



NOTICE OF TEXT

[Authority G.S. 150B-21.2(c)]

OAH USE ONLY

VOLUME: 40

ISSUE: 17

CHECK APPROPRIATE BOX:

- Notice with a scheduled hearing
- Notice without a scheduled hearing
- Republication of text. Complete the following cite for the volume and issue of previous publication, as well as blocks 1 - 4 and 7 - 14. If a hearing is scheduled, complete block 5.
Previous publication of text was published in Volume: Issue:

1. Rule-Making Agency: Medical Board

2. Link to agency website pursuant to G.S. 150B-19.1(c): <https://www.ncmedboard.org/about-the-board/latest-board-activity/rule-change-tracker>

3. Proposed Action -- Check the appropriate box(es) and list rule citation(s) beside proposed action:

ADOPTION: 21 NCAC 32S .0227

AMENDMENT:

REPEAL:

READOPTION with substantive changes:

READOPTION without substantive changes:

REPEAL through READOPTION:

4. Proposed effective date: 07/01/2026

5. Is a public hearing planned? Yes

If yes:

Date	Time	Location
05/01/2026	11:00 A.M.	The public hearing will be held remotely via teleconference. Telephone Number: 919-518-9840; Conference ID: 661 182 245#.

6. If no public hearing is scheduled, provide instructions on how to demand a public hearing:

7. Explain Reason For Proposed Rule(s):

Last year, the Legislature enacted SL 2025-37. This new law authorizes physician assistants who have obtained 4,000 clinical hours of experience and 1,000 clinical hours in a particular specialty to work in a team-based setting without physician supervision. The proposed rules implement 2025-37 by defining certain statutory terms and establishing other requirements of team-based practice as instructed by the Legislature.

8. Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission. If the Rules Review Commission receives written and signed objections in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or email. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 984-236-1850.

Rule(s) is automatically subject to legislative review. Cite statutory reference:

9. The person to whom written comments may be submitted on the proposed rule(s):

Name: Leigh Anne Satterwhite
Address: 3127 Smoketree Court
Raleigh, NC 27604
Phone (optional): 919-326-1109, Ext. 395
Fax (optional):
EMail (optional) rules@ncmedboard.org

10. Comment Period Ends: 05/01/2026

11. Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

No fiscal note required

12. Rule-making Coordinator:

Name: Leigh Anne Satterwhite
919-326-1109 Ext. 395
leigh.satterwhite@ncmedboard.org

Agency contact, if any:

Name: Marcus Jimison
Phone: 919-326-1109, Ext. 226
Email: marcus.jimison@ncmedboard.org

13. The Agency formally proposed the text of this rule(s) on

Date: 01/23/2026

1 21 NCAC 32S .0227 is proposed for adoption as follows:

2
3 **21 NCAC 32S .0227 TEAM-BASED SETTINGS PRACTICE**

4 (a) For purposes of G.S. 90-1.1(4d), "consistent and meaningful participation in the design and implementation of
5 health services to patients" means that a physician on the team:

- 6 (1) provides health services to patients in the team-based setting or team-based practice;
- 7 (2) is available, whether in person or by telecommunication, for collaboration, consultation, or referral
8 during the times the team-based physician assistant is performing medical acts, tasks, or functions;
- 9 (3) participates in determining and documenting of how the team will continuously function, including
10 (i) the roles of each member of the team; (ii) the manner in which the team will collaborate, consult,
11 and refer; (iii) a continuous process for ensuring patient safety; and (4) implementation of any
12 quality improvement measures. These records and documents shall be shared and acknowledged by
13 all team members. The records and documents shall be provided to the Board upon request. For
14 purposes of this section, "team" shall refer to team-based physician assistants and physicians; and
15 (4) is engaged in shared governance within the organization that enables site-based decision-making.

16 (b) For purposes of G.S. 90-9.3A(a)(2), "clinical practice experience" means direct patient care as a physician assistant
17 performing medical acts, tasks, and functions, including diagnosing, treating, and prescribing.

18 (c) For purposes of G.S. 90-9.3A(a)(b), in determining whether team-based physician assistants have appropriately
19 collaborated, consulted, and referred to members of the health care team, the Board will take into consideration all
20 documents and records under Paragraph (a)(3) of this Rule. These records and documents shall be made available to
21 the Board if requested.

