residence for the purpose of federal income tax as their state of principal license.

(b) A physician may redesignate a member state as a state of principal license at any time, as long as the state meets the requirements of subsection (a) of this section.

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

"**§ 90-21.165. Application and issuance of expedited licensure.**

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(c) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(d) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks in compliance with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. § 731.202.

(e) Appeal on the determination of eligibility to the member state shall be made to the member state where the application was filed and shall be subject to the laws of that state.

(f) Upon verification of eligibility in subsection (b) of this section, physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a) of this section, including the payment of any applicable fees.

(g) After receiving verification of eligibility under subsection (b) of this section and any fees under subsection (f) of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the issuing member board and member state.

(h) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(i) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(j) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

"**§ 90-21.166. Fees for expedited licensure.**

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses.

"**§ 90-21.167. Renewal and continued participation.**

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician meets all of the following qualifications:

(1) Maintains a full and unrestricted license in a state of principal license.

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected under subsection (c) of this section, a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

"**§ 90-21.168. Coordinated information system.**

(a) The Interstate Commission shall establish a database of all physicians who are licensed, or who have applied for licensure, under G.S. 90-21.165.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any nonpublic complaint, disciplinary, or investigatory information not required by subsection (c) of this section to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

"**§ 90-21.169. Joint investigations.**

(a) Licensure and disciplinary records are deemed investigative.

(b) In addition to authority granted to a member board by its respective medical practice act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

"**§ 90-21.170. Disciplinary actions.**

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the medical practice act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the medical practice act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided and take one of the following actions:

(1) Impose the same or lesser sanctions against the physician consistent with the medical practice act of that state.

(2) Pursue separate disciplinary action against the physician under its respective medical practice act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then any licenses issued to the physician by any other member boards shall be suspended, automatically and immediately without further action necessary by the other member boards, for 90 days upon entry of the order by the disciplining board, to permit the member boards to investigate the basis for the action under the medical practice act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the 90-day suspension period in a manner consistent with the medical practice act of that state.

"**§ 90-21.171. Interstate Medical Licensure Compact Commission.**

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission."

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all of the responsibilities, powers, and duties set forth in the Compact, and additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall meet one of the following qualifications:

(1) An allopathic or osteopathic physician appointed to a member board.

(2) An executive director, executive secretary, or similar executive member of a member board.

(3) A member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address matters that come properly before the Commission and for the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws adopted by the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d) of this section.

(h) The Interstate Commission shall provide public notice of all meetings, and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

(1) Relate solely to the internal personnel practice and procedures of the Interstate Commission.

(2) Discuss matters specifically exempted from disclosure by federal statute.

(3) Discuss trade secrets, commercial, or financial information that is privileged or confidential.

(4) Involve accusing a person of a crime, or formally censuring a person.

(5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy.

(6) Discuss investigative records compiled for law enforcement purposes.

(7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available for public inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on

behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact, including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(*l*) The Interstate Commission shall establish other committees for governance and administration of the Compact.

"**§ 90-21.172. Powers and duties of the Interstate Commission.**

The Interstate Commission has the following powers and duties:

(1) Oversee and maintain the administration of the Compact.

(2) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact.

(3) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions.

(4) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including, but not limited to, the use of the judicial process.

(5) Establish and appoint committees, including, but not limited to, an executive committee as required by G.S. 90-21.171, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties.

(6) Pay or provide payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission.

(7) Establish and maintain one or more offices.

(8) Borrow, accept, hire, or contract for services of personnel.

(9) Purchase and maintain insurance and bonds.

(10) Employ an executive director who shall have such powers to employ, select, or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation.

(11) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel.

(12) Accept donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission.

(13) Lease, purchase, accept contributions or donations of, or otherwise to hold, own, improve, or use any property, real, personal, or mixed.

(14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed.

(15) Establish a budget and make expenditures.

(16) Adopt a seal and bylaws governing the management and operation of the Interstate Commission.

(17) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission.

(18) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation.

(19) Maintain records in accordance with the bylaws.

(20) Seek and obtain trademarks, copyrights, and patents.

(21) Perform such functions as may be necessary or appropriate to achieve the purpose of the Compact.

"**§ 90-21.173. Finance powers.**

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed accountant, and the report of the audit shall be included in the annual report of the Interstate Commission.

"**§ 90-21.174. Organization and operation of the Interstate Commission.**

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within 12 months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) of this section shall serve without remuneration for the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities, provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(e) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purpose of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(f) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(g) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held

harmless in the amount of a settlement or judgment, including attorneys' fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

"**§ 90-21.175. Rulemaking functions of the Interstate Commission.**

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Revised Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than 30 days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

"**§ 90-21.176. Oversight of Interstate Compact.**

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities, or action of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all services of process in any such proceeding and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

"**§ 90-21.177. Enforcement of Interstate Compact.**

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or regulation of a profession.

"**§ 90-21.178. Default procedures.**

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall do all of the following:

(1) Provide written notice to the defaulting state and other member states of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default.

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners, and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination, including obligations, the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

"**§ 90-21.179. Dispute resolution.**

(a) The Interstate Commission shall attempt to resolve disputes upon the request of a member state, which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

"**§ 90-21.180. Member states; effective date; amendment.**

(a) Any state is eligible to become a member of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law in that state.

(c) The governors of nonmember states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate

Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

"**§ 90-21.181. Withdrawal.**

(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state, provided that a member state may withdraw from the Compact by specifically repealing the statutes which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same but shall not take effect until one year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within 60 days of its receipt of notice provided under subsection (c) of this section.

(e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing date reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

"**§ 90-21.182. Dissolution.**

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership of the Compact to one member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded, and surplus funds shall be distributed in accordance with the bylaws.

"**§ 90-21.183. Severability and construction.**

The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable. The provisions of the Compact shall be liberally construed to effectuate its purposes. Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the member states are members.

"**§ 90-21.184. Binding effect of Compact and other laws.**

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state."

SECTION 1.(b) G.S. 90-5.1 reads as rewritten:

"**§ 90-5.1. Powers and duties of the Board.**

(a) The Board shall have the following powers and duties:

…

(11) Appoint two Commissioners to serve on the Interstate Medical Licensure Compact Commission. Commissioners must meet one of the following requirements: be (i) a current physician Board member, (ii) an executive director or similar executive member, or (iii) a current public Board member.

…."

SECTION 1.(c) G.S. 90-11(b) reads as rewritten:

"(b) The Department of Public Safety may provide a criminal record check to the Board for a person who has applied for a license through the ~~Board.~~ Board and for purposes of G.S. 90-21.165. The Board shall provide to the Department of Public Safety, along with the request, the fingerprints of the applicant, any additional information required by the Department of Public Safety, and a form signed by the applicant consenting to the check of the criminal record and to the use of the fingerprints and other identifying information required by the State or national repositories. The applicant's fingerprints shall be forwarded to the State Bureau of Investigation for a search of the State's criminal history record file, and the State Bureau of Investigation shall forward a set of the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The Board shall keep all information pursuant to this subsection privileged, in accordance with applicable State law and federal guidelines, and the information shall be confidential and shall not be a public record under Chapter 132 of the General Statutes.

The Department of Public Safety may charge each applicant a fee for conducting the checks of criminal history records authorized by this subsection. The Board has the authority to collect this fee from each applicant and remit it to the Department of Public Safety."

SECTION 1.(d) G.S. 90-13.1 reads as rewritten:

"**§ 90-13.1. License fees.**

…

(g) Each applicant for a license issued or renewed through the Interstate Medical Licensure Compact in accordance with Article 1O of Chapter 90 of the General Statutes shall be subject to any additional fees or assessments as determined by the Board or the Interstate Medical Licensure Compact Commission to cover any costs incurred by the Board for the participation in the Interstate Medical Licensure Compact."

SECTION 1.(e) G.S. 90-13.2 reads as rewritten:

"**§ 90-13.2. Registration every year with Board.**

(a) ~~Every~~ Except as provided for in Article 1O of Chapter 90 of the General Statutes, every licensee shall register annually with the Board no later than 30 days after the person's birthday.

…

(g) Upon payment of all accumulated fees and penalties, the license of the licensee may be reinstated, subject to the Board requiring the licensee to appear before the Board for an interview and to comply with other licensing requirements. ~~The~~ Except as provided in G.S. 90-21.166, the penalty may not exceed the applicable maximum fee for a license under G.S. 90-13.1.

…."

SECTION 1.(f) G.S. 90-14 reads as rewritten:

"**§ 90-14. Disciplinary Authority.**

(a) The Board shall have the power to place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke a license, or other authority to practice medicine in this State, issued by the Board to any person who has been

found by the Board to have committed any of the following acts or conduct, or for any of the following reasons:

…

(18) A violation of Article 1O of Chapter 90 of the General Statutes, consistent with the provisions of that Article for qualifying licensees.

…."

SECTION 1.(g) G.S. 90-14.2 reads as rewritten:

"**§ 90-14.2. Hearing before disciplinary action.**

(a) ~~Before~~ Except as provided in G.S. 90-21.170, before the Board shall take disciplinary action against any license granted by it, the licensee shall be given a written notice indicating the charges made against the licensee and stating that the licensee will be given an opportunity to be heard concerning the charges at a time and place stated in the notice, or at a time and place to be thereafter designated by the Board, and the Board shall hold a public hearing not less than 30 days from the date of the service of notice upon the licensee, at which the licensee may appear personally and through counsel, may cross examine witnesses and present evidence in the licensee's own behalf. A licensee who is mentally incompetent shall be represented at such hearing and shall be served with notice as herein provided by and through a guardian ad litem appointed by the clerk of the court of the county in which the licensee resides. The licensee may file written answers to the charges within 30 days after the service of the notice, which answer shall become a part of the record but shall not constitute evidence in the case.

…."

SECTION 1.(h) This Part becomes effective January 1, 2026.

PART II. INTERNATIONAL PHYSICIAN LICENSURE

SECTION 2.(a) Article 1 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"**§ 90-12.03. Internationally-trained physician employee license.**

(a) The Board may issue an "internationally-trained physician employee license" to practice medicine and surgery to a physician when the Board has received satisfactory verification of all of the following requirements:

(1) The applicant has been offered employment as a physician in a full-time capacity at (i) a hospital that is located in North Carolina and licensed by the State of North Carolina or (ii) a medical practice located in a rural county with a population of less than 500 people per square mile, in North Carolina, where a physician fully licensed by the State under this Chapter is physically practicing on-site at the rural medical practice.

(2) The applicant has a current and active license in good standing to practice medicine in a foreign country or had that type of license expire no more than five years prior to submission of an application to the Board.

(3) The applicant previously completed 130 weeks of medical education at a medical school listed in the World Dictionary of Medical Schools and is eligible to be certified by the Educational Commission for Foreign Medical Graduates and meets one of the following requirements:

a. The applicant has completed two years of postgraduate training in a graduate medical education program approved by the applicant's country of licensure.

b. The applicant has actively practiced medicine in the applicant's country of licensure for at least 10 years after graduation.

