



NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN NORTH CAROLINA Issue Brief

Licensure, Duties and Responsibilities

Overview

Physician Assistants (PAs) and Nurse Practitioners (NPs) are health professionals qualified and licensed to perform a wide variety of medical activities, including the direct provision of patient care.¹ Although they are trained in different types of schools and licensed by different entities, in North Carolina PAs and NPs carry out very similar duties and have nearly identical authority to practice medicine.²

This paper begins with short answers to frequently asked questions regarding these two groups of medical professionals.³ It then provides a detailed description of the requirements to be licensed and to practice as a NP or PA and the professional activities in which members of each provision are permitted to engage. As PAs and NPs are licensed at the state level, the information in this document applies only to North Carolina. However, the legal provisions addressed in this document likely have similar counterparts in all other states. Lawyers in other states may have developed, or could develop, comparable guidance relating to the laws governing PAs and NPs in their states. You may wish to talk with your attorney or visit the [State Public Health Lawyer Directory](#) to find contact information for a public health attorney in your state. If you have questions about a specific situation you should discuss the matter with your attorney.

Frequently Asked Questions⁴

Q: In North Carolina, must PAs and NPs be supervised by a physician?

A: Yes. Both PAs and NPs must practice under a supervisory agreement with a licensed physician. However, both PAs and NPs may practice medicine outside the physical presence of their supervising physician so long as such practice is permitted by the practice agreement.

Q: Are there differences in the care that NPs and PAs may provide?

A: Yes, but these differences are minor and generally invisible to the patient. Under state law, both PAs and NPs may take medical histories, provide preventive care, diagnose illness, order tests and treatments and prescribe drugs. Both may engage in these activities without a physician being present and without consulting a physician so long as such activities are permitted by their practice agreement.



Q: Must the supervising physician co-sign chart entries made by a PE?

A: No. Co-signing is not required under state law for either PAs or NPs.

Q: In North Carolina, may PAs and NPs prescribe drugs?

A: Yes. Both PAs and NPs may prescribe drugs, including controlled substances, subject to certain limitations.

Q: May PAs and NPs licensed in other states practice in North Carolina?

A: No, except in cases of emergency, as outlined below.⁵

Q: How do I verify that a PE's license is valid?

A: Licenses can be checked online. For NPs, please visit the NC Board of Nursing [Web site](#). PA licenses can be checked at the [Web site](#) of the NC Medical Board.

Q: How can I quickly see what type of health professional is providing care to me?

A: North Carolina law requires every health care practitioner providing patient care to wear an ID that displays that person's name as well as his or her "license, certification or registration."⁶ Physician Assistants may use the abbreviation "PA."⁷ Nurse Practitioners may use the abbreviation "NP."

Q: How many PAs and NPs are currently practicing in North Carolina?

A: There are currently approximately 3,600 PAs and 3,650 NPs in North Carolina.⁸

Physician Assistant Licensure Requirements and Scope of Practice

Requirements for Licensure and Practice

To obtain a license to practice as a PA in North Carolina, an applicant must have completed a physician assistant or surgeon assistant program at an accredited institution, hold or have held a certificate issued by the National Commission on Certification of Physician Assistants (NCCPA) and be "of good moral character."⁹ Applicants must also fulfill other non-education requirements, including a criminal background check and the submission of an extensive application.¹⁰ Certain PAs currently licensed to practice in another jurisdiction may be eligible for licensure on an expedited basis.¹¹

To practice in North Carolina, a PA must maintain a current and active license and an active registration with the North Carolina Medical Board (Medical Board) and have a current Intent to Practice form on file with the Medical Board.¹² PAs must complete at least 100 hours of continuing medical education (CME) every two years, at least 40 hours of which must be certified as Category I by the American Academy of Physician Assistants.¹³ PA licenses must be renewed yearly.¹⁴

Exception in Case of Emergency

By statute, the Medical Board may waive any Medical Board licensing requirements "to permit the provision of emergency health services to the public" in the event of a declared emergency or disaster or similar situation.¹⁵

If the Governor has declared a disaster or state of emergency or in certain other similar circumstances, a PA with a current license in another state, territory or Canadian province may practice under a Limited Physician Assistant License for Disasters and Emergencies.¹⁶ Such licenses may but need not be limited in geography, term, type of practice, prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs, supervision and practice setting.¹⁷ A PA operating under such a license may not receive any additional compensation outside his or her usual compensation, either direct or indirect.¹⁸ He or she must practice under the direct supervision of an on-site physician, who must be licensed in North Carolina or approved to practice under a similar emergency rule for physicians.¹⁹

