North Carolina Medical Board

Timothy E. Lietz, MD: President | Barbara E. Walker, DO: President-Elect | Bryant A. Murphy, MD: Secretary/Treasurer

October 25, 2017

The Honorable Elaine Marshall, Secretary of State
By email to: Ms. Cathy Moss: pubs@sosnc.com

The Honorable Josh Stein, Attorney General
By email to: Ms. Melissa Lovell; MLOVELL@ncdoj.gov

Ms. Karen Cochrane-Brown, Staff Attorney
The Joint Legislative Administrative Procedure Oversight Committee
By email to: harrison.moore@ncleg.net

Dear All:

The North Carolina Medical Board is filing this report in compliance with N.C.Gen.Stat.§ 93B-2.

(a) Annual reports required; contents; open to inspection.

(1). The address of the board, and the names of its members and officers.

The NCMB is located at 1203 Front Street, Raleigh, NC 27609. Its mailing address is: P.O. Box 20007, Raleigh NC 27619.

The following persons are current members of the Medical Board:

Timothy E. Lietz, MD, President
Barbara E. Walker, DO President-Elect
Bryant. A Murphy, MD, MBA Secretary-Treasurer
Eleanor E. Greene, MD, MPH Past President
Debra A. Bolick, MD
A. Wayne Holloman, public member
Venkata R. Jonnalagadda, MD
Varnell McDonald-Fletcher, PA-C, Ed.D
Shawn P. Parker, public member
Jerri L. Patterson, NP
John W. Rusher, MD
Ralph A. Walker, JD, public member
Cheryl L. Walker-McGill, MD

(1a). The total number of licensees supervised by the Board.

License/Certification Type	Oct. 3, 2017
Physician (MD/DO)	38, 082
Physician Assistant	6, 824
Nurse Practitioners*	7, 339
Resident Training License	3, 027
Licensed Perfusionist	154
Anesthesiologist Assistant	41
Polysomnographic Technologists	750
Total Licensees	**56, 217**

* NPs are regulated jointly by the Board of Nursing and the NCMB.

The number of persons who applied to the board for examination.

Not applicable.
Pursuant to N.C.G.S. 90-10.1, the NCMB accepts licensing examinations administered by: the National Board of Medical Examiners (NBME) or its successor; the United States Medical Licensing Examination (USMLE) or its successor; or the Federation Licensing Examination (FLEX) or its successor. The NCMB may also accept other State Board licensing examinations or other examinations the Board deems equivalent to the examinations described in subdivisions (1) through (3) of N.C.Gen.Stat.§ 90-10.1, pursuant to rules adopted by the Board.

(2). The number of persons who were refused examination.

Not applicable.

(3). The number who took the examination.

Not applicable.

(4). The number to whom initial licenses were issued:

In 2016 NCMB issued:
Medical Doctors (MDs): 2,362
Doctors of Osteopathy (DOs): 241
Total physician licenses: 2,603

Resident Training Licenses: 968
Physician Assistants (PAs): 760
Licensed Perfusionists: 13
Anesthesiologist Assistants: 18

The NCMB maintains a registry of polysomnographic technicians ("sleep techs") but does not license them. In 2016, the NCMB registered 939 sleep techs in North Carolina.

(5a). The number who failed the examination.

Not applicable.

(5). The number who applied for license or approval by reciprocity or comity:

Not applicable.

(7) The number who were granted licenses or approvals by reciprocity or comity:

Not applicable.

(7a). The number of official complaints received involving licensed and unlicensed activities:

The Board received 2,439 complaints in 2016.

(7b). The number of disciplinary actions taken against licensees, or other actions taken against nonlicensees, including injunctive relief.

The Medical Board took 556 prejudicial actions* against licensees or Nurse Practitioners in 2016. Please note that some individuals had more than one action for the year.
**prejudicial action includes: revocation, suspension, surrender or mandatory of a license, loss of privileges afforded by that license, probation, limitation or restriction of license or of license privileges, public letters of concern and private letters of concern and/or fines.*

(8). The number of licenses suspended or revoked.

Twenty-five licenses were suspended. Three licenses were revoked.

(9). The number of licenses terminated for any reason other than failure to pay a required renewal fee.
In 2016, the NC Medical Board revoked three licensees; suspended 25 licensees; summarily suspended three licensees; and accepted the surrender of license of fourteen licensees.