(4) The applicant has demonstrated competency to practice medicine in one of the following ways:

a. Successfully passing each part of an examination listed in G.S. 90-10.1.

b. Successfully passing each part of a nationally recognized standard medical licensing examination from a country that is a member of the International Association of Medical Regulatory Authorities that meets all of the following requirements:

1. Tests for the ability to practice medicine.
2. Tests for medical knowledge, skills, and understanding of clinical science essential for providing patient care, including general practice, cardiology, internal medicine, gastroenterology, hematology, nephrology, neurology, pediatrics, psychiatry, pulmonology, obstetrics and gynecology, radiology, rheumatology, urology, and surgery.
3. Tests for communication and interpersonal skills.
4. Includes an interactive testing component.

The examining body must provide verification in English directly to the Board that the applicant has passed an examination meeting the requirements of this sub-subdivision.

c. Receiving specialty board certification as approved by any of the following:

1. The American Board of Medical Specialties.
2. The Bureau of Osteopathic Specialists of the American Osteopathic Association.
3. The Royal College of Physicians and Surgeons of Canada.
4. Any other specialty board recognized pursuant to rules adopted by the Board.

d. Submitting to a comprehensive assessment demonstrating clinical competence by a program approved by the Board.

Alternatively, the Board may waive the requirements of this subdivision and issue a temporary license and require the applicant to successfully pass the Special Purpose Examination (SPEX) or Post-Licensure Assessment Systems within one year.

(5) The applicant has not had a license revoked, suspended, restricted, denied, or otherwise acted against in any jurisdiction and is the subject of no pending investigations. For purposes of this subdivision, the licensing authority's acceptance of a license to practice voluntarily relinquished by a licensee or relinquished by stipulation, consent order, or other settlement in response to or in anticipation of the filing of administrative charges against the licensee's license, or an inactivation or voluntary surrender of a license while under investigation, is deemed to be an action against a license to practice.

(6) The applicant does not have any convictions in any court involving moral turpitude, or the violation of a law involving the practice of medicine, or a conviction of a law substantially equivalent to a felony. The applicant shall submit to, and the Board must receive, a background screening from the country in which they are licensed.

(7) The applicant has practiced medicine for at least five years.

(8) The applicant is proficient in English.

(9) The applicant is legally authorized to work in the United States. An applicant may apply for an internationally-trained physician employee license before receiving federal work authorization but may not begin employment with the

North Carolina hospital or rural medical practice until receiving legal work authorization from the relevant federal agency.

(10) The applicant submits an application fee pursuant to G.S. 90-13.1(a).

(b) The holder of the internationally-trained physician employee license issued under this section shall not practice medicine or surgery outside the confines of the North Carolina hospital or rural medical practice, or its affiliate, by whose employment the holder was qualified to be issued the license pursuant to subdivision (1) of subsection (a) of this section. A person who violates this subsection shall be guilty of a Class 3 misdemeanor and, upon conviction, shall be fined not more than five hundred dollars ($500.00) for each offense. The Board, at its discretion, may revoke the special license after due notice is given to the holder of the certified physician employee license.

(c) An internationally-trained physician employee license shall become inactive at the time its holder does one or more of the following:

(1) Ceases to be employed in a full-time capacity by a North Carolina hospital or medical practice meeting the criteria set forth in subdivision (1) of subsection (a) of this section.

(2) Ceases to be employed at a medical practice located in a rural county or practices if a physician licensed by the State under this Chapter is not physically practicing on-site at the medical practice.

(3) Obtains any other license to practice medicine issued by the Board.

The Board shall retain jurisdiction over the holder of the inactive license.

(d) A physician with an internationally-trained physician employee license shall be eligible to apply for a full license to practice medicine in North Carolina after four years of active practice in North Carolina. The Board shall grant a full license if the applicant has no disciplinary actions by any state, federal, or foreign regulatory agency, no pending investigations by any state, federal, or foreign regulatory agency, no misdemeanor convictions in the two years preceding their application for a full license, no felony convictions, no pending misdemeanor or felony charges, and no adverse actions affecting their privileges or ability to practice. For purposes of this section, "misdemeanor" shall not include traffic violations.

(e) The Board, in consultation with partner organizations as needed, shall collect information necessary to evaluate the implementation and success of the pathway to licensure established in this section, including at least the following:

(1) The number of applicants for provisional licensure.

(2) The applicant's licensing country or country where they were authorized to practice medicine and, if different, country of education and training.

(3) The number of provisional licenses granted under this section.

(4) The number of provisional licenses denied under this section.

(5) The number of full and unrestricted licenses granted to applicants who completed the pathway to licensure established in this section.

(6) The number of full and unrestricted license applications denied to applicants who completed the pathway to licensure established in this section.

(7) The reasons for denial of applications for provisional and full unrestricted licenses under this section.

(8) The number of complaints received regarding holders of a provisional license issued under this section and the disciplinary actions taken, if any.

(9) The practice setting and specialty of applicants in their licensing country or country of origin and as employed during their provisional and limited licensure.

(10) The geographic area or rural/urban designation of where licensees practice during provisional licensure and after the period of provisional licensure.

(11) The practice setting and specialty of internationally-trained physicians who completed the pathway to licensure upon receiving a full and unrestricted license.

(f) Annually on or before December 1, the Board shall report the information collected pursuant to subsection (e) of this section for the previous calendar year to the Joint Legislative Oversight Committee on Health and Human Services."

SECTION 2.(b) The North Carolina Medical Board (Board) shall adopt rules necessary to issue an internationally-trained physician employee license. The Board may adopt a rule establishing a time limit for the term of an internationally-trained physician employee license. The Board may also adopt rules to implement Section 1 of this act.

SECTION 2.(c) It is the intention of the General Assembly that the provisions of this Part shall be severable. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected, including, but not limited to, the applicability of this act to the provisions of future agreements subject to this act.

SECTION 2.(d) This Part becomes effective January 1, 2026.

PART III. MASTER'S LEVEL PSYCHOLOGIST REFORMS

SECTION 3.(a) G.S. 90-270.139 reads as rewritten:

"**§ 90-270.139. Application; examination; supervision; provisional and temporary licenses.**

…

(e) Except as provided in subsection (e1) of this section:

(1) A licensed psychological associate shall be supervised by a qualified licensed psychologist, or ~~other~~ qualified ~~professionals,~~ licensed psychological associate in accordance with Board rules specifying the format, setting, content, time frame, amounts of supervision, qualifications of supervisors, disclosure of supervisory relationships, the organization of the supervised experience, and the nature of the responsibility assumed by the supervisor.

(2) A licensed psychological associate who provides health services shall be ~~supervised, for those activities requiring supervision,~~ supervised by a qualified licensed psychologist holding health services provider certification or by ~~other~~ a qualified ~~professionals~~ licensed psychological associate under the overall direction of a qualified licensed psychologist holding health services provider certification, in accordance with Board rules.

(3) ~~Except as provided below, supervision,~~ Supervision, including the supervision of health services, is required ~~only~~ when a licensed psychological associate engages ~~in: assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures. The Board shall adopt rules implementing and defining this provision, and as the practice of psychology evolves, may identify additional activities requiring supervision in order to maintain acceptable standards of practice.~~in the practice of psychology in accordance with Board rules.

(e1) The Board shall approve any licensed psychological associate to engage in independent practice, without supervision by a qualified licensed psychologist or qualified licensed psychological associate, if the licensed psychological associate meets all of the following requirements:

(1) Has 4,000 hours of post-licensure experience in the delivery of psychological services under the supervision of one or more qualified licensed psychologists

or qualified licensed psychological associates within a time period of at least 24 consecutive months and less than 60 consecutive months.

(2) Documents that all performance ratings for the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection have been average or above average.

(3) Submits an application for independent practice with proof of the 4,000 hours of post-licensure experience required by subdivision (1) of this subsection.

…."

SECTION 3.(b) G.S. 90-270.145 reads as rewritten:

"**§ 90-270.145. Licensure; examination; foreign graduates.**

…

(b) Licensed Psychological Associate. –

…

(3) No licensed psychological associate shall engage in the practice of neuropsychology or forensic psychology without first demonstrating specialized education and training to practice in those areas as the Board may determine by rule. In considering whether the licensed psychological associate has sufficient specialized education and training to engage in the practice of neuropsychology or forensic psychology, the Board may consider the licensed psychological associate's graduate level course work, continuing education, supervised training experience, or any other factors the Board deems appropriate. For purposes of this subdivision, "neuropsychology" is defined as "the branch of science that studies the physiological processes of the nervous system and relates them to behavior and cognition" and "forensic psychology" is defined as "the application of psychological principles and techniques to situations that are involved in the civil and criminal legal systems, including, but not limited to, psychological assessments and expert testimony."

…."

SECTION 3.(c) G.S. 90-270.153 reads as rewritten:

"**§ 90-270.153. Provision of health services; certification as health services provider.**

(a) Health services, as defined in G.S. 90-270.136(4) and G.S. 90-270.136(8), may be provided by qualified licensed psychological associates, qualified licensed psychologists holding provisional, temporary, or permanent licenses, or qualified applicants. ~~Qualified~~ Except as provided in subsection (h) of this section, qualified licensed psychological associates, qualified licensed psychologists holding provisional or temporary licenses, or qualified applicants may provide health services only under supervision as specified in the duly adopted rules of the Board.

…

(h) A licensed psychological associate who possesses a certification as a health services provider psychological associate in accordance with subsection (c) of this section may provide health services without supervision upon meeting the requirements in G.S. 90-270.139(e1).

(i) Notwithstanding the provisions of subsection (h) of this section, a licensed psychological associate who was licensed before June 30, 2013, who can demonstrate, in accordance with Board rules, that he or she has been engaged in the provision of health services psychology under supervision for 4,000 hours within a time period of at least 24 consecutive months and less than 60 consecutive months shall meet the requirements for certification as a health services provider psychological associate."

SECTION 3.(d) G.S. 90-270.140 reads as rewritten:

"**§ 90-270.140. Psychology Board; appointment; term of office; composition.**

For the purpose of carrying out the provisions of this Article, there is created a North Carolina Psychology Board, which shall consist of seven members appointed by the Governor. At all times

three members shall be licensed psychologists, two members shall be licensed psychological associates, and two members shall be members of the public who are not licensed under this Article. The Governor shall give due consideration to the adequate representation of the various fields and areas of practice of psychology and to adequate representation from various geographic regions in the State. Terms of office shall be three years. All terms of service on the Board expire June 30 in appropriate years. As the term of a psychologist member expires, or as a vacancy of a psychologist member occurs for any other reason, the Board, the North Carolina Psychological Association, or its successor, ~~shall,~~ and the North Carolina Association of Professional Psychologists, or its successor, shall form a nominating committee and, having sought ~~the advice of the chairs of the graduate departments of psychology in the State,~~ nominees from licensees for each vacancy, shall submit to the Governor a list of the names of three eligible persons. From this list the Governor shall make the appointment for a full term, or for the remainder of the unexpired term, if any. Each Board member shall serve until his or her successor has been appointed. As the term of a member expires, or if one should become vacant for any reason, the Governor shall appoint a new member within 60 days of the vacancy's occurring. No member, either public or licensed under this Article, shall serve more than three complete consecutive terms."