22 (d) Prior to practicing as a team-based physician assistant, a physician assistant shall submit to the Board a registration
23 for a Team-Based Practice on the Board's website that includes the following information:

- 24 (1) the physician assistant's name, mailing address, and telephone number;
- 25 (2) the address of all the team-based settings in which the physician assistant practices;
- 26 (3) a three-part attestation, signed by the physician assistant, under oath and affirmation that the
27 physician assistant:
 - 28 (i) has at least 4,000 documented hours of clinical practice experience as a licensed physician
29 assistant. Documentation shall be made available to the Board if requested;
 - 30 (ii) has at least 1,000 documented hours of clinical practice experience within each specified
31 medical specialty area of practice in which the team-based physician assistant will be
32 practicing. Documentation shall be made available to the Board if requested; and
 - 33 (iii) will be working in a team-based setting or team-based practice as defined by G.S. 90-
34 1.1(4d).
- 35 (4) confirmation from at least one North Carolina licensed physician, who is also a member of the team-
36 based setting or team-based practice, that the physician assistant will be practicing in a team-based

1 practice or team-based setting as set forth in G.S. 90-9.3A(a) and that the team-based practice or
2 team-based setting meets the requirements set forth in G.S. 90-1.1(4d)(a) or (b); and

3 (5) confirmation from an employer, or its authorized representative, that it has determined the physician
4 assistant has been hired or promoted as a team-based physician assistant in a team-based setting or
5 practice.

6 (e) The physician assistant shall not commence practice as team-based physician assistant until they receive
7 acknowledgement from the Board, or confirm on its website, that the Board has received and processed the Team-
8 Based Practice Registration. The Team-Based Practice Registration is limited to the medical specialty and team-based
9 setting registered with the Board. A team-based physician assistant shall notify the Board of any changes to the
10 information required in Paragraph (d)(1) and (d)(2) of this Rule within 60 days of the change. Physician assistants
11 shall update all information under Paragraph (d) when the team-based physician assistant changes team-based
12 practices under a different employer or their medical specialty before initiating practice.

13 (f) A team-based physician assistant who changes employment to a medical practice that does not qualify as a team-
14 based setting or who changes to a specialty practice area within which they do not have 1,000 hours of practice in a
15 specialty practice area shall be subject to the requirements of Rules .0203, .0212(2), .0212(4)(c), and .0213 of this
16 Section.

17 (g) The team-based physician assistant shall ensure that in the team-based setting:

- 18 (1) they practice within the scope of their education, experience, competence, as well as within the
19 functions of the team as established in Paragraph (a)(3) of this Rule;
20 (2) that there are physicians who have consistent and meaningful participation in the design and
21 implementation of health services to patients as defined in Paragraph (a) of this Rule; and
22 (3) that there are means for collaboration, consultation, and referral, as indicated by the patient's
23 condition, as well as the education, experience, and competencies of the physician assistant, and the
24 applicable standard of care.

25 (h) Nothing in this Rule requires a physician assistant to be in the same physical location as a physician on the team.

26 (i) For purposes of G.S. 90-9.3A(c), "supervised" or "supervision" shall mean that a physician is accountable to the
27 Board for the team-based physician assistant who performs medical acts, tasks and functions in a perioperative setting.
28 A perioperative setting includes all patient care that is provided at a hospital, surgical center, or the office of a health
29 care provider from the time of the patient's admission to the time of the patient's discharge from the surgical suite.
30 The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training,
31 and experience to perform medical acts, tasks, and functions within the perioperative setting. The supervising
32 physician must have written protocols to determine the team-based physician assistant's scope of practice in the
33 perioperative setting when the physician is present onsite or remote.

34 (j) For purposes of G.S. 90-18.1(e2), "supervised" or "supervision" shall mean that a physician is accountable to the
35 Board for the team-based physician assistant who provides final interpretations of plain film radiographs, or X-rays.
36 The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training,
37 and experience to provide final interpretations of plain film radiographs, or X-rays. Nothing in this Paragraph shall be

1 construed to require a team-based physician assistant to comply with Rules .0203, .0212(2), .0212(4)(c), and .0213 of
2 this Section. For purposes of this subsection, a plain film radiograph includes a Dual-Energy X-Ray Absorptiometry
3 (“DEXA”) scan.

4 (k) For purposes of G.S. 90-18.1(e2), a physician assistant's use of portable point-of-care ultrasonography for purposes
5 of clinical evaluation shall not be construed as the physician assistant performing a final interpretation of diagnostic
6 imaging studies.

7 (l) For purposes of G.S. 90-18.1(c), “supervision” for compounding and dispensing shall mean compliance with Rules
8 .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

9 (m) The requirements set out in Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section shall not apply to a
10 team-based physician assistant at any registered team-based setting or practice where the team-based physician
11 assistant is offering services within their registered medical specialty.

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13 History Note: Authority G.S. 90-5.1(a)(3); 90-1.1; 90-9.3A; 90-18.1;
14 Eff. July 1, 2026.