



# **BOARD MEETING MINUTES**

**May 20 - 21, 2020**

**1203 Front Street  
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held May 20 – 21, 2020.

The March 2020 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609 and video conference. 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; John W. Rusher, MD, Secretary/Treasurer; Ralph A. Walker, JD; Shawn P. Parker, JD; Varnell D. McDonald-Fletcher, PA-C; Michaux R. Kilpatrick, MD; Christine M. Khandelwal, DO; Jerri L. Patterson, NP; W. Howard Hall, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; and Devdutta G. Sangvai, MD

### **PRESIDENTIAL REMARKS**

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. All conflicts were reported as included within the committee reports.

### **ANNOUNCEMENTS**

Dr. Murphy gave a debrief of the 2020 FSMB House of Delegates Meeting.

### **NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Joe Jordan, PhD, CEO, North Carolina Physicians Health Program (NCPHP), gave the PHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

Dr. Jordan presented the NCPHP Physician Wellness report.

### **NCMB ATTORNEY'S REPORT**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

A motion passed to return to open session.

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Thursday, May 21, 2020.

Mr. Blankenship updated the Board on the Hearing docket since the last Attorney's Report

**Executed Cases - Public Actions:**

The following public actions were executed since the Board's last regularly scheduled meeting. The Board voted to accept these as information.

**Abovyan, Arman MD**

Entry of Revocation executed 04/09/2020

**Bell, Robert Bradford PA**

Public Letter of Concern executed 04/24/2020

**Brown, Michael Osborne MD**

Consent Order executed 04/27/2020

**Cannon, Marjory Elaine MD**

Public Letter of Concern executed 04/02/2020

**Dougherty, Douglas Andrew MD**

Consent Order executed 03/17/2020

**Dressler, Frederick Alexander MD**

Public Letter of Concern executed 03/06/2020

**Foxworth, Scott Steven PA**

Relief of Consent Order Obligations executed 04/14/2020

**Hemal, Ashok Kumar MD**

Public Letter of Concern executed 04/24/2020

**Lam, Din MD**

Interim Limited Non-Practice Agreement executed 04/27/2020

**Lamb, Douglas Lawrence PA**

Consent Order executed 04/15/2020

**Lantz, Amber Donn PA**  
Reentry Agreement executed 03/25/2020

**Leinweber Jr, Clinton Henry DO**  
Consent Order executed 04/07/2020

**Martinez, Paul Armando MD**  
Public Letter of Concern executed 03/06/2020

**Millsaps, Rebecca Marie PA**  
Public Letter of Concern executed 04/07/2020

**Oenbrink, Raymond Joseph DO**  
Amended Findings of Fact, Conclusions of Law, and Order executed 03/16/2020

**Picton, Douglas William MD**  
Public Letter of Concern executed 03/16/2020

**Powers, Tonya Kim MD**  
Consent Order executed 03/17/2020

**Rai, Kashmir Kaur MD**  
Relief of Consent Order Obligations executed 03/09/2020

**Schranz, Craig Ian MD**  
Public Letter of Concern executed 03/06/2020

**Seitz, Kent MD**  
Consent Order executed 04/24/2020

**Smith, Michael Lantry MD**  
Consent Order executed 03/17/2020

**Stafford, Phillip Andrew MD**  
Public Letter of Concern executed 04/08/2020

**Swackhammer, Randy Lee MD**  
Consent Order executed 04/23/2020

**Vargo, Neeta Mody MD**  
Public Letter of Concern executed 04/07/2020

**Verma, Vishal MD**

Consent Order executed 04/27/2020

**Wolfe, William Ralph MD**

Consent Order executed 03/04/2020

A motion passed to close the session pursuant to N.C. Gen Stat. §143-318.11(a) to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered public records within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Information regarding outside litigation matters was presented by Mr. Mansfield.

A motion was passed to return to open session.

### **Legislative Update**

On Thursday, May 21, 2020, the Board's Legislative Liaisons, Mr. Thomas W. Mansfield, Chief Legal Officer and Ms. Evelyn Contre, Chief Communications Officer and Board Attorney Elizabeth Meredith, provided a legislative update to the Board.