SECTION 3.(e) This Part becomes effective October 1, 2025.

PART IV. PHYSICIAN ASSISTANT INTERSTATE LICENSURE COMPACT

SECTION 4.(a) Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 18J.

"PA Licensure Compact.

"**§ 90-270.200. Purpose.**

In order to strengthen access to Medical Services, and in recognition of the advances in the delivery of Medical Services, the Participating States of the PA Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing authority of State Licensing Boards to license and discipline PAs and seeks to enhance the portability of License to practice as a PA while safeguarding the safety of patients. This Compact allows Medical Services to be provided by PAs, via the mutual recognition of the Licensee's Qualifying License by other Compact Participating States. This Compact also adopts the prevailing standard for PA licensure and affirms that the practice and delivery of Medical Services by the PA occurs where the patient is located at the time of the patient encounter, and therefore requires the PA to be under the jurisdiction of the State Licensing Board where the patient is located. State Licensing Boards that participate in this Compact retain the jurisdiction to impose Adverse Action against a Compact Privilege in that State issued to a PA through the procedures of this Compact. The PA Licensure Compact will alleviate burdens for military families by allowing active duty military personnel and their spouses to obtain a Compact Privilege based on having an unrestricted License in good standing from a Participating State.

"**§ 90-270.201. Definitions.**

The following definitions apply in this Compact:

(1) Adverse Action. – Any administrative, civil, equitable, or criminal action permitted by a State's laws which is imposed by a Licensing Board or other authority against a PA License or License application or Compact Privilege such as License denial, censure, revocation, suspension, probation, monitoring of the Licensee, or restriction on the Licensee's practice.

(2) Compact Privilege. – The authorization granted by a Remote State to allow a Licensee from another Participating State to practice as a PA to provide Medical Services and other licensed activity to a patient located in the Remote State under the Remote State's laws and regulations.

(3) Conviction. – A finding by a court that an individual is guilty of a felony or misdemeanor offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender.

(4) Criminal Background Check. – The submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d), from the State's criminal history record repository, as defined in 28 C.F.R. § 20.3(f).

(5) Data System. – The repository of information about Licensees, including, but not limited to, License status and Adverse Actions, which is created and administered under the terms of this Compact.

(6) Executive Committee. – A group of directors and ex officio individuals elected or appointed pursuant to G.S. 90-270.206(f)(2).

(7) Impaired Practitioner. – A PA whose practice is adversely affected by health-related condition(s) that impact their ability to practice.

(8) Investigative Information. – Information, records, or documents received or generated by a Licensing Board pursuant to an investigation.

(9) Jurisprudence Requirement. – The assessment of an individual's knowledge of the laws and Rules governing the practice of a PA in a State.

(10) License. – Current authorization by a State, other than authorization pursuant to a Compact Privilege, for a PA to provide Medical Services, which would be unlawful without current authorization.

(11) Licensee. – An individual who holds a License from a State to provide Medical Services as a PA.

(12) Licensing Board. – Any State entity authorized to license and otherwise regulate PAs.

(13) Medical Services. – Health care services provided for the diagnosis, prevention, treatment, cure, or relief of a health condition, injury, or disease, as defined by a State's laws and regulations.

(14) Model Compact. – The model for the PA Licensure Compact on file with The Council of State Governments or other entity as designated by the Commission.

(15) Participating State. – A State that has enacted this Compact.

(16) PA. – An individual who is licensed as a physician assistant in a State. For purposes of this Compact, any other title or status adopted by a State to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the Licensee under the provisions of this Compact at the time of its enactment.

(17) PA Licensure Compact Commission, Compact Commission, or Commission. – The national administrative body created pursuant to G.S. 90-270.206(a) of this Compact.

(18) Qualifying License. – An unrestricted License issued by a Participating State to provide Medical Services as a PA.

(19) Remote State. – A Participating State where a Licensee who is not licensed as a PA is exercising or seeking to exercise the Compact Privilege.

(20) Rule. – A regulation promulgated by an entity that has the force and effect of law.

(21) Significant Investigative Information. – Investigative Information that a Licensing Board, after an inquiry or investigation that includes notification and an opportunity for the PA to respond if required by State law, has reason

to believe is not groundless and, if proven true, would indicate more than a minor infraction.

(22) State. – Any state, commonwealth, district, or territory of the United States.

"**§ 90-270.202. State participation in this Compact.**

(a) To participate in this Compact, a Participating State shall:

(1) License PAs.

(2) Participate in the Compact Commission's Data System.

(3) Have a mechanism in place for receiving and investigating complaints against Licensees and License applicants.

(4) Notify the Commission, in compliance with the terms of this Compact and Commission Rules, of any Adverse Action against a Licensee or License applicant and the existence of Significant Investigative Information regarding a Licensee or License applicant.

(5) Fully implement a Criminal Background Check requirement, within a time frame established by Commission Rule, by its Licensing Board receiving the results of a Criminal Background Check and reporting to the Commission whether the License applicant has been granted a License.

(6) Comply with the Rules of the Compact Commission.

(7) Utilize passage of a recognized national exam such as the NCCPA PANCE as a requirement for PA licensure.

(8) Grant the Compact Privilege to a holder of a Qualifying License in a Participating State.

(b) Nothing in this Compact prohibits a Participating State from charging a fee for granting the Compact Privilege.

"**§ 90-270.203. Compact Privilege.**

(a) To exercise the Compact Privilege, a Licensee must:

(1) Have graduated from a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or other programs authorized by Commission Rule.

(2) Hold current NCCPA certification.

(3) Have no felony or misdemeanor conviction.

(4) Have never had a controlled substance license, permit, or registration suspended or revoked by a State or by the United States Drug Enforcement Administration.

(5) Have a unique identifier as determined by Commission Rule.

(6) Hold a Qualifying License.

(7) Have had no revocation of a License or limitation or restriction on any License currently held due to an Adverse Action.

(8) If a Licensee has had a limitation or restriction on a License or Compact Privilege due to an Adverse Action, two years must have elapsed from the date on which the License or Compact Privilege is no longer limited or restricted due to the Adverse Action.

(9) If a Compact Privilege has been revoked or is limited or restricted in a Participating State for conduct that would not be a basis for disciplinary action in a Participating State in which the Licensee is practicing or applying to practice under a Compact Privilege, that Participating State shall have the discretion not to consider such action as an Adverse Action requiring the denial or removal of a Compact Privilege in that State.

(10) Notify the Compact Commission that the Licensee is seeking the Compact Privilege in a Remote State.

(11) Meet any Jurisprudence Requirement of a Remote State in which the Licensee is seeking to practice under the Compact Privilege and pay any fees applicable to satisfying the Jurisprudence Requirement.

(12) Report to the Commission any Adverse Action taken by a non-participating State within 30 days after the action is taken.

(b) The Compact Privilege is valid until the expiration or revocation of the Qualifying License unless terminated pursuant to an Adverse Action. The Licensee must also comply with all of the requirements of subsection (a) of this section to maintain the Compact Privilege in a Remote State. If the Participating State takes Adverse Action against a Qualifying License, the Licensee shall lose the Compact Privilege in any Remote State in which the Licensee has a Compact Privilege until all of the following occur:

(1) The License is no longer limited or restricted; and

(2) Two years have elapsed from the date on which the License is no longer limited or restricted due to the Adverse Action.

(c) Once a restricted or limited License satisfies the requirements of subdivisions (b)(1) and (2) of this section, the Licensee must meet the requirements of subsection (a) of this section to obtain a Compact Privilege in any Remote State.

(d) For each Remote State in which a PA seeks authority to prescribe controlled substances, the PA shall satisfy all requirements imposed by such State in granting or renewing such authority.

"**§ 90-270.204. Designation of the State from which Licensee is applying for a Compact Privilege.**

Upon a Licensee's application for a Compact Privilege, the Licensee shall identify to the Commission the Participating State from which the Licensee is applying, in accordance with applicable Rules adopted by the Commission, and subject to the following requirements:

(1) When applying for a Compact Privilege, the Licensee shall provide the Commission with the address of the Licensee's primary residence and thereafter shall immediately report to the Commission any change in the address of the Licensee's primary residence.

(2) When applying for a Compact Privilege, the Licensee is required to consent to accept service of process by mail at the Licensee's primary residence on file with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, including a subpoena, with respect to any action brought or investigation conducted by the Commission or a Participating State.

"**§ 90-270.205. Adverse Actions.**

(a) A Participating State in which a Licensee is licensed shall have exclusive power to impose Adverse Action against the Qualifying License issued by that Participating State.

(b) In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to do all of the following:

(1) Take Adverse Action against a PA's Compact Privilege within that State to remove a Licensee's Compact Privilege or take other action necessary under applicable law to protect the health and safety of its citizens.

(2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a Licensing Board in a Participating State for the attendance and testimony of witnesses or the production of evidence from another Participating State shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees

required by the service statutes of the State in which the witnesses or evidence are located.

(3) Notwithstanding subdivision (2) of this subsection, subpoenas may not be issued by a Participating State to gather evidence of conduct in another State that is lawful in that other State for the purpose of taking Adverse Action against a Licensee's Compact Privilege or application for a Compact Privilege in that Participating State.

(4) Nothing in this Compact authorizes a Participating State to impose discipline against a PA's Compact Privilege or to deny an application for a Compact Privilege in that Participating State for the individual's otherwise lawful practice in another State.

(c) For purposes of taking Adverse Action, the Participating State which issued the Qualifying License shall give the same priority and effect to reported conduct received from any other Participating State as it would if the conduct had occurred within the Participating State which issued the Qualifying License. In so doing, that Participating State shall apply its own State laws to determine appropriate action.

(d) A Participating State, if otherwise permitted by State law, may recover from the affected PA the costs of investigations and disposition of cases resulting from any Adverse Action taken against that PA.

(e) A Participating State may take Adverse Action based on the factual findings of a Remote State, provided that the Participating State follows its own procedures for taking the Adverse Action.

(f) Joint Investigations. –

(1) In addition to the authority granted to a Participating State by its respective State PA laws and regulations or other applicable State law, any Participating State may participate with other Participating States in joint investigations of Licensees.

(2) Participating States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this Compact.

