## GENERAL ASSEMBLY OF NORTH CAROLINA 1993 SESSION

## CHAPTER 176 HOUSE BILL 56

AN ACT TO AUTHORIZE THE BOARD OF MEDICAL EXAMINERS TO ENTER INTO PEER REVIEW AGREEMENTS WITH THE ACADEMY OF PHYSICIAN ASSISTANTS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 90-21.22 reads as rewritten:

## "§ 90-21.22. Peer review agreements.

- (a) The Board of Medical Examiners may, under rules adopted by the Board in compliance with Chapter 150B of the General Statutes, enter into agreements with the North Carolina Medical Society and its local medical society components components, and with the North Carolina Academy of Physician Assistants for the purpose of conducting peer review activities. Peer review activities to be covered by such agreements shall include investigation, review, and evaluation of records, reports, complaints, litigation and other information about the practices and practice patterns of physicians licensed by the Board, and of physician assistants approved by the Board, and shall include programs for impaired physicians. physicians and impaired physician assistants. Agreements between the Academy and the Board shall be limited to programs for impaired physicians and physician assistants and shall not include any other peer review activities.
- (b) Peer review agreements shall include provisions for the society <u>and for the Academy</u> to receive relevant information from the Board and other sources, conduct the investigation and review in an expeditious manner, provide assurance of confidentiality of nonpublic information and of the review process, make reports of investigations and evaluations to the Board, and to do other related activities for promoting a coordinated and effective peer review process. Peer review agreements shall include provisions assuring due process.
- (c) Each society which enters a peer review agreement with the Board shall establish and maintain a program for impaired physicians licensed by the Board\_Board. The Academy, after entering a peer review agreement with the Board, shall either enter an agreement with the North Carolina Medical Society for the inclusion of physician assistants in the Society's program for impaired physicians, or shall establish and maintain the Academy's own program for impaired physician assistants. The purpose of the programs shall be to for the purpose of identifying, reviewing, and evaluating identify, review, and evaluate the ability of those physicians and physician assistants to function as physicians in their professional capacity and to provide programs for treatment and rehabilitation. The Board may provide funds for the administration of

impaired physician <u>and impaired physician assistant</u> programs and shall adopt rules with provisions for definitions of impairment; guidelines for program elements; procedures for receipt and use of information of suspected impairment; procedures for intervention and referral; monitoring treatment, rehabilitation, post-treatment support and performance; reports of individual cases to the Board; periodic reporting of statistical information; assurance of confidentiality of nonpublic information and of the review process.

- (d) Upon investigation and review of a physician licensed by the Board, <u>or a physician assistant approved by the Board</u>, or upon receipt of a complaint or other information, a society which enters a peer review agreement with the <u>Board Board</u>, or <u>the Academy if it has a peer review agreement with the Board</u>, as appropriate, shall report immediately to the Board detailed information about any physician <u>or physician assistant licensed or approved</u> by the Board if:
  - (1) The physician <u>or physician assistant</u> constitutes an imminent danger to the public or to himself;
  - (2) The physician <u>or physician assistant</u> refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment and exhibits professional incompetence; or
  - (3) It reasonably appears that there are other grounds for disciplinary action.
- (e) Any confidential patient information and other nonpublic information acquired, created, or used in good faith by the Academy or a society pursuant to this section shall remain confidential and shall not be subject to discovery or subpoena in a civil case. No person participating in good faith in the peer review or impaired physician or impaired physician assistant programs of this section shall be required in a civil case to disclose any information acquired or opinions, recommendations, or evaluations acquired or developed solely in the course of participating in any agreements pursuant to this section.
- (f) Peer review activities conducted in good faith pursuant to any agreement under this section shall not be grounds for civil action under the laws of this State and are deemed to be State directed and sanctioned and shall constitute State action for the purposes of application of antitrust laws."

Sec. 2. This act becomes effective October 1, 1993.

In the General Assembly read three times and ratified this the 17th day of June, 1993.

Dennis A. Wicker President of the Senate		
Daniel Blue, Jr. Speaker of the House of Representatives	epresenta	atives