BOARD MEETING MINUTES

March 17 - 19, 2021

3127 Smoketree Court
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held March 17 – 19, 2021.

The March 17-19, 2021 meeting of the North Carolina Medical Board was held at 3127 Smoketree Court, Raleigh, NC 27604, and video conference. Venkata R. Jonnalagadda, President, called the meeting to order. Board members in attendance were: John W. Rusher, MD, President-Elect; Michaux R. Kilpatrick, MD; Secretary/Treasurer; Shawn P. Parker, JD; Varnell D. McDonald-Fletcher, PA-C; Christine M. Khandelwal, DO; Jerri L. Patterson, NP; W. Howard Hall, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Devdutta G. Sangvai, MD, Mr. William M. Brawley and Anuradha Rao-Patel, MD

PRESIDENTIAL REMARKS

Dr. Venkata R. Jonnalagadda 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. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Jonnalagadda discussed the results of the Federation of State Medical Boards (FSMB) 2020 Annual Survey.

PRESENTATIONS

Thom Mansfield, Chief Legal Officer with NCMB and Shannon Joseph, Independent Counsel, provided interview training to the Board members.

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.

Dr. Jordan 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. Khandelwal gave the PHP Board of Directors report.

NCMB ATTORNEY'S REPORT

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Friday, March 19th, 2021.

Mr. Blankenship and Mr. Mansfield updated the Board on the schedule of upcoming hearings, hearing assignments and rule activity of the Board.

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.

A motion was passed to return to open session.

That concluded the Attorney's Report

Legislative and Government Relations Update

On Friday, March 19th, 2021, the Board's Legislative Liaison, Mr. Thomas W. Mansfield, Chief Legal Officer and Board Attorney Elizabeth Meredith, provided a legislative update to the Board.

The Board accepted the report as information.

Strategic Priorities Report

The Board's CEO, R. David Henderson, provided a report on Strategic Priorities, as follows:

Three goals have been established for 2021.

The first goal is: "Continue and enhance other outreach efforts to build on recent success and stakeholder appreciation." One of the activities is promoting vaccination efforts across the state and staff is working with Department of Health and Human Services (DHHS) to accomplish that. Another activity is to improve the consumer resources section of the website. Earlier this year, staff completed a comprehensive assessment of the consumer section and identified several opportunities for improvement – two of which are completed. One is to create a dedicated page on our website for all our multimedia products; specifically, videos and podcasts. The second is producing three videos that correspond to the three brochures we created last year regarding intimate exams.

The second goal is: "Build a foundation for a data analytics program to support data-informed regulation and focused licensee education." This is a goal continued from last year to engage a consultant to help with this work. The work is expected to commence in July 2021.

The third goal is: "Engage stakeholders and influencers by positioning NCMB as a trusted subject matter expert." The first activity has been completed: staff has identified the vaccination effort and the Interstate Medical Licensure Compact as two topics the Board is uniquely qualified to assist with. The next activity is to create communication plans related to those activities. Staff is well underway with a vaccination communication effort. At the appropriate time, staff will develop a communication plan for the Compact.

Work will continue regarding all three goals through the end of 2021.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present via video/teleconference were: Venkata R. Jonnalagadda, MD, Chairperson; John W. Rusher, MD; Michaux R. Kilpatrick, MD; Varnell McDonald-Fletcher, PA-C, and Shawn P. Parker, JD.

Financial Update

a. Year-End Financial Statement Audit Report

   The Committee reviewed the following financial reports through February 28, 2021: 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.

   Board Action: Accept Committee recommendation. Accept the Year-End Financial Statement Audit Report as reported.

b. Investment Account

   The Committee reviewed the investment statements for January and February 2021.

   Committee Recommendation: Accept the investment statements as reported.

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

c. FY2020 Budget to Actuals Report

   The Committee reviewed the investment statements for January and February 2021.

   Committee Recommendation: Accept the investment statements as reported.

