

Would apply to about 100 licensees.

- no re-entry plan
- cannot practice clinical med or prescriptive authority

21 NCAC 32BB.0402 SCOPE OF PRACTICE UNDER SPECIAL PURPOSE LICENSE FOR ADMINISTRATIVE MEDICINE

A physician holding a Special Purpose License for Administrative Medicine may practice administrative medicine only, and shall not engage in the clinical practice of medicine or surgery.

21 NCAC 32BB .0402 SPECIAL PURPOSE LICENSE FOR ADMINISTRATIVE MEDICINE

(A) The Special Purpose License for Administrative Medicine is for physicians who intend to practice administrative medicine, such as serving in executive roles for healthcare facilities or doing noncertification work for insurers or their designated utilization review organizations pursuant to N.C.Gen.Stat. § 58-50-61(d). A physician with a Special Purpose License for Administrative Medicine may:

1. advise organizations, both public and private, on healthcare matters;
2. authorize and deny financial payments for care;
3. organize and direct research programs;
4. review care for quality; and perform similar duties that do not require direct patient care.

(B) In order to obtain a Special Purpose License, an applicant shall:

- 1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- 2) submit documentation of a legal name change, if applicable;
- 3) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired US passport, if applicant was born in the US; if applicant was not born in the United States, the applicant must provide information about applicant's immigration and work status, which the Board will use to verify applicant's ability to work lawfully in the US. Applicants who are not present in the US and who do not plan to practice physically in the US shall submit a statement to that effect;
- 4) comply with all requirements of G.S. 90-12.2A;
- 5) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;
- 6) submit an FSMB Board Action Data Bank report;
- 7) submit two completed fingerprint record cards supplied by the Board;
- 8) submit a signed consent form allowing a search of local, state, and national files for any criminal record;

has been described as a license to not practice medicine but is required by law (pol) for cert. work

Denial requires "license to practice medicine"

license from another state with no disciplinary action. otherwise would be statute change.

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include a time limit for career in clinical practice.
• 5 years? could collect feedback.
• report back in March.

- 9) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check;
- 10) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- C) All reports must be submitted directly to the Board from the primary source, when possible.
- D) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- E) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.
- F) If a physician who holds a Special Purpose License for Administrative Medicine wishes to practice clinical medicine or have prescriptive authority, the physician first must obtain a Physician License.

Comment [NHH1]: recommended by Dr. Hoff

History Note: N.C.Gen.Stat. § 90-8.1; 90-9.1; 90-12.2A; 90-13.1; 58-50-61(d)

Requiring board certification may exclude many physicians.
25% nationally are not board cert. & 25% grandfathered.
So half not technically board certified.

Action: Stakeholder feedback on draft.

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