MINUTES

September 19 - 21, 2018

1203 Front Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held September 19 - 21, 2018.

The September 2018 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609. Timothy E. Lietz, MD, President, called the meeting to order. Board members in attendance were: Barbara E. Walker, DO, President-Elect; Bryant A. Murphy, MD, Secretary/Treasurer; Eleanor E. Greene, MD, Immediate Past-President; Mr. A. Wayne Holloman; Debra A. Bolick, MD; Ralph A. Walker, JD; Venkata R. Jonnalagadda, MD; Shawn P. Parker, JD; Jerri L. Patterson, NP; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; and Michaux R. Kilpatrick, MD.

Presidential Remarks

Dr. Lietz 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.

Dr. Jonnalagadda gave an update on the Federation of State Medical Board (FSMB) Workgroup on Sexual Boundary Violations that was held August 8 – 9, 2018.

The Medical Board's Chief Executive Officer gave an update on Emergency Licensure

Minutes Approval

A motion passed to approve the July 18 - 19, 2018 Board Meeting minutes. There was not a Hearing in August 2018, therefore, there are no Hearing minutes to approve for August 2018.

Presentations

Dr. Lietz introduced Dr. Jana Burson, who gave a presentation on Opioid Use Disorder, specifically Medication-assisted Treatment.

Dr. Lietz introduced Dr. Dawn Morton-Rias, President and CEO of the National Commission on Certification of Physician Assistants (NCCPA), who gave a presentation on PA Practice Patterns and Certification.

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. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the Physician Health Program Compliance Committee report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

NCMB ATTORNEY'S REPORT

Mr. Brian L. Blankenship, Deputy General Counsel and Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Thursday, September 20, 2018.

The NCMB's Deputy General Counsel and Chief Legal Officer presented the open session portions of the Attorney's Report regarding the schedule for upcoming hearings, rulemaking activity and statistics regarding work performed by the Board's attorneys since the last Attorney's Report.

The Board received a legislative update from the Chief Legal Officer and reviewed certain potential revisions to the Medical Practice Act to occur in the 2019 session of the North Carolina General Assembly. The Board voted not to pursue statutory changes to the board member appointment process. The Board requested that staff conduct research and discuss with stakeholders the possibility of increasing the post-graduate training requirements for American and Canadian medical school graduates to two years and decreasing the post-graduate training requirements for international medical graduates to two years. Additionally, the Board discussed the possibility of a statutory requirement to report to the Board information regarding diversion of controlled substances or professional sexual misconduct. The Board requested staff undertake additional research and discussion with stakeholders regarding such provisions. The Board requested that the proposed revisions to the Medical Practice Act be returned for consideration at the November 2018 meeting.

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.

Executed Cases - Public Actions:

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

Abrahim, Ken Shafquat MD
Consent Order executed 07/25/2018

Ambati, Balamurali K MD
Consent Order executed 07/25/2018

Anixter, William Leighton MD
Consent Order executed 07/26/2018

Barnett, Kari Chappell
Consent Order executed 08/01/2018

Cracker, Andrew John-Edward MD
Non-Disciplinary Consent Order executed 08/16/2018

Dhoopati, Vijay Ramaraju MD
Notice of Charges and Allegations; Notice of Hearing; Scheduling Order executed 07/30/2018

Fakhri, Mouhamed Iyad MD
Consent Order executed 08/08/2018

Foxworth, Scott Steven PA
Consent Order executed 08/16/2018

Halliday, Sharon Raynes MD
Interim Non-Practice Agreement executed 07/13/2018

Hayes, John David MD
Notice of Charges and Allegations; Notice of Hearing; Scheduling Order executed 08/10/2018

Henthorn Jr., Norman Francis PA
Non-Disciplinary Consent Order executed 07/25/2018

Hower, David Kemp MD
Consent Order executed 07/12/2018

Kessel, John Woodruff MD
Entry of Revocation executed 09/04/2018

Maring, Timothy Matthew PA
Public Letter of Concern executed 08/14/2018

Mehfoud, George Joseph MD
Consent Order executed 08/14/2018

O'Neil Jr., James Timothy MD

Consent Order executed 08/17/2018

Rapalje, James John PA
Public Letter of Concern executed 07/16/2018

Scott, Gregory Earl MD
Consent Order executed 07/10/2018

Tidball, John Scott MD
Relief of Consent Order Obligations executed 07/18/2018

Uyesugi, Walter Yutaka DO
Consent Order executed 08/31/2018

Vaslef, Steven Nicholas MD
Public Letter of Concern executed 07/31/2018

Wagner, Thomas Herbert MD
Public Letter of Concern executed 8/22/2018; Order of Dismissal executed 08/29/2018

Ward, W. Gregory MD
Consent Order executed 7/30/2018

White, Anne Litton MD
Findings of Fact, Conclusions of Law, and Order of Discipline executed 08/23/2018

Williams, Nathan Edward MD
Public Letter of Concern executed 07/17/2018

Zahra, Michael Sorkis MD
Consent Order executed 08/08/2018

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD, Chair; Barbara E. Walker, DO; Bryant A. Murphy, MD; Eleanor E. Greene, MD; and A. Wayne Holloman.

Strategic Plan

a. 2018 Strategic Priorities Update

Due to time constraints, the Strategic Priorities Update will be presented to the full Board

Financial Statements

a. Year-to-Date Financial Statements

The Committee reviewed the following financial reports; the Balance Sheet; the Year to Date – Profit & Loss versus Budget; and the Profit & Loss Year To Date Comparison reports.

Committee Recommendation: Accept the financial statements as reported.

<u>Board Action:</u> Accept Committee recommendation. Accept the final statements as reported.

b. Investment Account Statements

The Committee reviewed the investment statements for July and August 2018. Messrs. Matt Wedding and David Culpepper, Fifth Third Bank, gave a year-to-date performance report.

Committee Recommendation: Accept as information.

<u>Board Action</u>: Accept Committee recommendation. Accept as information.

c. Proposed FY 18/19 Budget

The Committee reviewed the Fiscal Year 18/19 budget and the NCMB Annual Salary Adjustment proposal.

Committee Recommendation: Accept the proposed budget with a two percent organizational performance adjustment.

<u>Board Action</u>: Accept Committee recommendation. Accept the proposed budget with a two percent organizational performance adjustment.

Old Business

a. Office Space Update

The Office Space Project Team is gathering information for several options to address the need for additional workspace: (1) renovate 2013 Front Street; (2) leasing space; (3) buy/renovate a building; and (4) new construction on a new property.

The Committee received updated information from the Office Space Project Team on these four options.

Committee Recommendation: Accept as Information. The Committee will have an update at the November 2018 Board meeting.

