

**DRAFT RECOMMENDATION
OF THE NCMS MEDICAL TEAM TASK FORCE (2017)**

<i>Important Variable</i>	<i>Current NC Requirement</i>	<i>DRAFT Recommendation</i>
<i>Physician Involvement in NP Practice</i>	Physician supervision required, including a collaborative practice agreement (CPA) specifying the medical acts, tasks, and functions that may be performed by the NP.	For [18 months], physician supervision is mandatory. Afterward, no professional regulatory mandate for physician involvement in the NPs practice for those in a practice settings where all providers are continuously, jointly accountable [to payers or regulators] for simultaneous achievement of specific targets addressing attributed population health, patient experience of care (including quality) and cost of care for at least [50 percent] of all established patients. For other arrangements, current law applies.
<i>Physician Involvement Prescribing Controlled Substances</i>	Schedules II-V may be prescribed as provided in the CPA, and may be prescribed outside the CPA if ordered (written or verbal) by the supervising physician and documented in the patient's record.	No change for any NP still requiring supervision.
<i>Specialty Focus</i>	Not addressed directly in statute, rules or position statements.	When a NP moves from one recognized specialty area to another: 1) physician supervision of the NP is mandatory for [18 months], following the requirements in place today. 2) only physicians whose formal specialty training includes the full range of services to be provided by the NP are permitted to supervise the NP during the [18 month] period.
<i>Distance/Number Limit</i>	NCMB position statement requires "appropriate amount of supervision." <u>Factors</u> include: a.) the number of supervisees under a physician's supervision, and b.) the geographical distance between the supervising physician and the supervisee.	No change. The case-by-case approach is more sensible than a number.
<i>Exemptions</i>	The Board of Nursing will provide an exception in cases of injury,	No change.

	sudden illness, death or other unforeseen unavailability of a supervising physician. (Although not specifically included in the rule, I believe the NCBON policy gives the NP 2 days to notify NCBON, then 30 days to propose a new supervising physician.)	
<i>Responsible Licensing Authority</i>	Rules must be adopted by the respective Boards represented on the Joint Committee, then enforcement is by the NC Medical Board	No change.
<i>Quantitative Requirement for Physician/NP Meetings</i>	Monthly meetings for first 6 months of the CPA, then every 6 months to discuss quality improvement.	This warrants discussion. Based on feedback from doctors over the years, this requirement should probably be replaced with something more meaningful.
<i>Facility Privileges Requirement</i>	Handled separately from CPA. CPA does not enable privileges in a facility, and each facility's medical staff on governing body is responsible for determining the scope of NP privileges (subject to all limitations on NP practice.)	No change.

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