(10). The substance of any anticipated request by the occupational licensing board to the General Assembly to amend statutes related to the occupational licensing board.

None.

(11).The substance of any anticipated change in the rules adopted by the occupational licensing board or the substance of any anticipated adoption of new rules by the occupational licensing board.

Please see the attached memo outlining the NC Medical Board's rule activity.

(b) Financial report.

A financial report that includes the source and amount of all funds credited to the Medical Board and the purpose and amount of all funds disbursed by the Medical Board during the previous 12-month period is attached. This Independent Auditors' Report was created by Koonce, Wooten & Haywood, LLP, CPAs, and is titled: "North Carolina Medical Board Financial Statements October 31, 2016 and 2015".

If you have any questions, please do not hesitate to contact me.

Very truly yours,

R David Henderson

R. David Henderson
Chief Executive Officer

NC Medical Board Anticipated Rule Activity in 2018

At the current time, the NC Medical Board anticipates the following rule activity in 2018. The rules are attached.

Amendments:

21 NCAC 32M .0117	REPORTING CRITERIA
21 NCAC 32R .0103	EXCEPTIONS
21 NCAC 32S .0212	PRESCRIPTIVE AUTHORITY

Adoption:

21 NCAC 32S .0225	DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED SUBSTANCES

21 NCAC 32M .0117 is proposed to be amended as follows:

21 NCAC 32M .0117 REPORTING CRITERIA

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board of Nursing") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:

(1) falls within the top one percent of those prescribing 100 ~~milligrams of~~ morphine milligram equivalents ("MME") per patient per day; or

(2) falls within the top ~~one~~ two percent of those prescribing 100 MME's per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

(b) In addition, the Department may report to the Board of Nursing information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid ~~poisoning.~~ Poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.

(c) The Department may submit these reports to the Board of Nursing upon request and may include the information described in G.S. 90-113.73(b).

(d) The reports and communications between the Department and the Board of Nursing shall remain confidential pursuant to G.S. 90-16 and G.S. 90-113.74.

History Note: *Authority G.S. 90-18.2; 90-113.74;*
Eff. April 1, 2016.

21 NCAC 32R .0103 is proposed to be amended as follows:

21 NCAC 32R .0103 EXCEPTIONS

(a) A physician is exempt from the requirements of Rule .0101 of this Section if the licensee is:

(1) Currently enrolled in an AOA or Accreditation of Council of Graduate Medical Education (ACGME) accredited graduate medical education ~~program;~~ program and holds a residency training license;

(2) In good standing with the Board, serving in the armed forces of the United States or serving in support of such armed forces, and serving in a combat zone, or serving with respect to a military contingency operation as defined by 10 U.S.C. 101(a)(13); or

(3) Serving as a member of the General Assembly's House or Senate Health Committee.

(b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board certification. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed specifically to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their initial certification that specifically satisfies the requirement in 21 NCAC 32R .0101, then the physician is not required to take controlled-substance prescribing CME beyond that included in their initial certification process.

(c) A physician who attests that he or she is continuously engaged in a program of recertification, or maintenance of certification, from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for that three year cycle. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed specifically to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their program of recertification or maintenance of certification process that specifically satisfies the requirement in 21 NCAC 32R .0101, then the physician is not required to take controlled substance prescribing CME beyond that included in their recertification or maintenance of certification process.

History Note: *Authority G.S. 90-14(a)(15); 90B-15;*
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0212 is proposed to be amended as follows:

21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY

A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to the following conditions:

(1) The physician assistant complies with all state and federal laws regarding prescribing, including G.S. 90-18.1(b);

(2) Each supervising physician and physician assistant incorporates within his or her written supervisory arrangements, as defined in Rule .0201(9) of this Subchapter, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;

(3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);

(4) In order to prescribe controlled substances,

(a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;

(b) ~~all prescriptions for substances falling within schedules II, IIN, III, and IIIN, as defined in the federal Controlled Substances Act, 21 U.S.C. 812, which is hereby incorporated by reference, including all subsequent amendments or editions, shall not exceed a legitimate 30 day supply. 21 U.S.C. 812 may be accessed at http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm free of charge;~~ refills may be issued consistent with Controlled Substance Law and regulations; and

(c) the supervising physician shall possess at least the same schedule(s) of controlled substances as the physician assistant's DEA registration;

(5) Each prescription issued by the physician assistant contains, in addition to other information required by law, the following:

