

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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SENATE BILL 345
Health Care Committee Substitute Adopted 4/30/25

Short Title: PA Team-Based Practice.

(Public)

Sponsors:

Referred to:

March 20, 2025

1 A BILL TO BE ENTITLED
2 AN ACT TO ADJUST THE SUPERVISION ARRANGEMENT OF PHYSICIAN
3 ASSISTANTS AND TO MAKE VARIOUS CHANGES TO THE LICENSURE OF
4 PHYSICIAN ASSISTANTS AND TO ALLOW NURSE PRACTITIONERS AND NURSE
5 MIDWIVES TO BE REGULATED BY THE BOARD OF NURSING.

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.(a)** G.S. 90-1.1 is amended by adding a new subdivision to read:

8 "(4d) Team-based setting or team-based practice. – Any of the following:

9 a. A medical practice that meets all of the following requirements:

10 1. The majority of the practice is owned collectively by one or
11 more licensed physicians.

12 2. An owner who is a physician licensed under this Chapter has
13 consistent and meaningful participation in the design and
14 implementation of health services to patients, as defined by
15 rules adopted by the Board.

16 3. The physicians and team-based physician assistants who
17 provide services at the medical practice work in the same
18 clinical practice area.

19 b. Hospitals, clinics, nursing homes, and other health facilities with
20 active credentialing and quality programs where physicians have
21 consistent and meaningful participation in the design and
22 implementation of health services to patients, as defined by rules
23 adopted by the Board.

24 c. For the purposes of this Article, the term "team-based setting" or
25 "team-based practice" shall not include a medical practice that
26 specializes in pain management."

27 **SECTION 1.(b)** G.S. 90-9.3 reads as rewritten:

28 **"§ 90-9.3. Requirements for licensure as a physician assistant.**

29 (a) To be eligible for licensure as a physician assistant, an applicant shall submit proof
30 satisfactory to the Board that the applicant has met all of the following:

31 (1) The applicant has successfully completed an educational program for
32 physician assistants or surgeon assistants accredited by the Accreditation
33 Review Commission on Education for the Physician Assistant or its
34 predecessor or successor entities.

35 (2) The applicant has a current or previous certification issued by the National
36 Commission on Certification of Physician Assistants or its successor.



(3) The applicant is of good moral character.

(b) Before initiating practice of medical acts, tasks, or functions as a physician assistant, the physician assistant shall provide the Board the name, address, and telephone number of the physician who will supervise the physician assistant in the relevant medical setting. This subsection shall not apply to physician assistants who meet the requirements for team-based practice under G.S. 90-9.3A.

(c) The Board may, by rule, require an applicant to comply with other requirements or submit additional information the Board deems appropriate."

SECTION 1.(c) Article 1 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"§ 90-9.3A. Requirements for team-based practice as a physician assistant.

(a) In order to practice as a team-based physician assistant, a physician assistant shall meet all of the following conditions:

(1) Practice in team-based settings, as defined in G.S. 90-1.1(4d).

(2) Have more than 4,000 hours of clinical practice experience as a licensed physician assistant and more than 1,000 hours of clinical practice experience within the specific medical specialty of practice with a physician in that specialty.

(3) Submit proof as the Board may deem satisfactory by rule that the individual meets the requirements of subdivisions (1) and (2) of this subsection. The Board may, by rule, require the physician assistant to comply with other requirements or submit additional information the Board deems appropriate.

(b) Team-based physician assistants shall collaborate and consult with or refer to the appropriate members of the health care team as required by the patient's condition and as indicated by the education, experience, and competencies of the physician assistant and the standard of care. The degree of collaboration must be determined by the practice which may include decisions by the employer, group, hospital service, and the credentialing and privileging systems of a licensed facility. The Board may adopt rules to establish requirements for the determination and enforcement of collaboration, consultation, and referral. Team-based physician assistants are responsible for the care they provide.

(c) Notwithstanding any other provision of this Chapter, a team-based physician assistant practicing in a perioperative setting, including the provision of surgical or anesthesia-related services, shall be supervised by a physician."

SECTION 1.(d) G.S. 90-12.4 reads as rewritten:

"§ 90-12.4. Physician assistant limited volunteer license.

...

(d) Before initiating the performance of medical acts, tasks, or functions as a physician assistant licensed under this section, the physician assistant shall ~~provide~~ submit to the Board either an "Intent to Practice Notification Form," which shall include the name, address, and telephone number of the physician licensed under this Article who will supervise the physician assistant in the clinic specializing in the care of indigent ~~patients~~ patients, or meet the requirements for team-based practice under G.S. 90-9.3A.