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

Policy Committee Report

Members present were: Christine M. Khandelwal, DO, Chairperson; Mr. William M. Brawley; Damian F. McHugh, MD; Devdutta G. Sangvai, MD; and Anuradha Rao-Patel, MD

Old Business:

a. Position Statements Review Workgroup

The Committee and staff reviewed the revisions and comments made by Board Members and staff in Sections 3 and 4 of the draft compendium. The Committee agreed to accept the non-substantive revisions throughout. The Committee and staff then reviewed each comment or substantive change and made a determination of whether to accept those revisions. The proposed substantive revisions are provided with this report. If the proposed revisions are accepted by the full Board, staff will then update the individual position statements on the Board's website. The Committee and staff will review sections 5 (Guidance on Procedures and Treatments) and 6 (Caring for Patient at End of Life) of the draft compendium prior to May and bring back comments, edits, and suggestions at the May 2021 meeting.

Committee Recommendation: Accept the recommended changes to sections 3 and 4, update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed. Committee and staff to review the position statements in sections 5 (Guidance on Procedures and Treatments) and 6 (Caring for Patient at End of Life) and bring back comments, edits, and suggestions at the May 2021 meeting.

Board Action: Accept Committee recommendation. Accept the recommended changes to sections 3 and 4, update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed. Committee and staff to review the position statements in sections 5 (Guidance on Procedures and Treatments) and 6 (Caring for Patient at End of Life) and bring back comments, edits, and suggestions at the May 2021 meeting.

b. Proposal for a Joint Statement with the North Carolina Medical, Nursing, and Pharmacy Boards regarding IV Hydration Clinics

Staff gave an overview of the recent meeting with the Board of Nursing and Board of Pharmacy regarding an increase in complaints they are receiving about IV Hydration Clinics and the request to consider a joint position statement in order to have a unified position on this matter.

Staff provided a general background of the public inquiries Board staff regularly receives from individuals interested in opening IV Hydration Clinics in North Carolina and the direction that is given to those individuals. Board Members commented on potential concerns regarding IV Hydration conducted by non-licensed personnel. An additional meeting with the Board of Nursing and Board of Pharmacy is expected in April 2021.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Licensing Committee Report

Members present were: Varnell D. McDonald-Fletcher, PA-C, Chairperson; Jerri L. Patterson, NP; W. Howard Hall, MD; Devdutta G. Sangvai and Joshua D. Malcolm

a. National Board of Osteopathic Medical Examiners ("NBOME")

Staff from the NBOME will be discussing the future of COMLEX Level 2 – Performance Evaluation.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

b. Committee Members should decide whether they want to discuss (and possibly make a recommendation concerning) keeping COMLEX-USA Level 2 PE as a licensure requirement in light of the following:

I. COMLEX Level 2 PE has been suspended with no plan for a date certain to resume it. This is the substantive equivalent examination to the allopathic USMLE Step 2 CS, which has been discontinued. https://www.nbome.org/covid-19-resources/comlex-usa-level-2-pe-covid-19-update/

II. USMLE Step 2 CS has been discontinued: https://www.usmle.org/announcements/

Committee Recommendation: Eliminate all USMLE Step 2 CS and COMLEX Level 2 PE licensure requirements relating to all license applications. Once NBOME has decided what to do with the COMLEX Level 2 PE examination going forward, revisit making it a licensure requirement. Communications to notify stakeholders of change.

Board Action: Eliminate all USMLE Step 2 CS and COMLEX Level 2 PE licensure requirements relating to all license applications. Once NBOME has decided what to do with the COMLEX Level 2 PE examination going forward, revisit making it a licensure requirement. Communications to notify stakeholders of change.

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.

Four licensure interviews were 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: Jerri L. Patterson, NP, Chairperson, Anuradha Rao-Pate, MD, Varnell McDonald-Fletcher, PA-C and William M. Brawley

Old Business:

a. Final approval of Nurse Practitioner Rules –- Marcus Jimison, Sr. Board Attorney (Appendix A)

21 NCAC 32M .0101 DEFINITIONS
21 NCAC 32M .0102 SCOPE OF PRACTICE
21 NCAC 32M .0103 NURSE PRACTITIONER REGISTRATION
21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER
21 NCAC 32M .0106 ANNUAL RENEWAL
21 NCAC 32M .0107 CONTINUING EDUCATION (CE)
21 NCAC 32M .0108 INACTIVE STATUS
21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

Committee Recommendation: Accept all Nurse Practitioner rule amendments without further changes.

Board Action: Accept Committee recommendation. Accepted all Nurse Practitioner rule amendments without further changes.

