



EMERGENCY BOARD MEETING MINUTES

October 14, 2024

Via Videoconference

Minutes of the North Carolina Medical Board (NCMB) Emergency Meeting held October 14, 2024.

An Emergency Meeting of the North Carolina Medical Board was held via conference call at 5:05 p.m. on October 14, 2024. Christine M. Khandelwal, DO, President, called the meeting to order. Board members in attendance were Christine M. Khandelwal, DO, President; Devdutta G. Sangvai MD, JD, MBA, President-Elect; Joshua D. Malcolm, JD; W. Howard Hall, MD; Candace A. Bradley, DO, MBA; Mr. J. Nelson Dollar, MA; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BC; Mr. Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA.

CONFLICTS OF INTEREST

Dr. Khandelwal reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. No conflicts were reported.

BACKGROUND

Background: On September 27th, Hurricane Helene devastated parts of Western North Carolina, which has caused severe impact to basic utilities in the region. The water and electric systems in the area sustained significant damage, leaving many without power or running water. As a result, providers and medical practices in the area face a significant challenge to be able to provide care to their patients. In the wake of Hurricane Helene, the Nurse Practitioner Joint Subcommittee (“JSC”) met on October 9, 2024 to discuss potential waivers of certain regulatory requirements for Nurse Practitioners. The JSC has recommended that NPs be allowed to practice without physician supervision in the 25 affected counties and the Eastern Band of Cherokee Indians during the declared state of emergency. The Board is asked to consider extending waivers of NP requirements to physician assistants. These waivers would be in effect until December 31, 2024.

The Board is also asked to consider a mechanism to quickly reactivate the licenses of physicians and physician assistants with an inactive North Carolina license, in order for these licensees to be able to contribute to the Hurricane Helene relief effort.

Board Action: Approve the attached waivers and orders

EMERGENCY TEMPORARY APPROVAL TO PRACTICE AS A NURSE PRACTITIONER (Appendix A)

Waive the provisions in .0804(a)(4), (b), (d), (e)(2), (f)(1), (i), and (j) so that a Nurse Practitioner may apply for an approval to practice without a supervising physician in the affected area during the declared state of emergency. The refresher program is waived for Nurse Practitioners out of practice for less than 5 years, but all other typical requirements still apply. Nurse Practitioners who hold approval to practice which has been surrendered or suspended due to disciplinary action will not be considered for this waiver. The emergency approval is temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

EMERGENCY TEMPORARY REINSTATEMENT OF NURSE PRACTITIONER APPROVAL TO PRACTICE

(Appendix B)

Waive the provisions of .0808(c) and (d) so that a Nurse Practitioner may apply for an approval to practice without a supervising physician in the affected area during the declared state of emergency. The refresher program is waived for Nurse Practitioners out of practice for less than 5 years, but all other typical requirements still apply. This waiver applies to those applicants holding an inactive approval to practice who have maintained their current, national certification as a Nurse Practitioner. Applicants must hold an active, unencumbered Registered Nurse license. Applicants with approvals to practice that have been surrendered or suspended due to disciplinary action will not be eligible. The emergency approval is temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

EMERGENCY TEMPORARY WAIVER OF PRESCRIBING REQUIREMENTS PUSUANT TO A COLLABORATIVE PRACTICE AGREEMENT (Appendix C)

Waive the provisions in .0809 (b)(1), portions of (b)(2), (b)(2)(C), (b)(3), and a portion of (c) during the declared state of emergency to allow Nurse Practitioners practicing in the affected area the ability to write prescriptions without having a collaborative practice agreement with a supervising physician. All other provisions and requirements continue to apply. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

EMERGENCY TEMPORARY WAIVER OF QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT (Appendix D)

Waive Rule .0810 requiring a collaborative practice agreement between the Nurse Practitioner and a supervising physician who is practicing in the affected area during the declared state of emergency. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

EMERGENCY TEMPORARY WAIVER OF APPLICATION FEE FOR AN INITIAL APPROVAL TO PRACTICE (Appendix E)

Waive the provisions in .0813(a) regarding the application fee for an emergency approval to practice, to allow for Nurse Practitioners practicing in the affected area to practice without paying a fee during the declared state of emergency. All other provisions and requirements will continue to apply. Nurse Practitioners holding an approval to practice which has been surrendered or suspended due to disciplinary action will not be considered. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

EMERGENCY TEMPORARY NURSE PRACTITIONER PRACTICE DURING A DISASTER (Appendix F)

Waive the provisions requiring a supervising physician in a portion of .0814(a), (b), and (c) for Nurse Practitioners practicing in the affected area during the declared state of emergency. Nurse Practitioners seeking to practice in the affected area without a supervising physician must submit an application to the Board of Nursing. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

Board Action: Approve the attached waiver.

