## STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

# MEDICAL CARE COMMISSION EMERGENCY TELECONFERENCE MEETING DIVISION OF HEALTH SERVICE REGULATION 809 RUGGLES DRIVE, RALEIGH NC 27603 EDGERTON BUILDING CONFERENCE ROOM - 026A

# Thursday, April 9, 2020

## 10:00 a.m.

#### I. Meeting Opens – Roll Call

 II.
 Chairman's Comments......Dr. John Meier

 III.
 Public Meeting Statement.....Dr. John Meier

This meeting of the Medical Care Commission is open to the public but is not a public hearing. Therefore, any discussion will be limited to members of the Commission and staff unless questions are

## IV. Ethics Statement......Dr. John Meier

The State Government Ethics Act requires members to act in the best interest of the public and adhere to the ethical standards and rules of conduct in the State Government Ethics Act, including the duty to continually monitor, evaluate, and manage personal, financial, and professional affairs to ensure the absence of conflicts of interest.

#### V. New Business

- A. Rule for Adoption (Discuss Rule)
  - 1. Healthcare Personnel Registry Rule.....Nadine Pfeiffer & Jana Busick

Emergency rulemaking for nurse aid certification or registration reciprocity due to COVID-19
Rule: 10A NCAC 13O .0301 (See Exhibits A & A/1)

**B.** Rule for Initiating Rulemaking Approval (Discuss rule)

specifically directed by the Commission to someone in the audience.

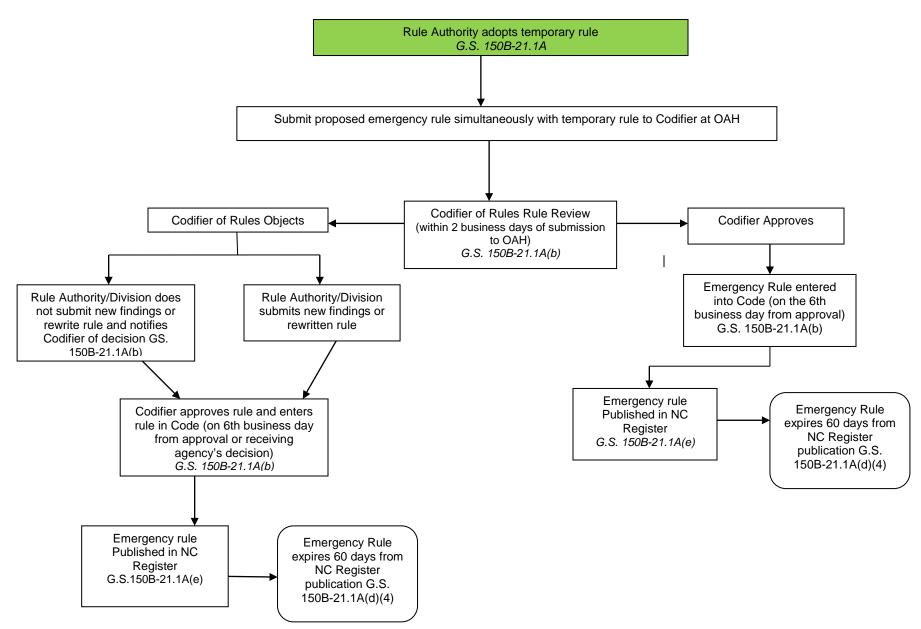
2. Healthcare Personnel Registry Rule...... Nadine Pfeiffer & Jana Busick

Temporary rulemaking for nurse aid certification or registration reciprocity due to COVID-19

• Rule: 10A NCAC 13O .0301 (See Exhibits B & B/1)