New Business:

a. Presentation by Pascal Udekwu, MD – NC Medical Board appointee to the NC Office of Emergency Medical Services Advisory Council and Disciplinary Committee – P. Udekwu, MD

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

b. Request to Reappoint Summit Kundaria, MD to Electrolysis Examiners Board – M. Jimison

Committee Recommendation: Recommend reappointment of Summit Kundaria, MD to Electrolysis Examiners Board

Board Action: Accept Committee recommendation. Accepted recommendation of reappointment of Summit Kundaria, MD to Electrolysis Examiners Board.

c. Dissolution of April 10, 2020 Order Waiving Physician Assistant National Certification Examination ("PANCE") for New Graduates – M. Jimison

Committee recommendation – Dissolve April 10, 2020 Order Waiving Physician Assistant National Certification Examination ("PANCE") for new graduates.

Board Action: Accept Committee recommendation. Dissolve April 10, 2020 order waiving Physician Assistant National Certification Examination (PANCE) for new graduates.

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.

Disciplinary (Complaints) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP 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 26 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: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP 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 34 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 (Department of Health and Human Services (DHHS) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP 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 (DHHS) Committee reported on two 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: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP 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 35 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.

Disciplinary (Compliance) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Jerri L. Patterson, NP 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 (Compliance) Committee reviewed eight 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.

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.

Eight 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.

Diversity and Inclusion Workgroup Report

Members present were: John W. Rusher, MD, Chair; and Michaux R. Kilpatrick, MD.

Old Business:

a. Education/Training

At the January 2021 meeting, the Board voted to hold at least one diversity, equity, and inclusion training session each year and to schedule the 2021 training during the May Board meeting.

Mr. Pauling reported the Racial Equity Institute will provide their "Groundwater" training to Board members and staff Wednesday, May 19, 2:30 – 5:30.

Workgroup Recommendation: Accept as information.

Board Action: Accept the Workgroup recommendation. Accept as information.

b. Healthy NC (HNC) 2030 Report

At the January 2021 meeting, the Board asked staff to identify HNC 2030 health indicators that are relevant to (1) increased access to care, and (2) promoting healthy behaviors and report back to the Workgroup in March. Ms. Meredith provided an update.

i. Increase the primary care workforce (Chapter 6: "Clinical Care"). The Workgroup reviewed five "levers for change" connected to Health Indicator #17 – Primary Care Workforce: Supporting programs that encourage high school and college students to pursue careers in medicine, increased support for providers in rural practices, increase residency positions, increase telehealth initiatives, and support increased funding for provider loan repayment programs.

ii. Support licensees' efforts to address healthy behaviors with their patients (Chapter 5: "Health Behaviors"). The Workgroup reviewed 12 Health Indicators where the Board might be able to educate its licensees: adverse childhood experiences, third grade reading proficiency, access to exercise opportunities, drug overdose deaths, tobacco use, excessive drinking, sugar-sweetened beverage consumption, HIV diagnosis rate, teen birth rates, earlier prenatal care, suicide rates, and infant mortality rate.

Workgroup Recommendation:

1. Staff to invite Brianne Lyda-McDonald, MSPH, Project Manager, NC Institute of Medicine, to the May meeting to discuss the HNC 2030 report; specifically, promoting healthy behaviors (Chapter 5), and increased access to care (Chapter 6).
2. Staff to invite Kathryn Dail, Senior Clinical Analyst, Division of Public Health, North Carolina Department of Health and Human Services, to the May meeting to explore how the Board can assist with the State Health Improvement Plan (action plan for HNC 2030 recommendations).

Board Action: Accept the Workgroup recommendation.

1. Staff to invite Brianne Lyda-McDonald, MSPH, Project Manager, NC Institute of Medicine, to the May meeting to discuss the HNC 2030 report; specifically, promoting healthy behaviors (Chapter 5), and increased access to care (Chapter 6).
2. Staff to invite Kathryn Dail, Senior Clinical Analyst, Division of Public Health, North Carolina Department of Health and Human Services, to the May meeting to explore how the Board can assist with the State Health Improvement Plan (action plan for HNC 2030 recommendations).

c. Implicit Bias

i. Internal/NCMB. Staff workgroups have been formed to determine whether there is evidence of implicit bias in past licensing or regulatory actions and what resources would be required to redact nonmaterial information from license applications and investigative reports to reduce the potential impact of implicit bias on staff recommendations and Board decisions. The staff workgroups will submit their findings and recommendations to the Workgroup in July or September.

ii. External/Licensees. At the January 2021 meeting, the Board asked staff to identify different ways to raise licensee awareness of implicit bias and how it can negatively impact patient care, and the pros and cons of each option. Ms. Meredith provided an update.

