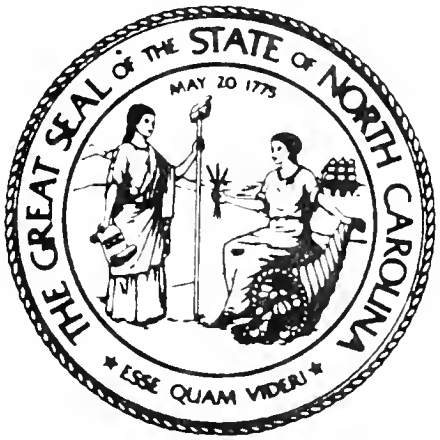
LEGISLATIVE RESEARCH COMMISSION

REPORT
TO THE
1977
GENERAL ASSEMBLY OF NORTH CAROLINA
SECOND SESSION 1978



PHYSICIANS' ASSISTANTS AND NURSE PRACTITIONERS

RALEIGH, NORTH CAROLINA

STATE OF NORTH CAROLINA

LEGISLATIVE RESEARCH COMMISSION

STATE LEGISLATIVE BUILDING

RALEIGH 27611

TO THE MEMBERS OF THE SECOND SESSION OF THE 1977 GENERAL ASSEMBLY:

The Legislative Research Commission herewith reports to the Second Session of the 1977 General Assembly of North Carolina on the matter of the role of the physician's assistant and nurse practitioner in the delivery of medical care. The report is made pursuant to House Joint Resolution 1414 of the 1977 General Assembly and at the direction of the Co-Chairmen of the Legislative Research Commission under the authority of G.S. 120-30.17(1).

This report was prepared by the Legislative Research Commission Committee on Physicians' Assistants and Nurse Practitioners, and it is transmitted by the Legislative Research Commission to the members of the Second Session of the 1977 General Assembly for their consideration.

Respectfully submitted,

John T. Henley

Carl J. Stewart, Jr.

Co-Chairmen

LEGISLATIVE RESEARCH COMMISSION

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INTRODUCTION

The Legislative Research Commission, authorized by Article 6B of Chapter 120 of the General Statutes (G.S. 120-30.17(1)), is a general purpose study group whose duties are that of making or causing to be made, upon the direction of the General Assembly, "such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner."

By House Joint Resolution 1414 (1977 Session Laws, Resolution 96) the Legislative Research Commission was authorized to undertake a study of the role of the physician's assistant and nurse practitioner in the delivery of medical care. (See Appendix A) The specific purpose of the study was to recommend a resolution of the conflict between the Medical Practice Act (Article 1 of the North Carolina General Statutes Chapter 90) and the Nurse Practice Act (Article 9 of the North Carolina General Statutes Chapter 90). House Bill 1216 of the 1977 General Assembly (ratified as Chapter 904 on July 1, 1977) was a temporary solution which expires July 1, 1978. Because of the 1978 expiration date, under the authority of G.S. 120-30.17(1), the Co-Chairmen of the Legislative Research Commission directed that the Committee make its final report to the 1977 General Assembly, Second Session 1978 (See Appendix B).

In order to accomplish these tasks, Representative John R. Gamble, Jr., as a member of the Legislative Research Commission, was appointed Chairman of the Study on Physicians' Assistants and Nurse Practitioners. Senator Ollie Harris and Representative Barney Paul Woodard were appointed Co-Chairmen. The other members appointed were Senators I. Beverly Lake, Jr., W. Craig Lawing and Joe H. Palmer; Representatives Ruth M. Easterling, Robie L. Nash and Henry M. Tyson; and public members: John Elliot Dixon, M. D., Carolyn Glover, R. N., Susan Gustke, M. D., and Russell Tranbarger, R. N. The Legislative Services Office provided staff assistance to the Committee for this study.

BACKGROUND

Two major types of medical specialists are now acting as physicians' aides, agents, and extenders. They are usually grouped into two classifications: physicians' assistants (P.A.'s) and nurse practitioners (N.P.'s), the latter being extra-trained nurses. The development of these two groups and their widespread use was in response to the well-publicized indications of the health care delivery crisis in North Carolina and elsewhere.

Recognizing that much of the physician's time was absorbed in performing tasks not utilizing his training or judgement, Duke University in the early sixties conceived of training an aide

who would receive broad general training and would provide assistance to practicing physicians. These new graduates of the Duke program were cautiously received by the medical profession. The Bowman Gray Medical School also began training graduates in order to meet the growing physicians' demands for these new aides.

