North Carolina State Board of Dental Examiners
Statement on
Changes to General Anesthesia and Sedation Rules
Effective June 17, 2024

A three-year rulemaking process concluded on June 17, 2024, when the Board's new and amended rules governing general anesthesia and sedation, Rules 21 NCAC 16Q .0103, .0104, .0202, .0302, .0405, and .0703, went into effect. The Board anticipates these rules to be reflected in the online NC Administrative Code in the near future and is posting them to its website in the interim. These new and amended rules apply to all holders of permits to administer general anesthesia, moderate conscious sedation, and pediatric moderate conscious sedation. In addition, amended Rule 16Q .0703 concerning reporting adverse events applies to all levels of sedation, including minimal conscious sedation permit holders.

Rulemaking History

In 2021, the Board began the process of making changes with respect to the sedation rules set out in 21 NCAC 16Q of the NC Administrative Code. The proposed new and amended rules were, in large part, to improve the delivery and safety margin of the use of general anesthesia and moderate conscious sedation in dental offices.

Throughout the rulemaking process, the Board sought and received input from affected licensees, professional associations, educational institutions, other State agencies, and the general public. The Board published the proposed rule changes in the North Carolina Register in January 2022, made substantive revisions based on public comments, and re-published its revised proposed new and amended rules in the Register in October 2022. The Board received and considered additional public comments, and voted to adopt the six proposed new and amended rules as published: 21 NCAC 16Q .0103, .0104, .0202, .0302, .0405, and .0703.

The North Carolina Rules Review Commission approved the rules for entry in the NC Administrative Code, but the Commission received more than 10 written objections to the rules. Therefore, the rules were subject to legislative review and did not go into effect immediately.

The General Assembly took no action on the Board's rules. Therefore, pursuant to the NC Administrative Procedure Act, **the Board's new and amended Rules 21 NCAC 16Q .0103, .0104, .0202, .0302, .0405, and .0703 became effective on June 17, 2024.**

Overview of Subchapter 16Q Rules

Subchapter 16Q is divided into the following sections:

- .0100 – Definitions applicable to all Subchapter 16Q Rules, and several rules concerning common requirements applicable to multiple levels of sedation.
- .0200 – General Anesthesia and deep sedation.
- .0300 – Moderate Conscious Sedation.
- .0400 – Pediatric Moderate Conscious Sedation.
- .0500 – Enteral Minimal Conscious Sedation.
- .0700 – Compliance and Reporting.

A permit holder must review and be familiar with the requirements in all the rules applicable to the level of permit they hold: the rules applicable to all levels in Sections .0100 and .0700, and the rules governing their particular permit level in Section .0200, .0300, .0400, or .0500.

Summary of Substantive Changes in the Newly Effective Rules

Rule 16Q .0103 is a new rule that sets out the practice requirements (equipment, medications, staffing, training, clinical procedures, etc.) for permit holders to administer any level of IV-eligible sedation: general anesthesia, moderate conscious sedation, and pediatric moderate conscious sedation. Similarly, Rule 16Q .0104 is a new rule that sets out requirements for facility inspections and evaluations for permit holders administering general anesthesia, moderate conscious sedation, and pediatric moderate conscious sedation. The practice requirements for all levels of IV-eligible sedation are identical in numerous respects. As such, the Board consolidated the common requirements into Rules 16Q .0103 and .0104 to ensure consistency across levels. Any requirements and exceptions that are limited to a specific permit level are set out in the amended Rules 16Q .0202, .0302, and .0405.

Rule 16Q .0703 has been amended to enhance requirements for adverse occurrence reporting. This rule applies to all levels of sedation permits, including minimal conscious sedation.

