

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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SENATE BILL 1054
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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

1 AN ACT TO DIRECT THE BOARD OF MEDICAL EXAMINERS TO DEVELOP
2 MEDICAL PRACTICE PARAMETERS FOR CERTAIN MEDICAL
3 SPECIALTIES.
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5 Whereas, the appropriate medical treatment of patients is the primary duty of
6 licensed physicians; and

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

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

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

15 Now, therefore,

16 The General Assembly of North Carolina enacts:

17 Section 1. (a) There is established within the Board of Medical Examiners a
18 Medical Practice Parameter Advisory Committee, and subcommittees of that committee
19 for each of the following specialty areas: primary care, anesthesiology, emergency
20 medicine, and obstetrics and gynecology. The purpose of the Advisory Committee is to
21 oversee the development of practice parameters by each subcommittee and make
22 recommendations to the Board for review and recommendation to the General

1 Assembly. The Advisory Committee shall be composed of nine members appointed by
2 the Governor as follows:

- 3 (1) Four physicians, one of whom is a board-certified primary care
4 physician, one of whom is a board-certified anesthesiologist, one of
5 whom practices emergency medicine, and one of whom is a board-
6 certified OB-GYN physician;
- 7 (2) One nurse practitioner as recommended by the North Carolina Nurses
8 Association;
- 9 (3) One hospital administrator as recommended by the North Carolina
10 Hospital Association;
- 11 (4) One representative of the insurance industry as recommended by the
12 Health Insurance Association of America;
- 13 (5) One consumer not affiliated with any health care profession; and
- 14 (6) One attorney appointed by the Governor.

15 (b) The specialty area subcommittees shall be established as follows:

- 16 (1) Primary care subcommittee composed of not less than 10 members,
17 appointed as follows:
 - 18 a. Three board-certified primary care physicians, appointed by the
19 Board upon the recommendation of the North Carolina Medical
20 Society, one of whom shall be from an urban area, one from a
21 rural area, and one practicing in an HMO. The primary care
22 physician and the anesthesiologist appointed to the Advisory
23 Committee shall serve on this subcommittee;
 - 24 b. One representative from the insurance industry, appointed by
25 the Governor upon the recommendation of the Health Insurance
26 Association of America;
 - 27 c. One board-certified pediatrician appointed by the Governor
28 upon the recommendation of the North Carolina Pediatric
29 Society;
 - 30 d. At least one consumer of primary care not affiliated with any
31 health care profession, appointed by the Governor;
 - 32 e. The nurse practitioner appointed to the Advisory Committee
33 shall serve on this subcommittee;
 - 34 f. One hospital administrator appointed by the Governor upon the
35 recommendation of the North Carolina Hospital Association;
36 and
 - 37 g. One attorney appointed by the Governor.
- 38 (2) Anesthesiology subcommittee composed of not less than ten members,
39 as follows:
 - 40 a. Two board-certified anesthesiologists appointed by the Board
41 upon the recommendation of the North Carolina Medical
42 Society, one of whom shall be an anesthesiologist practicing in
43 an urban hospital and one practicing in a rural hospital. The

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

- 1 emergency medicine physician appointed to the Advisory
2 Committee shall serve on this subcommittee;
- 3 b. One physician in family practice from a rural area who delivers
4 babies, appointed by the Board upon the recommendation of the
5 North Carolina Academy of Family Physicians;
- 6 c. At least one certified nurse midwife, appointed by the Governor
7 upon the recommendation of the North Carolina Nurses
8 Association;
- 9 d. A representative of the insurance industry, appointed by the
10 Governor upon the recommendation of the Health Insurance
11 Association of America;
- 12 e. A representative of the public health system, appointed by the
13 Governor upon the recommendation of the Association of Local
14 Boards of Health;
- 15 f. At least one consumer not affiliated with any health care
16 profession, appointed by the Governor;
- 17 g. The hospital administrator appointed to the Advisory
18 Committee shall serve on this subcommittee; and
- 19 h. One attorney.

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

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

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

37 (f) Each medical specialty subcommittee shall report the parameters
38 developed to the Advisory Committee together with any recommendations the
39 subcommittee may have. The Advisory Committee shall review each subcommittee's
40 parameters and recommendations, and shall report the parameters adopted by the
41 Advisory Committee to the Board for its review of and recommendations concerning
42 the parameters. The Advisory Committee shall complete its task and make its report to
43 the Board in sufficient time for the Board to review the recommendations and make its
44 final report to the General Assembly.

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

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