(a) the physician assistant's name, practice address, and telephone number;

(b) the physician assistant's license number and, if applicable, the physician assistant's DEA number for controlled substances prescriptions; and

(c) the authorizing supervising physician's, either primary or back-up, name and telephone number;

(6) The physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills;

(7) A physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable state and federal regulations; and

(8) A physician assistant shall not prescribe controlled substances, as defined by the state and federal controlled substances acts, for:

(a) the physician assistant's own use;

(b) the use of the physician assistant's supervising physician;

(c) the use of the physician assistant's immediate family;

(d) the use of any person living in the same residence as the physician assistant; or

(e) the use of any anyone with whom the physician assistant is having a sexual relationship.

As used in this Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

History Note: *Authority G.S. 90-18.2; ~~90-18(c)(13); 90-18.1; 90-18.2A;~~*
Eff. September 1, 2009;
Amended Eff. May 1, 2015; August 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0225 is proposed to be adopted as follows:

21 NCAC 32S .0225 DEFINITION OF CONSULTATION FOR PRESCRIBING CONTROLLED SUBSTANCES

For purposes of N.C. Gen. Stat. § 90-18.1(b), the term "consult" shall mean a meaningful communication, either in person or electronically, between the physician assistant and a supervising physician that is documented in the patient medical record. For the purposes of this rule, "meaningful" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription is medically indicated.

History Note: *Authority G.S. 90-18.1;*
Eff.

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NORTH CAROLINA MEDICAL BOARD

Financial Statements

October 31, 2016 and 2015

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NORTH CAROLINA MEDICAL BOARD
Management's Discussion and Analysis
October 31, 2016

As management of the North Carolina Medical Board (the Board), we offer this discussion and analysis of the financial position for the fiscal year ended October 31, 2016. This discussion and analysis is designed to provide an overview of the Board's activities that have a financial impact and to present the change in the Board's financial position. This discussion should be read along with the financial statements and notes to the financial statements.

Financial Highlights

Net assets are an indicator of the financial health of the Board. Assets exceeded liabilities by $2,768,741 and $2,678,922 as of October 31, 2016 and 2015, respectively.

Condensed Statement of Net Position

	October 31	
	2016	2015
Current Assets	$ 5,494,085	$ 4,991,214
Capital Assets	1,643,118	1,658,490
Total Assets	$ 7,137,203	$ 6,649,704
Current Liabilities	$ 4,368,462	$ 3,970,782
Invested in Capital Assets	$ 1,643,118	$ 1,658,490
Unrestricted Net Position	1,125,623	1,020,432
Total Net Position	$ 2,768,741	$ 2,678,222

The following table summarizes the revenues and expenses for the Board for the fiscal years ending October 31, 2016 and 2015:

Condensed Statement of Revenues, Expenses and Changes in Net Assets

	For the Years Ended October 31	
	2016	2015
Operating Revenues	$ 9,137,443	$ 8,765,177
Non-Operating Revenues	56,926	55,424
Total Revenues	9,194,369	8,820,601
Operating Expenses	9,104,550	9,053,239
Change in Net Position	89,819	(232,638)
Beginning Net Position	2,678,922	2,911,560
Ending Net Position	$ 2,768,741	$ 2,678,922

Operating revenues increased by $372,266. The primary reason for the increase in operating revenues was an increase in registration fees due to an increase in the number of licensees. Operating expenses increased by $51,311. The primary reason for the increase in operating expenses was an increase in outside legal costs and maintenance and computer support. However, the increase in legal costs and maintenance and computer support expenses were offset by a decrease in employee benefit costs and depreciation expense.

NORTH CAROLINA MEDICAL BOARD
Management's Discussion and Analysis
October 31, 2016

Overview of Financial Statements

This discussion and analysis is an introduction to the Board's basic financial statements, which comprise the following components: 1) Statement of Net Position, 2) Statement of Revenues, Expenses, and Changes in Net Position, 3) Statement of Cash Flows, and 4) Notes to Financial Statements. These financial statements are prepared in accordance with Governmental Accounting Standards Board (GASB) principles.

Financial Statements

The :financial statements present information about the Board using accounting methods similar to those used by private businesses. The major difference being that the focus of governmental reporting is fiscal and operational accountability to assure that sufficient resources are available to cover cost of providing services over the long term as opposed to the market-driven focus reported in the private sector.

The Statement of Net Position presents assets, liabilities, and net position.

