



HOUSE BILL 1056: PA Licensure Interstate Compact.

2023-2024 General Assembly

Committee:	House Finance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	June 5, 2024
Introduced by:	Reps. Paré, Sasser, White	Prepared by:	Trina Griffin
Analysis of:	Second Edition		Staff Attorney

OVERVIEW: *House Bill 1056 would make North Carolina a member of the PA Licensure Compact, which allows physician assistants to practice in any state that is a member of the Compact.*

The Finance provisions are as follows:

- p. 8, lines 15-22, would authorize the PA Licensure Compact Commission, a joint government agency and national administrative body of the Compact states, to levy and collect an annual assessment from each Participating State and impose fees on licensees of Participating States to cover the cost of operations and activities of the Commission.*
- Section 1(c) establishes a \$230 fee for the initial licensure or privilege of a physician assistant. Section 2(d) establishes an annual registration fee of \$140 for physician assistants. Both of these fees are currently being collected by the Medical Board through administrative rule, but the scope is being expanded to cover out-of-state physician assistants who apply to practice in North Carolina via the Compact privilege.*

BILL ANALYSIS: Section 1.(a) of the bill would add a new article to Chapter 90 with the details of the PA Licensure Compact (Compact)

G.S. 90-270.200. Purpose would set forth that the purpose of the PA Licensure Compact is to enhance the interstate portability of physician assistant licensure while still maintaining patient safety.

G.S. 90-270.201. Definitions would create definitions for "adverse action," "compact privilege," "conviction," "criminal background check," "data system," "executive committee," "impaired practitioner," "investigative information," "jurisprudence requirement," "license," "licensee," "licensing board," "medical services," "model compact," "participating state," "PA," "PA Licensure Compact Commission or Commission," "qualifying license," "remote state," "rule," "significant investigative information," and "state."

G.S. 90-270.202. State participation in this Compact would require states participating in the Compact to license physician assistants (PA) using a nationally recognized exam, conduct criminal background checks on PA applicants, have a mechanism to investigate complaints against PAs, and to follow all the Compact's rules.

G.S. 90-270.203. Compact privilege would allow PAs to practice in states different from their states of licensure if they met education, certification, and licensure requirements in their home state and have a license unencumbered by any adverse actions or discipline. The privilege to practice in the other state would last until the home state license expired, lapsed, or was revoked.

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G.S. 90-270.204 Designation of the state from which licensee is applying for a compact privilege would state that home state of a PA licensee is the state in which that licensee resides. The Compact Commission must be notified if the home state changes.

G.S. 90-270.205. Adverse actions would allow any Compact state to take adverse action against any PA practicing in that state. This includes the ability to investigate PAs and revoke their Compact privileges. Home states must give the same priority to conduct reported by remote states that they would give to conduct reported in their own state.

G.S. 90-270.206. Establishment of the PA Licensure Compact Commission would establish the Commission charged with administering the Compact. Each member state would be allowed one member on the Commission. Commission meetings would be open to the public except if discipline, contract negotiation, or legal matters were being discussed. The Commission would be financed by assessments levied on member states and would be prohibited from incurring financial obligations without sufficient funds on hand to meet those obligations. An Executive Committee of nine individuals would be tasked with running the Commission. Both Commission and Executive Committee members would be held harmless and indemnified for their official actions. The Commission would have the following powers:

- Establish, a code of ethics, fees, bylaws, and a fiscal year.
- Maintain financial records.
- Adopt rules.
- Take actions necessary to administer the Compact.
- Maintain insurance.
- Take necessary legal actions.
- Accept gifts and donations.
- Lease, purchase, and dispose of real property.
- Borrow money.
- Appoint committees.
- Elect officers.
- Approve state membership in the Compact.

G.S. 90-270.207. Data system would require the Commission to develop and maintain a data and reporting system accessible to all Compact member states. All member states must report:

- Identifying information of licensees.
- Licensure data.
- Adverse action taken against licensees.
- Denials of licensure applications.
- Significant investigative information.
- Other information as determined by rule.

G.S. 90-270.208. Rulemaking would allow the Commission to adopt rules after notice and opportunity for public comment. Adopted rules would have the force of law in member states unless the member

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state's law about medical services PAs can perform conflict with the Commission rules. In that case, the state law would preempt the rule to the extent of the conflict. If a majority of legislatures of member states enact legislation rejecting a rule, that rule would no longer have any effect. Emergency rules could be adopted after 24-hour notice and without opportunity for public comment, provided the regular rule-making procedures are applied retroactively within 90 days.

G.S. 90-270.209. Oversight, dispute resolution, and enforcement would allow the executive and judicial branches of each member state to enforce and implement Compact provisions. States that fail to comply with Compact terms may be terminated from the Compact only after all other means of securing compliance have been exhausted. The Commission will attempt to resolve any disputes between member states and between member and non-member states.

G.S. 90-270.210. Date of implementation of the PA Licensure Compact would make the Compact effective after seven states enact legislation that is not materially different from the Model Compact. Additional states will become members of the Compact after they enact legislation that is not materially different from the Model Compact. Any state may leave the Compact by repealing the Compact-enacting legislation.

G.S. 90-270.211. Construction and severability would require the Compact's and the Commission's authority to be construed broadly. Any provisions of the Compact that are struck down will not affect the viability of the remainder of the Compact.

G.S. 90-270.212. Binding effect of Compact would allow states to enforce all laws that do not conflict with the Compact, but state laws in conflict with the Compact would be superseded.

Section 1.(b) of the bill would make conforming changes in Chapter 90.

Section 1.(c) of the bill would codify the \$230 fee currently being charged by the Medical Board for initial licensure of a physician assistant by administrative rule and would expand the scope of the fee to cover applications by out-of-state physician assistants seeking to practice via the Compact privilege.

Section 1.(d) of the bill would codify the \$140 annual registration fee for physician assistants, plus a \$25 late fee, currently being charged by the Medical Board by administrative rule. This fee would apply to both NC licensed physician assistants and out-of-state physician assistants practicing via the Compact privilege.

EFFECTIVE DATE: This bill would become effective October 1, 2024.

BACKGROUND: As of April 2024, seven states (Virginia, West Virginia, Delaware, Wisconsin, Nebraska, Utah, and Washington) had enacted the Compact.

Jason Moran-Bates, counsel to House Health, substantially contributed to this summary.