#### VI. Meeting Adjournment

#### **Emergency Rulemaking Process**



# **Rule for: Health Care Personnel Registry**

1	10A NCAC 13O .0301 is proposed for amendment under emergency procedures as follows:			
2				
3			SECTION .0300 - NURSE AIDE I REGISTRY	
4				
5	10A NCAC 130		NURSE AIDE I TRAINING AND COMPETENCY EVALUATION	
6			e listed on the NC Nurse Aide I Registry by the Health Care Personnel Education and	
7	-	-	person <del>shall</del> <u>shall</u> :	
8	<u>(1)</u>	-	Nurse Aide I training program approved by the Department in accordance with 42 CFR Part	
9		483.15	1 through Part 483.152 and the State of North Carolina's Nurse Aide I competency exam.	
10		exam; o	_	
11	<u>(2)</u>		o the Department for approval to be listed on the NC Nurse Aide I Registry by reciprocity	
12			r of a nurse aide certification or registration from another State to North Carolina.	
13		-	rocity transfer of a nurse aide certification or registration to be listed on the NC Nurse Aide	
14	I Registry pursua		bparagraph (a)(2) of this Rule, the applicant shall meet the following criteria:	
15	<u>(1)</u>	<u>submit</u>	a completed application to the Department that includes the following:	
16		<u>(A)</u>	first, middle, and last name;	
17		<u>(B)</u>	the applicant's prior name(s), if any;	
18		<u>(C)</u>	mother's maiden name;	
19		<u>(D)</u>	gender:	
20		<u>(E)</u>	social security number:	
21		<u>(F)</u>	date of birth:	
22		<u>(G)</u>	mailing address;	
23		<u>(H)</u>	email address;	
24		<u>(I)</u>	home telephone number;	
25		<u>(J)</u>	any other State registries of nurse aides upon which the applicant is listed;	
26		<u>(K)</u>	certification or registration numbers for any State nurse aide registries identified in Part	
27			<u>(b)(1)(J) of this Rule;</u>	
28		<u>(L)</u>	original issue dates for any certifications or registrations identified in Part (b)(1)(K) of this	
29			<u>Rule:</u>	
30		(M)	expiration dates for any certifications or registrations identified in Part (b)(1)(K) of this	
31			<u>Rule;</u>	
32		<u>(N)</u>	training program name(s);	
33		<u>(O)</u>	training program locations(s);	
34		<u>(P)</u>	training program completion date(s) with a passing score; and	
35		<u>(Q)</u>	employment history;	

1	<u>(2)</u>	provide documentation verifying that his or her registry listing is active and in good standing in the			
2		State(s) of transfer, dated no earlier than 30 calendar days prior to the date the application is received			
3		by the Department; and			
4	<u>(3)</u>	provide a copy of his or her Social Security card and a valid government-issued identification			
5		containing a photograph and signature.			
6	(c) For the applie	cant to be approved for reciprocity transfer of a nurse aide certification or registration to be listed on			
7	the NC Nurse Aide I Registry, the Department shall verify the following:				
8	<u>(1)</u>	the applicant has completed an application in accordance with Subparagraph (b)(1) of this Rule;			
9	<u>(2)</u>	the applicant is listed on another State's registry of nurse aides with an active status;			
10	<u>(3)</u>	the applicant has no pending or substantiated findings of abuse, neglect, exploitation, or			
11		misappropriation of resident or patient property recorded on another State's registry of nurse aides;			
12	<u>(4)</u>	the applicant has been employed as a nurse aide for monetary compensation consisting of at least			
13		eight hours of time worked performing nursing or nursing-related tasks delegated and supervised by			
14		a Registered Nurse for the previous 24 consecutive months;			
15	<u>(5)</u>	the name listed on the Social Security card and government-issued identification containing a			
16		$photograph \ and \ signature \ submitted \ with \ the \ application \ matches \ the \ name \ listed \ on \ another \ State's$			
17		registry of nurse aides or that the applicant has submitted additional documentation verifying any			
18		name changes; and			
19	<u>(6)</u>	that the applicant completed a State-approved nurse aide training and competency evaluation			
20		program that meets the requirements of 42 CFR 483 Part 152 or a State-approved competency			
21		evaluation program that meets the requirements of 42 CFR 483 Part 154.			
22	(d) The Departm	ent shall within 15 business days of receipt of an application for reciprocity transfer of a nurse aide			
23	certification or re	gistration or receipt of additional information from the applicant:			
24	<u>(1)</u>	inform the applicant by letter whether he or she has been approved; or			
25	<u>(2)</u>	request additional information from the applicant.			
26	The applicant sha	all be added to the NC Nurse Aide I Registry within three business days of Department approval.			
27	(b) (e) This Rule	e incorporates 42 CFR Part 483 Subpart D by reference, including all subsequent amendments and			
28	editions. Copies	of the Code of Federal Regulations may be accessed electronically free of charge from			
29	www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR.				
30	(c) (f) The State	of North Carolina's Nurse Aide I competency exam shall include each course requirement specified			
31	in the Department-approved Nurse Aide I training program as provided for in 42 CFR Part 483.152.				
32	(d) (g) The State of North Carolina's Nurse Aide I competency exam shall be administered and evaluated only by the				
33	Department or its contracted testing agent as provided for in 42 CFR Part 483.154.				
34	(e) (h) The Department shall include a record of completion of the State of North Carolina's Nurse Aide I competency				
35	exam in the NC Nurse Aide I Registry within 30 business days of passing the written or oral exam and the skills				
36	demonstration as	provided for in 42 CFR Part 483.154.			