Supervision Requirements

PAs must practice under the supervision of a physician licensed to practice in North Carolina.²⁰ The PA must provide to the Medical Board the name, address and telephone number of the physician who will supervise him or her.²¹ Each



supervising physician and PA must sign a statement that describes the supervisory arrangement.²² The PA and supervising physician must identify the PA's scope of practice and ensure that delegation of medical tasks is appropriate to the PA's level of competence, define the relationship of and access to the supervising physician, and develop a process for the supervising physician to evaluate the PA's performance.²³ The supervising physician assumes responsibility for the PA's performance in medical acts and professional conduct.²⁴

While supervision by the physician must be "continuous," it does not require the physical presence of the supervising physician at the time and place that services are rendered.²⁵ In fact, the supervising physician and the PA are only required to meet monthly for the first six months of the relationship, and once every six months thereafter.²⁶

Scope of Practice

In North Carolina, a PA may order medications, tests and treatments so long as they are within the scope of the PA's agreement with his supervising physician and the supervising physician has provided general written instructions regarding such orders, and specific instructions for an individual patient when appropriate.²⁷ There must also be a provision for review by the physician of the order within a reasonable time.²⁸ PAs are the agents of their supervising physicians in the performance of all medical practice-related activities.²⁹

Any registered nurse or licensed practical nurse who receives an order from a PA for medications, tests or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician, and any prescription written by a PA or order given by a PA is deemed to have been authorized by the PA's supervising physician.³⁰ Whenever a statute or State agency rule requires that a physical examination be conducted by a physician, the examination may be conducted and the form signed by a PA.³¹

State law forbids insurance companies from denying payment for services rendered by a PA where those services are within the PA's scope of practice and the policy would pay for the same services if they were provided by another licensed provider and the payment is made to the PA's employing physician, clinic, agency or institution.³²

Prescription Authority

A PA may prescribe medications so long as he or she has been issued an identification number by the Medical Board and the PA's supervising physician has provided written instructions for their prescription, and a written policy for periodic review by the physician of the drugs prescribed is in place.³³ PAs may compound and dispense drugs so long as they do so under the supervision of a licensed pharmacist and comply with relevant rules and regulations of the North Carolina Board of Pharmacy.³⁴ A PA may dispense any drugs he or she is authorized to prescribe.³⁵

A PA may prescribe controlled substances so long as he or she and the supervising physician possess a valid Drug Enforcement Administration (DEA) registration number.³⁶ For those drugs listed in federal drug schedules II, IIN, III and IIIN, the PA may prescribe up to a 30 day supply.³⁷ In addition to any other requirements governing prescriptions, prescriptions for controlled substances issued by PAs must also contain the PA's name, practice address and telephone number, license number and DEA number, as well as the responsible supervising physician's name and telephone number.³⁸

Nurse Practitioner Licensure Requirements and Scope of Practice

Requirements for Licensure and Practice

Nurse Practitioners (NPs) are registered nurses (RNs) who have completed additional training beyond that required for certification as an RN. Therefore, all NPs must hold a current license to practice as a Registered Nurse (RN) in North Carolina.³⁹ To be licensed to practice as a NP, RNs with first-time approval to practice after January 1, 2000 must be certified as a NP by a national credentialing body.⁴⁰ Persons who graduated from a NP program after January 1, 2005 who seek first-time NP registration in North Carolina must hold a Masters or higher degree in nursing or a related field with a primary focus on nursing, have successfully completed a graduate level NP education program accredited by a national accrediting body and be certified by a national credentialing body. ⁴¹ Before practicing, NPs must submit an



application for approval to practice and have in place a collaborative practice agreement with a primary supervising physician.⁴² NP licenses must be renewed yearly.⁴³

NPs must complete 50 hours of continuing education per year, at least 20 hours of which must be approved by the American Nurses Credentialing Center (ANCC), Accreditation Council on Continuing Medical Education (ACCME) or other national credentialing bodies, or practice-relevant courses in an institution of higher learning.⁴⁴

Exceptions in Case of Emergency

A NP approved to practice in another state may work as a NP under the supervision of a physician licensed to practice medicine in North Carolina in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.⁴⁵ The NP must notify the Board of Nursing in writing within 15 days of the names, practice locations and telephone numbers for the NP and each primary supervising physician.⁴⁶

Supervision Requirements

NPs must practice under the supervision of a physician, who must provide ongoing supervision, collaboration, consultation and evaluation of the NP's medical acts performed as defined in the collaborative practice agreement between the NP and the supervising physician.⁴⁷ The supervising physician need not be present when medical acts are performed, but must be continuously available for consultation by direct communication or telecommunication.⁴⁸

