GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017

H.B. 88 Feb 13, 2017 HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH50011-MGfqq-27E* (01/20)

Modernize Nursing Practice Act.

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34 35 Short Title:

(Public)

Representatives Dobson, Lambeth, Stevens, and Adcock (Primary Sponsors). Sponsors: Referred to: A BILL TO BE ENTITLED AN ACT UPDATING AND MODERNIZING THE NURSING PRACTICE ACT. The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 90-171.20 reads as rewritten: "§ 90-171.20. Definitions. As used in this Article, unless the context requires otherwise: Advanced assessment. – The taking by an advanced practice registered nurse of the history, physical, and psychological assessment of a patient's signs, symptoms, pathophysiologic status, and psychosocial variations in the determination of differential diagnoses and treatment. (1a) Advanced practice registered nurse or APRN. – An individual licensed by the Board as an advanced practice registered nurse within one of the following four roles: Nurse practitioner or NP. <u>a.</u> Certified nurse midwife or CNM. b. Clinical nurse specialist or CNS. <u>c.</u> Certified registered nurse anesthetist or CRNA. "Board" means the Board. – The North Carolina Board of Nursing. (1b) "Health care provider" means any Health care provider. - Any licensed health (2) care professional and any agent or employee of any health care institution, health care insurer, health care professional school, or a member of any allied health profession. For purposes of this Article, a person enrolled in a program that prepares the person to be a licensed health care professional or an allied health professional shall be deemed a health care provider. (3) "License" means a License. – A permit issued by the Board to practice nursing as an advanced practice registered nurse, as a registered nurse, or as a licensed practical nurse, including a renewal or reinstatement thereof. Nurse anesthesia activities. - Consist of the following activities, including (3a) clinical activities: Preanesthesia preparation and evaluation of the client, including the a. following:



Performing a preoperative health assessment.

Recommending, requesting, and evaluating pertinent diagnostic

Selecting and administering preanesthetic medications.

- <u>b.</u> <u>Anesthesia induction, maintenance, and emergence of the client, including the following:</u>
 - 1. Securing, preparing, and providing safety checks on all equipment, monitors, supplies, and pharmaceutical agents used for the administration of anesthesia.
 - 2. Selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements.
 - 3. <u>Performing tracheal intubation and extubation and providing</u> mechanical ventilation.
 - 4. Providing perianesthetic invasive and noninvasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary.
 - 5. Managing the client's fluid, blood, electrolyte, and acid-base balance.
 - 6. Evaluating the client's response during emergence from anesthesia and implementing pharmaceutical and supportive treatment to ensure the adequacy of client recovery from anesthesia.
- c. Postanesthesia care of the client, including the following:
 - 1. Providing postanesthesia follow-up care, including evaluating the client's response to anesthesia, recognizing potential anesthetic complications, implementing corrective actions, and requesting consultation with appropriately qualified health care professionals as necessary.
 - 2. <u>Initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthesia period.</u>
 - 3. <u>Initiating and administering pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period.</u>
 - 4. Documenting all aspects of nurse anesthesia care and reporting the client's status, perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic health care provider who assumes the client's care following anesthesia consistent with 21 NCAC 36 .0224(f).
 - 5. Releasing clients from the postanesthesia care or surgical setting as per established agency policy.
- d. Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility, including all of the following:
 - 1. <u>Inserting central vascular access catheters and epidural catheters.</u>
 - 2. <u>Identifying, responding to, and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation.</u>
 - 3. Providing consultation related to respiratory and ventilator care and implementing such care according to established policies within the practice setting.

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1		4. <u>Initiating and managing pain relief therapy utilizing</u>
2		pharmaceutical agents, regional anesthetic techniques and other
3		accepted pain relief modalities according to established policies
4		and protocols within the practice setting.
5		For purposes of this Article, these activities do not constitute the prescribing of
6		a medical treatment regimen or the making of a medical diagnosis.
7	(4)	"Nursing" is a Nursing. – A dynamic discipline which includes the assessing,
8		caring, counseling, teaching, referring and implementing of prescribed
9		treatment in the maintenance of health, prevention and management of illness,
10		injury, disability or the achievement of a dignified death. It is ministering to;
11		assisting; and sustained, vigilant, and continuous care of those acutely or
12		chronically ill; supervising patients during convalescence and rehabilitation; the
13		supportive and restorative care given to maintain the optimum health level of
14		individuals, groups, and communities; the supervision, teaching, and evaluation
15		of those who perform or are preparing to perform these functions; and the
16		administration of nursing programs and nursing services. For purposes of this
17		Article, the administration of required lethal substances or any assistance
18		whatsoever rendered with an execution under Article 19 of Chapter 15 of the
19		General Statutes does not constitute nursing.
20	(5)	"Nursing program" means any Nursing program. – Any educational program in
21		North Carolina offering to prepare persons to meet the educational requirements
22		for licensure under this Article. Article as a registered nurse or a licensed
23		practical nurse.
24	(6)	"Person" means an Person. – An individual, corporation, partnership,
25	()	association, unit of government, or other legal entity.
26	<u>(6a)</u>	Population focus With respect to APRN practice, includes one of the
27	<u> </u>	following areas of focus:
28		a. The family or the individual across the life span.
29		b. Adult gerontology.
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31		 <u>Neonatal.</u> <u>Pediatrics.</u> <u>Women's health or gender-related issues.</u>
32		e. Women's health or gender-related issues.
33		f. Psychiatric or mental health.
34	<u>(6b)</u>	Practice of nursing as an advanced practice registered nurse or APRN. – In
35	1,007	addition to the RN scope of practice and within the APRN role and population
36		foci, also consists of the following six components:
37		a. Conducting an advanced assessment.
38		b. Delegating and assigning therapeutic measures to assistive personnel.
39		c. Performing other acts that require education and training consistent with
40		professional standards and commensurate with the APRN's education,
41		certification, demonstrated competencies, and experience.
42		d. Complying with the requirements of this Article and rendering quality
43		advanced nursing care.
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45		 <u>Recognizing limits of knowledge and experience.</u> <u>Planning for the management of situations beyond the APRN's</u>
46		expertise.
47	<u>(6c)</u>	Practice of nursing as a certified nurse midwife or CNM. – Consists of the
48	(00)	following four components:
49		<u>a.</u> The management, diagnosis, and treatment of women's primary health
50		care, including pregnancy, childbirth, postpartum period, care of the
50		care, merading pregnancy, emidentia, postpartum period, care of the