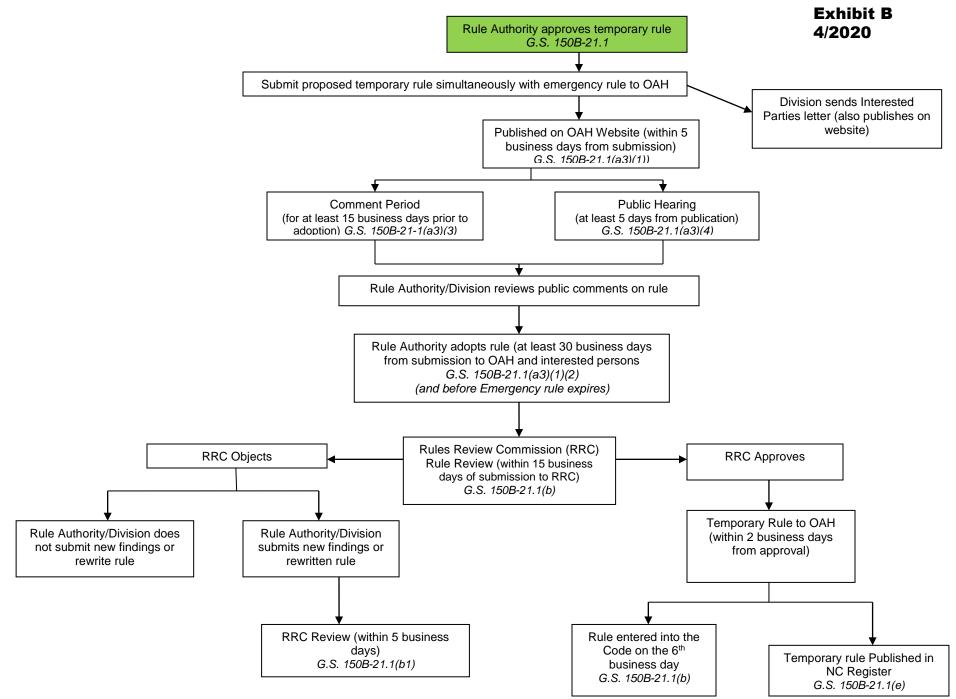
1 (f) (i) If the State of North Carolina's Nurse Aide I competency exam candidate does not pass the written or oral exam

- 2 and the skills demonstration as provided for in 42 CFR Part 483.154, the candidate shall be advised by the Department
- 3 of the areas that the individual did not pass.
- 4 (g) (j) Every North Carolina's Nurse Aide I competency exam candidate shall have, as provided for in 42 CFR Part
- 483.154, the opportunity to take the exam three times before being required to retake and pass a Nurse Aide I training
  program.
- 7 (h) (k) A person who is currently listed on any state's Nurse Aide I Registry shall not be required to take the
- 8 Department-approved Nurse Aide I training program to be listed or, if his or her 24-month listing period has expired,
- 9 relisted on the NC Nurse Aide I Registry, unless the person fails to pass the State of North Carolina's Nurse Aide I
   10 competency exam after three attempts.
- 11 (i) (l) U.S. military personnel who have completed medical corpsman training and retired or non-practicing nurses
- 12 shall not be required to take the Department-approved Nurse Aide I training program to be listed or relisted on the
- 13 Nurse Aide I Registry, unless the person fails to pass the State of North Carolina's Nurse Aide I competency exam
- 14 after three attempts.
- 15

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- 16 History Note: Authority G.S. 131E-255; 42 CFR Part 483;
  - Eff. January 1, <del>2016.</del> 2016:
- 18 <u>Emergency Rule Eff. April 20, 2020.</u>