The Workgroup discussed the pros and cons of four different options: (1) require licensees to complete a certain number of hours of cultural competency or implicit bias CME within each CME cycle, (2) encourage licensees to take cultural competency and implicit bias training and modify the Board rules to state that any such training qualifies as practice-relevant CME, (3) publish guidelines on cultural competency similar to Oregon and Ohio, or (4) general promotional campaign that could include an article in the Forum, podcast, and dedicated page on the website with resources, etc.

Workgroup Recommendation:

1. Staff to prepare proposed changes to the physician and PA rules to make it clear that cultural competency CME is practice relevant (#2 above). Staff to explore the merits of awarding "weighted CME" for this activity. Staff to work with NC Area Health Education Centers, medical societies, and healthcare systems to identify and publish training opportunities.
2. Staff to prepare a draft cultural competency/implicit bias communications plan (#4 above).

Board Action: Accept the Workgroup recommendation.

1. Staff to prepare proposed changes to the physician and PA rules to make it clear that cultural competency CME is practice relevant (#2 above). Staff to explore the merits of awarding "weighted CME" for this activity. Staff to work with NC Area Health Education Centers, medical societies, and healthcare systems to identify and publish training opportunities.
2. Staff to prepare a draft cultural competency/implicit bias communications plan (#4 above).

d. FSMB Ad Hoc Task Force on Health Equity and Medical Regulation

Dr. Michaux Kilpatrick has been appointed to the Federation of State Medical Boards Ad Hoc Task Force on Health Equity and Medical Regulation. The first two meetings will be held on March 31 and April 8. Dr. Kilpatrick will provide further updates at the May meeting.

Workgroup Recommendation: Accept as information.

Board Action: Accept the Workgroup recommendation. Accept as information.

Outreach Committee Report

Members present were: Damian F. McHugh, MD, Chairperson; Joshua D. Malcolm, JD; Shawn P. Parker, JD and William M. Brawley

Old Business:

a. Update on presentations

I. Public and professional presentations
The Communications Director and Chief Communications Officer gave an update on ongoing professional and public outreach efforts. In professional outreach, NCMB has secured an invitation from Duke University's PA Program to present its mock disciplinary committee experience (now called the Regulatory Immersion Series or RIMS) to current second years students this year, prior to graduation. NCMB is continuing to reach out to the state's other medical schools and PA programs and hopes to eventually present the RIMS at each one. After a slow start to the year, activity is picking up in NCMB's public outreach program. NCMB recently participated in the Aging Matters podcast presented by Transitions Lifecare (aired Saturday, March 13 on WPTF radio). NCMB has also booked multiple virtual health fairs, which provides the opportunity to present a range of multimedia content, as well as brochures and other information to the public.

Committee recommendation: Accept as information

Board action: Accept committee recommendation. Accept as information.

ii. Vaccination education update
1. Debrief meeting with DHHS
2. License education

The Chief Communications Officer gave an update on NCMB's efforts to support the state's COVID-19 vaccination efforts by helping to educate licensees and the public about the vaccine rollout and related messages. NCMB has been communicating regularly with licensees and the public about the COVID-19 vaccine since January, using all channels including the website, social media, the Forum newsletter, NCMB's podcast and through direct outreach to specialty organizations and stakeholder groups.

Committee recommendation: Direct staff to continue with communications efforts related to COVID-19 vaccination and update the Committee as appropriate.

Board action: Accept committee recommendation. Direct staff to continue with communications efforts related to COVID-19 vaccination and update the Committee as appropriate.