1			newborn, family planning, partner care management relating to sexual
2			health, and gynecological care of women across the life span.
3		<u>b.</u>	Ordering, performing, supervising, and interpreting diagnostic studies.
4		<u>c.</u>	Prescribing pharmacologic and nonpharmacologic therapies.
5		<u>c.</u> <u>d.</u>	Consulting with or referring to other health care providers as warranted
6		<u> </u>	by the needs of the patient.
7	(6d)	Praction	ce of nursing as a certified registered nurse anesthetist or CRNA
8			sts of the performance of nurse anesthesia activities and related services,
9			laboration with a physician, dentist, podiatrist, or other lawfully qualified
10			care provider, including the following:
11		<u>a.</u>	Selecting, ordering, and administering drugs and therapeutic devices to
12			facilitate diagnostic, therapeutic, and surgical procedures.
13		<u>b.</u>	Ordering, performing, supervising, and interpreting diagnostic studies.
14		<u>c.</u>	Consulting with or referring to other health care providers as warranted
15		<u>v.</u>	by the needs of the patient.
16	(6e)	Practic	ce of nursing as a clinical nurse specialist or CNS. – Consists of the
17	<u>(00)</u>		ving eight components:
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		<u>a.</u> b	The diagnosis and treatment of health and illness states.
19		<u>b.</u>	Disease management.
20		<u>c.</u> <u>d.</u>	Prescribing nonpharmacologic therapies.
21		<u>a.</u>	Ordering, performing, supervising, and interpreting diagnostic studies.
21 22 23 24 25 26 27		<u>e.</u> <u>f.</u>	Preventing of illness and risk behaviors.
23			Nursing care for individuals, families, and communities.
24 2.5		<u>g.</u>	Consulting with or referring to other health care providers as warranted
25			by the needs of the patient.
26		<u>h.</u>	Integrating care across the continuum to improve patient outcomes.
27	<u>(6f)</u>		ce of nursing as a nurse practitioner or NP. – Consists of the following six
28		compo	onents:
29		<u>a.</u>	Health promotion, disease prevention, health education, and counseling.
30		<u>b.</u>	Providing health assessment and screening activities.
31		<u>c.</u>	Diagnosing, treating, and facilitating patients' management of their
32			acute and chronic illnesses and diseases.
33		<u>d.</u>	Ordering, performing, supervising, and interpreting diagnostic studies.
34		<u>e.</u>	Prescribing pharmacologic and nonpharmacologic therapies.
35		<u>e.</u> <u>f.</u>	Consulting with or referring to other health care providers as warranted
36			by the needs of the patient.
37	(7)	The "	practice of nursing by a registered nurse" consistsPractice of nursing by a
38			ered nurse. – Consists of the following 10 components:
39		a.	Assessing the patient's physical and mental health, including the
40			patient's reaction to illnesses and treatment regimens.
41		b.	Recording and reporting the results of the nursing assessment.
42		c.	Planning, initiating, delivering, and evaluating appropriate nursing acts.
43		d.	Teaching, assigning, delegating to or supervising other personnel in
44			implementing the treatment regimen.
45		e.	Collaborating with other health care providers in determining the
46			appropriate health care for a patient but, subject to the provisions of
47			G.S. 90 18.2, not prescribing a medical treatment regimen or making a
48			medical diagnosis, except under supervision of a licensed
4 9			physician.patient.
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the oral cavity; provided, however, that this subsection shall not apply to a

lawfully qualified certified registered nurse anesthetist who administers such

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anesthetic under the supervision and direction of in collaboration with a licensed dentist or physician; physician pursuant to G.S. 90-171.20(6d);

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SECTION 4.(a) G.S. 90-171.21 reads as rewritten:

"§ 90-171.21. Board of Nursing; composition; selection; vacancies; qualifications; term of office; compensation.

- The Board shall consist of 14 members. Eight members shall be registered nurses. (a) Three members shall be licensed practical nurses. Three members shall be representatives of the
- (b) Selection. – The North Carolina Board of Nursing shall conduct an election each year to fill vacancies of nurse members of the Board scheduled to occur during the next year. Nominations of candidates for election of registered nurse members shall be made by written petition signed by not less than 10 registered nurses eligible to vote in the election. Nominations of candidates for election of licensed practical nurse members shall be made by written petition signed by not less than 10 licensed practical nurses eligible to vote in the election. Every registered nurse holding an active advanced practice registered nurse license shall be eligible to vote in the election of the advanced practice registered nurse Board member. Every licensed registered nurse holding an active license shall be eligible to vote in the election of registered nurse board members. Every licensed practical nurse holding an active license shall be eligible to vote in the election of licensed practical nurse board members. The list of nominations shall be filed with the Board after January 1 of the year in which the election is to be held and no later than midnight of the first day of April of such year. Before preparing ballots, the Board shall notify each person who has been duly nominated of the person's nomination and request permission to enter the person's name on the ballot. A member of the Board who is nominated for reelection and who does not withdraw the member's name from the ballot is disqualified to participate in conducting the election. Elected members shall begin their term of office on January 1 of the year following their election.

Nominations of persons to serve as public members of the Board may be made to the Governor or the General Assembly by any citizen or group within the State. The Governor shall appoint one public member to the Board, and the General Assembly shall appoint two public members to the Board. Of the public members appointed by the General Assembly, one shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate, and one shall be appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives.

Board members shall be commissioned by the Governor upon their election or appointment.

- Vacancies. All unexpired terms of Board members appointed by the General Assembly shall be filled within 45 days after the term is vacated. The Governor shall fill all other unexpired terms on the Board within 30 days after the term is vacated. For vacancies of registered nurse or licensed practical nurse members, the Governor shall appoint the person who received the next highest number of votes to those elected members at the most recent election for board members. Board shall notify the person who received the next highest number of votes in the election when the vacating member was elected in order to fulfill the remainder of the unexpired term. If the replacement Board member no longer meets the qualifications under subsection (d) of this section, the Board shall notify the person receiving the next highest number of votes in the election when the vacating member was elected. Appointees shall serve the remainder of the unexpired term and until their successors have been duly elected or appointed and qualified.
- Qualifications. Of the eight registered nurse members on the Board, one shall be a nurse administrator employed by a hospital or a hospital system, who shall be accountable for the administration of nursing services and not directly involved in patient care; one shall be an individual who meets the requirements to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner; an APRN; two shall be