The Board accepted the reports as information.

### **NCMB COMMITTEE REPORTS**

#### **Executive Committee Report**

Members present via video/teleconference were: Bryant A. Murphy, MD, Chairperson; Venkata R. Jonnalagadda, MD; John W. Rusher, MD; Jerri L. Patterson, NP and Shawn P. Parker, JD.

#### Financial Update

a. Year-to-Date Financials

The Committee reviewed the following financial reports through April 30, 2020: Balance Sheet; Profit & Loss versus Budget; and the Profit & Loss Comparison.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept Committee recommendation. Accept the financial information as reported.

b. Investment Account

The Committee reviewed the investment statements for March and April 2020.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept Committee recommendation. Accept the investment statements as reported.

## Old Business

### a. Office Space Project Report

The NCMB Phase Three Office Space Project Team gave an update regarding the renovation of Board's office building on Smoketree Court.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

### b. Final Approval of Rule 32B .1707: "Limited License for Disasters and Emergencies for Physicians and Physician Assistants with Inactive North Carolina Licenses"

On March 11, 2020, the Board approved an emergency rule, 21 NCAC 32B .1707, "Limited License for Disasters and Emergencies for Physicians and Physician Assistants with Inactive North Carolina Licenses" in response to COVID-19 state of emergency. The emergency rule allows an expedited licensing procedure for physicians and physician assistants with inactive North Carolina licenses. Once the emergency rule was adopted, the Board began the process of also adopting a temporary rule.

On April 15, 2020, the Board held a public hearing and received one comment from Emily Adams, Executive Director for the North Carolina Academy of Physician Assistants (NCAPA). The comment requested the Board define "direct supervision" and the expectations for the "on-site" requirement.

Committee Recommendation: Adopt the temporary rule. Staff will address the comment from the NCAPA in a FAQ.

Board Action: Accept Committee recommendation. Adopt the temporary rule. Staff will address the comment from the NCAPA in a FAQ. Appendix A.

### c. Final Approval of Rule 21 NCAC 32B .1708: "COVID-19 Drug Preservation Rule" (Physicians and Physician Assistants)

On March 27, 2020, the Board approved emergency rule 21 NCAC 32B .1708 "COVID-19 Drug Preservation Rule" in response to 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 Board of Pharmacy take immediate action to help prevent a shortage of certain drugs that may be used in treating COVID-19. Once the emergency rule was adopted, the Board began the process of also adopting a temporary rule.

Rule 21 NCAC 32B .1708 only applies to physicians and physician assistants.

On May 18, 2020, the Board held a public hearing on this rule and there were no public comments.

Committee Recommendation: Adopt the temporary rule.

Board Action: Accept Committee recommendation. Adopt the temporary rule. Appendix B.

- d. Final Approval of Rule 21 NCAC 32M .0119: “COVID-19 Drug Preservation Rule” (Nurse Practitioners)

On April 9, 2020, the Board approved emergency rule 21 NCAC 32M .0119 “COVID-19 Drug Preservation Rule” in order to help prevent a shortage of certain drugs that may be used in treating COVID-19. Once the emergency rule was adopted, the Board began the process of also adopting a temporary rule.

This rule is the same as 32B .1708 (for physicians and physician assistants) except that 32M .0119 applies to nurse practitioners.

On April 28, 2020, the Board had a public hearing on rule 32M .0119 but received no comments.

Committee Recommendation: Adopt the temporary rule.

Board Action: Accept Committee recommendation. Adopt the temporary rule. Appendix C

### **Licensing Committee Report**

Members present were: Christine M. Khandelwal, DO, Chairperson; John W. Rusher, MD; Varnell D. McDonald-Fletcher, PA-C; Shawn P. Parker, JD; Jerri L. Patterson, NP; W. Howard Hall, MD; and Damian F. McHugh, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not

considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The License Committee reviewed three cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

### **License Interview Report**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

One licensure interview was conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Advanced Practice Providers and Allied Health Committee Report**

Members present were: Varnell D. McDonald-Fletcher, PA-C, Chairperson; John W. Rusher, M.D.; Michaux R. Kilpatrick, MD; W. Howard Hall, MD; Damian F. McHugh, MD; and Jerri L. Patterson, NP

New Business:

- a. Ketamine Pilot Program update (James "Tripp" Winslow, MD, State Medical Director, and W. David Ezzell, MPA, EMT-Paramedic, Education Consultant. NC Office of Emergency Medicine "OEMS").

