North Carolina Medical Board



Venkata Jonnalagadda, MD: President | John W. Rusher, MD: President-Elect | Michaux R. Kilpatrick, MD: Secretary/Treasurer

November 1, 2021

The Honorable Elaine Marshall, Secretary of State (via email to pubs@sosnc.gov) The Honorable Joshua Stein, Attorney General (via email to mlovell@ncdoj.gov) The Jt. Legislative Administrative Procedure Oversight Committee (via email to virginia.barlow@ncleg.gov)

Dear All:

The NC Medical Board (NCMB) is filing this report in compliance with North Carolina General Statutes § 93B-2. Below is data from January 1, 2020 to December 31, 2020.

Annual reports required; contents; open to inspection

(a) An annual report containing all of the information:

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

The NCMB moved its offices in November 2020 to 3127 Smoketree Court, Raleigh, NC 27604. The names of current Board members and officers include:

Venkata R. Jonnalagadda, MD, President
John W. Rusher, MD, JD, President-Elect
Michaux R. Kilpatrick, MD, PhD, Secretary/Treasurer
W. Howard Hall, MD
Christine M. Khandelwal, DO
Michaux R. Kilpatrick, MD, PhD
Joshua Malcolm, JD, Public Member
Varnell McDonald-Fletcher, PA-C, Ed. D.
Damian F. McHugh, MD
Shawn P. Parker, JD, MPA, Public Member
Jerri L. Patterson, NP
Anuradha Rao-Patel, MD
Devdutta G. Sangvai, MD, MBA
William Brawley, Public Member

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

License/Certification Type	Count
Physician (MD/DO)	42,970

Physician Assistant	8,823
Nurse Practitioners*	10,081
Resident Training License	3,355
Licensed Perfusionist	183
Anesthesiologist Assistant	50
Polysomnographic Technologists	683
Total Licensees	66,145

^{*}NPs are regulated jointly by the NC Board of Nursing and the NCMB.

- (2) The number of persons who applied to the board for examination. Not Applicable (N/A). 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 administer or 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.
- (3) The number who were refused examination. N/A.
- (4) The number who took the examination. N/A.
- (5) The number to whom initial licenses were issued.

License/Certification Type	Count
Medical Doctors (MDs)	2,394
Doctors of Osteopathy (DOs)	394
Volunteer Licenses	180
Limited Emergency Licenses	1,737
Special Permits/Faculty Limited License	15
TOTAL Physician Licenses	4,720
Resident Training Licenses	1,182
Physician Assistants (PAs)	1,137
Licensed Perfusionist	21
Anesthesiologist Assistant	6
Total Licensees	7,066

The NCMB maintains a registry of polysomnographic technicians ("sleep techs"), but does not license them. In 2020, the NCMB registered 64 sleep techs in North Carolina.

- (5a) The number who failed the examination: N/A.
- (6) The number who applied for license by reciprocity or comity. N/A.

North Carolina Medical Board

- (7) The number who were granted licenses by reciprocity or comity. N/A.
- (7a) The number of official complaints received involving licensed or unlicensed activities. In 2020, the NCMB opened 2,235 cases. Of those cases, 1,193 complaints were from patients/public. The other cases were opened based on out-of-state actions, field investigations, malpractice payment reviews, licensing applications, Safe Opioid Prescribing Initiative, and annual renewals.
- (7b) The number of disciplinary actions taken against licensees, or other actions taken against nonlicensees, including injunctive relief. The NCMB took 132 prejudicial actions* against licensees in 2020. It also took 27 non-adverse actions.* Please note that some individuals may had more than one action for the year.

- **The number of licenses suspended or revoked.** The NCMB suspended 12 licenses and revoked 0 licenses.
- (9) The number of licenses terminated for any reason other than failure to pay the required renewal fee. In 2020, 12 licenses were suspended, 0 licenses were surrendered, and 0 licenses were revoked.
- (9a) The number of applicants for a license and, of that number, the number granted a license. There were 8,381 applicants for license. Of that number, 7,657 were granted.
- (9b) The number of applicants with a conviction record and, of that number, the number granted a license, denied a license for any reason, and denied a license because of a conviction. In 2017, the Board voted to remove the question regarding charges, arrests and convictions from its licensing applications. The Board would rely on collecting misdemeanor and felony information from background checks. There are restrictions on the use of the data from background checks and the Board is unable to ascertain the number of applicants with a conviction record and of that number the number granted a license. However, the Board denied 0 licenses in 2020.
- (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 rules adopted by the occupational licensing board or the substance of any adoption of new rules by the occupational licensing board. The Board proposed or adopted rules pertaining to:

North Carolina Medical Board

^{*}Prejudicial action includes: revocation, suspension, reprimands, surrender or denial of a license, probation, condition, limitation or restriction of license or practice, public letters of concern and/or fines.

^{*}Non-adverse actions include consent orders lifted, reentry agreements or special purpose licenses.

- a. Clarify meaning of reactivation and reinstatement for Perfusionists. See 21 NCAC 32V .0103.
- b. To suspend and modify certain licensing requirements in the event of the disaster to allow for expeditious influx of needed perfusionists. See 21 NCAC 32V .0111.
- c. Providing more options for controlled substances CME requirements. See 21 NCAC 32R .0101; 32S .0216.
- d. To obtain information concerning physicians who provide opioids to potential opioid pain patients. See 21 NCAC 32Y .0101
- e. Modernization and updates to rules pertaining to nurse practitioners. See 21 NCAC 32M .0101-0110; .0117; 0112.
- f. Supervision of certified nurse midwives. See 21 NCAC 32B .1003.
- g. Removes requirement to include PA license number on prescriptions per G.S. 90-18.1. See 21 NCAC 32S .0212.
- h. Updates language pertaining to annual renewal of professional corporations. See 21 NCAC 32P .0103.
- i. Clarifies that interprofessional continuing education qualifies for CME credit. See 21 NCAC 32R .0102.
- j. Temporary emergency licensure process to allow health care providers to provide COVID-19 assistance. See 21 NCAC 32B .1707.
- k. Remove requirement to include supervising physician's name and phone number on physician assistant prescriptions. See 21 NCAC 32S .0212.
- 1. Limitations on prescribing certain drugs to alleviate shortages being administered to patients for the potential treatment of COVID-19 and ensure medications are available to those in need. See 21 NCAC 32B .1708; 32M .0119.

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

Regards,

R. David Henderson

Chief Executive Officer

R. David Henderson