1 staff nurses, defined as individuals who are primarily involved in direct patient care regardless of 2 practice setting; one shall be an at-large registered nurse who meets the requirements of 3 sub-subdivisions (1) b., e., f., and g. of this subsection, but is not currently an educator in a 4 program leading to licensure or any other degree-granting program; and three shall be nurse 5 educators. Minimum ongoing employment requirements for every registered nurse and licensed 6 practical nurse shall include continuous employment equal to or greater than fifty percent (50%) of 7 a full-time position that meets the criteria for the specified Board member position. Of the three 8 nurse educators, one shall be a practical nurse educator, one shall be an associate degree or 9 diploma nurse educator, and one shall be a baccalaureate or higher degree nurse educator. All 10 nurse educators shall meet the minimum education requirement as established by the Board's 11 education program standards for nurse faculty. Candidates eligible for election to the Board as nurse educators are not eligible for election as the at-large member. 12 Except for the at-large member, every registered nurse member shall meet the 13 (1) 14

- following criteria:
 - Hold a current, an active, unencumbered license to practice as a a. registered nurse in North Carolina.
 - Be a resident of North Carolina. a1.
 - b. Have a minimum of five years of experience as a registered nurse.
 - Have been engaged continuously in a position that meets the criteria for c. the specified Board position for at least three years immediately preceding election.
 - Show evidence that the employer of the registered nurse is aware that d. the nurse intends to serve on the Board.
 - Have no disciplinary history with the Board or any other licensing board <u>e.</u> in this State or another state within the 10 years preceding the nurse's appointment to the Board.
 - Have no history of felony convictions of any kind. <u>f.</u>
 - Have no misdemeanor convictions related to the practice of nursing.
- Every licensed practical nurse member shall meet the following criteria: (2)
 - Hold a current, an active, unencumbered license to practice as a licensed practical nurse in North Carolina.
 - Be a resident of North Carolina. a1.
 - Have a minimum of five years of experience as a licensed practical c. nurse.
 - Have been engaged continuously in the position of a licensed practical d. nurse for at least three years immediately preceding election.
 - Show evidence that the employer of the licensed practical nurse is aware e. that the nurse intends to serve on the Board.
 - Have no disciplinary history with the Board or any other licensing board <u>f.</u> in this State or another state within the 10 years preceding the nurse's appointment to the Board.
 - Have no history of felony convictions of any kind. g.
 - Have no misdemeanor convictions related to the practice of nursing.
- A public member appointed by the Governor shall not be a provider of health (3) services-licensed nurse or licensed health care professional or employed in the health services field. No by a health care institution, health care insurer, or health care professional school. Additionally, no public member appointed by the Governor or person in the public member's immediate family as defined by G.S. 90-405(8) shall be currently employed as a licensed nurse or been previously employed as a licensed nurse.

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	General Assemb	y Of North Carolina	Session 2017
1	(4)	The nurse practitioner, nurse anesthetist, nurs	e midwife, or clinical nurse
2	(.)	specialist advanced practice registered nurse	
3		licensed by the Board as a registered nurse an	
4		nurse who meets the following criteria:	advanteda praented registered
5		a. Has graduated from or completed a gra	duate level advanced practice
6		nursing education program accredited by a	•
7		b. Maintains current certification or rec	
8		eredentialing body approved by the Boar	
9		established by rules adopted by the Board	
10		e. Practices in a manner consistent with ru	
11		other applicable law.	ios adopted by the noted and
12		d. Holds an active, unencumbered license	to practice as an advanced
13		practice registered nurse in North Carolina	<u>-</u>
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15		<u>e.</u> <u>Is a resident of North Carolina.</u><u>Has a minimum of five years of experi</u>	ence as an advanced practice
16		registered nurse.	*
17		g. Has been engaged continuously in the po	sition of an advanced practice
18		registered nurse for at least three years im-	mediately preceding election.
19		h. Provides evidence that the employer of th	e advanced practice registered
20		nurse is aware that the nurse intends to ser	rve on the Board.
21		i. Has no disciplinary history with the Boar	d or any other licensing board
22		in this State or another state within the	10 years preceding the nurse's
23		appointment to the Board.	
24		j. Has no history of felony convictions of an	
25		<u>k.</u> <u>Has no misdemeanor convictions related t</u>	-
26		 Members of the Board shall serve four-year stag 	•
27		two consecutive four-year terms or eight conse	ecutive years after January 1,
28	2005 . <u>years.</u>		
29		al. – The Board may remove any of its m	
30	-	unprofessional conduct. A member subject to dis	ciplinary proceedings shall be
31	•	Board business until the charges are resolved.	
32	,0,	ursement. – Board members are entitled to	receive compensation and
33		authorized by G.S. 93B-5."	. 1 1
34		ION 4.(b) G.S. 90-171.21(a), as amended by this	
35 36	* *	oard of Nursing after the effective date of this act.	
36 27		ION 5. G.S. 90-171.23(b) reads as rewritten:	
37 38		powers. The Board is empowered to: Administer this Article.	
39	(1) (2)	Issue its interpretations of this Article.	
40	(3)	Adopt, amend or repeal rules and regulations as	may be necessary to carry out
41	(3)	the provisions of this Article.	may be necessary to earry out
42	(4)	Establish qualifications of, employ, and set the	compensation of an executive
43	(4)	officer who shall be a registered nurse and who l	<u>=</u>
44		license and who shall not be a member of the Boa	
45	(5)	Employ and fix the compensation of other person	
46	(5)	are necessary to carry into effect this Article and	
47		to effectuate this Article.	meessary
48	(6)	Examine, license, and renew the licenses of	duly qualified applicants for
49	(=)	licensure.	y The second for
50	(7)	Cause the prosecution of all persons violating this	s Article.
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1 (8) Establish standards to be met by the students, and to pertain to faculty, 2 curricula, facilities, resources, and administration for any nursing program 3 leading to initial licensure as a registered nurse or a licensed practical nurse as 4 provided in G.S. 90-171.38. 5 (9) Review all nursing programs leading to initial licensure as a registered nurse or 6 a licensed practical nurse at least every eight years or more often as considered 7 necessary by the Board or program director. 8 Grant or deny approval for nursing programs as provided in G.S. 90-171.39. (10)9 Upon request, grantGrant or deny approval of continuing education programs (11)10 for nurses as provided in G.S. 90-171.42. 11 Keep a record of all proceedings and make an annual summary of all actions (12)12 available. 13 Appoint, as necessary, advisory committees which may include persons other (13)14 than Board members to deal with any issue under study. 15 (14)Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the North Carolina Medical Board to develop rules and 16 17 regulations to govern the performance of medical acts by registered nurses and 18 to determine reasonable fees to accompany an application for approval or renewal of such approval as provided in G.S. 90-8.2. The fees and rules 19 20 developed by this subcommittee shall govern the performance of medical acts 21 by registered nurses and shall become effective when they have been adopted 22 by both Boards. Grant prescribing, ordering, dispensing, and furnishing 23 authority to holders of the advanced practice registered nurse license pursuant 24 to G.S. 90-171.20. 25 Recommend-Establish and collect such fees for licensure, license renewal, (15)26 examinations and reexaminations as it deems necessary for fulfilling the 27 purposes of this Article. Article, provided that the fees are consistent with 28 G.S. 90-171.27. 29 Adopt a seal containing the name of the Board for use on all certificates, (16)30 licenses, and official reports issued by it. 31 Enter into interstate compacts to facilitate the practice and regulation of (17)32 nursing. APRNs, RNs, and LPNs. 33 Establish programs for aiding in the recovery and rehabilitation of nurses who (18)34 experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice.monitoring the treatment, 35 36 recovery, and safe practice of nurses experiencing substance use disorders, 37 mental health disorders, or physical conditions impacting the ability to deliver 38 safe care. 39 Establish programs for aiding in the remediation of nurses who experience (18a) 40 practice deficiencies. 41 Request that the Department of Public Safety conduct criminal history record (19)42 checks of applicants for licensure pursuant to G.S. 143B-940. 43 (20)Adopt rules requiring an applicant to submit to the Board evidence of the 44 applicant's continuing competence in the practice of nursing at the time of 45 license renewal or reinstatement. 46 (21) Proceed accordance with G.S. 90-171.37A, notwithstanding

