

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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SENATE BILL 345

House Committee Substitute Favorable 6/7/22
House Committee Substitute #2 Favorable 6/29/22

Short Title: PA - Team-Based Practice.

(Public)

Sponsors:

Referred to:

March 25, 2021

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.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.(a)** G.S. 90-1.1 reads as rewritten:

7 **"§ 90-1.1. Definitions.**

8 The following definitions apply in this Article:

9 ...

10 (4d) Team-based setting or team-based practice. – Any of the following:

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

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

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

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

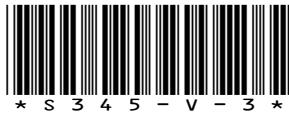
21 b. Hospitals, clinics, nursing homes, and other health facilities with
22 active credentialing and quality programs where physicians have
23 consistent and meaningful participation in the design and
24 implementation of health services to patients as defined by rules
25 adopted by the Board.

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

29 (5) The practice of medicine or surgery. – Except as otherwise provided by this
30 subdivision, the practice of medicine or surgery, for purposes of this Article,
31 includes any of the following acts:

32 ...

33 e. Using the designation "Doctor," "Doctor of Medicine," "Doctor of
34 Osteopathy," "Doctor of Osteopathic Medicine," "Physician,"
35 "Surgeon," "Physician and Surgeon," "Dr.," "M.D.," "D.O.," or any



1 combination thereof in the conduct of any occupation or profession
2 pertaining to the prevention, diagnosis, or treatment of human disease
3 or condition, unless the designation additionally contains the
4 description of or reference to another branch of the healing arts for
5 which the individual holds a valid license in this State or the use of the
6 designation "Doctor" or "Physician" is otherwise specifically
7 permitted by law.

- 8 f. The performance of any act, within or without this State, described in
9 this subdivision by use of any electronic or other means, including the
10 Internet or telephone.

11 The administration of required lethal substances or any assistance whatsoever
12 rendered with an execution under Article 19 of Chapter 15 of the General
13 Statutes does not constitute the practice of medicine or surgery."

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

15 **"§ 90-9.3. Requirements for licensure as a physician assistant.**

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

- 18 (1) The applicant has successfully completed an educational program for
19 physician assistants or surgeon assistants accredited by the Accreditation
20 Review Commission on Education for the Physician Assistant or its
21 predecessor or successor entities.
22 (2) The applicant has a current or previous certification issued by the National
23 Commission on Certification of Physician Assistants or its successor.
24 (3) The applicant is of good moral character.

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

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

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

34 **"§ 90-9.3A. Requirements for team-based practice as a physician assistant.**

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

- 37 (1) Practice in team-based settings, as defined in G.S. 90-1.1(4d).
38 (2) Have more than 4,000 hours of clinical practice experience as a licensed
39 physician assistant and more than 1,000 hours of clinical practice experience
40 within the specific medical specialty of practice with a physician in that
41 specialty.
42 (3) Submit proof as the Board may deem satisfactory by rule that the individual
43 meets the requirements of subdivisions (a)(1) and (a)(2) of this subsection.
44 The Board may, by rule, require the physician assistant to comply with other
45 requirements or submit additional information the Board deems appropriate.

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

1 determination and enforcement of collaboration, consultation, and referral. Team-based
2 physician assistants are responsible for the care they provide.

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

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

7 "§ 90-12.4. Physician assistant limited volunteer license.

8 ...
9 (d) Before initiating the performance of medical acts, tasks, or functions as a physician
10 assistant licensed under this section, the physician assistant shall provide submit to the Board
11 either an "Intent to Practice Notification Form," which shall include the name, address, and
12 telephone number of the physician licensed under this Article who will supervise the physician
13 assistant in the clinic specializing in the care of indigent patients patients, or meet the
14 requirements for team-based practice under G.S. 90-9.3A.

15"

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

17 "§ 90-12.4B. Physician Assistant assistant retired limited volunteer license.

18"

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

20 "§ 90-18.1. Limitations on physician assistants.

21 (a) Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical
22 acts, tasks, and functions as a physician assistant may use the title "physician assistant" or "PA."
23 Any other person who uses the title in any form or holds out to be a physician assistant or to be
24 so licensed, shall be deemed to be in violation of this Article.

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

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

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

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

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

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

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

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

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

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

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

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

5 (2) ~~Rules and regulations of the North Carolina Board of Pharmacy governing
6 this function are complied with. The physician assistant complies with all the
7 applicable State and federal laws and rules governing compounding and
8 dispensing.~~

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

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

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

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

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

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

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

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

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

1 Chapter, physician assistants conducting final interpretation of plain film radiographs shall be
2 supervised by a physician.

3 ...
4 (g) Any person who is licensed under G.S. 90-9.3 to perform medical acts, tasks, and
5 functions as a physician assistant shall comply with each of the following:

- 6 (1) Maintain a current and active license to practice in this State.
7 (2) Maintain an active registration with the Board.
8 (3) Have File a current Intent to Practice form filed with the Board. Board or meet
9 the requirements for team-based practice under G.S. 90-9.3A.

10"

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

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

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

19 "**§ 58-3-169. Required coverage for minimum hospital stay following birth.**

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

21 (1) "Attending providers" includes:

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

29"

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

31 "**§ 110-91. Mandatory standards for a license.**

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

43 (1) Medical Care and Sanitation. – The Commission for Public Health shall adopt
44 rules which establish minimum sanitation standards for child care centers and
45 their personnel. The sanitation rules adopted by the Commission for Public
46 Health shall cover such matters as the cleanliness of floors, walls, ceilings,
47 storage spaces, utensils, and other facilities; adequacy of ventilation;
48 sanitation of water supply, lavatory facilities, toilet facilities, sewage disposal,
49 food protection facilities, bactericidal treatment of eating and drinking
50 utensils, and solid-waste storage and disposal; methods of food preparation
51 and serving; infectious disease control; sleeping facilities; and other items and

1 facilities as are necessary in the interest of the public health. The Commission
2 for Public Health shall allow child care centers to use domestic kitchen
3 equipment, provided appropriate temperature levels for heating, cooling, and
4 storing are maintained. Child care centers that fry foods shall use commercial
5 hoods. These rules shall be developed in consultation with the Department.

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

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

25"

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

28 **SECTION 3.** Section 1 of this act becomes effective when the Medical Board adopts
29 the permanent rules required under Section 2 of this act or June 30, 2023, whichever occurs first.
30 The Medical Board shall notify the Revisor of Statutes when the rules required under Section 2
31 of this act have been adopted. The remainder of this act is effective when it becomes law.