

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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HOUSE BILL 681
PROPOSED SENATE COMMITTEE SUBSTITUTE H681-CSBCf-34 [v.3]

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Short Title: Med. Lic. Compact/Mil. Lic/Sup./Billing/Fac.

(Public)

Sponsors:

Referred to:

April 19, 2023

1 A BILL TO BE ENTITLED
2 AN ACT TO ESTABLISH AN INTERSTATE COMPACT FOR THE LICENSURE OF THE
3 PRACTICE OF MEDICINE AND A MILITARY RELOCATION LICENSURE PROCESS
4 STRENGTHEN STANDARDS FOR SUPERVISING PHYSICIANS, PROVIDE FULL
5 PRACTICE AUTHORITY FOR EXPERIENCED NURSE PRACTITIONERS, PREVENT
6 SURPRISE BILLING, AND LIMIT FACILITY FEES.

7 The General Assembly of North Carolina enacts:

8 **PART I. INTERSTATE MEDICAL LICENSURE COMPACT**

9 **SECTION 1.** Chapter 90 of the General Statutes is amended by adding a new Article
10 to read:

11 "Article 1M.

12 "Interstate Medical Licensure Compact.

13 **"§ 90-21.140. Short title.**

14 This Article shall be known as the "Interstate Medical Licensure Compact."

15 **"§ 90-21.141. Purpose.**

16 (a) The purpose of this Article is to strengthen access to health care, and, in recognition
17 of the advances in the delivery of health care, the member states of the Interstate Medical
18 Licensure Compact (Compact) have allied in common purpose to develop a comprehensive
19 process that complements the existing licensing and regulatory authority of state medical boards
20 and to provide a streamlined process that allows physicians to become licensed in multiple states,
21 thereby enhancing the portability of a medical license and ensuring the safety of patients.

22 (b) The Interstate Medical Licensure Compact creates another pathway for licensure and
23 does not otherwise change a state's existing medical practice act or provisions. The Compact
24 adopts the prevailing standard for licensure and affirms that the practice of medicine occurs
25 where the patient is located at the time of the physician-patient encounter and, therefore, requires
26 the physician to be under the jurisdiction of the state medical board where the patient is located.
27 State medical boards that participate in the Compact retain the jurisdiction to impose an adverse
28 action against a license to practice medicine in that state issued to a physician through the
29 procedures of the Compact.

30 **"§ 90-21.142. Definitions.**

31 The following definitions apply in this Article:

32 (1) Bylaws. – Bylaws established by the Interstate Commission pursuant to
33 G.S. 90-21.151.

34 (2) Commissioner. – The voting representative appointed by each member board
35 pursuant to G.S. 90-21.151.



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- 1 (3) Conviction. – A finding by a court that an individual is guilty of a criminal
2 offense through adjudication, or entry of a plea of guilty or no contest to the
3 charge by the offender. Evidence of an entry of a conviction of a criminal
4 offense by a court shall be considered final for purposes of disciplinary action
5 by a member board.
- 6 (4) Expedited license. – A full and unrestricted medical license granted by a
7 member state to an eligible physician through the process set forth in the
8 Compact.
- 9 (5) Interstate Commission. – The Interstate Medical Licensure Compact
10 Commission created pursuant to G.S. 90-21.151.
- 11 (6) License. – The authorization by a member state for a physician to engage in
12 the practice of medicine, which would be unlawful without authorization.
- 13 (7) Medical practice act. – Laws and regulations governing the practice of
14 allopathic and osteopathic medicine within a member state.
- 15 (8) Member board. – A state agency in a member state that acts in the sovereign
16 interests of the state by protecting the public through licensure, regulation, and
17 education of physicians as directed by the state government.
- 18 (9) Member state. – A state that has enacted the Compact.
- 19 (10) Offense. – A felony, gross misdemeanor, or crime of moral turpitude.
- 20 (11) Physician. – Any person who meets all of the following qualifications:
- 21 a. Is a graduate of a medical school accredited by the Liaison Committee
22 on Medical Education, the Commission on Osteopathic College
23 Accreditation, or a medical school listed in the International Medical
24 Education Directory or its equivalent.
- 25 b. Has passed each component of the United States Medical Licensing
26 Examination (USMLE) or the Comprehensive Osteopathic Medical
27 Licensing Examination (COMLEX-2 OMPLEX-USA) within three
28 attempts, or any of its predecessor examinations accepted by a state
29 medical board as an equivalent examination for licensure purposes.
- 30 c. Has successfully completed graduate medical education approved by
31 the Accreditation Council for Graduate Medical Education or the
32 American Osteopathic Association.
- 33 d. Holds specialty certification or a time-unlimited specialty certificate
34 recognized by the American Board of Medical Specialties or the
35 American Osteopathic Association's Bureau of Osteopathic
36 Specialists.
- 37 e. Possesses a full and unrestricted license to engage in the practice of
38 medicine issued by a member board.
- 39 f. Has never been convicted, received adjudication, deferred
40 adjudication, community supervision, or deferred disposition for any
41 offense by a court of appropriate jurisdiction.
- 42 g. Has never held a license authorizing the practice of medicine subjected
43 to discipline by a licensing agency in any state, federal, or foreign
44 jurisdiction, excluding any action related to nonpayment of fees
45 related to a license.
- 46 h. Has never had a controlled substance license or permit suspended or
47 revoked by a state or the United States Drug Enforcement
48 Administration.
- 49 i. Is not under active investigation by a licensing agency or law
50 enforcement authority in any state, federal, or foreign jurisdiction.

1 (12) Practice of medicine. – Clinical prevention, diagnosis, or treatment of human
2 disease, injury, or condition requiring a physician to obtain and maintain a
3 license in compliance with the medical practice act of a member state.

4 (13) Rule – A written statement by the Interstate Commission promulgated
5 pursuant to G.S. 90-21.152 that is of general applicability, implements,
6 interprets, or prescribes a policy or provision of the Compact, or an
7 organizational, procedural, or practice requirement of the Interstate
8 Commission, and has the force and effect of statutory law in a member state,
9 and includes the amendment, repeal, or suspension of an existing rule.

10 (14) State. – Any state, commonwealth, district, or territory of the United States.

11 (15) State of principal license. – A member state where a physician holds a license
12 to practice medicine and which has been designated as such by the physician
13 for purposes of registration and participation in the Compact.

14 **"§ 90-21.143. Eligibility.**

15 (a) A physician must meet the eligibility requirements as defined in G.S. 90-21.142(11)
16 to receive an expedited license under the terms and provisions of the Compact.

17 (b) A physician who does not meet the requirements of G.S. 90-21.142(11) may obtain a
18 license to practice medicine in a member state if the individual complies with all laws and
19 requirements, other than the Compact, relating to the issuance of a license to practice medicine
20 in that state.