The Statement of Revenues, Expenses, and Changes in Net Position presents the activities that show the change in net position. Operating revenues are received primarily from initial and renewal oflicensing fees. Non-operating revenue is derived from earnings on investments and gains (losses) on sales of capital assets. Operating expenses are used to acquire goods and services in return for the operating revenues in order to carry out the mission of the Board.

The Statement of Cash Flows presents information on how changes in the Statement ofN et Position and Statement of Revenues, Expenses, and Changes in Net Position affect cash. The Statement of Cash Flows is useful in analyzing the short-term viability of the Board; i.e. its ability to meet its financial obligations.

Capital Assets

Net capital assets decreased by $15,372 during the year ended October 31, 2016. The decrease was due primarily to depreciation expense being offset by routine equipment purchases. The following is a summary of capital assets, net of depreciation:

	For the Years Ended October 31	
	2016	2015
Land	$ 177,000	$ 177,000
Building and Improvements	1,210,882	1,291,279
Office Furniture and Equipment	255,236	190,211
	$ 1.643.118	$ 1,658.490

Contacting the Board's Management

This financial report is designed to provide a general overview of the Board's fmances and to demonstrate the Board's accountability for the funds it receives and expends. If you have any questions about this report or need additional information, contact:

R. David Henderson, Chief Executive Officer
North Carolina Medical Board
P. 0. Box 20007
Raleigh, NC 27619-0007

II **Koonce, Wooten & Haywood, LLP**
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To the Board of Directors
North Carolina Medical Board
Raleigh, North Carolina

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying financial statements of the business-type activities of North Carolina Medical Board, as of and for the years ended October 31, 2016 and 2015, and the related notes to the financial statements, which collectively comprise the Board's financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities ofN orth Carolina Medical Board, as of October 31, 2016 and 2015, and the respective changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 1 through 2 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Koonce, Wooten & Haywood, L.L.P.

Raleigh, North Carolina
January 19, 2017

NORTH CAROLINA MEDICAL BOARD
Statements of Net Position
October 31, 2016 and 2015

	2016	2015
ASSETS:		
CURRENT ASSETS:		
Cash and Cash Equivalents	$ 711,031	$ 280,275
Accounts Receivable	31,720	32,560
Investments	4,690,710	4,633,520
Prepaid Expenses	60 624	44 859
Total Current Assets	5,494,085	4,991,214
CAPITAL ASSETS:		
Land	177,000	177,000
Building and Improvements	2,318,385	2,318,385
Office Furniture and Equipment	2,917,737	2,928,740
Total	5,413,121	5,424,125
Less Accumulated Depreciation	3,770,004	3,765,635
Total Capital Assets	1,643,118	1,658,490
Total Assets	$ 7,137,203	$ 6,649,704
LIABILITIES:		
CURRENT LIABILITIES:		
Accounts Payable	$ 242,109	$ 208,076
Compensated Absences	333,200	339,615
Unearned License Revenue	3,793,153	3,423,091
Total Current Liabilities	$ 4,368,462	$ 3,970,782
NET POSITION:		
Invested in Capital Assets	$ 1,643,118	$ 1,658,490
Unrestricted	1,125,623	1,020,432
Total Net Position	$ 2,768,741	$ 2,678,922

The accompanying notes are an integral part of the financial statements.

NORTH CAROLINA MEDICAL BOARD
Statements of Revenues, Expenses, and Changes in Net Position
For the Years Ended October 31, 2016 and 2015

	2016	2015
OPERATING REVENUES:		
Physicians' Fees	$ 7,321,842	$ 7,094,253
Corporations' Fees	141,588	131,034
Residents' Fees	443,944	430,179
Physician Assistants' Fees	730,877	672,847
Nurse Practitioners' Fees	336,151	290,829
Other Licensee Fees	80,946	78,677
DataLiNC and Roster Reports	41,596	37,358
Civil Penalties Collected	40 500	30 000
Total Operating Revenues	9 137 443	8,765,177
OPERATING EXPENSES:		
Employee Wages and Benefits	5,938,345	6,118,203
Physician Health Program	884,058	913,978
Maintenance and Computer Support	487,615	394,572
Office Expenses	672,396	637,986
Depreciation	214,033	248,588
Automotive, Travel, and Meal Expenses	225,242	205,756
Consulting	161,341	189,648
Board Per Diem Expense	145,888	146,169
Postage and Printing	80,747	82,933
Legal and Accounting	198,187	24,075
Civil Penalties Remitted	40,500	30,000
Dues and Publications	44,913	48,686
Other	11 286	12 645
Total Operating Expenses	9,104,550	9,053,239
OPERATING INCOME (LOSS)	32 893	(288,062)
NON-OPERATING REVENUES:		
Investment Income	57,191	58,298
Loss on Disposal of Assets	(265)	(2,874)
Total Non-Operating Revenues	56 926	55 424
CHANGE IN NET POSITION	89,819	(232,638)
NET POSITION--Beginning of Year	2,678,922	2,911,560
NET POSITION--End of Year	$ 2,768,741	$ 2,678,922

