

In Re: Temporary Waivers in response to the State of Emergency declared by Governor Cooper following Hurricane Helene.

Amended October 18, 2024

The following waiver is amended to include Mecklenburg and Swain counties as indicated in the North Carolina Disaster Declaration Number FEMA-4827-DR published on October 15, 2024.

On September 25, 2024, Governor Roy Cooper declared a state of emergency due to the impact of Hurricane Helene. Pursuant to the North Carolina Disaster Declaration Number FEMA-4827-DR, the following counties or territories in Western North Carolina were identified:

Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Clay, Cleveland, Gaston, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania, Watauga, Wilkes, and Yancey Counties, and the Eastern Band of Cherokee Indians.

On October 5, 2024, Governor Roy Cooper issued Executive Order No. 318 (2024) to increase the pool of professional healthcare workers and provide regulatory flexibility to expand the healthcare workforce.

The Board of Nursing and the Board of Medicine are granted authority under N.C. Gen. Stat. § 90-171.49 and N.C. Gen. Stat. § 90-12.5 respectively to take this action in order to permit the provision of emergency health services to the public for the benefit and protection of the people of North Carolina. The Nurse Practitioner Joint Subcommittee (the “Committee”) is composed of members of both the Board and Nursing and Board of Medicine pursuant to the authority under N.C. Gen. Stat. § 90-171.23(b)(14) and N.C. Gen. Stat. § 90-8.2. The Committee regulates the practice of Nurse Practitioners in accordance with N.C. Gen. Stat. § 90-18.2. Pursuant to the authority granted to the Committee under Executive Order 318 (2024), the Committee hereby waives the following:

Emergency Temporary Waiver of Prescribing Requirements pursuant to a Collaborative Practice Agreement

21 NCAC 36 .0809 Prescribing Authority

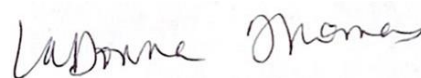
- (a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.
- (b) Prescribing and dispensing stipulations are as follows:
 - (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(2) of this Section.
 - (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

- (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
 - (B) refills may be issued consistent with Controlled Substance laws and regulations; and
 - (C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.
- (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
- (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
 - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
- (4) Each prescription shall be noted on the patient's chart and include the following information:
- (A) medication and dosage;
 - (B) amount prescribed;
 - (C) directions for use;
 - (D) number of refills; and
 - (E) signature of nurse practitioner.
- (5) Prescription Format:
- (A) all prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;
 - (B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
- (A) nurse practitioner's own use;
 - (B) nurse practitioner's supervising physician;
 - (C) member of the nurse practitioner's immediate family, which shall mean a: (i) spouse; (ii) parent; (iii) child; (iv) sibling; (v) parent-in-law; (vi) son or daughter-in-law; (vii) brother or sister-in-law; (viii) step-parent; (ix) step-child; or (x) step-siblings;
 - (D) any other person living in the same residence as the licensee; or
 - (E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.
- (c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

Waive the provisions in .0809 (b)(1), portions of (b)(2), (b)(2)(C), (b)(3), and a portion of (c) during the declared state of emergency such that a nurse practitioner practicing in the above-named counties may write prescriptions without collaborative practice agreement with a supervising physician. All other provisions and requirements shall apply. The emergency provisions are temporary and shall expire on December 31, 2024, unless the waiver provisions are sooner amended, or rescinded by the Committee or further Executive Order.

This waiver does not waive other statutory requirements or limitations. This waiver is effective as of the date below and shall remain in full force and effect until December 31, 2024, or unless sooner amended, or rescinded by the Committee or further Executive Order.

This, the 18th day of October 2024.



LaDonna Thomas
DNP, ANP-C, VHA-CM, FFMRCISI, FCN
Chair, North Carolina Board of Nursing