



SENATE BILL 345: PA Team-Based Practice.

This Bill Analysis
reflects the contents
of the bill as it was
presented in
committee.

2025-2026 General Assembly

Committee:	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	Date:	April 30, 2025
Introduced by:	Sens. Sawrey, Galey, Hollo	Prepared by:	Jason Moran-Bates
Analysis of:	First Edition		Committee Staff

OVERVIEW: *Senate Bill 345 would allow certain physician assistants in team-based settings to practice without supervision by a physician. It would also allow them to prescribe drugs, initiate non-pharmacological therapies, certify medical documents, be qualified technicians under the Women's Right to Know Act, be attending providers for purposes of postpartum insurance coverage, and perform health assessments for childcare facilities*

CURRENT LAW: Under current regulations in the North Carolina Administrative Code, all physician assistants must have a supervisory agreement with a licensed physician. The physician's supervision must be continuous, but it does not necessarily have to be in person. Physician Assistants can prescribe medications as long as the criteria for doing so are included in their supervisory agreements with a supervising physician.

BILL ANALYSIS:

Section 1.(a) of the bill would create a definition in the Practice of Medicine Act for "team-based setting," which would include a physician-owned medical practice and health facilities where physicians have meaningful control over patient care. It would not include pain management clinics.

Section 1.(b) of the bill would amend G.S. 90-9.3 to clarify that physician assistants working in a team-based setting do not have to provide the North Carolina Medical Board (Board) with the contact information for a supervising physician before engaging in medical acts.

Section 1.(c) of the bill would create requirements for physician assistants practicing in a team-based setting. Those individuals must (i) have more than 4,000 hours of general experience and 1,000 hours of supervised experience in their chosen specialty, (ii) work in a team-based practice as defined in G.S. 90-1.1(4d), and (iii) submit proof to the Board that they are compliant with (i) and (ii). All physician assistants who practice in a perioperative setting must be supervised.

Section 1.(d) of the bill would require individuals holding a physician assistant volunteer license and who are subject to supervision requirements to submit an intent to practice form with the Board or meet the team-based requirements in Section 1.(c).

Section 1.(e) would make a technical change to G.S. 90-12.4B.

Section 1.(f) would allow physician assistants in a team-based setting to prescribe, dispense, compound, and administer drugs, plan and initiate non-pharmacological therapeutic regimens, and authenticate any document a physician may authenticate. Physician assistants would not be permitted to provide the final interpretation of diagnostic imaging. Physician assistants would be permitted to provide the final interpretation of X-rays when supervised by a physician.

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Section 1.(g) would permit physician assistants certified in obstetrical ultrasonography to be qualified technicians under Article 11.

Section 1.(h) would allow physician assistants to be attending providers for purposes of postpartum insurance coverage.

Section 1.(i) would allow physician assistants to perform health assessments for childcare facilities.

Section 2 would allow the Medical Board to adopt permanent rules necessary to enforce the provisions of the bill.

EFFECTIVE DATE: The part of the bill authorizing the Board to adopt rules would be effective when it becomes law. This remainder of this bill would be effective June 30, 2026, or whenever the rules were adopted, whichever comes first.

**Amy Darden of the Legislative Analysis Division substantially contributed to this summary.*