G.S. 150B-40(b), when conducting a contested case hearing in accordance with

Designate one or more of its employees to serve papers or subpoenas issued by the Board. Service under this subdivision is permitted in addition to any other

Article 3A of Chapter 150B of the General Statutes.

methods of service permitted by law.

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- (23) Acquire, hold, rent, encumber, alienate, and otherwise deal with real property in the same manner as a private person or corporation, subject only to approval of the Governor and the Council of State. Collateral pledged by the Board for an encumbrance is limited to the assets, income, and revenues of the Board.
- (24)Order the production of any records concerning the practice of nursing relevant to a complaint received by the Board or an inquiry or investigation conducted by or on behalf of the Board Order or subpoena the production of any patient records, documents, or other material concerning any matter to be heard before or inquired into by the Board, notwithstanding any other provision of law providing for the application of any health care provider-patient privilege with respect to such records, documents, or other material. All records, documents, or other material compiled by the Board are subject to the provisions of G.S. 90-171.37B. Notwithstanding the provisions of G.S. 90-171.37B, in any proceeding before the Board, in any record of any hearing before the Board, and in the notice of charges against any licensee, the Board shall withhold from public disclosure the identity of a patient, including information relating to dates and places of treatment, or any other information that would tend to identify the patient, unless the patient or the representative of the patient expressly consents to the disclosure. Upon written request, the Board shall revoke a subpoena if, upon a hearing, it finds that the evidence the production of which is required does not relate to a matter in issue, or if the subpoena does not describe with sufficient particularity the evidence the production of which is required, or if for any other reason in law the subpoena is invalid."

SECTION 6. G.S. 90-171.24 reads as rewritten:

"§ 90-171.24. Executive director.

The executive director shall perform the duties prescribed by the Board and serve as secretary/treasurer to the Board. <u>Additionally, the executive director shall hold an active North Carolina registered nurse license and shall meet the criteria set forth in G.S. 90-171.21(d)(1)a., a1., b., e., f., and g. The executive director shall also serve as the Administrator of the Nurse Licensure Compact."</u>

SECTION 7. G.S. 90-171.27(b) reads as rewritten:

"§ 90-171.27. Expenses payable from fees collected by Board.

(b) The schedule of fees shall not exceed the following rates:	
Application for license as advanced practice registered nurse	\$100.00
Renewal of license to practice as advanced practice registered nurse	
(two-year period)	100.00
Reinstatement of lapsed license to practice as advanced practice registered	
nurse and renewal fee.	180.00
Application for examination leading to certificate and license as registered	
nurse	\$ 75.00
Application for certificate and license as registered nurse by endorsement	150.00
Application for each re-examination leading to certificate and license as	
registered nurse	75.00
Renewal of license to practice as registered nurse (two-year period)	100.00
Reinstatement of lapsed license to practice as a registered nurse and	
renewal fee	180.00
Application for examination leading to certificate and license as licensed	
practical nurse by examination	75.00
Application for certificate and license as licensed practical nurse by	
endorsement	150.00

1	Application for each re-examination leading to certificate and-license as	
2	licensed practical nurse	75.00
3	Renewal of license to practice as a licensed practical nurse (two-year	
4	period)	100.00
5	Reinstatement of lapsed license to practice as a licensed practical nurse	
6	and renewal fee	180.00
7	Application fee for retired registered nurse status or retired licensed	
8	practical nurse status	50.00
9	Reinstatement of retired registered nurse to practice as a registered nurse	
10	or a retired licensed practical nurse to practice as a licensed practical	
11	nurse (two-year period)	100.00
12	Reasonable charge for duplication services and materials.	

A fee for an item listed in this schedule shall not increase from one year to the next by more than twenty percent (20%)."

SECTION 8. G.S. 90-171.29 reads as rewritten:

"§ 90-171.29. Qualifications of applicants for examination.

In order to be eligible for licensure <u>as a registered nurse or a licensed practical nurse</u> by examination, the applicant shall <u>make a written application to the Board on forms furnished by the Board submit an application in the manner prescribed by the Board and shall submit to the Board an application fee and written evidence, verified by oath, sufficient to satisfy the Board that the applicant has graduated from a course of study approved by the Board and is mentally and physically competent to practice nursing."</u>

SECTION 9. Article 9A of Chapter 90 of the General Statutes is amended by adding a new section to read:

"§ 90-171.29A. Mental or physical exam to establish competence.

In considering whether an applicant or licensee is mentally or physically capable of practicing nursing with reasonable skill and safety, the Board may require an applicant or licensee to submit to a mental examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the examination shall be reported directly to the Board and shall be admissible in evidence in a hearing before the Board."

SECTION 10. G.S. 90-171.30 reads as rewritten:

"§ 90-171.30. Licensure by examination.

At least twice each year the The Board shall give an examination, at the time and place it determines, to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules, not inconsistent with this Article, governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination required by the Board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board shall issue a license to the applicant."

SECTION 11. G.S. 90-171.33 reads as rewritten:

"§ 90-171.33. Temporary license.

(a) Until the implementation of the computer adaptive licensure examination, the Board may issue a nonrenewable temporary license to persons who are applying for licensure under G.S. 90-171.30, and who are scheduled for the licensure examination at the first opportunity after graduation, for a period not to exceed the lesser of nine months or the date of applicant's notification of the results of the licensure examination. The Board shall revoke the temporary

license of any person who does not take the examination as scheduled, or who has failed the examination for licensure as provided by this act.

