

**North Carolina Medical Society
2012 House of Delegates**

**REPORT
OF
REFERENCE COMMITTEE
Resolutions**

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

**REPORT OF REFERENCE COMMITTEE
TO
THE 2012 HOUSE OF DELEGATES**

1 Madam/Mr. Speaker and Members of the House of Delegates:
2

3 Your Reference Committee gave careful consideration to all of the items referred to
4 it and to the members who provided input and submits the following report to the
5 House:
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7 (1) RESOLUTION 1 - JOINING FORCES INITIATIVE
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9 RESOLVED, That the North Carolina Medical Society supports North Carolina
10 medical colleges and the Association of American Medical Colleges (AAMC)
11 curriculum to prepare medical students to care for the unique issues our
12 returning veterans and their families face. **(policy)**
13

14 RECOMMENDATION #1:
15

16 Madam/Mr. Speaker, your Reference Committee recommends that
17 Resolution 1 be **amended by substitution.**
18

19 RESOLVED, That the North Carolina Medical Society supports ~~North Carolina~~
20 ~~medical colleges and the Association of American Medical Colleges (AAMC)~~
21 ~~curriculum to prepare medical students~~ voluntary continuing medical
22 education to prepare physicians, physician assistants and medical students to
23 care for the unique issues our returning veterans and their families face.
24 **(policy)**
25

26 *Comments: The Reference Committee reviewed testimony in support of this*
27 *resolution, as well as comments to encourage CME for practicing physicians*
28 *in this area. The Reference Committee finds that this area of education would*

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1 *be valuable for not only students but also for practicing physicians and*
2 *physician assistants.*

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4 RECOMMENDATION #2:

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6 Madam/Mr. Speaker, your Reference Committee recommends that
7 Resolution 1 be **adopted as amended.**

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1 (2) RESOLUTION 2 - IMPROPER USE OF SOCIAL SERVICES FUNDS

2
3 RESOLVED, That the North Carolina Medical Society supports the addition of
4 a photographic image to North Carolina social service benefit cards to reduce
5 the illegitimate use of taxpayer funds; and be it further **(policy)**

6
7 RESOLVED, That the North Carolina Medical Society supports Federal and
8 State efforts to reduce fraud in the distribution of social service cards and
9 benefits. **(policy)**

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11 RECOMMENDATION:

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13 Madam/Mr. Speaker, your Reference Committee recommends that
14 Resolution 2 be **amended by deletion.**

15
16 ~~RESOLVED, That the North Carolina Medical Society supports the addition of~~
17 ~~a photographic image to North Carolina social service benefit cards to reduce~~
18 ~~the illegitimate use of taxpayer funds; and be it further **(policy)**~~

19
20 RESOLVED, That the North Carolina Medical Society supports Federal and
21 State efforts to reduce fraud in the distribution of social service cards and
22 benefits. **(policy)**

23
24 *Comments: The Reference Committee reviewed testimony both in favor of*
25 *and in opposition to Resolution 2. The Reference Committee finds that*
26 *photographic images may be costly to the state and as easily reproduced as*
27 *other forms of government identification. However, the Committee believes a*
28 *policy statement to support the reduction of fraud in social service programs*
29 *is a positive position for NCMS.*

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31 RECOMMENDATION #2:

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33 Madam/Mr. Speaker, your Reference Committee recommends that
34 Resolution 2 be **adopted as amended.**

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

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(3) RESOLUTION 3 - NARCO-TERRORISM

RESOLVED, That the North Carolina Medical Society supports efforts to address narco-terrorism that emphasize patient and community education; and be it further **(policy)**

RESOLVED, That the North Carolina Medical Society supports responsible prescribing of opioid/opiate medications and increased education of physicians about drug abuse. **(policy)**

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 3 be **filed.**

Comments: The Reference Committee reviewed testimony on both sides of this issue. However, the Reference Committee finds that the work of the NCMS Opioid Death Reduction Task Force, detailed in Report A, is currently the most appropriate venue for developing broad NCMS policy in the areas of prescribing and addiction.