21 **"§ 90-21.144. Designation of state of principal license.**

22 (a) A physician shall designate a member state as the state of principal license for
23 purposes of registration for expedited licensure through the Compact if the physician possesses
24 a full and unrestricted license to practice medicine in that state, and that state meets any one of
25 the following qualifications:

26 (1) The state is the principal residence for the physician.

27 (2) The physician conducts at least twenty-five percent (25%) of their practice of
28 medicine in the state.

29 (3) The state is the location of the physician's employer.

30 If no state qualifies under subdivision (1), (2), or (3) of this subsection, then the physician
31 may designate the state of residence for the purpose of federal income tax as their state of
32 principal license.

33 (b) A physician may redesignate a member state as a state of principal license at any time,
34 as long as the state meets the requirements of subsection (a) of this section.

35 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation
36 of another member state as the state of principal license.

37 **"§ 90-21.145. Application and issuance of expedited licensure.**

38 (a) A physician seeking licensure through the Compact shall file an application for an
39 expedited license with the member board of the state selected by the physician as the state of
40 principal license.

41 (b) Upon receipt of an application for an expedited license, the member board within the
42 state selected as the state of principal license shall evaluate whether the physician is eligible for
43 expedited licensure and issue a letter of qualification, verifying or denying the physician's
44 eligibility, to the Interstate Commission.

45 (c) Static qualifications, which include verification of medical education, graduate
46 medical education, results of any medical or licensing examination, and other qualifications as
47 determined by the Interstate Commission through rule, shall not be subject to additional primary
48 source verification where already primary source verified by the state of principal license.

49 (d) The member board within the state selected as the state of principal license shall, in
50 the course of verifying eligibility, perform a criminal background check of an applicant,
51 including the use of the results of fingerprint or other biometric data checks in compliance with

1 the requirements of the Federal Bureau of Investigation, with the exception of federal employees
2 who have suitability determination in accordance with 5 C.F.R. § 731.202.

3 (e) Appeal on the determination of eligibility to the member state shall be made to the
4 member state where the application was filed and shall be subject to the laws of that state.

5 (f) Upon verification of eligibility in subsection (b) of this section, physicians eligible
6 for an expedited license shall complete the registration process established by the Interstate
7 Commission to receive a license in a member state selected pursuant to subsection (a) of this
8 section, including the payment of any applicable fees.

9 (g) After receiving verification of eligibility under subsection (b) of this section and any
10 fees under subsection (f) of this section, a member board shall issue an expedited license to the
11 physician. This license shall authorize the physician to practice medicine in the issuing state
12 consistent with the medical practice act and all applicable laws and regulations of the issuing
13 member board and member state.

14 (h) An expedited license shall be valid for a period consistent with the licensure period
15 in the member state and in the same manner as required for other physicians holding a full and
16 unrestricted license within the member state.

17 (i) An expedited license obtained through the Compact shall be terminated if a physician
18 fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without
19 redesignation of a new state of principal licensure.

20 (j) The Interstate Commission is authorized to develop rules regarding the application
21 process, including payment of any applicable fees, and the issuance of an expedited license.

22 **"§ 90-21.146. Fees for expedited licensure.**

23 (a) A member state issuing an expedited license authorizing the practice of medicine in
24 that state may impose a fee for a license issued or renewed through the Compact.

25 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited
26 licenses.

27 **"§ 90-21.147. Renewal and continued participation.**

28 (a) A physician seeking to renew an expedited license granted in a member state shall
29 complete a renewal process with the Interstate Commission if the physician meets all of the
30 following qualifications:

31 (1) Maintains a full and unrestricted license in a state of principal license.

32 (2) Has not been convicted, received adjudication, deferred adjudication,
33 community supervision, or deferred disposition for any offense by a court of
34 appropriate jurisdiction.

35 (3) Has not had a license authorizing the practice of medicine subject to discipline
36 by a licensing agency in any state, federal, or foreign jurisdiction, excluding
37 any action related to nonpayment of fees related to a license.

38 (4) Has not had a controlled substance license or permit suspended or revoked by
39 a state or the United States Drug Enforcement Administration.

40 (b) Physicians shall comply with all continuing professional development or continuing
41 medical education requirements for renewal of a license issued by a member state.

42 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of
43 a license and distribute the fees to the applicable member board.

44 (d) Upon receipt of any renewal fees collected under subsection (c) of this section, a
45 member board shall renew the physician's license.

46 (e) Physician information collected by the Interstate Commission during the renewal
47 process will be distributed to all member boards.

48 (f) The Interstate Commission is authorized to develop rules to address renewal of
49 licenses obtained through the Compact.

50 **"§ 90-21.148. Coordinated information system.**

1 (a) The Interstate Commission shall establish a database of all physicians who are
2 licensed, or who have applied for licensure, under G.S. 90-21.145.

3 (b) Notwithstanding any other provision of law, member boards shall report to the
4 Interstate Commission any public action or complaints against a licensed physician who has
5 applied or received an expedited license through the Compact.

6 (c) Member boards shall report disciplinary or investigatory information determined as
7 necessary and proper by rule of the Interstate Commission.

8 (d) Member boards may report any nonpublic complaint, disciplinary, or investigatory
9 information not required by subsection (c) of this section to the Interstate Commission.

10 (e) Member boards shall share complaint or disciplinary information about a physician
11 upon request of another member board.

12 (f) All information provided to the Interstate Commission or distributed by member
13 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary
14 matters.

15 (g) The Interstate Commission is authorized to develop rules for mandated or
16 discretionary sharing of information by member boards.

17 **"§ 90-21.149. Joint investigations.**

18 (a) Licensure and disciplinary records are deemed investigative.

19 (b) In addition to authority granted to a member board by its respective medical practice
20 act or other applicable state law, a member board may participate with other member boards in
21 joint investigations of physicians licensed by the member boards.

22 (c) A subpoena issued by a member state shall be enforceable in other member states.

23 (d) Member boards may share any investigative, litigation, or compliance materials in
24 furtherance of any joint or individual investigation initiated under the Compact.

25 (e) Any member state may investigate actual or alleged violations of the statutes
26 authorizing the practice of medicine in any other member state in which a physician holds a
27 license to practice medicine.

28 **"§ 90-21.150. Disciplinary actions.**

29 (a) Any disciplinary action taken by any member board against a physician licensed
30 through the Compact shall be deemed unprofessional conduct which may be subject to discipline
31 by other member boards, in addition to any violation of the medical practice act or regulations in
32 that state.

