GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017

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HOUSE BILL 88*

	Short Title:	Modernize Nursing Practice Act.	(Public)
	Sponsors:	Representatives Dobson, Lambeth, Stevens, and Adcock (Primary Spor	nsors).
	L	For a complete list of sponsors, refer to the North Carolina General Assembly w	
	Referred to:	Health, if favorable, Finance	
		February 14, 2017	
1		A BILL TO BE ENTITLED	
2	AN ACT UPI	DATING AND MODERNIZING THE NURSING PRACTICE ACT.	
3		Assembly of North Carolina enacts:	
4		ECTION 1. G.S. 90-171.20 reads as rewritten:	
5	0	. Definitions.	
6	As used in	n this Article, unless the context requires otherwise:	
7	(1)		
8		the history, physical, and psychological assessment of a pat	-
9		symptoms, pathophysiologic status, and psychosocial variati	ons in the
10	11	determination of differential diagnoses and treatment.	
11	<u>(1</u> ;		
12		Board as an advanced practice registered nurse within one of the for	llowing four
13		roles:	
14		<u>a.</u> <u>Nurse practitioner or NP.</u>	
15		b. <u>Certified nurse midwife or CNM.</u>	
16		<u>c.</u> <u>Clinical nurse specialist or CNS.</u>	
17	(11	<u>d.</u> <u>Certified registered nurse anesthetist or CRNA.</u>	
18	<u>(1)</u>		
19 20	(2)	· · · · · ·	
20 21		care professional and any agent or employee of any health care	
21 22		health care insurer, health care professional school, or a member health profession. For purposes of this Article a person appelled	
22		health profession. For purposes of this Article, a person enrolled is that prepares the person to be a licensed health care professional	
23 24		health professional shall be deemed a health care provider.	of all alleu
24 25	(3)		ctica nursing
25 26		as an advanced practice registered nurse, as a registered nurse <u>n</u>	
20 27		licensed practical nurse, including a renewal or reinstatement thered	
28	(3)		
29	<u>(5</u>	clinical activities:	s, meruani <u>s</u>
30		<u>a.</u> <u>Preanesthesia preparation and evaluation of the client, in</u>	ncluding the
31		following:	
32		<u>1.</u> <u>Performing a preoperative health assessment.</u>	
33		2. Recommending, requesting, and evaluating pertine	nt diagnostic
34		studies.	
35		3. Selecting and administering preanesthetic medication	ns.



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Anes	sthesia induction, maintenance, and emergence of the client,
	iding the following:
	Securing, preparing, and providing safety checks on all
	equipment, monitors, supplies, and pharmaceutical agents used
	for the administration of anesthesia.
2.	Selecting, implementing, and managing general anesthesia;
<u> </u>	monitored anesthesia care; and regional anesthesia modalities,
	including administering anesthetic and related pharmaceutical
	agents, consistent with the client's needs and procedural
	requirements.
3.	Performing tracheal intubation and extubation and providing
<u></u>	mechanical ventilation.
4	Providing perianesthetic invasive and noninvasive monitoring,
<u></u>	recognizing abnormal findings, implementing corrective action,
	and requesting consultation with appropriately qualified health
	care providers as necessary.
5	Managing the client's fluid, blood, electrolyte, and acid-base
<u>.</u>	balance.
6	Evaluating the client's response during emergence from
<u>0.</u>	anesthesia and implementing pharmaceutical and supportive
	treatment to ensure the adequacy of client recovery from
	anesthesia.
Post	anesthesia care of the client, including the following:
	Providing postanesthesia follow-up care, including evaluating
<u>1.</u>	the client's response to anesthesia, recognizing potential
	anesthetic complications, implementing corrective actions, and
	requesting consultation with appropriately qualified health care
	professionals as necessary.
2	<u>Initiating and administering respiratory support to ensure</u>
<u> </u>	adequate ventilation and oxygenation in the immediate
	postanesthesia period.
3	Initiating and administering pharmacological or fluid support of
<u>J.</u>	the cardiovascular system during the immediate postanesthesia
	period.
4	Documenting all aspects of nurse anesthesia care and reporting
<u></u>	the client's status, perianesthetic course, and anticipated
	problems to an appropriately qualified postanesthetic health care
	provider who assumes the client's care following anesthesia
	consistent with 21 NCAC 36 .0224(f).
5	Releasing clients from the postanesthesia care or surgical setting
<u></u>	as per established agency policy.
Othe	as per established agency poncy. ar clinical activities for which the qualified registered nurse
	thetist may accept responsibility, including all of the following:
	Inserting central vascular access catheters and epidural catheters.
	Identifying, responding to, and managing emergency situations,
<u>∠.</u>	including initiating and participating in cardiopulmonary
	resuscitation.
3	<u>Providing consultation related to respiratory and ventilator care</u>
<u>J.</u>	<u>i roviding consultation related to respiratory and ventilator care</u>
	and implementing such care according to established policies
	$ \begin{array}{c} \underline{Anes} \\ \underline{inclu} \\ \underline{1} \\ \underline{2} \\ \underline{2} \\ \underline{3} \\ \underline{4} \\ \underline{5} \\ \underline{6} \\ \underline{Posta} \\ \underline{1} \\ \underline{2} \\ \underline{3} \\ \underline{4} \\ \underline{5} \\ \underline{3} \\ \underline{4} \\ \underline{5} \\ \underline{5} \\ \underline{6} \\ \underline{1} \\ \underline{5} \\ \underline{1} \\ \underline{5} \\ \underline{1} \\ \underline{5} \\ \underline{5} \\ \underline{6} \\ \underline{1} \\ \underline{5} \\ \underline{5} \\ \underline{6} \\ \underline{1} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{0the} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\ \underline{5} \\$

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	4. Initiating and managing	pain relief therapy utilizing
	pharmaceutical agents, region	nal anesthetic techniques and other
	accepted pain relief modalitie	es according to established policies
	and protocols within the pract	tice setting.
	For purposes of this Article, these activities	do not constitute the prescribing of
	a medical treatment regimen or the making of	of a medical diagnosis.
(4)	"Nursing" is aNursing. – A dynamic discip	
	caring, counseling, teaching, referring	
	treatment in the maintenance of health, prev	
	injury, disability or the achievement of a d	-
	assisting; and sustained, vigilant, and con	• •
	chronically ill; supervising patients during c	
	supportive and restorative care given to ma	
	individuals, groups, and communities; the su	1
	of those who perform or are preparing to	
	administration of nursing programs and nur	
	Article, the administration of required le	• • •
	whatsoever rendered with an execution und	
	General Statutes does not constitute nursing.	
(5)	"Nursing program" means any Nursing prog	
	North Carolina offering to prepare persons to	
	for licensure under this Article. Article as	
	practical nurse.	<u> </u>
(6)	"Person" means anPerson. – An indi	ividual. corporation. partnership.
~ /	association, unit of government, or other leg	
<u>(6a)</u>	Population focus With respect to API	
-, <u>+</u>	following areas of focus:	<u> </u>
	<u>a.</u> The family or the individual across the	he life span.
	b. Adult gerontology.	
	<u>c.</u> <u>Neonatal.</u>	
	d. <u>Pediatrics.</u>	
	e. Women's health or gender-related iss	sues.
	f. Psychiatric or mental health.	
<u>(6b)</u>	Practice of nursing as an advanced practic	e registered nurse or APRN. – In
	addition to the RN scope of practice and wi	-
	foci, also consists of the following six comp	
	a. <u>Conducting an advanced assessment.</u>	
	b. Delegating and assigning therapeutic	measures to assistive personnel.
	c. <u>Performing other acts that require ed</u>	-
	professional standards and commen	
	certification, demonstrated competen	
	d. Complying with the requirements of	
	advanced nursing care.	
		1 experience.
	e.Recognizing limits of knowledge andf.Planning for the management of	
	expertise.	
<u>(6c)</u>	Practice of nursing as a certified nurse mi	idwife or CNM – Consists of the
(00)	following four components:	
	a. The management, diagnosis, and tre	eatment of women's primary health