...."

SECTION 1.(e) G.S. 90-12.4B reads as rewritten:

"§ 90-12.4B. Physician ~~Assistant~~ assistant retired limited volunteer license.

...."

SECTION 1.(f) G.S. 90-18.1 reads as rewritten:

"§ 90-18.1. Limitations on physician assistants.

(a) Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant may use the title "physician assistant" or "PA."

Any other person who uses the title in any form or holds out to be a physician assistant or to be so licensed, shall be deemed to be in violation of this Article.

(a1) Physician assistants shall clearly designate their credentials as a physician assistant in all clinical settings.

(b) Physician assistants are authorized to write prescriptions for drugs under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) Repealed by Session Laws 2019-191, s. 35, effective October 1, 2019.

(4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. This subdivision shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A.

(5) A physician assistant shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:

a. The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications.

b. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

(c) Physician assistants are authorized to compound and dispense drugs under the following conditions:

(1) The function is performed under the supervision of a licensed ~~pharmacist~~ physician.

(2) Rules and regulations of the North Carolina Board of Pharmacy and all applicable State and federal laws governing this function ~~compounding and dispensing~~ are complied with.

(3) The physician assistant holds a current license issued by the Board.

(4) The physician assistant registers with the Board of Pharmacy.

(d) Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to order medications, tests, and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

~~The~~ If the physician assistant is subject to a supervisory arrangement, the supervising physician has provided to the physician assistant written instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered.

(4) The hospital or other health facility has adopted a written policy about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a physician assistant or order given by a physician assistant for medications, tests, or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant and the supervising physician shall be responsible for authorizing the prescription or order. This subsection shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A who may prescribe, order, administer, and procure drugs and medical devices without physician authorization. Individuals who are practicing in a team-based setting under G.S. 90-9.3A may also plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including durable medical equipment, nutrition, blood, blood products, and diagnostic support services, including home health care, hospice, and physical and occupational therapy.

(e1) ~~Any medical certification completed by a physician assistant for a~~ Physician assistants may authenticate any document, including death certificate ~~shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant, and the supervising physician shall be responsible for authorizing the completion~~ certificates with their signature, certification, stamp, verification, affidavit, or endorsement, if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of the ~~medical certification a physician.~~

(e2) Physician assistants shall not perform final interpretations of diagnostic imaging studies. For purposes of this subsection, "diagnostic imaging" shall include computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET), mammography, and ultrasound services. Final interpretation shall be provided by a physician licensed under this Chapter. Notwithstanding any other provision of this Chapter, physician assistants conducting final interpretation of plain film radiographs shall be supervised by a physician.

...

(g) Any person who is licensed under G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant shall comply with each of the following:

(1) Maintain a current and active license to practice in this State.

(2) Maintain an active registration with the Board.

(3) ~~Have File~~ a current Intent to Practice form ~~filed with the Board.~~ Board or meet the requirements for team-based practice under G.S. 90-9.3A.

...."

SECTION 1.(g) G.S. 90-21.81(9) reads as rewritten:

"(9) Qualified technician. – A registered diagnostic medical sonographer who is certified in obstetrics and gynecology by the American Registry for Diagnostic Medical Sonography ~~(ARDMS)~~ (ARDMS), a physician assistant with certification in obstetrical ultrasonography, or a nurse midwife or advanced practice nurse practitioner in obstetrics with certification in obstetrical ultrasonography."

SECTION 1.(h) G.S. 58-3-169 reads as rewritten:

"§ 58-3-169. Required coverage for minimum hospital stay following birth.

(a) Definitions. – As used in this section:

(1) "Attending providers" includes:

- a. The obstetrician-gynecologists, pediatricians, family physicians, and other physicians primarily responsible for the care of a mother and newborn; and
- b. The nurse ~~midwives~~—midwives, physician assistants, and nurse practitioners primarily responsible for the care of a mother and her newborn child in accordance with State licensure and certification laws.

...."

SECTION 1.(i) G.S. 110-91 reads as rewritten:

"§ 110-91. Mandatory standards for a license.