33 (b) If a license granted to a physician by the member board in the state of principal license
34 is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then all licenses issued
35 to the physician by member boards shall automatically be placed, without further action
36 necessary by any member board, on the same status. If the member board in the state of principal
37 license subsequently reinstates the physician's license, a license issued to the physician by any
38 other member board shall remain encumbered until that respective member board takes action to
39 reinstate the license in a manner consistent with the medical practice act of that state.

40 (c) If disciplinary action is taken against a physician by a member board not in the state
41 of principal license, any other member board may deem the action conclusive as to matter of law
42 and fact decided and take one of the following actions:

43 (1) Impose the same or lesser sanctions against the physician consistent with the
44 medical practice act of that state.

45 (2) Pursue separate disciplinary action against the physician under its respective
46 medical practice act, regardless of the action taken in other member states.

47 (d) If a license granted to a physician by a member board is revoked, surrendered, or
48 relinquished in lieu of discipline, or suspended, then any licenses issued to the physician by any
49 other member boards shall be suspended, automatically and immediately without further action
50 necessary by the other member boards, for 90 days upon entry of the order by the disciplining
51 board, to permit the member boards to investigate the basis for the action under the medical

1 practice act of that state. A member board may terminate the automatic suspension of the license
2 it issued prior to the completion of the 90-day suspension period in a manner consistent with the
3 medical practice act of that state.

4 **"§ 90-21.151. Interstate Medical Licensure Compact Commission.**

5 (a) The member states hereby create the "Interstate Medical Licensure Compact
6 Commission."

7 (b) The purpose of the Interstate Commission is the administration of the Interstate
8 Medical Licensure Compact, which is a discretionary state function.

9 (c) The Interstate Commission shall be a body corporate and joint agency of the member
10 states and shall have all of the responsibilities, powers, and duties set forth in the Compact, and
11 additional powers as may be conferred upon it by a subsequent concurrent action of the respective
12 legislatures of the member states in accordance with the terms of the Compact.

13 (d) The Interstate Commission shall consist of two voting representatives appointed by
14 each member state who shall serve as Commissioners. In states where allopathic and osteopathic
15 physicians are regulated by separate member boards, or if the licensing and disciplinary authority
16 is split between separate member boards, or if the licensing and disciplinary authority is split
17 between multiple member boards within a member state, the member state shall appoint one
18 representative from each member board. A Commissioner shall meet one of the following
19 qualifications:

20 (1) An allopathic or osteopathic physician appointed to a member board.

21 (2) An executive director, executive secretary, or similar executive member of a
22 member board.

23 (3) A member of the public appointed to a member board.

24 (e) The Interstate Commission shall meet at least once each calendar year. A portion of
25 this meeting shall be a business meeting to address matters that come properly before the
26 Commission and for the election of officers. The chairperson may call additional meetings and
27 shall call for a meeting upon the request of a majority of the member states.

28 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted
29 by telecommunication or electronic communication.

30 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled
31 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of
32 business, unless a larger quorum is required by the bylaws adopted by the Interstate Commission.
33 A Commissioner shall not delegate a vote to another Commissioner. In the absence of its
34 Commissioner, a member state may delegate voting authority for a specified meeting to another
35 person from that state who shall meet the requirements of subsection (d) of this section.

36 (h) The Interstate Commission shall provide public notice of all meetings, and all
37 meetings shall be open to the public. The Interstate Commission may close a meeting, in full or
38 in portion, where it determines by a two-thirds vote of the Commissioners present that an open
39 meeting would be likely to:

40 (1) Relate solely to the internal personnel practice and procedures of the Interstate
41 Commission.

42 (2) Discuss matters specifically exempted from disclosure by federal statute.

43 (3) Discuss trade secrets, commercial, or financial information that is privileged
44 or confidential.

45 (4) Involve accusing a person of a crime, or formally censuring a person.

46 (5) Discuss information of a personal nature where disclosure would constitute a
47 clearly unwarranted invasion of personal privacy.

48 (6) Discuss investigative records compiled for law enforcement purposes.

49 (7) Specifically relate to the participation in a civil action or other legal
50 proceeding.

1 (i) The Interstate Commission shall keep minutes which shall fully describe all matters
2 discussed in a meeting and shall provide a full and accurate summary of actions taken, including
3 record of any roll call votes.

4 (j) The Interstate Commission shall make its information and official records, to the
5 extent not otherwise designated in the Compact or by its rules, available for public inspection.

6 (k) The Interstate Commission shall establish an executive committee, which shall
7 include officers, members, and others as determined by the bylaws. The executive committee
8 shall have the power to act on behalf of the Interstate Commission, with the exception of
9 rulemaking, during periods when the Interstate Commission is not in session. When acting on
10 behalf of the Interstate Commission, the executive committee shall oversee the administration of
11 the Compact, including enforcement and compliance with the provisions of the Compact, its
12 bylaws and rules, and other such duties as necessary.

13 (l) The Interstate Commission shall establish other committees for governance and
14 administration of the Compact.

15 **"§ 90-21.152. Powers and duties of the Interstate Commission.**

16 The Interstate Commission has the following powers and duties:

- 17 (1) Oversee and maintain the administration of the Compact.
- 18 (2) Promulgate rules which shall be binding to the extent and in the manner
19 provided for in the Compact.
- 20 (3) Issue, upon the request of a member state or member board, advisory opinions
21 concerning the meaning or interpretation of the Compact, its bylaws, rules,
22 and actions.
- 23 (4) Enforce compliance with Compact provisions, the rules promulgated by the
24 Interstate Commission, and the bylaws, using all necessary and proper means,
25 including, but not limited to, the use of the judicial process.
- 26 (5) Establish and appoint committees, including, but not limited to, an executive
27 committee as required by G.S. 90-21.151, which shall have the power to act
28 on behalf of the Interstate Commission in carrying out its powers and duties.
- 29 (6) Pay or provide payment of the expenses related to the establishment,
30 organization, and ongoing activities of the Interstate Commission.
- 31 (7) Establish and maintain one or more offices.
- 32 (8) Borrow, accept, hire, or contract for services of personnel.
- 33 (9) Purchase and maintain insurance and bonds.
- 34 (10) Employ an executive director who shall have such powers to employ, select,
35 or appoint employees, agents, or consultants, and to determine their
36 qualifications, define their duties, and fix their compensation.
- 37 (11) Establish personnel policies and programs relating to conflicts of interest,
38 rates of compensation, and qualifications of personnel.
- 39 (12) Accept donations and grants of money, equipment, supplies, materials, and
40 services and to receive, utilize, and dispose of it in a manner consistent with
41 the conflict of interest policies established by the Interstate Commission.
- 42 (13) Lease, purchase, accept contributions or donations of, or otherwise to hold,
43 own, improve, or use any property, real, personal, or mixed.
- 44 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
45 dispose of any property, real, personal, or mixed.
- 46 (15) Establish a budget and make expenditures.
- 47 (16) Adopt a seal and bylaws governing the management and operation of the
48 Interstate Commission.
- 49 (17) Report annually to the legislatures and governors of the member states
50 concerning the activities of the Interstate Commission during the preceding

1 year. Such reports shall also include reports of financial audits and any
2 recommendations that may have been adopted by the Interstate Commission.

