NCMS HOUSE OF DELEGATES

NCMS POLICY REVIEW 2015

Policies to be <u>REAFFIRMED</u>

1. **Deceptive Advertising**
   (Ethical and Judicial Affairs Task Force)

   RESOLVED, That the North Carolina Medical Society opposes deceptive advertising as a means of attracting patients.

   (Resolution 16-1978, adopted 5/6/78)(reaffirmed, Report II-1989, Item 7, adopted 11/11/89)(revised, Report L-1999, Item 17, adopted 11/14/99) (revised, Report C-2005, Item 12, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-35, adopted 10/24/2010)

2. **Animals in Biomedical Research**
   (Ethical and Judicial Affairs Task Force)

   RESOLVED, That the North Carolina Medical Society supports appropriate and humane use of animals in biomedical research as an ethical, effective, and necessary method of improving the health of animals and humans.

   (Report P-1990, adopted 11/10/90)(reaffirmed, Report Q-2000, Item 3, adopted 11/12/2000) (revised, Report L1-2004, Item 13, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-7, adopted 11/01/2009)

3. **Medical Research Involving Animals**
   (Ethical and Judicial Affairs Task Force)

   RESOLVED, That the North Carolina Medical Society supports civil and criminal penalties for nefarious activities intended to interfere with animal research, including the unauthorized release of research animals and the theft of data derived from animal research.

   (Resolution 35-1990, adopted 11/10/90)(revised, Report Q-2000, Item 49, adopted 11/12/2000) (revised, Report R-2006, Item 13, adopted 10/29/2006) (reaffirmed, Report I-2009, Item 2-8, adopted 11/01/2009)

4. **Health Care Services to Institutionalized Youth in the Juvenile Justice System**
   (Ethical and Judicial Affairs Task Force)

   RESOLVED, That the North Carolina Medical Society supports health care coverage for appropriate and necessary medical and mental health care for juveniles suspected of

being abused, neglected, or maltreated; and be it further

RESOLVED, That the North Carolina Medical Society supports health care coverage for institutionalized youth in the juvenile justice system and coverage for appropriate and necessary services that allow for the timely diagnosis, treatment, and/or follow-up of appropriate medical and mental health concerns and conditions. Care should also include close monitoring through periodic assessments for medical and mental health risks and needs.

(Resolution 3-1995, adopted as amended 11/16/97) (revised, Report C-2005, Item 34, adopted 10/16/2005) (revised, Report J-2010, Item 3-20, adopted 10/24/2010)

5. Informed Consent

(Ethical and Judicial Affairs Task Force)

RESOLVED, That the North Carolina Medical Society opposes legislation requiring restrictive informed consent procedures that apply solely to specific diseases; and be it further

RESOLVED, That the North Carolina Medical Society supports providing every patient or person from whom informed consent is sought with clear, scientifically-based treatment options, whenever possible; and be it further

RESOLVED, That the North Carolina Medical Society supports obtaining informed consent at a time when the patient, or person from whom informed consent is being sought, is best able to understand and comprehend the treatment options and associated risks.

(Report U-1984, adopted 5/5/1984) (reaffirmed, Report CC-1994, Item 16, adopted 11/6/1994) (revised, Report L3-2004, Item 46, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-58, adopted 11/01/2009)

6. Death and Dying and Care of the Terminally Ill

(Ethical and Judicial Affairs Task Force)

RESOLVED, That the North Carolina Medical Society supports working with other organizations concerned with the care of the sick and dying such as the North Carolina Hospital Association, the North Carolina Council of Churches, the North Carolina Health Care Facilities Association, the Carolinas Center for Hospice and End of Life Care, and the North Carolina Hospital Chaplains Association to preserve the dignity and peace of the individual in all matters pertaining to death and dying; and be it further

RESOLVED, That the North Carolina Medical Society supports hospice and palliative care and physician participation in this approach to the care of the terminally ill patients; and be it further