However, the graduates of both these schools and their physician employers were troubled by the legal uncertainties caused by the North Carolina Medical Practice Act. This Act is the physician's licensing law and was the basis for legal barriers preventing full use of the P.A. While the obvious answer to legal recognition for the P.A. was licensure, there were enough questions about the desirability of another license law that other alternatives were suggested for consideration.

In 1971 the North Carolina General Assembly amended the State's Medical Practice Act to permit P.A.'s to perform certain practices previously considered illegal when performed by a non-physician. The Medical Practice Act (North Carolina General Statutes 90-18 Section 13) states that the work of a P.A. does not constitute the practice of medicine without a license when it is performed by an assistant to a licensed physician if:

> (a) such assistant is approved by and annually registered with the Board as one qualified by training or experience to function as an assistant to a physician

except that no more than two assistants may be currently registered for any physician, and

(b) such act, task or function is performed at the direction or under the supervision of such physician in accordance with rules and regulations promulgated by the Board, and

(c) the services of the assistant are limited to assisting the physician in the particular field for which the assistant has been trained, approved and registered.

Parallel to the P.A. movement, there was also developing another similar but different dependent practitioner with its basis in the profession of nursing. In the late fifties and sixties nurses were giving care in increasingly complex patient care situations. This carried them into situations with increasing responsibility for judgement and decision making. In North Carolina in the late sixties and early seventies the Family Nurse Practitioner Program was getting underway at the University of North Carolina at Chapel Hill. As this movement gained momentum, it was apparent that the Nurse Practice Act was providing a "leaky umbrella" of legal protection for nurses in extended practice. In 1971 the Legislative Research Commission was given the task of studying the ramifications of this extended nursing role.

The 1973 General Assembly approved the recommendations of the Commission by amending both the Nurse Practice Act and the Medical Practice Act. Rather than attempting to legislate a list of specific functions to be exempted from these two acts, there was outlined a general means for development of rules and regulations by a Joint Subcommittee of the two regulatory boards. The rules and regulations were to be directed only to the medical diagnosis and medical prescription aspects of the nurse practitioner role since the care, counseling and nursing aspects were already covered in the provisions of licensure of nurses through the Nurse Practice Act. The definition of nursing was expanded to a very limited extent through an exemption in the Nurse Practice Act by saying that nurses may not diagnose or prescribe except under supervision of a physician licensed to practice in North Carolina. As a result of these changes, in order to legally practice in North Carolina, a nurse practitioner must be jointly approved by the Board of Medical Examiners and by the Board of Nursing. The application by the N.P. must be accompanied by a practice plan from a sponsoring physician. Two of the most important criteria are the successful completion of an approved training program, and provision for physician supervision, consultation and emergency backup. Thus the N.P., physician and medical practice site are approved as a unit. (For

a more thorough discussion of the definition of a physician extender, the approval process, and supervision, see Appendix C).

It was recognized by the draftsmen of the new physician-extender legislation that there was certain vagueness in some provisions of these registration acts. This was primarily by design so that these new functions could develop in a way that best served the medical needs of the citizens of North Carolina. Therefore, the Legislature is again being asked to address certain questions relating to P.A.'s and N.P.'s.

In January of 1977 the Attorney General was requested to answer the question "do the North Carolina Statutes proscribe a registered or licensed practical nurse from carrying out orders given by a physician's assistant?" The orders in question are orders (either written or verbal) given by an assistant registered by the Board of Medical Examiners. These orders are signed by the P.A. with his name and the name of his supervising physician; e.g., John Doe P.A., for Dr. Smith, and the supervising physician co-signs the order within 24 hours. Previously it had been standard practice and had been approved by the Board of Medical Examiners for orders of this type to be carried out prior to co-signature by the physician because this seemed to fall within the range of "any act, task, or function" which could be delegated as described in G. S. 90-18(13).

However, the Attorney General's opinion dated 4 February, 1977, interpreted the Nurse Practice Act to mean that nurses may only carry out direct orders of a physician. Thus there was the dichotomy that a P.A. could write a prescription for such things as penicillin or insulin and the patient could have it filled in any pharmacy within the State, but if the patient were in the hospital, the same P.A. could not write an order for an aspirin or urine specimen and expect to have it carried out, even though this order will be co-signed by the supervising physician whose name also appeared on the order.