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			newborn, family planning, partner care managemen	t relating to sexual
			health, and gynecological care of women across the li	
		h	Ordering, performing, supervising, and interpreting d	-
		<u>b.</u>	Prescribing pharmacologic and nonpharmacologic the	-
		<u>c.</u> <u>d.</u>		
		<u>u.</u>	Consulting with or referring to other health care pro-	viders as warranted
	(\mathbf{C}, \mathbf{I})		by the needs of the patient.	CDNA
	<u>(6d)</u>		e of nursing as a certified registered nurse anesth	
			ts of the performance of nurse anesthesia activities a	
			aboration with a physician, dentist, podiatrist, or other	r lawfully qualified
		health	care provider, including the following:	
		<u>a.</u>	Selecting, ordering, and administering drugs and the	-
			facilitate diagnostic, therapeutic, and surgical procedu	
		<u>b.</u>	Ordering, performing, supervising, and interpreting d	iagnostic studies.
		<u>c.</u>	Consulting with or referring to other health care prov	viders as warranted
			by the needs of the patient.	
	<u>(6e)</u>	Practic	e of nursing as a clinical nurse specialist or CNS.	- Consists of the
		follow	ing eight components:	
		<u>a.</u>	The diagnosis and treatment of health and illness state	es.
		<u>b.</u>	Disease management.	
			Prescribing nonpharmacologic therapies.	
		d.	Ordering, performing, supervising, and interpreting d	iagnostic studies.
		e.	Preventing of illness and risk behaviors.	<u> </u>
		<u>c.</u> <u>d.</u> <u>e.</u> <u>f.</u>	Nursing care for individuals, families, and community	ies.
		<u>g.</u>	Consulting with or referring to other health care pro-	
		<u>æ.</u>	by the needs of the patient.	riders us maranted
		<u>h.</u>	Integrating care across the continuum to improve pati	ient outcomes
	<u>(6f)</u>		e of nursing as a nurse practitioner or NP. – Consists	
	(01)	compo		or the following bix
		<u>a.</u>	Health promotion, disease prevention, health education	on and counseling
		<u>u.</u> <u>b.</u>	Providing health assessment and screening activities.	on, and counsering.
		<u>0.</u> c.	Diagnosing, treating, and facilitating patients' ma	inagement of their
		<u>c.</u>	acute and chronic illnesses and diseases.	inagement of their
		d	Ordering, performing, supervising, and interpreting d	iamostic studios
		<u>d.</u>	Prescribing pharmacologic and nonpharmacologic the	
		<u>e.</u> <u>f.</u>		·
		<u>1.</u>	Consulting with or referring to other health care pro-	viders as warranted
	(7)	Tha "	by the needs of the patient.	tion of muning - 1
	(7)	-	ractice of nursing by a registered nurse" consists <u>Pract</u>	
		-	red nurse. – Consists of the following 10 components:	
		a.	Assessing the patient's physical and mental heat	-
			patient's reaction to illnesses and treatment regimens.	
		b.	Recording and reporting the results of the nursing ass	
		c.	Planning, initiating, delivering, and evaluating approp	
		d.	Teaching, assigning, delegating to or supervising	other personnel in
			implementing the treatment regimen.	
		e.	Collaborating with other health care providers i	n determining the
			appropriate health care for a patient but, subject to	o the provisions of
			G.S. 90-18.2, not prescribing a medical treatment re	gimen or making a
			medical diagnosis, except under supervision	
			physician.patient.	

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		f. Implementing the treatment and pharmaceutical <u>ordered</u> by any person authorized by State law to regimen.	•
			at's boolth
		g. Providing teaching and counseling about the patient	
		h. Reporting and recording the plan for care, nursir	ig care given, and the
		patient's response to that care.	1 6
		i. Supervising, teaching, and evaluating those	-
		preparing to perform nursing functions and a	administering nursing
		programs and nursing services.	· · ·
		j. Providing for the maintenance of safe and ef	fective nursing care,
	$\langle 0 \rangle$	whether rendered directly or indirectly.	
	(8)	The "practice of nursing by a licensed practical nurse	
		nursing by a licensed practical nurse Consists of	the following seven
		components:	
		a. Participating in the assessment of the patient's	1 .
		health, including the patient's reaction to illu	nesses and treatment
		regimens.	
		b. Recording and reporting the results of the nursing	
		c. Participating in implementing the health care p	1 1
		registered nurse and/or prescribed by any perso	
		law to prescribe such a plan, by performing tasks	
		by and performed under the supervision or under	
		a registered nurse, physician licensed to practice	
		other person authorized by State law to provide the	1
		c1. Assigning or delegating nursing intervention	-
		personnel under the supervision of the registered n	
		d. Participating in the teaching and counseling of pa	
		registered nurse, physician, or other qualified pr	ofessional licensed to
		practice in North Carolina.	1 1 1 .1 .1 .1
		e. Reporting and recording the nursing care rende	ered and the patient's
		response to that care.	.1 1 1 1 .1
		f. Maintaining safe and effective nursing care, whe	ther rendered directly
		or indirectly."	
"()		ION 2. G.S. 90-18(c) reads as rewritten:	1 (* 1 * 4 *
"(c)	The fo	ollowing shall not constitute practicing medicine or surg	ery as defined in this
Article:			
	(7)	The practice of midwifery as defined in G.S. 90-178.2.	
	<u>(14a)</u>	The practice of nursing by a certified registered nurse ar	nesthetist or CRNA as
		defined in G.S. 90-171.20.	
	"		
		ION 3. G.S. 90-29(b) reads as rewritten:	
"(b)	-	on shall be deemed to be practicing dentistry in this State	
-		or claims the ability to do any one or more of the following	g acts or things which,
	poses c	f this Article, constitute the practice of dentistry:	
for the pur			
for the pur			1 / 1 1 1
for the pur	 (6)	Administers an anesthetic of any kind in the treatment of	
for the pur	 (6)	or physical conditions, or in preparation for or incident to	o any operation within
for the pur	(6)	•	any operation within shall not apply to a

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1	anesthetic under the supervision and direction of in collaboration with a licensed
2	dentist or physician; physician pursuant to G.S. 90-171.20(6d);
3 1	
+ 5	SECTION 4.(a) G.S. 90-171.21 reads as rewritten:
) 5	"§ 90-171.21. Board of Nursing; composition; selection; vacancies; qualifications; term of
	(a) The Board shall consist of 14 members. Eight members shall be registered nurses.
	Three members shall be licensed practical nurses. Three members shall be representatives of the
	public.
	(b) Selection. – The North Carolina Board of Nursing shall conduct an election each year
	to fill vacancies of nurse members of the Board scheduled to occur during the next year.
	Nominations of candidates for election of registered nurse members shall be made by written
	petition signed by not less than 10 registered nurses eligible to vote in the election. Nominations of
	candidates for election of licensed practical nurse members shall be made by written petition
	signed by not less than 10 licensed practical nurses eligible to vote in the election. Every
	registered nurse holding an active advanced practice registered nurse license shall be eligible to
	vote in the election of the advanced practice registered nurse Board member. Every licensed
	registered nurse holding an active license shall be eligible to vote in the election of registered
	nurse board members. Every licensed practical nurse holding an active license shall be eligible to
	vote in the election of licensed practical nurse board members. The list of nominations shall be
	filed with the Board after January 1 of the year in which the election is to be held and no later than
	midnight of the first day of April of such year. Before preparing ballots, the Board shall notify
	each person who has been duly nominated of the person's nomination and request permission to
	enter the person's name on the ballot. A member of the Board who is nominated for reelection and
	who does not withdraw the member's name from the ballot is disqualified to participate in
	conducting the election. Elected members shall begin their term of office on January 1 of the year
	following their election.
	Nominations of persons to serve as public members of the Board may be made to the
	Governor or the General Assembly by any citizen or group within the State. The Governor shall appoint one public member to the Board, and the General Assembly shall appoint two public
	members to the Board. Of the public members appointed by the General Assembly, one shall be
	appointed by the General Assembly upon the recommendation of the President Pro Tempore of
	the Senate, and one shall be appointed by the General Assembly upon the recommendation of the
	Speaker of the House of Representatives.
	Board members shall be commissioned by the Governor upon their election or appointment.
	(c) Vacancies. – All unexpired terms of Board members appointed by the General
	Assembly shall be filled within 45 days after the term is vacated. The Governor shall fill all other
	unexpired terms on the Board within 30 days after the term is vacated. For vacancies of registered
	nurse or licensed practical nurse members, the Governor shall appoint the person who received the
	next highest number of votes to those elected members at the most recent election for board
	members. Board shall notify the person who received the next highest number of votes in the
	election when the vacating member was elected in order to fulfill the remainder of the unexpired
	term. If the replacement Board member no longer meets the qualifications under subsection (d) of
	this section, the Board shall notify the person receiving the next highest number of votes in the
	election when the vacating member was elected. Appointees shall serve the remainder of the
	unexpired term and until their successors have been duly elected or appointed and qualified.
	(d) Qualifications. – Of the eight registered nurse members on the Board, one shall be a
	nurse administrator employed by a hospital or a hospital system, who shall be accountable for the
	administration of nursing services and not directly involved in patient care; one shall be an individual who meets the requirements to pressive as a cartified registered purse specthetist.
	individual who meets the requirements to practice as a certified registered nurse anesthetist, a

individual who meets the requirements to practice as a certified registered nurse anesthetist, a
 certified nurse midwife, a clinical nurse specialist, or a nurse practitioner; an APRN; two shall be