RESOLVED, That the North Carolina Medical Society supports the involvement of medical schools and other institutions in educating health professionals about the importance of devoting increased attention in their teaching programs to the special problems involved in the care of terminally ill patients; and be it further

RESOLVED, That the North Carolina Medical Society supports the provision of in-service education programs by hospitals and nursing homes for all health workers to increase their understanding of and sensitivity to the special needs of the dying patients and their families; and be it further

RESOLVED, That the North Carolina Medical Society supports cooperation between organized medicine and educational, religious, or other interested organizations in sponsoring community forums for public education on the realities of caring for the dying patient.

(Report E-1979, adopted 5/5/1979) (revised, Report II-1989, Item 14, adopted 11/11/1989) (revised, Report L-1999, Item 18, adopted 11/14/1999) (revised, Report C-2005, Item 9, adopted 10/16/2005) (revised, Report J-2010, Item 3-2, adopted 10/24/2010)

7. End of Life Issues
(Ethical and Judicial Affairs Task Force)

RESOLVED, That the North Carolina Medical Society supports public and private efforts to enhance understanding of end-of-life issues so that health care professionals are better able to provide optimal compassionate palliative care of terminally ill patients; and be it further

RESOLVED, That the North Carolina Medical Society supports the use of the portable Do Not Resuscitate (DNR) and Medical Orders for Scope of Treatment (MOST) forms approved by the North Carolina Department of Health and Human Services.

(Report LL-1998, adopted 11/15/1998) (revised, Report L1-2004, Item 8, adopted 11/14/2004) (revised, Report I-2009, Item 3-2, adopted 11/01/2009)

8. Professional Services for Immediate Family Members
(Ethical and Judicial Affairs Task Force)

RESOLVED, That the North Carolina Medical Society supports the North Carolina Medical Board position statement "Self-Treatment and Treatment of Family Members and Others with Whom Significant Emotional Relationships Exist" as amended in September 2005.

(Report Z-1988, adopted 5/7/1988) (revised, Report MM-1998, Item 20, adopted 11/15/1998) (revised, Report L1-2004, Item 9, adopted 11/14/2004) (revised, Report I-

2009, Item 3-5, adopted 11/01/2009)

9. Physicians Health Program
(Ethical and Judicial Affairs Task Force)

RESOLVED, That the North Carolina Medical Society supports the efforts of the NC Physicians Health Program; and be it further

RESOLVED, That the North Carolina Medical Society supports the reporting of suspected impaired physicians to the North Carolina Physicians Health Program as being in the best interest of such physicians and the ethical responsibility of every physician.

(Report U-1988, adopted 5/7/1988) (revised Report MM-1998, Item 28, adopted 11/15/1998) (revised, Report L1-2004, Item 38, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-10, adopted 11/01/2009)

10. Approved Education Programs, Postgraduate Training Programs, and Board Certification
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports the exclusive recognition of education programs approved by the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association (AOA) postgraduate training programs approved by the Accreditation Council for Graduate Medical Education, the AOA, the Royal College of Physicians and Surgeons of Canada (RCPSC), and the College of Family Physicians of Canada (CFPC); and board certification through the American Board of Medical Specialties and the AOA.

(Resolution 5-2001, adopted 11/11/2001) (revised, Report R-2007, Item 3-4, adopted 10/21/2007)

11. Physicians as Preceptors in Ambulatory Care Education of Medical Students
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports physician preceptors in the ambulatory care education of medical students and promotes reimbursement for preceptor services.

(Report E-1992, adopted 11/8/92) (reaffirmed, Report H-2002, adopted 11/17/02) (revised, Report N-2008, Item 3-30, adopted 10/19/2008)

12. Area Health Education Centers Ambulatory-Based Medical Education Efforts
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society support adequate funding for Area Health Education Centers for its ambulatory-based medical education efforts.