The accompanying notes are an integral part of the financial statements.

NORTH CAROLINA MEDICAL BOARD
Statements of Cash Flows
For the Years Ended October 31, 2016 and 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received from Registrations	$ 9,426,249	$ **8,751,088**
Cash Payments to Employees	(5,944,760)	(6,123,407)
Cash Payments to Physicians Health Program	(882,406)	(920,951)
Cash Payments for Office Operations	(2,051,497)	**(1,788,785)**
Cash Received for Other Operating Revenues	82,096	67,358
Net Cash Provided (Used) by Operating Activities	629,681	(14,697)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Loss from Sale of Capital Assets	(265)	(2,874)
Purchases of Capital Assets	(200,616)	(97,451)
Purchases of Investments	(1,982,183)	(4,208,025)
Proceeds from Sale of Investments	1,984,139	4,262,648
Net Cash Used by Investing Activities	(198,925)	(45,702)
NET INCREASE (DECREASE) IN CASH	430,756	(60,399)
CASH AND CASH EQUIVALENTS--Beginning of Year	280,275	340 674
CASH AND CASH EQUIVALENTS--End of Year	$ 711,031	$ 280,275
RECONCILIATION OF OPERATING LOSS TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:		
Operating Income (Loss)	$ 32,893	$ **(288,062)**
Adjustments to Reconcile Operating Income (Loss) to Net Cash Provided (Used) by Operating Activities:		
Depreciation	214,033	**248,588**
Changes in Assets and Liabilities:		
Accounts Receivable	840	**(5,985)**
Prepaid Expenses	(15,765)	12,081
Accounts Payable	34,033	(35,369)
Compensated Absences	(6,415)	(5,204)
Unearned License Revenue	370,062	59,254
Net Cash Provided (Used) by Operating Activities	$ 629,681	$ (14,697)
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Noncash Investing Activities:		
Reinvested Interest and Dividends, net of fees	$ 99,725	$ 164,026

The accompanying notes are an integral part of the financial statements.

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

1. Summary of Significant Accounting Policies

A. Organization:

The North Carolina Medical Board (the Board) is an occupational licensing board and is authorized by Chapter 90 of the NC General Statutes. The Board exists to regulate the practice of medicine for the benefit and protection of the people of the State of North Carolina. The Board is involved in licensing, monitoring, education, and rehabilitation of physicians, physicians' assistants, and certain other health care professionals.

B. Financial Reporting Entity:

The concept underlying the definitioll of the financial reporting entity is that elected officials are accountable to their constituents for their actions. As required by accounting principles generally accepted in the United States of America (GAAP), the financial reporting entity includes both the primary government and all of its component units. An organization other than a primary government serves as a nucleus for a reporting entity when it issues separate financial statements. The accompanying financial statements present all funds and activities for which the Board is responsible.

For financial reporting purposes, the Board is a nonmajor enterprise fund of the primary government of the State ofNorth Carolina and is reported as such in the State's *Comprehensive Annual Financial Report* (CAFR). These financial statements for the Board are separate and apart from those of the State of North Carolina and do not present the fmancial position of the State nor changes in the State's financial position and cash flows.

C. Basis ofPresentation:

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting principles and reporting standards. The Board applied all applicable Financial Accounting Standards Board (FASB) pronouncements issued before November 30, 1989.

All activities of the Board are accounted for within a single proprietary (enterprise) fund. Proprietary funds are used to account for operations that are fmanced and operated in a manner similar to private business enterprises where the intent of the governing body is that the cost of providing goods or services to the general public on a continuing basis be fmanced or recovered primarily through user charges or fees.