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1 (4) RESOLUTION 4 - IMMUNIZATIONS

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RESOLVED, that the North Carolina Medical Society opposes the administration of immunizations by pharmacists or other non-physicians in locations not having a physician in attendance. **(policy)**

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 4 be **referred to the NCMS Board of Directors for action.**

Comments: The Reference Committee reviewed testimony overwhelmingly opposed to this resolution, citing concern for patient access. Knowing that this issue is one which has been discussed in the state legislature and may be discussed jointly by the Medical, Nursing and Pharmacy Boards in the near future - the Reference Committee finds that policy on the issue could be useful and urges the Board of Directors to take further action.

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1 (5) RESOLUTION 5 – IS THE DOCTOR A PHYSICIAN?
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3 RESOLVED, That the North Carolina Medical Society develop a campaign for
4 public and legislative awareness to clarify the evolving problem of use of the
5 term “doctor” by non-physician health care providers. **(action)**
6

7 RECOMMENDATION:
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9 Madam/Mr. Speaker, your Reference Committee recommends that
10 Resolution 5 be **referred to the NCMS Board of Directors for study and**
11 **report back.**
12

13 *Comments: The Reference Committee reviewed testimony both in support of*
14 *and opposed to this resolution. Many comments received questioned the*
15 *prevalence of patient confusion in identifying the educational background of*
16 *healthcare providers. Therefore, the Reference Committee finds that further*
17 *study is warranted.*
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1 (6) RESOLUTION 6 – DANGERS OF THIRD HAND SMOKE

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RESOLVED, That the North Carolina Medical Society supports patient education regarding the dangers of “third hand smoke”, which refers to residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. **(policy)**

RECOMMENDATION #1:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 6 be **amended by substitution.**

RESOLVED, That the North Carolina Medical Society supports ~~patient education~~ further research regarding the dangers of “third hand smoke”, which refers to residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. **(policy)**

Comments: The Reference Committee received limited testimony on this item and finds that evidence-based research on the dangers of third hand smoke is also limited. The Committee finds that further evidence-based research is necessary to properly educate patients on this issue.

RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 6 be **adopted as amended.**

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1 (7) RESOLUTION 7 – INSURANCE OWNED PHYSICIAN PRACTICES

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3 RESOLVED, That the North Carolina Medical Society opposes the ownership,
4 in part or in whole, of physician practices by health insurance benefit
5 providers; and be it further **(policy)**

6 RESOLVED, That the North Carolina Medical Society staff liaison to the NC
7 Department of Insurance advise the DOI of the concept of insurance owned
8 physician practices, and encourage the DOI to preempt such practices from
9 emerging in North Carolina. **(action)**

10

11 RECOMMENDATION:

12

13 Madam/Mr. Speaker, your Reference Committee recommends that
14 Resolution 7 be **referred to the NCMS Board of Directors for study and**
15 **report back.**

16

17 *Comments: The Reference Committee reviewed testimony questioning the*
18 *practical application of this resolution. Questions regarding the implications*
19 *to Accountable Care Organizations (ACOs) as well as to established*
20 *organizations such as Kaiser Permanente, already providing healthcare*
21 *through its employed physicians, lead the Committee to seek further study of*
22 *this issue.*

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1 (8) RESOLUTION 8 – OPPOSITION TO FULL IMPLEMENTATION OF ICD-10

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RESOLVED, That the North Carolina Medical Society opposes implementation of ICD-10 which lacks sufficient evidence to show that the improvement in cost-effective patient care outweighs the anticipated burden to physicians, other health care entities, or patients. **(policy)**

RECOMMENDATION #1:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 8 be **amended by substitution.**

RESOLVED, That the North Carolina Medical Society direct the NCMS AMA delegation to support delay in the ~~opposes~~ implementation of ICD-10 ~~which lacks sufficient evidence to show that the improvement in cost-effective patient care outweighs the anticipated burden to physicians, other health care entities, or patients.~~ until sufficient evidence demonstrates a minimal impact to physicians, other health care entities, and patients. **(policy)**
(action)

Comments: The Reference Committee received limited testimony in support of delay of ICD-10 and finds that the intent of this resolution would be best served via action of the NCMS AMA delegation. In their most recent comment letter on ICD-10 Implementation, the AMA asked for a 2 year delay or repeal. The NCMS signed on to this letter.

RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 8 be **adopted as amended.**

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1 (9) RESOLUTION 9 – SUBOXONE TRAINING

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RESOLVED, That the North Carolina Medical Society supports Suboxone education efforts and certification for its use in detoxification and maintenance under a waiver by the United States Drug Enforcement Administration. **(policy)**

RECOMMENDATION #1:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 9 be **amended by substitution.**

RESOLVED, That the North Carolina Medical Society supports Suboxone education efforts by publishing information regarding the use of Suboxone for detoxification and maintenance on the NCMS website and in the *Bulletin*. ~~and certification for its use in detoxification and maintenance under a waiver by the United States Drug Enforcement Administration.~~ **(policy) (action)**

Comments: The Reference Committee reviewed testimony in support of this resolution. However, the Reference Committee also finds that an established process for physicians to become certified as Suboxone providers is already in place. Member education efforts to share information about this process may be most helpful.

RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 9 be **adopted as amended.**

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1 (10) RESOLUTION 10 – PHYSICIAN ASSISTANTS AS PART OF THE PATIENT
2 CENTERED MEDICAL HOME

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4 RESOLVED, That the North Carolina Medical Society supports and endorses
5 the use of Physician Assistants in the Patient Centered Medical Home model;
6 and be it further **(policy)**

7

8 RESOLVED, That the North Carolina Medical Society encourage North
9 Carolina county medical societies and specialty societies to endorse inclusion
10 of Physician Assistants in the Patient Centered Medical Home delivery model
11 of health care. **(action)**

12

13 RECOMMENDATION #1:

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15 Madam/Mr. Speaker, your Reference Committee recommends that
16 Resolution 10 be **amended by addition.**

17

18 RESOLVED, That the North Carolina Medical Society supports and endorses
19 the use of Physician Assistants as part of a physician-led team within the
20 Patient Centered Medical Home model; and be it further **(policy)**

21

22 RESOLVED, That the North Carolina Medical Society encourage North
23 Carolina county medical societies and specialty societies to endorse inclusion
24 of Physician Assistants as part of a physician-led team within the Patient
25 Centered Medical Home delivery model of health care. **(action)**

26

27 *Comments: The Reference Committee reviewed testimony on both sides of*
28 *this resolution. Among this testimony were comments requesting clarification*
29 *of the intent of this resolution. Upon discussion with the author of the*
30 *resolution, the Reference Committee finds that clarifying language should*
31 *satisfy questions raised during the online comment period.*

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33 RECOMMENDATION #2:

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- 1 Madam/Mr. Speaker, your Reference Committee recommends that
- 2 Resolution 10 be **adopted as amended.**
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1 (11) RESOLUTION 11 – SUPPORT FOR SAME-SEX HOUSEHOLDS AND CIVIL
2 MARRIAGE

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4 RESOLVED, That the North Carolina Medical Society opposes the denial of
5 civil marriage based on sexual orientation as it is discriminatory imposes
6 harmful stigma on gay and lesbian individuals and couples and their families,
7 and contributes to health care disparities within same-sex households; and
8 be it further **(policy)**

9

10 RESOLVED, That the North Carolina Medical Society supports efforts to
11 reduce health care disparities among members of same-sex households
12 including minor children; and be it further **(policy)**

13

14 RESOLVED, That the North Carolina Medical Society supports measures
15 providing same-sex households with the same rights and privileges to health
16 care, health insurance, and survivor benefits, as afforded opposite-sex
17 households. **(policy)**

18

19 RECOMMENDATION:

20

21 Madam/Mr. Speaker, your Reference Committee recommends that
22 Resolution 11 be **adopted.**

23

24 *Comments: The Reference Committee reviewed testimony mostly in favor of*
25 *this resolution and finds that the language proposed closely mirrors existing*
26 *AMA policy on the issue: H-65.973 Health Care Disparities in Same-Sex*
27 *Partner Households.*

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1 (12) RESOLUTION 12 – CALLING FOR AN END TO FEDERAL AND STATE FUNDS
2 SPENT ON CONSUMABLE CORN SUBSIDIES

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RESOLVED, That the North Carolina Medical Society supports an end to all corn subsidies from the state or federal level that contribute to or support consumable corn end-products or that is not directed toward farm relief.

