

SUBCHAPTER 32M - APPROVAL OF NURSE PRACTITIONERS

21 NCAC 32M .0101 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and the Board of Nursing for a nurse practitioner to practice within her or his area of educational preparation and certification under a collaborative practice agreement with a physician licensed by the Medical Board in accordance with this Subchapter.
- (2) "Back-up Supervising Physician" means a physician licensed by the Medical Board who, by signing an agreement with the nurse practitioner and the primary supervising physician(s), shall provide supervision, collaboration, consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the primary supervising physician is not available. Back-up supervision shall be in compliance with the following:
 - (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.
 - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
- (3) "Board" means the North Carolina Board of Nursing.
- (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician that provides for the continuous availability to each other for ongoing supervision, consultation, collaboration, referral, and evaluation of care provided by the nurse practitioner.
- (5) "Emergency" means a state of emergency as defined in G.S. 166A-19.3 and proclaimed by the Governor or by the General Assembly.
- (6) "Joint Subcommittee" means the subcommittee composed of members of the Board and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (7) "Medical Board" means the North Carolina Medical Board.
- (8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:
 - (a) American Nurses Credentialing Center (ANCC);
 - (b) American Academy of Nurse Practitioners National Certification Board (AANPNCB);
 - (c) American Association of Critical Care Nurses Certification Corporation (AACN);
 - (d) National Certification Corporation of the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); and
 - (e) the Pediatric Nursing Certification Board (PNCB).
- (9) "Nurse Practitioner" or "NP" means a registered nurse who holds an active unencumbered license approved to practice consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a physician licensed by the Medical Board for ongoing supervision, consultation, collaboration, and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
- (10) "Primary Supervising Physician" means a physician with an active unencumbered license with the Medical Board who shall provide on-going supervision, collaboration, consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:
 - (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.

- (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.
- (11) "Registration" means authorization for a registered nurse to use the title nurse practitioner in accordance with this Subchapter.
- (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- (13) "Volunteer Approval" means approval to practice consistent with this Subchapter except without expectation of direct or indirect compensation or payment (monetary, in kind, or otherwise) to the nurse practitioner.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2; Eff. January 1, 1991; Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999; January 1, 1996; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. June 1, 2021.

21 NCAC 32M .0102 SCOPE OF PRACTICE

The nurse practitioner's scope of practice is defined by academic educational preparation and national certification and maintained competence. A nurse practitioner shall be held accountable by both Boards for a broad range of personal health services managing patient care for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0110 of this Subchapter. These services include:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating, and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering, and dispensing therapeutic measures, tests, procedures, and drugs;
- (6) planning for situations beyond the nurse practitioner's scope of practice and expertise by consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; Eff. January 1, 1991; Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. June 1, 2021.

21 NCAC 32M .0103 NURSE PRACTITIONER REGISTRATION

- (a) The Board shall register an applicant as a nurse practitioner who:
 - (1) has an active unencumbered license or privilege to practice as a registered nurse in North Carolina or compact state and, when applicable, an active unencumbered approval, registration, or license as a nurse practitioner in another state, territory, or possession of the United States;
 - (2) has completed a nurse practitioner education program as outlined in Rule .0105 of this Subchapter;
 - (3) is certified as a nurse practitioner by a national credentialing body consistent with Rule .0101(8) of this Subchapter; and
 - (4) has supplied additional information necessary to evaluate the application as requested by the Board on a case-by-case basis.
- (b) Applicants who have graduated from a nurse practitioner program after January 1, 2005 who are seeking first-time nurse practitioner registration shall:
 - (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;
 - (2) have completed a graduate or post-graduate level nurse practitioner education program accredited by a national accrediting body; and

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

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; Eff. August 1, 2004; Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. June 1, 2021.

