



EMERGENCY MEETING MINUTES

March 27, 2020

Via Videoconference

Minutes of the North Carolina Medical Board (NCMB) Emergency Meeting held March 27, 2020.

A Emergency Meeting of the North Carolina Medical Board was held via conference call at 6:00 p.m. on March 27, 2020. Bryant A Murphy, MD, President, called the meeting to order. Board members in attendance were: Bryant A. Murphy, MD, President; Venkata R. Jonnalagadda, MD, President-Elect; Ralph A. Walker, JD; Shawn P. Parker, JD; Michaux R. Kilpatrick, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; W. Howard Hall, MD; Devdutta G. Sangvai, MD; Varnell D. McDonald-Fletcher, EdD, PA-C; Christine M. Khandelwal, DO and Jerri L. Patterson, NP.

CONFLICTS OF INTEREST

Dr. Murphy 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.

COVID-19 DRUG PRESERVATION RULE FOR PHYSICIANS AND PHYSICIAN ASSISTANTS

Background: On March 24, 2020, the Board received a letter from the Secretary of the North Carolina Department of Health and Human Services and the State Health Director, requesting the Board and the NC Board of Pharmacy take immediate action to adopt emergency rules to help prevent a shortage of certain drugs that may be used in treating COVID-19. The letter included proposed language to be used by both boards when enacting the emergency rules. The attached emergency and temporary rules incorporate and mirror the language proposed by the Secretary and State Health Director.

Board Action: Approve the attached rules (Attachment 1) for submission to the Rules Review Commission.

REQUEST TO POSTPONE USMLE STEP 2 AND COMLEX-USA LEVEL 2 REQUIREMENTS FOR CERTAIN INDIVIDUALS APPLYING FOR A RESIDENT TRAINING LICENSE

Background: As a result of COVID-19, the United States Medical Licensing Examination (“USMLE”) and the Comprehensive Osteopathic Medical Licensing Examination (“COMLEX-USA”) have suspended all test administrations. Rule 21 NCAC 32B .1402 requires applicants for a Resident Training License (RTL) to take and pass USMLE Steps 1 and 2 and COMLEX–USA Levels 1 and 2. Continued enforcement of this requirement could prevent otherwise qualified resident physicians from beginning their 2020 training on a timely basis. Several NC graduate medical education (“GME”) institutions have asked that the NCMB postpone the USMLE Step 2 and COMLEX–USA Level 2 requirement for the issuance of an RTL which will allow RTL applicants who have otherwise completed the requirements for a RTL and who have

been accepted into a North Carolina residency training program to start their residency, which will assist in battling COVID-19.

Board Action: Under the authority granted in N.C. Gen. Stat. § 90-12.5, the NCMB ORDERS the following:

The NCMB shall postpone the USMLE Step 2 (both parts) and COMLEX–USA Level 2 (both parts) requirement for RTL applicants subject to the following conditions:

1. This postponement shall be in effect until the NCMB’s Chief Executive Officer has determined that it is reasonable to discontinue the postponement.
2. This postponement shall not apply to any RTL applicant who has taken and failed either part of Step/Level 2 twice.
3. All RTL applicants receiving an RTL during the postponement period must meet all other requirements for an RTL.
4. A list of every RTL issued via this process shall be maintained by NCMB staff to ensure that these RTL applicants eventually satisfy both parts of the USMLE and COMLEX–USA Step/Level 2 requirement once testing has resumed.

REASSIGNMENT OF PHYSICIAN ASSISTANTS TO A NEW PRACTICE AREA TO MEET CRITICAL NEEDS DURING THE COVID-19 EMERGENCY

Background: When physician assistants (PAs) shift to a new practice setting, they must file a new intent to practice with the Board (identifying the new supervising physician) and create a new supervisory agreement (scope of practice document), among other things. Rules 21 NCAC 32S .0203 and .0213. However, during COVID-19, licensees and health care institutions may need to quickly reassign PAs to other areas of a facility to meet critical needs. Waiving these regulatory requirements will help alleviate possible shortages of qualified healthcare professionals in critical need areas and assist hospitals and other healthcare facilities and practices in combatting the COVID-19 outbreak.

Board Action: Under the authority granted in N.C. Gen. Stat. § 90-12.5, the NCMB ORDERS the following:

1. Physician assistants may be reassigned to a new practice area within the same facility (i.e., hospital, multi-specialty group practice) without submitting a new intent to practice or updating his or her supervisory arrangements, so long as:
 - a. the physician assistant is reassigned to perform only those medical tasks which the physician assistant is competent and qualified to do; and
 - b. the physician assistant has reasonable and immediate access to a physician, either in person or electronically, should medical issues arise.
2. During the temporary emergency reassignment, the physician assistant is expected to comply with all other applicable rules, including the requirement to confer at least monthly with a

physician to ensure meaningful supervision and quality assurance within the new practice setting.

3. This Order is effective only during the length of the declared state of emergency in North Carolina. Once the governor has lifted the state of emergency, any physician assistant who continues practicing in the new setting is expected to file a new intent to practice and update his or her supervisory arrangements within thirty days.

REQUEST TO WAIVE CERTAIN REQUIREMENTS TO PERMIT ISSUANCE OF A LIMITED EMERGENCY LICENSE TO PHYSICIANS IN A FELLOWSHIP

Background: There are several graduate medical education training programs in North Carolina where physicians have completed a residency and are receiving advanced training in a fellowship program. Many of those physicians (“Fellows”) are board certified or board eligible in the medical or surgical specialty in which they trained during residency 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 other specialty boards recognized by the NCMB.

Many of these Fellows are practicing under a Resident Training License (“RTL”), not a full license with no geographic limitation. Rule 21 NCAC 32B .1706 authorizes the issuance of a Limited Emergency License (“LEL”) but requires an applicant have a current full, unlimited and unrestricted license in another U.S. state, territory or district and limits the duration of the LEL to thirty (30) days from issuance or the end of the declared State of Emergency.

Representatives of North Carolina hospitals, health systems and graduate medical education training programs have requested those Fellows with an RTL be granted an LEL in order that they might practice independently and without the restrictions of their RTL during the current declared State of Emergency.

Board Action: Under the authority granted in N.C. Gen. Stat. § 90-12.5, the NCMB ORDERS the following:

The NCMB shall waive the requirements for a Limited Emergency License (“LEL”) pursuant to 21 NCAC 32B .1706(b)(2) related to having a full, unlimited and unrestricted license in another U.S. state, territory or district and waives the 30-day limit of the effectiveness of that License under the following conditions and requirements:

1. The Fellow is currently practicing under an RTL granted by NCMB in a North Carolina graduate medical education program.

2. The Fellow is board certified or board eligible 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 other specialty board NCMB recognizes pursuant to rules.

3. The Fellow's training institution has requested in writing to NCMB that the Fellow be granted an LEL.

4. The Fellow's practice under the LEL is within the primary medical or surgical specialty in which they are board certified or board eligible 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 other specialty board NCMB recognizes pursuant to rules.

5. The LEL shall be in effect until thirty (30) days after the State of Emergency as declared in Governor Cooper's Executive Order No. 116 has ended.

ADJOURNMENT

There being no further business, the NCMB adjourned at 6:45 p.m. on March 27, 2020.



John W. Rusher, MD; Secretary/Treasurer