Key Differences between SB 345 and SB 249/HB 277

Although both SB 345, Physician Assistant Team-Based Practice, and SB 249/HB 277, The Save Act, concern regulations related to advance practice providers, the bills are significantly distinguishable.

Stated broadly, the most important differences between these bills include SB 345's (1) career entry requirement of 4,000 hours of supervised practice, (2) additional 1,000 hours of supervised practice if there is a medical specialty change, and (3) focus on the promotion of team-based settings and enhanced supervisory arrangements versus SB 249/HB 277's complete removal of required supervision in all circumstances regardless of practice setting and/or clinical experience. The following chart includes a high-level overview of additional differences.

SB 345	SB 249/HB 277
Applies to physician assistants.	Applies to nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists.
	Provides expanded statutory definitions for practice for all categories of referenced APRNs.
Requires physician assistants to have a supervisory arrangement with a physician unless (1) the physician assistant practices in a team-based setting and (2) has more than 4,000 hours of practice experience as a licensed physician assistant and more than 1,000 hours of practice within the specific medical specialty of practice with a physician in that specialty. Requires a physician assistant practicing in a perioperative setting, including the provision of surgical or anesthesia-related services, to be supervised by a physician.	Removes required supervision/supervisory arrangements in all circumstances.
Requires supervisory arrangements to describe a minimum of the following: 1. The terms of clinical oversight. 2. An onboarding or orientation process. 3. Quality measures to be achieved. 4. Scope of delegate duties. 5. Plan for interval expansion.	Does not include statutory requirements related to onboarding, clinical oversight, or quality measures to be achieved for newly licensed APRNs.
Requires an additional 1,000 hours of practice experience as a licensed physician assistant within the specific medical specialty of practice with a physician in that specialty if the physician assistant changes specialty area.	Does not include statutory requirements related to hours of practice-based training needed should the APRN choose to switch specialty area.
Prohibits physician assistants from performing final interpretations of diagnostic imaging studies	Permits APRNs to interpret diagnostic studies.

	Makes the NC Board of Nursing the sole regulatory agency for all four categories of APRNs.
Defines "team-based setting" as inclusive of any of the following practice settings: 1. Medical practices organized as professional corporations formed between a physician and a physician assistant. 2. Physician-owned medical practices where the physician owners have consistent and meaningful participation in the design and implementation of health services to patients. 3. Licensed health facilities with active credentialing and quality programs where physicians have consistent and meaningful participation in the design and implementation of health services to patients. Specifically excludes medical practices that specialize in pain management from the definition of a team-based setting.	Offers no definition for team-based setting.
Adds new statutory language requiring all physician assistants, regardless of whether a supervisory arrangement is in place, to "collaborate and consult with or refer to the appropriate members of the health care team as required by the patient's condition and as indicated by the education, experience, and competencies of the physician assistant and the standard of care." The bill also notes that the "degree of collaboration must be determined by the practice which may include decisions by the employer, group, hospital service and the credentialing and privileging systems of a licensed facility."	Includes language requiring CNMs, CNSs, and NPs to consult with or refer to "other health care providers as warranted by the needs of the patient.
Allows physician assistants to prescribe medications and to plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions provided the physician assistant complies with statutory language requiring collaboration and consultation within the health care team.	Permits CNMs, CNSs, and NPs, to prescribe pharmacologic and nonpharmacologic therapies without a supervising arrangement or required collaboration.