21 NCAC 32M .0104 PROCESS FOR APPROVAL TO PRACTICE

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
 - (1) meet registration requirements as specified in 21 NCAC 32M .0103;
 - (2) submit an application for approval to practice;
 - (3) submit any additional information necessary to evaluate the application as requested; and
 - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as sudden injury, illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
 - (1) the Board of Nursing shall verify compliance with Rule .0103 of this Subchapter and Paragraph (a) of this Rule; and
 - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicants as follows:
 - (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and proceed pursuant to protocols developed by both Boards; and
 - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
 - (1) meet the nurse practitioner approval requirements as stipulated in Rule .0108(c) of this Subchapter; and
 - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0115 of this Subchapter.
- (j) A Nurse Practitioner approved under this Subchapter shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

History Note: Authority G.S. 90-18(c)(14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42; Eff. January 1, 1991; Paragraph (b)(1) was recodified from 21 NCAC 32M .0104 Eff. January 1, 1996; Amended Eff. December 1, 2006; May 1, 1999; January 1, 1996; Recodified from 21 NCAC 32M .0103 Eff. August 1, 2004;

Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

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

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

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

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

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

- (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
- (2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall be exempt from core curriculum requirements in Sub-paragraphs (b)(4) – (7) of this Rule. Evidence of satisfying Subparagraphs (b)(1) – (3) of this Rule shall include:
 - (A) a narrative of course content; and
 - (B) contact hours.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14);
Eff. January 1, 1991;
Recodified from 21 NCAC 32M .0005 Eff. January 1, 1996;
Amended Eff. May 1, 1999; January 1, 1996;
Recodified from 21 NCAC 32M .0104 Eff. August 1, 2004;
Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021.

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

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

- (1) Maintaining current North Carolina RN licensure or privilege to practice;
- (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter;
- (3) Attesting to completion of continuing competence requirements, and submitting evidence of completion if requested by the Board, as specified in Rule .0107 of this Subchapter;
- (4) Submitting the fee required in Rule .0115 of this Subchapter; and
- (5) Completing the renewal application.

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

History Note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2(a); 90-18(c)(14);
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0105 Eff. August 1, 2004;
Amended Eff. December 1, 2009; November 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

21 NCAC 32M .0107 CONTINUING EDUCATION (CE)

(a) In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse practitioner by a national credentialing body identified in Rule .0101(8) of this Subchapter and earn 50 contact hours of continuing education each year, beginning with the first renewal after initial approval to practice has been granted. A minimum of 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice-relevant courses in an institution of higher learning.

(b) Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically to address controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule.

(c) Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available upon request to either Board.

History Note: Authority G.S. 90-5.1(a)(3); 90-8.2; 90-18(c)(14); S.L. 2015-241, s. 12F;
Eff. January 1, 1996;
Amended Eff. August 1, 2004; May 1, 1999;
Recodified from Rule .0106 Eff. August 1, 2004;
Amended Eff. December 1, 2009; April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021; March 1, 2017.

21 NCAC 32M .0108 INACTIVE STATUS

(a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board in writing.

(b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.

(c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0103(a)(1), .0104(a) and (b), .0107, and .0110 of this Subchapter and receive notification from the Board of approval prior to beginning practice after the application is approved.

(d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of academic education and national certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; 90-171.36;
Eff. January 1, 1996;
Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August 1, 2004; May 1, 1999;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. June 1, 2021.*

21 NCAC 32M .0109 PRESCRIBING AUTHORITY

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

- (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0110(2) of this Section.
- (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
 - (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
 - (B) refills may be issued consistent with Controlled Substance laws and regulations; and
 - (C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.
- (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
 - (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
 - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
- (4) Each prescription shall be noted on the patient's chart and include the following information:
 - (A) medication and dosage;
 - (B) amount prescribed;
 - (C) directions for use;
 - (D) number of refills; and
 - (E) signature of nurse practitioner.
- (5) Prescription Format:
 - (A) All prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;
 - (B) The nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
 - (A) nurse practitioner's own use;
 - (B) nurse practitioner's supervising physician;
 - (C) a member of the nurse practitioner's immediate family, which shall mean a:
 - (i) spouse;
 - (ii) parent;
 - (iii) child;
 - (iv) sibling;
 - (v) parent-in-law;