(Report F-1992, adopted 11/8/92) (revised, Report H-2002, adopted 11/17/02) (reaffirmed, Report N-2008, Item 2-14, adopted 10/19/2008)

13. Support of Medical Students and Residents in Community-Based Ambulatory Settings
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports and encourages physician participation in the teaching of medical students and residents in community-based ambulatory settings as part of the medical school curriculum.

(Report P-1991, adopted 11/9/1991) (reaffirmed, Report U-2001, Item 4, adopted 11/11/2001) (revised, Report R-2007, Item 3-20, adopted 10/21/2007)

14. Initial Residency Period and Limitations on Residency Slots
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports adequate funding for post-graduate medical education, which should include sufficient flexibility in funding to permit residents who wish to change careers to be funded through the end of their new training program.

(Substitute Resolution 3-1999, adopted as amended 11/14/99) (revised, Report C-2005, Item 51, adopted 10/16/2005)

15. Participation in Organized Medicine Conferences for Postgraduate Medical Education Residents in North Carolina
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports the practice of resident physicians attending conferences sponsored by organized medicine, including North Carolina Medical Society and American Medical Association activities; and be it further

RESOLVED, That the North Carolina Medical Society supports seeking external funding sources for such conferences.

(Substitute Report U-1998, adopted as amended 11/15/98) (revised, Report L1-2004, Item 17, adopted 11/14/2004)

16. Diversity in Medical Education
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports efforts to increase physician workforce diversity, including opportunities in education.

(Resolution 23-1997, adopted as amended 11/16/97) (amended by addition of third resolve, Report V-1998, adopted 11/15/98) (revised, Report L1-2004,

Item 18, adopted 11/14/2004)

17. Medical Student Financial Assistance
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society in conjunction with the American Medical Association supports joining with the Medical Student Section in its continued efforts toward financial assistance, including the Health Professions Student Loan and Scholarship Programs which are financed by the Federal Government and operated by the medical schools themselves; and be it further

RESOLVED, That all such programs should take cognizance of the specific situation and need of the individual student recipient in making determinations of the assistance to be provided.

(Resolution 13-1971, adopted 5/18/71) (revised, Report T-1987, Item 12, adopted 5/2/87) (revised, Report II-1988, Item 24, adopted 5/7/88) (reaffirmed, Report MM-1998, Item 44, adopted 11/15/98) (revised, Report L1-2004, adopted 11/14/2004)

18. Community Practice Physicians on Admitting Committees or Boards of Medical Schools
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports including community practice physicians on Admitting Committees or Boards of North Carolina Medical Schools.

(Report G-1973, adopted 5/22/73) (reaffirmed, Report T-1987, Item 10, adopted 5/2/87) (amended, Report OO-1997, Item 20, adopted 11/16/97) (revised, Report L1-2004, Item 21, adopted 11/14/2004)

19. Obesity Education
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports curriculum enhancement for medical students, interns, and residents and continuing medical education for physicians addressing obesity prevention and treatment.

(Resolution 7-2007, adopted in lieu of Resolution 7 10/21/2007)

20. CME Financing
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports full and detailed written financial disclosure by physicians or program organizers of all income related to continuing medical education (CME) activities at the specific time of that activity

including compensation in any form, honoraria, or profits for hosts, businesses, individuals, professional organizations, professional boards or regulatory boards.

(Report G-2007, adopted 10/21/2007)

21. Access to Health Care for all North Carolinians

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society believes in, supports, and will continuously advocate for the availability of high quality, affordable and accessible health care for all North Carolinians.

The North Carolina Medical Society supports efforts at local, state, and federal levels both for short-term incremental improvements in access to care for fundamental changes in the complex system of financing and delivering health care currently in place.