House Bill 1216 (Chapter 904, 1977 Session) was introduced to correct the inconsistency between the two practice acts. However, since the bill was introduced in the waning days of the Session and all questions could not be resolved, a sunset provision was added making the legislation expire July 1, 1978. This Study Committee was created to make recommendations to the 1977 General Assembly, Second Session, concerning a solution to the conflict.

PROCEEDINGS

The Legislative Research Commission Committee on Physicians' Assistants and Nurse Practitioners held five meetings during the course of its deliberations. All of these deliberations progressed smoothly, especially in light of the fact that the Committee was

born out of a very heated conflict between some of the most powerful and well-respected health groups within the State. It was evident from the first meeting that the groups involved were ready to work for a solution that was both rational and served the best interests of all concerned including the consumers of health care.

There were a myriad of issues brought to the attention of the Committee such as:

(1) The adequacy of the training of P.A.'s in relation to the training within the nursing profession.

(2) The performance of the Board of Medical Examiners in regulating physician extenders.

(3) What schools in North Carolina should be allowed to have P.A. programs.

(4) The distribution of P.A.'s and N.P.'s.

(5) The cost of service of P.A.'s and N.P.'s.

(6) Advisability of another layer of personnel between the patient and the physician.

Part of the conflict from passage of H. B. 1216 arose because of the feeling of some groups that the above issues had not been studied long enough to reflect the input of those groups and individuals concerned. Therefore, the Committee labored diligently to give all groups the chance to participate in the Committee process.

As these issues moved toward resolution the Committee was fortunate in soliciting the help of the Ad Hoc Committee of the North Carolina Nurses Association and the North Carolina Medical Society. This Committee was composed of three representatives from each profession. They labored diligently in discussion of the implications of H. B. 1216 and were successful in identifying areas of mutual agreement. The recommendations of this group were reported to the Committee on Physicians' Assistants and Nurse Practitioners as having the full endorsement of both professional societies (See a summary of this Position Statement as Appendix D). Therefore, the staff was instructed to draft legislation that would include H. B. 1216 and the concepts of the Position Statement of the Ad Hoc Committee.

This proposed legislation (See Appendix F) was presented to the Committee and received the unanimous support of the members present. Those members present were: Representative Gamble, Senator Harris, Representative Woodard, Dr. Dixon, Representative Easterling, Mrs. Glover, Dr. Gustke, Senator Lake, Representative Nash, Senator Palmer, Mr. Tranbarger and Representative Tyson; those absent: Senator Lawing. The Committee believes this proposed legislation should be the basis of the resolution of the conflict between the Medical Practice Act and the Nurse Practice Act since it has the full endorsement of the North Carolina Medical Society and the North Carolina Nurses Association and the unanimous vote of the Committee on Physicians' Assistants and Nurse Practitioners present at the February 24, 1978, meeting.

1. THE PHYSICIAN EXTENDER CONCEPT HAS BEEN ACCEPTED IN NORTH CAROLINA AND HAS BECOME AN INTEGRAL PART OF THE HEALTH CARE SYSTEM; THEREFORE, THERE IS NO QUESTION CONCERNING THE CONTINUATION OF ITS LEGAL AUTHORITY.

This seems like an elementary statement but the Committee feels that it ought to be restated. This is shown by the fact that not one witness before the Committee or one bit of evidence advocated abolition of the authority for P.A.'s or N.P.'s. The present problems have been caused not by the desire to return to a system without these practitioners, but concern regarding the best way to improve the present system.

But like many innovations the concept is not without problems. For instance, the Committee was surprised to learn how few P.A.'s serve in rural areas. But the Committee believes that with passage of the proposed legislation the General Assembly will have provided a framework for the resolution of future problems. This is not to say that the day-to-day interactions of these groups will not cause conflict but the solution should properly be left to those boards granted authority by the General Assembly.

(2) THE COMMITTEE BELIEVES THAT THERE IS NO REASON FOR CONCERN OVER THE ADEQUACY OF SELECTION PROCEDURES, TRAINING AND APPROVAL FOR THE PHYSICIAN'S ASSISTANT.

Initially, there was a general undercurrent of feeling among some members of the Committee concerning the level of training of the P.A. The Committee reviewed the educational patterns of both the P.A. and N.P. The programs at Duke and Bowman Gray seem to be essentially the same. In reviewing the Duke program, it was learned that proof of academic competence is required before entering the program. A large majority have bachelors' degrees and some have obtained Masters', but as a minimum two years of college-level courses are required.