These six new and amended rules consolidate existing requirements, clarify requirements unique to specific permit levels, and establish new requirements that the Board believes enhance patient safety, including:

- **Requiring the use of capnography to contemporaneously monitor a patient's breathing, level of sedation, and airway management, and ensure timely delivery of critical information to the sedation provider.**
- **Clarifying the requirements for patient care and monitoring throughout a sedation procedure, the roles of the permit holder and auxiliary personnel, and the option to use a separate sedation provider.**
- **Providing for periodic re-evaluation of permit holders and re-inspection of facilities.**
- **Establishing limits on the maximum dosage of medications that sedation providers can administer absent documentation of clinical reasons for exceeding it.**

The above list is not exhaustive. Permit holders must review the rules to ensure they are familiar with all applicable requirements and any changes affecting their practice. For example, a dentist holding a permit to administer moderate conscious sedation will find the requirements applicable to their permit in Rules 16Q .0103 and .0104, and in Section .0300, Rules 16Q .0301, .0302, .0304 (mobile), and .0305. The permit holder should also review the generally applicable definitions in Rule 16Q .0101, and compliance and reporting requirements in Rules 16Q .0701, .0703, and .0704.

The Board wishes to thank all licensees and members of the public for your interest in and comments on these rules. These amended rules are now in effect, and the Board expects permit holders to take prompt steps to ensure compliance with these current rules and requirements.

21 NCAC 16Q .0103 EQUIPMENT, PERSONNEL, AND CLINICAL REQUIREMENTS TO ADMINISTER ANESTHESIA OR MODERATE SEDATION

(a) Before administering general anesthesia, moderate conscious sedation, or moderate pediatric conscious sedation ("anesthesia or moderate sedation"), or supervising a CRNA to administer or an RN employed to deliver anesthesia or moderate sedation, a dentist shall hold an unexpired permit issued by the Board in accordance with this Subchapter permitting the dentist to administer that level of sedation.

(b) Before performing sedation procedures in a facility other than a hospital or credentialed surgery center, the permit holder shall ensure that the Board has been notified that the permit holder intends to administer anesthesia or moderate sedation at the facility and shall ensure that the facility has passed a facility inspection by the Board in accordance with this Subchapter. For purposes of these Rules, "credentialed surgery center" means a surgical facility accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, or the American Association for Accreditation of Ambulatory Surgery Facilities.

(c) The permit holder shall ensure that the facility where the sedation procedure is to be performed meets the following requirements at the time of the procedure:

(1) The permit holder shall ensure the facility is equipped as follows and that the following listed equipment is immediately available and accessible from the operatory and recovery rooms:
   (A) an operatory of size and design to permit access of emergency equipment and personnel and to permit emergency management;
   (B) a CPR board or dental chair suitable for providing emergency treatment;
   (C) lighting as necessary for the procedure to be performed, and back-up lighting;
   (D) suction equipment as necessary for the procedure to be performed, including non-electrical back-up suction;
   (E) positive pressure oxygen delivery system, including full face masks for small, medium, and large patients, and back-up E-cylinder portable oxygen tank apart from the central system;
   (F) small, medium, and large oral and nasal airways;
   (G) a blood pressure monitoring device;
   (H) an EKG monitor;
   (I) a pulse oximeter;
   (J) an automatic external defibrillator (AED);
   (K) a capnograph;
   (L) a precordial or pretracheal stethoscope;
   (M) a thermometer;
   (N) vascular access set-up as necessary for the procedure to be performed, including hardware and fluids;
   (O) a laryngoscope with working batteries;
   (P) intubation forceps and advanced airway devices;
   (Q) tonsillar suction with back-up suction;
   (R) syringes as necessary for the procedure to be performed; and
   (S) tourniquet and tape.

(2) The permit holder shall ensure all monitoring and other equipment in the facility receives preventive maintenance no less frequently than once per year, including safety and function checks per the manufacturers' recommendations. The permit holder shall maintain documentation of all preventive maintenance performed, and shall ensure equipment is replaced upon its expiration or as clinically required.

(3) The permit holder shall ensure the following unexpired drugs are immediately available and are accessible from the operatory and recovery rooms:
   (A) epinephrine;
   (B) atropine;
   (C) an antiarrhythmic;
   (D) an antihistamine;
   (E) an antihypertensive;
   (F) a bronchodilator;
   (G) an antihypoglycemic agent;
   (H) a vasopressor;
   (I) a corticosteroid;

(J) an anticonvulsant;
(K) appropriate reversal agents;
(L) nitroglycerine; and
(M) an antiemetic.

(4) The permit holder shall maintain written emergency and patient discharge protocols accessible from the operatory and recovery rooms. The written emergency manual shall include a protocol for activation of emergency management services for life-threatening complications along with the information set out in Rule .0101(17) of this Section.