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1			individuals who are primarily involved in direct patient care regardless of
2	1 0		shall be an at-large registered nurse who meets the requirements of
3		. ,	, e., f., and g. of this subsection, but is not currently an educator in a
4			ensure or any other degree-granting program; and three shall be nurse
5			ngoing employment requirements for every registered nurse and licensed
6	-		lude continuous employment equal to or greater than fifty percent (50%) of
7	-		t meets the criteria for the specified Board member position. Of the three
8			hall be a practical nurse educator, one shall be an associate degree or
9	-		r, and one shall be a baccalaureate or higher degree nurse educator. All
10			meet the minimum education requirement as established by the Board's
11			ndards for nurse faculty. Candidates eligible for election to the Board as
12			eligible for election as the at-large member.
13	(1)		pt for the at-large member, every registered nurse member shall meet the
14			wing criteria:
15		a.	Hold a current, an active, unencumbered license to practice as a
16		- 1	registered nurse in North Carolina.
17		a1.	Be a resident of North Carolina.
18		b.	Have a minimum of five years of experience as a registered nurse.
19 20		c.	Have been engaged continuously in a position that meets the criteria for the engagistic position for at least three years immediately
20 21			the specified Board position for at least three years immediately
21		d.	preceding election.
22		u.	Show evidence that the employer of the registered nurse is aware that the nurse intends to serve on the Board.
23 24		9	Have no disciplinary history with the Board or any other licensing board
24 25		<u>e.</u>	in this State or another state within the 10 years preceding the nurse's
23 26			appointment to the Board.
20 27		<u>f.</u>	Have no history of felony convictions of any kind.
28		<u>r.</u> <u>g.</u>	Have no misdemeanor convictions related to the practice of nursing.
29	(2)		y licensed practical nurse member shall meet the following criteria:
30	(2)	a.	Hold a current, an active, unencumbered license to practice as a licensed
31		u.	practical nurse in North Carolina.
32		a1.	Be a resident of North Carolina.
33		с.	Have a minimum of five years of experience as a licensed practical
34			nurse.
35		d.	Have been engaged continuously in the position of a licensed practical
36			nurse for at least three years immediately preceding election.
37		e.	Show evidence that the employer of the licensed practical nurse is aware
38			that the nurse intends to serve on the Board.
39		<u>f.</u>	Have no disciplinary history with the Board or any other licensing board
40		_	in this State or another state within the 10 years preceding the nurse's
41			appointment to the Board.
42		<u>g.</u>	Have no history of felony convictions of any kind.
43		<u>h.</u>	Have no misdemeanor convictions related to the practice of nursing.
44	(3)	A pu	blic member appointed by the Governor shall not be a provider of health
45		servi	ces-licensed nurse or licensed health care professional or employed in the
46			h services field. No by a health care institution, health care insurer, or
47		<u>healt</u>	h care professional school. Additionally, no public member appointed by
48			Sovernor or person in the public member's immediate family as defined by
49			90-405(8) shall be currently employed as a licensed nurse or been
50		previ	ously employed as a licensed nurse.

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(4)	The nurse practitioner, nurse anesthetist, nurse midwife,	or clinical nurse
	nurse who meets the following criteria:	-
		dvanced practice
		1
		by the Board and
	other applicable law.	•
	d. Holds an active, unencumbered license to practice	as an advanced
	f. Has a minimum of five years of experience as an a	dvanced practice
	registered nurse.	_
	g. Has been engaged continuously in the position of an a	advanced practice
	registered nurse for at least three years immediately pre	ceding election.
	h. Provides evidence that the employer of the advanced p	ractice registered
	nurse is aware that the nurse intends to serve on the Bo	ard.
	i. <u>Has no disciplinary history with the Board or any othe</u>	er licensing board
	in this State or another state within the 10 years prec	eding the nurse's
	appointment to the Board.	
	j. <u>Has no history of felony convictions of any kind.</u>	
	k. <u>Has no misdemeanor convictions related to the practice</u>	
serve more than	n two consecutive four-year terms or eight consecutive years	after January 1,
		ceedings shall be
-		ompensation and
	•	
		o members newly
. ,		
	1	
(3)		ssary to carry out
	-	C
(4)		
	-	e North Carolina
		Doord datameters
(5)		
		penses necessary
		1
(6)		a applicants for
(/)	Cause the prosecution of all persons violating this Article.	
	(4) (e) Term serve more than 2005.years. (f) Remo incompetence, o disqualified from (g) Reim reimbursement a SEC appointed to the SEC	 specialist-advanced practice registered nurse member sha licensed by the Board as a registered nurse an advanced p nurse who meets the following criteria: a. Has graduated from or completed a graduate level a nursing education program accredited by a national acc b. Maintains current certification or recertification accredition or recertification accredited by rules adopted by the Board or meets or established by rules adopted by the Board. e. Practices in a manner consistent with rules adopted 1 other applicable law. d. Holds an active, unencumbered license to practice practice registered nurse in North Carolina. e. Is a resident of North Carolina. f. Has a minimum of five years of experience as an a registered nurse. g. Has been engaged continuously in the position of an a registered nurse for at least three years immediately prehaming in this State or another state within the 10 years preappointment to the Board. i. Has no history of felony convictions related to the practice appointment to rule board. j. Has no misdemeanor convictions related to the practice (e) Term. – Members of the Board shall serve four-year staggered terms. serve more than two consecutive four-year terms or eight consecutive years 2005-years. (f) Removal. – The Board may remove any of its members for incompetence, or unprofessional conduct. A member subject to disciplinary pro disqualified from Board business until the charges are resolved. (g) Reimbursement. – Board members are entitled to receive cc reimbursement as authorized by G.S. 93B-5." SECTION 4.(b) G.S. 90-171.23(b) reads as rewritten: "(b) Duties, powers. The Board is empowered to: (1) Administer this Article. (2) Issue its interpretations of this Article. (3) Adopt, amend or repeal rules and regulations as may be nece the provisions of this Article. (4) Establish qualifications of, employ, and set the compensation of office