Board Action: Accept Committee recommendation. Accept as Information. The Committee will have an update at the November 2018 Board meeting.

b. Physician Wellness Summit

A workgroup of the NC Consortium for Physician Resilience and Retention is planning a Physician Wellness Summit for October 17-18 at the Crabtree Marriott. Staff provided the Committee with an update.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

New Business

a. NCMB Appointments Update

The Board will need to appoint one of its public members for service on the NCMB Review Panel for 2019. Mr. Holloman currently serves in this role

Committee Recommendation: Permit Mr. Holloman to continue to serve as the Board's representative to the NCMB Review Panel.

Board Action: Permit Mr. Holloman to continue to serve as the Board's representative to the NCMB Review Panel.

CEO Performance Review

Per Article V, Section 2 of the NCMB Bylaws, the officers of the Board conducted the annual CEO performance review.

POLICY COMMITTEE REPORT

Members present were: Shawn P. Parker, JD, Chairperson; Debra A. Bolick, MD; Ralph A. Walker, JD; Jerri L. Patterson, NP; and Michaux R. Kilpatrick, MD.

New Business:

a. Guidelines for Avoiding Misunderstandings During Physical Examinations

The Committee reviewed the proposed redline position statement favorably. Staff commented that the redline position statement is an initial draft that will require further editing, including the suggestion of changing the title of the position statement. Staff explained that the redline position statement did not include language that would make chaperones mandatory during physical examinations because of the impracticality of that requirement in certain solo or small practices. Staff explained that the position statement incorporated language from the Federation of State Medical Boards and added additional clarification as to what is appropriate and inappropriate during physical examinations. The Committee also discussed the idea of having a standard informed consent when chaperones are not available.

Committee Recommendation: Table position statement for further consideration until the November Board meeting.

Board Action: Accept Committee recommendation. Table position statement for further consideration until the November Board meeting.

b. Telemedicine

The Committee discussed that the position statement has served the Board well over the past four years but recognized the need to revisit the position statement to ensure it was consistent with current federal laws and changing trends in healthcare.

Stephanie Foley, MD; who serves as the Director of the Controlled Substance Collaborative and the Virtual Care and Innovations Committee Chair for UNC Physicians Network, provided an overview of the UNC Physicians Network's proposed program that would allow pain patients in rural communities to have access to UNC Physicians specializing in pain medicine who would assist in treating and prescribing pain medication via telemedicine. It was noted that currently the position statement discourages prescribing controlled substances for the treatment of pain via telemedicine. Staff recommended making proposed modifications to the prescribing section of the position statement to contemplate this type of program.

The Committee felt that it would be beneficial to hear from other groups and providers regarding the initiatives they are taking regarding telemedicine.

Committee Recommendation: Table discussion of the position statement until the November Board meeting and potentially invite other telemedicine stakeholders to present to the Committee.

Board Action: Accept Committee recommendation. Table discussion of the position statement until the November Board meeting and potentially invite other telemedicine stakeholders to present to the Committee.

c. Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care

   The Committee discussed the need to solicit the opinions of the Nursing and Pharmacy Boards regarding whether the position statement needed revising. The Committee felt the position needed to be reviewed to ensure the information contained in the position statement is still accurate. The Committee also discussed whether there should be changes to the position statement based on the STOP Act. Staff addressed one current change regarding Vicodin now being a Schedule II Controlled Substance.

   Committee Recommendation: Solicit feedback from the Nursing and Pharmacy Boards and bring back for discussion at the November Board meeting.

   Board Action: Accept Committee recommendation. Solicit feedback from the Nursing and Pharmacy Boards and bring back for discussion at the November Board meeting.

Other:

a. New Policy Discussion Page

   Staff displayed the new Policy Discussion page which will provide an additional tool for gathering public comment on position statements, rules, and other policies being considered for adoption by the Board.

   Committee Recommendation: Accept as information.

   Board Action: Accept Committee recommendation. Accept as information.

LICENSE COMMITTEE REPORT

Members present were: Debra A. Bolick MD, Chairperson; Varnell McDonald-Fletcher, PA-C; Venkata R. Jonnalagadda, MD; Ralph A. Walker, JD; and Michaux Kilpatrick, MD.

Old Business

a. Application for Physician License Rule - 21 NCAC 32B .1303 (Appendix A)
   Reinstatement of Physician License Rule - 21 NCAC 32B .1350 (Appendix B)

The Board previously voted to amend rule 21 NCAC 32B .1303 and 21 NCAC 32B .1350 to include the American Board of Oral and Maxillofacial Surgery (ABOMS) as a physician certification to satisfy the 3-attempt limit for passing USMLE. Requirements were also removed that are no longer applicable as staff are currently requesting these items and not the applicant (NPDB and FSMB report).

Committee Recommendation: Accept as information. Add ABOMS to the definition list in the rules.

Board Action: Accept Committee recommendation. Accept as information. Add ABOMS to the definition list in the rules.

New Business

a. Dr. Kondal Madaram from Fayetteville, NC requested the Board provide a waiver to physicians who want to apply for residency who have taken more than 3 attempts at any Step of the USMLE or COMLEX.

   Committee Recommendation: Deny request. Advise MD that the Board has decided not to change the current rule.

   Board Action: Accept Committee recommendation. Deny request. Advise MD that the Board has decided not to change the current rule.

b. Expedited Application for Physician License Rule - 21 NCAC 32B .2001 (Appendix C)

   Staff initially wanted the Board to discuss allowing applicants to be licensed via the expedited process if they had no complaints, investigations, or professional liability claims made against them in the 10 years prior to application. Previously, an applicant could not have any complaints, investigations, or professionally liability claims to qualify for licensure. As staff began to draft the proposed rule with these changes, it became apparent that various updates needed to occur in order to make it easier for the Board's applicants to understand the rule.

   Committee Recommendation: Change rule as proposed.

   Board Action: Accept the committee recommendation. Change rule as proposed.

c. Emergency Disaster Licensing Rules

   i. Physician Disaster Rule - 21 NCAC 32B .1706 (Appendix D)
   ii. Physician Assistant Disaster Rule – 21 NCAC 32S .0219 (Appendix E)
   iii. Perfusionist Disaster Rule – 21 NCAC 32V .0116 (Appendix F)
   iv. Anesthesiology Assistant Disaster Rule – 21 NCAC 32W .0116 (Appendix G)

Staff recognized the need to revise our disaster management plan and licensing system. This led to organizing meetings with the NC Department of Emergency Management. Staff also researched how Texas (Hurricane Harvey) and Florida (Hurricane Irma) handled licensure during their most recent disasters. Staff then developed an emergency licensure plan that, for the most part, models Texas' plan. Staff drafted specific rules for two different types of emergency licenses for the Board's applicants.

On September 19, 2018, the NCMB found the following:

On September 13, 2018, Hurricane Florence impacted the coast of North Carolina causing massive storm surge on the outer banks and the Pamlico Sound. The city of New Bern experienced massive flooding with hundreds of residents needing rescue. The next day, Hurricane Florence made landfall on the southeast coast of the state. Heavy rains persisted for several days before Florence finally exited the state. All of North Carolina was impacted by the storm with the brunt being felt heaviest in the southeast. Thousands of residents have been displaced and relocated to shelters, have lost power, and have had homes damaged or destroyed. To date, nineteen fatalities in North Carolina have been attributed to Florence.