Committee Recommendation: Approve request to add ketamine to OEMS formulary for all medically indicated purposes with the following conditions: 1) when used for sedation of acutely agitated patients, county EMS departments must receive permission from receiving hospitals; and 2) not to be used on patients 12 years of age or younger for sedation unless EMS personnel receive authorization from physician medical director.

**Board Action:** Accept Committee recommendation. Approve request to add ketamine to OEMS formulary for all medically indicated purposes with the following conditions: 1) when used for sedation of acutely agitated patients, county EMS departments must



receive permission from receiving hospitals; and 2) not to be used on patients 12 years of age or younger for sedation unless EMS personnel receive authorization from physician medical director.

- b. 21 NCAC 32V .0111 - Perfusionist Advisory Committee Proposed Rule Change (Jimison)

Committee Recommendation: Approve rule change.

Board Action: Accept Committee recommendation. Approve rule change. Appendix D

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The APP and AHC received as information a report from the Nurse Practitioner Joint Subcommittee ("JSC") Panel ("Panel"). The Panel's written report was presented for the Board's review, where it was also received as information. The JSC Panel Recommended Action Grid is attached.

A motion passed to return to open session.

### **Disciplinary (Complaints) Committee Report**

Members present were: Michaux R. Kilpatrick, MD, Chairperson; Christine M. Khandelwal, DO; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Joshua D. Malcolm, JD; Shawn P. Parker, JD; and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 11 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

### **Disciplinary (Malpractice) Committee Report**

Members present were: Michaux R. Kilpatrick, MD, Chairperson; Christine M. Khandelwal, DO; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Joshua D. Malcolm, JD; Shawn P. Parker, JD; and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 9 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Disciplinary (Investigative) Committee Report**

Members present were: Michaux R. Kilpatrick, MD, Chairperson; Christine M. Khandelwal, DO; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Joshua D. Malcolm, JD; Shawn P. Parker, JD; and Devdutta G. Sangvai, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 74 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Investigative Interview Report**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not

considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Twelve interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Outreach Committee Report**

Members present were: Venkata R. Jonnalagadda, MD, Chairperson; Michaux R. Kilpatrick, MD; and Ralph A. Walker, JD.

#### Old Business

a. Podcast update

The Communications Director confirmed that the Communications Department has decided to produce an NCMB podcast. The target launch date is Fall 2020. Committee members expressed excitement about the project, which they believe will allow NCMB to present important information in an easy-to-consume format. Staff will email Board Members for suggested topics they might like to see presented in a future podcast episode.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

b. "Suicide in Healthcare" discussion

The Committee continued its discussion of suicide in healthcare and ways NCMB can positively impact this issue. The Chief Communications Officer recapped some conversations with the NC Medical Society and with residents and medical students about this topic. NCMB had planned to present at a medical student conference in May, but that meeting was cancelled due to COVID-19. NCMB is planning a theme issue highlighting suicide in healthcare for September 2020, which is National Suicide Prevention Awareness Month.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

#### New Business

Other outreach activities. The Chief Communications Officer gave a brief overview of NCMB activities to communicate the Board's many actions to enhance North Carolina's ability to respond to COVID-19. Efforts include developing a dedicated web page with pandemic-related actions, FAQs, a summary document of all actions and regular conversations and emails with/to stakeholder groups.

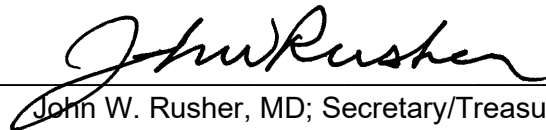
Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

## **ADJOURNMENT**

The Medical Board adjourned at 4:46 p.m. on Thursday, May 21, 2020.

The next meeting of the Medical Board is scheduled for July 15 - 17, 2020.