Changes supported by the North Carolina Medical Society should be cost effective and affordable and should facilitate realization of the following goals:

- Universal access
- Affordable health care financing
- Defined uniform basic comprehensive benefits
- Community rated premiums and fair distribution of costs
- Portability and continuity
- Maximum patient freedom of choice with appropriate care decisions
- Integrity of the doctor-patient relationship
- Support of professionally ethical environment
- Responsible balancing of medical needs and overall health care expenditures
- Intrinsic self-correcting mechanisms
- Simplicity and administrative efficiency
- Unified functional health system
- Patient right to choose treating physician
- Support of preventive primary care services and coordination of care with emphasis on patient education and responsibility for health wellness and lifestyle modification
- Quality improvement and technological advance: any reform plan should incorporate methods for insuring quality of service and for evaluating treatment outcomes. Criteria and evaluation of treatment and outcomes should be developed and reviewed by practicing physicians.
- Public and private responsibilities and balance: the public and private sectors should share equitably in the burden of caring for the uninsured and should work together to fashion innovative, successful approaches to financing this care.

Wherever and whenever possible, delivery systems and allocation of resources should be focused on and customized to the community level. Infrastructure, support, and accountability should be built "from the ground up," and be it further

RESOLVED, That the North Carolina Medical Society supports incremental improvements in access for those North Carolinians most in need of assistance, including:

- The expansion of successful voluntary care models, such as Project Access, through technical assistance and consultation as well as by support for public and private funding for administrative infrastructure and pharmaceuticals.
- The expansion of North Carolina's Child Health Insurance Program to cover more uninsured children as well as the parents of the poorest children.
- The expansion of North Carolina's Medicaid Program to cover low-income uninsured people who do not now qualify for assistance.
- A clear statement by North Carolina's General Assembly, in Joint Resolution, of the principle and goal of access to health care for all North Carolinians.
- The establishment within state government of an office devoted to (1) gathering, interpreting and reporting statistics on access to health care in North Carolina; and (2) providing a focal point for the study and promulgation of proposals for advancing the state toward the goal of access to health care for all North Carolinians; and be it further

RESOLVED, That the North Carolina Medical Society supports joint efforts with other interested organizations to publicize: (a) the adverse outcomes associated with failure to provide access to health care for all North Carolinians; (b) the steps that it and its allies are taking to remedy the situation; and (c) the advantages that would accrue to the state and its people from improving access to health care.

(Report R-2000, adopted 11/12/2000) (revised, Report H-2003, Item 3-3, adopted as amended 11/16/2003) (revised, Report J-2010, Item 3-4, adopted 10/24/2010)

22. Facilitating Medical Services for North Carolina's Migrant, Immigrant, and Refugee Populations
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports programs that address the challenges encountered by migrant, immigrant and refugee populations (which include patients with limited English proficiency) in seeking and receiving appropriate health care.

(Report P-1998, adopted 11/15/1998) (amended, Report V-1999, adopted 11/14/1999) (revised, Report C-2005, adopted 10/16/2005) (revised, Report J-2010, Item 3-15, adopted 10/24/2010)

23. Health Care for the Homeless
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports involvement of physicians, volunteers and organizations responsible for providing health care at no charge to the uninsured men, women and children of North Carolina who are homeless.

(Resolution 25-1989, adopted 11/11/89) (revised, Report L-1999, Item 8, adopted 11/14/99) (revised, Report C-2005, Item 3, adopted 10/16/2005) (revised, Report J-2010, Item 3-11, adopted 10/24/2010)

24. Indigent Care

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports measures that will:

- Provide adequate health care funding for the indigent.
- Provide adequate third-party payment to all physicians and providers.
- Decrease the excessive administrative burden associated with Medicaid.
- Encourage small employers to offer adequate insurance to their employees.
- Encourage all employers to offer adequate insurance to all part-time and full-time employees.
- Establish high-risk insurance pools to enable people with preexisting medical conditions to buy health care coverage.
- Provide tax-supported subsidies to small- and low-wage employers to assist them in purchasing adequate health insurance for their employees.
- Assist the North Carolina network of rural health centers, community health centers, public health clinics and other public institutions in their efforts to improve the coordination of care at the local level and the scope and quantity of care for the indigent.
- Increase accessibility to obstetrical care for all citizens of North Carolina.
- Encourage or foster local and volunteer community programs.
- Emphasize health promotion programs to keep people healthy and prevent disease.
- Encourage physicians to accept Medicare assignment for patients whose annual income is at or below 200% of the federal poverty level.
- Request that the North Carolina Department of Health and Human Services set up local screening programs with periodic evaluation to identify Medicare recipients whose annual income is at or below 200% of the federal poverty level.
- Appropriate increases in state Medicaid reimbursement on a periodic basis.
- Develop model plans for a statewide physician referral program for medically indigent patients.
- Support family planning clinics and encourage programs in pre-conception counseling and prevention of low birth weight babies for public and private patients.
- Subsidize malpractice insurance premiums for physicians who provide obstetrical care in medically underserved areas to the extent that they serve Medicaid and medically indigent women.
- Develop educational programs to encourage more physicians to follow through on referring their maternity patients to existing supplemental programs, such as the Women, Infants and Children Program (WIC) and the Early, Periodic Screening, Diagnostic and Testing Program (EPSDT), that have an impact on good pregnancy outcomes.
- Support the care coordinator system for medically indigent and Medicaid patients that arranges for support services that facilitate access to medical care, such as transportation, assuring eligibility, keeping medical appointments and complying with treatments.

- Implement public and private programs that provide or otherwise improve availability of prescription drugs for indigent patients.
- Develop public sector delivery systems that provide continuity of care in areas where there are deficiencies.
- Report the status of implementation of these resolves to the House of Delegates, as needed or upon request.

(Report W-1988, adopted as amended 5/7/88) (revised, Report AA-1989, adopted 11/11/89) (revised, Report L-1999, Item 11, adopted 11/14/99) (revised, Report C-2005, Item 6, adopted 10/16/2005) (revised, Report J-2010, Item 3-3, adopted 10/24/2010)

25. Free Pharmaceuticals Request Forms

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports national standardization of the application forms and requirements for free pharmaceuticals for the most needy patients.

(Report C-1998, adopted 11/15/98) (revised, Report L2-2004, Item 6, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-1, adopted 10/24/2010)

26. Indigent Care Financing

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the efforts of component medical societies to develop innovative approaches to financing of health care for patients who are indigent in their communities.

(Substitute Resolution 7-1996, adopted as amended 11/17/1996) (revised, Report L2-2004, Item 12, adopted 11/14/2004) (revised, Report J-2010, Item 3-12, adopted 10/24/2010)

27. Care of Indigent Patients

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports member participation in the care of indigent patients.

(Report R-1975, adopted 5/3/75) (reaffirmed, Report II-1988, Item 6, adopted 5/7/88) (revised, Report MM-1998, Item 6, adopted 11/15/98) (revised, Report L2-2004, Item 8, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-2, adopted 10/24/2010)

28. Poverty Level

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the use of the federal poverty level for state programs utilizing a definition of poverty.

(Resolution 6-1987, adopted 5/2/87) (reaffirmed, Report OO-1997, Item 23, adopted 11/16/97) (revised, Report L3-2004, Item 31, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-7, adopted 10/24/2010)

29. Direct to Consumer Marketing of Health Screenings and Testing

(Legislative Cabinet)

That the North Carolina Medical Society opposes diagnostic testing that has not been scientifically validated for screening purposes that is offered without prior referral by the patient's personal physician.

(Report E-2010, adopted 10/24/2010)

30. Criminal Record Check

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports a pre-employment criminal record check for non-licensed individuals seeking positions in licensed health care facilities.

(Report GG-1996, adopted 11/17/96) (revised, Report L3-2004, Item 2, adopted 11/14/2004) (revised, Report I-2009, Item 3-8, adopted 11/01/2009)

31. Criminalization of Medical Acts

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes the criminalization of medical acts performed by licensed practitioners.