D. Basis of Accounting:

In accordance with *Governmental Accounting Standards Statement 34,* the Board presents a Statement ofNet Position; a Statement of Revenues, Expenses, and Changes in Net Position; and a Statement of Cash Flows. These statements reflect entity-wide operations of the Board. The Board has no fiduciary funds or component units. The financial statements report all activities of the North Carolina Medical Board using the current financial resource measurement focus and the full accrual basis of accounting. Revenue from individual health care professional licensees is recognized over the license period. Individuals are licensed by the Board annually upon registering within 30 days of their birthday. Corporations are licensed annually and the revenue is recognized over the license period. Operating revenues and expenses consist of those revenues and expenses that result from the ongoing principal operations of the Board. Other revenues and expenses are classified as non-operating in the fmancial statements.

E. Deposits:

All deposits of the Board are maintained in financial institutions located in the State of North Carolina. Amounts in excess of monthly operating expenses are transferred to a managed investment account.

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and2015

1. Summary of Significant Accounting Policies (Continued)

F. Cash and Cash Equivalents:

For purposes of the statements of cash flows, the Board considers cash to include cash in banks and short-term investments with original maturities of three months or less.

G. Investments:

The Board reports investments at fair value as required by *Governmental Accounting Standards Statement 31*. Fair value is based on readily available published values. Money market funds invested through brokerage accounts or bank investment management firms are considered investments.

H. Capital Assets:

Capital assets are recorded at original cost using a capitalization threshold of $5,000. Depreciation on furniture and office equipment is computed using the straight-line method over the estimated useful lives of the individual assets, ranging from three to seven years. Depreciation on the building and building improvements is computed using the straight-line method over the estimated useful life of the building, which is estimated at 30 years. Expenditures for repairs and maintenance are charged to expense as incurred. The cost and related accumulated depreciation associated with capital assets are removed from the accounts upon retirement or other disposition, and any resulting gain or loss is reflected as a non-operating item.

I. Impairment of Long-Lived Assets:

Long-lived assets to be held and used are reviewed for impairment whenever events or changes in circumstances indicate that the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the asset's carrying amount over the fair value of the asset. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less cost to sell.

J. Compensated Absences:

Vacation is accrued as earned and payable. Board policy provides for a maximum accumulation of unused vacation leave of 480 hours, which can be carried forward at the end of each fiscal year. Unused vacation in excess of 480 hours may be transferred to sick leave. Upon termination of employment, the employee is paid for vacation earned but not taken up to a maximum of 240 hours. The liability is adjusted annually for the change in accrued vacation pay, and the change is reflected in the statement of revenues, expenses, and changes in net position. Accrued vacation totaled $333,200 and $339,615 at October 31, 2016 and 2015, respectively.

The Board's sick leave policy provides for an unlimited accumulation of earned sick leave. Since the Board has no obligation to compensate an employee for the accumulated sick leave until it is taken, no accrual for sick leave has been made.

K. Unearned Revenue:

Unearned revenue consists oflicense fees collected and recognized as revenue over the time periods to which the fees relate.

L. Net Position:

Net position is classified as invested in capital assets, net of related debt; restricted; and unrestricted. Restricted net position represents constraints on resources that are either externally imposed by creditors, grantors, contributors, or laws or regulations of other governments or imposed by law through state statute. The Board currently has no restricted net position.

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

1. Summary of Significant Accounting Policies (Concluded)

M. Accounting Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

N. Subsequent Events:

Management of the Board evaluated subsequent events through January 19, 2017, which is the date the financial statements were available to be issued. They discovered no subsequent events that should be disclosed.

2. Investments

As of October 31, 2016 and 2015, the Board had the following investments:

	Fair Value	
	2016	2015
Corporate Bonds	$ 1,797,468	$ 1,594,573
Government Bonds	1,512,086	1,088,085
Equity Securities	1,302,775	1,813,608
Money Market Account	55,856	122,583
Publicly Traded Real Estate Investment Trusts	22,525	14,671
	$ 4,620.710	$ 4,633.520

The Board's investments are subject to interest, credit, and custodial risk.

Interest Rate Risk- As a means of limiting its exposure to fair value losses arising from rising interest rates and to protect principal, the Board's investment policy seeks to maintain an asset allocation that allows for required cash flows while maintaining a high quality, diverse asset allocation.

