CHAPTER 90
ARTICLE 1 - PRACTICE OF MEDICINE

N.C.G.S. § 90-18.1.

(Effective until contingency met – see note) Limitations on physician assistants.

SOURCE	LAST AMENDMENT IN THIS TEXT	RETRIEVED	SOURCE FINGERPRINT
General Statutes of North Carolina, as published by the General Assembly	S.L. 2025-37, s. 6.1(f) — twelfth act in the lineage	21 September 2026, 03:37 UTC	f0e7b62d83d54a7b956c297b - ca935ea225325c7c73cbfbcd - 91f33b3803145cd9

§ 90-18.1(a) Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant may use the title "physician assistant" or "PA." Any other person who uses the title in any form or holds out to be a physician assistant or to be so licensed, shall be deemed to be in violation of this Article.

§ 90-18.1(b) Physician assistants are authorized to write prescriptions for drugs under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) Repealed by Session Laws 2019-191, s. 35, effective October 1, 2019.

(4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.

(5) A physician assistant shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:

a.The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications.

b.The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

§ 90-18.1(c)

Physician assistants are authorized to compound and dispense drugs under the following conditions:

(1) The function is performed under the supervision of a licensed pharmacist.

(2) Rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with.

(3) The physician assistant holds a current license issued by the Board.

§ 90-18.1(d)

Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to order medications, tests, and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) The supervising physician has provided to the physician assistant written instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered.

(4) The hospital or other health facility has adopted a written policy about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

§ 90-18.1(e) Any prescription written by a physician assistant or order given by a physician assistant for medications, tests, or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant and the supervising physician shall be responsible for authorizing the prescription or order.

§ 90-18.1(e1) Any medical certification completed by a physician assistant for a death certificate shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant, and the supervising physician shall be responsible for authorizing the completion of the medical certification.

§ 90-18.1(f) Any registered nurse or licensed practical nurse who receives an order from a physician assistant for medications, tests, or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician.

§ 90-18.1(g) Any person who is licensed under G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant shall comply with each of the following:

(1) Maintain a current and active license to practice in this State.

(2) Maintain an active registration with the Board.

(3) Have a current Intent to Practice form filed with the Board.

§ 90-18.1(h) A physician assistant serving active duty in the Armed Forces of the United States is exempt from the requirements of subdivision (g)(3) of this section.

§ 90-18.1(i) A physician assistant's license shall become inactive any time the holder fails to comply with the requirements of subsection (g) of this section. A physician assistant with an inactive license shall not practice medical acts, tasks, or functions. The Board shall retain jurisdiction over the holder of the inactive license. (1975, c. 627; 1977, c. 904, s. 1; 1977, 2nd Sess., c. 1194, s. 1; 1995, c. 94, s. 20; 1997-511, s. 5; 2007-346, ss. 24, 25; 2011-183, s. 56; 2011-197, s. 1; 2017-74, s. 4; 2019-191, s. 35; 2021-70, s. 1(a).)

§ 90-18.1. (Effective once contingency met - see note) Limitations on physician assistants.

§ 90-18.1(a) Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant may use the title "physician assistant" or

"PA." Any other person who uses the title in any form or holds out to be a physician assistant or to be so licensed, shall be deemed to be in violation of this Article.

§ 90-18.1(a1) Physician assistants shall clearly designate their credentials as a physician assistant in all clinical settings.

§ 90-18.1(b) Physician assistants are authorized to write prescriptions for drugs under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) Repealed by Session Laws 2019-191, s. 35, effective October 1, 2019.

(4) The supervising physician has provided to the physician assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed. This subdivision shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A.

(5) A physician assistant shall personally consult with the supervising physician prior to prescribing a targeted controlled substance as defined in Article 5 of this Chapter when all of the following conditions apply:

a.The patient is being treated by a facility that primarily engages in the treatment of pain by prescribing narcotic medications.

b.The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this subdivision is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient.

§ 90-18.1(c) Physician assistants are authorized to compound and dispense drugs under the following conditions:

(1) The function is performed under the supervision of a licensed physician.

(2) Rules and regulations of the North Carolina Board of Pharmacy and all applicable State and federal laws governing compounding and dispensing are complied with.

(3) The physician assistant holds a current license issued by the Board.

(4) The physician assistant registers with the Board of Pharmacy.

§ 90-18.1(d)

Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions:

(1) The North Carolina Medical Board has adopted regulations governing the approval of individual physician assistants to order medications, tests, and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety.

(2) The physician assistant holds a current license issued by the Board.

