

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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SENATE BILL 1054

Short Title: Physician Practice Parameters.

(Public)

Sponsors: Senators Forrester; and Codington.

Referred to: Children and Human Resources.

May 5, 1993

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE BOARD OF MEDICAL EXAMINERS TO DEVELOP
MEDICAL PRACTICE PARAMETERS FOR CERTAIN MEDICAL
SPECIALTIES.

Whereas, the appropriate medical treatment of patients is the primary duty of
licensed physicians; and

Whereas, concerns about medical malpractice liability may contribute to the
inappropriate use of diagnostic tests and advanced treatment technologies; and

Whereas, inappropriate use of sophisticated and expensive medical tests and
procedures contributes to the escalation of health care costs and may adversely affect
the health of the patient; and

Whereas, the use of uniform standards of practice for common medical
conditions and symptoms may avoid patient exposure to inappropriate treatments,
reduce health care costs, and, most importantly, is likely to improve quality of care;

Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. (a) There is established within the Board of Medical Examiners a
Medical Practice Parameter Advisory Committee, and subcommittees of that committee
for each of the following specialty areas: primary care, anesthesiology, emergency
medicine, and obstetrics and gynecology. The purpose of the Advisory Committee is to
oversee the development of practice parameters by each subcommittee and make
recommendations to the Board for review and recommendation to the General
Assembly. The Advisory Committee shall be composed of eight members appointed by
the Governor as follows:

- 1 (1) Four physicians, one of whom is a board-certified primary care
2 physician, one of whom is a board-certified anesthesiologist, one of
3 whom practices emergency medicine, and one of whom is a board-
4 certified OB-GYN physician;
- 5 (2) One nurse practitioner as recommended by the North Carolina Nurses
6 Association;
- 7 (3) One hospital administrator as recommended by the North Carolina
8 Hospital Association;
- 9 (4) One representative of the insurance industry as recommended by the
10 Health Insurance Association of America; and
- 11 (5) One consumer not affiliated with any health care profession.
- 12 (b) The specialty area subcommittees shall be established as follows:
 - 13 (1) Primary care subcommittee composed of not less than 10 members,
14 appointed as follows:
 - 15 a. Three board-certified primary care physicians, appointed by the
16 Board upon the recommendation of the North Carolina Medical
17 Society, one of whom shall be from an urban area, one from a
18 rural area, and one practicing in an HMO. The primary care
19 physician and the anesthesiologist appointed to the Advisory
20 Committee shall serve on this subcommittee;
 - 21 b. One representative from the insurance industry, appointed by
22 the Governor upon the recommendation of the Health Insurance
23 Association of America;
 - 24 c. One board-certified pediatrician appointed by the Governor
25 upon the recommendation of the North Carolina Pediatric
26 Society;
 - 27 d. At least one consumer of primary care not affiliated with any
28 health care profession, appointed by the Governor;
 - 29 e. The nurse practitioner appointed to the Advisory Committee
30 shall serve on this subcommittee; and
 - 31 f. One hospital administrator appointed by the Governor upon the
32 recommendation of the North Carolina Hospital Association.
 - 33 (2) Anesthesiology subcommittee composed of not less than nine
34 members, as follows:
 - 35 a. Two board-certified anesthesiologists appointed by the Board
36 upon the recommendation of the North Carolina Medical
37 Society, one of whom shall be an anesthesiologist practicing in
38 an urban hospital and one practicing in a rural hospital. The
39 anesthesiologist and the OB-GYN physician appointed to the
40 Advisory Committee shall serve on this subcommittee.
 - 41 b. One faculty member from a North Carolina medical school who
42 teaches anesthesiology, appointed by the Governor;