3 (18) Coordinate education, training, and public awareness regarding the Compact,
4 its implementation, and its operation.

5 (19) Maintain records in accordance with the bylaws.

6 (20) Seek and obtain trademarks, copyrights, and patents.

7 (21) Perform such functions as may be necessary or appropriate to achieve the
8 purpose of the Compact.

9 **"§ 90-21.153. Finance powers.**

10 (a) The Interstate Commission may levy on and collect an annual assessment from each
11 member state to cover the cost of the operations and activities of the Interstate Commission and
12 its staff. The total assessment must be sufficient to cover the annual budget approved each year
13 for which revenue is not provided by other sources. The aggregate annual assessment amount
14 shall be allocated upon a formula to be determined by the Interstate Commission, which shall
15 promulgate a rule binding upon all member states.

16 (b) The Interstate Commission shall not incur obligations of any kind prior to securing
17 the funds adequate to meet the same.

18 (c) The Interstate Commission shall not pledge the credit of any of the member states,
19 except by, and with the authority of, the member state.

20 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a
21 certified or licensed accountant, and the report of the audit shall be included in the annual report
22 of the Interstate Commission.

23 **"§ 90-21.154. Organization and operation of the Interstate Commission.**

24 (a) The Interstate Commission shall, by a majority of Commissioners present and voting,
25 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes
26 of the Compact within 12 months of the first Interstate Commission meeting.

27 (b) The Interstate Commission shall elect or appoint annually from among its
28 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such
29 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's
30 absence or disability the vice-chairperson, shall preside at all meetings of the Interstate
31 Commission.

32 (c) Officers selected in subsection (b) of this section shall serve without remuneration for
33 the Interstate Commission.

34 (d) The officers and employees of the Interstate Commission shall be immune from suit
35 and liability, either personally or in their official capacity, for a claim for damage to or loss of
36 property or personal injury or other civil liability caused or arising out of, or relating to, an actual
37 or alleged act, error, or omission that occurred, or that such person had a reasonable basis for
38 believing occurred, within the scope of Interstate Commission employment, duties, or
39 responsibilities, provided that such person shall not be protected from suit or liability for damage,
40 loss, injury, or liability caused by the intentional or willful and wanton misconduct of such
41 person.

42 (e) The liability of the executive director and employees of the Interstate Commission or
43 representatives of the Interstate Commission, acting within the scope of such person's
44 employment or duties for acts, errors, or omissions occurring within such person's state, may not
45 exceed the limits of liability set forth under the constitution and laws of that state for state
46 officials, employees, and agents. The Interstate Commission is considered to be an
47 instrumentality of the states for the purpose of any such action. Nothing in this subsection shall
48 be construed to protect such person from suit or liability for damage, loss, injury, or liability
49 caused by the intentional or willful and wanton misconduct of such person.

50 (f) The Interstate Commission shall defend the executive director, its employees, and
51 subject to the approval of the attorney general or other appropriate legal counsel of the member

1 state represented by an Interstate Commission representative, shall defend such Interstate
2 Commission representative in any civil action seeking to impose liability arising out of an actual
3 or alleged act, error, or omission that occurred within the scope of Interstate Commission
4 employment, duties, or responsibilities, or that the defendant had a reasonable basis for believing
5 occurred within the scope of Interstate Commission employment, duties, or responsibilities,
6 provided that the actual or alleged act, error, or omission did not result from intentional or willful
7 and wanton misconduct on the part of such person.

8 (g) To the extent not covered by the state involved, member state, or the Interstate
9 Commission, the representatives or employees of the Interstate Commission shall be held
10 harmless in the amount of a settlement or judgment, including attorneys' fees and costs, obtained
11 against such persons arising out of an actual or alleged act, error, or omission that occurred within
12 the scope of Interstate Commission employment, duties, or responsibilities, or that such persons
13 had a reasonable basis for believing occurred within the scope of Interstate Commission
14 employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission
15 did not result from intentional or willful and wanton misconduct on the part of such person.

16 **"§ 90-21.155. Rulemaking functions of the Interstate Commission.**

17 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively
18 and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event
19 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope
20 of the purposes of the Compact, or the powers granted hereunder, then such an action by the
21 Interstate Commission shall be invalid and have no force or effect.

22 (b) Rules deemed appropriate for the operations of the Interstate Commission shall be
23 made pursuant to a rulemaking process that substantially conforms to the "Revised Model State
24 Administrative Procedure Act" of 2010, and subsequent amendments thereto.

25 (c) Not later than 30 days after a rule is promulgated, any person may file a petition for
26 judicial review of the rule in the United States District Court for the District of Columbia or the
27 federal district where the Interstate Commission has its principal offices, provided that the filing
28 of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the
29 court finds that the petitioner has substantial likelihood of success. The court shall give deference
30 to the actions of the Interstate Commission consistent with applicable law and shall not find the
31 rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the
32 Interstate Commission.

33 **"§ 90-21.156. Oversight of Interstate Compact.**

34 (a) The executive, legislative, and judicial branches of state government in each member
35 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate
36 the Compact's purposes and intent. The provisions of the Compact and the rules promulgated
37 hereunder shall have standing as statutory law but shall not override existing state authority to
38 regulate the practice of medicine.

39 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or
40 administrative proceeding in a member state pertaining to the subject matter of the Compact
41 which may affect the powers, responsibilities, or action of the Interstate Commission.

42 (c) The Interstate Commission shall be entitled to receive all services of process in any
43 such proceeding and shall have standing to intervene in the proceeding for all purposes. Failure
44 to provide service of process to the Interstate Commission shall render a judgment or order void
45 as to the Interstate Commission, the Compact, or promulgated rules.

46 **"§ 90-21.157. Enforcement of Interstate Compact.**

47 (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce
48 the provisions and rules of the Compact.

49 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal
50 action in the United States Court for the District of Columbia, or, at the discretion of the Interstate
51 Commission, in the federal district where the Interstate Commission has its principal offices, to

1 enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws,
2 against a member state in default. The relief sought may include both injunctive relief and
3 damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all
4 costs of such litigation, including reasonable attorneys' fees.

5 (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.
6 The Interstate Commission may avail itself of any other remedies available under state law or
7 regulation of a profession.

8 **"§ 90-21.158. Default procedures.**

9 (a) The grounds for default include, but are not limited to, failure of a member state to
10 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and
11 bylaws of the Interstate Commission promulgated under the Compact.