All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. However, none of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

- (1) Medical Care and Sanitation. – The Commission for Public Health shall adopt rules which establish minimum sanitation standards for child care centers and their personnel. The sanitation rules adopted by the Commission for Public Health shall cover such matters as the cleanliness of floors, walls, ceilings, storage spaces, utensils, and other facilities; adequacy of ventilation; sanitation of water supply, lavatory facilities, toilet facilities, sewage disposal, food protection facilities, bactericidal treatment of eating and drinking utensils, and solid-waste storage and disposal; methods of food preparation and serving; infectious disease control; sleeping facilities; and other items and facilities as are necessary in the interest of the public health. The Commission for Public Health shall allow child care centers to use domestic kitchen equipment, provided appropriate temperature levels for heating, cooling, and storing are maintained. Child care centers that fry foods shall use commercial hoods. These rules shall be developed in consultation with the Department.

The Commission shall adopt rules for child care facilities to establish minimum requirements for child and staff health assessments and medical care procedures. These rules shall be developed in consultation with the Department. Each child shall have a health assessment before being admitted or within 30 days following admission to a child care facility. The assessment shall be done by: (i) a licensed physician, (ii) the physician's authorized agent who is currently approved by the North Carolina Medical Board, or comparable certifying board in any state contiguous to North Carolina, (iii) a certified nurse practitioner, (iv) a licensed physician assistant, or ~~(iv)-(v)~~ a public health nurse meeting the Departments Standards for Early Periodic Screening, Diagnosis, and Treatment Program. However, no health assessment shall be required of any staff or child who is and has been in normal health when the staff, or the child's parent, guardian, or full-time custodian objects in writing to a health assessment on religious grounds which conform to the teachings and practice of any recognized church or religious denomination.

Organizations that provide prepared meals to child care centers only are considered child care centers for purposes of compliance with appropriate sanitation standards.

...."

SECTION 2. The North Carolina Medical Board shall adopt permanent rules necessary to implement the provisions of this act.

SECTION 3.(a) G.S. 90-8.2(a) is repealed.

SECTION 3.(b) G.S. 90-18(c) reads as rewritten:

"§ 90-18. Practicing without license; penalties.

(c) The following shall not constitute practicing medicine or surgery as defined in this Article:

...

(14) The practice of nursing by a registered nurse engaged in the practice of nursing and the performance of acts otherwise constituting medical practice by a registered nurse when performed in accordance with rules and regulations developed by ~~a joint subcommittee of the North Carolina Medical Board and the the North Carolina Board of Nursing and adopted by both boards.~~ Nursing.

...."

SECTION 3.(c) G.S. 90-18.2 reads as rewritten:

"§ 90-18.2. Limitations on nurse practitioners.

(a) Any nurse approved under the provisions of G.S. 90-18(c)(14) to perform medical acts, tasks or functions may use the title "nurse practitioner." Any other person who uses the title in any form or holds out to be a nurse practitioner or to be so approved, shall be deemed to be in violation of this Article.

(b) Nurse practitioners are authorized to write prescriptions for drugs under all of the following conditions:

- (1) The North Carolina ~~Medical Board and~~ Board of Nursing ~~have~~ has adopted regulations ~~developed by a joint subcommittee~~ governing the approval of individual nurse practitioners to write prescriptions with such limitations as the ~~boards~~ North Carolina Board of Nursing may determine to be in the best interest of patient health and safety.
- (2) The nurse practitioner has current approval from the ~~boards~~ North Carolina Board of Nursing.
- (3) Repealed by Session Laws 2019-191, s. 36, effective October 1, 2019.
- (4) The supervising physician has provided to the nurse practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.
- (5) A nurse practitioner shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:
 - a. The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications.
 - b. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the nurse practitioner shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

(c) Nurse practitioners are authorized to compound and dispense drugs under the following conditions:

- 1 (1) The function is performed under the supervision of a licensed pharmacist; and
2 (2) Rules and regulations of the North Carolina Board of Pharmacy governing
3 this function are complied with.
- 4 (d) Nurse practitioners are authorized to order medications, tests and treatments in
5 hospitals, clinics, nursing homes and other health facilities under all of the following conditions:
- 6 (1) The North Carolina ~~Medical Board and~~ Board of Nursing ~~have~~ has adopted
7 regulations ~~developed by a joint subcommittee~~ governing the approval of
8 individual nurse practitioners to order medications, tests and treatments with
9 such limitations as the boards may determine to be in the best interest of
10 patient health and safety.
- 11 (2) The nurse practitioner has current approval from the ~~boards~~ North Carolina
12 Board of Nursing.
- 13 (3) The supervising physician has provided to the nurse practitioner written
14 instructions about ordering medications, tests and treatments, and when
15 appropriate, specific oral or written instructions for an individual patient, with
16 provision for review by the physician of the order within a reasonable time, as
17 determined by the ~~Board,~~ North Carolina Board of Nursing, after the
18 medication, test or treatment is ordered.
- 19 (4) The hospital or other health facility has adopted a written policy, approved by
20 the medical staff after consultation with the nursing administration, about
21 ordering medications, tests and treatments, including procedures for
22 verification of the nurse practitioners' orders by nurses and other facility
23 employees and such other procedures as are in the interest of patient health
24 and safety.
- 25 (e) Any prescription written by a nurse practitioner or order given by a nurse practitioner
26 for medications, tests or treatments shall be deemed to have been authorized by the physician
27 approved by the ~~boards~~ North Carolina Board of Nursing as the supervisor of the nurse
28 practitioner and such supervising physician shall be responsible for authorizing such prescription
29 or order.
- 30 (e1) Any medical certification completed by a nurse practitioner for a death certificate
31 shall be deemed to have been authorized by the physician approved by the boards as the
32 supervisor of the nurse practitioner, and the supervising physician shall be responsible for
33 authorizing the completion of the medical certification.
- 34 (f) Any registered nurse or licensed practical nurse who receives an order from a nurse
35 practitioner for medications, tests or treatments is authorized to perform that order in the same
36 manner as if it were received from a licensed physician."
- 37 **SECTION 3.(d)** G.S. 90-171.23(b) reads as rewritten:
- 38 "(b) Duties, powers. The Board is empowered to:
- 39 ...
- 40 (14) ~~Appoint and maintain a subcommittee of the Board to work jointly with the~~
41 ~~subcommittee of the North Carolina Medical Board to develop rules and~~
42 ~~regulations to govern the performance of medical acts by registered nurses~~
43 ~~and to determine reasonable fees to accompany an application for approval or~~
44 ~~renewal of such approval as provided in G.S. 90-8.2. The fees and rules~~
45 ~~developed by this subcommittee shall govern the performance of medical acts~~
46 ~~by registered nurses and shall become effective when they have been adopted~~
47 ~~by both Boards.~~ Grant prescribing, ordering, dispensing, and furnishing
48 authority to nurse practitioners pursuant to G.S. 90-18.2. Notwithstanding any
49 other provision of law, the Board shall have the sole authority to adopt rules
50 and enforce regulations governing the practice and conduct of nurse

practitioners as defined in G.S. 90-18.2 and certified nurse midwives and the practice of midwifery as defined in G.S. 90-178.2.

...

(25) Adopt rules necessary to implement and administer the provisions of Article 10A of this Chapter."

SECTION 3.(e) G.S. 90-171.37(b) is repealed.

SECTION 3.(f) G.S. 90-18.8 reads as rewritten:

"§ 90-18.8. Limitations on nurse-midwives.

(a) Any Certified Nurse Midwife approved under the provisions of Article 10A of this Chapter to provide midwifery care may use the title "Certified Nurse Midwife." Any other person who uses the title in any form or holds himself or herself out to be a Certified Nurse Midwife or to be so approved shall be deemed to be in violation of this Article.

(b) A Certified Nurse Midwife is authorized to write prescriptions for drugs if all of the following conditions are met:

(1) The Certified Nurse Midwife has current approval from the ~~joint subcommittee established under~~ North Carolina Board of Nursing pursuant to G.S. 90-178.4.

(2) The ~~joint subcommittee as established under G.S. 90-178.4~~ North Carolina Board of Nursing has assigned an identification number to the Certified Nurse Midwife that appears on the written prescription.

(3) The ~~joint subcommittee as established under G.S. 90-178.4~~ North Carolina Board of Nursing has provided to the Certified Nurse Midwife written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review of the drugs prescribed.

(c) The ~~joint subcommittee of the North Carolina Medical Board and the Board of Nursing, established under North Carolina Board of Nursing, pursuant to G.S. 90-178.4,~~ shall adopt rules governing the approval of individual Certified Nurse Midwives to write prescriptions with any limitations the ~~joint subcommittee Board~~ deems are in the best interest of patient health and safety, consistent with the rules established for nurse practitioners under G.S. 90-18.2(b)(1)."

SECTION 3.(g) G.S. 90-178.3 reads as rewritten:

"§ 90-178.3. Regulation of midwifery.

...