Given the massive damage and displacement of individuals from their homes, North Carolina needs additional healthcare providers to cover the need created by Hurricane Florence. Pursuant to G.S. § 150B-21.1A and G.S. § 90-12.5, the Board finds that Hurricane Florence poses a serious and unforeseen threat to the public health and safety. The Board hereby adopts an emergency rule suspending and modifying certain licensing requirements. The emergency rule will allow for the expeditious influx of needed physicians, physician assistants, anesthesiology assistants and perfusionist to the state, without having the out of state providers undergo the typical licensing process, which can take several weeks or months, and permit them to start caring for those North Carolinians in need of their help.

A temporary rule is being filed contemporaneous with the emergency rule.

Committee Recommendation: Adopt proposed rules as emergency rules. Perfusionist committee needs to review Perfusionist Disaster rule.

<u>Board Action</u>: Accept committee recommendation. Adopt proposed rules as emergency rules. Perfusionist committee needs to review Perfusionist Disaster rule.

d. Medical School Faculty License Statute - NCGS 90-12.3 (Appendix H)
Application for Medical "School Faculty license - 21 NCAC 32B .1502 (Appendix I)

Staff recognized the need to clarify and update who is entitled to a Medical School Faculty license.

Committee Recommendation: Change statute and rule as proposed.

Board Action: Accept Committee recommendation. Change statute and rule as proposed. Add "instructor" to line 1 A in NCGS 90-12.3.

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 seven 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.

Eight 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: Varnell McDonald-Fletcher, PA-C, Chairperson; John W. Rusher, MD; Jerri L. Patterson, NP; and Ralph A. Walker, JD.

New Business:

a. Physician Assistants

   Proposed fee increases. The North Carolina Academy of Physician Assistants (NCAPA) supports the proposed PA fee increases – Emily Adams, NCAPA

Committee recommendation: Receive as information.

Board Action: Accept Committee recommendation. Receive as information.

The NCAPA reported database issues with physician assistants registering on the NC Controlled Substance Reporting System as of September 19, 2019. The staff has been made aware of the issue and contact has been made with the Department of Health and Human Services (DHHS). The Committee expressed support of PAs doing their best under these circumstances.

Committee recommendation: Receive as information.

Board Action: Accept Committee recommendation. Receive as information.

b. Perfusionist Advisory Committee

The committee interviewed two applicants, Ms. Erica Powell and Mr. Ian Shearer.

Committee recommendation: Appoint Ms. Powell to the Perfusionist Advisory Committee.

Board Action: Accept Committee recommendation. Appoint Ms. Powell to the Perfusionist Advisory Committee.

c. Nurse Practitioners

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 Advanced Practice Providers and Allied Health Committee received as information a report from the Nurse Practitioner Joint Subcommittee Panel ("Panel"). The Panel's written report was presented for the Board's review, where it was also received as information. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Venkata Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; and John W. Rusher, MD; and Barbara E. Walker, DO.

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 reported on 34 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: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; and John W. Rusher, MD; and Barbara E. Walker, DO.

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 reported on 50 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: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; and John W. Rusher, MD; and Barbara E. Walker, DO.

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 nine 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: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; and John W. Rusher, MD; and Barbara E. Walker, DO.

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.

Forty-seven investigative cases were reviewed. 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 (MEDICAL EXAMINER) COMMITTEE REPORT

Members present were: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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.

Three Medical Examiner cases were reported. 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.

Five 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

Members present were: Eleanor E. Greene, MD, Acting Chair; and John W. Rusher, MD. Members absent were: Barbara E. Walker, DO; and A. Wayne Holloman.

Old Business

a. Overview of Outreach Activities (Presentations)

   The Communications Director summarized professional outreach activities for the year to date. Two presentations scheduled for meetings in South Carolina and North Carolina the weekend of Sept. 15-16 had to be cancelled due to Hurricane Florence and will be rescheduled. Staff plan to renew efforts to arrange presentations at residency programs across the state, now that the newest class of residents is somewhat settled. NCMB recently started using Poll Everywhere (audience response software) to do live polling during presentations and will continue to use this with larger audiences. Finally, the NCMB Corporations Coordinator is working on a presentation related to organizing a medical business (professional corporation or limited liability company), as staff have identified this as a need.

   Committee recommendation: Accept as information.

   Board action: Accept committee recommendation: Accept as information.

b. Update on public presentations to consumer audiences

The Chief Communications Officer reported that NCMB is continuing to reach out to new audiences with its public outreach program. Upcoming presentations are planned for the UNC-Chapel Hill Employee Forum and the State Bureau of Investigation (SBI) Academy, for example. The Committee discussed the possibility of approaching churches that have health ministries to assess interest in presentations by NCMB. The Committee also discussed determining Board Member interest in presenting to community groups near their homes, so that staff can reach out to groups in interested Board Members' areas.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

c. Update on Safe Disposal Safe Storage document

The Chief Communications Officer gave an update on the collaborative effort to produce consumer information on safe medication disposal that can be provided to prescribers to give to patients. United Healthcare has agreed to print 40,000 pads of the safe medication disposal tear sheet developed by NCMB with Project Lazarus, and partners including the North Carolina Medical Society and the North Carolina Healthcare Association will help distribute it to prescribers. Pads are currently being printed and should be available for distribution soon. NCMB has established a resource page on the Board's website and will promote the safe disposal sheet on social media and other channels, including the *Forum* newsletter.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

New Business

a. New Policy Discussions feature on website

The Communications Director demonstrated a new resource planned for the website that will enable NCMB to gather public comment on policies and rules under consideration by the Board. There is currently no established means of featuring proposed position statements on the website, for example, though NCMB does email stakeholders to solicit comment and also seeks comment from licensees via the *Forum* newsletter and other means. The Board currently maintains an online tracker for proposed rules, but could supplement efforts to gather public comment with the new tool. The new resource is ready to be made live on the website. Comments must be approved by staff before they appear on the NCMB website.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

b. Public survey questions

The Chief Communications Officer reviewed the final draft of the upcoming public survey to be deployed in October. She noted that two areas of emphasis in this year's survey are patient use of telemedicine and impact of the opioid overdose crisis on patients. The Committee recommended that NCMB promote the survey on social media, in order to gather feedback from the general public in addition to collecting responses from respondent panels arranged by the survey consultant.

Committee recommendation: Direct Communications Department to email Board Members a link to the survey, which should be completed by Board Members no later than Monday, Oct. 1. Feedback on the survey should be directed to the Chief Communications officer.

Board action: Accept committee recommendation: Communications Department to email Board Members a link to the survey, which should be completed by Board Members no later than Monday, Oct. 1. Feedback on the survey to be directed to the Chief Communications Officer.