- (vi) son or daughter-in-law;
- (vii) brother or sister-in-law;
- (viii) step-parent;
- (ix) step-child; or
- (x) step-siblings;
- (D) any other person living in the same residence as the licensee; or
- (E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

History Note: Authority G.S. 90-5.1(a)(3); 90-18(c)(14); 90-18.2; Eff. February 1, 1991; Recodified from 21 NCAC 32M .0106 Eff. January 1, 1996; Amended Eff. December 1, 2012; April 1, 2011; November 1, 2008; August 1, 2004; May 1, 1999; January 1, 1996; September 1, 1994; March 1, 1994; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. August 1, 2021; March 1, 2017.

21 NCAC 32M .0110 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

The following are the quality assurance standards for a collaborative practice agreement:

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
 - (a) shall be agreed upon, signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement, and available for inspection by either Board;
 - (c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0109 of this Subchapter; and
 - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process:
 - (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time frame.
 - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner for a minimum of every six months. Documentation for each meeting shall:
 - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-Item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (ii) be signed and dated by those who attended; and

- (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
 - (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings to discuss practice-relevant clinical issues and quality improvement measures.
 - (b) Documentation of the meetings shall:
 - (i) identify clinical issues discussed and actions taken;
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

History Note Authority G.S. 90-5.1(a)(3); 90-8.1; 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14); Eff. January 1, 1991;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996; March 1, 1994;
 Recodified from Rule .0109 Eff. August 1, 2004;
 Amended Eff. December 1, 2009;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. June 1, 2021.

21 NCAC 32M .0111 METHOD OF IDENTIFICATION

When providing care to the public, the nurse practitioner shall identify herself or himself as specified in G.S. 90-640 and 21 NCAC 36 .0231.

History Note: Authority G.S. 90-18(14); 90-640;
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0108 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0110 Eff. August 1, 2004;
 Readopted Eff. July 1, 2017.

21 NCAC 32M .0112 DISCIPLINARY ACTION

- (a) After notice and hearing in accordance with provisions of G.S. 150B, Article 3A, disciplinary action may be taken by the appropriate Board if one or more of the following is found:
 - (1) violation of G.S. 90-18 and G.S. 90-18.2 or the joint rules adopted by each Board;
 - (2) immoral or dishonorable conduct pursuant to and consistent with G.S. 90-14(a)(1);
 - (3) any submissions to either Board pursuant to and consistent with G.S. 90-14(a)(3);
 - (4) the nurse practitioner is adjudicated mentally incompetent or the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(5) and G.S. 90-171.37(3);
 - (5) unprofessional conduct by reason of deliberate or negligent acts or omissions and contrary to the prevailing standards for nurse practitioners in accordance and consistent with G.S. 90-14(a)(6) and G.S. 90-171.35(5);
 - (6) Conviction in any court of a criminal offense in accordance and consistent with G.S. 90-14(a)(7) and G.S. 90-171.37(2) and G.S. 90-171.48;
 - (7) payments for the nurse practitioner practice pursuant to and consistent with G.S. 90-14(a)(8);
 - (8) lack of professional competence as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(11);
 - (9) exploiting the client pursuant to and consistent with G.S. 90-14(a)(12) including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;
 - (10) failure to respond to inquiries which may be part of a joint protocol between the Board of Nursing and Medical Board for investigation and discipline pursuant to and consistent with G.S. 90-14(a)(14);

- (11) the nurse practitioner has held himself or herself out or permitted another to represent the nurse practitioner as a licensed physician; or
 - (12) the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than according to the collaborative practice agreement.
- (b) The nurse practitioner is subject to G.S. 90-171.37; 90-171.48 and 21 NCAC 36 .0217 by virtue of the license to practice as a registered nurse.
- (c) After an investigation is completed, the joint subcommittee of both boards may recommend one of the following:
- (1) dismiss the case;
 - (2) issue a private letter of concern;
 - (3) enter into negotiation for a Consent Order; or
 - (4) a disciplinary hearing in accordance with G.S. Chapter 150B, Article 3A. If a hearing is recommended, the joint subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.
- (d) Upon a finding of violation, each Board may utilize the range of disciplinary options as enumerated in G.S. 90-14(a) or G.S. 90-171.37.