(b1) A Certified Nurse Midwife with less than 24 months and 4,000 hours of practice as a Certified Nurse Midwife shall (i) have a collaborative provider agreement with a collaborating provider and (ii) maintain signed and dated copies of the collaborative provider agreement as required by practice guidelines and any rules adopted by the ~~joint subcommittee of the North Carolina Medical Board and the Board of Nursing.~~ If a collaborative provider agreement is terminated before the Certified Nurse Midwife acquires the level of experience required for practice without a collaborative provider agreement under this Article, the Certified Nurse Midwife shall have 90 days from the date the agreement is terminated to enter into a collaborative provider agreement with a new collaborating provider. During the 90-day period, the Certified Nurse Midwife may continue to practice midwifery as defined under this Article.

(c) Graduate nurse midwife applicant status may be granted by the ~~joint subcommittee~~ North Carolina Board of Nursing in accordance with G.S. 90-178.4."

SECTION 3.(h) G.S. 90-178.4 reads as rewritten:

"§ 90-178.4. Administration.

(a) The ~~joint subcommittee of the North Carolina Medical Board and the Board of Nursing created pursuant to G.S. 90-18.2~~ shall administer the provisions of this Article and the rules adopted pursuant to this Article; ~~Provided, however, that actions of the joint subcommittee pursuant to this Article shall not require approval by the North Carolina Medical Board and the Board of Nursing. For purposes of this Article, the joint subcommittee shall be enlarged by four~~

~~additional members, including two certified midwives and two obstetricians who have had working experience with midwives.~~Article.

(a1) Any Certified Nurse Midwife who attends a planned birth outside of a hospital setting shall discuss with the patient the associated risks and obtain a signed informed consent agreement from the Certified Nurse Midwife's patient that shall include:

- (1) Information about the risks associated with a planned birth outside of the hospital.
- (2) A clear assumption of those risks by the patient.
- (3) An agreement by the patient to consent to transfer to a health care facility when and if deemed necessary by the Certified Nurse Midwife.
- (4) If the Certified Nurse Midwife is not covered under a policy of liability insurance, a clear disclosure to that effect.
- (5) The ~~joint subcommittee~~ North Carolina Board of Nursing shall develop the contents of an informed consent agreement form to be used by a Certified Nurse Midwife when obtaining informed consent.

(a2) Any Certified Nurse Midwife who attends a planned birth outside of a hospital setting shall provide to each patient a detailed, written plan for emergent and nonemergent transfer, which shall include:

- (1) The name of and distance to the nearest health care facility licensed under Chapter 122C or Chapter 131E of the General Statutes that has at least one operating room.
- (2) The procedures for transfer, including modes of transportation and methods for notifying the relevant health care facility of impending transfer.
- (3) An affirmation that the relevant health care facility has been notified of the plan for emergent and nonemergent transfer by the Certified Nurse Midwife.

(a3) Planned home births attended by a Certified Nurse Midwife shall be limited to low-risk pregnancies. Pregnancies deemed inadvisable for home births by the American College of Obstetricians and Gynecologists Committee on Obstetric Practice shall be prohibited. The ~~joint subcommittee of the North Carolina Medical Board and the Board of Nursing created under G.S. 90-18.2, including the four additional members required by subsection (a) of this section,~~ shall adopt rules governing the safety of home births attended by a Certified Nurse Midwife.

(b) The ~~joint subcommittee~~ North Carolina Board of Nursing shall adopt rules under this Article to establish each of the following:

- (1) A fee which shall cover application and initial approval up to a maximum of one hundred dollars (\$100.00).
- (2) An annual renewal fee to be paid by January 1 of each year by persons approved under this Article up to a maximum of fifty dollars (\$50.00).
- (3) A reinstatement fee for a lapsed approval up to a maximum of five dollars (\$5.00).
- (4) The form and contents of the applications which shall include information related to the applicant's education and certification by the American Midwifery Certification Board.
- (5) The procedure for establishing collaborative provider agreements as required by this Article.

(c) The ~~joint subcommittee~~ North Carolina Board of Nursing may solicit, employ, or contract for technical assistance and clerical assistance and may purchase or contract for the materials and services it needs.