(Resolution 49-1998, adopted 11/15/1998) (revised, Report L3-2004, Item 8, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-57, adopted 11/01/2009)

32. Medical Care of Prisoners

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society and its component societies support authorities in developing a plan for medical care of prisoners in local confinement facilities and obtaining the services of licensed physicians specifically responsible for medical services for prisoners required by law under GS 130-97 and GS 130-121, with physicians providing these services being compensated fairly.

(Report S-1971, adopted 5/18/71) (revised, Report II-1988, Item 35, adopted 5/7/88) (revised, Report MM-1998, Item 7, adopted 11/15/98) (revised, Report L1-2004, Item 66, adopted 11/14/2004) (revised, Report J-2010, Item 3-24, adopted 10/24/2010)

33. Dental Services for the People of North Carolina

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports improved access to dental services for all of the people in North Carolina, especially for special needs populations.

(Substitute Resolution 15-2005, adopted as amended 10/16/2005) (revised, Report J-2010, Item 3-9, adopted 10/24/2010)

34. Breast Reconstruction Availability

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports access to breast reconstruction for patients recovering from breast cancer surgery or prophylactic mastectomy to prevent cancer whether at the time of or subsequent to initial surgery; and be it further

RESOLVED, That the North Carolina Medical Society opposes discrimination against reconstructive surgery coverage; and be it further

RESOLVED, That the North Carolina Medical Society supports measures to ensure health insurance coverage of all stages of reconstruction that may be necessary, including symmetry operations.

(Resolution 13-1996, adopted 11/17/1996) (revised, Report C-2005, Item 40, adopted 10/16/2005) (revised, Report J-2010, Item 3-25, adopted 10/24/2010)

35. North Carolina Comprehensive Cancer Program

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the North Carolina Comprehensive Cancer Program in the areas of cancer treatment for indigent patients and public education about cancer and data gathering through the North Carolina Central Cancer Registry.

(Report S-1984, Item 2, adopted 5/5/1984) (reaffirmed, Report II-1995, Item 1, adopted 11/12/1995) (revised, Report L1-2004, Item 3, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-84, adopted 11/01/2009)

36. Tuberculosis

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports screening and treatment of tuberculosis cases and potential cases in accordance with North Carolina public health guidelines.

(Report E-1975, adopted 5/3/1975) (revised, Report D-1986, Item 7, adopted 5/3/1986) (revised, Report Y-1996, Item 11, adopted 11/7/1996) (amended, Report OO-1997, Item 13, adopted 11/16/1997) (revised, Report L1-2004, Item 64, adopted 11/14/2004) (revised, Report I-2009, Item 3-60, adopted 11/01/2009)

37. Sexually Transmitted Disease Prevention, Reporting, Surveillance and Treatment
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports practicing physicians in North Carolina taking a collaborative role with helping to prevent sexually transmitted disease and with providing adequate community resources for case-finding and treatment of sexually transmitted disease, and be it further

RESOLVED, That the North Carolina Medical Society encourages the cooperation of physicians with prevention, reporting, and surveillance of sexually transmitted disease.

(Report E-1973, adopted 5/22/1973) (reaffirmed, Report D-1986, Item 15, adopted 5/3/1986) (revised, Report Y-1996, Item 3, adopted 11/17/1996) (revised, Report L1-2004, Item 65, adopted 11/14/2004) (revised, Report J-2010, Item 3-10, adopted 10/24/2010)

38. Osteoporosis Education, Prevention and Treatment
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports osteoporosis education, prevention, and treatment programs to achieve a reduction in the prevalence of osteoporosis and its costly consequences.

