

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 Quality Assurance Standards for a Collaborative Practice Agreement

21 NCAC 36 .0810 Quality Assurance Standards for a Collaborative Practice Agreement.

The following are the quality assurance standards for a collaborative practice agreement:

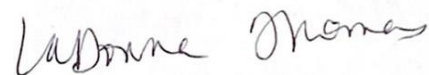
- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
 - (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the

- collaborative practice agreement and available for inspection by members or agents of either Board;
- (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
 - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process.
- (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified timeframe.
 - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
 - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
- (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.
 - (b) Documentation of the meetings shall:
 - (i) identify clinical issues discussed and actions taken;
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

Waive Rule .0810 requiring quality improvement processes pursuant to a collaborative practice agreement between the nurse practitioner practicing in the above-named counties during the declared state of emergency and a supervising physician. 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
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Chair, North Carolina Board of Nursing