New Business:

a. CSRS Mandate

The Committee discussed the imminent effective date of a state law that requires prescribers to review a patient's 12-month prescription history with the NC Controlled Substances Reporting System before issuing a prescription for a Schedule II or Schedule III controlled substance. NCMB has been informed by the state Drug Control Unit, which administers NC CSRS, that it will soon notify the NC General Assembly that it has completed all improvements the STOP Act of 2017 specified must be in place before the mandatory use provision can take effect. The Committee discussed the likelihood that many licensees have yet to register or integrate NC CSRS use into their practices, and questions were raised about the accuracy of NC CSRS reports that show prescribers to be out of compliance. It was noted that NC CSRS has received grant funding to provide technical support to prescribers and is likely to focus on assisting prescribers with compliance rather than referring to NCMB for punishment.

Committee recommendation: Direct staff to continue efforts to inform licensees about the NC CSRS mandatory use requirement.

Board action: Accept committee recommendation. Direct staff to continue efforts to inform licensees about the NC CSRS mandatory use requirement.

b. Misc other outreach initiatives

The Committee briefly discussed the possibility of pursuing new projects between now and November, when committee leadership and membership will change. It was suggested that it may be most advisable to continue with current projects and examine the need for new ideas in the fall, when Board Members will participate in a planning retreat.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 12:45 p.m. on Friday, March 19, 2021.

The next meeting of the Medical Board is scheduled for May 19-21, 2021.

Michaux R. Kilpatrick, MD; Secretary/Treasure

21 NCAC 32M .0101 is proposed for amendment as follows:

21 NCAC 32M .0101 DEFINITIONS

The following definitions apply to this Subchapter:

(1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and the Board of Nursing for a nurse practitioner to ~~perform medical acts~~ practice within her or his area of educational preparation and certification under a collaborative practice agreement ~~(CPA)~~ with a ~~licensed~~ physician licensed by the Medical Board in accordance with this Subchapter.

(2) "Back-up Supervising Physician" means ~~the licensed~~ a physician licensed by the Medical Board who, by signing an agreement with the nurse practitioner and the primary supervising physician(s), shall provide supervision, collaboration, ~~consultation~~ consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the ~~Primary Supervising Physician~~ primary supervising physician is not available. Back-up supervision shall be in compliance with the following:

(a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.

(b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.

(c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.

(3) ~~"Board of Nursing"~~ "Board" means the North Carolina Board of Nursing.

(4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician provides for continuous availability to each other for ongoing supervision, consultation, collaboration, ~~referral~~ referral, and evaluation of care provided by the nurse practitioner.

(5) ~~"Disaster"~~ "Emergency" means a state of ~~disaster~~ emergency as defined in ~~G.S. 166A-4(1a)~~ G.S. 166A-19.3 and proclaimed by the Governor, or by the General ~~Assembly pursuant to G.S. 166A-6.~~ Assembly.

(6) "Joint Subcommittee" means the subcommittee composed of members of the Board ~~of Nursing~~ and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.

(7) "Medical Board" means the North Carolina Medical Board.

(8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:

(a) American Nurses Credentialing Center (ANCC);

(b) American Academy of Nurse Practitioners ~~(AANP);~~ National Certification Board (AANPNCB);

(c) American Association of Critical Care Nurses Certification Corporation (AACN);

(d) National Certification Corporation of the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); and

(e) the Pediatric Nursing Certification Board (PNCB).

(9) "Nurse Practitioner" or "NP" means a ~~currently licensed~~ registered nurse who holds an active unencumbered license approved to ~~perform medical acts~~ practice consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a ~~licensed~~ physician licensed by the Medical Board for ongoing supervision, consultation, ~~collaboration~~ collaboration, and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.

(10) "Primary Supervising Physician" means ~~the licensed~~ a physician with an active unencumbered license with the Medical Board who shall provide on-going supervision, collaboration, ~~consultation~~ consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:

(a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.

(b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.

(c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.

(11) "Registration" means authorization ~~by the Medical Board and the Board of Nursing~~ for a registered nurse to use the title nurse practitioner in accordance with this Subchapter.

(12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.

(13) "Volunteer Approval" means approval to practice consistent with this Subchapter except without expectation of direct or indirect compensation or payment (monetary, in kind or otherwise) to the nurse practitioner.

Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2.