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1	(8)	Establish standards to be met by the students, and to pertain to faculty,
2		curricula, facilities, resources, and administration for any nursing program
3		leading to initial licensure as a registered nurse or a licensed practical nurse as
4		provided in G.S. 90-171.38.
5	(9)	Review all nursing programs leading to initial licensure as a registered nurse or
6		<u>a licensed practical nurse</u> at least every eight years or more often as considered
7		necessary by the Board or program director.
8	(10)	Grant or deny approval for nursing programs as provided in G.S. 90-171.39.
9	(11)	Upon request, grantGrant or deny approval of continuing education programs
10		for nurses as provided in G.S. 90-171.42.
11	(12)	Keep a record of all proceedings and make an annual summary of all actions
12		available.
13	(13)	Appoint, as necessary, advisory committees which may include persons other
14		than Board members to deal with any issue under study.
15	(14)	Appoint and maintain a subcommittee of the Board to work jointly with the
16		subcommittee of the North Carolina Medical Board to develop rules and
17		regulations to govern the performance of medical acts by registered nurses and
18		to determine reasonable fees to accompany an application for approval or
19 20		renewal of such approval as provided in G.S. 90-8.2. The fees and rules
20		developed by this subcommittee shall govern the performance of medical acts
21 22		by registered nurses and shall become effective when they have been adopted
22 23		by both Boards. Grant prescribing, ordering, dispensing, and furnishing
23 24		authority to holders of the advanced practice registered nurse license pursuant
24 25	(15)	to G.S. 90-171.20. Recommend Establish and collect such fees for licensure, license renewal,
25 26	(13)	examinations and reexaminations as it deems necessary for fulfilling the
20 27		purposes of this Article. Article, provided that the fees are consistent with
28		G.S. 90-171.27.
20 29	(16)	Adopt a seal containing the name of the Board for use on all certificates,
30	(10)	licenses, and official reports issued by it.
31	(17)	Enter into interstate compacts to facilitate the practice and regulation of
32	()	nursing. APRNs, RNs, and LPNs.
33	(18)	Establish programs for aiding in the recovery and rehabilitation of nurses who
34	· · · · · · · · · · · · · · · · · · ·	experience chemical addiction or abuse or mental or physical disabilities and
35		programs for monitoring such nurses for safe practice.monitoring the treatment,
36		recovery, and safe practice of nurses experiencing substance use disorders,
37		mental health disorders, or physical conditions impacting the ability to deliver
38		safe care.
39	(18a)	Establish programs for aiding in the remediation of nurses who experience
40		practice deficiencies.
41	(19)	Request that the Department of Public Safety conduct criminal history record
42		checks of applicants for licensure pursuant to G.S. 143B-940.
43	(20)	Adopt rules requiring an applicant to submit to the Board evidence of the
44		applicant's continuing competence in the practice of nursing at the time of
45		license renewal or reinstatement.
46	(21)	Proceed in accordance with G.S. 90-171.37A, notwithstanding
47		G.S. 150B-40(b), when conducting a contested case hearing in accordance with
48		Article 3A of Chapter 150B of the General Statutes.
49	(22)	Designate one or more of its employees to serve papers or subpoenas issued by
50		the Board. Service under this subdivision is permitted in addition to any other
51		methods of service permitted by law.

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(23)	Acquire, hold, rent, encumber, alienate, and otherwise deal with	h real property in
	the same manner as a private person or corporation, subject on	ly to approval of
	the Governor and the Council of State. Collateral pledged by	the Board for an
	encumbrance is limited to the assets, income, and revenues of t	he Board.
(24)	Order the production of any records concerning the practice of	nursing relevant
	to a complaint received by the Board or an inquiry or investi-	
	by or on behalf of the BoardOrder or subpoend the production	-
	records, documents, or other material concerning any matter to	
	or inquired into by the Board, notwithstanding any other p	
	providing for the application of any health care provider-patie	
	respect to such records, documents, or other material. All rec	
	or other material compiled by the Board are subject to the	
	G.S. 90-171.37B. Notwithstanding the provisions of G.S. 90-	
	proceeding before the Board, in any record of any hearing b	
	and in the notice of charges against any licensee, the Board sha	
	public disclosure the identity of a patient, including inform	
	dates and places of treatment, or any other information that	
	identify the patient, unless the patient or the representativ	
	expressly consents to the disclosure. Upon written request,	-
	revoke a subpoena if, upon a hearing, it finds that the evidence	
	of which is required does not relate to a matter in issue, or if the	
	not describe with sufficient particularity the evidence the produ	-
	required, or if for any other reason in law the subpoena is inval	
SEC	CTION 6. G.S. 90-171.24 reads as rewritten:	
"§ 90-171.24.]	Executive director.	
The execut	ive director shall perform the duties prescribed by the Boar	rd and serve as
secretary/treasu	rer to the Board. Additionally, the executive director shall hold	an active North
Carolina registe	red nurse license and shall meet the criteria set forth in G.S. 90-17	/1.21(d)(1)a., a1
b., e., f., and g.	The executive director shall also serve as the Administrator of the	Nurse Licensure
Compact."		
SEC	CTION 7. G.S. 90-171.27(b) reads as rewritten:	
"§ 90-171.27.]	Expenses payable from fees collected by Board.	
(b) The	schedule of fees shall not exceed the following rates:	
	tion for license as advanced practice registered nurse	
Renewa	l of license to practice as advanced practice registered nurse	2
<u>(tv</u>	vo-year period)	100.00
Reinstat	ement of lapsed license to practice as advanced practice registered	<u>l</u>
<u>nu</u>	rse and renewal fee	
Applica	tion for examination leading to certificate and license as registered	l
nu	rse	\$ 75.00
Applica	tion for certificate and license as registered nurse by endorsement.	
Applica	tion for each re-examination leading to certificate and license as	5
ro	gistered nurse	
	l of license to practice as registered nurse (two-year period)	
Renewa	ement of lapsed license to practice as a registered nurse and	l
Renewa Reinstat	ement of lapsed license to practice as a registered nurse and newal fee	
Renewa Reinstat re	1 1 0	
Renewa Reinstat re: Applica	newal fee	180.00 I
Renewa Reinstat re: Applica pr	newal fee tion for examination leading to certificate and license as licensed	

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Application for each re-examination leading to certificat licensed practical nurse	
Renewal of license to practice as a licensed practical	
period)	
Reinstatement of lapsed license to practice as a licensed	
and renewal fee	1
Application fee for retired registered nurse status or	
practical nurse status	
Reinstatement of retired registered nurse to practice as a	registered nurse
or a retired licensed practical nurse to practice as a l	icensed practical
nurse (two-year period)	
Reasonable charge for duplication services and materials.	
A fee for an item listed in this schedule shall not increase from	om one year to the next by more
than twenty percent (20%)."	
SECTION 8. G.S. 90-171.29 reads as rewritten:	
"§ 90-171.29. Qualifications of applicants for examination.	
In order to be eligible for licensure as a registered nurse	-
examination, the applicant shall make a written application to the	•
Board submit an application in the manner prescribed by the Boa	
an application fee and written evidence, verified by oath, suffic	
applicant has graduated from a course of study approved by	the Board and is mentally and
physically competent to practice nursing."	
SECTION 9. Article 9A of Chapter 90 of the Genera	l Statutes is amended by adding a
new section to read:	
"§ 90-171.29A. Mental or physical exam to establish competer	
In considering whether an applicant or licensee is mentally or	
nursing with reasonable skill and safety, the Board may require a	
to a mental examination by a licensed mental health professional	
physical examination by a physician or other licensed health can	
Board. The Board may order an applicant or licensee to be exar	
presented against the applicant or licensee. The results of the	_
directly to the Board and shall be admissible in evidence in a hear	ring before the Board."
SECTION 10. G.S. 90-171.30 reads as rewritten:	
"§ 90-171.30. Licensure by examination.	instice of the time 1 1 1
At least twice each year the <u>The</u> Board shall give an exam	-
determines, to applicants for licensure to practice as a registered The Board shall adopt rules not inconsistent with this Arti-	-
The Board shall adopt rules, not inconsistent with this Arti	• • •
applicants, the conduct of applicants during the examination, and	
The applicants shall be required to pass the examination require	•
adopt rules which identify the criteria which must be met by an light when the Board determines that an applicant has mat the	
license. When the Board determines that an applicant has met the	
examination, submitted the required fee, and has demonstrated t	
or she is mentally and physically competent to practice nursing,	the Board shall issue a license to
the applicant."	
SECTION 11. G.S. 90-171.33 reads as rewritten:	
"§ 90-171.33. Temporary license.	iconquira avamination the Deard
(a) Until the implementation of the computer adaptive l	
may issue a nonrenewable temporary license to persons who \approx G S 90 171 30 and who are scheduled for the licensure examine	
G.S. 90-171.30, and who are scheduled for the licensure examination graduation, for a period not to exceed the lesser of nine models.	
notification of the results of the licensure examination. The B	
nouncation of the results of the incensure examination. The B	oard shan revoke the temporary

license of any person who does not take the examination as scheduled, or who has failed the 1 2 examination for licensure as provided by this act.

3 Upon implementation of the computer-adaptive licensure examination, no temporary (b) 4 licenses will be issued to persons who are applying for licensure under G.S. 90-171.30.