(d) All fees collected on behalf of the ~~joint subcommittee~~ North Carolina Board of Nursing, pursuant to this section, and all receipts of every kind and nature, as well as the compensation paid the members of the joint subcommittee and the necessary expenses incurred by them in the performance of the duties imposed upon them, shall be reported annually to the

State Treasurer. All fees and other moneys received by the ~~joint subcommittee~~ North Carolina Board of Nursing pursuant to the provisions of the ~~General Statutes~~ this Article shall be kept in a separate fund by the ~~joint subcommittee, Board,~~ to be held and expended only for such purposes as are proper and necessary to the discharge of the duties of the ~~joint subcommittee~~ Board under this Article and to enforce the provisions of this Article. No expense incurred by the ~~joint subcommittee~~ Board pursuant to this Article shall be charged against the State.

(e) ~~Members of the joint subcommittee who are not officers or employees of the State shall receive compensation and reimbursement for travel and subsistence expenses at the rates specified in G.S. 138-5. Members of the joint subcommittee who are officers or employees of the State shall receive reimbursement for travel and subsistence expenses at the rate set out in G.S. 138-6.~~

(f) ~~The joint subcommittee~~ Notwithstanding any provision of law to the contrary, the North Carolina Board of Nursing shall have the sole authority to adopt, amend, and repeal rules necessary to administer the provisions of this Article. Article and to enforce regulations governing the practice and conduct of nurse midwives."

SECTION 3.(i) G.S. 90-178.5 reads as rewritten:

"§ 90-178.5. Qualifications for approval; independent practice.

(a) In order to be approved by the ~~joint subcommittee~~ North Carolina Board of Nursing under this Article, a person shall comply with each of the following:

- (1) Complete an application on a form furnished by the ~~joint subcommittee~~ Board.
- (2) Submit evidence of certification by the American Midwifery Certification Board or its successor.
- (3) Submit evidence of a collaborative provider agreement as required by G.S. 90-178.3(b1).
- (4) Pay the fee for application and approval.

(b) Upon submitting to the ~~joint subcommittee~~ North Carolina Board of Nursing evidence of completing 24 months and 4,000 hours of practice as a Certified Nurse Midwife pursuant to a collaborative provider agreement, a Certified Nurse Midwife is authorized to practice midwifery independently in accordance with this Article."

SECTION 3.(j) G.S. 90-178.6 reads as rewritten:

"§ 90-178.6. Denial, revocation or suspension of approval.

(a) In accordance with the provisions of Chapter 150B, the ~~joint subcommittee~~ North Carolina Board of Nursing may deny, revoke or suspend approval when a person has:

- (1) Failed to satisfy the qualifications for ~~approval~~ approval.
- (2) Failed to pay the annual renewal fee by January 1 of the current ~~year~~ year.
- (3) Given false information or withheld material information in applying for ~~approval~~ approval.
- (4) Demonstrated incompetence in the practice of ~~midwifery~~ midwifery.
- (5) Violated any of the provisions of this ~~Article~~ Article.
- (6) A mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice ~~midwifery~~ midwifery.
- (7) Engaged in conduct that endangers the public ~~health~~ health.
- (8) Engaged in conduct that deceives, defrauds, or harms the public in the course of professional activities or ~~services~~ or services.
- (9) Been convicted of or pleaded guilty or nolo contendere to any felony under the laws of the United States or of any state of the United States indicating professional unfitness.

(b) Revocation or suspension of a license to practice nursing pursuant to G.S. 90-171.37 shall automatically result in comparable action against the person's approval to practice midwifery under this Article."

1 **SECTION 3.(k)** G.S. 90-178.7 reads as rewritten:

2 **"§ 90-178.7. Enforcement.**

3 (a) The ~~joint subcommittee~~ North Carolina Board of Nursing may apply to the Superior
4 Court of Wake County to restrain any violation of this Article.

5 (b) No person shall perform any act constituting the practice of midwifery, as defined in
6 this Article, or any of the branches thereof, unless the person shall have been first approved under
7 this Article. Any person who practices midwifery without being duly approved and registered,
8 as provided in this Article, shall not be allowed to maintain any action to collect any fee for such
9 services. Any person so practicing without being duly approved shall be guilty of a Class 3
10 misdemeanor. Any person so practicing without being duly approved under this Article and who
11 is falsely representing himself or herself in a manner as being approved under this Article or any
12 Article of this Chapter shall be guilty of a Class I felony."

13 **SECTION 4.(a)** G.S. 90-2 reads as rewritten:

14 **"§ 90-2. Medical Board.**

15 (a) There is established the North Carolina Medical Board to regulate the practice of
16 medicine and surgery for the benefit and protection of the people of North Carolina. The Board
17 shall consist of 13 members:

18 (1) Six of the members shall be duly licensed physicians recommended by the
19 Review Panel and appointed by the Governor as set forth in G.S. 90-3.