  
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John W. Rusher, MD; Secretary/Treasurer

21 NCAC 32B .1707 is adopted under temporary procedures as follows:

**21 NCAC 32B .1707 LIMITED LICENSE FOR DISASTERS AND EMERGENCIES FOR PHYSICIANS AND PHYSICIAN ASSISTANTS WITH INACTIVE NORTH CAROLINA LICENSES.**

(a) The Board shall waive the requirements for licensure in the circumstances set forth in G.S. 90-12.5.

(b) Limited Emergency License: Physicians and physician assistants who do not have an active medical license issued by any jurisdiction, but who at one time had a full and unrestricted North Carolina medical license, may apply for a limited emergency license on the following conditions:

(1) The applicant must certify and provide information sufficient to prove that he or she has practiced clinical medicine for at least eighty hours within the past two years;

(2) The applicant must have maintained an active and unrestricted medical license continuously for the ten-year period prior to going inactive;

(3) The applicant shall not have received any public discipline or inactivated his or her license while under investigation with such inactivation being reported to the National Practitioner Data Bank; and

(4) During the declared state of emergency, the physician or physician assistant shall limit his or her medical practice to the area of practice that he or she engaged in prior to going inactive or another area in which he or she is competent to provide medical care.

(c) The applicant must complete a limited emergency license application.

(d) The Board may verify that the applicant practiced clinical medicine for at least eighty hours in the immediate two-year period.

(e) In response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician's or physician assistant's scope of practice.

(f) The Board shall have jurisdiction over all physicians and physician assistants practicing under this Emergency Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall continue in effect even after such physician and physician assistant has stopped practicing medicine under this Emergency Rule or the Limited Emergency License has expired.

(g) This license shall be in effect for the shorter of:

(1) ninety days from the date it is issued; or

(2) thirty days after a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive.

(h) The physician assistant must practice under the direct supervision of an on-site physician and the supervising physician must be licensed in this State, approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5, or approved under this Rule;

(i) Physician assistants and physicians practicing pursuant to this Rule are not required to maintain documentation describing supervisory arrangements and instructions for prescriptive authority as otherwise required by 21 NCAC 32S .0213.

*History Note:* Authority G.S. 90-5.1(a)(3); 90-12.5;  
Emergency Adoption Eff. March 20, ~~2020~~, 2020;  
Eff. \_\_\_\_\_.

1 21 NCAC 32B .1708 is adopted under temporary procedures as follows:

2 **21 NCAC 32B .1708 COVID-19 DRUG PRESERVATION RULE**

3 (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- 4 (1) Hydroxychloroquine;
- 5 (2) Chloroquine;
- 6 (3) Lopinavir-ritonavir;
- 7 (4) Ribavirin;
- 8 (5) Oseltamivir;
- 9 (6) Darunavir; and
- 10 (7) Azithromycin.

11 (b) A physician or physician assistant shall prescribe a Restricted Drug only if that prescription bears a written  
12 diagnosis from the prescriber consistent with the evidence for its use.

13 (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of  
14 COVID-19 shall:

- 15 (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- 16 (2) Be limited to no more than a fourteen-day supply; and
- 17 (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not  
18 being refilled through an emergency prescription refill.

19 (d) A physician or physician assistant shall not prescribe a Restricted Drug for the prevention of, or in anticipation  
20 of, the contraction of COVID-19 by someone who has not yet been diagnosed.

21 (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is  
22 provided to the pharmacy by the physician or the physician's agent, and that information is recorded in writing by the  
23 pharmacy along with the identity of the physician or physician's agent transmitting the prescription.

24 (f) This Rule does not affect orders for administration to inpatients of health care facilities.

25 (g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that  
26 particular Restricted Drug on or before March 10, 2020.

27  
28 *History Note: Authority G.S. 90-5.1(a)(3), 90-12.5;*  
29 *Emergency Adoption Eff. April 6, ~~2020~~ 2020;*  
30 *Eff. \_\_\_\_\_.*

1 21 NCAC 32B .0119 is adopted under temporary procedures as follows:  
2

3 **21 NCAC 32M .0119 COVID-19 DRUG PRESERVATION RULE**

4 (a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

5 (1) Hydroxychloroquine;

6 (2) Chloroquine;

7 (3) Lopinavir-ritonavir;

8 (4) Ribavirin;

9 (5) Oseltamivir;

10 (6) Darunavir; and

11 (7) Azithromycin.