5 The Board may issue a nonrenewable temporary license to persons applying for (c)6 licensure under G.S. 90-171.32 for a period not to exceed the lesser of six months or until the 7 Board determines whether the applicant is qualified to practice nursing in North Carolina. 8 Temporary licensees may perform patient-care services within limits defined by the Board. In 9 defining these limits, the Board shall consider the ability of the temporary licensee to safely and 10 properly carry out patient-care services. Temporary licensees shall be held to the standard of care 11 of a fully licensed nurse."

12

SECTION 12. G.S. 90-171.34 reads as rewritten:

13 "§ 90-171.34. Licensure renewal.

14 Every unencumbered registered nurse and licensed practical nurse license, except for a 15 temporary license, issued under this Article shall be renewed for two years. On or before the date the current license expires, every person who desires to continue to practice nursing shall apply for 16 17 licensure renewal to the Board on forms furnished by the Board in the manner prescribed by the 18 Board and shall also file the required fee. Failure to renew the license before the expiration date 19 shall result in automatic forfeiture of the right to practice nursing in North Carolina until such time 20 that the license has been reinstated." 21

SECTION 13. G.S. 90-171.35 reads as rewritten:

22 "§ 90-171.35. Reinstatement.

23 A registered nurse or licensed practical nurse licensee who has allowed his or her license to 24 lapse by failure to renew as herein provided may apply for reinstatement on a form provided in a 25 manner prescribed by the Board. The Board shall require the applicant to return the completed 26 application with the required fee and to furnish a statement of the reason for failure to apply for 27 renewal prior to the deadline. If the license has lapsed for at least five years, the Board shall 28 require the applicant to complete satisfactorily complete a refresher course approved by the Board, 29 or provide proof of active licensure within the past five years in another jurisdiction. The Board 30 may require any applicant for reinstatement to satisfy the Board that the license should be 31 reinstated. If, in the opinion of the Board, the applicant has so satisfied the Board, it shall issue a 32 renewal of license to practice nursing, or it shall issue a license to practice nursing for a limited 33 time."

34

SECTION 14. G.S. 90-171.36 reads as rewritten:

35 "§ 90-171.36. Inactive list.status.

36 When a licensee submits a request for inactive status, the Board shall issue to the (a) 37 licensee a statement of inactive status and shall place designate the licensee's name on the inactive 38 list.status as inactive. While on the inactive list, inactive, the person shall not be subjected to 39 renewal requirements and shall not practice nursing in North Carolina.

40 When If, within five years of being placed on inactive status, such person desires to be (b) 41 removed from the inactive list and returned to the active list within five years of being placed on 42 inactive status, change their status from inactive to active, that person shall submit an application 43 shall be submitted to the Board on a form furnished by the Board and the fee shall be paid for 44 license renewal. Board, along with payment of the license reinstatement fee. The Board shall 45 require evidence of competency to resume the practice of nursing before returning the applicant to 46 active status. If the person has been on the inactive list for more than five years, the applicant must 47 satisfactorily complete a refresher course approved by the Board or provide proof of active 48 licensure within the past five years in another jurisdiction."

49 SECTION 15. G.S. 90-171.36A reads as rewritten:

50 "§ 90-171.36A. Retired nurse status; reinstatement.

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1	(a) After	a registered nurse or a licensed practical nurse has retired, upon payment	of the
2	. ,	uired by G.S. 90-171.27(b), the Board may issue a special license to a regi	
3	1	d practical nurse in recognition of the nurse's retired status.shall designate	
4	nurse's status as i		<u></u>
5		etired registered nurse or licensed practical nurse wishes to return to the pr	ractice
6		retired nurse shall apply for reinstatement on a form provided <u>in a n</u>	
7		e Board and satisfy any requirements the Board deems necessary to reinsta	
8	license."	board and satisfy any requirements the board deems necessary to remst	the the
9		FION 16. Article 9A of Chapter 90 of the General Statutes is amended by a	adding
10	new sections to r	-	uumg
10		Advanced practice registered nurse licensure.	
12		Ivanced practice registered nurse shall practice as an advanced practice regi	istorad
12			stereu
13 14		nurse is licensed by the Board under this section.	Format
		pplicant for a license to practice as an APRN shall apply to the Board in a f	onnat
15		e Board and pay a fee in an amount determined under G.S. 90-171.27.	
16		e eligible for licensure, an applicant shall meet all of the following criteria:	
17	$\frac{(1)}{(2)}$	Must hold a current North Carolina registered nurse license.	<i>,</i> •
18	<u>(2)</u>	Must not hold an encumbered license as a registered nurse or advanced pr	actice
19	(2)	registered nurse in any state or territory.	
20	<u>(3)</u>	Must have completed a graduate level APRN program accredited by a n	
21		or nursing-related accrediting body that is recognized by the United	
22		Secretary of Education or the Council for Higher Education Accreditat	
23		acceptable to the Board. The education must be in one of the four APRN	roles
24		and at least one population focus.	
25	<u>(4)</u>	Must be currently certified by a national certifying body recognized by	
26		Board in the APRN role and population focus appropriate to educa	<u>itional</u>
27		preparation.	
28	<u>(5)</u>	Must report any criminal conviction, nolo contendere plea, Alford plea, or	<u>tother</u>
29		plea arrangement in lieu of conviction.	
30	<u>(6)</u>	Must not have committed any acts or omissions that are ground	
31		disciplinary action in another jurisdiction or, if these acts have been com	
32		and would be grounds for disciplinary action in this State, the Board has	found,
33		after investigation, that sufficient restitution has been made.	
34		Advanced practice registered nurse licensure; grandfathering exception	
35		Board shall issue an APRN license to an applicant who does not me	
36		ements of G.S. 91-171.36B(c)(3) if the applicant is recognized by the Bo	<u>ard or</u>
37	* *	tice as an APRN in this State on December 31, 2017.	
38		Board shall issue a license to an applicant who meets the education require	
39		36B(c)(3) but who is unable to meet the certification requirement	
40		(c)(4) if the applicant's education and certification are substantially similar	to the
41		forth in G.S. 90-171.36B.	
42		dvanced practice registered nurse licensed under this section shall mainta	
43		es provided to licensed advanced practice registered nurses under this Chapter	er.
44	" <u>§ 90-171.36D.</u>	Advanced practice registered nurse licensure renewal; reinstatement.	
45	(a) <u>APRN</u>	N licenses issued under this Article shall be renewed according to the freq	uency
46	and schedule esta	ablished by the Board. An applicant for APRN license renewal shall:	
47	<u>(1)</u>	Submit a renewal application in the manner prescribed by the Board and	remit
48		the required fee.	
49	<u>(2)</u>	Maintain national certification in the appropriate APRN role and at lea	
50		population focus, authorized by licensure, through an ongoing certifi	cation

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	maintenance program nationally recognized l	by the Board unless subject to the
	grandfather provision in G.S. 90-171.36C.	
(3)	Meet all other requirements as set forth in stat	tute and rule.
	enew the APRN license before the expiration	
	right to practice nursing as an APRN in Nort	
license has been		
	PRN licensee who has allowed his or her licer	use to lapse by failure to renew as
	nay apply for reinstatement in a manner prescri	
	icant to return the completed application alo	
	reason for failure to apply for renewal prior to the	
	TON 17. G.S. 90-171.37 reads as rewritten:	
"§ 90-171.37.	Revocation, discipline, suspension,	probation, or denial of
0	ure.Disciplinary authority.	1
	oard may initiate an investigation upon receipt	of information about any practice
	e any provision of this Article or any rule or reg	• •
0	th the provisions of Chapter 150B of the Gene	
	uthority to: (i) refuse to issue a license to prac	
*	ewal of a license to practice nursing; (iii) revol	0
	invoke other such disciplinary measures, cen	1 1
•	ms fit and proper; in any instance or instances i	· · · ·
	icensee: to place on probation with or without of	
	ccept voluntary surrender, publicly reprimand	-
	ry completion of treatment programs or remed	-
÷	cate of renewal, fine, deny, suspend, or revoke	
	ate, issued by the Board to any person who has	
	f the following acts or conduct, or for any of the	
(1)	Has given false information or has withhe	
	Board in procuring or attempting to procure a	
(2)	Has been convicted of or pleaded pled guilty	1 0
	which indicates that the nurse is unfit or inco	•
	the nurse has deceived or defrauded the pu	
	State v. Alford to a crime involving moral to	
	involving the practice of medicine, or a conv	-
	felony conviction shall be treated as provided	
(3)	Has a mental or physical disability or uses a	
~ /	with his or her fitness to practice nursing.I	
	reasonable skill and safety to patients by re	
	alcohol, drugs, chemicals, or any other type	
	physical or mental abnormality. The Board	
	require a nurse licensed by it to submit to n	-
	physicians designated by the Board before of	
	against the nurse, and the results of the ex	
	evidence in a hearing before the Board.	
(4)	Engages in conduct that endangers the public	health
(1)	Is unfit or incompetent to practice nursing by	
	acts or omissions regardless of whether	
	established.	action injury to the puttern 15
(6)	Engages in conduct that deceives, defrauds, o	r harms the public in the course of
(0)	professional activities or services.	i mains die publie in die course of
<u>(6a)</u>	Immoral or dishonorable conduct or acts invo	lying moral turpitude.
<u>(0u)</u>		