20 (2) Five members shall all be appointed by the Governor as follows:

21 a. One shall be a member of The Old North State Medical Society. This
22 Board position shall be subject to recommendations of the Review
23 Panel pursuant to G.S. 90-3.

24 b. One shall be a public member, and this Board position shall not be
25 subject to recommendation of the Review Panel pursuant to G.S. 90-3.

26 c. ~~One~~ Two shall be ~~a physician assistant~~ assistants as defined in
27 G.S. 90-18.1 as recommended by the Review Panel pursuant to
28 G.S. 90-3.

29 d. ~~One shall be a nurse practitioner as defined in G.S. 90-18.2 as~~
30 ~~recommended by the Review Panel pursuant to G.S. 90-3.~~

31 e. One shall be a duly licensed physician who is a doctor of osteopathic
32 medicine or a full-time faculty member of one of the medical schools
33 in North Carolina who utilizes integrative medicine in that person's
34 clinical practice, as recommended by the Review Panel pursuant to
35 G.S. 90-3.

36 (3) Two public members appointed by the General Assembly in accordance with
37 G.S. 120-121, one upon recommendation of the Speaker of the House of
38 Representatives and one upon the recommendation of the President Pro
39 Tempore of the Senate.

40 (a1) Each appointing and nominating authority shall endeavor to see, insofar as possible,
41 that its appointees and nominees to the Board reflect the composition of the State with regard to
42 gender, ethnic, racial, and age composition.

43 (b) No member shall serve more than two complete three-year terms in a lifetime, except
44 that each member shall serve until a successor is chosen and qualifies.

45 (b1) A public member appointed pursuant to sub-subdivision (a)(2)b. and subdivision
46 (a)(3) of this section shall not be a health care provider nor the spouse of a health care provider.
47 For the purpose of Board membership, "health care provider" means any licensed health care
48 professional, agent, or employee of a health care institution, health care insurer, health care
49 professional school, or a member of any allied health profession. For purposes of this section, a
50 person enrolled in a program as preparation to be a licensed health care professional or an allied

health professional shall be deemed a health care provider. For purposes of this section, any person with significant financial interest in a health service or profession is not a public member.

(c) Repealed by Session Laws 2003-366, s. 1, effective October 1, 2003.

(d) Any member of the Board may be removed from office by the Governor for good cause shown. Any vacancy in the ~~physician, physician assistant, or nurse practitioner~~ physician or physician assistant membership of the Board shall be filled for the period of the unexpired term by the Governor from a list submitted by the Review Panel pursuant to G.S. 90-3. Any vacancy in the public membership of the Board shall be filled by the appropriate appointing authority for the unexpired term.

(e) The North Carolina Medical Board shall have the power to acquire, hold, rent, encumber, alienate, and otherwise deal with real property in the same manner as any private person or corporation, subject only to approval of the Governor and the Council of State as to the acquisition, rental, encumbering, leasing, and sale of real property. Collateral pledged by the Board for an encumbrance is limited to the assets, income, and revenues of the Board."

SECTION 4.(b) G.S. 90-3 reads as rewritten:

"§ 90-3. Review Panel recommends certain Board members; criteria for recommendations.

(a) There is created a Review Panel to review all applicants for the ~~physician positions, the physician assistant position, and the nurse practitioner position and physician assistant positions~~ on the Board. The Review Panel shall consist of nine members, including four from the Medical Society, one from the Old North State Medical Society, one from the North Carolina Osteopathic Medical Association, ~~one two~~ from the North Carolina Academy of Physician Assistants, ~~one from the North Carolina Nurses Association Council of Nurse Practitioners,~~ and one public member currently serving or who has served on the Board. Each member shall serve for a term of three years, ending December 31 of the last year of the term. No member shall serve more than two terms. All ~~physicians, physician assistants, and nurse practitioners~~ physicians and physician assistants serving on the Review Panel shall be actively practicing in North Carolina.

The Review Panel shall contract for the independent administrative services needed to complete its functions and duties. The Board shall provide funds to pay the reasonable cost for the administrative services of the Review Panel. The Board shall convene the initial meeting of the Review Panel. The Review Panel shall elect a chair, and all subsequent meetings shall be convened by the Review Panel.

The Governor shall appoint Board members as provided in G.S. 90-2. The Review Panel shall attempt to make its recommendations to the Governor reflect the composition of the State with regard to gender, ethnic, racial, medical specialty, and age.