(policy)

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 12 be **filed**.

Comments: The Reference Committee reviewed testimony both in favor of and in opposition to this resolution. The Reference Committee finds that with the number of pressing medical issues at the state and federal level, opposition to corn subsidies is not a part of the core mission of the NCMS.

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1 (13) RESOLUTION 13 - SUPPORT OF MANDATORY DRUG TESTING FOR HIGH
2 SCHOOL STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES

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RESOLVED, That the North Carolina Medical Society supports random drug testing for all students participating in high school and middle school activities. *(policy)*

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 13 be **referred to the NCMS Board of Directors for study and report back.**

Comments: The Reference Committee reviewed testimony both in support of this resolution and in opposition to this resolution. With no related policy in existence, but with the safety of children in mind, the Reference Committee recommends further study on the issue.

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1 (14) RESOLUTION 14 - SUPPORT OF THE STUDY OF A CAPITATED MEDICAID
2 SYSTEM

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4 RESOLVED, That the North Carolina Medical Society supports a study to
5 develop a capitated system of delivery of care for Medicaid patients. **(policy)**

6

7 RECOMMENDATION:

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9 Madam/Mr. Speaker, your Reference Committee recommends that
10 Resolution 14 is **not adopted.**

11

12 *Comments: The Reference Committee reviewed testimony overwhelmingly*
13 *opposed to the resolution, citing support for Community Care of North*
14 *Carolina (CCNC) rather than movement to or study of a new capitated*
15 *Medicaid management system.*

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1 (15) RESOLUTION 15 - REGARDING SYNTHETIC MARIJUANA

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RESOLVED, That the North Carolina Medical Society supports an immediate and oppressive tax on synthetic marijuana products loosely known as bath salts and incense and go by the common names of “Spice, K-2 and Kush,” among others, until such time that the state legislature can pass laws which better describe and either outlaws completely or severely limits the sale or consumption of these products. **(policy)**

RECOMMENDATION #1:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 15 be **amended by substitution.**

~~RESOLVED, That the North Carolina Medical Society supports an immediate and oppressive tax on synthetic marijuana products loosely known as bath salts and incense and go by the common names of “Spice, K-2 and Kush,” among others, until such time that the state legislature can pass laws which better describe and either outlaws completely or severely limits the sale or consumption of these products.~~ opposes the manufacture and sale of various synthetic drug products rapidly becoming substances of abuse and commonly known by such names as, “bath salts, incense, spice, K-2, and Kush” among others; further the North Carolina Medical Society supports the study of these chemical compounds for the purposes of testing for and regulation of these substances. (policy)

Comments: The Reference Committee reviewed testimony generally favorable to this resolution; however comments focused on forming policy specifically opposed to the manufacture and use of these products – as the NCMS has no existing policy in this area. Additionally, the related policy proposed by Resolution 16 has been incorporated into Resolution 15.

RECOMMENDATION #2:

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- 1 Madam/Mr. Speaker, your Reference Committee recommends that
- 2 Resolution 15 be **adopted as amended.**
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The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (16) RESOLUTION 16 - SUPPORT OF SYNTHETIC MARIJUANA RESEARCH

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3 RESOLVED, That the North Carolina Medical Society request the North
4 Carolina General Assembly to set aside monies to study the content of these
5 chemical compounds commonly classified as bath salts and incense and
6 commonly called "Spice, K-2 and Kush" such that people can be tested for
7 these drugs and their production can be limited or their distribution
8 regulated. **(action)**

9

10 RECOMMENDATION:

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12 Madam/Mr. Speaker, your Reference Committee recommends that
13 Resolution 16 be **filed**.