(5) The permit holder shall satisfy any additional facility requirements applicable to the level of the permit, as set out in Rule .0202, .0206, .0302, or .0405 of this Subchapter.

(d) The permit holder shall ensure that the following staffing, education, and training requirements are met prior to performing a sedation procedure:

(1) The permit holder shall provide training to familiarize all auxiliaries in the treatment of clinical emergencies including the following, and shall review and practice responding to clinical emergencies with all auxiliaries as a team and in person every six months;
(A) airway obstruction;
(B) allergic reactions;
(C) angina pectoris;
(D) apnea;
(E) bradycardia;
(F) bronchospasm;
(G) cardiac arrest;
(H) convulsions;
(I) emesis and aspiration;
(J) hypertension;
(K) hypoglycemia;
(L) hypotension;
(M) hypoventilation and respiratory arrest;
(N) hypoxemia and hypoxia;
(O) laryngospasm;
(P) myocardial infarction; and
(Q) syncope.

(2) All auxiliaries in the facility shall be BLS certified.

(3) Except as set out in Subparagraph (d)(4) of this Rule, the permit holder performing the surgery or other dental procedure shall ensure that an RN or a BLS-certified auxiliary is dedicated to patient monitoring and recording anesthesia or sedation data throughout the sedation procedure.

(4) The requirement set out in Subparagraph (d)(3) of this Rule shall not apply if the permit holder or an additional sedation provider is dedicated to patient care and monitoring regarding anesthesia or moderate sedation throughout the sedation procedure and is not performing the surgery or other dental procedure. The additional sedation provider shall be:
(A) a dentist holding a permit or mobile permit in satisfaction of this Subchapter to administer the anesthesia or sedation level at the facility where the sedation procedure is performed;
(B) an anesthesiologist licensed and practicing in accordance with the rules of the North Carolina Medical Board; or
(C) a CRNA licensed and practicing in accordance with the rules of the North Carolina Board of Nursing, under the supervision and direction of the permit holder who shall ensure the level of sedation administered does not exceed the level of the sedation allowed by the permit holder's permit.

(5) The permit holder shall satisfy any additional staffing, education, and training requirements applicable to the level of the permit, as set out in Rule .0202, .0302, or .0405 of this Subchapter.

(e) Before starting any sedation procedure, the permit holder shall conduct a pre-operative patient evaluation which shall include the following:

(1) evaluating the patient for health risks relevant to the potential sedation procedure;

(2) evaluating the patient's food and fluid intake following the ASA guidelines for pre-operative fasting applicable to elective procedures involving the administration of anesthesia or moderate sedation.

The ASA guidelines are incorporated by reference, including subsequent amendments and editions, and may be accessed at https://www.asahq.org at no cost; and

(3) satisfying any additional requirements for pre-operative patient evaluation and procedures applicable to the level of the permit, as set out in Rule .0202, .0302, or .0405 of this Subchapter.

(f) During the sedation procedure:

(1) Prescriptions intended to accomplish procedural sedation, including enteral dosages, shall be administered only under the direct supervision of the permit holder.

(2) If IV sedation is used, IV infusion shall be administered before the start of the procedure and maintained until the patient is ready for discharge.

(3) Capnography shall be used to monitor patients unless an individual patient's behavior or condition prevents use of capnography. In that event, the permit holder shall document in the sedation record the clinical reason capnography could not be used.

(4) The permit holder shall ensure the patient's baseline vital signs are taken and recorded, including temperature, SPO2, blood pressure, and pulse.

(5) The permit holder shall ensure the patient's blood pressure, oxygen saturation, ET CO2 (unless capnography cannot be used), pulse, and respiration rates ("vital sign information") are monitored continuously in a manner that enables the permit holder to view vital sign trends throughout the procedure.

(6) The permit holder shall ensure the intraoperative vital sign information is recorded on the anesthesia or sedation record contemporaneously throughout the procedure in intervals of five minutes or less for patients over twelve years old, and in intervals of ten minutes or less for pediatric patients twelve years old or younger.