(3) If the physician assistant is subject to a supervisory arrangement, the supervising physician has provided to the physician assistant written instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered.

(4) The hospital or other health facility has adopted a written policy about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

§ 90-18.1(e)

Any prescription written by a physician assistant or order given by a physician assistant for medications, tests, or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the physician assistant and the supervising physician shall be responsible for authorizing the prescription or order. This subsection shall not apply to individuals who are practicing in a team-based setting under G.S. 90-9.3A who may prescribe, order, administer, and procure drugs and medical devices without physician authorization. Individuals who are practicing in a team-based setting under G.S. 90-9.3A may also plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including durable medical equipment, nutrition, blood, blood products,

and diagnostic support services, including home health care, hospice, and physical and occupational therapy.

§ 90-18.1(e1) Physician assistants may authenticate any document, including death certificates with their signature, certification, stamp, verification, affidavit, or endorsement, if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.

§ 90-18.1(e2) Physician assistants shall not perform final interpretations of diagnostic imaging studies. For purposes of this subsection, "diagnostic imaging" shall include computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET), mammography, and ultrasound services. Final interpretation shall be provided by a physician licensed under this Chapter. Notwithstanding any other provision of this Chapter, physician assistants conducting final interpretation of plain film radiographs shall be supervised by a physician.

§ 90-18.1(f) Any registered nurse or licensed practical nurse who receives an order from a physician assistant for medications, tests, or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician.

§ 90-18.1(g) Any person who is licensed under G.S. 90-9.3 to perform medical acts, tasks, and functions as a physician assistant shall comply with each of the following:

(1) Maintain a current and active license to practice in this State.

(2) Maintain an active registration with the Board.

(3) File a current Intent to Practice form with the Board or meet the requirements for team-based practice under G.S. 90-9.3A.

§ 90-18.1(h) A physician assistant serving active duty in the Armed Forces of the United States is exempt from the requirements of subdivision (g)(3) of this section.

§ 90-18.1(i) A physician assistant's license shall become inactive any time the holder fails to comply with the requirements of subsection (g) of this section. A physician assistant with an inactive license shall not practice medical acts, tasks, or functions. The Board shall retain jurisdiction over the holder of the inactive license.

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APPARATUS I
12 ACTS

Amendment lineage

The State prints this history as a single parenthetical at the foot of the section. It is reproduced verbatim in the colophon and unpacked below in order of enactment.

TICK HEIGHT = ACTS IN THAT YEAR DASHED = RECODIFICATION, NOT AMENDMENT

№	YEAR	ACT	CHARACTER
01	1975	c. 627	ENACTED
02	1977	c. 904, s. 1	AMENDED
03	1977	2nd Sess., c. 1194, s. 1	AMENDED
04	1995	c. 94, s. 20	AMENDED
05	1997	S.L. 1997-511, s. 5	AMENDED
06	2007	S.L. 2007-346, ss. 24, 25	AMENDED
07	2011	S.L. 2011-183, s. 56	AMENDED
08	2011	S.L. 2011-197, s. 1	AMENDED
09	2017	S.L. 2017-74, s. 4	AMENDED
10	2019	S.L. 2019-191, s. 35	AMENDED
11	2021	S.L. 2021-70, s. 1(a)	AMENDED
12	2025	S.L. 2025-37, s. 6.1(f)	AMENDED

APPARATUS II
2 AUTHORITIES

Authorities referenced

Every G.S. cross-reference appearing in the text of this section, in order of first appearance. Nothing is characterized; the operative language is quoted from the section itself.

REFERENCE	APPEARS IN	OPERATIVE LANGUAGE IN THIS SECTION
G.S. 90-9.3	(a)	*"is licensed under the provisions of"*
G.S. 90-9.3A	(b)(4)	*"practicing in a team-based setting under"*

APPARATUS III

Citation

FULL SECTION

N.C. Gen. Stat. § 90-18.1 (2025).

PINPOINT

N.C. Gen. Stat. § 90-18.1(a) (2025).

Pinpoint keys are set in the left margin of the text rather than line numbers: subsection designators are stable across editions and paper sizes, line numbers are not.

COLOPHON

Provenance

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HISTORY PARENTHETICAL, AS PRINTED BY THE STATE

(1975, c. 627; 1977, c. 904, s. 1; 1977, 2nd Sess., c. 1194, s. 1; 1995, c. 94, s. 20; 1997-511, s. 5; 2007-346, ss. 24, 25; 2011-183, s. 56; 2011-197, s. 1; 2017-74, s. 4; 2019-191, s. 35; 2021-70, s. 1(a); 2025-37, s. 6.1(f).)

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