

1 21 NCAC 32M .0110 is proposed for amendment as follows:

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3 **21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE**  
4 **AGREEMENT**

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

- 6 (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be  
7 continuously available to each other for consultation by direct communication or  
8 telecommunication.
- 9 (2) Collaborative Practice Agreement:
- 10 (a) shall be agreed upon, signed, and dated by both the primary supervising physician and the  
11 nurse practitioner, and maintained in each practice site;
- 12 (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature  
13 sheet, signed by both the primary supervising physician and the nurse practitioner,  
14 appended to the collaborative practice agreement, and available for inspection by either  
15 Board;
- 16 (c) shall include the drugs, devices, medical treatments, tests, and procedures that may be  
17 prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0109 of  
18 this Subchapter; ~~and~~ and may include issuing do not resuscitate orders as outlined in G.S.  
19 90-21.17(b) and determining and pronouncing death pursuant to G.S. 90-323 so long as all  
20 applicable requirements are met and doing so is permitted by and consistent with practice-  
21 site-specific policies and procedures; and
- 22 (d) shall include a pre-determined plan for emergency services.
- 23 (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the  
24 collaborative practice agreement upon request by members or agents of either Board.
- 25 (4) Quality Improvement Process:
- 26 (a) The primary supervising physician and the nurse practitioner shall develop a process for  
27 the ongoing review of the care provided in each practice site, including a written plan for  
28 evaluating the quality of care provided for one or more frequently encountered clinical  
29 problems.
- 30 (b) This plan shall include a description of the clinical problem(s), an evaluation of the current  
31 treatment interventions, and if needed, a plan for improving outcomes within an identified  
32 time frame.
- 33 (c) The quality improvement process shall include scheduled meetings between the primary  
34 supervising physician and the nurse practitioner for a minimum of every six months.  
35 Documentation for each meeting shall:

- 1 (i) identify clinical problems discussed, including progress toward improving  
2 outcomes as stated in Sub-Item (4)(b) of this Rule, and recommendations, if any,  
3 for changes in treatment plan(s);  
4 (ii) be signed and dated by those who attended; and  
5 (iii) be available for review by either Board for the previous five calendar years and  
6 be retained by both the nurse practitioner and primary supervising physician.
- 7 (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum  
8 standards for consultation between the nurse practitioner and primary supervising physician(s):  
9 (a) During the first six months of a collaborative practice agreement between a nurse  
10 practitioner and the primary supervising physician, there shall be monthly meetings to  
11 discuss practice-relevant clinical issues and quality improvement measures.  
12 (b) Documentation of the meetings shall:  
13 (i) identify clinical issues discussed and actions taken;  
14 (ii) be signed and dated by those who attended; and  
15 (iii) be available for review by either Board for the previous five calendar years and  
16 be retained by both the nurse practitioner and primary supervising physician.

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18 *History Note Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);*  
19 *Eff. January 1, 1991;*  
20 *Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;*  
21 *Recodified from Rule .0109 Eff. August 1, 2004;*  
22 *Amended Eff. December 1, 2009;*  
23 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*  
24 *2016;*  
25 *Amended Eff. November 1, 2024; June 1, 2021.*  
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