APPROVE RELEVANT EMERGENCY TEMPORARY NURSE PRACTITIONER WAIVERS FOR PHYSICIAN ASSISTANTS (Appendix G)

Board Action: Direct staff to draft relevant waivers that were approved for emergency temporary Nurse Practitioner Practice for Physician Assistants.

NORTH CAROLINA MEDICAL BOARD ORDER ALLOWING FOR THE EXPEDITIOUS REACTIVATION OF INACTIVE PHYSICIAN AND PHYSICIAN ASSISTANT LICENSES IN RESPONSE TO HURRICANE HELENE (Appendix H)


Order to allow physicians and physician assistants who have been inactive for five years or less and previously held a North Carolina license to be able to apply for a Limited Emergency License. Previously inactive physicians and PAs seeking a Limited Emergency License must not have become inactive while under a consent order, order of discipline, or investigation. Supervisory requirements for PAs have been waived if working in the affected region, and PAs must notify the Board if they intend to do so.

The Limited Emergency License shall be in effect until 30 days after the end of the State of Emergency.

Board Action: Approve the Order.

ADJOURNMENT

There being no further business, the NCMB adjourned at 6:15 p.m. on October 14, 2024.



Anuradha Rao-Patel; Secretary/Treasurer

October 14, 2024

In Re: Temporary Waivers in response to the State of Emergency declared by Governor Cooper following Hurricane Helene.

On September 25, 2024, Governor Roy Cooper declared a state of emergency due to the impact of Hurricane Helene. Pursuant to the Governor's Declared Statement Number FEMA-4827-DR, the following counties or territories in Western North Carolina have been identified:

Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Clay, Cleveland, Gaston, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, and Yancey Counties, and the Eastern Band of Cherokee Indians.

On October 5, 2024, Governor Roy Cooper issued Executive Order No. 318 (2024) to increase the pool of professional healthcare workers and provide regulatory flexibility to expand the healthcare workforce.

The Board of Nursing and the Medical Board are granted authority under N.C. Gen. Stat. § 90-171.49 and N.C. Gen. Stat. § 90-12.5 respectively to take this action in order to permit the provision of emergency health services to the public for the benefit and protection of the people of North Carolina. The Nurse Practitioner Joint Subcommittee (the "Committee") is composed of members of both the Board of Nursing and the Medical Board pursuant to the authority under N.C. Gen. Stat. § 90-171.23(b)(14) and N.C. Gen. Stat. § 90-8.2. The Committee regulates the practice of Nurse Practitioners in accordance with N.C. Gen. Stat. § 90-18.2. Pursuant to the authority granted to the Committee under Executive Order 318 (2024), the Committee hereby waives the following:

Emergency Temporary Approval to Practice as a Nurse Practitioner

21 NCAC 36 .0804 Process for Approval to Practice

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
- (1) meet registration requirements as specified in 21 NCAC 36 .0803;
 - (2) submit an application for approval to practice;
 - (3) submit any additional information necessary to evaluate the application as requested; and
 - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the

Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as injury, sudden illness or death of the primary supervising physician.

- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
 - (1) the Board of Nursing shall verify compliance with Rule .0803 and Paragraph (a) of this Rule; and
 - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicant as follows:
 - (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and processed pursuant to protocols developed by both Boards; and
 - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
 - (1) meet the nurse practitioner approval requirements as stipulated in Rule .0808(c) of this Section; and
 - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0813 of this Section.
- (j) A Nurse Practitioner approved under this Section shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

Waive the provisions in .0804(a)(4), (b), (d), (e)(2), (f)(1), (i), and (j) so that a nurse practitioner may apply for an approval to practice without a supervising physician in the above-named counties during the declared state of emergency. The refresher program is waived for Nurse Practitioners out of practice for less than 5 years. All other provisions and requirements shall apply. This waiver applies to Nurse Practitioners who hold an unencumbered approval to practice or registration. Nurse Practitioners holding an approval to practice which has been surrendered or suspended due to disciplinary action will not be considered. The emergency approval is temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver shall take effect on October 14, 2024, and shall remain in full force and effect until March 1, 2025, or unless sooner amended, or rescinded by the Committee or further Executive Order.

October 14, 2024

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On October 5, 2024, Governor Roy Cooper issued Executive Order No. 318 (2024) to increase the pool of professional healthcare workers and provide regulatory flexibility to expand healthcare workforce.