(Resolution 16-1995, adopted as amended 11/12/1995) (revised, Report C-2005, Item 31, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-3, adopted 10/24/2010)

39. Sexually Transmitted Disease
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports practicing physicians in providing adequate community services for screening, case-finding, and treatment of sexually transmitted disease and encourage cooperation with public health authorities in the investigation and control of such diseases.

(Resolution 32-1985, adopted 5/4/1985) (revised, Report II-1995, Item 27, adopted

11/12/1995) (revised, Report L1-2004, Item 72, adopted 11/14/2004) (revised, Report I-2009, Item 3-61, adopted 11/01/2009)

40. Cancer Patient Access to Care

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports access to oncology care determined by the patient and the physician, and be it further

RESOLVED, That the North Carolina Medical Society opposes efforts by Blue Cross Blue Shield of North Carolina or other payers to limit access to community care for cancer patients, and be it further

RESOLVED, That the North Carolina Medical Society supports only objective, evidence-based reasons for any change in reimbursement policies by Blue Cross Blue Shield of North Carolina or other payers.

(Report D-2010, adopted 10/24/2010)

41. Use of the Designation "MD" or "DO"

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the use of the designation "MD" or "DO" where appropriate, instead of the more general term of "Dr."

(Resolution 1-1979, adopted 5/5/1979) (revised, Report II-1989, Item 9, adopted 11/11/1989) (reaffirmed, Report L-1999, Item 3, adopted 11/14/1999) (revised, Report C-2005, Item 13, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-40, adopted 10/24/2010)

42. Emergency Medical Services

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the concept of the development of emergency medical services in the State of North Carolina and training of emergency response personnel with (a) the development of minimum level statewide training criteria and evaluation with certification; (b) the development of minimum level standards for emergency response vehicles; (c) the development of an integrated statewide communication program; (d) a categorization of hospitals to assist in identifying area resources and ultimately to assist in coordinating emergency medical care delivery; (e) the development of specialized training programs for such personnel and (f) the coordination and encouragement of efficient, dependable, and safe air emergency response transportation wherever appropriate through the state; and be it further

RESOLVED, That the North Carolina Medical Society supports implementation of the statewide program of emergency medical care by the Office of Emergency Medical

Services.

(Report B-1975, adopted 5/3/1975) (revised, Report T-1987, Item 1, adopted 5/2/1987) (amended, Report OO-1997, Item 9, adopted 11/16/1997) (revised, Report L3-2004, Item 12, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-72, adopted 11/01/2009)

43. Funding for North Carolina Office of Emergency Medical Services
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports adequate funding for the North Carolina Office of Emergency Medical Services to provide emergency medical services across the state and implement the statewide trauma system plan.

(Report N-1987, adopted 5/2/1987) (amended, Report OO-1997, Item 10, adopted 11/16/1997) (revised, Report L3-2004, Item 11, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-73, adopted 11/01/2009)

44. Sale of Products from Physicians' Offices
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes the sale of non-health related products by physicians' offices; and be it further

RESOLVED, That the North Carolina Medical Society opposes the sale of health-related products except in limited circumstances. The in-office sale of health-related products by physicians presents a financial conflict of interest, risks placing undue pressure on the patients, and threatens to erode patient trust and the primary obligation of physicians to serve the interests of their patients before their own. The sale of practice-related health items (such as ointments, creams, and lotions by dermatologists; splints and appliances by orthopedists; eye glasses by ophthalmologists; etc.), however, may be acceptable provided: (1) the patient is informed about the availability of those items, or generically similar items, from other sources; (2) the health-related products have some scientific validity as demonstrated in peer-reviewed literature and other unbiased scientific sources; and (3) the charges for such items are reasonable and the nature of the financial arrangement with the manufacturer or supplier is disclosed; and be it further

RESOLVED, That the North Carolina Medical Society opposes physician participation in exclusive distributorships and/or personal branding, due to the potential for patient exploitation.