DIVERSITY WORKGROUP

Members present were: Eleanor E. Greene, MD, Chairperson; Shawn P. Parker, JD; and Michaux R. Kilpatrick, MD.

Old Business

a. Review and Adopt Mission and Vision Statement

The Diversity Workgroup reviewed and adopted the mission statement:
Diversity and inclusion are core values for the NCMB as we strive to serve our diverse group of patients and licensees. NCMB appreciates and values ideas that come from a diverse work environment.

b. Discuss three core principles (Education, Communication, and Compliance)

The workgroup discussed how the three core principles should tie into the Mission and Vision statement as well.

New Business

a. Discussion of workgroup history, role and purpose

NCMB's Chief Executive Officer informed the workgroup that the inception of the workgroup was in 2011 with the idea of increasing diversity of the staff recruiting process.

Ms. Thelma Lennon, a former Board member, was the first person sought out for advice. The first Chair of the workgroup was Dr. Cheryl Walker-McGill.

The original goals were staff diversity, staff training, and training for Human Resources. The updated goals are: Staff diversity, staff training, and Board member training periodically.

b. Update on Staffing
   1. Current Open Position
      a. Quality of Care Case Paralegal (9/2018)

c. Staff Statistics – Review PowerPoint

   The HR Manager presented a snapshot of The Medical Board's staff; by race, age, and gender. The data indicates we are making progress as it relates to becoming a more diverse organization. The current staff headcount is 56 employees and will increase to 57 by October 2018.

Other:

a. Human Resources Manager Training/Presentations
   1. Evaluating Diversity and Inclusion training for FY19

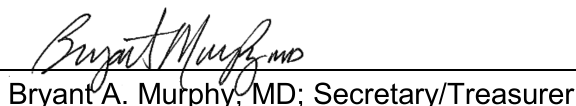
   Committee Recommendation: Accept as information.

   Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 5:21 p.m. on Thursday, September 20, 2018.

The next meeting of the Medical Board is scheduled for November 14 - 16, 2018.



Bryant A. Murphy, MD; Secretary/Treasurer

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a ~~Physician License,~~ physician license, an applicant shall:

(1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete and authorizing the release to the Board of all information pertaining to the application;

(2) submit a photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;

(3) submit documentation of a legal name change, if applicable;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education and received a medical degree. However, the Board shall waive the 130 week requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS or AOA approved specialty board within the past 10 years;

(6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS or COCA, meet the requirements set forth in G.S. 90-9.1;

(7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;

(8) provide proof of passage of an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination; NBME; USMLE; FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:

(A) COMLEX,

(B) NBOME, and

(C) MCCQE;

(9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:

(A) A graduate of a medical school approved by LCME, CACMS or COCA shall have satisfactorily completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(B) A graduate of a medical school not approved by LCME shall have satisfactorily completed three years of graduate medical education approved by ACGME, CFPC, RCPSC or AOA.

(C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA;

(10) submit a FCVS profile:

(A) If the applicant is a graduate of a medical school approved by LCME, CACMS or COCA, and the applicant previously has completed a FCVS profile; or

(B) If the applicant is a graduate of a medical school other than those approved by LCME, COCA or CACMS;

(11) if a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

(12) submit an AMA Physician Profile and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;

(13) if applying on the basis of the USMLE, submit:

(A) a transcript from the FSMB showing a score on USMLE Step 1, both portions of Step 2 (clinical knowledge and clinical skills) and Step 3; and

(B) proof that the applicant has passed each step within three attempts. However, the Board shall waive the three attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, ~~FRCS or~~ FRCS, AOA or ABOMS approved specialty board within the past 10 years;

(14) if applying on the basis of COMLEX, submit:

(A) a transcript from the NBOME showing a score on COMLEX Level 1, both portions of Level 2 (cognitive evaluation and performance evaluation) and Level 3; and

(B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive the three attempt requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, ~~FRCS or~~ FRCS, AOA or ABOMS approved specialty board within the past 10 years;

(15) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;

~~(16) submit a NPDB / HIPDB report, dated within 60 days of submission of the application;~~

~~(17) submit a FSMB Board Action Data Report;~~

~~(18)~~(16) submit two completed fingerprint record cards supplied by the Board;

~~(19)~~(17) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

~~(20)~~(18) provide two original references from persons with no family or marital relationship to the applicant. These references must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of the submission of the application; and

(D) bearing the original signature of the writer;

~~(21)~~(19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and

~~(22)~~(20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(b) In addition to the requirements of Paragraph (a) of this Rule, the applicant shall submit proof that the applicant has:

(1) within the past 10 years taken and passed either:

(A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBOME; USMLE; COMLEX; or MCCQE or their successors);

(B) SPEX (with a score of 75 or higher); or

(C) COMVEX (with a score of 75 or higher);

(2) within the past 10 years:

(A) obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, ~~FRCS or AOA;~~ FRCS, AOA or ABOMS; or

(B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous certification);

(3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or

(4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.

(c) All reports must be submitted directly to the Board from the primary source, when possible.

(d) An applicant shall appear in person for an interview with the Board or its agent, if the Board needs more information to complete the application.

(e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History note: Authority G.S. 90-8.1; 90-9.1; 90-9.2; 90-13.1;
Eff. August 1, 2010;
Amended Eff. December 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) "Reinstatement" is for a physician who has held a North Carolina License, but whose license either has been inactive for more than one year, or whose license became inactive as a result of disciplinary action (revocation or suspension) taken by the Board. It also applies to a physician who has surrendered a license prior to charges being filed by the Board.

(b) All applicants for reinstatement shall:

(1) submit a completed application which can be found on the Board's website in the application section at http://www.ncmedboard.org/licensing, attesting under oath or affirmation that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration and work status which the Board shall use to verify the applicant's ability to work lawfully in the United States. Applicants who are not present in the U.S. and who do not plan to practice physically in the US shall submit a written statement to that effect.