The Board of Nursing and the Medical Board are granted authority under N.C. Gen. Stat. § 90-171.49 and N.C. Gen. Stat. § 90-12.5 respectively to take this action in order to permit the provision of emergency health services to the public for the benefit and protection of the people of North Carolina. The Nurse Practitioner Joint Subcommittee (the "Committee") is composed of members of both the Board of Nursing and the Medical Board pursuant to the authority under N.C. Gen. Stat. § 90-171.23(b)(14) and N.C. Gen. Stat. § 90-8.2. The Committee regulates the practice of Nurse Practitioners in accordance with N.C. Gen. Stat. § 90-18.2. Pursuant to the authority granted to the Committee under Executive Order 318 (2024), the Committee hereby waives the following:

Emergency Temporary Reinstatement of Nurse Practitioner Approval to Practice

21 NCAC 36 .0808. Inactive Status

- (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board in writing.
- (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.
- (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0803(a)(1), .0804(a) and (b), .0807, and .0810 of this Section and receive notification from the Board of approval prior to beginning practice after the application is approved.
- (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of academic education and national certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

Waive the provisions of .0808(c) and (d) so that a nurse practitioner may apply for an approval to practice without a supervising physician in the above-named counties during the declared state of emergency. The refresher program is waived for Nurse Practitioners out of practice for less than 5 years. All other provisions and requirements shall apply. This waiver applies to those applicants holding an inactive approval to practice who have maintained their current, national certification as a nurse practitioner. Applicants must also hold an active, unencumbered Registered Nurse license to be eligible. Applicants with approvals to practice surrendered or suspended due to disciplinary action will not be considered. The emergency approval is temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended, or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver shall take effect on October 14, 2024, and shall remain in full force and effect until March 1, 2025, or unless sooner amended, or rescinded by the Committee or further Executive Order.

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Emergency Temporary Waiver of Prescribing Requirements pursuant to a Collaborative Practice Agreement

21 NCAC 36 .0809 Prescribing Authority

- (a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.
- (b) Prescribing and dispensing stipulations are as follows:
 - (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(2) of this Section.
 - (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
 - (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
 - (B) refills may be issued consistent with Controlled Substance laws and regulations; and
 - (C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.
 - (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:

- (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
 - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
- (4) Each prescription shall be noted on the patient's chart and include the following information:
- (A) medication and dosage;
 - (B) amount prescribed;
 - (C) directions for use;
 - (D) number of refills; and
 - (E) signature of nurse practitioner.
- (5) Prescription Format:
- (A) all prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;
 - (B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
- (A) nurse practitioner's own use;
 - (B) nurse practitioner's supervising physician;
 - (C) member of the nurse practitioner's immediate family, which shall mean a: (i) spouse; (ii) parent; (iii) child; (iv) sibling; (v) parent-in-law; (vi) son or daughter-in-law; (vii) brother or sister-in-law; (viii) step-parent; (ix) step-child; or (x) step-siblings;
 - (D) any other person living in the same residence as the licensee; or
 - (E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.
- (c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

Waive the provisions in .0809 (b)(1), portions of (b)(2), (b)(2)(C), (b)(3), and a portion of (c) during the declared state of emergency such that a nurse practitioner practicing in the above-named counties may write prescriptions without collaborative practice agreement with a supervising physician. All other provisions and requirements shall apply. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended, or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver shall take effect on October 14, 2024, and shall remain in full force and effect until March 1, 2025, or unless sooner amended, or rescinded by the Committee or further Executive Order.

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On October 5, 2024, Governor Roy Cooper issued Executive Order No. 318 (2024) to increase the pool of professional healthcare workers and provide regulatory flexibility to expand the healthcare workforce.

The Board of Nursing and the Medical Board are granted authority under N.C. Gen. Stat. § 90-171.49 and N.C. Gen. Stat. § 90-12.5 respectively to take this action in order to permit the provision of emergency health services to the public for the benefit and protection of the people of North Carolina. The Nurse Practitioner Joint Subcommittee (the “Committee”) is composed of members of both the Board of Nursing and the Medical Board pursuant to the authority under N.C. Gen. Stat. § 90-171.23(b)(14) and N.C. Gen. Stat. § 90-8.2. The Committee regulates the practice of Nurse Practitioners in accordance with N.C. Gen. Stat. § 90-18.2. Pursuant to the authority granted to the Committee under Executive Order 318 (2024), the Committee hereby waives the following:

Emergency Temporary Waiver of Quality Assurance Standards for a Collaborative Practice Agreement

21 NCAC 36 .0810 Quality Assurance Standards for a Collaborative Practice Agreement.

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

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
 - (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board;
 - (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
 - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process.