In addition to academic preparation, candidates are required to have at least one year of direct health care experience but the average is much higher. This experience is drawn from many fields such as nursing, military corpsmen, medical technologists, respiratory therapists, etc.

The curriculum is twenty-four months in duration. During the first nine months, the student studies anatomy, physiology, pathology, pharmacology, and clinical medicine. After completing classroom work, students begin a fifteen-month sequence of clinical rotations.

There was discussion about the differences in training of P.A.'s and N.P.'s. There does not seem to be a great deal of difference in training, and their function is similar. The difference comes in the basic nursing preparation prior to the nurse entering the nurse practitioner program.

The Committee realized that it should not legislatively set the amount of formal education required or limitations as to schools that would be involved in this program, although there is legislative concern in this area. The General Assembly has already provided a mechanism for regulation of this training through the delegated powers to the Board of Medical Examiners to make rules and regulations. This grant of authority is being exercised through the requirements that an applicant must be a graduate of an approved training program. Also, all new graduates will be required, before approval, to pass a national certifying exam.

(3) THE COMMITTEE BELIEVES THAT THE BOARD OF MEDICAL EXAMINERS HAS BEEN HESITANT IN EXERCISING ITS STATUTORY AUTHORITY IN AN AGRESSIVE MANNER.

The Committee wishes to acknowledge the wisdom of past legislatures in having delegated regulatory powers to the Board of Medical Examiners in the matter of P.A. and N.P. development, but many of the problems with which the Committee was confronted were caused by the past passive stance of the Board. For instance, G.S. 90-13(b) could have been addressed more thoroughly by the Board through its rule making powers thereby possibly pre-empting the need for a ruling by the Attorney General. It was also evident in the hearing process for H. B. 1216 and during Committee meetings that the complaint process before the Board was unknown or unfamiliar.

The Committee realizes that many of these questions are being addressed by the Board. More investigators have been hired to more fully address complaints. The Committee is pleased that P.A.'s will now be required to take a national certifying exam.

The Committee does confirm that the Board of Medical Examiners is responsible for the positive development and control of physician extenders and that the General Assembly is looking to it for active, agressive leadership.

TO CARRY OUT THE FINDINGS OF THE COMMITTEE ON PHYSICIANS' ASSISTANTS AND NURSE PRACTITIONERS AND TO RESOLVE THE CONFLICT BETWEEN THE MEDICAL PRACTICE ACT, THE GENERAL ASSEMBLY SHOULD CONSIDER PASSAGE OF PROPOSED LEGISLATION ENTITLED "AN ACT TO PROVIDE LIMITATIONS ON ASSISTANTS TO PHYSICIANS AND NURSE PRACTITIONERS." (See Appendix E).

This Act will provide both new authorization and new limitations on the activities of persons serving as physician assistants and nurse practitioners in all settings in North Carolina. It is divided into two parts, the first for physician assistants and the second for nurse practitioners, but both parts are identical in legal effect.

This Act replaces G.S. 90-18.1, which had been enacted in 1975 to provide authority to P.A.'s and N.P.'s to prescribe, compound and dispense drugs and amended in 1977 to expressly authorize P.A.'s and N.P.'s to give orders to nurses. The Act does not replace the basic provisions of G.S. 90-18(13) and (14) for the recognition and approval of the performance of medical acts by P.A.'s and N.P.'s, but adds new guidelines for certain activities, including use of titles, prescribing and handling drugs, ordering tests and treatments and receiving such orders.

Specifically, this Act provides as follows:

Use of titles: Neither a P.A. or N.P. can use the title "physician assistant" or "nurse practitioner" or pretend to be a legally approved P.A. or N.P., unless they are actually approved by the appropriate licensing boards in accordance with existing law. This is a new provision.

Writing prescriptions: Both P.A.'s and N.P.'s can write prescriptions for drugs with licensing board approval as specified in board regulations. They must use an identification number assigned by the medical license board. The physicians who supervise the P.A.'s and N.P.'s must provide written instructions and a periodic review for the P.A. and N.P. prescriptions. This is essentially the same as the 1975 law, with clarification of the formerly-used phrase "written standing orders".

Compounding and dispensing drugs: Both P.A.'s and N.P.'s can compound and dispense drugs with general supervision from a pharmacist and under regulations of the pharmacy licensing board and when no retail pharmacy is reasonably available or accessible. This is essentially the same as the 1975 law, with the addition of the condition about no nearby drug store.