## **Temporary Rulemaking Process**



# **Rule for: Health Care Personnel Registry**

1	10A NCAC 130	0.0301 is	s proposed for amendment under temporary procedures as follows:
2			
3			SECTION .0300 - NURSE AIDE I REGISTRY
4			
5	10A NCAC 130	0.0301	NURSE AIDE I TRAINING AND COMPETENCY EVALUATION
6	(a) To be eligi	ible to b	e listed on the NC Nurse Aide I Registry by the Health Care Personnel Education and
7	Credentialing Se	ection, a	person <del>shall</del> <u>shall:</u>
8	<u>(1)</u>	pass a	Nurse Aide I training program approved by the Department in accordance with 42 CFR Part
9		483.15	1 through Part 483.152 and the State of North Carolina's Nurse Aide I competency exam.
10		exam;	or
11	<u>(2)</u>	<u>apply t</u>	o the Department for approval to be listed on the NC Nurse Aide I Registry by reciprocity
12		<u>transfe</u>	r of a nurse aide certification or registration from another State to North Carolina.
13	(b) In applying	for recip	rocity transfer of a nurse aide certification or registration to be listed on the NC Nurse Aide
14	I Registry pursu	ant to Su	bparagraph (a)(2) of this Rule, the applicant shall meet the following criteria:
15	<u>(1)</u>	<u>submit</u>	a completed application to the Department that includes the following:
16		<u>(A)</u>	first, middle, and last name;
17		<u>(B)</u>	the applicant's prior name(s), if any;
18		<u>(C)</u>	mother's maiden name;
19		<u>(D)</u>	gender:
20		<u>(E)</u>	social security number;
21		<u>(F)</u>	date of birth;
22		<u>(G)</u>	mailing address:
23		<u>(H)</u>	email address;
24		<u>(I)</u>	home telephone number;
25		<u>(J)</u>	any other State registries of nurse aides upon which the applicant is listed;
26		<u>(K)</u>	certification or registration numbers for any State nurse aide registries identified in Part
27			<u>(b)(1)(J) of this Rule:</u>
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31			Rule:
32		<u>(N)</u>	training program name(s);
33		<u>(O)</u>	training program locations(s);
34		<u>(P)</u>	training program completion date(s) with a passing score; and
35		<u>(Q)</u>	employment history;

1	<u>(2)</u>	provide documentation verifying that his or her registry listing is active and in good standing in the			
2		State(s) of transfer, dated no earlier than 30 calendar days prior to the date the application is received			
3		by the Department; and			
4	<u>(3)</u>	provide a copy of his or her Social Security card and a valid government-issued identification			
5		containing a photograph and signature.			
6	(c) For the applie	cant to be approved for reciprocity transfer of a nurse aide certification or registration to be listed on			
7	the NC Nurse Aide I Registry, the Department shall verify the following:				
8	<u>(1)</u>	the applicant has completed an application in accordance with Subparagraph (b)(1) of this Rule;			
9	<u>(2)</u>	the applicant is listed on another State's registry of nurse aides with an active status;			
10	<u>(3)</u>	the applicant has no pending or substantiated findings of abuse, neglect, exploitation, or			
11		misappropriation of resident or patient property recorded on another State's registry of nurse aides;			
12	<u>(4)</u>	the applicant has been employed as a nurse aide for monetary compensation consisting of at least			
13		eight hours of time worked performing nursing or nursing-related tasks delegated and supervised by			
14		a Registered Nurse for the previous 24 consecutive months;			
15	<u>(5)</u>	the name listed on the Social Security card and government-issued identification containing a			
16		photograph and signature submitted with the application matches the name listed on another State's			
17		registry of nurse aides or that the applicant has submitted additional documentation verifying any			
18		name changes; and			
19	<u>(6)</u>	that the applicant completed a State-approved nurse aide training and competency evaluation			
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- 11 (i) (l) U.S. military personnel who have completed medical corpsman training and retired or non-practicing nurses
- 12 shall not be required to take the Department-approved Nurse Aide I training program to be listed or relisted on the
- 13 Nurse Aide I Registry, unless the person fails to pass the State of North Carolina's Nurse Aide I competency exam
- 14 after three attempts.
- 15

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- 16 History Note: Authority G.S. 131E-255; 42 CFR Part 483;
  - Eff. January 1, <del>2016.</del> <u>2016;</u>
- 18 <u>Temporary Amendment Eff. June 26, 2020.</u>