During the first six months of a collaborative practice agreement, the NP and supervising physician are required to meet monthly to discuss relevant practice clinical issues and quality improvement measures.⁴⁹ After six months, the NP and his or her supervising physician must meet at least every six months to identify any clinical problems and discuss changes in treatment plans.⁵⁰ NPs must comply with the rules of both the Medical Board and the Board of Nursing.⁵¹

Scope of Practice

NPs may engage in "continuous and comprehensive management of a broad range of personal health services for which the NP is educationally prepared and for which competency has been maintained."⁵² NPs are specifically permitted to diagnose, treat and manage illness, prescribe, administer and dispense therapeutic measures, tests, procedures and drugs and evaluate health outcomes.⁵³

NPs, however, may only engage in these activities where the NP's supervising physician has provided written instructions, and specific oral or written instructions for an individual patient when appropriate, and the supervising physician is able to review the order within a reasonable time.⁵⁴ If the NP practices in a hospital or other health facility, there must also be 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 NP's orders by nurses and other facility employees.⁵⁵

Any prescription written or order given by a NP for medications, tests or treatments is deemed to have been authorized by the NP's supervising physician, and the supervising physician is responsible for authorizing such prescription or order.⁵⁶ Any registered nurse or licensed practical nurse who receives an order from a NP for medications, tests or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician.⁵⁷ Whenever a statute or State agency rule requires that a physical examination be conducted by a physician, the examination may be conducted and the form signed by a NP.⁵⁸

Prescription Authority

A NP may prescribe drugs so long as he or she has been assigned an identification number by the Medical Board, the supervising physician has provided to him or her written instructions for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed is in place.⁵⁹ Drugs and devices that may be prescribed by the NP in each practice site must be included in the collaborative practice agreement.⁶⁰ NPs may compound and dispense drugs they are licensed to prescribe under the supervision of a licensed pharmacist.⁶¹

NP's may prescribe controlled substances if the NP has an assigned DEA number and such prescription is permitted in the collaborative practice agreement.⁶² Unless otherwise specified, refills may be issued for a period of one year.⁶³ Drugs in schedules II, IIN, III and IIIN are limited to a 30 day supply and may not be refilled.⁶⁴ All prescriptions issued by the NP must contain the supervising physician(s) name, the name of the patient and the NP's name, telephone number and approval number. When a controlled substance is prescribed, the NP's DEA number must be written on the prescription form as well.⁶⁵

Conclusion

In North Carolina, Physician Assistants and Nurse Practitioners operate under similar rules and requirements. Although there are some differences, they are largely invisible to the patient. Both types of professionals are subject to rigorous training and licensing requirements, and must remain current in recent medical developments. Both are required to enter into a written agreement with a supervising physician and to adhere to the terms of that agreement, but neither is required to practice in the actual physical presence of the supervising physician. Both may diagnose and treat patients, provide preventive care and prescribe medications.

SUPPORTERS



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¹ Throughout this paper, the term "Physician Extender" (PE) is used to refer collectively to Physician Assistants and Nurse Practitioners.

² Compared to many states, North Carolina grants a great deal of autonomy and authority to PAs. This may be partly for historical reasons; North

Carolina is the birthplace of the physician assistant. See PHYSICIAN ASSISTANT HISTORY CENTER, <http://www.pahx.org/steadBio.html> (last visited June 10, 2011) (noting that Dr. Eugene Stead "launched the first formal educational program for physician assistants at Duke University in 1965"); see also E. Harvey Estes, et al., Accommodating a New Medical Profession: The History of Physician Assistant Regulatory Legislation in North Carolina, 66 N.C. MED. J. 103, 103 (2005). Conversely, the state was recently ranked 43 of 51 states nationwide in terms of NP authority and autonomy. See Nancy Lugo et al., Ranking State NP Regulation: Practice Environment and Consumer Healthcare Choice, 11 AM. J. FOR NURSE PRAC. 8, 16 (2007) (awarding North Carolina a grade of "F").

³ The Frequently Asked Questions section does not include citations where the answer is discussed in more detail below. Please see the detailed analysis that follows for citation to the relevant statutes, regulations and rules.

⁴ The answers given here refer only to what is required or permitted under state law and the rules governing PE practice. Supervising physicians and employers are generally free to impose more restrictive requirements.