14

15 *Comments: The Reference Committee has incorporated this resolution into*
16 *the amended language proposed for Resolution 15.*

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The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (17) RESOLUTION 17 - TYING LICENSURE TO PARTICIPATION IN SPECIALTY
2 MAINTENANCE OF CERTIFICATION PROCESSES

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4 RESOLVED, That the North Carolina Medical Society opposes linking state
5 medical license issuance or renewal to the Maintenance of Certification
6 processes of the specialty medical boards. **(policy)**

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8 RECOMMENDATION #1:

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10 Madam/Mr. Speaker, your Reference Committee recommends that
11 Resolution 17 be **amended by substitution.**

12
13 RESOLUTION 17 – OPPOSITION TO LINKING TYING LICENSURE TO
14 PARTICIPATION IN SPECIALTY MAINTENANCE OF CERTIFICATION PROCESSES

15
16 RESOLVED, That the North Carolina Medical Society opposes linking state
17 medical license issuance or renewal to the Maintenance of Certification
18 processes of the specialty medical boards. **(policy)**

19
20 *Comments: The Reference Committee reviewed testimony in support of this*
21 *resolution and finds that this issue will become a topic of debate in the near*
22 *future as state medical boards implement Maintenance of Licensure (MOL)*
23 *programs across the country. The title of this resolution is the only suggested*
24 *change.*

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26 RECOMMENDATION #2:

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28 Madam/Mr. Speaker, your Reference Committee recommends that
29 Resolution 17 be **adopted as amended.**

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1 (18) RESOLUTION 18 - TYING LICENSURE TO MANDATORY PARTICIPATION IN
2 GOVERNMENT-FUNDED INSURANCE PROGRAMS

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4 RESOLVED, That the North Carolina Medical Society opposes linking state
5 licensure to obligatory participation in any private or government third party
6 payer program. *(policy)*

7

8 RECOMMENDATION #1:

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10 Madam/Mr. Speaker, your Reference Committee recommends that
11 Resolution 18 be **amended by substitution.**

12

13 RESOLUTION 18 – OPPOSITION TO LINKING TYING LICENSURE TO
14 MANDATORY PARTICIPATION IN GOVERNMENT-FUNDED INSURANCE
15 PROGRAMS

16

17 RESOLVED, That the North Carolina Medical Society opposes linking state
18 licensure to obligatory participation in any private or government third party
19 payer program. *(policy)*

20

21 *Comments: The Reference Committee reviewed testimony in support of this*
22 *resolution. The title of this resolution is the only suggested change.*

23

24 *Current NCMS Policy opposes the connection between licensure and only*
25 *Medicare and Medicaid participation. The policy reads as follows:*

26

27 *The North Carolina Medical Society opposes any legislation that*
28 *requires mandatory participation of physicians in Medicare and*
29 *Medicaid programs as a basis for licensure.*

30

31 *However, the Reference Committee finds it important to additionally oppose*
32 *a connection between licensure and any private payer as well.*

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RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 18 be **adopted as amended.**

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (19) RESOLUTION 19 - FREEDOM OF PATIENT CHOICE AND PHYSICIAN REFERRAL
2 FREEDOM

3

4 RESOLVED, That the North Carolina Medical Society supports the freedom of
5 choice of patients to choose their physician, and the freedom of choice of
6 physicians and mid-level practitioners to refer their patients to the physician
7 or physician practice or hospital that they think is most able to provide the
8 best medical care; and be it further **(policy)**

9

10 RESOLVED, That the North Carolina Medical Society opposes the limitation of
11 patient choice of their physician and opposes the limitation of physician and
12 mid-level practitioner referral choice; and be it further **(policy)**

13

14 RESOLVED, That the North Carolina Medical Society seek to ban any
15 limitation or restriction, including banning contractual restriction, by any
16 hospital or physician network on their member physicians or mid-level
17 practitioners which limits the ability of these physicians and mid-level
18 practitioners to refer their patients to the physicians, or physician practices,
19 or hospitals that they and their patients believe is preferable. **(action)**

20

21 RECOMMENDATION #1:

22

23 Madam/Mr. Speaker, your Reference Committee recommends that
24 RESOLUTION 19 be **amended by substitution.**

25

26 RESOLVED, That the North Carolina Medical Society supports the freedom of
27 choice of patients to choose their physician, and the freedom of choice of
28 physicians and mid-level practitioners to refer their patients to the physician
29 or physician practice or hospital that they think is most able to provide the
30 best medical care; and be it further **(policy)**

31

32 RESOLVED, That the North Carolina Medical Society opposes the limitation of
33 patient choice of their physician and opposes the limitation of physician and
34 mid-level practitioner referral choice; and be it further **(policy)**