(7) The permit holder shall satisfy any additional requirements for operative procedures applicable to the level of the permit, as set out in Rule .0202, .0302, or .0405 of this Subchapter.

(g) Post-operative monitoring and discharge shall include the following:

(1) The permit holder or an auxiliary under his or her direct supervision shall monitor the patient's post-operative vital sign information until the patient is recovered and is ready for discharge from the office. Recovery from anesthesia or moderate sedation shall include documentation of the following:

(A) stable cardiovascular function;

(B) uncompromised airway patency;

(C) patient arousable and protective reflexes intact;

(D) state of hydration within normal limits;

(E) patient can talk, if applicable;

(F) patient can sit unaided, if applicable;

(G) patient can ambulate with minimal assistance, if applicable; and

(H) for a special needs patient, the pre-sedation level of responsiveness or the level as close as possible for that patient shall be achieved.

(2) Before allowing the patient to leave the office, the permit holder shall determine that the patient has met the recovery criteria set out in Subparagraph (g)(1) of this Rule and the following discharge criteria:

(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable and have been documented;

(B) explanation and documentation of written post-operative instructions have been provided to the patient or a person responsible for the patient at time of discharge; and

(C) a person authorized by or responsible for the patient is available to transport the patient after discharge.

(h) The permit holder shall maintain the following in the patient treatment records for 10 years:

(1) the patient's current written medical history, including known allergies and previous surgeries;

(2) a pre-operative assessment as set out in Paragraph (e) of this Rule;

(3) consent to the procedure and to the anesthesia or sedation, signed by the patient or guardian, identifying the procedure and its risks and benefits, the level of anesthesia or sedation and its risks and benefits, and the date signed;

(4) the anesthesia or sedation record that shall include:

(A) the patient's baseline vital signs and intraoperative vital sign information as set out in Subparagraphs (f)(4)-(6) of this Rule;

(B) the printed or downloaded vital sign information from the capnograph. A permit holder's failure to maintain capnograph documentation, except as set out in Subparagraph (f)(3) of this Rule, shall be deemed a failure to monitor the patient as required pursuant to this Subchapter;
(C) procedure start and end times;
(D) gauge of needle and location of IV on the patient, if used;
(E) the total amount of any local anesthetic administered during the procedure;
(F) any analgesic, sedative, pharmacological, or reversal agent, or other drugs administered during the procedure, including route of administration, dosage, strength, time, and sequence of administration, with separate entries for each increment of medication that is titrated to effect;
(G) documentation of complications or morbidity, and clinical responses; and
(H) status of patient upon discharge, including documentation of satisfying the requirements set out in Paragraph (g) of this Rule; and

(5) any additional documentation applicable to the level of the permit, as set out in Rule .0202, .0302, or .0405 of this Subchapter.

History Note: *Authority G.S. 90-28; 90-30.1; 90-31.1; 90-48;*
Eff. June 17, 2024.

21 NCAC 16Q .0104 REQUIREMENTS FOR INSPECTIONS AND EVALUATIONS

(a) During a facility inspection pursuant to the rules of this Subchapter, for a dentist applying for or holding a permit to administer general anesthesia, moderate conscious sedation, or moderate pediatric conscious sedation, the applicant or permit holder shall demonstrate satisfaction of the requirements set forth in Rule .0103(c) and (d) of this Section.

(b) During an evaluation, for a dentist applying for or holding a permit to administer general anesthesia, moderate conscious sedation, or moderate pediatric conscious sedation, the applicant or permit holder shall demonstrate the administration of anesthesia or sedation in accordance with the level of the permit, and shall demonstrate competency in the following areas:

(1) pre-operative patient evaluation and procedures, including the requirements set forth in Rule .0103(e) of this Section;

(2) operative procedures, including the deployment of an intravenous delivery system and the requirements set forth in Rule .0103(f) of this Section;

(3) post-operative patient monitoring and discharge, including the requirements set forth in Rule .0103(g) of this Section; and

(4) treatment of the clinical emergencies set out in Rule .0103(d)(1) of this Section.