12 (b) If the Interstate Commission determines that a member state has defaulted in the
13 performance of its obligations or responsibilities under the Compact, or the bylaws or
14 promulgated rules, the Interstate Commission shall do all of the following:

15 (1) Provide written notice to the defaulting state and other member states of the
16 nature of the default, the means of curing the default, and any action taken by
17 the Interstate Commission. The Interstate Commission shall specify the
18 conditions by which the defaulting state must cure its default.

19 (2) Provide remedial training and specific technical assistance regarding the
20 default.

21 (c) If the defaulting state fails to cure the default, the defaulting state shall be terminated
22 from the Compact upon an affirmative vote of a majority of the Commissioners, and all rights,
23 privileges, and benefits conferred by the Compact shall terminate on the effective date of
24 termination. A cure of the default does not relieve the offending state of obligations or liabilities
25 incurred during the period of default.

26 (d) Termination of membership in the Compact shall be imposed only after all other
27 means of securing compliance have been exhausted. Notice of intent to terminate shall be given
28 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting
29 state's legislature, and each of the member states.

30 (e) The Interstate Commission shall establish rules and procedures to address licenses
31 and physicians that are materially impacted by the termination of a member state or the
32 withdrawal of a member state.

33 (f) The member state which has been terminated is responsible for all dues, obligations,
34 and liabilities incurred through the effective date of termination, including obligations, the
35 performance of which extends beyond the effective date of termination.

36 (g) The Interstate Commission shall not bear any costs relating to any state that has been
37 found to be in default or which has been terminated from the Compact, unless otherwise mutually
38 agreed upon in writing between the Interstate Commission and the defaulting state.

39 (h) The defaulting state may appeal the action of the Interstate Commission by petitioning
40 the United States District Court for the District of Columbia or the federal district where the
41 Interstate Commission has its principal offices. The prevailing party shall be awarded all costs
42 of such litigation, including reasonable attorneys' fees.

43 **"§ 90-21.159. Dispute resolution.**

44 (a) The Interstate Commission shall attempt to resolve disputes upon the request of a
45 member state, which are subject to the Compact and which may arise among member states or
46 member boards.

47 (b) The Interstate Commission shall promulgate rules providing for both mediation and
48 binding dispute resolution as appropriate.

49 **"§ 90-21.160. Member states; effective date; amendment.**

50 (a) Any state is eligible to become a member of the Compact.

1 (b) The Compact shall become effective and binding upon legislative enactment of the
2 Compact into law by no less than seven states. Thereafter, it shall become effective and binding
3 on a state upon enactment of the Compact into law in that state.

4 (c) The governors of nonmember states, or their designees, shall be invited to participate
5 in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the
6 Compact by all states.

7 (d) The Interstate Commission may propose amendments to the Compact for enactment
8 by the member states. No amendment shall become effective and binding upon the Interstate
9 Commission and the member states unless and until it is enacted into law by unanimous consent
10 of the member states.

11 **"§ 90-21.161. Withdrawal.**

12 (a) Once effective, the Compact shall continue in force and remain binding upon each
13 and every member state, provided that a member state may withdraw from the Compact by
14 specifically repealing the statutes which enacted the Compact into law.

15 (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the
16 same but shall not take effect until one year after the effective date of such statute and until
17 written notice of the withdrawal has been given by the withdrawing state to the governor of each
18 other member state.

19 (c) The withdrawing state shall immediately notify the chairperson of the Interstate
20 Commission in writing upon the introduction of legislation repealing the Compact in the
21 withdrawing state.

22 (d) The Interstate Commission shall notify the other member states of the withdrawing
23 state's intent to withdraw within 60 days of its receipt of notice provided under subsection (c) of
24 this section.

25 (e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred
26 through the effective date of withdrawal, including obligations, the performance of which extend
27 beyond the effective date of withdrawal.

28 (f) Reinstatement following withdrawal of a member state shall occur upon the
29 withdrawing date reenacting the Compact or upon such later date as determined by the Interstate
30 Commission.

31 (g) The Interstate Commission is authorized to develop rules to address the impact of the
32 withdrawal of a member state on licenses granted in other member states to physicians who
33 designated the withdrawing member state as the state of principal license.

34 **"§ 90-21.162. Dissolution.**

35 (a) The Compact shall dissolve effective upon the date of the withdrawal or default of
36 the member state which reduces the membership of the Compact to one member state.

37 (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall
38 be of no further force or effect, and the business and affairs of the Interstate Commission shall
39 be concluded, and surplus funds shall be distributed in accordance with the bylaws.

40 **"§ 90-21.163. Severability and construction.**

41 The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or
42 provision is deemed unenforceable, the remaining provisions of the Compact shall be
43 enforceable. The provisions of the Compact shall be liberally construed to effectuate its purposes.
44 Nothing in the Compact shall be construed to prohibit the applicability of other interstate
45 compacts to which the member states are members.

46 **"§ 90-21.164. Binding effect of Compact and other laws.**

47 (a) Nothing herein prevents the enforcement of any other law of a member state that is
48 not inconsistent with the Compact.

49 (b) All laws in a member state in conflict with the Compact are superseded to the extent
50 of the conflict.

1 (c) All lawful actions of the Interstate Commission, including all rules and bylaws
2 promulgated by the Commission, are binding upon the member states.

3 (d) All agreements between the Interstate Commission and the member states are binding
4 in accordance with their terms.

5 (e) In the event any provision of the Compact exceeds the constitutional limits imposed
6 on the legislature of any member state, such provision shall be ineffective to the extent of the
7 conflict with the constitutional provision in question in that member state."

8 **SECTION 1.(b)** G.S. 90-5.1 reads as rewritten:

9 **"§ 90-5.1. Powers and duties of the Board.**

10 (a) The Board shall have the following powers and duties:

11 ...

12 (11) Appoint two Commissioners to serve on the Interstate Medical Licensure
13 Compact Commission. Commissioners must meet one of the following
14 requirements: be (i) a current physician Board member, (ii) an executive
15 director or similar executive member, or (iii) a current public Board member.

16 "

17 **SECTION 1.(c)** G.S. 90-11(b) reads as rewritten:

18 (b) The Department of Public Safety may provide a criminal record check to the Board
19 for a person who has applied for a license through the ~~Board~~ Board and for purposes of
20 G.S. 90-21.145. The Board shall provide to the Department of Public Safety, along with the
21 request, the fingerprints of the applicant, any additional information required by the Department
22 of Public Safety, and a form signed by the applicant consenting to the check of the criminal
23 record and to the use of the fingerprints and other identifying information required by the State
24 or national repositories. The applicant's fingerprints shall be forwarded to the State Bureau of
25 Investigation for a search of the State's criminal history record file, and the State Bureau of
26 Investigation shall forward a set of the fingerprints to the Federal Bureau of Investigation for a
27 national criminal history check. The Board shall keep all information pursuant to this subsection
28 privileged, in accordance with applicable State law and federal guidelines, and the information
29 shall be confidential and shall not be a public record under Chapter 132 of the General Statutes.