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<u>(6b)</u>	Unprofessional conduct, including, but not limited	d to, departure from, or the
	failure to conform to, the standards of accepta	ble and prevailing nursing
	practice, or the ethics of the nursing profession, irre	
	patient is injured thereby, or the committing of a	-
	justice, or good morals, whether the same is com	
	licensee's practice or otherwise, and whether co	
	North Carolina.	
<u>(6c)</u>	Having a license to practice nursing or a privilege	to practice nursing revoked,
<u></u>	suspended, restricted, or acted against or having a	
	denied by the licensing authority of any jurisdi	
	subdivision, the licensing authority's acceptance of	
	voluntarily relinquished by a nurse or relinquish	
	order, or other settlement in response to or in a	
	administrative charges against the nurse's license, i	÷ •
	to practice nursing.	
<u>(6d)</u>	The failure to respond, within a reasonable period	of time and in a reasonable
<u>(04)</u>	manner as determined by the Board, to inquiries fro	
	matter affecting the license to practice nursing.	in the Dourte concerning any
(7)	Has violated any provision of this Article. Article of	or any provision of the rules
(\prime)	adopted by the Board pursuant to this Article.	or any provision of the fulles
(8)	Has willfully violated any rules enacted by the Boar	rd
	ay take any of the actions specified above in this sec	
	For medical acts has violated rules governing the per	
	se; provided this shall not interfere with the authors	
0	o enforce rules and regulations governing the perfor	•
registered nurse.	s emotee rules and regulations governing the perior	induce of medical acts by a
0	lition to the disciplinary powers listed above, the Boa	ard may limit restrict deny
	ke prescriptive or dispensing authority of any advance	
_	iptive authority who has been found by the Board to	
-	conduct, or for any of the following reasons:	s have committed any of the
<u>(1)</u>	Prescribing, dispensing, administering, or distril	buting drugs in an unsafe
<u>(1)</u>	manner or without adequate instructions to patients	
	prevailing standards.	decording to deceptable and
(2)	Selling, purchasing, trading, or offering to sell, purchasing	chase or trade drug samples
$\frac{(2)}{(3)}$	Prescribing, dispensing, administering, or distrib	
(5)	therapeutic or prophylactic purposes.	uting drugs for other than
(A)		who are not nationts of the
<u>(4)</u>	Prescribing or distributing drugs to individuals v	-
<u>(4)</u>	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not	-
	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not population focus.	within that nurse's role and
<u>(c)</u> The	Prescribing or distributing drugs to individuals w advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo	within that nurse's role and oke censure or probative
(c) The terms, probation,	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it	within that nurse's role and oke censure or probative finds that the reasons for
(c) The terms,probation, revocation, censu	Prescribing or distributing drugs to individuals w advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it ure or probative terms, or other licensure restrictions	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the
(c) The terms,probation, revocation, censu nurse or applican	Prescribing or distributing drugs to individuals we advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it are or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the practice nursing.
(c) The terms,probation, revocation, censu nurse or applican (d) <u>A felo</u>	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it are or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p ony conviction shall result in the automatic revocation	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the ractice nursing. on of a license issued by the
(c) The terms,probation, revocation, censu nurse or applican (d) <u>A felo</u> <u>Board, unless th</u>	Prescribing or distributing drugs to individuals w advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it are or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p ony conviction shall result in the automatic revocation e Board orders otherwise or receives a request for	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the practice nursing. on of a license issued by the a hearing from the person
(c) The terms,probation, revocation, censu nurse or applican (d) <u>A felo</u> <u>Board, unless th</u> within 60 days o	Prescribing or distributing drugs to individuals w advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it ure or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p ony conviction shall result in the automatic revocation e Board orders otherwise or receives a request for f receiving notice from the Board, after the convicti	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the ractice nursing. on of a license issued by the c a hearing from the person ion, of the provisions of this
(c) The terms, probation. The terms, probation, censure or applican (d) A feld Board, unless the within 60 days of subsection. If the terms of	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not population focus.Board may reinstate a revoked license, revo or remove other licensure restrictions when it ure or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p ony conviction shall result in the automatic revocation e Board orders otherwise or receives a request for f receiving notice from the Board, after the conviction s a timely request for a hearing in su	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the ractice nursing. on of a license issued by the c a hearing from the person ion, of the provisions of this
(c) The terms,probation, revocation, censu nurse or applican (d) <u>A felo</u> <u>Board, unless th</u> within 60 days o <u>subsection. If the</u> <u>G.S. 90-14.2 shall</u>	Prescribing or distributing drugs to individuals w advanced practice registered nurse or who are not population focus. Board may reinstate a revoked license, revo or remove other licensure restrictions when it are or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly pony conviction shall result in the automatic revocation e Board orders otherwise or receives a request for f receiving notice from the Board, after the conviction board receives a timely request for a hearing in su lbe followed.	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the practice nursing. on of a license issued by the a hearing from the person ion, of the provisions of this uch a case, the provisions of
(c) The terms, probation, revocation, censure or applican (d) A feld Board, unless the within 60 days of subsection. If the G.S. 90-14.2 shall (e) The E	Prescribing or distributing drugs to individuals v advanced practice registered nurse or who are not population focus.Board may reinstate a revoked license, revo or remove other licensure restrictions when it ure or probative terms, or other licensure restrictions t can reasonably be expected to safely and properly p ony conviction shall result in the automatic revocation e Board orders otherwise or receives a request for f receiving notice from the Board, after the conviction s a timely request for a hearing in su	within that nurse's role and oke censure or probative finds that the reasons for no longer exist and that the ractice nursing. on of a license issued by the c a hearing from the person ion, of the provisions of this uch a case, the provisions of