⁵ See 21 N.C. ADMIN. CODE 32M.0103(a)(1) (2008) (requiring that NPs possess "an unrestricted license to practice as a registered nurse in North Carolina"). The law provides no basis for PAs to practice on a temporary basis, and the Board has made clear that such practice is not permitted except in cases of emergency). See also Physician Assistant FAQs, NORTH CAROLINA MEDICAL BOARD, http://www.ncmedboard.org/faqs/list/category/physician_assistant/ (last visited June 13, 2011) ("PAs are required to have an active license and primary supervising physician acknowledgment to practice as a PA in NC.").

⁶ N.C. GEN. STAT. § 90-640 (1999). There are some exceptions to this rule, e.g. where the patient is seen in the practitioner's office and the practitioner's name can be readily determined or where full sterile address is required. *See Id.* § (c); *See also* 21 N.C. ADMIN. CODE 36.0231(c) (2002) (requiring nurses to display, in most situations, identification showing their name and title); 21 N.C. ADMIN. CODE 32S.0210 (2009) (requiring PAs to "wear a name tag consistent with § 90-640").

⁷ Physician Assistant FAQs, NORTH CAROLINA MEDICAL BOARD, http://www.ncmedboard.org/faqs/list/category/physician_assistant/ (last visited June 13, 2011).

⁸ Projected Number of Physician Assistants in Clinical Practice, 2010, KAISER FAMILY FOUNDATION, <http://www.statehealthfacts.org/comparemaptable.jsp?ind=440&cat=8> (last visited June 13, 2011)(PAs); Total Nurse Practitioners, 2010, KAISER FAMILY FOUNDATION, <http://www.statehealthfacts.org/comparetable.jsp?ind=773&cat=8&sort=1771> (last visited June 13, 2011) (NPs).

⁹ N.C. GEN. STAT. § 90-9.3(a) (2007). The program must have been accredited by the Committee on Allied Health Education and Accreditation or by the committee's predecessor or successor entities. *Id.* The Medical Board may deny an otherwise qualified applicant a license to practice upon finding that he has been convicted of a felony or a crime of moral turpitude, or for other reasons. N.C. GEN. STAT. § 90-14(a) (2009).

¹⁰ 21 N.C. ADMIN. CODE 32S.0202(a) (2011).

¹¹ A PA who has been licensed, certified, or authorized to practice in at least one other state, the District of Columbia, a U.S. Territory or Canadian province for at least five years, has been in active clinical practice during the past two years and who has a clean license application may apply for a license on an expedited basis. 21 N.C. ADMIN. CODE 32S.0220(a) (2010).

¹² N.C. GEN. STAT. § 90-18.1(g) (2007); *see also* 21 N.C. ADMIN. CODE 32S.0203 (2009) (Mandatory notification of intent to practice).

¹³ 21 N.C. ADMIN. CODE 32S.0216(a) (2010). PAs who possess a current National Commission on Certification of Physician Assistants certification are deemed to be in compliance with the CME requirement. *Id.* § (b).

¹⁴ *See* 21 N.C. ADMIN. CODE 32S.0204 (2009).

¹⁵ N.C. GEN. STAT. § 90-12.5 (2007).

¹⁶ 21 N.C. ADMIN. CODE 32S.0219 (2010). For purposes of this section, "state" includes the District of Columbia.

¹⁷ 21 N.C. ADMIN. CODE 32S.0219(b) (2010).

¹⁸ 21 N.C. ADMIN. CODE 32S.0219(e) (2010).

¹⁹ 21 N.C. ADMIN. CODE 32S.0219(c) (2010). *See also* 21 N.C. ADMIN. CODE 32B.1705 (2010) (Limited physician license for disasters and emergencies).

²⁰ 21 N.C. ADMIN. CODE 32S.0213 (2009).

²¹ N.C. GEN. STAT. § 90-9.3(b) (2007).

²² 21 N.C. ADMIN. CODE 32S.0213(c) (2009); The scope of the agreement is defined in 21 N.C. ADMIN. CODE 32S. 0201(9) (2009).

²³ 21 N.C. ADMIN. CODE 32S.0213(b) (2009).

²⁴ 21 N.C. ADMIN. CODE 32S.0201(8) (2009).

²⁵ *See* 21 N.C. ADMIN. CODE 32S.0213(a) (2009).

²⁶ A written record of these meetings must be signed and dated by both the supervising physician and the physician assistant, and be available for inspection upon request by the Board. The written record must include a description of the relevant clinical issues discussed and the quality improvement measures taken. *Id.* § (d).

²⁷ *See* N.C. GEN. STAT. § 90-18(c)(13) (2007).