21 NCAC 32M .0102 is proposed for amendment as follows:

21 NCAC 32M .0102 SCOPE OF PRACTICE

The nurse practitioner's scope of practice is defined by academic educational preparation and national certification and maintained competence. A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0110 of this Subchapter. These services include but are not restricted to:

(1) promotion and maintenance of health;

(2) prevention of illness and disability;

(3) diagnosing, treating and managing acute and chronic illnesses;

(4) guidance and counseling for both individuals and families;

(5) prescribing, ~~administering~~ administering, and dispensing therapeutic measures, tests, ~~procedures~~ procedures, and drugs;

(6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring to other health care providers as appropriate; and

(7) evaluating health outcomes.

Authority G.S. 90-5.1(a)(3); 90-18(14).

21 NCAC 32M .0103 is proposed for amendment as follows:

21 NCAC 32M .0103 NURSE PRACTITIONER REGISTRATION

(a) The Board ~~of Nursing~~ shall register an applicant as a nurse practitioner who:

(1) has an ~~unrestricted~~ active unencumbered license to practice as a registered nurse in North Carolina or compact state and, when applicable, an ~~unrestricted~~ active unencumbered approval, ~~registration~~ registration, or license as a nurse practitioner in another state, territory, or possession of the United States;

(2) has successfully completed a nurse practitioner education program as outlined in Rule .0105 of this Subchapter;

(3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36 .0801(8); and

(4) has supplied additional information necessary to evaluate the application as requested.

(b) ~~Beginning~~ Applicants who have graduated from a nurse practitioner program after January 1, 2005, ~~new graduates of a nurse practitioner program,~~ who are seeking first-time nurse practitioner registration ~~in North Carolina~~ shall:

(1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;

(2) have successfully completed a graduate level nurse practitioner education program accredited by a national accrediting body; and

(3) provide documentation of certification by a national credentialing body.

Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36.

21 NCAC 32M .0105 is proposed for amendment as follows:

21 NCAC 32M .0105 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER

(a) A nurse practitioner applicant seeking ~~with~~ registration or first-time approval to practice after January 1, 2000, shall provide evidence of current certification ~~or recertification~~ as a nurse practitioner by a national credentialing body.

(b) A nurse practitioner applicant seeking registration or approval to practice who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of successful completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 contact hours of preceptorship or supervised clinical experience. The core curriculum shall contain the following components:

(1) health assessment and diagnostic reasoning including:
  (A) historical data;
  (B) physical examination data;
  (C) organization of data base;
(2) pharmacology;
(3) pathophysiology;
(4) clinical management of common health problems and diseases such as the following shall be evident in the nurse practitioner's academic program:
  (A) respiratory system;
  (B) cardiovascular system;
  (C) gastrointestinal system;
  (D) genitourinary system;
  (E) integumentary system;
  (F) hematologic and immune systems;
  (G) endocrine system;
  (H) musculoskeletal system;
  (I) infectious diseases;
  (J) nervous system;
  (K) behavioral, mental health and substance abuse problems;
(5) clinical preventative services including health promotion and prevention of disease;
(6) client education related to Subparagraph (b)(4) and (5) of this Rule; and
(7) role development including legal, ethical, economical, health ~~policy~~ policy, and interdisciplinary collaboration issues.

(c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph (b) of this Rule are:

(1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.

(2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall be exempt from core curriculum requirements in Sub-paragraphs (b)(4) – (7) of this Rule. Evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall include:

(A) a narrative of course content; and

(B) contact hours.

Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-171.42.

21 NCAC 32M .0106 is proposed for amendment as follows:

21 NCAC 32M .0106 ANNUAL RENEWAL OF APPROVAL TO PRACTICE

(a) Each registered nurse who is approved to practice as a nurse practitioner in this State shall annually renew each approval to practice with the Board ~~of Nursing~~ no later than the last day of the nurse practitioner's birth month by:

(1) Maintaining current North Carolina RN ~~licensure;~~ licensure or privilege to practice;

(2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter;

(3) attesting to completion of continuing competence requirements, and submitting evidence of completion if requested by the Board, as specified in Rule .0107 of this Section.

~~(3)~~(4) Submitting the fee required in Rule .0115 of this Subchapter; and

~~(4)~~(5) Completing the renewal application.

(b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice as a nurse practitioner shall ~~lapse.~~ expire.

Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2(a).