(4) furnish an original ECFMG certification status report of a currently valid certification of the ECFMG if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if:

(A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); or

(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;

(5) submit the AMA Physician Profile; and, if the applicant is an osteopathic physician, also submit the AOA Physician Profile;

~~(6) submit a NPDB/HIPDB report dated within 60 days of the application's submission;~~

~~(7) submit a FSMB Board Action Data Bank report;~~

(6)~~(8)~~ submit documentation of CME obtained in the last three years, upon request;

(7)~~(9)~~ submit two completed fingerprint cards supplied by the Board;

(8)~~(10)~~ submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(9)~~(11)~~ provide two original references from persons with no family or material relationship to the applicant. These references shall be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

(C) dated within six months of submission of the application; and

(D) bearing the original signature of the author;

1 (10)~~(12)~~ pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost
2 of a criminal background check; and
3 (11)~~(13)~~ upon request, supply any additional information the Board deems necessary to
4 evaluate the applicant's qualifications.
5 (c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof
6 that the applicant has:
7 (1) within the past 10 years taken and passed either:
8 (A) an exam listed in G.S. 90-10.1 (a state board licensing examination; NBME;
9 NBOME; USMLE; FLEX; COMLEX; or MCCQE or their successors);
10 (B) SPEX (with a score of 75 or higher); or
11 (C) COMVEX (with a score of 75 or higher);
12 (2) within the past ten years:
13 (A) obtained certification or recertification of CAQ by a specialty board
14 recognized by the ABMS, CCFP, FRCP, ~~FRCS or AOA;~~ FRCS, AOA, or
15 ABOMS; or
16 (B) met requirements for ABMS MOC (maintenance or certification) or AOA
17 OCC (Osteopathic continuous Certification);
18 (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA;
19 or
20 (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a),
21 .0101(b), and .0102.
22 (d) All reports shall be submitted directly to the Board from the primary source, when possible. If
23 a primary source verification is not possible, then a third party verification shall be submitted.
24 (e) An applicant shall be required to appear in person for an interview with the Board or its agent
25 to evaluate the applicant's competence and character if the Board needs more information to
26 complete the application.
27 (f) An application must be complete within one year of submission. If not, the applicant shall be
28 charged another application fee plus the cost of another criminal background check.
29 (g) Notwithstanding the above provisions of this Rule, the licensure requirements established by
30 rule at the time the applicant first received his or her equivalent North Carolina license shall apply.
31 Information about these Rules is available from the Board.
32
33 *History Note: Authority G.S. 90-8.1; 90-9.1; 90-10.1; 90-13.1;*
34 *Eff. August 1, 2010;*
35 *Amended Eff. September 1, 2014; November 1, 2013; November 1, 2011;*
36 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest*
37 *Eff. March 1, 2016.*
38

21 NCAC 32B .2001 is proposed for amendment as follows:

21 NCAC 32B .2001 EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

(a) ~~A specialty board-certified physician who has been licensed in at least one other state, the District of Columbia, U.S. territory or Canadian province for at least five years, has been in active clinical practice the past two years; and who has a clean license application, as defined in Paragraph (c) of this Rule may apply for a license on an expedited basis.~~ A physician who meets the qualifications listed in this rule may apply for a license on an expedited basis.

(b) An applicant for an expedited Physician License shall:

(1) complete the Board's application form, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit documentation of a legal name change, if applicable;

(3) on the Board's form, submit a photograph taken within the past year, two inches by two inches, attested to or affirmed by the applicant as a true likeness of the applicant before a notary public;

(4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United ~~States;~~ States. Applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. shall submit a statement to that effect;

~~(Note: there may be some applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. Those applicants shall submit a statement to that effect);~~

(5) provide proof that applicant has held an active unrestricted license to practice medicine in at least one other state, the District of Columbia, U.S. Territory or Canadian province continuously for ~~at least~~ a minimum of five years immediately preceding this application;

(6) provide proof of clinical practice providing patient care for an average of 20 hours or more per week, for at least the last two years;

(7) provide proof of:

(A) current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, ~~or AOA~~ AOA, or ABOMS approved specialty board obtained within the past 10 years; or

(B) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS or AOA; or

(C) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous ~~Certification);~~ certification);

(8) if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA or CACMS, the applicant shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if the applicant has passed the ECH+FMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required).

~~(8)~~(9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician submit an AOA Physician Profile;

~~(9) submit a NPDB/HIPDB report dated within 60 days of the applicant's oath;~~

~~(10) submit a FSMB Board Action Data Bank report;~~

~~(11)~~(10) submit two completed fingerprint record cards supplied by the Board;

~~(12)~~(11) submit a signed consent form allowing a search of local, state and national files to disclose any criminal record;

~~(13)~~(12) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a)~~ of three hundred fifty dollars ($350.00),~~ plus the cost of a criminal background check; and

~~(14)~~(13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) A ~~clean~~ physician applying for an expedited license ~~application means that the physician has none of the following:~~ must:

(1) not have any professional liability insurance claim(s) or ~~payment(s);~~ payments(s) within the past 10 years;

(2) not have any criminal ~~record;~~ conviction;

(3) not have any medical condition(s) which could affect the physician's ability to practice safely;

(4) not have any regulatory board complaint(s), investigation(s), or action(s) (including applicant's withdrawal of a license ~~application);~~ application) within the past 10 years;

(5) not have any adverse ~~action~~ action(s) taken by a health care ~~institution;~~ institution within the past 10 years;

(6) not have any adverse ~~investigation(s) or~~ action(s) taken by a federal agency, the U.S. military, medical societies or ~~associations;~~ within the past 10 years;

~~(7) suspension or expulsion from any school, including medical school.~~

~~(8) graduation from any United States or Canadian medical school that is not LCME or CACMS approved; or~~

~~(9) has passed no licensing examination other than Puerto Rico Written Examination/Revalida~~.

(7) have passed an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination: NBME; USMLE; FLEX or their successors). The Board accepts the following examinations (or their successors) for licensure:

(A) COMLEX;

(B) NBOME; and

(C) MCCQE.

(d) All reports must be submitted directly to the Board from the primary source, when possible.

~~(e) The application process must be completed within one year of the date on which the application fee is paid. If not, the applicant shall be charged a new applicant fee.~~

History Note: Authority G.S. 90-9.1; 90-5; 90-11; 90-13.1;
Eff. August 1, 2010;
Amended Eff. November 1, 2013;

1 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest*
2 *Eff. March 1, 2016.*
3 *Amended Eff. -------------------------------*

1
2 **21 NCAC 32B .1706 PHYSICIAN PRACTICE AND LIMITED LICENSE FOR DISASTERS**
3 **AND EMERGENCIES**
4
5 (a) The Board shall, pursuant to G.S. 90-12.5, waive requirements for licensure except to the
6 extent set forth below and after the Governor of the State of North Carolina has declared a
7 disaster or state of emergency, or in the event of an occurrence for which a county or
8 municipality has declared a state of emergency, or to protect the public health, safety or welfare
9 of its citizens under Article 22 of Chapter 130A of the General Statutes. There are two ways for
10 physicians to practice under this rule:
11 (1) Hospital to Hospital Credentialing: A physician who holds a full, unlimited and
12 unrestricted license to practice medicine in another U.S. state, territory or district
13 and has unrestricted hospital credentials and privileges in any U.S. state, territory
14 or district may come to North Carolina and practice medicine at a hospital that is
15 licensed by the North Carolina Department of Health and Human Services upon
16 the following terms and conditions:
17 (A) the licensed North Carolina hospital shall verify all physician credentials
18 and privileges;
19 (B) the licensed North Carolina hospital shall keep a list of all physicians
20 coming to practice and shall provide this list to the Board within ten (10)
21 days of each physician practicing at the licensed North Carolina hospital.
22 The licensed North Carolina hospital shall also provide the Board a list of
23 when each physician has stopped practicing medicine in North Carolina
24 under this section within ten (10) days after each physician has stopped
25 practicing medicine under this section;
26 (C) all physicians practicing under this section shall be authorized to practice
27 medicine in North Carolina and shall be deemed to be licensed to practice
28 medicine in the State of North Carolina and the Board shall have
29 jurisdiction over all physicians practicing under this section for all
30 purposes set forth in or related to Article 1 of Chapter 90 of the North
31 Carolina General Statutes, and such jurisdiction shall continue in effect
32 even after any and all physicians have stopped practicing medicine under
33 this section;
34 (D) a physician may practice under this section for the shorter of (a) thirty (30)
35 days from the date the physician has started practicing under this section
36 or (b) a statement by an appropriate authority is made that the emergency
37 or disaster declaration has been withdrawn or ended and, at such time,
38 the license deemed to be issued shall become inactive, and
39 (E) physicians practicing under this section shall not receive any
40 compensation outside of their usual compensation for the provision of
41 medical services during a disaster or emergency.