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The Board may reinstate a revoked license, revoke censure or probative terms, or remove other
licensure restrictions when it finds that the reasons for revocation, censure or probative terms, or
other licensure restrictions no longer exist and that the nurse or applicant can reasonably be
expected to safely and properly practice nursing."
SECTION 18. G.S. 90-171.37A(a) reads as rewritten:
"§ 90-171.37A. Use of hearing committee and depositions.
(a) The Board, in its discretion, may designate in writing three or more of its members to
conduct hearings as a hearing committee to take <u>receive</u> evidence. A majority of the hearing
committee shall be licensed nurses."
SECTION 19. Article 9A of Chapter 90 of the General Statutes is amended by adding
new sections to read:
" <u>§ 90-171.37B. Board to keep public records.</u>
(a) <u>All records, papers, investigative files, investigative reports, other investigative</u>
information, and other documents containing information in the possession of or received or
gathered by the Board, or its members or employees or consultants as a result of investigations,
inquiries, assessments, or interviews conducted in connection with a licensing, complaint,
assessment, potential impairment matter, or disciplinary matter, shall not be considered public
records within the meaning of Chapter 132 of the General Statutes and are privileged, confidential,
and not subject to discovery, subpoena, or other means of legal compulsion for release to any person other than the Board, its employees, or consultants involved in the application for license,
impairment assessment, or discipline of a license holder, except as provided in subsection (b) of this subsection investigative information includes information
this section. For purposes of this subsection, investigative information includes information
relating to the identity of, and a report made by, a physician or other person performing an expert
review for the Board and transcripts of any deposition taken by Board counsel in preparation for or
anticipation of a hearing held pursuant to this Article but not admitted into evidence at the hearing.
(b) The Board shall provide the licensee or applicant with access to all information in its
possession that the Board intends to offer into evidence in presenting its case in chief at the
contested hearing on the matter, subject to any privilege or restriction set forth by rule, statute, or
legal precedent, upon written request from a licensee or applicant who is the subject of a
complaint or investigation, or from the licensee's or applicant's counsel, unless good cause is
shown for delay. The Board shall not be required to provide any of the following:
$(1) \qquad \underline{A \text{ Board investigative report.}}_{The identity of the state of the st$
(2) <u>The identity of a nontestifying complainant.</u>
(3) <u>Attorney-client communications, attorney work product, or other materials</u>
covered by a privilege recognized by the Rules of Civil Procedure or the Rules
<u>of Evidence.</u>
(c) Any notice or statement of charges against any licensee, or any notice to any licensee
of a hearing in any proceeding, shall be a public record within the meaning of Chapter 132 of the
General Statutes, notwithstanding that it may contain information collected and compiled as a
result of any such investigation, inquiry, or interview; and provided, further, that if any such
record, paper, or other document containing information theretofore collected and compiled by the
Board, as hereinbefore provided, is received and admitted in evidence in any hearing before the
Board, it shall thereupon be a public record within the meaning of Chapter 132 of the General
Statutes.
(d) If investigative information in the possession of the Board, its employees, or agents
indicates that a crime may have been committed, the Board may report the information to the
appropriate law enforcement agency or district attorney of the district in which the offense was
committed. Such information shall be confidential under G.S. 132-1.4.
(e) The Board shall cooperate with and assist a law enforcement agency or district attorney
conducting a criminal investigation or prosecution of a licensee by providing information that is
relevant to the criminal investigation or prosecution to the investigating agency or district

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1	attorney. Information disclosed by the Board to an investigative agency or district attorney
2	remains confidential and may not be disclosed by the investigating agency except as necessary to
3	further the investigation.
4	(f) All persons licensed under this Article shall self-report to the Board within 30 days of
5	arrest or indictment any of the following:
6	(1) Any felony arrest or indictment.
7	(2) Any arrest for driving while impaired or driving under the influence.
8 9	(3) <u>Any arrest or indictment for the possession, use, or sale of any controlled</u> substance.
10	(g) The Board, its members, and staff may release confidential or nonpublic information to
11	any health care licensure board in this State or another state or authorized Department of Health
12	and Human Services personnel with enforcement or investigative responsibilities about the
13	issuance, denial, annulment, suspension, or revocation of a license, or the voluntary surrender of a
14	license by a licensee of the Board, including the reasons for the action, or an investigative report
15	made by the Board. The Board shall notify the licensee within 60 days after the information is
16	transmitted. A summary of the information that is being transmitted shall be furnished to the
17	licensee. If the licensee requests in writing within 30 days after being notified that the information
18	has been transmitted, the licensee shall be furnished a copy of all information so transmitted. The
19	notice or copies of the information shall not be provided if the information relates to an ongoing
20	criminal investigation by any law enforcement agency or authorized Department of Health and
21	Human Services personnel with enforcement or investigative responsibilities.
22	" <u>§ 90-171.37C. Service of notices.</u>
23	Any notice required by this Article may be served either personally by an employee of the
24	Board or by an officer authorized by law to serve process, or by registered or certified mail, return
25	receipt requested, directed to the licensee or applicant at his or her last known address as shown by
26	the records of the Board. If notice is served personally, it shall be deemed to have been served at
27	the time when the officer or employee of the Board delivers the notice to the person addressed or
28	delivers the notice at the licensee's or applicant's last known address as shown by records of the
29	Board with a person of suitable age and discretion then residing therein. Where notice is served in
30	a manner authorized by Rule 4(j) of the N.C. Rules of Civil Procedure, it shall be deemed to have
31	been served on the date borne by the return receipt showing delivery of the notice to the licensee's
32	or applicant's last known address as shown by the records of the Board, regardless of whether the
33	notice was actually received or whether the notice was unclaimed or undeliverable for any
34	reason."
35	SECTION 20. G.S. 90-171.39 reads as rewritten:
36	"§ 90-171.39. Approval.
37	The Board shall designate persons to survey review proposed nursing programs, including the
38	elinical facilities.programs. The persons designated by the Board shall submit a written report of
39	the <u>surveyreview</u> to the <u>Board Board in the manner prescribed by the Board.</u> If in the opinion of
40	the Board the standards for approved nursing education are met, the program shall be given
41	approval."
42	SECTION 21. G.S. 90-171.40 reads as rewritten:
43	"§ 90-171.40. Ongoing approval.
44	The Board shall review all nursing programs in the State at least every <u>eight10</u> years or more
45 46	often as considered necessary. If the Board determines that any approved nursing program does
46 47	not meet or maintain the standards required by the Board, the Board shall give written notice
	specifying the deficiencies to the institution responsible for the program. The Board shall withdrawayaluate and take appropriate action up to and including withdrawing approval from a
48 49	withdrawevaluate and take appropriate action, up to and including withdrawing approval from a program that fails to correct deficiencies within a reasonable time. The Board shall publish
49 50	annually a list of nursing programs in this State showing their approval status."
50 51	SECTION 22. G.S. 90-171.42(a) reads as rewritten:
51	51/011/24. (0.5. $70^{-1}/1.42(a)$ reaus as rewritten.

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1	"§ 90-171.42. Continuing education programs.
2	(a) Upon request, the The Board shall grant approval to continuing education programs
3	upon a finding that the program offers an educational experience designed to enhance the practice
4	of nursing."
5	SECTION 23. G.S. 90-171.43 reads as rewritten:
6	"§ 90-171.43. License required.
7	(a) No person shall practice or offer to practice as a <u>an advanced practice registered nurse</u> ,
8	registered nurse, or licensed practical nurse, or use the word "nurse" as a title for herself or
9	himself, or use an abbreviation to indicate that the person is an advanced practice registered
10	nurse, registered nurse nurse, or licensed practical nurse, unless the person is currently licensed as
11	an advanced practice registered nurse, registered nurse, or licensed practical nurse as
12	provided by this Article. If the word "nurse" is part of a longer title, such as "nurse's aide", a
13	person who is entitled to use that title shall use the entire title and may not abbreviate the title to
14	"nurse". This Article shall not, however, be construed to prohibit or limit the following:
15	(1) The performance by any person of any act for which that person holds a license
16	issued pursuant to North Carolina law;
17	(2) The clinical practice by students enrolled in approved nursing programs,
18	continuing education programs, or refresher courses under the supervision of
19	qualified faculty;
20	(3) The performance of nursing performed by persons who hold a temporary
21	license issued pursuant to G.S. 90-171.33;
22	(4) The delegation to any person, including a member of the patient's family, by a
23	physician licensed to practice medicine in North Carolina, a licensed dentist or
24	registered nurse of those patient-care services which are routine, repetitive,
25	limited in scope that do not require the professional judgment of a registered
26	nurse or licensed practical nurse;
27	(5) Assistance by any person in the case of emergency.
28	Any person permitted to practice nursing without a license as provided in subdivision (2) or
29	(3) of this section shall be held to the same standard of care as any licensed nurse.
30	(b) The abbreviations for the APRN designation of a certified nurse midwife, a clinical
31	nurse specialist, a certified registered nurse anesthetist, and a nurse practitioner shall be APRN,
32	plus the role title, i.e. CNM, CNS, CRNA, and NP.
33	(c) It shall be unlawful for any person to use the title "APRN" or "APRN" plus their
34	respective role titles, the role title alone, authorized abbreviations, or any other title that would
35	lead a person to believe the individual is an APRN, unless permitted by this act.
36	(d) The Board shall have the authority to promulgate rules to enforce the provisions of this
37	section."
38	SECTION 24. G.S. 90-171.43A reads as rewritten:
39	"§ 90-171.43A. Mandatory employer verification of licensure status.
40	(a) Before hiring <u>an advanced practice registered nurse</u> , a registered nurse nurse, or a
41	licensed practical nurse in North Carolina, a health care facility shall verify that the applicant has a
42	current, valid license to practice nursing pursuant to G.S. 90-171.43.
43	(b) For purposes of this section, "health care facility" means:
44	(1) Facilities described in G.S. 131E-256(b).
45	(2) Public health departments, physicians' offices, ambulatory care facilities, and
46	rural health clinics."
47	SECTION 25. G.S. 90-171.44 reads as rewritten:
48	"§ 90-171.44. Prohibited acts.
49	It shall be a violation of this Article, and subject to action under G.S. 90-171.37, for any
50	person to:

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1 2	(1)	Sell, fraudulently obtain, or fraudulently furnish any abet therein.	nursing diploma or aid or
3	(2)	Practice nursing under cover of any fraudulently obta	ined license.
4	(3)	Practice nursing without a license. This subdivision	
í		prohibit any licensed registered nurse who has	
5		program established under G.S. 90-171.38(b) fi	• 1
7		examinations or performing procedures to collect ev	6
8		offenses described in that subsection.	lachee from the victims of
)	<u>(3a)</u>	Refer to himself or herself as an advanced practice r	registered nurse: or refer to
)	<u>(34)</u>	himself or herself as any of the four roles of ad	-
		nurses, a registered nurse, or a licensed practical nurse	
		"APRN", "CNM", "CNS", "CRNA", "NP", "RN", and	
	(\mathbf{A})		
	(4)	Conduct a nursing program or a refresher course for	activation of a license, that
	(5)	is not approved by the Board.	
	(5)	Employ unlicensed persons to practice nursing."	
		TION 26. G.S. 90-171.47 reads as rewritten:	
		eports: immunity from suit.	
	• 1	who has reasonable cause to suspect misconduct or inca	
		ause to suspect that any person is in violation of th	
	-	l in G.S. 90-171.37(1) through (8), G.S. 90-171.43,	
		ant facts to the Board.Board in a timely manne	
	chargeinformatio	<u>n</u> or upon its own initiative, the Board may give n	otice of an administrative
	hearing or may	r, after diligent investigation, dismiss unfounded	charges.shall conduct an
	investigation and	l prosecute all persons violating this Article pursuan	nt to G.S. 90-171.23(b)(7).
	-	king a report pursuant to this section shall be im	
	• •	vil liability resulting therefrom unless such person kn	•
	-	or reckless disregard of whether the report was false."	1
}		TION 27. G.S. 90-171.48 reads as rewritten:	
)		riminal history record checks of applicants for licen	sure.
)		itions. – The following definitions shall apply in this se	
	(1)	Applicant. – A person applying for initial-licensure	
	(1)	registered nurse, registered nurse, or licensed	
		examination pursuant to G.S. 90-171.29 or G.	1
		examination pursuant to G.S. 90-171.22 of G. examination pursuant to G.S. 90-171.32. The term "a	
		a person applying for <u>renewal of licensure pur</u>	
		reinstatement of licensure pursuant to G.S. 90-171	-
		status pursuant to G.S. 90-171.36 as a registered r	-
		nurse. Additionally, the term "applicant" shall also a	
		for licensure pursuant to G.S. 90-171.36B, ren	
		reinstatement for licensure pursuant to G.S. 90-	171.36C as an advanced
		practice registered nurse.	
	(2)	Criminal history A history of conviction of a	
		misdemeanor or felony, that bears on an applicant	t's fitness for licensure to
		practice nursing. The crimes include the criminal offe	enses set forth in any of the
		following Articles of Chapter 14 of the Gen	eral Statutes: Article 5,
		Counterfeiting and Issuing Monetary Substitutes;	Article 5A, Endangering
		Executive and Legislative Officers; Article 6, Homic	
		Other Sex Offenses; Article 8, Assaults; Article 10, K	_
		Article 13, Malicious Injury or Damage by Use o	11 0
		Device or Material; Article 14, Burglary and Other H	· ·
		•••	•
		Anson and Other Durnings, Andere 10, Larcelly, Al	and it, Robbery, Ander
		Arson and Other Burnings; Article 16, Larceny; Ar	•

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1	18, Embezzlement; Article 19, False Pretenses and Cheat	s; Article 19A,
2	Obtaining Property or Services by False or Fraudulent Use of	
3	Other Means; Article 19B, Financial Transaction Card Crime	
4	Frauds; Article 21, Forgery; Article 26, Offenses Against Pub	-
5	Decency; Article 26A, Adult Establishments; Article 27, Pro	
6 7	28, Perjury; Article 29, Bribery; Article 31, Misconduct in Article 35, Offenses Against the Public Peace; Article 36	
8	Disorders, and Emergencies; Article 39, Protection of Min	
9	Protection of the Family; Article 59, Public Intoxication;	
10	Computer-Related Crime. The crimes also include possession	
11	in violation of the North Carolina Controlled Substances Ac	Ũ
12	Chapter 90 of the General Statutes and alcohol-related offense	
13	to underage persons in violation of G.S. 18B-302 or driving w	0
14	violation of G.S. 20-138.1 through G.S. 20-138.5.	1
15	(b) All applicants for licensure shallshall, if requested by the Board, cons	ent to a criminal
16	history record check. Refusal to consent to a criminal history record check may co	U
17	for the Board to deny licensure to an applicant. The Board shall ensure that the S	
18	criminal history of an applicant applying for initial licensure as a registered n	
19	practical nurse either by examination pursuant to G.S. 90-171.29 or G.S. 90-17	
20	examination pursuant to G.S. 90-171.32 is checked. The Board may request a	•
21 22	record check for applicants applying for reinstatement of licensure pursuant to G returning to active status pursuant to G.S. 90-171.36 as a registered nurse or li	
22	nurse.	leenseu practicai
24	The Board shall be responsible for providing to the North Carolina Depar	rtment of Public
25	Safety the fingerprints of the applicant to be checked, a form signed by the applica	
26	the criminal record check and the use of fingerprints and other identifying information	-
27	the State or National Repositories, and any additional information required by th	e Department of
28	Public Safety. The Board shall keep all information obtained pursuant to this section	
29	(c) If an applicant's criminal history record check reveals one or more c	
30	under subsection $(a)(2)$ of this section, the conviction shall not automatically be	ar licensure. The
31	Board shall consider all of the following factors regarding the conviction:	
32 33	 The level of seriousness of the crime. The date of the crime. 	
55 34	 (2) The date of the crime. (3) The age of the person at the time of the conviction. 	
35	(4) The circumstances surrounding the commission of the crime, if	known
36	(5) The nexus between the criminal conduct of the person and the	
37	position to be filled.	Joe danes of the
38	(6) The person's prison, jail, probation, parole, rehabilitation, a	and employment
39	records since the date the crime was committed.	1
40	(7) The subsequent commission by the person of a crime listed in	subsection (a) of
41	this section.	
42	If, after reviewing the factors, the Board determines that the grounds set forth in	
43	(2), (3), (4), (5), or (6) of G.S. 90-171.37 exist, the Board may deny licensure of the second secon	
44 45	Board may disclose to the applicant information contained in the criminal historiate the denial. The Board shall not provide a conv of the grimin	•
45 46	that is relevant to the denial. The Board shall not provide a copy of the crimin check to the applicant. The applicant shall have the right to appear before the Bo	•
40 47	Board's decision. However, an appearance before the full Board shall constitute	
48	administrative remedies in accordance with Chapter 150B of the General Statutes.	
49	(d) Limited immunity. – The Board, its officers and employees, acting in	
50	compliance with this section, shall be immune from civil liability for denying	0
51	applicant based on information provided in the applicant's criminal history record	check."

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1	SECTION 28. Article 9A of Chapter 90 of the General Statutes is amended by adding
2	a new section to read:
3	" <u>§ 90-171.49. Disasters and emergencies.</u>
4	In the event of an occurrence that the Governor of the State of North Carolina has declared a
5	state of emergency, or in the event of an occurrence for which a county or municipality has
6	enacted an ordinance to deal with states of emergency under G.S. 166A-19.31, or to protect the
7	public health, safety, or welfare of its citizens under Article 22 of Chapter 130A of the General
8	Statutes, G.S. 160A-174(a) or G.S. 153A-121(a), as applicable, the Board may waive the
9	requirements of this Article in order to permit the provision of emergency health services to the
10	<u>public.</u> "
11	SECTION 29. G.S. 90-171.28 and Article 10A of Chapter 90 of the General Statutes
12	are repealed.
13	SECTION 30. This act becomes effective January 1, 2018.