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

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RESOLVED, That the North Carolina Medical Society ~~seek to ban~~ opposes any limitation or restriction, including ~~banning contractual restriction~~ those imposed contractually, by any hospital or physician network on their member physicians or mid-level practitioners which limits the ability of these physicians and mid-level practitioners to refer their patients to the physicians, or physician practices, or hospitals that they and their patients believe is preferable; further, where such restrictions do exist, patients should be notified. ~~(action)~~ (policy)

Comments: The Reference Committee reviewed testimony in support of this resolution. However, the number of legislative priorities currently established as well as the large fiscal note attached to the action item of this resolution lead the Reference Committee to recommend the adoption of supportive policy statements rather than legislative directives at this time.

RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that RESOLUTION 19 be adopted as amended.

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1 (20) RESOLUTION 20 - RECOGNIZE AND TREAT ANAPHYLAXIS

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3 RESOLVED, That the North Carolina Medical Society petition the North
4 Carolina Legislature to require that school personnel, including but not
5 limited to teachers, cafeteria workers and nurses, be instructed on how to
6 recognize and then treat an individual experiencing an anaphylactic
7 emergency and in particular the administration of an epinephrine auto-
8 injector and require all schools to have "non-student specific" epinephrine
9 auto-injectors on hand to treat anaphylaxis. Further, since persons trained
10 to use AED devices are also trained to use epinephrine auto-injectors, all AED
11 lockers should include epinephrine auto-injectors for emergent use in those
12 public locations. **(action)**

13
14 RECOMMENDATION:

15
16 Madam/Mr. Speaker, your Reference Committee recommends that
17 Resolution 20 be **referred to the NCMS Board of Directors for study and**
18 **report back.**

19
20 *Comments: The Reference Committee reviewed testimony debating both*
21 *sides of this resolution, including questions regarding the \$10,000 fiscal note*
22 *attached to the implementation of the action item in this proposal. The*
23 *Reference Committee finds that additional study into the necessity for this*
24 *action is required before any program is approved.*
25
26

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (21) RESOLUTION 21 - THE MEDICAL CARE REINVENTION ACT

2

3 RESOLVED, That the North Carolina Medical Society will make every effort to
4 effect The Medical Care Reinvention Act to restore the non-monetary
5 rewards to the practice of medicine and protect the dollars for all the parties
6 involved. We are all patients, and we will maintain the primacy of caring for
7 the patient as we take care of the patient. (see attachment) **(action)**

8

9 RECOMMENDATION:

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11 Madam/Mr. Speaker, your Reference Committee recommends that
12 Resolution 21 be **filed**.

13

14 *Comments: The Reference Committee reviewed testimony in opposition to*
15 *this resolution. Due to the extremely large fiscal cost and necessary staff*
16 *resources required for an NCMS initiative to modify federal law, the*
17 *Reference Committee recommends filing.*

18

19

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (22) RESOLUTION 22 - GREETINGS AND APPRECIATION

2

3 RESOLVED, That the North Carolina Medical Society and the North Carolina
4 Academy of Physician Assistants continue to cooperate and support one
5 another, particularly in those areas of common regulatory and legislative
6 interest; and be it further **(action)**

7

8 RESOLVED, That the North Carolina Medical Society and the North Carolina
9 Academy of Physician Assistants continue to advocate on behalf of all
10 physician-PA teams in North Carolina and on behalf of the patients cared for
11 by these teams. **(action)**

12

13 RECOMMENDATION:

14

15 Madam/Mr. Speaker, your Reference Committee recommends that
16 Resolution 22 be **adopted.**

17

18 *Comments: The Reference Committee received testimony overwhelmingly*
19 *supportive of this resolution and thanks the North Carolina Academy of*
20 *Physician Assistants for introducing it.*

21

22

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (23) RESOLUTION 23 - PHYSICIAN REIMBURSEMENT FOR INTERPRETER SERVICES

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RESOLVED, That the North Carolina Medical Society seek to establish reimbursement of a reasonable rate to physicians in North Carolina for interpreter services for patients who are covered by both private insurance companies including Blue Cross Blue Shield and United Healthcare and Medicaid and State Children's Health Insurance Programs; and be it further **(action)**