- 1 c. At least one nurse anesthetist, appointed by the Board upon the
2 recommendation of the North Carolina Association of Nurse
3 Anesthetists;
- 4 d. The consumer appointed to the Advisory Committee shall serve
5 on this subcommittee;
- 6 e. One hospital administrator, appointed by the Board upon the
7 recommendation of the North Carolina Hospital Association;
8 and
- 9 f. One representative of the insurance industry, appointed by the
10 Governor upon the recommendation of the Health Insurance
11 Association of America;
- 12 (3) Emergency medicine subcommittee composed of not less than nine
13 members, as follows:
- 14 a. Two physicians practicing emergency medicine appointed by
15 the Board upon the recommendation of the North Carolina
16 Medical Society, one of whom practices in a large urban
17 hospital and one in a rural hospital. The emergency medicine
18 physician and the primary care physician appointed to the
19 Advisory Committee shall serve on this subcommittee;
- 20 b. At least one registered nurse practicing in emergency medicine,
21 appointed by the Board upon the recommendation of the North
22 Carolina Nurses Association;
- 23 c. The insurance representative appointed to the Advisory
24 Committee shall serve on this subcommittee;
- 25 d. At least one consumer not affiliated with any health care
26 profession, appointed by the Governor;
- 27 e. One emergency medical technician-paramedic, appointed by the
28 Board upon the recommendation of the North Carolina Medical
29 Society; and
- 30 f. One hospital administrator, appointed by the Governor upon
31 the recommendation of the North Carolina Hospital
32 Association;
- 33 (4) Obstetrics and gynecology subcommittee composed of at least 10
34 members, as follows:
- 35 a. Two board-certified OB-GYN physicians appointed by the
36 Board upon the recommendation of the North Carolina Medical
37 Society, one practicing in an HMO and one in private practice
38 in a rural area of the State. The OB-GYN physician and the
39 emergency medicine physician appointed to the Advisory
40 Committee shall serve on this subcommittee;
- 41 b. One physician in family practice from a rural area who delivers
42 babies, appointed by the Board upon the recommendation of the
43 North Carolina Academy of Family Physicians;

- 1 c. At least one certified nurse midwife, appointed by the Governor
2 upon the recommendation of the North Carolina Nurses
3 Association;
- 4 d. A representative of the insurance industry, appointed by the
5 Governor upon the recommendation of the Health Insurance
6 Association of America;
- 7 e. A representative of the public health system, appointed by the
8 Governor upon the recommendation of the Association of Local
9 Boards of Health;
- 10 f. At least one consumer not affiliated with any health care
11 profession, appointed by the Governor; and
- 12 g. The hospital administrator appointed to the Advisory
13 Committee shall serve on this subcommittee.

14 (c) The Governor shall appoint the chair of the Advisory Committee. The
15 chair of each subcommittee shall be elected by the members of that committee. To the
16 extent possible, the Governor shall ensure that committee appointments include persons
17 who have experience in developing practice parameters.

18 (d) Each medical specialty subcommittee shall develop practice parameters in
19 the specialty area of that committee. The subcommittee shall limit the procedures for
20 which parameters are developed to a reasonable amount, based on volume, cost, and
21 risk for inappropriate utilization and inconsistency in quality of care. The practice
22 parameters shall be developed such that they will be useful for risk management, and
23 shall define appropriate clinical indications and methods of treatment within that
24 specialty. The parameters must be consistent with appropriate standards of care and
25 levels of quality, and shall take into account resources available to physicians practicing
26 in various geographic areas of the State. In developing the parameters, the
27 subcommittees may adopt or modify nationally approved parameters.

28 (e) The Board of Medical Examiners may accept funds from outside sources
29 to help finance the work of the Practice Parameters Advisory Committee and the
30 medical specialty subcommittees.

31 (f) Each medical specialty subcommittee shall report the parameters
32 developed to the Advisory Committee together with any recommendations the
33 subcommittee may have. The Advisory Committee shall review each subcommittee's
34 parameters and recommendations, and shall report the parameters adopted by the
35 Advisory Committee to the Board for its review of and recommendations concerning
36 the parameters. The Advisory Committee shall complete its task and make its report to
37 the Board in sufficient time for the Board to review the recommendations and make its
38 final report to the General Assembly.

39 Sec. 2. The Board of Medical Examiners shall make a final report of the
40 parameters and recommendations to the 1995 General Assembly and to the Governor on
41 or before January 1, 1995. The report shall include recommendations for measuring
42 outcomes of parameters, for ongoing review of existing parameters, and for expanding
43 the development of parameters in other medical specialty areas.

44 Sec. 3. This act is effective upon ratification.