(g) If an Adverse Action is taken against a PA's Qualifying License, the PA's Compact Privilege in all Remote States shall be deactivated until two years have elapsed after all restrictions have been removed from the State License. All disciplinary orders by the Participating State which issued the Qualifying License that impose Adverse Action against a PA's License shall include a Statement that the PA's Compact Privilege is deactivated in all Participating States during the pendency of the order.

(h) If any Participating State takes Adverse Action, it promptly shall notify the administrator of the Data System.

"**§ 90-270.206. Establishment of the PA Licensure Compact Commission.**

(a) The Participating States hereby create and establish a joint government agency and national administrative body known as the PA Licensure Compact Commission. The Commission is an instrumentality of the Compact States acting jointly and not an instrumentality of any one State. The Commission shall come into existence on or after the effective date of the Compact as set forth in G.S. 90-270.210(a).

(b) Membership, Voting, and Meetings:

(1) Each Participating State shall have and be limited to one delegate selected by that Participating State's Licensing Board or, if the State has more than one Licensing Board, selected collectively by the Participating State's Licensing Boards.

(2) The delegate shall be either:

a. A current PA, physician, or public member of a Licensing Board or PA Council/Committee; or

b. An administrator of a Licensing Board.

(3) Any delegate may be removed or suspended from office as provided by the laws of the State from which the delegate is appointed.

(4) The Participating State Licensing Board shall fill any vacancy occurring in the Commission within 60 days.

(5) Each delegate shall be entitled to one vote on all matters voted on by the Commission and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telecommunications, video conference, or other means of communication.

(6) The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in this Compact and the bylaws.

(7) The Commission shall establish by Rule a term of office for delegates.

(c) The Commission shall have the following powers and duties:

(1) Establish a code of ethics for the Commission;

(2) Establish the fiscal year of the Commission;

(3) Establish fees;

(4) Establish bylaws;

(5) Maintain its financial records in accordance with the bylaws;

(6) Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

(7) Promulgate Rules to facilitate and coordinate implementation and administration of this Compact. The Rules shall have the force and effect of law and shall be binding in all Participating States;

(8) Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Board to sue or be sued under applicable law shall not be affected;

(9) Purchase and maintain insurance and bonds;

(10) Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Participating State;

(11) Hire employees and engage contractors, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(12) Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

(13) Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use any property, real, personal, or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

(14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(15) Establish a budget and make expenditures;

(16) Borrow money;

(17) Appoint committees, including standing committees composed of members, State regulators, State legislators or their representatives, and consumer

representatives, and such other interested persons as may be designated in this Compact and the bylaws;

(18) Provide and receive information from, and cooperate with, law enforcement agencies;

(19) Elect a Chair, Vice-Chair, Secretary, and Treasurer and such other officers of the Commission as provided in the Commission's bylaws;

(20) Reserve for itself, in addition to those reserved exclusively to the Commission under the Compact, powers that the Executive Committee may not exercise;

(21) Approve or disapprove a State's participation in the Compact based upon its determination as to whether the State's Compact legislation departs in a material manner from the Model Compact language;

(22) Prepare and provide to the Participating States an annual report; and

(23) Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the State regulation of PA licensure and practice.

(d) Meetings of the Commission:

(1) All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least 30 days prior to the public meeting.

(2) Notwithstanding subdivision (1) of this subsection, the Commission may convene a public meeting by providing at least 24 hours' prior notice on the Commission's website, and any other means as provided in the Commission's Rules, for any of the reasons it may dispense with notice of proposed rulemaking under G.S. 90-270.208(*l*).

(3) The Commission may convene in a closed, nonpublic meeting or nonpublic part of a public meeting to receive legal advice or to discuss:

a. Noncompliance of a Participating State with its obligations under this Compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this Compact;

j. Legal advice; or

k. Matters specifically exempted from disclosure by federal or Participating States' statutes.

(4) If a meeting, or portion of a meeting, is closed pursuant to this provision, the chair of the meeting or the chair's designee shall certify that the meeting or

portion of the meeting may be closed and shall reference each relevant exempting provision.

(5) The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(e) Financing of the Commission:

(1) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The Commission may levy on and collect an annual assessment from each Participating State and may impose Compact Privilege fees on Licensees of Participating States to whom a Compact Privilege is granted to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved by the Commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount levied on Participating States shall be allocated based upon a formula to be determined by Commission Rule.

a. A Compact Privilege expires when the Licensee's Qualifying License in the Participating State from which the Licensee applied for the Compact Privilege expires.

b. If the Licensee terminates the Qualifying License through which the Licensee applied for the Compact Privilege before its scheduled expiration, and the Licensee has a Qualifying License in another Participating State, the Licensee shall inform the Commission that it is changing to that Participating State the Participating State through which it applies for a Compact Privilege and pay to the Commission any Compact Privilege fee required by Commission Rule.

(4) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same nor shall the Commission pledge the credit of any of the Participating States, except by and with the authority of the Participating State.

(5) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

(f) The Executive Committee:

(1) The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact and Commission Rules.

(2) The Executive Committee shall be composed of nine members:

a. Seven voting members who are elected by the Commission from the current membership of the Commission;

b. One ex officio, nonvoting member from a recognized national PA professional association; and

c. One ex officio, nonvoting member from a recognized national PA certification organization.

(3) The ex officio members will be selected by their respective organizations.

(4) The Commission may remove any member of the Executive Committee as provided in its bylaws.

(5) The Executive Committee shall meet at least annually.

(6) The Executive Committee shall have the following duties and responsibilities:

a. Recommend to the Commission changes to the Commission's Rules or bylaws, changes to this Compact legislation, fees to be paid by Compact Participating States such as annual dues, and any Commission Compact fee charged to Licensees for the Compact Privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of Participating States and provide compliance reports to the Commission;

f. Establish additional committees as necessary;

g. Exercise the powers and duties of the Commission during the interim between Commission meetings, except for issuing proposed rulemaking or adopting Commission Rules or bylaws, or exercising any other powers and duties exclusively reserved to the Commission by the Commission's Rules; and

h. Perform other duties as provided in the Commission's Rules or bylaws.

(7) All meetings of the Executive Committee at which it votes or plans to vote on matters in exercising the powers and duties of the Commission shall be open to the public and public notice of such meetings shall be given as public meetings of the Commission are given.

(8) The Executive Committee may convene in a closed, nonpublic meeting for the same reasons that the Commission may convene in a nonpublic meeting as set forth in subdivision (d)(3) of this section and shall announce the closed meeting as the Commission is required to under subdivision (d)(4) of this section and keep minutes of the closed meeting as the Commission is required to under subdivision (d)(5) of this section.

(g) Qualified Immunity, Defense, and Indemnification:

(1) The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

(2) The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission

that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

(4) Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses in any proceedings as authorized by Commission Rules.

(5) Nothing herein shall be construed as a limitation on the liability of any Licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable State laws.

(6) Nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of a PA. All such matters shall be determined exclusively by State law other than this Compact.

(7) Nothing in this Compact shall be interpreted to waive or otherwise abrogate a Participating State's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal antitrust or anticompetitive law or regulation.

(8) Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the Participating States or by the Commission.

"**§ 90-270.207. Data System.**

(a) The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated data and reporting system containing licensure, Adverse Action, and the reporting of the existence of Significant Investigative Information on all licensed PAs and applicants denied a License in Participating States.

(b) Notwithstanding any other State law to the contrary, a Participating State shall submit a uniform data set to the Data System on all PAs to whom this Compact is applicable (utilizing a unique identifier) as required by the Rules of the Commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Adverse Actions against a License or Compact Privilege;

(4) Any denial of application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);

(5) The existence of Significant Investigative Information; and

(6) Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

(c) Significant Investigative Information pertaining to a Licensee in any Participating State shall only be available to other Participating States.

(d) The Commission shall promptly notify all Participating States of any Adverse Action taken against a Licensee or an individual applying for a License that has been reported to it. This Adverse Action information shall be available to any other Participating State.

(e) Participating States contributing information to the Data System may, in accordance with State or federal law, designate information that may not be shared with the public without the express permission of the contributing State. Notwithstanding any such designation, such information shall be reported to the Commission through the Data System.

(f) Any information submitted to the Data System that is subsequently expunged pursuant to federal law or the laws of the Participating State contributing the information shall be removed from the Data System upon reporting of such by the Participating State to the Commission.

(g) The records and information provided to a Participating State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial, or administrative proceedings in a Participating State.

"**§ 90-270.208. Rulemaking.**

(a) The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this section and the Rules adopted thereunder. Commission Rules shall become binding as of the date specified by the Commission for each Rule.

(b) The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer this Compact and achieve its purposes. A Commission Rule shall be invalid and have not force or effect only if a court of competent jurisdiction holds that the Rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope of the purposes of this Compact, or the powers granted hereunder, or based upon another applicable standard of review.

(c) The Rules of the Commission shall have the force of law in each Participating State, provided, however, that where the Rules of the Commission conflict with the laws of the Participating State that establish the Medical Services a PA may perform in the Participating State, as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict. The Rules of the Commission shall not modify or expand, in any way, the scope of practice of a PA as established by the laws of the Participating State.

(d) If a majority of the legislatures of the Participating States rejects a Commission Rule, by enactment of a statute or resolution in the same manner used to adopt this Compact within four years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Participating State or to any State applying to participate in the Compact.

(e) Commission Rules shall be adopted at a regular or special meeting of the Commission.

(f) Prior to promulgation and adoption of a final Rule or Rules by the Commission, and at least 30 days in advance of the meeting at which the Rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

(1) On the website of the Commission or other publicly accessible platform;

(2) To persons who have requested notice of the Commission's notices of proposed rulemaking; and

(3) In such other way(s) as the Commission may by Rule specify.

(g) The Notice of Proposed Rulemaking shall include:

(1) The time, date, and location of the public hearing on the proposed Rule and the proposed time, date, and location of the meeting in which the proposed Rule will be considered and voted upon;

(2) The text of the proposed Rule and the reason for the proposed Rule;

(3) A request for comments on the proposed Rule from any interested person and the date by which written comments must be received; and

(4) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing or provide any written comments.

(h) Prior to adoption of a proposed Rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(i) If the hearing is to be held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall as directed in the Notice of Proposed Rulemaking, not less than five business days before the scheduled date of the hearing, notify the Commission of their desire to appear and testify at the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings shall be recorded. A copy of the recording and the written comments, data, facts, opinions, and arguments received in response to the proposed rulemaking shall be made available to a person upon request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each proposed Rule. Proposed Rules may be grouped for the convenience of the Commission at hearings required by this section.

(j) Following the public hearing, the Commission shall consider all written and oral comments timely received.

(k) The Commission shall, by majority vote of all delegates, take final action on the proposed Rule and shall determine the effective date of the Rule, if adopted, based on the Rulemaking record and the full text of the Rule.

(1) If adopted, the Rule shall be posted on the Commission's website.

(2) The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule.

(3) The Commission shall provide on its website an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.

(4) The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in subsection (*l*) of this section, the effective date of the Rule shall be no sooner than 30 days after the Commission issued the notice that it adopted the Rule.