Ordering medications: Both P.A.'s and N.P.'s can order medications, tests and treatments in hospitals, clinics, nursing homes and other facilities, with licensing board approval as specified in board regulations. His/her supervising physician must provide

written instructions and a periodic review. His/her institution must also provide a written policy about such orders by P.A.'s and N.P.'s. This is a new provision, since the authority for ordering medications was unclear under the 1975 law.

Responsibility of supervising physician: The common law principle of joint responsibility of the supervising physician with the P.A. and N.P. is reinforced by expressly making the physician responsible for the prescriptions and orders of the P.A. or N.P. This was also part of the 1977 law.

Receiving orders: Nurses are expressly authorized (but not required) to perform orders received from P.A.'s and N.P.'s. This provision replaces the 1977 law which expires on July 1, 1978. It is an amendment to the Medical Practice Act only and does not directly amend the Nurse Practice Act, having the legal effect of providing the statutory authorization for nurses to perform P.A. and N.P. orders through related provisions.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1977
RATIFIED BILL

RESOLUTION 96

HOUSE JOINT RESOLUTION 1414

A JOINT RESOLUTION DIRECTING THE LEGISLATIVE RESEARCH COMMISSION TO STUDY THE ROLE OF THE PHYSICIAN'S ASSISTANT AND NURSE PRACTITIONER IN THE DELIVERY OF MEDICAL SERVICES.

Be it resolved by the House of Representatives, the Senate concurring:

Section 1. The Legislative Research Commission, as structured by G.S. 120-30.10 et seq., is directed to make a study of the role of the physician's assistant and nurse practitioner in the delivery of medical services, for the purpose of determining the necessity for statutory revisions in the Medical Practice (Article 1 of Chapter 90 of the General Statutes) and Nurse Practice (Article 9 of Chapter 90 of the General Statutes) Acts. The Commission shall report to the 1979 General Assembly.

Sec. 2. This resolution shall become effective upon ratification.

In the General Assembly read three times and ratified, this the 1st day of July, 1977.

JAMES C. GREEN, SR.

James C. Green

President of the Senate

CARL J. STEWART, JR.

Carl J. Stewart, Jr.

Speaker of the House of Representatives

APPENDIX B

STATE OF NORTH CAROLINA

LEGISLATIVE RESEARCH COMMISSION

STATE LEGISLATIVE BUILDING

RALEIGH 27611

February 23, 1978

Dr. John R. Gamble, Jr.
Legislative Research Commission Member responsible for the
Committee to Study Physicians' Assistants and Family
Nurse Practitioners
108 Doctor's Park, Post Office Box 250
Lincolnton, North Carolina 28092

Dear Dr. Gamble:

As your Committee to Study Physicians' Assistants and Family Nurse Practitioners carries out the study duties outlined in Resolution 96 of the 1977 General Assembly, First Session 1977, we know that the Committee will be mindful that North Carolina has been a leader in the development of the physician extender concept and that both physicians' assistants and family nurse practitioners have valuable contributions to make towards improving the health of many North Carolinians. We commend you on the work of the Committee to date, and we look forward to the Committee's final report.

The specific purpose of your study is to recommend the resolution of the conflict between the Medical Practice Act (Article 1 of North Carolina General Statutes Chapter 90) and the Nurse Practice Act (Article 9 of North Carolina General Statutes Chapter 90). House Bill 1216 of the 1977 General Assembly (ratified as Chapter 904 on July 1, 1977) is a temporary solution, and of course you are aware that its provisions expire on July 1, 1978. Because of the 1978 expiration date, under the authority of G.S. 120-30.17(1), we direct your Committee to make its final report on Physicians' Assistants and Family Nurse Practitioners to the 1977 General Assembly, Second Session 1978.

