

FAQs of COVID-19 Recovery Act Provisions Related to Quality Improvement Meetings

On May 4, 2020, Governor Cooper signed into law the [COVID-19 Recovery Act](#) (SL 2020-3). Section 3D.5 prohibits the NC Medical Board from enforcing the requirements for quality improvement meetings between physician assistants and their supervising physicians under certain circumstances.

Q. How does the Board interpret SL 2020-3?

A. For physician assistants licensed prior to February 1, 2020 and practicing within their scope of practice as defined by their written supervisory arrangements, the Board will not enforce the quality improvement meeting requirements found in 21 NCAC 32S .0213(e). Physician assistants licensed after February 1, 2020 and physician assistants working outside their scope of practice because they have been reassigned to meet critical needs per the Board’s March 31, 2020 Order are not required to have monthly quality improvement meetings for the first six months. However, these physician assistants shall have quality improvement meetings every six months.

Even though quality improvement meetings are no longer required under certain circumstances per SL 2020-3, physician assistants and their supervising physicians may still choose to have these meetings. The Board encourages physician assistants and their supervising physicians to continue to engage in quality improvement processes to ensure high quality patient care.

FAQs Regarding the Impact of the COVID-19 Recovery Act (SL 2020-3) on NCMB's March 31, 2020 Order

On March 31, 2020, NCMB issued an [Order](#) waiving the requirements to submit intent to practice forms and update supervisory arrangements for physician assistants reassigned to a new practice area resulting from the COVID-19 pandemic. The Order continued to require those reassigned physician assistants to comply with all other applicable rules, including meeting monthly with a physician to discuss quality improvement measures and relevant clinical issues and to document the same.

Q: How does SL 2020-3 affect the Board's Order regarding the emergency reassignment of physician assistants during the pandemic?

A: For physician assistants licensed prior to February 1, 2020, the Board will not enforce the requirements for quality improvement meetings and the documentation of those meetings, so long as the physician assistant was practicing within their scope of practice before February 1, 2020 and continues to do so. For physician assistants licensed on or after February 1, 2020 ("newly licensed physician assistants") as well as physician assistants working emergency reassignments and practicing outside their scope as defined by their written supervisory arrangements, monthly quality improvement meetings do not need be held for the first six months but shall occur every six months.

Q: Does this law only apply to those responding to the COVID-19 pandemic?

A: No, it applies to all physician assistants.

Q: How long is this enforcement moratorium in place?

A: Until December 31, 2021

FAQs Regarding the NCMB's March 31, 2020 Order

Here are some FAQs for the NC Medical Board's Order dated March 31, 2020, regarding the reassignment of physician assistants (PAs) to a new practice area to meet critical needs during the COVID-19 emergency. Although the Board cannot anticipate each COVID-19 practice situation, the intent is to assure all PAs working a new assignment have appropriate supervision and physician collaboration.

Q: The Board's Order states PAs reassigned within a facility or multi-specialty practice do not have to file a new intent to practice with the Board or update their supervisory arrangement prior to beginning the new assignment. However, the Order also states the reassigned PA is expected to comply with all other applicable Board rules. What are the "other applicable Board rules"?

A: "Other applicable Board rules" means all other rules found in [21 NCAC 32S](#); however, PAs licensed prior to February 1, 2020, do not have to hold monthly quality improvement meetings so long as they were practicing within their scope practice before February 1, 2020, and continue to do so. (See above FAQ regarding SL 2020-3). Newly licensed physician assistants and reassigned physician assistants working outside of their scope are not required to have monthly quality improvement meetings for the first six months but do need to meet every six months. SL 2020-3 supersedes section 2 of the Order which states the physician assistant must "confer at least monthly with a physician to ensure meaningful supervision and quality assurance within the new practice setting."

Even though quality improvement meetings are no longer required under certain circumstances per SL 2020-3, physician assistants and their supervising physicians may still choose to have these meetings. The Board encourages physician assistants and their supervising physicians to continue to engage in quality improvement processes to ensure high quality patient care.

Q: Is the physician referenced above (and in section 2 of the Order) the PA's Primary Supervising Physician?

A: No. If a reassignment lasts longer than six months for a newly licensed physician assistant or a physician assistant working outside of his or her scope such that a quality improvement meeting shall be held, then any physician who is familiar with the physician assistant's practice in the new setting can conduct the meeting.

Q: What does the Board mean when it says a PA should “confer” at least monthly with a physician? Does it need to be documented?

A: Until December 31, 2021, SL 2020-3 supersedes section 2 of the Order. See the FAQ on how the Board interprets “other applicable rules.”

Q: In response to the pandemic, does a reassigned PA need to change the required information on his or her prescriptions to reflect the new practice arrangement?

A: The Board staff recognizes the practical limitations and burdens an emergency reassignment may present and offers the following: the PA should make reasonable efforts to ensure there is accurate contact information on each prescription for a pharmacy or patient to utilize should there be any questions about a particular prescription.

Q: If a fully licensed PA chooses to volunteer, how does the volunteer PA meet the intent to practice and supervisory requirements?

A: When a PA volunteers, he or she must still submit an intent to practice notification with the Board designating a primary supervising physician. SL 2020-3 applies to volunteer physician assistants.