21 NCAC 32M .0107 is proposed for amendment as follows:

21 NCAC 32M .0107 CONTINUING EDUCATION (CE)

In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Section and earn 50 contact hours of continuing education each year beginning with the first renewal after initial approval to practice has been granted. At least 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role ~~those hours~~ for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice relevant courses in an institution of higher learning. Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically to address controlled substance prescribing practices, ~~signs of the abuse or misuse of controlled substances,~~ and controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule. Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available upon request to either Board.

Authority ~~G.S. 90-5.1;~~ G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-14(a)(5); S.L. 2015-241, s. 12F.

21 NCAC 32M .0108 is proposed for amendment as follows:

21 NCAC 32M .0108 INACTIVE STATUS

(a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board ~~of Nursing~~ 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 .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter and receive notification from the Board ~~of Nursing~~ of approval prior to beginning practice after the application is ~~approved by both Boards.~~ 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 ~~of Nursing~~ 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.

Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36.

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

21 NCAC 32M .0110 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~~ upon, ~~signed~~ signed, and dated 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~~ agreement, and available for inspection by members or agents of either Board;

(c) shall include the drugs, devices, medical treatments, ~~tests~~ tests, and procedures that may be prescribed, ~~ordered~~ ordered, and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter; 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 time-frame.

(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 Subparagraph (d)(2) 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.

Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(14).

North Carolina Medical Board

EMS Advisory Council Updates

March 17, 2021

- The Office of EMS, in compliance with NCGS 93B-15.1, began review of military credentials on December 1, 2020. This new law allows credentialing to those individuals who have been awarded a military occupational specialty at a level substantially equivalent or exceeding the requirements for a NC EMS credential. This new law also covers military spouses. There has been a tremendous amount of interest from both the Army and Navy. More information is posted on the NCOEMS website.
- The NC EMS Disciplinary Committee remains extremely active reviewing backgrounds of new and existing credentialed personnel to ensure the public is protected. You may or may not be aware, the NC Office of EMS runs a state background check on all 43,470 credentialed personnel every 24 hours. If an EMS professional gets charged today, the Office of EMS will know about it tomorrow morning, many times before the individual can notify his employer. The most common cases currently being seen by the Disciplinary Committee are related to domestic violence, drugs and non-compliance with previous administrative actions.
- The Office of EMS has proposed some changes to NC Administrative Code, pushing for higher education for EMS Instructors. The proposal is for;

  Level I EMS Instructors would be required to hold an Associate Degree
  Level II Instructors would be required to hold a Baccalaureate Degree

  All existing Instructors would be grandfathered, and this proposal has not been codified yet. It has gone through public comment and will be returning to the Medical Care Commission in May for another approval.

- NCOEMS utilizes High Stakes Credentialing/Licensing Exam administered by Scantron Assessment Solutions for testing of EMS professionals. Exam processes are based off the Institute for Credentialing Excellence (ICE) standards. Exams are psychometrically sound exams using modified-angoff scoring processes.
- NCOEMS continues to closely monitor the use of Ketamine by EMS professionals in the field. All cases are reviewed by the local Medical Director, OEMS Staff and State Medical Director for compliance and adverse outcomes.

COVID-Related

- Due to the pandemic, NCOEMS has put an exemption process in place for NCGS 131E-159 to allow EMS Agencies to be flexible regarding staffing on ambulances due EMS personnel becoming positive or quarantined due to COVID. EMS Systems, upon request, can allow agencies to utilize other personnel trained in Emergency Vehicle Operations to drive the Ambulance to the hospital. This exemption does not allow flexibility to the individual responsible for the care of the patient.
- NCOEMS also granted some extensions to credentials early in the pandemic due to Community Colleges being closed limiting access to education. Individuals set to expire were granted a six-month extension to their credential. No blanket extensions are currently being granted due to access to Community Colleges and online educational opportunities.
- EMS professionals were included in the initial category to receive their vaccination and many have taken advantage of it, having gotten both of their shots. Statewide, it is estimated that only about 30%-40% of EMS professionals were willing to take the vaccine. NCOEMS, Association of EMS Administrators and Association of Rescue and EMS are working on ways to ensure that EMS professionals can make the best decision for them and their families regarding the vaccine.
- EMS professionals are heavily engaged with their local health department on vaccine administration. All levels of credential, except for Emergency Medical Responder are allowed to administer the vaccine under medical direction.