The maturities of the Board's corporate and government bonds as of October 31, 2016 were:

1-3 years	$ 1,095,788
3-7 years	1,719,073
	$ 2,814.861

Credit Risk- The Board has authorized the investment manager discretion to buy and sell securities; however, the investment allocation guidelines are governed by the Board's investment policy. The investment policy permits a portfolio of 30% - 50% equity investments, 50% - 70% fixed income investments, and a maximum of 10% cash equivalents.

The investment policy provisions permit the holding of current bonds held with Standard & Poor's credit ratings of AAA to BB-; however, future bond purchases are restricted to securities with an A rating or better.

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

2. Investments (Continued)

At October 31, 2016, the Board's portfolio had the following Standard and Poor's credit ratings:

Credit Rating	Investment Amount
AA+	$ 502,190
AA	52,986
AA-	187,535
A+	224,087
A	549,135
A-	114,492
BBB+	53,789
Unrated (U.S. Treasuries)	1,130,647
	$ 2,814,861

The Board held government bonds with a fair value of$1,130,647, which are not rated but are fully guaranteed by the United States.

Custodial Credit Risk- Custodial credit risk is the risk that in the event of the failure of the counter party, the Board will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party.

The Board maintains cash accounts at a commercial bank. Accounts maintained at commercial banks are insured, in the aggregate per depositor, by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per bank. The Board had FDIC uninsured cash balances of $418,204 and $85,300 at October 31, 2016 and 2015, respectively.

The Board also maintains securities and cash and cash equivalents in a bank investment management firm (Firm). The Firm carries bankers' professional liability insurance with limits up to $15 million to cover inadvertent actions taken by bank personnel on behalf of fiduciary accounts. In addition, the Firm carries a financial institution bond policy covering criminal activities, employee dishonesty, and electronic and computer crime. At October 31, 2016 and 2015, the FDIC limits of protection were $250,000 for cash and cash equivalents held with the Firm and the Board had no uninsured cash and cash equivalents.

Investment income is composed of the following for the years ended October 31, 2016 and 2015:

	2016	2015
Interest and Dividends	$ 131,467	$ 196,536
Unrealized and Realized Losses	(42,534)	(105,728)
Investment Fees	(31,742)	(32,510)
	$ 57,191	$ 58,298

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
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3. Fair Value Measurements

The Board's investments are recorded at fair value as of October 31, 2016 and 2015. GASB Statement No. 72 - *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources. In contrast, unobservable inputs reflect the entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis.

Level 1: Investments whose values are based on quoted prices (unadjusted) for identical assets in active markets that a government or enterprise fund can access at the measurement date.

Level 2: Investments with inputs - other than quoted prices included with Level 1 - that are observable for an asset either directly or indirectly.

Level 3: Investments classified as Level 3 have unobservable inputs for an asset and may require a degree of professional judgment.

As of October 31, 2016, the Board's investment valuations were as follows:

	Value	Level 1	Level2	Level 3
Investments by Fair Value Level:				
Corporate Bonds	$ 1,797,468	$ 1,797,468	$	$
Government Bonds	1,512,086	1,512,086		
Equity Securities	1,302,775	1,302,775		
Money Market Mutual Funds	55,856	55,856		
Publicly Traded Real Estate Investment Trusts	22,525	22,525		
Total Investments by Fair Value Level	$ 4 690.710	$ 4 690 710	$	$

As of October 31, 2015, the Board's investment valuations were as follows:

	Value	Level 1	Level2	Level3
Investments by Fair Value Level:				
Corporate Bonds	$ 1,594,573	$ 1,594,573	$	$
Government Bonds	1,088,085	1,088,085		
Equity Securities	1,813,608	1,813,608		
Money Market Mutual Funds	122,583	122,583		
Publicly Traded Real Estate Investment Trusts	14671	14671		
Total Investments by Fair Value Level	$ 4.633.520	$ 4,633.520	$	$

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

4. Capital Assets

Changes in capital assets for the year ended October 31, 2016 were as follows:

	October 31, 2015	Increases	Decreases	October 31, 2016
Capital Assets Not Being Depreciated:				
Land	$ 177 000	$	$	$ 177 000
Capital Assets Being Depreciated:				
Building and Improvements	2,318,385			2,318,385
Office Furniture and Equipment	2,928,740	200,616	{211,619.)	2,917,737
Total Capital Assets Being Depreciated	5,247,125	200,616	{211,619)	5,236,122
Less Accumulated Depreciation for:				
Building and Improvements	1,027,107	80,396		1,107,503
Office Furniture and Equipment	2,738,528	133,637	{209,664)	2,662,501
Total Accumulated Depreciation	3,765,635	214,033	{209,664)	3,770,004
Total Capital Assets Being Depreciated	1,481,490	{13,417)	{1,955)	1,466,118
Capital Assets, net	$ 1,658.490	$ (13417)	$ (1,955)	$ 1,643.118