(*l*) Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule with 24 hours' prior notice, without the opportunity for comment, or hearing, provided that the usual Rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than 90 days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately by the Commission in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of Commission or Participating State funds;

(3) Meet a deadline for the promulgation of a Commission Rule that is established by federal law or Rule; or

(4) Protect public health and safety.

(m) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Commission Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made as set forth in the notice of revisions and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

(n) No Participating State's rulemaking requirements shall apply under this Compact.

"**§ 90-270.209. Oversight, dispute resolution, and enforcement.**

(a) Oversight:

(1) The executive and judicial branches of State government in each Participating State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

(2) Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a Licensee for professional malpractice, misconduct, or any such similar matter.

(3) The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact or the Commission's Rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission with service of process shall render a judgment or order in such proceeding void as to the Commission, this Compact, or Commission Rules.

(b) Default, Technical Assistance, and Termination:

(1) If the Commission determines that a Participating State has defaulted in the performance of its obligations or responsibilities under this Compact or the Commission Rules, the Commission shall provide written notice to the defaulting State and other Participating States. The notice shall describe the default, the proposed means of curing the default, and any other action that the Commission may take and shall offer remedial training and specific technical assistance regarding the default.

(2) If a State in default fails to cure the default, the defaulting State may be terminated from this Compact upon an affirmative vote of a majority of the delegates of the Participating States, and all rights, privileges, and benefits conferred by this Compact upon such State may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

(3) Termination of participation in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, and to the Licensing Board(s) of each of the Participating States.

(4) A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from this Compact, unless agreed upon in writing between the Commission and the defaulting State.

(6) The defaulting State may appeal its termination from the Compact by the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(7) Upon the termination of a State's participation in the Compact, the State shall immediately provide notice to all Licensees within that State of such termination:

a. Licensees who have been granted a Compact Privilege in that State shall retain the Compact Privilege for 180 days following the effective date of such termination.

b. Licensees who are licensed in that State who have been granted a Compact Privilege in a Participating State shall retain the Compact Privilege for 180 days unless the Licensee also has a Qualifying License in a Participating State or obtains a Qualifying License in a Participating State before the 180-day period ends, in which case the Compact Privilege shall continue.

(c) Dispute Resolution:

(1) Upon request by a Participating State, the Commission shall attempt to resolve disputes related to this Compact that arise among Participating States and between Participating and non-Participating States.

(2) The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) Enforcement:

(1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and Rules of the Commission.

(2) If compliance is not secured after all means to secure compliance have been exhausted, by majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices, against a Participating State in default to enforce compliance with the provisions of this Compact and the Commission's promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or State law.

(e) Legal Action Against the Commission:

(1) A Participating State may initiate legal action against the Commission in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(2) No person other than a Participating State shall enforce this Compact against the Commission.

"**§ 90-270.210. Date of implementation of the PA Licensure Compact Commission.**

(a) This Compact shall come into effect on the date on which this Compact statute is enacted into law in the seventh Participating State.

(1) On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the States that enacted the Compact prior to the Commission convening ("Charter Participating States") to determine if the statute enacted by each such Charter Participating State is materially different than the Model Compact.

a. A Charter Participating State whose enactment is found to be materially different from the Model Compact shall be entitled to the default process set forth in G.S. 90-270.209(b).

b. If any Participating State later withdraws from the Compact or its participation is terminated, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Participating States should be less than seven. Participating States enacting the Compact subsequent to the Commission convening shall be subject to the process set forth in G.S. 90-270.206(c)(21) to determine if their enactments are materially different from the Model Compact and whether they qualify for participation in the Compact.

(2) Participating States enacting the Compact subsequent to the seven initial Charter Participating States shall be subject to the process set forth in G.S. 90-270.206(c)(21) to determine if their enactments are materially different from the Model Compact and whether they qualify for participation in the Compact.

(3) All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

(b) Any State that joins this Compact shall be subject to the Commission's Rules and bylaws as they exist on the date on which this Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day this Compact becomes law in that State.

(c) Any Participating State may withdraw from this Compact by enacting a statute repealing the same.

(1) A Participating State's withdrawal shall not take effect until 180 days after enactment of the repealing statute. During this 180-day period, all Compact Privileges that were in effect in the withdrawing State and were granted to Licensees licensed in the withdrawing State shall remain in effect. If any Licensee licensed in the withdrawing State is also licensed in another Participating State or obtains a license in another Participating State within the 180 days, the Licensee's Compact Privileges in other Participating States shall not be affected by the passage of the 180 days.

(2) Withdrawal shall not affect the continuing requirement of the State Licensing Board(s) of the withdrawing State to comply with the investigative and Adverse Action reporting requirements of this Compact prior to the effective date of withdrawal.

(3) Upon the enactment of a statute withdrawing a State from this Compact, the State shall immediately provide notice of such withdrawal to all Licensees within that State. Such withdrawing State shall continue to recognize all

Licenses granted pursuant to this Compact for a minimum of 180 days after the date of such notice of withdrawal.

(d) Nothing contained in this Compact shall be construed to invalidate or prevent any PA licensure agreement or other cooperative arrangement between Participating States and between a Participating State and non-Participating State that does not conflict with the provisions of this Compact.

(e) This Compact may be amended by the Participating States. No amendment to this Compact shall become effective and binding upon any Participating State until it is enacted materially in the same manner into the laws of all Participating States as determined by the Commission.

"**§ 90-270.211. Construction and severability.**

(a) This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

(b) The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Participating State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person, or circumstance shall not be affected thereby.

(c) Notwithstanding subsection (b) of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of G.S. 90-270.209(b), terminate a Participating State's participation in the Compact, if it determines that a constitutional requirement of a Participating State is, or would be with respect to a State seeking to participate in the Compact, a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Participating State, the Compact shall remain in full force and effect as to the remaining Participating States and in full force and effect as to the Participating State affected as to all severable matters.

"**§ 90-270.212. Binding effect of Compact.**

(a) Nothing herein prevents the enforcement of any other law of a Participating State that is not inconsistent with this Compact.

(b) Any laws in a Participating State in conflict with this Compact are superseded to the extent of the conflict.

(c) All agreements between the Commission and the Participating States are binding in accordance with their terms."

SECTION 4.(b) G.S. 90-9.3 reads as rewritten:

"**§ 90-9.3. Requirements for licensure as a physician assistant.**

(a) To be eligible for licensure as a physician assistant, an applicant shall submit proof satisfactory to the Board that the applicant has met all of the following:

(1) The applicant has successfully completed an educational program for physician assistants or surgeon assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor entities.

(2) The applicant has a current or previous certification issued by the National Commission on Certification of Physician Assistants or its successor.

(3) The applicant is of good moral character.

(a1) A physician assistant applying for licensure under Article 18J of this Chapter shall be in compliance with that Article.

(b) Before initiating practice of medical acts, tasks, or functions as a physician assistant, the physician assistant shall provide the Board the name, address, and telephone number of the physician who will supervise the physician assistant in the relevant medical setting.

(c) The Board may, by rule, require an applicant to comply with other requirements or submit additional information the Board deems appropriate."

SECTION 4.(c) G.S. 90-13.2 reads as rewritten:

"**§ 90-13.2. Registration every year with Board.**

(a) Every licensee shall register annually with the Board no later than 30 days after the person's birthday. Every privilege holder shall register annually with the Board in accordance with the Physician Assistant Licensure Compact, Article 18J of this Chapter.

…

(b1) Physician assistants shall pay an annual registration fee of one hundred forty dollars ($140.00). A physician assistant who fails to register as required by this section shall pay an additional fee of twenty-five dollars ($25.00) to the Board.

…."

SECTION 4.(d) G.S. 90-13.1 is amended by adding a new subsection to read:

"(g) For the initial licensure or privilege of a physician assistant, the Board shall require the payment of two hundred thirty dollars ($230.00)."

SECTION 4.(e) G.S. 90-1.1 reads as rewritten:

"**§ 90-1.1. Definitions.**

The following definitions apply in this Article:

…

(4) License. – An authorization issued by the Board to a physician, physician assistant, or anesthesiologist assistant to perform medical acts, tasks, or functions. License shall include any physician assistant compact privilege granted under Article 18J of this Chapter.

(4a) Licensee. – Any person issued a license by the Board, whether the license is active or inactive, including an inactive license by means of surrender. Licensee shall include any compact privilege issued to a holder of a qualifying license in a participating state pursuant to Article 18J of this Chapter.

…."

SECTION 4.(f) G.S. 90-5.1 reads as rewritten:

"**§ 90-5.1. Powers and duties of the Board.**

(a) The Board shall have the following powers and duties:

…

(11) Implement the Physician Assistant Licensure Compact under Article 18J of this Chapter, including issuing compact privileges.

(12) Appoint a delegate to serve on the Physician Assistant Licensure Compact Commission under G.S. 90-270.206. The delegate shall be either (i) a current physician assistant, physician, or public member of the Board or (ii) an administrator of the Board.

…."

SECTION 4.(g) G.S. 90-11 reads as rewritten:

"**§ 90-11. Criminal background checks.**

(a) Repealed by Session Laws 2007-346, s. 11, effective October 1, 2007.

(a1) Repealed by Session Laws 2007-346, s. 9.1, effective October 1, 2007.

(b) The Department of Public Safety may provide a criminal record check to the Board for a person who has applied for a license through the ~~Board.~~ Board and for purposes of Article 18J of this Chapter. The Board shall provide to the Department of Public Safety, along with the request, the fingerprints of the applicant, any additional information required by the Department of Public Safety, and a form signed by the applicant consenting to the check of the criminal

record and to the use of the fingerprints and other identifying information required by the State or national repositories. The applicant's fingerprints shall be forwarded to the State Bureau of Investigation for a search of the State's criminal history record file, and the State Bureau of Investigation shall forward a set of the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The Board shall keep all information pursuant to this subsection privileged, in accordance with applicable State law and federal guidelines, and the information shall be confidential and shall not be a public record under Chapter 132 of the General Statutes.

The Department of Public Safety may charge each applicant a fee for conducting the checks of criminal history records authorized by this subsection. The Board has the authority to collect this fee from each applicant and remit it to the Department of Public Safety."

SECTION 4.(h) G.S. 90-14 reads as rewritten:

"**§ 90-14. Disciplinary Authority.**

(a) The Board shall have the power to place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke a license, or other authority to practice medicine in this State, issued by the Board to any person who has been found by the Board to have committed any of the following acts or conduct, or for any of the following reasons:

…

(18) A violation of Article 18J of this Chapter, consistent with the provisions of that Article for compact privilege holders.

…."

SECTION 4.(i) This Part is effective nine months after it becomes law.

PART V. PHARMACIST TEST AND TREAT

SECTION 5.1.(a) G.S. 90-85.3 reads as rewritten:

"**§ 90-85.3. Definitions.**

…

(b2) "CLIA-waived test" means a laboratory test authorized by the Food and Drug Administration and waived under the Clinical Laboratory Improvement Amendments of 1988.