Yours truly,

John T. Henley, Co-Chairman

Carl J. Stewart, Jr., Co-Chairman
Legislative Research Commission

fyd

cc: Mr. William H. Potter, Jr.
Director of Research

APPENDIX C

PERSONS APPEARING BEFORE THE COMMITTEE

Name	Date Appeared
Mr. Jim Bernstein, Director State Office of Rural Health	11/30/77
Mr. W. Eugene Boone President North Carolina Academy of Physician Assistants	1/13/78
Ms. Audrey Booth, Chairman North Carolina Board of Nursing and Associate Dean of the School of Nursing, UNC-CH	11/2/77
Ms. Joan Bounds A staff nurse in a secondary care institution	1/13/78
Ms. Mary Anne Brewer, Dean of Nursing Caldwell Community College	11/2/77
Dr. Harvey Estes, Chairman Department of Community & Family Medicine Duke University	11/2/77
Mr. David Glazer, Executive Director National Commission on Certification of Physician Assistants	11/30/77
Ms. Rosan Hutter North Carolina Board of Nursing	1/13/78
Dr. Archie Johnson Representing Ad Hoc Physician-Nurse group	1/13/78
Ms. Evelyn Perry, Dean School of Nursing East Carolina University	11/2/77
Dr. Jimmie L. Pharris, Educational Director Bowman Gray Physician Assistant Program	11/2/77
Dr. Joyce H. Reynolds Board of Medical Examiners	11/2/77

Miss Valerie Staples Physician Assistant and a member of the Physician Assistant Program at Duke University	11/2/77
Ms. Barbara Synowiez Representing Ad Hoc Physician-Nurse Group	1/13/78
Ms. Margaret Wilkman, Family Nurse Practitioner with UNC School of Nursing at Chapel Hill and Prospect Hill, a rural health clinic	11/2/77
Mr. David Work North Carolina Board of Pharmacy	11/30/77

APPENDIX D

SUMMARY

REPORT TO LEGISLATIVE STUDY COMMITTEE ON PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS

by

Joyce H. Reynolds, M.D. (Board of Medical Examiners)

Supervision of Physician Extender

A physician extender functions in a dependent relationship with a physician licensed by the Board. It is required that each physician extender have a physician as a supervisor and also a "back-up" physician supervisor in the absence of the primary physician.

The term "supervision" is defined by the North Carolina Board of Medical Examiners as incorporating physician backup to assistants to physicians performing medical acts in the following ways:

1. Continuous availability of direct communications by radio, telephone or telecommunications.
2. The backup physician shall be available on regularly scheduled basis for:
    a. Referrals
    b. Review of their practice between conferences incorporating:
        1. Consultation
        2. Chart review and co-signing records to document accountability.
            a. Daily chart review except for situations that might be given individual consideration.

b. Prescribing within that practice setting, standing orders and drug protocol for interval between conferences to be part of this regular review and documentation.

3. Continuing education.

3. A predetermined plan for emergency services.

Method of Performance

1. An extender must clearly identify himself/herself as an assistant to a physician, a nurse practitioner, in order that he/she is not mistaken for a licensed physician. This may be accomplished, for example, by the wearing of an appropriate name tag.

2. The extender must generally function in reasonable proximity to the physician. If he/she is to perform duties away from the responsible physician, such physician must clearly specify to the Board those circumstances which would justify this action and the written policies established to protect the patient.

3. The extender must be prepared to demonstrate upon request to a member of the Board or to other persons designated by the Board, his/her ability to perform those tasks assigned to him/her by his responsible physician.

Termination of Approval

If an individual has a complaint against a physician extender, it should be taken to the Grievance Committee of the County or State Medical Society. It may then be referred to the Board of Medical Examiners.

In the past year, five site visits have been made by a nurse/physician team, to areas where there had been some question as to the practice of a physician extender

The visiting nurse/physician team then made a written report, containing some recommendations. The report was then sent to the Site Visited and to the Board and Joint Subcommittee for action.

1. The approval of an extender shall be terminated by the Board, when, after due notice and hearing in accordance with the provisions of this rule, it shall find:
   a. that the extender has held himself/herself out, or permitted another to represent him/her as a licensed physician;
   b. that the extender has in fact performed otherwise than at the direction or under the supervision of a physician licensed by the Board;
   c. that the extender has been required to perform, or has performed, a medical task or tasks, function or functions, for which the extender is not approved or for which the extender is not qualified by training to perform -- including prescribing or dispensing of drugs not in the approved formulary.
   d. that the extender is an habitual user of intoxicants or of drugs to such an extent that he/she is unable to perform as an extender to the physician;
   e. that the extender has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;
   f. that the extender has been adjudicated a mental incompetent or whose mental condition renders him/her unable to safely perform as an assistant to a physician; or
   g. that the extender has failed to comply with any of the provisions set forth by the Board in Method of Performance.