- (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified timeframe.
 - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
 - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
- (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.
 - (b) Documentation of the meetings shall:
 - (i) identify clinical issues discussed and actions taken;
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

Waive Rule .0810 requiring quality improvement processes pursuant to a collaborative practice agreement between the nurse practitioner practicing in the above-named counties during the declared state of emergency and a supervising physician. The emergency provisions are temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended, or rescinded by the Committee or further Executive Order.

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Emergency Temporary Waiver of Application Fee for an Initial Approval to Practice and Volunteer Approval

21 NCAC 36 .0813 Fees.

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule is refundable.

Waive the provisions in .0813(a) regarding the application fee for an emergency approval to practice allowing a nurse practitioner the ability to practice in the above-named counties without paying an application fee during the declared state of emergency. All other provisions and requirements shall apply. Nurse Practitioners holding an approval to practice which has been surrendered or suspended due to disciplinary action will not be considered. The emergency approval is temporary and shall expire on March 1, 2025, unless the waiver provisions are sooner amended or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver shall take effect on October 14, 2024, and shall remain in full force and effect until March 1, 2025, or unless sooner amended, or rescinded by the Committee or further Executive Order.

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On October 5, 2024, Governor Roy Cooper issued Executive Order No. 318 (2024) to increase the pool of professional healthcare workers and provide regulatory flexibility to expand the healthcare workforce.

The Board of Nursing and Medical are granted authority under N.C. Gen. Stat. § 90-171.49 and N.C. Gen. Stat. § 90-12.5 respectively to take this action in order to permit the provision of emergency health services to the public for the benefit and protection of the people of North Carolina. The Nurse Practitioner Joint Subcommittee (the "Committee") is composed of members of both the Board of Nursing and Medical Board pursuant to the authority under N.C. Gen. Stat. § 90-171.23(b)(14) and N.C. Gen. Stat. § 90-8.2. The Committee regulates the practice of Nurse Practitioners in accordance with N.C. Gen. Stat. § 90-18.2. Pursuant to the authority granted to the Committee under Executive Order 318 (2024), the Committee hereby waives the following:

Emergency Temporary Nurse Practitioner Practice During a Disaster

21 NCAC 36 .0814 Practicing During a Disaster.

- (a) A nurse practitioner approved to practice in this State or another state may perform medical acts, as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.
- (b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone numbers for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts, as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.
- (c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0809 and .0810 of this Section.

Waive the provisions requiring a supervising physician in a portion of .0814(a), (b), and (c) for nurse practitioners practicing in the above-named counties during the declared state of emergency. Nurse practitioners seeking to practice in the above-named counties without a supervising physician must submit an application to the Board of Nursing. The emergency

provisions are temporary and shall expire on December 31, 2024, unless the waiver provisions are sooner amended, or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver shall take effect on October 14, 2024, and shall remain in full force and effect until March 1, 2025, or unless sooner amended, or rescinded by the Committee or further Executive Order.

NORTH CAROLINA MEDICAL BOARD ORDER ALLOWING FOR THE EXPEDITIOUS REACTIVATION OF INACTIVE PHYSICIAN AND PHYSICIAN ASSISTANT LICENSES IN RESPONSE TO HURRICANE HELENE

WHEREAS, on September 25, 2024, Governor Roy Cooper declared a state of emergency in the wake of the devastation caused by Hurricane Helene; and

WHEREAS, the Governor identified the following counties and territories as subject to the declaration: Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Clay, Cleveland, Gaston, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, and Yancey Counties, and the Eastern Band of Cherokee Indians; and

WHEREAS, on October 5, 2024, the Governor issued Executive Order No. 318 entitled Meeting North Carolina’s Response and Recovery Needs in Support of Hurricane Helene Relief Efforts; and

WHEREAS, Executive Order No. 318 authorized health care licensing boards to waive or modify enforcement of any legal or regulatory constraint in order to increase the pool of professional health care workers and provide flexibility to meet the needs of the relief efforts; and

WHEREAS, the North Carolina Medical Board (“Board”) is an agency of the State of North Carolina organized under Chapter 90 of the North Carolina General Statutes and is charged with the responsibility for licensing and regulating physicians and physician assistants in the interest of the public health, safety and welfare; and

WHEREAS, in order to provide as much flexibility for health care institutions to meet the needs of Hurricane Helene relief efforts; and

WHEREAS, it is in the public interest for the Board to take this action; and

WHEREAS, the Board discussed this subject at length at an emergency meeting held on October 14, 2024; and

