GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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HOUSE BILL 675

Short Title: Physician Practice Parameters. (Public)

Sponsors: Representatives C. Wilson; Berry, Brawley, Edwards, and Hayes.

Referred to: Health and Human Services.

March 30, 1993

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE BOARD OF MEDICAL EXAMINERS TO DEVELOP MEDICAL PRACTICE PARAMETERS AND RISK MANAGEMENT PROTOCOLS 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 unnecessary use of diagnostic tests and advanced treatment technologies; and

Whereas, overuse 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 unnecessary treatments and reduce health care costs; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. (a) The Board of Medical Examiners shall establish medical specialty advisory committees for the purpose of developing physician practice parameters and risk management protocols for each specialty area. The advisory committees shall be established as follows:

- (1) A primary care advisory committee composed of not less than nine members, as follows:
 - a. At least four board-certified primary care physicians, one of whom shall be from an urban area, one from a rural area, one

1		practicing in an HMO, and one primary care physician
2		appointed at large by the Governor;
3		b. One representative from the insurance industry;
4		c. One board-certified pediatrician;
5		d. At least one consumer of primary care not affiliated with any
6		health care profession;
7		e. At least one nurse practitioner; and
8		f. One hospital administrator;
9	(2)	An advisory committee on anesthesiology composed of not less than
10	(2)	seven members, as follows:
11		a. At least three board-certified anesthesiologists, one of whom
12		shall be an anesthesiologist practicing in an urban hospital, one
13		practicing in a rural hospital, and one appointed at large by the
14		Governor;
15		b. One faculty member from a North Carolina medical school who
16		teaches anesthesiology;
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19		profession; and
20	(2)	e. One hospital administrator;
21	(3)	An advisory committee on emergency medicine composed of not less
22		than eight members, as follows:
23		a. At least three physicians practicing emergency medicine, one of
24		whom practices in a large urban hospital, one in a rural
25		hospital, and one appointed at large by the Governor;
26		b. At least one registered nurse practicing in emergency medicine;
27		c. One insurance representative;
28		d. At least one consumer not affiliated with any health care
29		profession;
30		e. One emergency medical technician-paramedic; and
31		f. One hospital administrator;
32	(4)	An advisory committee on obstetrics and gynecology composed of at
33		least nine members, as follows:
34		a. At least three board-certified OB-GYN physicians, one
35		practicing in an HMO, one in private practice in a large urban
36		area of the State, and one appointed by the Governor and in
37		private practice in a rural area of the State;
38		b. One physician in family practice from a rural area who delivers
39		babies;
40		c. At least one certified nurse midwife;
41		d. A representative of the insurance industry;
42		e. A representative of the public health system;
43		f. At least one consumer not affiliated with any health care
44		profession; and

- g. One hospital administrator.
 - (b) The Governor's appointees shall serve as chair of their respective committee.
 - (c) Each medical specialty advisory committee shall develop practice parameters and risk management protocols in the medical specialty area of that committee. The practice parameters shall define appropriate clinical indications and methods of treatment within that specialty. The parameters and protocols must be consistent with appropriate standards of care and levels of quality, and shall take into account resources available to physicians practicing in various geographic areas of the State.
 - (d) The Board of Medical Examiners may accept funds from outside sources to help finance the work of the medical specialty advisory committees.
 - (e) Each medical specialty advisory committee shall report the parameters and protocols developed, together with any recommendations the committee may have, to the Board of Medical Examiners for its adoption. The committee shall complete its task and make its report to the Board in sufficient time for the Board to act on the committees' work and make its final report to the General Assembly.
 - Sec. 2. The Board of Medical Examiners shall make a final report of the parameters, protocols, and recommendations to the 1995 General Assembly and to the Governor on or before January 1, 1995.
 - Sec. 3. This act is effective upon ratification.