RESOLVED, That the North Carolina Medical Society supports physician reimbursement for interpreter services that covers the entire patient encounter from their check-in until they have completed the check-out process, and be it further **(policy)**

RESOLVED, That the North Carolina Medical Society supports establishment of a certification/credentialing exams for medical interpreters in conjunction with University of North Carolina Greensboro at the earliest opportunity, and be it further **(policy)**

RESOLVED, That the North Carolina Medical Society supports development of a medical interpreter certification process to address the needs of the Spanish-speaking population first, and supports development of a timeline for the development of medical interpreter certification process for other languages based on population demands. **(policy)**

RECOMMENDATION #1:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 23 be **amended by deletion.**

~~RESOLVED, That the North Carolina Medical Society seek to establish reimbursement of a reasonable rate to physicians in North Carolina for interpreter services for patients who are covered by both private insurance companies including Blue Cross Blue Shield and United Healthcare and~~

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 ~~Medicaid and State Children's Health Insurance Programs; and be it further~~
2 ~~**(action)**~~

3

4 ~~RESOLVED, That the North Carolina Medical Society supports physician~~
5 ~~reimbursement for interpreter services that covers the entire patient~~
6 ~~encounter from their check-in until they have completed the check-out~~
7 ~~process, and be it further **(policy)**~~

8

9 ~~RESOLVED, That the North Carolina Medical Society supports establishment~~
10 ~~of a certification/credentialing exams for medical interpreters in conjunction~~
11 ~~with University of North Carolina Greensboro at the earliest opportunity, and~~
12 ~~be it further **(policy)**~~

13

14 ~~RESOLVED, That the North Carolina Medical Society supports development of~~
15 ~~a medical interpreter certification process. to address the needs of the~~
16 ~~Spanish-speaking population first, and supports development of a timeline~~
17 ~~for the development of medical interpreter certification process for other~~
18 ~~languages based on population demands. **(policy)**~~

19

20 ~~*Comments: The Reference Committee reviewed testimony both in favor of*~~
21 ~~*and in opposition to this resolution. The NCMS has existing policy that reads:*~~

22

23 ~~*The North Carolina Medical Society supports adequate reimbursement*~~
24 ~~*for healthcare providers for all services in the CLAS standards*~~
25 ~~*recommendations.*~~

26

27 ~~*National Standards on Culturally and Linguistically Appropriate Services (CLAS)*~~
28 ~~*can be accessed at the following website and include medical interpreting services:*~~
29 ~~<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>~~

30

31 ~~*Based on existing support of adequate reimbursement, the Reference*~~
32 ~~*Committee finds that the only shortcoming in existing NCMS policy is the*~~
33 ~~*absence of support for a medical interpreter certification process.*~~

34

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

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RECOMMENDATION #2:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 23 be **adopted as amended.**

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

1 (24) RESOLUTION 24 - UNITED HEALTHCARE CORPORATE REIMBURSEMENT
2 POLICY

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RESOLVED, That the North Carolina Medical Society supports national CPT coding guidelines; and be it further **(policy)**

RESOLVED, That the North Carolina Medical Society promote reversal of the United Healthcare corporate policy of discounting payment by 50% for Evaluation and Management procedures performed during Preventive Care and Wellness Exams; and be it further **(action)**

RESOLVED, That the North Carolina Medical Society supports the primary care incentive payments signed into federal law on March 23, 2010. **(policy)**

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Resolution 24 be **referred to the NCMS Board of Directors for action.**

Comments: The Reference Committee received no testimony in opposition to this resolution, but finds that this member/payer issue is best addressed through work of the NCMS Board of Directors and staff.

October 27, 2012

The following is a preliminary report of actions recommended by the Reference Committee at the 2012 Annual Meeting of the House of Delegates. These recommended actions are not final and are not official actions of the North Carolina Medical Society until voted on and approved by the House of Delegates.

Madam/Mr. Speaker, this completes this portion of the Reference Committee's work with regards to Resolutions. The chair would like to thank the members of the Reference Committee, our hard-working staff – Amy Whited and Shawn Scott – and the members of the House of Delegates who participated in the discussion on these matters.



Timothy M. Beittel, MD, Chair



Arthur E. Apolinario, MD



Rachel Keever, MD