Changes in capital assets for the year ended October 31, 2015 were as follows:

	October 31, 2014	Increases	Decreases	October 31, 2015
Capital Assets Not Being Depreciated:				
Land	$ 177 000	$	$	$ 177,000
Capital Assets Being Depreciated:				
Building and Improvements	2,312,434	5,951		2,318,385
Office Furniture and Equipment	3,056,064	91 500	{218,824)	2,928,740
Total Capital Assets Being Depreciated	5,368,498	97 451	(218,824)	5,247,125
Less Accumulated Depreciation for:				
Building and Improvements	946,308	80,799		1,027,fo7
Office Furniture and Equipment	2,784,940	167 789	(214,201)	2,738,528
Total Accumulated Depreciation	3,731,248	248,588	{214,201)	3,765,635
Total Capital Assets Being Depreciated	1,637,250	{151,137)	{4,623)	1,481,490
Capital Assets, net	$ 1,814,250	$ (151,131)	$ (4,623)	$ l 658 420

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

5. Pension Plan

The Board has a contributory pension plan covering all full-time employees who have met certain age and length of service requirements. There was one employee hired prior to 1983 who is covered by the Teachers' and State Employees' Retirement System of North Carolina. Under this plan, employees are required to defer 6% of their salary and the Board contributes a percentage of salary as set by the General Assembly of the State ofN orth Carolina. This percentage for the years ended October 31, 2016 and 2015 was 15.32 % and 15.21%, respectively.

Employees hired after 1982 are covered under a 40l(k) plan administered by Voya Financial which allows all employees an elective deferral of their salary. The Board makes a matching contribution of up to 6% of an employee's salary.

In November 2009, the Board adopted a 457 plan administered by Qualified Retirement Plan Services, Inc. The plan allows all employees to elect a deferral.

Total pension costs for the years ended October 31, 2016 and 2015 were $260,034 and $264,265, respectively. Employee contributions for the years ended October 31, 2016 and 2015 were $451,354 and $517,218, respectively.

6. Lease Obligations

The Board is committed on various long-term leases for equipment and vehicles. These operating leases expire at various times over the next five years. Rent expense for these leases for the years ended October 31, 2016 and 2015 was $45,569 and $44,102, respectively.

Future minimum lease commitments as of October 31, 2016 are summarized as follows:

Years Ending October 31	
2017	$ 56,465
2018	36,704
2019	21,152
2020	2,420
	$ 116 741

7. Compensated Absences

Changes to accrued vacation are as follows:

	2016	2015
Beginning Accrued Vacation	$ 339,615	$ 344,819
Vacation Earned	339,897	338,380
Vacation Used	(346,312)	(343,584)
Ending Accrued Vacation	$ 333,200	$ 339,615

NORTH CAROLINA MEDICAL BOARD
Notes to Financial Statements
October 31, 2016 and 2015

8. Commitments

The Board entered into an agreement with the North Carolina Medical Society to constitute a revised peer review agreement for the purpose of conducting an impaired physician program. This program is administered by North Carolina Physicians Health Program, Inc. (NCPHP), an affiliate of the North Carolina Medical Society. The program has been established for the identification of impaired physicians and physicians' assistants and to provide avenues for treatment programs and rehabilitation of impaired physicians. Expenditures made pursuant to the NCPHP program were $884,058 and $913,978 for the years ended October 31, 2016 and 2015, respectively.

9. Risk Management

Tort claims of Board members up to $1,000,000 are self-insured by the State under the authority of the State Tort Claims Act. Additional coverage is provided to the Board under the State's public officers' and employees' liability insurance contract with a private insurance company. The Board also protects itself from exposures to loss through the purchase of commercial insurance.

10. ADP TotalSource, Inc.

On October 1, 2015, the Board entered into a co-employer agreement with ADP TotalSource, Inc. to share certain employer responsibilities and to allocate other employer responsibilities between each other. The agreement does notchange the underlying employment relationship between any worksite employee and the Board, and ADP TotalSource does not become a party to any employment agreement between the Board and any worksite employee.