- (b) Upon implementation of the computer-adaptive licensure examination, no temporary licenses will be issued to persons who are applying for licensure under G.S. 90-171.30.
- (e) The Board may issue a nonrenewable temporary license to persons applying for licensure under G.S. 90-171.32 for a period not to exceed the lesser of six months or until the Board determines whether the applicant is qualified to practice nursing in North Carolina. Temporary licensees may perform patient-care services within limits defined by the Board. In defining these limits, the Board shall consider the ability of the temporary licensee to safely and properly carry out patient-care services. Temporary licensees shall be held to the standard of care of a fully licensed nurse."

SECTION 12. G.S. 90-171.34 reads as rewritten:

"§ 90-171.34. Licensure renewal.

Every unencumbered <u>registered nurse</u> and <u>licensed practical nurse</u> license, except <u>for a temporary license</u>, issued under this Article shall be renewed for two years. On or before the date the current license expires, every person who desires to continue to practice nursing shall apply for licensure renewal to the <u>Board on forms furnished by the Board in the manner prescribed by the Board and shall also file the required fee. Failure to renew the license before the expiration date shall result in automatic forfeiture of the right to practice nursing in North Carolina until such time that the license has been reinstated."</u>

SECTION 13. G.S. 90-171.35 reads as rewritten:

"§ 90-171.35. Reinstatement.

A <u>registered nurse</u> or <u>licensed practical nurse</u> licensee who has allowed <u>his or her license</u> to lapse by failure to renew as herein provided may apply for reinstatement on a form provided in a <u>manner prescribed</u> by the Board. The Board shall require the applicant to return the completed application with the required fee and to furnish a statement of the reason for failure to apply for renewal prior to the deadline. If the license has lapsed for at least five years, the Board shall require the applicant to <u>complete</u> satisfactorily <u>complete</u> a refresher course approved by the Board, or provide proof of active licensure within the past five years in another jurisdiction. The Board may require any applicant for reinstatement to satisfy the Board that the license should be reinstated. If, in the opinion of the Board, the applicant has so satisfied the Board, it shall issue a renewal of license to practice nursing, or it shall issue a license to practice nursing for a limited time."

SECTION 14. G.S. 90-171.36 reads as rewritten:

"§ 90-171.36. Inactive list.status.

- (a) When a licensee submits a request for inactive status, the Board shall issue to the licensee a statement of inactive status and shall place designate the licensee's name on the inactive list.status as inactive. While on the inactive list,inactive, the person shall not be subjected to renewal requirements and shall not practice nursing in North Carolina.
- (b) When If, within five years of being placed on inactive status, such person desires to be removed from the inactive list and returned to the active list within five years of being placed on inactive status, change their status from inactive to active, that person shall submit an application shall be submitted to the Board on a form furnished by the Board and the fee shall be paid for license renewal. Board, along with payment of the license reinstatement fee. The Board shall require evidence of competency to resume the practice of nursing before returning the applicant to active status. If the person has been on the inactive list for more than five years, the applicant must satisfactorily complete a refresher course approved by the Board or provide proof of active licensure within the past five years in another jurisdiction."

SECTION 15. G.S. 90-171.36A reads as rewritten:

"§ 90-171.36A. Retired nurse status; reinstatement.

- (a) After a registered nurse or a licensed practical nurse has retired, upon payment of the one-time fee required by G.S. 90-171.27(b), the Board may issue a special license to a registered nurse or licensed practical nurse in recognition of the nurse's retired status.shall designate the nurse's status as retired.
- (b) If a retired registered nurse or licensed practical nurse wishes to return to the practice of nursing, the retired nurse shall apply for reinstatement on a form provided in a manner prescribed by the Board and satisfy any requirements the Board deems necessary to reinstate the license."

SECTION 16. Article 9A of Chapter 90 of the General Statutes is amended by adding new sections to read:

"§ 90-171.36B. Advanced practice registered nurse licensure.

- (a) No advanced practice registered nurse shall practice as an advanced practice registered nurse unless the nurse is licensed by the Board under this section.
- (b) An applicant for a license to practice as an APRN shall apply to the Board in a format prescribed by the Board and pay a fee in an amount determined under G.S. 90-171.27.
 - (c) To be eligible for licensure, an applicant shall meet all of the following criteria:
 - (1) Must hold a current North Carolina registered nurse license.
 - (2) Must not hold an encumbered license as a registered nurse or advanced practice registered nurse in any state or territory.
 - Must have completed a graduate level APRN program accredited by a nursing or nursing-related accrediting body that is recognized by the United States Secretary of Education or the Council for Higher Education Accreditation as acceptable to the Board. The education must be in one of the four APRN roles and at least one population focus.
 - (4) Must be currently certified by a national certifying body recognized by the Board in the APRN role and population focus appropriate to educational preparation.
 - (5) Must report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
 - (6) Must not have committed any acts or omissions that are grounds for disciplinary action in another jurisdiction or, if these acts have been committed and would be grounds for disciplinary action in this State, the Board has found, after investigation, that sufficient restitution has been made.

"§ 90-171.36C. Advanced practice registered nurse licensure; grandfathering exceptions.

- (a) The Board shall issue an APRN license to an applicant who does not meet the education requirements of G.S. 91-171.36B(c)(3) if the applicant is recognized by the Board or approved to practice as an APRN in this State on December 31, 2017.
- (b) The Board shall issue a license to an applicant who meets the education requirements of G.S. 90-171.36B(c)(3) but who is unable to meet the certification requirements of G.S. 90-171.36B(c)(4) if the applicant's education and certification are substantially similar to the requirements set forth in G.S. 90-171.36B.
- (c) An advanced practice registered nurse licensed under this section shall maintain all practice privileges provided to licensed advanced practice registered nurses under this Chapter.

"§ 90-171.36D. Advanced practice registered nurse licensure renewal; reinstatement.

- (a) APRN licenses issued under this Article shall be renewed according to the frequency and schedule established by the Board. An applicant for APRN license renewal shall:
 - (1) Submit a renewal application in the manner prescribed by the Board and remit the required fee.
 - (2) <u>Maintain national certification in the appropriate APRN role and at least one</u> population focus, authorized by licensure, through an ongoing certification

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maintenance program nationally recognized by the Board unless subject to the grandfather provision in G.S. 90-171.36C.

(3) Meet all other requirements as set forth in statute and rule.

Failure to renew the APRN license before the expiration date shall result in automatic forfeiture of the right to practice nursing as an APRN in North Carolina until such time as the license has been reinstated.