2. Before the Board shall terminate approval granted by it to an extender it will give to the extender and to the physician to whom he/she is certified a written notice indicating the general nature of the charges, accusation, or complaint preferred against him and stating that the assistant will be given an opportunity to be heard concerning such charges or complaints at a time and place stated in

such notice, or to be hereafter fixed by the Board, and shall hold a public hearin within a reasonable time. Following such hearing, the Board shall determine on these regulations whether the approval of the extender shall be terminated.

3. In hearings held pursuant to this rule, the Board shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

Looking to the Future

At the last meeting of the Board (October 1977) an open hearing was held in which the matter of requiring Physician's Assistants to pass a qualifying examination, which the Board deems appropriate. This requirement will be added to the regulations. The physician extender may receive provisional approval (so that he/she may be employe for one year following his/her graduation from an approved program. Physician extende already approved by the Board prior to January 1, 1978, will not be included in this regulation. However, they may take such a qualifying examination if they so desire.

The Board looks with favor on the matter of "Standing Orders." To the current Application for a Physician's Assistant or Nurse Practitioner, the following has been added:

> Should the supervising physician intend for this extender to give orders to registered nurses or licensed practical nurses, the Board requires as part of the approval process, the submission of standing orders for the Board's review.

The Board has already approved as one source of "standing orders" .. Patient Care Guidelines for Family Nurse Practitioners, (Hoole, Pickard and Greenberg... U.N.C

It is hoped that in the future perhaps the approved schools for training Physician's Assistants could compile such a reference. Until that time, the submissio of "standing orders" will be required as above.

At the next meeting of the Board (December 1977) the Utilization Profile of the Physician Extender which Dr. Estes has proposed will be studied. Its use in the Application for Approval will be considered.

In conclusion, the Board of Medical Examiners deeply appreciates all the time and effort that the Legislature and members of the Study Commission have given to insure that the citizens of North Carolina receive excellent medical care. It is hoped that this study commission after reviewing the reports given here today, will recommend legislation that will make good medical care available to all citizens. The Board has in the past and will in the future maintain and require the highest standards of medical care in North Carolina.

Position Statement of North Carolina Nurses Association and North Carolina Medical Society on Nurse Practitioners and Physician's Assistants

Issues:

During the decade of their existence, nurse practitioners and physician's assistants have demonstrated their impact on health care delivery. This has promoted increased utilization of, and responsibilities for, these health care providers. This increased utilization, however, also has brought certain issues and problems to the forefront:

1. the responsibility of other health care providers in carrying out prescribed orders;
2. practice approval procedures and requirements;
3. education, training and continuing education requirements for practice;
4. authority and responsibility for the regulating and monitoring of the individual's practice for competence and public safety.

Recommendations

The Committee recommends that:

1. Nurses are permitted to follow written medical orders of nurse practitioners approved, or physician's assistants registered, to practice under the laws of North Carolina under the following conditions:
    a. Nurses are recognized as having the right and responsibility to question and/or refuse to carry out any order if there is reason to doubt its accuracy, validity or safety for the patient.

b. Acceptance of such an order by a nurse does not imply that a supervisory or directive relationship exists between the PA/NP and the nurse who accepts such an order. The order is viewed as a communicative function between two responsible professionals, in the best interest of the patient.

c. The nurse carrying out such an order should have the following evidence:

. The nurse practitioner is currently approved or the physician's assistant is currently registered for practice;

. The order is consistent with the approved functions for the individual provider as contained in the application filed by the PA or NP jointly with the responsible physician. A written copy of the approved application must be on file in the institution and available to the RN.

. A copy of the written standing orders of the physician's assistant or nurse practitioner including medication orders must be available for immediate verification by the RN, as required under GS 90-18 1.

. In order to further assure the presence of a chain of responsibility, practices and procedures must be approved by the medical staff of the institution after consultation with the nursing administration.

Failure to provide the above evidence constitutes sufficient cause for refusal of the nurse to carry out the order written by the nurse practitioner or physician's assistant.

2. Each hospital or other unit should consider, as a part of its rules and regulations, proper surveillance of the qualifications of individuals, such as licensed practical nurses, to adequately interpret and carry out written orders, particularly those transmitted by physician's assistants and nurse practitioners.