(c) During the evaluation, the applicant shall take a written examination on the topics set forth in Subparagraphs (b)(1)-(4) of this Rule. The applicant shall obtain a passing score on the written examination by answering 80 percent of the examination questions correctly. If the applicant fails to obtain a passing score on the written examination, he or she may be re-examined in accordance with Rule .0204(h), .0306(h), or .0408(h) of this Subchapter.

(d) The permit holder shall be subject to re-evaluation every five years. Each facility where the permit holder administers anesthesia or sedation shall be subject to a facility inspection upon annual renewal of the permit.

History Note: *Authority G.S. 90-28; 90-30.1; 90-48;*
Eff. June 17, 2024.

21 NCAC 16Q .0202 GENERAL ANESTHESIA EQUIPMENT AND CLINICAL REQUIREMENTS

(a) A dentist holding or applying for a permit to administer general anesthesia shall be subject to the requirements set out in Section .0100 of this Subchapter.

(b) In addition to the drugs listed in Rule .0103(c)(3) of this Subchapter, an unexpired neuromuscular blocking agent shall be immediately available and be accessible from the operatory and recovery rooms.

History Note: *Authority G.S. 90-28; 90-30.1; 90-48;*
Eff. February 1, 1990;
Amended Eff. June 1, 2017; November 1, 2013; August 1, 2002; August 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. February 1, 2019; August 1, 2018;
Amended June 17, 2024.

21 NCAC 16Q .0302 MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION CLINICAL REQUIREMENTS AND EQUIPMENT

(a) A dentist holding or applying for a permit to administer moderate conscious sedation or supervising any CRNA employed to administer or RN employed to deliver moderate conscious sedation shall be subject to the requirements set out in Section .0100 of this Subchapter.

(b) In addition to the drugs listed in Rule .0103(c)(3) of this Subchapter, an unexpired muscle relaxant shall be immediately available and be accessible from the operatory and recovery rooms.

(c) As part of the pre-operative assessment required by Rule .0103(e) of this Subchapter, the permit holder shall evaluate the patient for health risks as follows:

(1) a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's current medical history and medication use; or

(2) a patient who is not medically stable or who is ASA III or higher shall be evaluated by the permit holder's consultation with the patient's primary care physician or consulting medical specialist regarding the potential risks posed by the planned dental procedure.

(d) During the sedation procedure, a moderate conscious sedation permit holder shall not administer anesthetic or sedative agents:

(1) designed by the manufacturer for use in administering general anesthesia or deep sedation;

(2) determined by the manufacturer to be contraindicated for use in moderate conscious sedation; or

(3) in amounts exceeding the manufacturers' maximum recommended dosages, unless the permit holder documents in the sedation record the clinical reason for exceeding the maximum recommended dosage for the patient.

History Note: *Authority G.S. 90-28; 90-30.1; 90-48;*
Eff. February 1, 1990;
Amended Eff. August 1, 2002; August 1, 2000;
Temporary Amendment Eff. December 11, 2002;
Amended Eff. June 1, 2017; November 1, 2013; July 1, 2010; July 3, 2008; August 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. February 1, 2019; August 1, 2018;
Amended Eff. June 17, 2024.

21 NCAC 16Q .0405 MODERATE PEDIATRIC CONSCIOUS SEDATION CLINICAL REQUIREMENTS AND EQUIPMENT

(a) A dentist holding or applying for a permit to administer moderate pediatric conscious sedation shall be subject to the requirements set out in Section .0100 of this Subchapter.

(b) In addition to the drugs listed in Rule .0103(c)(3) of this Subchapter, an unexpired muscle relaxant shall be immediately available and be accessible from the operatory and recovery rooms.

(c) In addition to the requirements set out in Rule .0103(c)(4) of this Subchapter, the permit holder's emergency manual shall include assignments to be performed in the event of emergency by a BLS-certified auxiliary dedicated to patient monitoring.

(d) In addition to the requirements set out in Rule .0103(e) of this Subchapter concerning pre-operative procedures, the permit holder shall ensure that patients who have been administered moderate pediatric conscious sedation are monitored for alertness, responsiveness, breathing, and skin coloration during waiting periods before operative procedures by the permit holder or an auxiliary dedicated to patient monitoring.