(b) An APRN licensee who has allowed his or her license to lapse by failure to renew as herein provided may apply for reinstatement in a manner prescribed by the Board. The Board shall require the applicant to return the completed application along with the required fee and a statement of the reason for failure to apply for renewal prior to the deadline."

SECTION 17. G.S. 90-171.37 reads as rewritten:

12 "§ 90-171.37. Revocation, discipline, suspension, probation, or denial of licensure. Disciplinary authority.

- (a) The Board may initiate an investigation upon receipt of information about any practice that might violate any provision of this Article or any rule or regulation promulgated by the Board. In accordance with the provisions of Chapter 150B of the General Statutes, the Board shall have the power and authority to: (i) refuse to issue a license to practice nursing; (ii) refuse to issue a certificate of renewal of a license to practice nursing; (iii) revoke or suspend a license to practice nursing; and (iv) invoke other such disciplinary measures, censure, or probative terms against a licensee as it deems fit and proper; in any instance or instances in which the Board is satisfied that the applicant or licensee:to place on probation with or without conditions, impose limitations and conditions on, accept voluntary surrender, publicly reprimand, issue public letters of concern, require satisfactory completion of treatment programs or remedial or educational training, refuse to issue a certificate of renewal, fine, deny, suspend, or revoke a license or privilege to practice nursing in this State, issued by the Board to any person who has been found by the Board to have committed any of the following acts or conduct, or for any of the following reasons:
 - (1) Has given false information or has withheld material information from the Board in procuring or attempting to procure a license to practice nursing.
 - (2) Has been convicted of or <u>pleadedpled</u> guilty <u>or</u>-nolo contendere to <u>any crime</u> which indicates that the nurse is unfit or incompetent to practice nursing or that the nurse has deceived or defrauded the public.or guilty in accordance with State v. Alford to a crime involving moral turpitude, or the violation of a law involving the practice of medicine, or a conviction of a felony; provided that a felony conviction shall be treated as provided in subsection (c) of this section.
 - (3) Has a mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice nursing. Is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical or mental abnormality. The Board is empowered and authorized to require a nurse licensed by it to submit to mental or physical examination by physicians designated by the Board before or after charges may be presented against the nurse, and the results of the examination shall be admissible in evidence in a hearing before the Board.
 - (4) Engages in conduct that endangers the public health.
 - (5) Is unfit or incompetent to practice nursing by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established.
 - (6) Engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services.
 - (6a) Immoral or dishonorable conduct or acts involving moral turpitude.

- (6b) Unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing nursing practice, or the ethics of the nursing profession, irrespective of whether or not a patient is injured thereby, or the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the licensee's practice or otherwise, and whether committed within or without North Carolina.
- (6c) Having a license to practice nursing or a privilege to practice nursing revoked, suspended, restricted, or acted against or having a license to practice nursing denied by the licensing authority of any jurisdiction. For purposes of this subdivision, the licensing authority's acceptance of a license to practice nursing voluntarily relinquished by a nurse or relinquished by stipulation, consent order, or other settlement in response to or in anticipation of the filing of administrative charges against the nurse's license, is an action against a license to practice nursing.
- (6d) The failure to respond, within a reasonable period of time and in a reasonable manner as determined by the Board, to inquiries from the Board concerning any matter affecting the license to practice nursing.
- (7) Has violated any provision of this <u>Article.Article or any provision of the rules</u> adopted by the Board pursuant to this Article.
- (8) Has willfully violated any rules enacted by the Board.

The Board may take any of the actions specified above in this section when a registered nurse approved to perform medical acts has violated rules governing the performance of medical acts by a registered nurse; provided this shall not interfere with the authority of the North Carolina Medical Board to enforce rules and regulations governing the performance of medical acts by a registered nurse.

- (b) In addition to the disciplinary powers listed above, the Board may limit, restrict, deny, suspend, or revoke prescriptive or dispensing authority of any advanced practice registered nurse who holds prescriptive authority who has been found by the Board to have committed any of the following acts or conduct, or for any of the following reasons:
 - (1) Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
 - (2) Selling, purchasing, trading, or offering to sell, purchase, or trade drug samples.
 - (3) Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes.
 - (4) Prescribing or distributing drugs to individuals who are not patients of the advanced practice registered nurse or who are not within that nurse's role and population focus.
- (c) The Board may reinstate a revoked license, revoke censure or probative terms, probation, or remove other licensure restrictions when it finds that the reasons for revocation, censure or probative terms, or other licensure restrictions no longer exist and that the nurse or applicant can reasonably be expected to safely and properly practice nursing.
- (d) A felony conviction shall result in the automatic revocation of a license issued by the Board, unless the Board orders otherwise or receives a request for a hearing from the person within 60 days of receiving notice from the Board, after the conviction, of the provisions of this subsection. If the Board receives a timely request for a hearing in such a case, the provisions of G.S. 90-14.2 shall be followed.
- (e) The Board and its members and staff shall not be held liable in any civil or criminal proceeding for exercising, in good faith, the powers and duties authorized by law.

 The Board may reinstate a revoked license, revoke censure or probative terms, or remove other licensure restrictions when it finds that the reasons for revocation, censure or probative terms, or other licensure restrictions no longer exist and that the nurse or applicant can reasonably be expected to safely and properly practice nursing."

SECTION 18. G.S. 90-171.37A(a) reads as rewritten:

"§ 90-171.37A. Use of hearing committee and depositions.

(a) The Board, in its discretion, may designate in writing three or more of its members to conduct hearings as a hearing committee to <u>takereceive</u> evidence. A majority of the hearing committee shall be licensed nurses."

SECTION 19. Article 9A of Chapter 90 of the General Statutes is amended by adding new sections to read:

"§ 90-171.37B. Board to keep public records.