30 The Department of Public Safety may charge each applicant a fee for conducting the checks
31 of criminal history records authorized by this subsection. The Board has the authority to collect
32 this fee from each applicant and remit it to the Department of Public Safety."

33 **SECTION 1.(d)** G.S. 90-13.1 reads as rewritten:

34 **"§ 90-13.1. License fees.**

35 ...

36 (g) Each applicant for a license issued or renewed through the Interstate Medical
37 Licensure Compact in accordance with Article 1M of Chapter 90 of the General Statutes shall be
38 subject to any additional fees or assessments as determined by the Board or the Interstate Medical
39 Licensure Compact Commission to cover any costs incurred by the Board for the participation
40 in the Interstate Medical Licensure Compact."

41 **SECTION 1.(e)** G.S. 90-13.2 reads as rewritten:

42 **"§ 90-13.2. Registration every year with Board.**

43 (a) ~~Every~~ Except as provided for in Article 1M of Chapter 90 of the General Statutes,
44 every licensee shall register annually with the Board no later than 30 days after the person's
45 birthday.

46 ...

47 (g) Upon payment of all accumulated fees and penalties, the license of the licensee may
48 be reinstated, subject to the Board requiring the licensee to appear before the Board for an
49 interview and to comply with other licensing requirements. ~~The~~ Except as provided in
50 G.S. 90-21.146, the penalty may not exceed the applicable maximum fee for a license under
51 G.S. 90-13.1.

1"

2 SECTION 1.(f) G.S. 90-14 reads as rewritten:

3 "**§ 90-14. Disciplinary Authority.**

4 (a) The Board shall have the power to place on probation with or without conditions,
5 impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public
6 letters of concern, mandate free medical services, require satisfactory completion of treatment
7 programs or remedial or educational training, fine, deny, annul, suspend, or revoke a license, or
8 other authority to practice medicine in this State, issued by the Board to any person who has been
9 found by the Board to have committed any of the following acts or conduct, or for any of the
10 following reasons:

11 ...

12 (18) A violation of Article 1M of Chapter 90 of the General Statutes, consistent
13 with the provisions of that Article for qualifying licensees.

14"

15 SECTION 1.(g) G.S. 90-14.2 reads as rewritten:

16 "**§ 90-14.2. Hearing before disciplinary action.**

17 (a) ~~Before~~ Except as provided in G.S. 90-21.150, before the Board shall take disciplinary
18 action against any license granted by it, the licensee shall be given a written notice indicating the
19 charges made against the licensee and stating that the licensee will be given an opportunity to be
20 heard concerning the charges at a time and place stated in the notice, or at a time and place to be
21 thereafter designated by the Board, and the Board shall hold a public hearing not less than 30
22 days from the date of the service of notice upon the licensee, at which the licensee may appear
23 personally and through counsel, may cross examine witnesses and present evidence in the
24 licensee's own behalf. A licensee who is mentally incompetent shall be represented at such
25 hearing and shall be served with notice as herein provided by and through a guardian ad litem
26 appointed by the clerk of the court of the county in which the licensee resides. The licensee may
27 file written answers to the charges within 30 days after the service of the notice, which answer
28 shall become a part of the record but shall not constitute evidence in the case.

29"

30 **PART II. MILITARY RELOCATION LICENSURE**

31 SECTION 2.(a) Article 1 of Chapter 90 of the General Statutes is amended by
32 adding a new section to read:

33 "**§ 90-12.02. License for military servicemembers and spouses.**

34 (a) The Board may issue a license known as a "military relocation license" to a physician
35 or physician assistant, who is not actively licensed by the Board to practice as a physician or
36 physician assistant and who meets all of the following requirements:

- 37 (1) Is a servicemember of the United States Armed Forces or a spouse of a
38 servicemember of the United States Armed Forces.
39 (2) Resides in this State pursuant to military orders for military service.
40 (3) Holds a current license in another jurisdiction that has licensing requirements
41 that are substantially equivalent or otherwise exceeds the requirements for
42 licensure in this State.
43 (4) Is in good standing in the jurisdiction of the licensure currently possessed at
44 the time of application and has not been disciplined in the last five years or
45 does not have any current pending investigations by any occupational
46 licensing board or equivalent licensing authority.
47 (5) Has actively practiced medicine for an average of 20 hours per week during
48 the two years immediately preceding relocation in this State.
49 (6) Does not otherwise qualify for licensure through the Interstate Medical
50 Licensure Compact.

1 (b) A military relocation license shall remain active for the duration of military orders for
2 military service in this State and upon completion of annual registration, which shall include
3 providing documentation of meeting the requirements in subsection (a) of this section. The
4 military relocation license shall become inactive at the time the license holder relocates pursuant
5 to military orders (i) to reside in another state or (ii) expiring for military service in this State, or
6 the servicemember separates from military service. The license holder shall notify the Board
7 within 15 days of the issuance of new military orders requiring relocation to another state, within
8 15 days of the expiration of military orders, or within 15 days of separation from military service.
9 The Board shall retain jurisdiction over the holder of the inactive license.

10 (c) A military relocation license may be converted to a full license by completing an
11 application for full licensure under this Article. The Board shall waive the application fee for
12 converting to a full license if the application is submitted within one year of the issuance of the
13 military relocation license.

14 (d) The Board may, by rule, require an applicant for a military relocation license under
15 this section to comply with other requirements or submit additional information the Board deems
16 appropriate."

17 **SECTION 2.(b)** G.S. 90-13.1 reads as rewritten:

18 "**§ 90-13.1. License fees.**

19 (a) Each applicant for a license to practice medicine and surgery in this State under either
20 ~~G.S. 90-9.1 or G.S. 90-9.2~~ G.S. 90-9.1, 90-9.2, or 90-12.02 shall pay to the North Carolina
21 Medical Board an application fee of four hundred dollars (\$400.00).

22 (b) Each applicant for a limited license to practice in a medical education and training
23 program under G.S. 90-12.01 shall pay to the Board a fee of one hundred dollars (\$100.00).

24 (c) An applicant for a limited volunteer license under G.S. 90-12.1A or G.S. 90-12.1B
25 shall not pay a fee.

26 (d) A fee of twenty-five dollars (\$25.00) shall be paid for the issuance of a duplicate
27 license.