(e) As part of the pre-operative assessment required by Rule .0103(e) of this Subchapter, the permit holder shall evaluate the patient for health risks as follows:

(1) a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's current medical history and medication use; or

(2) a patient who is not medically stable or who is ASA III or higher shall be evaluated by the permit holder's consultation with the patient's primary care physician or consulting medical specialist regarding the potential risks posed by the planned dental procedure.

(f) If a patient immobilization device is used, the permit holder shall ensure that:

(1) the device is applied to avoid airway obstruction or chest restriction;

(2) the patient's head position and respiratory excursions are checked frequently to ensure airway patency;

(3) a hand or foot is kept exposed; and

(4) the patient is under observation by the permit holder or a BLS-certified auxiliary at all times.

(g) During the sedation procedure, a moderate pediatric conscious sedation permit holder shall not administer anesthetic or sedative agents:

(1) designed by the manufacturer for use in administering general anesthesia or deep sedation;

(2) determined by the manufacturer to be contraindicated for use in moderate pediatric conscious sedation; or

(3) in amounts exceeding the manufacturers' maximum recommended dosages, unless the permit holder documents in the sedation record the clinical reason for exceeding the maximum recommended dosage for the patient.

(h) In addition to the requirements set out in Rule .0103(h) of this Subchapter concerning the patient treatment record, the permit holder shall maintain documentation of pre-sedation instructions and information provided to the patient or person responsible for the patient, which shall include:

(1) objectives of the sedation;

(2) anticipated changes in patient behavior during and after sedation;

(3) instructions to the person responsible for a patient transported in a child safety seat regarding patient head position to avoid airway obstruction;

(4) a 24-hour telephone number for the permit holder or his or her BLS-certified auxiliaries; and

(5) instructions on limitations of activities and dietary precautions.

(i) For purposes of Rule .0104(b)(2) of this Subchapter, during an evaluation, a moderate pediatric conscious sedation permit holder or applicant shall demonstrate competency in the deployment of an intravenous delivery system as follows:

(1) a permit holder or applicant who uses intravenous sedation shall demonstrate the administration of moderate pediatric conscious sedation on a live patient, including the deployment of an intravenous delivery system; and

(2) a permit holder or applicant who does not use intravenous sedation shall describe the proper deployment of an intravenous delivery system and shall demonstrate the administration of moderate pediatric conscious sedation on a live patient.

History Note: *Authority G.S. 90-28; 90-30.1; 90-48;*
Eff. June 1, 2017;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. February 1, 2019; August 1, 2018;
Amended Eff. June 17, 2024.

21 NCAC 16Q .0703 REPORTS OF ADVERSE OCCURRENCES

(a) A dentist who holds a permit to administer general anesthesia or sedation shall submit an adverse occurrence report to the Board within 72 hours after each adverse occurrence if the patient dies or has permanent organic brain dysfunction within 24 hours after the administration of general anesthesia or sedation. Sedation permit holders shall cease administration of sedation until the Board has investigated the death or permanent organic brain dysfunction and approved resumption of permit privileges. General anesthesia permit holders shall cease administration of general anesthesia and sedation until the Board has reviewed the adverse occurrence report and approved resumption of permit privileges.

(b) A dentist who holds a permit to administer general anesthesia or sedation shall submit an adverse occurrence report to the Board within 30 days after each adverse occurrence if the patient is admitted to a hospital on inpatient status for a medical emergency or physical injury within 24 hours after the administration of general anesthesia or sedation.

(c) The adverse occurrence report shall be in writing and shall include the following:

(1) dentist's name, license number and permit number;
(2) date and time of the occurrence;
(3) facility where the occurrence took place;
(4) name and address of the patient;
(5) surgical procedure involved;
(6) type and dosage of sedation or anesthesia utilized in the procedure;
(7) circumstances involved in the occurrence; and
(8) the entire patient treatment record including anesthesia records.

(d) Upon receipt of any report submitted pursuant to this Rule, the Board shall investigate and shall take disciplinary action if the evidence demonstrates that a licensee has violated the Dental Practice Act set forth in Article 2 of Chapter 90 of the General Statutes or the rules of this Chapter.

History Note: *Authority G.S. 90-28; 90-30.1; 90-41; 90-48;*
Eff. April 1, 2016;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended June 17, 2024.