(2) Limited Emergency License: A physician who holds a full, unlimited and unrestricted license to practice medicine in another U.S. state, territory or district may apply for a limited emergency license on the following conditions:

(A) the applicant must complete a limited emergency license application;

(B) the Board shall verify that the physician holds a full, unlimited and unrestricted license to practice medicine in another U.S. state, territory or district;

(C) in response to the specific circumstances presented by a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician's scope of practice;

(D) the Board shall have jurisdiction over all physicians practicing under this section 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 has stopped practicing medicine under this section or the Limited Emergency License has expired;

(E) this license shall be in effect for the shorter of (a) thirty (30) days from the date it is issued or (b) 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; and

(F) physicians holding limited emergency licenses shall not receive any compensation outside of their usual compensation for the provision of medical services during a disaster or emergency.

History Note: Authority G.S. 90-12.5; G.S. 90-13.2(e);G.S 90-14(a); GS 166A-45

21 NCAC 32S .0219 PHYSICIAN ASSISTANT PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

~~(a) The Board shall, pursuant to G.S. 90-12.5, issue a limited physician assistant license under the following conditions:~~

~~(1) the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with states of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes, G.S. 160A-174(a) or G.S. 153A-121(a);~~

~~(2) the applicant provides government-issued photo identification;~~

~~(3) the applicant provides proof of licensure, certification or authorization to practice as a physician assistant in another state, the District of Columbia, US Territory or Canadian province;~~

~~(4) applicant affirms under oath that such license is in good standing; and~~

~~(5) no grounds exist pursuant to G.S. 90-14(a) for the Board to deny a license.~~

~~(b) In response to the specific circumstances presented by a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician assistant's scope of practice including, but not limited to, the following: geography; term; type of practice; prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs; supervision; and practice setting.~~

~~(c) The physician assistant must practice under the direct supervision of an on-site physician. The supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5 and 21 NCAC 32B .1705. The physician assistant may perform only those medical acts, tasks, and functions delegated by the supervising physician and not limited by the physician assistant's scope of practice as set out in Paragraph (b) of this Rule.~~

~~(d) A team of physician(s) and physician assistant(s) practicing pursuant to this Rule is not required to maintain on-site documentation describing supervisory arrangements and instructions for prescriptive authority as otherwise required by 21 NCAC 32S .0213.~~

~~(e) A physician assistant holding a Limited Physician Assistant License for Disasters and Emergencies shall not receive any other or additional compensation outside his or her usual compensation, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services during a disaster or emergency.~~

(a) The Board shall, pursuant to G.S. 90-12.5, waive requirements for licensure except to the extent set forth below and after the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has declared a state of emergency, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes. There are two ways for physician assistant assistants to practice under this rule:

(1) Hospital to Hospital Credentialing: A physician assistant who holds a full, unlimited and unrestricted license to practice medicine in another U.S. state, territory or district and has unrestricted hospital credentials and privileges in any U.S. state,

1 territory or district may come to North Carolina and practice medicine at a North
2 Carolina hospital that is licensed by the North Carolina Department of Health and
3 Human Services upon the following terms and conditions:
4 (A) the licensed North Carolina hospital shall verify all physician assistant
5 credentials and privileges;
6 (B) the licensed North Carolina hospital shall keep a list of all physician
7 assistants coming to practice and their respective supervising physicians
8 and shall provide this list to the Board within ten (10) days of each physician
9 assistant practicing at the licensed North Carolina hospital. The licensed
10 North Carolina hospital shall also provide the Board a list of when each
11 physician assistant has stopped practicing medicine in North Carolina
12 under this section within ten (10) days after each physician assistant has
13 stopped practicing medicine under this section;
14 (C) all physician assistants practicing under this section shall be authorized to
15 practice medicine in North Carolina and deemed to be licensed to practice
16 medicine in the State of North Carolina and the Board shall have jurisdiction
17 over all physician assistants practicing under this section for all purposes
18 set forth in or related to Article 1 of Chapter 90 of the North Carolina
19 General Statutes, and such jurisdiction shall continue in effect even after
20 any and all physician assistants have stopped practicing medicine under
21 this section;
22 (D) the physician assistant must practice under the direct supervision of an on-
23 site physician and the supervising physician must be licensed in this State
24 or approved to practice in this State during a disaster or state of emergency
25 pursuant to G.S. 90-12.5;
26 (E) a physician assistant may practice under this section for the shorter of (a)
27 thirty (30) days from the date the physician assistant has started practicing
28 under this section or (b) a statement by an appropriate authority is made
29 that the emergency or disaster declaration has been withdrawn or ended
30 and, at such time, the license deemed to be issued shall become inactive;
31 and
32 (F) physician assistants practicing under this section shall not receive any
33 compensation outside of their usual compensation for the provision of
34 medical services during a disaster or emergency.
35 (2) Limited Emergency License: A physician assistant who holds a full, unlimited and
36 unrestricted license to practice medicine in another U.S. state, territory or district
37 may apply for a limited emergency license on the following conditions:
38 (A) the applicant must complete a limited emergency license application;
39 (B) the Board shall verify that the physician assistant holds a full, unlimited and
40 unrestricted license to practice medicine in another U.S. state, territory or
41 district;
42 (C) in response to the specific circumstances presented by a declared disaster
43 or state of emergency and in order to best serve the public interest, the
44 Board may limit the physician assistant assistant's scope of practice;