28 (e) All fees shall be paid in advance to the North Carolina Medical Board, to be held in
29 a fund for the use of the Board.

30 (f) For the initial and annual licensure of an anesthesiologist assistant, the Board may
31 require the payment of a fee not to exceed one hundred fifty dollars (\$150.00)."

32 **PART III. STANDARDS FOR SUPERVISION AGREEMENTS**

33 **SECTION 3.(a)** Article 1 of Chapter 90 of the General Statutes is amended by adding
34 a new section to read:

35 "**§ 90-18.9. Supervision Agreements.**

36 (a) Definitions. – The following definitions apply in this section:

37 (1) Collaborative practice agreement. – the arrangement between a nurse
38 practitioner and supervising physician that provides for the continuous
39 availability to each other for ongoing supervision, consultation, collaboration,
40 referral, and evaluation of care provided by the nurse practitioner.

41 (2) Nurse practitioner. – As defined in G.S. 90-18.2.

42 (3) Physician assistant. – As defined in G.S. 90-18.1

43 (4) Supervising Physician. – A physician licensed under this Article who provides
44 on-going supervisions, consultation, and evaluation of the medical acts
45 performed by a physician assistant or a nurse practitioner.

46 (5) Supervisory Arrangement. – The written statement that describes the medical
47 acts, tasks, and functions delegated to a physician assistant by a supervising
48 physician appropriate to the physician assistant's education, qualification,
49 training, skills, and competence.

50 (b) Requirements for supervisory arrangements. – In addition to any other provisions the
51 Board may require, all supervisory arrangements shall include the following:

- 1 (1) A requirement that the supervising physician meet with the physician
 2 assistant, either in person or via real-time video communication, for at least
 3 one hour, at least one time per week.
 4 (2) A requirement that the supervising physician review a sample of charts that
 5 represent 10 percent (10%) or 20 charts, whichever is less, of the patients seen
 6 by the physician assistant each month.
 7 (3) A fee for all supervision activities not to exceed ten thousand dollars (\$10,000)
 8 per year.

9 (c) Requirements for collaborative practice agreements. – In addition to any other
 10 provisions the Board and the Board of Nursing may require, all collaborative practice agreements
 11 shall include the following:

- 12 (1) A requirement that the supervising physician meet with the nurse practitioner,
 13 either in person or via real-time video communication, for at least one hour,
 14 at least one time per week.
 15 (2) A requirement that the supervising physician review a sample of charts that
 16 represent 10 percent (10%) or 20 charts, whichever is less, of the patients seen
 17 by the nurse practitioner each month.
 18 (3) A fee for all supervision activities not to exceed ten thousand dollars (\$10,000)
 19 per year."

20 **SECTION 3.(b)** G.S. 90-18.5(c) reads as rewritten:

21 "(c) The North Carolina Medical Board shall adopt rules to implement this section that
 22 include requirements and limitations on the provision of anesthesia services by an
 23 anesthesiologist assistant as determined by the Board to be in the best interests of patient health
 24 and safety. Rules adopted by the Board pursuant to this section shall include the following
 25 requirements:

- 26 (1) That an anesthesiologist assistant be supervised by an anesthesiologist
 27 licensed under this Article who is actively engaged in clinical practice and
 28 immediately available on-site to provide assistance to the anesthesiologist
 29 assistant.
 30 (2) That an anesthesiologist may supervise no more than ~~two~~one anesthesiologist
 31 ~~assistants or assistant,~~ one student anesthesiologist assistant, or one
 32 other qualified anesthesia provider at one time. ~~The limitation on the number~~
 33 ~~of anesthesiologist assistants and student anesthesiologist assistants that an~~
 34 ~~anesthesiologist may supervise in no way restricts the number of other~~
 35 ~~qualified anesthesia providers an anesthesiologist may concurrently supervise.~~
 36 ~~After January 1, 2010, the Board may allow an anesthesiologist to supervise~~
 37 ~~up to four licensed anesthesiologist assistants concurrently and may revise the~~
 38 ~~supervision limitations of student anesthesiologist assistants such that the~~
 39 ~~supervision requirements for student anesthesiologist assistants are similar to~~
 40 ~~the supervision requirements for student nurse anesthetists.~~
 41 (3) That anesthesiologist assistants comply with all continuing education
 42 requirements and recertification requirements of the National Commission for
 43 Certification of Anesthesiologist Assistants or its successor organization."

44 **SECTION 3.(c)** No later than January 1, 2025, the North Carolina Medical Board
 45 and the North Carolina Board of Nursing shall adopt rules necessary to implement the provisions
 46 of this section.

47 **PART IV. FULL PRACTICE AUTHORITY FOR EXPERIENCED NURSE**
 48 **PRACTITIONERS**

49 **SECTION 4.(a)** G.S. 90-18.2 reads as rewritten:

50 "**§ 90-18.2. Limitations on nurse practitioners.**

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

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

7 (1) The North Carolina Medical Board and Board of Nursing have adopted
8 regulations developed by a joint subcommittee governing the approval of
9 individual nurse practitioners to write prescriptions with such limitations as
10 the boards may determine to be in the best interest of patient health and safety.

11 (2) The nurse practitioner has current approval from the boards.

12 (3) Repealed by Session Laws 2019-191, s. 36, effective October 1, 2019.

13 (4) ~~The~~ If the nurse practitioner is subject to supervision by a physician, the
14 supervising physician has provided to the nurse practitioner written
15 instructions about indications and contraindications for prescribing drugs and
16 a written policy for periodic review by the physician of the drugs prescribed.

17 (5) If the nurse practitioner is subject to supervision by a physician, the A nurse
18 practitioner shall personally consult with the supervising physician prior to
19 prescribing a targeted controlled substance as defined in Article 5 of this
20 Chapter when all of the following conditions apply:

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

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

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

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

32 (1) The function is performed under the supervision of a licensed pharmacist; and

33 (2) Rules and regulations of the North Carolina Board of Pharmacy governing
34 this function are complied with.

35 (d) Nurse practitioners are authorized to order medications, tests and treatments in
36 hospitals, clinics, nursing homes and other health facilities under all of the following conditions:

37 (1) The North Carolina Medical Board and Board of Nursing have adopted
38 regulations developed by a joint subcommittee governing the approval of
39 individual nurse practitioners to order medications, tests and treatments with
40 such limitations as the boards may determine to be in the best interest of
41 patient health and safety.

42 (2) The nurse practitioner has current approval from the boards.

43 (3) If the nurse practitioner is subject to supervision by a physician, the
44 supervising physician has provided to the nurse practitioner written
45 instructions about ordering medications, tests and treatments, and when
46 appropriate, specific oral or written instructions for an individual patient, with
47 provision for review by the physician of the order within a reasonable time, as
48 determined by the Board, after the medication, test or treatment is ordered.