3. See previous section for recommendation on approval to practice. (p.2)
4. See previous section for recommendations on education and training. (p.1)
   In addition, we recommend that the approval and registration process incorporate mandatory continuing education.
5. The Board of Nursing and Board of Medical Examiners should be responsible and accountable for the regulating and monitoring of the individual's practice in terms of possible violations of regulations, unauthorized practices, or unsafe actions. The Boards must make clear to the public and all health professionals that violations will not be permitted and that the safety and interests of consumers will be protected.
6. The Board of Nursing and the Board of Medical Examiners publish an annual list of individuals approved or registered. These published lists should be widely distributed among physicians, nurses, hospital administrators, pharmacists, and others who might wish to confirm the status of a given practitioner.
7. Standards for approval of training programs for physician's assistants and nurse practitioners should continue to be the responsibility of the medical and nursing licensing boards; however, the Committee feels that the state should expect such requirements to be of sufficient excellence to protect the public and to inspire confidence in these individuals among patients and other health professionals.

Summary:

This Committee recommends that legislation which is proposed to the General Assembly in 1978 contain the following elements:

1. Mandatory approval for nurse practitioners
2. Mandatory registration for physician's assistants
3. Registered nurses be permitted to carry out written medical orders of nurse practitioners and/or physician's assistants under the conditions set forth in this document.

4. The responsibility and accountability for regulating and monitoring the functioning of nurse practitioners and physician's assistants rests with the respective licensing boards.

5. Lists of approved nurse practitioners and registered physician's assistants be made available annually by the licensing boards.

AN ACT TO PROVIDE LIMITATIONS ON ASSISTANTS TO PHYSICIANS AND ON NURSE PRACTITIONERS.

Section 1. G.S. 90-18.1 is rewritten as follows:

"90-18.1 Limitations on Physician Assistants.

(a) Any person who is approved under the provisions of G.S. 90-18 (13) to perform medical acts, tasks or functions as an assistant to a physician may use the title 'Physician Assistant.' Any other person who uses the title in any form or holds out to be a Physician Assistant or to be so approved, shall be deemed to be in violation of this Article.

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

(1) the Board of Medical Examiners has adopted regulations governing the approval of individual Physician Assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety;

(2) the Physician Assistant has current approval from the Board;

(3) the Board of Medical Examiners has assigned an identification number to the Physician Assistant which is shown on the written prescription; and

(4) the supervising physician has provided to the Physician Assistant written instructions about indications and

(2) [illegible] for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.

c Physician Assistants are authorized to compound and dispense drugs under the following conditions:

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

(2) rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with; and

(3) no retail pharmacy is reasonably available or accessible to the place where the Physician Assistant is performing the function.

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

(1) the Board of Medical Examiners has adopted regulations governing the approval of individual Physician Assistants to order medications, tests and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety;

(2) the Physician Assistant has current approval from the Board;

(3) the supervising physician has provided to the Physician Assistant written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision

for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and

(4) the hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests and treatments, including procedures for verification of the Physician Assistant's orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a Physician Assistant or order given by a Physician Assistant for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the Physician Assistant and such supervising physician shall be responsible for authorizing such prescription or order.

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

Sec. 2. A new Section G.S. 90-18.2 is added as follows:

"90-18.2 Limitations on Nurse Practitioners.

(a) Any nurse approved under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions may use the title 'Nurse Practitioner.' Any other person who uses the title in any form or holds out to be a Nurse Practitioner or to be so approved,

shall be deemed to be in violation of this Article.

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

(1) the Board of Medical Examiners and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual Nurse Practitioners to write prescriptions with such limitations as the Boards may determine to be in the best interest of patient health and safety;

(2) the Nurse Practitioner has current approval from the Boards;

(3) the Board of Medical Examiners has assigned an identification number to the Nurse Practitioner which is shown on the written prescription; and

(4) the supervising physician has provided to the Nurse Practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.

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

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

(2) rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with; and

(3) no retail pharmacy is reasonably available or accessible to the place where the Nurse Practitioner is performing the function.

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

(1) the Board of Medical Examiners and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual Nurse Practitioners to order medications, tests and treatments with such limitations as the Boards may determine to be in the best interest of patient health and safety;

(2) the Nurse Practitioner has current approval from the Boards;

(3) the supervising physician has provided to the Nurse Practitioner written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and

(4) the hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering

medications, tests and treatments, including procedures for verification of the Nurse Practitioner's orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a Nurse Practitioner or order given by a Nurse Practitioner for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the Boards as the supervisor of the Nurse Practitioner and such supervising physician shall be responsible for authorizing such prescription or order.

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