History Note: Authority G.S. 90-18(14); 90-171.37; 90-171.44; 90-171.47;
 Eff. February 1, 1991;
 Recodified from 21 NCAC 32M .0107 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0111 Eff. August 1, 2004;
 Amended Eff. April 1, 2007;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. April 1, 2020.

21 NCAC 32M .0113 ANNUAL RENEWAL OF NP APPROVAL

History Note: Authority G.S. 90-6; 90-18(14);
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0110 Eff. January 1, 1996;
 Repealed Eff. January 1, 1996.

21 NCAC 32M .0114 NP FORMS

History Note: Authority G.S. 150B-11;
 Eff. January 1, 1991;
 Recodified from 21 NCAC 32M .0112 Eff. January 1, 1996;
 Repealed Eff. January 1, 1996.

21 NCAC 32M .0115 FEES

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for the volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule is refundable.

History Note: Authority G.S. 90-6;
 Eff. January 1, 1996;
 Recodified from 21 NCAC 32M .0111 Eff. January 1, 1996;
 Amended Eff. August 1, 2004; May 1, 1999; January 1, 1996;
 Recodified from Rule .0112 Eff. August 1, 2004;
 Amended Eff. November 1, 2008;

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

21 NCAC 32M .0116 PRACTICE DURING A DISASTER

- (a) A nurse practitioner approved to practice in this State or another state may perform medical acts as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.
- (b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone number for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.
- (c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0109 and .0110 of this Subchapter.

History Note: Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.42; Eff. May 1, 1999; Recodified from Rule .0105 Eff. August 1, 2004; Amended Eff. December 1, 2009; August 1, 2004; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32M .0117 REPORTING CRITERIA

- (a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:
- (1) falls within the top two percent of those prescribing 100 morphine milligram equivalents ("MME") per patient per day; or
 - (2) falls within the top two percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.
- (b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.
- (c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of the following criteria, if there are a minimum of five patients for each criterion:
- (1) at least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the prescriber's practice location;
 - (2) the prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine combination;
 - (3) the prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;
 - (4) the prescriber had 90 percent or more of patients in a three-month period that received an opioid prescription that overlapped with another opioid prescription for at least one week;
 - (5) more than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per day excluding office-based treatment medications; and
 - (6) the prescriber had at least 25 percent of patients who used three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber.
- (d) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).
- (e) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-113.74.

History Note: Authority G.S. 90-5.1(a)(3); 90-113.74; Eff. April 1, 2016; Amended Eff. August 1, 2021; May 1, 2018.

21 NCAC 32M .0118 DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED TARGETED SUBSTANCES

For purposes of G.S. 90-18.2(b), the term "consult" shall mean a meaningful communication, occurring either in person or electronically, between the nurse practitioner and a supervising physician that is documented in the patient medical record. For the purposes of this Rule, "meaningful communication" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription for a targeted controlled substance is medically indicated.

*History Note: Authority G.S. 90-18.2;
Eff. May 1, 2018.*

21 NCAC 32M .0119 COVID-19 DRUG PRESERVATION RULE

(a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- (1) Hydroxychloroquine;
- (2) Chloroquine;
- (3) Lopinavir-ritonavir;
- (4) Ribavirin; and
- (5) Darunavir.

(b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.

(c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:

- (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- (2) Be limited to no more than a 14-day supply; and
- (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.

(d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.

(e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the nurse practitioner or nurse practitioner's agent, and that information is recorded in accordance with 21 NCAC 46 .1819(e).

(f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18.2;
Emergency Adoption Eff. April 21, 2020;
Temporary Adoption Eff. June 26, 2020;
Eff. April 1, 2021.*