49 (4) The hospital or other health facility has adopted a written policy, approved by
50 the medical staff after consultation with the nursing administration, about
51 ordering medications, tests and treatments, including procedures for

1 verification of the nurse practitioners' orders by nurses and other facility
2 employees and such other procedures as are in the interest of patient health
3 and safety.

4 (e) Any prescription written by a nurse practitioner subject to supervision by a physician
5 or order given by a nurse practitioner subject to supervision by a physician for medications, tests
6 or treatments shall be deemed to have been authorized by the physician approved by the boards
7 as the supervisor of the nurse practitioner and such supervising physician shall be responsible for
8 authorizing such prescription or order. Nurse practitioners who are not subject to supervision by
9 a physician shall be responsible for their own authorization of prescriptions or orders.

10 (e1) Any medical certification completed by a nurse practitioner subject to supervision by
11 a physician for a death certificate shall be deemed to have been authorized by the physician
12 approved by the boards as the supervisor of the nurse practitioner, and the supervising physician
13 shall be responsible for authorizing the completion of the medical certification. Nurse
14 practitioners who are not subject to supervision by a physician shall be responsible for their own
15 authorization and completion of a death certificate.

16 (f) Any registered nurse or licensed practical nurse who receives an order from a nurse
17 practitioner for medications, tests or treatments is authorized to perform that order in the same
18 manner as if it were received from a licensed physician.

19 (g) Any nurse practitioner who has practiced as a nurse practitioner under the supervision
20 of a physician for at least three years and 2,000 hours and has not been disciplined by the North
21 Carolina Board of Nursing in the last five years may perform any medical acts allowed a nurse
22 practitioner independently and without the supervision of a physician."

23 PART V. SURPRISE BILLING

24 SECTION 5. Article 3 of Chapter 58 of the General Statutes is amended by adding
25 a new section to read:

26 "§ 58-3-305. Cost-sharing protection.

27 If a health benefit plan covers a procedure or service at an in-network healthcare facility, and
28 the procedure or service is furnished by an out-of-network provider, the health benefit plan
29 cannot impose a cost-sharing requirement greater than the amount that would have been imposed
30 if the procedure or service had been furnished by an in-network provider. The Commissioner
31 shall have the power to adopt rules necessary to implement this section."

32 PART VI. FACILITY FEES

33 SECTION 6.(a) Article 16 of Chapter 131E of the General Statutes is amended by
34 adding a new section to read:

35 "§ 131E-274. Facility fees.

36 (a) Definitions. – The following definitions apply in this section:

37 (1) Campus. – The main building of a hospital, the physical area immediately
38 adjacent to a hospital's main building, other structures not contiguous to the
39 main building of a hospital that are within 250 yards of the main building, or
40 any other area that has been determined to be part of a hospital's campus by
41 the Centers for Medicare and Medicaid Services.

42 (2) Facility fee. – Any fee charged or billed by a health care provider for
43 outpatient services provided in a hospital-based facility that is (i) intended to
44 compensate the health care provider for the operational expenses of the health
45 care provider, (ii) separate and distinct from a professional fee, and (iii)
46 charged regardless of the modality through which the health care services
47 were provided.

48 (3) Health care provider. – As defined in G.S. 90-410.

49 (4) Health systems. – A parent corporation of one or more hospitals and any entity
50 affiliated with that parent corporation through ownership, governance,

- 1 membership or other means, or a hospital and any entity affiliated with that
2 hospital through ownership, governance, membership or other means.
- 3 (5) Hospital. – As defined in G.S. 131E-76.
4 (6) Hospital-based facility. – A facility that is owned or operated, in whole or in
5 part, by a hospital where hospital or professional medical services are
6 provided.
- 7 (7) Professional fee. – Any fee charged or billed by a provider for professional
8 medical services provided in a hospital-based facility.
- 9 (b) Limits on Facility Fees. – The following limitations are applicable to facility fees:
10 (1) No health care provider shall charge, bill, or collect a facility fee unless the
11 services are provided on a hospital's main campus or at a facility that includes
12 an emergency department.
13 (2) Regardless of where the services are provided, no health care provider shall
14 charge, bill, or collect a facility fee to outpatient evaluation and management
15 services, or any other outpatient, diagnostic, or imaging services identified by
16 the Department.
- 17 (c) Identification of Services. – The Department shall annually identify services subject
18 to the limitations on facility fees provided in subdivision (2) of subsection (b) of this section that
19 may reliably be provided safely and effectively in non-hospital settings.
- 20 (d) Reporting Requirements. – Each hospital and health system shall submit a report to
21 the Department annually on July 1. The report shall be published on the Department's website
22 and shall contain the following:
23 (1) The name and full address of each facility owned or operated by the hospital
24 or health system that provides services for which a facility fee is charged or
25 billed.
26 (2) The number of patient visits at each such hospital-based facility for which a
27 facility fee was charged or billed.
28 (3) The number, total amount, and range of allowable facility fees paid at each
29 facility by Medicare, Medicaid, and private insurance.
30 (4) For each hospital-based facility and for the hospital or health system as a
31 whole, the total amount billed and the total revenue received from facility fees.
32 (5) The top 10 procedures or services, identified by current procedural
33 terminology (CPT) category I codes, provided by the hospital or health system
34 that generated the greatest amount of facility fee gross revenue; the number of
35 each of these 10 procedures or services provided; the gross and net revenue
36 totals for each such procedure or service; and, the total net amount of revenue
37 received by the hospital or health system derived from facility fees for each
38 procedure or service.
39 (6) Any other information the Department may require.
- 40 (e) Enforcement. – This section shall be enforced as follows:
41 (1) Any violation of any provision of this section shall be considered an unfair
42 and deceptive trade practice and shall be subject to the provisions of Article 1
43 of Chapter 75 of the General Statutes.
44 (2) In addition to the remedies described in subdivision (1) of this subsection, any
45 health care provider who violates any provision of this section shall be subject
46 to an administrative penalty of not more than one thousand dollars (\$1,000)
47 per occurrence.

48 **SECTION 6.(b)** No later than January 1, 2025, the Department of Health and Human
49 Services shall adopt rules necessary to implement the provisions of this section.

50 **PART VII. EFFECTIVE DATE**

1 **SECTION 7.** Parts 1 and 2 of this act become effective October 1, 2024. Section
2 3(a) of this act becomes effective January 1, 2025, and applies to contracts entered into, amended,
3 or renewed on or after that date. Section 3(b), Part 4, and Section 6(a) of this act become effective
4 January 1, 2025. Part 5 of this act becomes effective October 1, 2025, and applies to contracts
5 entered into, amended, or renewed on or after that date. The remainder of this act is effective
6 when it becomes law.