- (a) All records, papers, investigative files, investigative reports, other investigative information, and other documents containing information in the possession of or received or gathered by the Board, or its members or employees or consultants as a result of investigations, inquiries, assessments, or interviews conducted in connection with a licensing, complaint, assessment, potential impairment matter, or disciplinary matter, shall not be considered public records within the meaning of Chapter 132 of the General Statutes and are privileged, confidential, and not subject to discovery, subpoena, or other means of legal compulsion for release to any person other than the Board, its employees, or consultants involved in the application for license, impairment assessment, or discipline of a license holder, except as provided in subsection (b) of this section. For purposes of this subsection, investigative information includes information relating to the identity of, and a report made by, a physician or other person performing an expert review for the Board and transcripts of any deposition taken by Board counsel in preparation for or anticipation of a hearing held pursuant to this Article but not admitted into evidence at the hearing.
- (b) The Board shall provide the licensee or applicant with access to all information in its possession that the Board intends to offer into evidence in presenting its case in chief at the contested hearing on the matter, subject to any privilege or restriction set forth by rule, statute, or legal precedent, upon written request from a licensee or applicant who is the subject of a complaint or investigation, or from the licensee's or applicant's counsel, unless good cause is shown for delay. The Board shall not be required to provide any of the following:
 - (1) A Board investigative report.
 - (2) The identity of a nontestifying complainant.
 - (3) Attorney-client communications, attorney work product, or other materials covered by a privilege recognized by the Rules of Civil Procedure or the Rules of Evidence.
- (c) Any notice or statement of charges against any licensee, or any notice to any licensee of a hearing in any proceeding, shall be a public record within the meaning of Chapter 132 of the General Statutes, notwithstanding that it may contain information collected and compiled as a result of any such investigation, inquiry, or interview; and provided, further, that if any such record, paper, or other document containing information theretofore collected and compiled by the Board, as hereinbefore provided, is received and admitted in evidence in any hearing before the Board, it shall thereupon be a public record within the meaning of Chapter 132 of the General Statutes.
- (d) If investigative information in the possession of the Board, its employees, or agents indicates that a crime may have been committed, the Board may report the information to the appropriate law enforcement agency or district attorney of the district in which the offense was committed. Such information shall be confidential under G.S. 132-1.4.
- (e) The Board shall cooperate with and assist a law enforcement agency or district attorney conducting a criminal investigation or prosecution of a licensee by providing information that is relevant to the criminal investigation or prosecution to the investigating agency or district

attorney. Information disclosed by the Board to an investigative agency or district attorney remains confidential and may not be disclosed by the investigating agency except as necessary to further the investigation.

- (f) All persons licensed under this Article shall self-report to the Board within 30 days of arrest or indictment any of the following:
 - (1) Any felony arrest or indictment.
 - (2) Any arrest for driving while impaired or driving under the influence.
 - (3) Any arrest or indictment for the possession, use, or sale of any controlled substance.
- The Board, its members, and staff may release confidential or nonpublic information to any health care licensure board in this State or another state or authorized Department of Health and Human Services personnel with enforcement or investigative responsibilities about the issuance, denial, annulment, suspension, or revocation of a license, or the voluntary surrender of a license by a licensee of the Board, including the reasons for the action, or an investigative report made by the Board. The Board shall notify the licensee within 60 days after the information is transmitted. A summary of the information that is being transmitted shall be furnished to the licensee. If the licensee requests in writing within 30 days after being notified that the information has been transmitted, the licensee shall be furnished a copy of all information so transmitted. The notice or copies of the information shall not be provided if the information relates to an ongoing criminal investigation by any law enforcement agency or authorized Department of Health and Human Services personnel with enforcement or investigative responsibilities.

"§ 90-171.37C. Service of notices.

Any notice required by this Article may be served either personally by an employee of the Board or by an officer authorized by law to serve process, or by registered or certified mail, return receipt requested, directed to the licensee or applicant at his or her last known address as shown by the records of the Board. If notice is served personally, it shall be deemed to have been served at the time when the officer or employee of the Board delivers the notice to the person addressed or delivers the notice at the licensee's or applicant's last known address as shown by records of the Board with a person of suitable age and discretion then residing therein. Where notice is served in a manner authorized by Rule 4(j) of the N.C. Rules of Civil Procedure, it shall be deemed to have been served on the date borne by the return receipt showing delivery of the notice to the licensee's or applicant's last known address as shown by the records of the Board, regardless of whether the notice was actually received or whether the notice was unclaimed or undeliverable for any reason."

SECTION 20. G.S. 90-171.39 reads as rewritten:

"§ 90-171.39. Approval.

The Board shall designate persons to <u>surveyreview</u> proposed nursing <u>programs</u>, <u>including the clinical facilities-programs</u>. The persons designated by the Board shall submit a <u>written</u>-report of the <u>surveyreview</u> to the <u>Board-Board in the manner prescribed by the Board.</u> If in the opinion of the Board the standards for approved nursing education are met, the program shall be given approval."

SECTION 21. G.S. 90-171.40 reads as rewritten:

"§ 90-171.40. Ongoing approval.

The Board shall review all nursing programs in the State at least every eight10 years or more often as considered necessary. If the Board determines that any approved nursing program does not meet or maintain the standards required by the Board, the Board shall give written notice specifying the deficiencies to the institution responsible for the program. The Board shall withdrawevaluate and take appropriate action, up to and including withdrawing approval from a program that fails to correct deficiencies within a reasonable time. The Board shall publish annually a list of nursing programs in this State showing their approval status."

SECTION 22. G.S. 90-171.42(a) reads as rewritten:

"§ 90-171.42. Continuing education programs.

(a) Upon request, the The Board shall grant approval to continuing education programs upon a finding that the program offers an educational experience designed to enhance the practice of nursing."

SECTION 23. G.S. 90-171.43 reads as rewritten:

"§ 90-171.43. License required.

- (a) No person shall practice or offer to practice as <u>an advanced practice registered nurse</u>, registered <u>nurse_nurse</u>, or licensed practical nurse, or use the word "nurse" as a title for herself or himself, or use an abbreviation to indicate that the person is <u>an advanced practice registered nurse</u>, registered <u>nurse nurse</u>, or licensed practical nurse, unless the person is currently licensed as <u>an advanced practice registered nurse</u>, registered <u>nursenurse</u>, or licensed practical nurse as provided by this Article. If the word "nurse" is part of a longer title, such as "nurse's aide", a person who is entitled to use that title shall use the entire title and may not abbreviate the title to "nurse". This Article shall not, however, be construed to prohibit or limit the following:
 - (1) The performance by any person of any act for which that person holds a license issued pursuant to North Carolina law;
 - (2) The clinical practice by students enrolled in approved nursing programs, continuing education programs, or refresher courses under the supervision of qualified faculty;
 - (3) The performance of nursing performed by persons who hold a temporary license issued pursuant to G.S. 90-171.33;
 - (4) The delegation to any person, including a member of the patient's family, by a physician licensed to practice medicine in North Carolina, a licensed dentist or registered nurse of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse;
 - (5) Assistance by any person in the case of emergency.

Any person permitted to practice nursing without a license as provided in subdivision (2) or (3) of this section shall be held to the same standard of care as any licensed nurse.

- (b) The abbreviations for the APRN designation of a certified nurse midwife, a clinical nurse specialist, a certified registered nurse anesthetist, and a nurse practitioner shall be APRN, plus the role title, i.e. CNM, CNS, CRNA, and NP.
- (c) It shall be unlawful for any person to use the title "APRN" or "APRN" plus their respective role titles, the role title alone, authorized abbreviations, or any other title that would lead a person to believe the individual is an APRN, unless permitted by this act.
- (d) The Board shall have the authority to promulgate rules to enforce the provisions of this section."