WHEREAS, the Board has authority under N.C. Gen. Stat. § 90-12.5 to take this action in order to permit the provision of emergency health services to the public; and

NOW, THEREFORE, it is **ORDERED** that:

1. Board staff is directed to create a Limited Emergency License (“LEL”) and an application for such physician and physician assistant licensees who have an inactive North Carolina license and meet the following criteria:

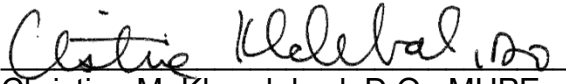
- a. The licensee inactivated her or his license while in good standing. Good standing shall mean that the licensee was not made inactive by a public disciplinary action or did not inactivate his or her license while under investigation by the Board.
- b. The licensee shall not have been out of clinical practice more than five (5) years.

2. The LEL shall be effective only during the length of the declared state of emergency plus thirty (30) days and shall expire without further Order from the Board 30 days after the state of emergency has ended.

3. This Order is effective only during the length of the declared state of emergency.

This the 23rd day of October, 2024.

NORTH CAROLINA MEDICAL BOARD

By: 
Christine M. Khandelwal, D.O., MHPE
President

NORTH CAROLINA MEDICAL BOARD ORDER ISSUING TEMPORARY WAIVERS AS TO CERTAIN PHYSICIAN ASSISTANT REGULATIONS IN RESPONSE TO HURRICANE HELENE

WHEREAS, on September 25, 2024, Governor Roy Cooper declared a state of emergency in the wake of the devastation caused by Hurricane Helene; and

WHEREAS, the Governor identified the following counties and territories as subject to the declaration: Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Clay, Cleveland, Gaston, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Polk, Rutherford, Swaim, Transylvania, Watauga, Wilkes, and Yancey Counties, and the Eastern Band of Cherokee Indians; and

WHEREAS, on October 5, 2024, the Governor issued Executive Order No. 318 entitled Meeting North Carolina’s Response and Recovery Needs in Support of Hurricane Helene Relief Efforts; and

WHEREAS, Executive Order No. 318 authorized health care licensing boards to waive or modify enforcement of any legal or regulatory constraint in order to increase the pool of professional health care workers and provide flexibility to meet the needs of the relief efforts; and

WHEREAS, the North Carolina Medical Board (“Board”) is an agency of the State of North Carolina organized under Chapter 90 of the North Carolina General Statutes and is charged with the responsibility for licensing and regulating physicians and physician assistants (“PA”), in the interest of the public health, safety and welfare; and

WHEREAS, in order to provide as much flexibility for health care institutions to meet the needs of Hurricane Helene relief efforts; and

WHEREAS, it is in the public interest for the Board to take this action; and

WHEREAS, the Board discussed this subject at length at an emergency meeting held on October 14, 2024; and

WHEREAS, the Board has authority under N.C. Gen. Stat. § 90-12.5 to take this action in order to permit the provision of emergency health services to the public; and

NOW, THEREFORE, it is **ORDERED** that:

4. PAs practicing in the affected areas are not required to file an intent to practice form pursuant to Board rule 21 NCAC 32 .0203. In addition, PAs practicing in the affected areas are not required to designate a supervising physician. Prior to practicing in the affected areas pursuant to this Order, PAs shall notify the Board of their participation in relief efforts pursuant to this Order by emailing the Board at supervisory@ncmedboard.org. The email shall be a simple statement notifying the Board of the PA's name and license number and their intent to practice in the affected areas. No other information will be required.

5. PAs practicing in the affected areas shall not be required to maintain a written a statement of supervisory arrangements or prescriptive authority pursuant to 21 NCAC 32 .0212(1) and (2) and .0213. Board rules 21 NCAC 32S .0212(3), (4), (5), (6), (7), and (8) remain in effect.

6. PAs practicing in the affected areas are not required to conduct quality improvement meetings pursuant to 21 NCAC 32 .0213(e), but are encouraged to consult with a supervising or other physician, and make appropriate referrals, when clinical conditions require as much.

7. All fees related to the implementation of this Order are waived.


8. Only those PAs who are in good standing shall be eligible to practice in the affected areas pursuant to this Order. Good standing shall mean that the PA is not under subject to a public disciplinary action or active investigation by any licensing board of any jurisdiction.

9. The Order is only applicable to the affected counties listed in this Order and the declared state of emergency.

10. This Order is effective only to March 1, 2025, or as extended by Executive Order.

This the 23rd day of October, 2024.

NORTH CAROLINA MEDICAL BOARD

By: 
Christine M. Khandelwal, D.O., MHPE
President