(b3) "Clinical pharmacist practitioner" means a licensed pharmacist who meets the guidelines and criteria for such title established by the joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and is authorized to enter into drug therapy management agreements with physicians in accordance with the provisions of G.S. 90-18.4.

…."

SECTION 5.1.(b) G.S. 90-85.3A reads as rewritten:

"**§ 90-85.3A. Practice of pharmacy.**

…

(b) A pharmacist may advise and educate patients and health care providers concerning therapeutic values, content, uses, and significant problems of drugs and devices; assess, record, and report adverse drug and device reactions; take and record patient histories relating to drug and device therapy; administer drugs; monitor, record, and report drug therapy and device usage; perform drug utilization reviews; and participate in drug and drug source selection and device and device source selection as provided in G.S. 90-85.27 through G.S. 90-85.31.

…

(e) A pharmacist may order and perform a CLIA-waived test and initiate treatment pursuant to the result of the CLIA-waived test for influenza in accordance with statewide protocols. A pharmacist shall not treat a health condition under this section with any controlled substance classified in Schedules I through IV."

SECTION 5.1.(c) This section becomes effective October 1, 2025.

SECTION 5.2.(a) Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-3-241. Healthcare services provided by pharmacists.**

(a) The following definitions apply in this section:

(1) Healthcare provider. – Either of the following:

a. An individual who is licensed, certified, or otherwise authorized under Chapter 90 of the General Statutes to provide healthcare services in the ordinary course of business or practice of a profession or in an approved education or training program.

b. A health care facility licensed under Chapter 131E or Chapter 122C of the General Statutes and where healthcare services are provided to patients.

(2) Healthcare services. – Any of the following health or medical procedures or services rendered by a healthcare provider:

a. Testing, diagnosis, or treatment of a health condition, illness, injury, or disease. This includes testing, diagnosis, or treatment rendered by a pharmacist acting within the pharmacist's scope of practice.

b. Dispensing of drugs, medical devices, medical appliances, or medical goods for the treatment of a health condition, illness, injury, or disease.

c. Administration of a vaccine or medication.

(3) Pharmacist. – An individual licensed to practice pharmacy under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state.

(b) A health benefit plan offered by an insurer in this State shall cover healthcare services provided by a pharmacist if all of the following conditions are met:

(1) The service or procedure was performed within the pharmacist's licensed lawful scope of practice.

(2) The health benefit plan would have covered the service if the service or procedure had been performed by another healthcare provider.

(c) The participation of a pharmacy in a drug benefit provider network of a health benefit plan shall not satisfy any requirement that insurers offering health benefit plans include pharmacists in medical benefit provider networks.

(d) An insurer shall accept a claim under this section regardless of whether it is submitted by a pharmacist or a pharmacy submitting the claim on behalf of a pharmacist the pharmacy employs or contracts with."

SECTION 5.2.(b) G.S. 58-3-230 is amended by adding a new subsection to read:

"(d) Insurers that delegate credentialing agreements or requirements for pharmacists licensed under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state to a contracted healthcare facility shall accept the credentialing for all pharmacists employed by, or contracted with, those healthcare facilities."

SECTION 5.2.(c) G.S. 58-56-26 is amended by adding a new subsection to read:

"(e) Notwithstanding any provision of this Article to the contrary, all requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter that apply to health benefit plans are applicable to a third-party administrator in the same way they are applicable to an insurer."

SECTION 5.2.(d) Article 56A of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-56A-55. Health benefit plan requirements applicable.**

All requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter that apply to health benefit plans are applicable to a pharmacy benefits manager in the same way they are applicable to an insurer."

SECTION 5.2.(e) This section is effective October 1, 2025, and applies to insurance contracts entered into, renewed, or amended on or after that date.

SECTION 5.3.(a) No later than October 1, 2025, the State Health Director shall issue a standing order authorizing a pharmacist to order and perform a CLIA-waived test and initiate treatment for influenza in accordance with G.S. 90-85.3A(e), as amended by Section 5.1 of this Part. The standing order shall include protocols for testing and treatment of influenza that balance patient safety with ensuring access to care provided by pharmacists. The standing order shall remain in effect until the earlier of the date the permanent rules described in Section 5.3(b) of this Part become effective or January 1, 2027.

SECTION 5.3.(b) No later than October 1, 2025, the North Carolina Medical Board and the North Carolina Board of Pharmacy, in conjunction with the State Health Director, shall adopt rules to implement the provisions of Section 5.1 of this Part. At a minimum, those rules shall include:

(1) An approved course of treatment pharmacists may implement for influenza.
(2) Protocols for testing and treatment of influenza that balance patient safety with ensuring access to care provided by pharmacists.
(3) If the Boards deem it appropriate, rules (i) limiting the number of times a patient can be treated by a pharmacist in a given time span and (ii) creating an audit mechanism to enforce those rules.
(4) Patient parameters necessitating referral to a primary, urgent, or emergency care provider.
(5) Any other rules the Boards deem necessary.

SECTION 5.3.(c) Except as otherwise provided, this Part is effective when it becomes law.

PART VI. PHYSICIAN ASSISTANT, NURSE PRACTITIONER, AND CERTIFIED NURSE MIDWIFE REFORMS

SECTION 6.1.(a) G.S. 90-1.1 is amended by adding a new subdivision to read:

"(4d) Team-based setting or team-based practice. – Any of the following:

a. A medical practice that meets all of the following requirements:
1. The majority of the practice is owned collectively by one or more licensed physicians.
2. An owner who is a physician licensed under this Chapter has consistent and meaningful participation in the design and implementation of health services to patients, as defined by rules adopted by the Board.
3. The physicians and team-based physician assistants who provide services at the medical practice work in the same clinical practice area.

b. Hospitals, clinics, nursing homes, and other health facilities with active credentialing and quality programs where physicians have consistent and meaningful participation in the design and implementation of health services to patients, as defined by rules adopted by the Board.

c. For the purposes of this Article, the term "team-based setting" or "team-based practice" shall not include a medical practice that specializes in pain management."

SECTION 6.1.(b) G.S. 90-9.3 reads as rewritten:

"**§ 90-9.3. Requirements for licensure as a physician assistant.**

(a) To be eligible for licensure as a physician assistant, an applicant shall submit proof satisfactory to the Board that the applicant has met all of the following:

(1) The applicant has successfully completed an educational program for physician assistants or surgeon assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor entities.

(2) The applicant has a current or previous certification issued by the National Commission on Certification of Physician Assistants or its successor.

(3) The applicant is of good moral character.

(b) Before initiating practice of medical acts, tasks, or functions as a physician assistant, the physician assistant shall provide the Board the name, address, and telephone number of the physician who will supervise the physician assistant in the relevant medical setting. This subsection shall not apply to physician assistants who meet the requirements for team-based practice under G.S. 90-9.3A.

(c) The Board may, by rule, require an applicant to comply with other requirements or submit additional information the Board deems appropriate."

SECTION 6.1.(c) Article 1 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"**§ 90-9.3A. Requirements for team-based practice as a physician assistant.**

(a) In order to practice as a team-based physician assistant, a physician assistant shall meet all of the following conditions:

(1) Practice in team-based settings, as defined in G.S. 90-1.1(4d).

(2) Have more than 4,000 hours of clinical practice experience as a licensed physician assistant and more than 1,000 hours of clinical practice experience within the specific medical specialty of practice with a physician in that specialty.

(3) Submit proof as the Board may deem satisfactory by rule that the individual meets the requirements of subdivisions (1) and (2) of this subsection. The Board may, by rule, require the physician assistant to comply with other requirements or submit additional information the Board deems appropriate.

(b) Team-based physician assistants shall collaborate and consult with or refer to the appropriate members of the health care team as required by the patient's condition and as indicated by the education, experience, and competencies of the physician assistant and the standard of care. The degree of collaboration must be determined by the practice which may include decisions by the employer, group, hospital service, and the credentialing and privileging systems of a licensed facility. The Board may adopt rules to establish requirements for the determination and enforcement of collaboration, consultation, and referral. Team-based physician assistants are responsible for the care they provide.

(c) Notwithstanding any other provision of this Chapter, a team-based physician assistant practicing in a perioperative setting, including the provision of surgical or anesthesia-related services, shall be supervised by a physician."

SECTION 6.1.(d) G.S. 90-12.4 reads as rewritten:

"**§ 90-12.4. Physician assistant limited volunteer license.**

…

(d) Before initiating the performance of medical acts, tasks, or functions as a physician assistant licensed under this section, the physician assistant shall ~~provide~~ submit to the Board either an "Intent to Practice Notification Form," which shall include the name, address, and telephone number of the physician licensed under this Article who will supervise the physician assistant in the clinic specializing in the care of indigent ~~patients.~~patients, or meet the requirements for team-based practice under G.S. 90-9.3A.

…."

SECTION 6.1.(e) G.S. 90-12.4B reads as rewritten:

"**§ 90-12.4B. Physician ~~Assistant~~ assistant retired limited volunteer license.**

…."

SECTION 6.1.(f) G.S. 90-18.1 reads as rewritten:

"**§ 90-18.1. Limitations on physician assistants.**

(a) Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant may use the title "physician assistant" or "PA." Any other person who uses the title in any form or holds out to be a physician assistant or to be so licensed, shall be deemed to be in violation of this Article.

(a1) Physician assistants shall clearly designate their credentials as a physician assistant in all clinical settings.

(b) Physician assistants are authorized to write prescriptions for drugs under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) Repealed by Session Laws 2019-191, s. 35, effective October 1, 2019.

(4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. This subdivision shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A.

(5) A physician assistant shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:

a. The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications.

b. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

(c) Physician assistants are authorized to compound and dispense drugs under the following conditions:

(1) The function is performed under the supervision of a licensed ~~pharmacist.~~physician.

(2) Rules and regulations of the North Carolina Board of Pharmacy and all applicable State and federal laws governing ~~this function~~ compounding and dispensing are complied with.

(3) The physician assistant holds a current license issued by the Board.

(4) The physician assistant registers with the Board of Pharmacy.

(d) Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to order medications, tests, and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) ~~The~~ If the physician assistant is subject to a supervisory arrangement, the supervising physician has provided to the physician assistant written

instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered.

(4) The hospital or other health facility has adopted a written policy about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a physician assistant or order given by a physician assistant for medications, tests, or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant and the supervising physician shall be responsible for authorizing the prescription or order. This subsection shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A who may prescribe, order, administer, and procure drugs and medical devices without physician authorization. Individuals who are practicing in a team-based setting under G.S. 90-9.3A may also plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including durable medical equipment, nutrition, blood, blood products, and diagnostic support services, including home health care, hospice, and physical and occupational therapy.