1 (D) the physician assistant must practice under the direct supervision of an on-
2 site physician and the supervising physician must be licensed in this State
3 or approved to practice in this State during a disaster or state of emergency
4 pursuant to G.S. 90-12.5;
5 (E) physician assistants and physicians practicing pursuant to this Rule are not
6 required to maintain onsite documentation describing supervisory
7 arrangements and instructions for prescriptive authority as otherwise
8 required by 21 NCAC 32S .0213;
9 (F) the Board shall have jurisdiction over all physician assistants practicing
10 under this section for all purposes set forth in or related to Article 1 of
11 Chapter 90 of the North Carolina General Statutes, and such jurisdiction
12 shall continue in effect even after such physician assistant has stopped
13 practicing medicine under this section or the Limited Emergency License
14 has expired;
15 (G) this license shall be in effect for the shorter of (a) thirty (30) days from the
16 date it is issued or (b) a statement by an appropriate authority is made that
17 the emergency or disaster declaration has been withdrawn or ended and,
18 at such time, the license issued shall become inactive; and
19 (H) physician assistants holding limited emergency licenses shall not receive
20 any compensation outside of their usual compensation for the provision of
21 medical services during a disaster or emergency.
22 (3) National Guard supervision waiver. The rules of this Subchapter are waived
23 during a declared state of emergency by the Governor of the State of North
24 Carolina or by a resolution of the North Carolina General Assembly for
25 members of the North Carolina National Guard who are actively licensed
26 as physician assistants in the State of North Carolina and are serving in a
27 State Active Duty status.
28
29 *History Note: Authority G.S. 90-12.5; G.S. 90-18(c)(13); G.S. 90-13.2(e); G.S. 90-14(a); G.S.*
30 *166A-45*
31 *Eff. September 1, 2009;*
32 *Amended Eff. November 1, 2010;*
33 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest*
34 *Eff. March 1, 2016*
35
36

1
2 **21 NCAC 32V .0116 PERFUSIONIST PRACTICE AND LIMITED LICENSE FOR DISASTERS**
3 **AND EMERGENCIES**
4
5 (a) The Board shall, pursuant to G.S. 90-12.5, waive requirements for licensure except to the
6 extent set for below and after the Governor of the State of North Carolina has declared a disaster
7 or state of emergency, or in the event of an occurrence for which a county or municipality has
8 declared a state of emergency, or to protect the public health, safety or welfare of its citizens
9 under Article 22 of Chapter 130A of the General Statutes. There are two ways for perfusionists
10 to practice under this rule:
11 (1) Hospital to Hospital Credentialing: A perfusionist who holds a full, unlimited and
12 unrestricted license to practice perfusion in another U.S. state, territory or district and has
13 unrestricted hospital credentials and privileges in any U.S. state, territory or district may
14 come to North Carolina and practice perfusion at a North Carolina hospital that is licensed
15 by the North Carolina Department of Health and Human Services upon the following terms
16 and conditions:
17 (A) the licensed North Carolina hospital shall verify all perfusionist credentials and
18 privileges;
19 (B) the licensed North Carolina hospital shall keep a list of all perfusionists coming to
20 practice and shall provide this list to the Board within ten (10) days of each
21 perfusionist practicing at the licensed North Carolina hospital. The licensed North
22 Carolina hospital shall also provide the Board a list of when each perfusionist has
23 stopped practicing medicine in North Carolina under this section within ten (10)
24 days after each perfusionist has stopped practicing medicine under this section;
25 (C) all perfusionists practicing under this section shall be authorized to practice
26 perfusion in North Carolina and deemed to be licensed to practice perfusion in the
27 State of North Carolina and the Board shall have jurisdiction over all perfusionists
28 practicing under this section for all purposes set forth in or related to Article 1 of
29 Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall
30 continue in effect even after any and all perfusionists have stopped practicing
31 perfusion under this section;
32 (D) a perfusionist may practice under this section for the shorter of (a) thirty (30) days
33 from the date the perfusionist has started practicing under this section or (b) a
34 statement by an appropriate authority is made that the emergency or disaster
35 declaration has been withdrawn or ended and, at such time, the license deemed
36 to be issued shall become inactive; and
37 (E) perfusionists practicing under this section shall not receive any compensation
38 outside of their usual compensation for the provision of medical services during a
39 disaster or emergency.
40 (2) Limited Emergency License: A perfusionist who holds a full, unlimited and unrestricted
41 license to practice as a perfusionist in another U.S. state, territory or district may apply for
42 a limited emergency license on the following conditions:
43 (A) the applicant must complete a limited emergency license application;

1 (B) the Board shall verify that the perfusionist holds a full, unlimited and unrestricted
2 license to practice in another U.S. state, territory or district;
3 (C) in response to the specific circumstances presented by a declared disaster or state
4 of emergency and in order to best serve the public interest, the Board may limit the
5 perfusionist's scope of practice;
6 (D) the Board shall have jurisdiction over all perfusionists practicing under this section
7 for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina
8 General Statutes, and such jurisdiction shall continue in effect even after such
9 perfusionist has stopped practicing perfusion under this section or the Limited
10 Emergency License has expired;
11 (E) this license shall be in effect for the shorter of (a) thirty (30) days from the date it
12 is issued or (b) a statement by an appropriate authority is made that the emergency
13 or disaster declaration has been withdrawn or ended and, at such time the license
14 issued shall become inactive.
15 (F) perfusionists holding limited emergency licenses shall not receive any
16 compensation outside of their usual compensation for the provision of medical
17 services during a disaster or emergency.
18
19 *History Note: Authority G.S.90-12.5; G.S. 90-13.2(e); G.S. 90-14(a); G.S.166A-45*

1
2 **21 NCAC 32W .0116 ANESTHESIOLOGIST ASSISTANT PRACTICE AND LIMITED**
3 **LICENSE FOR DISASTERS AND EMERGENCIES**
4
5 (a) The Board shall, pursuant to G.S. 90-12.5, waive requirements for licensure except to the
6 extent set for below and after the Governor of the State of North Carolina has declared a
7 disaster or state of emergency, or in the event of an occurrence for which a county or
8 municipality has declared a state of emergency, or to protect the public health, safety or welfare
9 of its citizens under Article 22 of Chapter 130A of the General Statutes. There are two ways for
10 anesthesiologist assistants to practice under this rule:
11 (1) Hospital to Hospital Credentialing: A anesthesiologist assistant who holds an
12 unrestricted license in good standing to practice as an anesthesiologist assistant
13 in another U.S. state, territory or district and has unrestricted hospital credentials
14 and privileges in any U.S. state, territory or district may practice at a licensed
15 North Carolina hospital upon the following terms and conditions:
16 (A) the licensed North Carolina hospital shall verify all anesthesiologist
17 assistant credentials and privileges;
18 (B) the licensed North Carolina hospital shall keep a list of all
19 anesthesiologist assistants coming to practice and shall provide this list to
20 the Board within ten (10) days of each anesthesiologist assistant
21 practicing at the licensed North Carolina hospital. The licensed North
22 Carolina hospital shall also provide the Board a list of when each
23 anesthesiologist assistant has stopped practicing at the hospital under
24 this section within ten (10) days after each anesthesiologist assistant has
25 ceased practicing under this section;
26 (C) all anesthesiologist assistants practicing under this section shall be
27 authorized to practice in North Carolina and deemed to be licensed in
28 North Carolina and the Board shall have jurisdiction over all
29 anesthesiologist assistants practicing under this section for all purposes
30 set forth in or related to Article 1 of Chapter 90 of the North Carolina
31 General Statutes, and the Board shall retain jurisdiction over any and all
32 anesthesiologist assistants after they have stopped practicing under this
33 section;
34 (D) anesthesiologist assistants may practice under this section for the shorter
35 of (a) thirty (30) days from the date the anesthesiologist assistant has
36 started practicing under this section or (b) a statement is made by the
37 Governor or the Governor's designee that the emergency or disaster
38 declaration has been withdrawn or ended and, at such time, the license
39 deemed to be issued shall become inactive; and