The Review Panel and its members and staff shall not be held liable in any civil or criminal proceeding for exercising, in good faith, the powers and duties authorized by law.

(b) To be considered qualified for a ~~physician position, the physician assistant position, or nurse practitioner or physician assistant~~ position on the Board, an applicant shall meet each of the following criteria:

- (1) Hold an active, nonlimited license to practice medicine in North Carolina, or in the case of a ~~physician assistant and nurse practitioner,~~ assistant, hold an active license or approval to perform medical acts, tasks, and functions in North Carolina.
- (2) Have an active clinical or teaching practice. For purposes of this subdivision, the term "active" means patient care, or instruction of students in an accredited medical school or residency, or clinical research program, for 20 hours or more per week.
- (3) Have actively practiced in this State for at least five consecutive years immediately preceding the appointment.
- (4) Intend to remain in active practice in this State for the duration of the term on the Board.

- (5) Submit at least three letters of recommendation, either from individuals or from professional or other societies or organizations.
- (6) Have no public disciplinary history with the Board or any other licensing board in this State or another state over the past 10 years before applying for appointment to the Board.
- (7) Have no history of felony convictions of any kind.
- (8) Have no misdemeanor convictions related to the practice of medicine.
- (9) Indicate, in a manner prescribed by the Review Panel, that the applicant: (i) understands that the primary purpose of the Board is to protect the public; (ii) is willing to take appropriate disciplinary action against his or her peers for misconduct or violations of the standards of medical care; and (iii) is aware of the time commitment needed to be a constructive member of the Board.
- (10) Have not served more than 72 months as a member of the Board.
- (c) The Review Panel shall recommend at least two qualified nominees for each open position on the Board. If the Governor chooses not to appoint either of the recommended nominees, the Review Panel shall recommend at least two new qualified nominees.
- (d) Notice of open ~~physician, physician assistant, or nurse practitioner~~ physician or physician assistant positions on the Board shall be sent to all physicians currently licensed to practice medicine in North Carolina and all physician assistants ~~and nurse practitioners~~ currently licensed or approved to perform medical acts, tasks, and functions in this State.
- (e) Applicants for positions on the Board shall not be required to be members of any professional association or society, except as provided in G.S. 90-2(a)(2)a.
- (f) Notwithstanding any provision of G.S. 90-16, the Board may provide confidential and nonpublic licensing and investigative information in its possession to the Review Panel regarding applicants.
- (g) All applications, records, papers, files, reports, and all investigative and licensing information received by the Review Panel from the Board and other documents received or gathered by the Review Panel, its members, employees, agents, and consultants as a result of soliciting, receiving, and reviewing applications and making recommendations as required in this section shall not be considered public records within the meaning of Chapter 132 of the General Statutes. All such information shall be privileged, confidential, and not subject to discovery, subpoena, or other means of legal compulsion for release to any person other than the Review Panel, the Board, and their employees, agents, or consultants, except as provided in this section. The Review Panel shall publish on its Internet Web site the names and practice addresses of all applicants within 10 days after the application deadline. The Review Panel shall publish on its Internet Web site the names and practice addresses of the nominees recommended to the Governor within 10 days after notifying the Governor of those recommendations and not less than 30 days prior to the expiration of the open position on the Board.
- (h) The Review Panel is a public body within the meaning of Article 33C of Chapter 143 of the General Statutes. In addition to the provisions contained in Article 33C of Chapter 143 of the General Statutes permitting a public body to conduct business in a closed session, the Review Panel shall meet in closed session to review applications; interview applicants; review and discuss information received from the Board; and discuss, debate, and vote on recommendations to the Governor."

SECTION 5. The North Carolina Board of Nursing shall adopt rules to implement the provisions of Section 3 of this act.

SECTION 6. Section 1 of this act becomes effective when the North Carolina Medical Board adopts the permanent rules required under Section 2 of this act or June 30, 2026, whichever occurs first. The North Carolina Medical Board shall notify the Revisor of Statutes when the rules required under Section 2 of this act have been adopted. Section 3 of this act becomes effective when the North Carolina Board of Nursing adopts the permanent rules

- 1 required under Section 5 of this act or June 30, 2026, whichever occurs first. The North Carolina
- 2 Board of Nursing shall notify the Revisor of Statutes when the rules required under Section 5 of
- 3 this act have been adopted. The remainder of this act is effective when it becomes law.