(e1) ~~Any medical certification completed by a physician assistant for a~~ Physician assistants may authenticate any document, including death ~~certificate shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant, and the supervising physician shall be responsible for authorizing the completion~~ certificates with their signature, certification, stamp, verification, affidavit, or endorsement, if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of ~~the medical certification.~~a physician.

(e2) Physician assistants shall not perform final interpretations of diagnostic imaging studies. For purposes of this subsection, "diagnostic imaging" shall include computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET), mammography, and ultrasound services. Final interpretation shall be provided by a physician licensed under this Chapter. Notwithstanding any other provision of this Chapter, physician assistants conducting final interpretation of plain film radiographs shall be supervised by a physician.

…

(g) Any person who is licensed under G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant shall comply with each of the following:

(1) Maintain a current and active license to practice in this State.

(2) Maintain an active registration with the Board.

(3) ~~Have~~ File a current Intent to Practice form ~~filed~~ with the ~~Board.~~Board or meet the requirements for team-based practice under G.S. 90-9.3A.

…."

SECTION 6.1.(g) G.S. 90-21.81(9) reads as rewritten:

"(9) Qualified technician. – A registered diagnostic medical sonographer who is certified in obstetrics and gynecology by the American Registry for Diagnostic Medical Sonography ~~(ARDMS)~~ (ARDMS), a physician assistant with certification in obstetrical ultrasonography, or a nurse midwife or advanced practice nurse practitioner in obstetrics with certification in obstetrical ultrasonography."

SECTION 6.1.(h) G.S. 58-3-169 reads as rewritten:

"**§ 58-3-169. Required coverage for minimum hospital stay following birth.**

(a) Definitions. – As used in this section:

(1) "Attending providers" includes:

a. The obstetrician-gynecologists, pediatricians, family physicians, and other physicians primarily responsible for the care of a mother and newborn; and

b. The nurse ~~midwives~~ midwives, physician assistants, and nurse practitioners primarily responsible for the care of a mother and her newborn child in accordance with State licensure and certification laws.

…."

SECTION 6.1.(i) G.S. 110-91 reads as rewritten:

"**§ 110-91. Mandatory standards for a license.**

All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. However, none of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

(1) Medical Care and Sanitation. – The Commission for Public Health shall adopt rules which establish minimum sanitation standards for child care centers and their personnel. The sanitation rules adopted by the Commission for Public Health shall cover such matters as the cleanliness of floors, walls, ceilings, storage spaces, utensils, and other facilities; adequacy of ventilation; sanitation of water supply, lavatory facilities, toilet facilities, sewage disposal, food protection facilities, bactericidal treatment of eating and drinking utensils, and solid-waste storage and disposal; methods of food preparation and serving; infectious disease control; sleeping facilities; and other items and facilities as are necessary in the interest of the public health. The Commission for Public Health shall allow child care centers to use domestic kitchen equipment, provided appropriate temperature levels for heating, cooling, and storing are maintained. Child care centers that fry foods shall use commercial hoods. These rules shall be developed in consultation with the Department.

The Commission shall adopt rules for child care facilities to establish minimum requirements for child and staff health assessments and medical care procedures. These rules shall be developed in consultation with the Department. Each child shall have a health assessment before being admitted or within 30 days following admission to a child care facility. The assessment shall be done by: (i) a licensed physician, (ii) the physician's authorized agent who is currently approved by the North Carolina Medical Board, or comparable certifying board in any state contiguous to North Carolina, (iii) a certified nurse practitioner, (iv) a licensed physician assistant, or ~~(iv)~~ (v) a public health nurse meeting the Departments Standards for Early Periodic Screening, Diagnosis, and Treatment Program. However, no health assessment shall be required of any staff or child who is and has been in normal health when the staff, or the child's parent, guardian, or full-time custodian objects in writing to a health assessment on religious grounds which

conform to the teachings and practice of any recognized church or religious denomination.

Organizations that provide prepared meals to child care centers only are considered child care centers for purposes of compliance with appropriate sanitation standards.

…."

SECTION 6.2. The North Carolina Medical Board shall adopt permanent rules necessary to implement the provisions of Section 6.1 of this Part.

SECTION 6.3. Section 6.1 of this act becomes effective when the North Carolina Medical Board adopts the permanent rules required under Section 6.2 of this act or June 30, 2026, whichever occurs first. The North Carolina Medical Board shall notify the Revisor of Statutes when the rules required under Section 6.2 of this act have been adopted. The remainder of this Part is effective when it becomes law.

PART VII. PHARMACISTS COLLABORATIVE PRACTICE

SECTION 7.1.(a) G.S. 90-18(c)(3a) reads as rewritten:

"(3a) The provision of ~~drug therapy management by a licensed pharmacist engaged in the practice of pharmacy pursuant to an agreement that is physician, pharmacist, patient, and disease specific when~~ health care services by a licensed pharmacist under a collaborative practice agreement with one or more physicians shall be performed in accordance with rules ~~and rules~~ developed by a joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and approved by both Boards. ~~Drug therapy management shall be defined as: (i) the implementation of predetermined drug therapy which includes diagnosis and product selection by the patient's physician; (ii) modification of prescribed drug dosages, dosage forms, and dosage schedules; and (iii) ordering tests; (i), (ii), and (iii) shall be pursuant to an agreement that is physician, pharmacist, patient, and disease specific.~~For the purposes of this subdivision, "health care services" means medical tasks, acts, or functions authorized through a written agreement by a physician and delegated to a pharmacist for the purpose of providing drug therapy, disease, or population health management for patients."

SECTION 7.1.(b) G.S. 90-18.4 reads as rewritten:

"**§ 90-18.4. Limitations on clinical pharmacist practitioners.**

(a) Any pharmacist who is approved under the provisions of G.S. 90-18(c)(3a) to perform medical acts, tasks, and functions may use the title "clinical pharmacist practitioner". Any other person who uses the title in any form or holds himself or herself out to be a clinical pharmacist practitioner or to be so licensed shall be deemed to be in violation of this Article.

(b) Clinical pharmacist practitioners are authorized ~~to implement predetermined drug therapy, which includes diagnosis and product selection by the patient's physician, modify prescribed drug dosages, dosage forms, and dosage schedules, and to order laboratory tests pursuant to a drug therapy management agreement that is physician, pharmacist, patient, and disease specific~~ by physicians to provide health care services in accordance with G.S. 90-18(c)(3a) and subsection (e) of this section under the following conditions:

(1) The North Carolina Medical Board and the North Carolina Board of Pharmacy have adopted rules developed by a joint subcommittee governing the approval of individual clinical pharmacist practitioners to practice ~~drug therapy management~~ health care services with such limitations that the Boards determine to be in the best interest of patient health and safety.

(2) The clinical pharmacist practitioner has current approval from both Boards.

(3) The North Carolina Medical Board has assigned an identification number to the clinical pharmacist practitioner which is shown on written prescriptions written by the clinical pharmacist practitioner.

~~(4) The drug therapy management agreement prohibits the substitution of a chemically dissimilar drug product by the pharmacist for the product prescribed by the physician without the explicit consent of the physician and includes a policy for periodic review by the physician of the drugs modified pursuant to the agreement or changed with the consent of the physician.~~

~~(c) Clinical pharmacist practitioners in hospitals and other health facilities that have an established pharmacy and therapeutics committee or similar group that determines the prescription drug formulary or other list of drugs to be utilized in the facility and determines procedures to be followed when considering a drug for inclusion on the formulary and procedures to acquire a nonformulary drug for a patient may order medications and tests under the following conditions:~~

~~(1) The North Carolina Medical Board and the North Carolina Board of Pharmacy have adopted rules governing the approval of individual clinical pharmacist practitioners to order medications and tests with such limitations as the Boards determine to be in the best interest of patient health and safety.~~

~~(2) The clinical pharmacist practitioner has current approval from both Boards.~~

~~(3) The supervising physician has provided to the clinical pharmacist practitioner written instructions for ordering, changing, or substituting drugs, or ordering tests with provision for review of the order by the physician within a reasonable time, as determined by the Boards, after the medication or tests are ordered.~~

~~(4) The hospital or health facility has adopted a written policy, approved by the medical staff after consultation with nursing administrators, concerning the ordering of medications and tests, including procedures for verification of the clinical pharmacist practitioner's orders by nurses and other facility employees and such other procedures that are in the best interest of patient health and safety.~~

~~(5)~~(c1) Any ~~drug therapy~~ order written by a clinical pharmacist practitioner ~~or order~~ for ~~medications or tests~~ medications, tests, or devices shall be deemed to have been authorized by the physician approved by the Boards as the supervisor of the clinical pharmacist practitioner and the supervising physician shall be responsible for authorizing the prescription order.

(c2) Institutional and group practices may implement a site-specific, multi-provider collaborative practice agreement for the care of their patients. The institution or group practice must develop a policy for oversight, and the clinical pharmacist practitioners engaged in the agreement must be evaluated by an appointed supervising physician.

(d) Any registered ~~nurse or~~ nurse, licensed practical ~~nurse~~ nurse, or pharmacist who receives a drug ~~therapy~~ therapy, laboratory test, or device order from a clinical pharmacist practitioner ~~for medications or tests~~ is authorized to perform that order in the same manner as if the order was received from a licensed physician.

(e) The following requirements apply to clinical pharmacist practitioners and supervising physicians engaging in collaborative practice:

(1) A clinical pharmacist practitioner shall have a site-specific supervising physician.

(2) The supervising physician shall conduct periodic review and evaluation of the health care services provided by the clinical pharmacist practitioner.

(3) A physician may collaborate with any number of clinical pharmacist practitioners, but when acting as the supervising physician, they shall

supervise as many clinical pharmacist practitioners as the supervising physician deems can be safely and effectively supervised.

(4) Health care services delegated by a supervising physician, such as initiating, changing, or discontinuing drugs, or ordering tests or devices, to assist with drug therapy, disease, or population health management, must be included in the written agreement between the supervising physician and the clinical pharmacist practitioner.

(5) A supervising physician may include a "statement of authorization" in the written agreement to allow the clinical pharmacist practitioner to conduct drug substitutions within the same therapeutic class or for biosimilar medications based upon the health plan's drug formulary for a patient. The clinical pharmacist practitioner shall document and notify the patient's physician of any substitutions made.

(6) Supervising physicians may add other advanced practice providers that they supervise to their collaborative practice agreement with a clinical pharmacist practitioner. The evaluation and supervision of the clinical pharmacist practitioner shall remain with the supervising physician.

(f) The health care setting location for the provision of health care services by the clinical pharmacist practitioner may be fully or partially embedded for a site-specific practice. The setting location shall be determined by the supervising physician and included in the site-specific collaborative practice agreement."

SECTION 7.1.(c) G.S. 90-85.3(b2) reads as rewritten:

"(b2) "Clinical pharmacist practitioner" means a licensed pharmacist who meets the guidelines and criteria for such title established by the joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and is authorized to ~~enter into~~ perform medical acts, tasks, and functions for drug ~~therapy~~ therapy, disease, or population health management agreements with physicians in accordance with the provisions of G.S. 90-18.4."