1 (E) anesthesiologist assistants practicing under this section shall not receive
2 any compensation outside of their usual compensation for the provision of
3 medical services during a disaster or emergency.
4
5 (2) Limited Emergency License: An anesthesiologist assistant who holds an
6 unrestricted license in good standing to practice as an anesthesiologist assistant
7 in another U.S. state, territory or district may apply for a limited emergency
8 license on the following conditions:
9 (A) the applicant must complete an application;
10 (B) the Board shall verify that the anesthesiologist assistant holds an
11 unrestricted license in good standing to practice in another U.S. state,
12 territory or district;
13 (C) in response to the specific circumstances presented by a declared
14 disaster or state of emergency and in order to best serve the public
15 interest, the Board may limit the anesthesiologist assistant's scope of
16 practice;
17 (D) the Board shall have jurisdiction over all anesthesiologist assistants
18 practicing under this section for all purposes set forth in or related to
19 Article 1 of Chapter 90 of the North Carolina General Statutes, and the
20 Board shall retain jurisdiction over any and all anesthesiologist assistants
21 after they have stopped practicing under this section;
22 (E) this license shall be in effect for the shorter of (a) thirty (30) days from the
23 date the anesthesiologist assistant has started practicing under this
24 section or (b) a statement is made by the Governor or the Governor's
25 designee that the emergency or disaster declaration has been withdrawn
26 or ended and, at such time the license issued shall become inactive; and
27 (F) anesthesiologist assistants holding limited emergency licenses shall not
28 receive any compensation outside of their usual compensation for the
29 provision of medical services during a disaster or emergency.
30
31 History Note: Authority G.S. 90-12.5; G.S. 90-13.2(e); G.S. 90-14(a); G.S. 166A-45
32

§ 90-12.3. Medical school faculty license.

(a) The Board may issue a medical school faculty license to practice medicine and surgery to a physician who:

(1) Holds a full-time faculty appointment as either a lecturer, assistant professor, associate professor, or full professor at a North Carolina medical school that is certified by the Liaison Committee on Medical Education or the Commission of Osteopathic College Accreditation of the American Osteopathic Association. ~~one of the following medical schools:~~ and

~~a. Duke University School of Medicine;~~

~~b. The University of North Carolina at Chapel Hill School of Medicine;~~

~~c. Wake Forest University School of Medicine; or~~

~~d. East Carolina University School of Medicine; and~~

(2) Is not subject to disciplinary order or other action by any medical licensing agency in any state or other jurisdiction.

(b) The holder of the medical school faculty license issued under this section shall not practice medicine or surgery outside the confines of the medical school or ~~an affiliate of the medical school~~ or its affiliates. The holder of the medical school faculty license practicing medicine or surgery beyond the limitations of the license shall be guilty of a Class 3 misdemeanor and, upon conviction, shall be fined not less than twenty-five dollars ($25.00) nor more than fifty dollars ($50.00) for each offense. The Board, at its discretion, may revoke the special license after due notice is given to the holder of the medical school faculty license.

(c) A medical school faculty license shall become inactive at the time its holder (i) ceases to hold a full-time appointment as either an instructor, lecturer, assistant professor, associate professor, or full professor at a certified North Carolina medical school or (ii) ceases to be employed in a full-time capacity by the respective medical school. The Board shall retain jurisdiction over the holder of the inactive license.

~~(c)~~ (d) The Board may adopt rules and set fees related to issuing medical school faculty licenses. The Board may, by rule, set a time limit for the term of a medical school faculty license. (2007-418, s. 7.)

21 NCAC 32B .1502 APPLICATION FOR MEDICAL SCHOOL FACULTY LICENSE

(a) The Medical School Faculty License is limited to physicians who have expertise which can be used to help educate North Carolina medical students, post-graduate residents and fellows but who do not meet the requirements for Physician licensure.

(b) In order to obtain a Medical School Faculty License, an applicant shall:

(1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;

(2) submit the Board's form, signed by the Dean or ~~his~~ the Dean's appointed representative, indicating that the applicant has received a full-time paid appointment as either ~~a~~ an instructor, lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina;

(3) submit documentation of a legal name change, if applicable;

(4) submit a photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;

(5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. However, the Board shall waive the 130 week requirement if the applicant has been certified or recertified by an ABMS, ~~DDFP,~~ AOA, FRCP, FRCS or AOA approved specialty board within the past 10 years;

(6) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired US passport if the applicant was born in the United States. If the applicant does not possess proof of US citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ~~ability to work lawfully~~ lawful presence in the United States;

(7) submit proof of satisfactory completion of at least one year of GME approved by ACGME, CFPC, RCPSC, or AOA; or evidence of other education, training or experience, determined by the Board to be equivalent;

(8) submit reports from all medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating the status of the applicant's license and whether or not any action has been taken against the license;

(9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, submit an AOA Physician Profile;

(10) submit a NPDB ~~report, HIPDB report,~~ report dated within 60 days of applicant's oath;

(11) submit a FSMB Board Action Data Bank report;

(12) submit two completed fingerprint record cards supplied by the Board;

(13) submit a signed consent form allowing a search of local, state, and national files to disclose any criminal record;

(14) provide two original ~~references~~ reference letters from persons with no family or marital relationship to the applicant. These letters must be:

(A) from physicians who have observed the applicant's work in a clinical environment within the past three years;

(B) on forms supplied by the Board;

1 (C) dated within six months of the applicant's oath; and
2 (D) bearing the original signature of the writer.
3 (15) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost
4 of a criminal background check; and
5 (16) upon request, supply any additional information the Board deems necessary to
6 evaluate the applicant's competence and character.
7 (c) All reports must be submitted directly to the Board from the primary source, when possible.
8 (d) An applicant may be required to appear in person for an interview with the Board or its agent
9 to evaluate the applicant's competence and character.
10 (e) An application must be completed within one year of the date of the applicant's oath.
11 (f) This Rule applies to licenses granted after the effective date of this Rule.
12
13 *History Note: Authority G.S. 90-12.3; 90-13.2;*
14 *Eff. June 28, 2011;*
15 *Amended Eff. November 1, 2013;*
16 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest*
17 *Eff. March 1, 2016.*