12 (b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the  
13 prescriber consistent with the evidence for its use.

14 (c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of  
15 COVID-19 shall:

16 (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;

17 (2) Be limited to no more than a fourteen-day supply; and

18 (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not  
19 being refilled through an emergency prescription refill.

20 (d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction  
21 of COVID-19 by someone who has not yet been diagnosed.

22 (e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is  
23 provided to the pharmacy by the nurse practitioner or the nurse practitioner's agent, and that information is recorded  
24 in writing by the pharmacy along with the identity of the nurse practitioner or the nurse practitioner's agent  
25 transmitting the prescription.

26 (f) This Rule does not affect orders for administration to inpatients of health care facilities.

27 (g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that  
28 particular Restricted Drug on or before March 10, 2020.

29

30 History Authority: Authority G.S. 90-5.1(a)(3); 90-18.2; 90-12.5.

31 Emergency Adoption Eff. April 21, ~~2020~~2020;

32 Eff. \_\_\_\_\_.

1 **21 NCAC 32V .0111 PRACTICE DURING A DISASTER**

2 (a) In the event of a declared disaster or state of emergency that authorizes the Board to exercise its authority under  
3 G.S. ~~90-12.2, 90-12.5~~, and if the ~~board~~ Board does exercise its authority pursuant to G.S. ~~90-12.2, 90-12.5~~, the Board  
4 may allow a perfusionist licensed in any other state, or a current, active certified clinical perfusionist who practices in  
5 a state where licensure is not required, to perform perfusion during a disaster within a county in which a disaster or  
6 state of emergency has been declared or counties contiguous to a county in which a disaster or state of emergency has  
7 been declared (in accordance with G.S. 166A-6). ~~The perfusionist who enters the State for purposes of this Rule shall~~  
8 ~~notify the Board within three business days of his or her work site and provide proof of identification and current~~  
9 ~~licensure or certification.~~

10 (b) A perfusionist licensed in any other state, or a current, active certified clinical perfusionist who practices in a state  
11 where licensure is not required may practice in North Carolina if he or she either:

12 (1) holds a full, unlimited, and unrestricted license to practice perfusion in another U.S. state, territory  
13 or district;

14 (2) is a current active certified clinical perfusionist who practices in a state where licensure is not  
15 required who practices perfusion at a North Carolina hospital that is licensed by the North Carolina  
16 Department of Health and Human Services and the hospital meets the following requirements:

17 (A) verifies all perfusionist's credentials and privileges;

18 (B) maintains a list of all perfusionists coming to practice and provides this list to the Board  
19 within 10 days of each perfusionist practicing at the licensed North Carolina hospital. The  
20 licensed North Carolina hospital shall also provide the Board a list of when each  
21 perfusionist has stopped practicing perfusion in North Carolina under this Rule within 10  
22 days after each perfusionist has stopped practicing perfusion under this Rule.

23 (c) A perfusionist may practice under this Rule for the shorter of either:

24 (1) 30 days from the date the perfusionist has started practicing under this Rule; or

25 (2) a statement by an appropriate authority is made that the emergency or disaster declaration has been  
26 withdrawn or ended and, at such time, the license deemed to be issued shall become inactive.

27 ~~(d)~~ (d) All perfusionists practicing under this Rule shall be authorized to practice perfusion in North Carolina and  
28 deemed to be licensed to practice perfusion in the State of North Carolina and the Board shall have jurisdiction over  
29 all perfusionists practicing under this Rule for all purposes set forth in or related to G.S. 90, Articles 1 and 40, and  
30 such jurisdiction shall continue in effect even after all perfusionists have stopped practicing perfusion under this Rule.  
31

32 Authority G.S. 90-12.5; ~~90-685(3)~~ 90-685(3)(4a)(5)(6) and (7).  
33