SECTION 24. G.S. 90-171.43A reads as rewritten:

"§ 90-171.43A. Mandatory employer verification of licensure status.

- (a) Before hiring <u>an advanced practice registered nurse</u>, a registered <u>nurse nurse</u>, or a licensed practical nurse in North Carolina, a health care facility shall verify that the applicant has a current, valid license to practice nursing pursuant to G.S. 90-171.43.
 - (b) For purposes of this section, "health care facility" means:
 - (1) Facilities described in G.S. 131E-256(b).
 - (2) Public health departments, physicians' offices, ambulatory care facilities, and rural health clinics."

SECTION 25. G.S. 90-171.44 reads as rewritten:

"§ 90-171.44. Prohibited acts.

It shall be a violation of this Article, and subject to action under G.S. 90-171.37, for any person to:

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- Sell, fraudulently obtain, or fraudulently furnish any nursing diploma or aid or 1 (1) 2 abet therein. 3
 - Practice nursing under cover of any fraudulently obtained license. (2)
 - (3) Practice nursing without a license. This subdivision shall not be construed to prohibit any licensed registered nurse who has successfully completed a program established under G.S. 90 171.38(b) from conducting medical examinations or performing procedures to collect evidence from the victims of offenses described in that subsection.
 - Refer to himself or herself as an advanced practice registered nurse; or refer to (3a) himself or herself as any of the four roles of advanced practice registered nurses, a registered nurse, or a licensed practical nurse; or use the abbreviations "APRN", "CNM", "CNS", "CRNA", "NP", "RN", and "LPN".
 - (4) Conduct a nursing program or a refresher course for activation of a license, that is not approved by the Board.
 - (5) Employ unlicensed persons to practice nursing."

SECTION 26. G.S. 90-171.47 reads as rewritten:

"§ 90-171.47. Reports: immunity from suit.

Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or who has reasonable cause to suspect that any person is in violation of this Article, including those actions specified in G.S. 90-171.37(1) through (8), G.S. 90-171.43, and G.S. 90-171.44, shall report the relevant facts to the Board. Board in a timely manner. Upon receipt of such chargeinformation or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. shall conduct an investigation and prosecute all persons violating this Article pursuant to G.S. 90-171.23(b)(7). Any person making a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting therefrom unless such person knew the report was false or acted in bad faith or reckless disregard of whether the report was false."

SECTION 27. G.S. 90-171.48 reads as rewritten:

"§ 90-171.48. Criminal history record checks of applicants for licensure.

- (a) Definitions. – The following definitions shall apply in this section:
 - Applicant. A person applying for initial-licensure as an advanced practice (1) registered nurse, registered nurse, or licensed practical nurse either by examination pursuant to G.S. 90-171.29 or G.S. 90-171.30 or without examination pursuant to G.S. 90-171.32. The term "applicant" shall also include a person applying for renewal of licensure pursuant to G.S. 90-171.34, reinstatement of licensure pursuant to G.S. 90-171.35 or returning to active status pursuant to G.S. 90-171.36 as a registered nurse or licensed practical nurse. Additionally, the term "applicant" shall also apply to a person applying for licensure pursuant to G.S. 90-171.36B, renewal for licensure, or reinstatement for licensure pursuant to G.S. 90-171.36C as an advanced practice registered nurse.
 - Criminal history. A history of conviction of a State crime, whether a (2) misdemeanor or felony, that bears on an applicant's fitness for licensure to practice nursing. The crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article

- 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots, Civil Disorders, and Emergencies; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. The crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes and alcohol-related offenses including sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.
- (b) All applicants for licensure shallshall, if requested by the Board, consent to a criminal history record check. Refusal to consent to a criminal history record check may constitute grounds for the Board to deny licensure to an applicant. The Board shall ensure that the State and national criminal history of an applicant applying for initial licensure as a registered nurse or licensed practical nurse either by examination pursuant to G.S. 90-171.29 or G.S. 90-171.30 or without examination pursuant to G.S. 90-171.32 is checked. The Board may request a criminal history record check for applicants applying for reinstatement of licensure pursuant to G.S. 90-171.35 or returning to active status pursuant to G.S. 90-171.36 as a registered nurse or licensed practical nurse.

The Board shall be responsible for providing to the North Carolina Department of Public Safety the fingerprints of the applicant to be checked, a form signed by the applicant consenting to the criminal record check and the use of fingerprints and other identifying information required by the State or National Repositories, and any additional information required by the Department of Public Safety. The Board shall keep all information obtained pursuant to this section confidential.

- (c) If an applicant's criminal history record check reveals one or more convictions listed under subsection (a)(2) of this section, the conviction shall not automatically bar licensure. The Board shall consider all of the following factors regarding the conviction:
 - (1) The level of seriousness of the crime.
 - (2) The date of the crime.
 - (3) The age of the person at the time of the conviction.
 - (4) The circumstances surrounding the commission of the crime, if known.
 - (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
 - (6) The person's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
 - (7) The subsequent commission by the person of a crime listed in subsection (a) of this section.

If, after reviewing the factors, the Board determines that the grounds set forth in subsections (1), (2), (3), (4), (5), or (6) of G.S. 90-171.37 exist, the Board may deny licensure of the applicant. The Board may disclose to the applicant information contained in the criminal history record check that is relevant to the denial. The Board shall not provide a copy of the criminal history record check to the applicant. The applicant shall have the right to appear before the Board to appeal the Board's decision. However, an appearance before the full Board shall constitute an exhaustion of administrative remedies in accordance with Chapter 150B of the General Statutes.

(d) Limited immunity. – The Board, its officers and employees, acting in good faith and in compliance with this section, shall be immune from civil liability for denying licensure to an applicant based on information provided in the applicant's criminal history record check."

1 **SECTION** 2 a new section to read:

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SECTION 28. Article 9A of Chapter 90 of the General Statutes is amended by adding etion to read:

"§ 90-171.49. Disasters and emergencies.

In the event of an occurrence that the Governor of the State of North Carolina has declared a state of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with states of emergency under G.S. 166A-19.31, or to protect the public health, safety, or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes, G.S. 160A-174(a) or G.S. 153A-121(a), as applicable, the Board may waive the requirements of this Article in order to permit the provision of emergency health services to the public."

SECTION 29. G.S. 90-171.28 and Article 10A of Chapter 90 of the General Statutes are repealed.

SECTION 30. This act becomes effective January 1, 2018.