SECTION 7.2.(a) Part 7 of Article 50 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-50-296. Pharmacist credentialing.**

Insurers offering a health benefit plan that delegates credentialing agreements or requirements for pharmacists licensed under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state to a contracted healthcare facility shall accept the credentialing for all pharmacists employed by, or contracted with, those healthcare facilities."

SECTION 7.2.(b) Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-3-241. Healthcare services provided by pharmacists.**

(a) The following definitions apply in this section:

(1) Healthcare services. – Any of the following health or medical procedures or services rendered by a healthcare provider:

a. Testing, diagnosis, or treatment of a health condition, illness, injury, or disease. This includes testing, diagnosis, or treatment rendered by a pharmacist acting within the pharmacist's scope of practice.

b. Dispensing of drugs, medical devices, medical appliances, or medical goods for the treatment of a health condition, illness, injury, or disease.

c. Administration of a vaccine or medication.

(2) Pharmacist. – An individual licensed to practice pharmacy under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state.

(b) A health benefit plan offered by an insurer in this State shall cover healthcare services provided by a pharmacist if all of the following conditions are met:

(1) The service or procedure was performed within the pharmacist's licensed lawful scope of practice.

(2) The health benefit plan would have covered the service if the service or procedure had been performed by another healthcare provider.

(c) The participation of a pharmacy in a drug benefit provider network of a health benefit plan shall not satisfy any requirement that insurers offering health benefit plans include pharmacists in medical benefit provider networks."

SECTION 7.2.(c) G.S. 58-56-26 is amended by adding a new subsection to read:

"(e) Notwithstanding any provision of this Article to the contrary, all requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a third-party administrator in the same way they are applicable to an insurer."

SECTION 7.2.(d) Article 56A of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-56A-55. Health benefit plan requirements applicable.**

All requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a pharmacy benefits manager in the same way they are applicable to an insurer."

SECTION 7.2.(e) This section becomes effective October 1, 2025, and applies to contracts entered into, renewed, or amended on or after that date.

SECTION 7.3.(a) The North Carolina Medical Board and the North Carolina Board of Pharmacy may adopt temporary rules to implement the provisions of this Part.

SECTION 7.3.(b) This section is effective when it becomes law.

SECTION 7.4. Except as otherwise provided, this Part becomes effective October 1, 2025.

PART VIII. ALLEVIATE THE DANGERS OF SURGICAL SMOKE

SECTION 8.(a) Part 2 of Article 5 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-78.4. Hospital standards for surgical smoke evacuation.**

(a) Definitions. – The following definitions apply in this section:

(1) Smoke evacuation/filtering system. – Stand-alone, portable equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tracts of occupants in the room. This equipment is not required to be interconnected to the hospital surgical ventilation or medical gas system.

(2) Surgical smoke. – The gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust.

(b) Each hospital licensed under this Part shall adopt and implement policies that require the use of a smoke evacuation/filtering system during any surgical procedure that is likely to generate surgical smoke.

(c) Adverse Action. – The Department of Health and Human Services may take adverse action against a hospital under G.S. 131E-78 for a violation of this section."

SECTION 8.(b) Part 4 of Article 6 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-147.2. Ambulatory surgical facility standards for surgical smoke evacuation.**

(a) Definitions. – The following definitions apply in this section:

(1) Smoke evacuation/filtering system. – Equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or the respiratory tracts of occupants in the room.

This equipment is not required to be interconnected to the ambulatory surgical ventilation or medical gas system.

(2) Surgical smoke. – The gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung-damaging dust.

(b) Each ambulatory surgical facility licensed under this Part shall adopt and implement policies that require the use of a smoke evacuation/filtering system during any surgical procedure that is likely to generate surgical smoke.

(c) Adverse Action. – The Department of Health and Human Services may take adverse action against an ambulatory surgical facility under G.S. 131E-148 for a violation of this section."

SECTION 8.(c) This Part becomes effective January 1, 2026.

PART IX. COMMUNITY COLLEGE BEHAVIORAL HEALTH WORKFORCE ENHANCEMENT

SECTION 9.1.(a) Definitions. – For the purposes of this act, the following definitions apply:

(1) Associate Professional (AP). – As defined in 10A NCAC 27G .0104(1).

(2) Commission. – Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services.

(3) Qualified Professional. – As defined in 10A NCAC 27G .0104(21).

(4) Qualified Substance Abuse Prevention Professional (QSAPP). – As defined in 10A NCAC 27G .0104(22).

(5) Staff Definitions Rule. – 10A NCAC 27G .0104 (Staff Definitions).

SECTION 9.1.(b) Staff Definitions Rule. – Until the effective date of the revised permanent rule that the Commission is required to adopt pursuant to subsection (e) of this section, the Commission shall implement the Staff Definitions Rule as provided in subsections (c) and (d) of this section.

SECTION 9.1.(c) Implementation. – With respect to the definitions of "Associate Professional (AP)," "Qualified Professional," and "Qualified Substance Abuse Prevention Professional (QSAPP)," the Staff Definitions Rule shall be implemented to provide the following new qualification for each term, in addition to current qualifications, for each definition, respectively:

(1) Associate Professional (AP). – May be a graduate of a community college with an associate degree in a human services field with less than two years of experience with the population served.

(2) Qualified Professional. – May be a graduate of a community college with an associate degree in a human services field and has two years of full-time or pre- or post-associate degree accumulated supervised mental health, developmental disabilities, and substance abuse services experience with the population served.

(3) Qualified Substance Abuse Prevention Professional (QSAPP). – May be a graduate of a community college with an associate degree in the human services field and has two years of full-time or pre- or post-associate degree accumulated supervised experience in addictions and recovery prevention.

SECTION 9.1.(d) Additional Implementation. – With respect to the definition of "Qualified Substance Abuse Prevention Professional (QSAPP)," the Staff Definitions Rule shall be implemented to provide for accumulated supervised experience in substance abuse prevention prior to the completion of a bachelor's degree to qualify for each pathway under 10A NCAC 27G .0104(22)a. through d.

SECTION 9.1.(e) Additional Rulemaking Authority. – The Commission shall adopt a rule to amend the Staff Definitions Rule consistent with subsections (c) and (d) of this section.

Notwithstanding G.S. 150B-19(4), the rule adopted by the Commission pursuant to this section shall be substantively identical to the provisions of subsections (c) and (d) of this section. Rules adopted pursuant to this section are not subject to Part 3 of Article 2A of Chapter 150B of the General Statutes. Rules adopted pursuant to this section shall become effective as provided in G.S. 150B-21.3(b1), as though 10 or more written objections had been received as provided in G.S. 150B-21.3(b2).

SECTION 9.1.(f) Conforming Rule Changes. – The Commission shall amend any additional rules under Subchapter 27G of Title 10A of the North Carolina Administrative Code prior to submission to the Rules Review Commission, necessary to implement the provisions of this act.

SECTION 9.1.(g) Sunset. – This section expires when permanent rules adopted as required by subsection (d) of this section become effective.

SECTION 9.2. This Part is effective when it becomes law.

PART X. MARRIAGE AND FAMILY THERAPY LICENSURE REFORMS

SECTION 10.(a) G.S. 90-270.56 reads as rewritten:

"**§ 90-270.56. Reciprocal licenses.**

The Board ~~may~~ shall issue a license as a marriage and family therapist ~~or a marriage and family therapy associate~~ by reciprocity to any person who applies for the license as prescribed by the Board and who at all times during the application process:

(1) Has been licensed and actively practicing for ~~five~~ at least two continuous years and is currently licensed as a marriage and family therapist ~~or marriage and family therapy associate~~ in another state.

(2) Has an unrestricted license in good standing in the other state.

(3) Has no unresolved complaints in any jurisdiction.

(4) Has passed the National Marriage and Family Therapy ~~examination.~~examination or the clinical examination required by the licensing board that regulates marriage and family therapy in the State of California."

SECTION 10.(b) G.S. 90-270.63 reads as rewritten:

"**§ 90-270.63. Criminal history record checks of applicants for licensure as a marriage and family therapist and a marriage and family therapy associate.**

(a) Definitions. – The following definitions shall apply in this section:

(1) Applicant. – A person applying for licensure as a licensed marriage and family therapy associate pursuant to G.S. 90-270.54A or licensed marriage and family therapist pursuant to ~~G.S. 90-270.54.~~G.S. 90-270.54 or G.S. 90-270.56.

…."

SECTION 10.(c) The North Carolina Marriage and Family Therapy Licensure Board may adopt rules to implement the provisions of this act.

SECTION 10.(d) This Part becomes effective October 1, 2025, and applies to applications for licensure on or after that date.

PART XI. EFFECTIVE DATE

SECTION 11. Except as otherwise provided, this act is effective when it becomes law.

In the General Assembly read three times and ratified this the 25th day of June, 2025.

s/ Rachel Hunt
President of the Senate

s/ Destin Hall
Speaker of the House of Representatives

s/ Josh Stein
Governor

Approved 9:31 a.m. this 1st day of July, 2025

21 NCAC 32B .2100 is proposed for adoption under temporary procedures as follows:

SUBCHAPTER 32B – LICENSE TO PRACTICE MEDICINE

SECTION .2100 – INTERSTATE MEDICAL LICENSURE COMPACT

21 NCAC 32B .2100 INTERSTATE MEDICAL LICENSURE COMPACT

(a) Any applicant applying for a North Carolina medical license through the Interstate Medical Licensure Compact ("Compact") shall pay a non-refundable application fee pursuant to G.S. 90-13.1(a).

(b) Any applicant seeking licensure through the Compact with North Carolina as a state of principal license shall pay to the Board the cost of a criminal background check.

(c) Any holder of a North Carolina medical license obtained through the Compact shall annually register his or her license through the Compact and pay the annual registration fee no later than 30 days after his or her birthday pursuant to G.S. 90-13.2. The Board will provide a notice of renewal as required by Compact rules. After submitting their registration to the Compact, holders of a Compact license shall submit additional information the Board is required to collect pursuant to any law, including but not limited to, G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30 days of submitting their renewal to the Compact. The license of any physician who fails to register and who remains unregistered for a period of 30 days after certified notice of the failure is automatically inactive pursuant to G.S. 90-13.2(e).

(d) Applicants granted a North Carolina medical license through the Compact must submit information the Board is required to collect pursuant to any law, including but not limited to G.S. 90-5.2 and G.S. 143-789, and any corresponding rule, within 30 days of being granted a Compact license. Failure to submit the information within 30 days may result in disciplinary action under G.S. 90-14(a)(17).

History Note: *Authority G.S.90-21.165; 90-11(b); 90-21.166; 90-13.1(g); 90-21.167; 90-13.2; 90-5.2; 90-14.*