²⁸ *See* N.C. GEN. STAT. § 90-18.1(d)(3) (2004).

²⁹ *See* 21 N.C. ADMIN. CODE 32S.0211 (2009).

³⁰ *See* N.C. GEN. STAT. § 90-18.1(e) (2004) (prescriptions), *Id.* § (f) (orders generally).

³¹ *See* N.C. GEN. STAT. § 90-18.3(a) (2004).

³² *See* N.C. GEN. STAT. § 58-50-30 (2007). *See also* N.C. GEN. STAT. § 58-50-26 (1999) (stating that no agency, institution or physician providing a service for which payment or reimbursement is required shall be denied payment solely because the services were rendered through a PA acting under the authority of rules adopted by the medical board.).

³³ *See* N.C. GEN. STAT. § 90-18.1(b) (2004).

³⁴ N.C. GEN. STAT. § 90-18.1(c) (2007); *see generally* 21 N.C. ADMIN. CODE 32S.0212 (2009) (prescription authority)

³⁵ 21 N.C. ADMIN. CODE 46.1703(b) (1999).

³⁶ 21 N.C. ADMIN. CODE 32S.0212(4) (2009).

³⁷ *Id.* (Text as it appears in the statute ; the federal code does not contain schedules IIN or IIIN). See 21 U.S.C. § 812 (2006).

³⁸ *Id.* § 5.

³⁹ An NP is permitted to perform medical acts consistent with his area of educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation. Such medical acts are in addition to those nursing acts permitted to be performed by virtue of RN licensure. See 21 N.C. ADMIN. CODE 36.0801(4) (2009).

⁴⁰ 21 N.C. ADMIN. CODE 36.0805(a) (2009). A nurse practitioner applicant who completed a nurse practitioner education program prior to December 31, 1999 is required to have completed a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 hours of preceptorship or supervised clinical experience that meets certain requirements. *Id.* § b.

⁴¹ 21 N.C. ADMIN. CODE 36.0803(b) (2008).

⁴² 21 N.C. ADMIN. CODE 36.0804(a) (2009); see also 21 N.C. ADMIN. CODE 36.0810(2) (2009) (describing requirements for Collaborative Practice Agreement).

⁴³ See 21 N.C. ADMIN. CODE 36.0806 (2009).

⁴⁴ 21 N.C. ADMIN. CODE 36.0807 (2009).

⁴⁵ 21 N.C. ADMIN. CODE 36.0814(a) (2009). Unlike the statute covering PA practice during emergencies (21 N.C. ADMIN. CODE 32S.0219), this statute does not extend to an NP licensed to practice in the District of Columbia or a U.S. territory.

⁴⁶ 21 N.C. ADMIN. CODE 36.0814(b) (2009). This statute differs from the PA statute in other ways as well: it does not permit the NP to practice during the emergency under the supervision of a physician who is also licensed under an emergency statute, and it does not forbid the NP from being compensated for services provided.

⁴⁷ See 21 N.C. ADMIN. CODE 36.0801(9) (2009). The NP is only supervised by one physician at a time, but he may specify both a primary and a back-up supervising physician. The back-up supervising physician takes over when the primary is not available. See *id.* §10.

⁴⁸ 21 N.C. ADMIN. CODE 36.0810(1) (2009).

⁴⁹ *Id.* § 5.

⁵⁰ 21 N.C. ADMIN. CODE 36.0810(4)(c)(2009).

⁵¹ 21 N.C. ADMIN. CODE 36.0802 (2004).

⁵² *Id.*

⁵³ *Id.*

⁵⁴ N.C. GEN. STAT § 90-18.2(d)(3) (1995). The statute does not require that the supervising physician actually review every order, just that it is possible for her to do so. It does not define "reasonable time". *Id.*

⁵⁵ *Id.* § d(4).

⁵⁶ N.C. GEN. STAT § 90-18.2(e) (1995).

⁵⁷ N.C. GEN. STAT § 90-18.2(f) (1995).

⁵⁸ See N.C. GEN. STAT 90-18.3(a) (2004).

⁵⁹ N.C. GEN. STAT § 90-18.2(b) (1995).

⁶⁰ 21 N.C. ADMIN. CODE 36.0809(b)(1) (2004).

⁶¹ N.C. GEN. STAT § 90-18.2(c) (1995); 21 N.C. ADMIN CODE 46.1703(a) (1999).

⁶² 21 N.C. ADMIN. CODE 36.0809(b)(2) (2004).

⁶³ *Id.* § b (4).

⁶⁴ *Id.* § b (2)(B).

⁶⁵ *Id.* § b (6).