(Substitute Resolution 21-1999, adopted 11/14/1999) (revised, Report C-2005, Item 10, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-34, adopted 10/24/2010)

45. Referrals for Laboratory Services
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the position that a physician should be able to utilize lab services from a physician office lab, private pathologists' lab or hospital lab that meets approved lab accreditation standards and is capable of providing quality, cost-efficient lab services.

(Report X-1997, adopted as amended 11/16/1997) (revised, Report L1-2004, Item 14, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-29, adopted 11/01/2009)

46. Prescribing Regulations in Long-Term Care

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports timely access to appropriate care for long-term care residents without imposing unreasonable expectations on clinicians providing that care.

(Resolution 8-2009, adopted, 11/01/2009)

47. Long-Term Care

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports efforts to develop a system of public and private programs to efficiently address the long term care needs of the citizens of North Carolina; and be it further

RESOLVED, That the North Carolina Medical Society supports the employment of North Carolina licensed physicians as medical directors in all long-term care facilities in North Carolina; and be it further

RESOLVED, That the North Carolina Medical Society supports formal and structured training for personal aides in domiciliary facilities that would include but not be limited to correct and appropriate procedures for administering medications and caring for patients with emotional, mental and physical disabilities, and the use of physical restraints; and be it further

RESOLVED, That the North Carolina Medical Society supports evidence-based treatment for patient behavioral intervention in long term care facilities that does not involve seclusion and limits the use of physical restraints while ensuring safety of all residents and staff.

(Report FF-1996, adopted as amended 11/17/1996) (revised, Report L3-2004, Item 20, adopted 11/14/2004) (revised, Report I-2009, Item 3-31, adopted 11/01/2009)

48. North Carolina Medical Examiner System

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports ongoing participation and continuing education of North Carolina physicians in the medical examiner system; and

be it further

RESOLVED, That the North Carolina Medical Society supports fees for medical examiner investigations and autopsies performed by physicians commensurate with the time and expertise involved.

(Resolution 29-1990, adopted 11/10/1990) (revised, Report Q-2000, Item 50, adopted 11/12/2000) (revised, Report R-2006, Item 28, adopted 10/29/2006) (revised, Report I-2009, Item 3-49, adopted 11/01/2009)

49. Access to Shared Medical Information for Victims of Child Abuse and Juveniles in Protective Custody
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports:

1. In the case of a disabled adult or juvenile under protective custody of the Department of Social Services, the release of medical and psychiatric records maintained by the Department of Social Services relative to that individual to the individual's primary care and/or treating physician.
2. In the case of a disabled adult or juvenile victim, the release of medical and psychiatric records that are necessary for the medical care of the individual to the individual's primary care and/or treating physician.

(Substitute Resolution 18-2001, adopted 11/11/2001) (revised, Report R-2007, Item 3-21, adopted 10/21/2007) (reaffirmed, Report I-2009, Item 2-18, adopted 11/01/2009)

50. Charges for Patient Record Information
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports reasonable compensation to cover the costs of providing patient record information.

(Resolution 22-1990, adopted as amended 11/10/1990) (revised, Report Q-2000, Item 45, adopted 11/12/2000) (revised, Report R-2006, Item 7, adopted 10/29/2006) (reaffirmed, Report I-2009, Item 2-19, adopted 11/01/2009)

51. Health Insurance for Immigrant Children and Pregnant Women
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the expansion of the State Children's Health Insurance Plan and Medicaid benefits to include legal immigrant children and pregnant women without a waiting period.

(Substitute Resolution 42-2000, adopted 11/12/2000) (revised, Report L2-2004, Item 5, adopted 11/14/2004) (revised, Report J-2010, Item 3-16, adopted 10/24/2010)

52. Medicaid Coverage for Uninsured Workers

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports appropriate funding of the Medicaid program to improve provider reimbursement and extend coverage to the working poor who are not currently eligible for Medicaid coverage or any other third-party health insurance.

(Resolution 12-1988, adopted 5/7/1988) (revised, Report MM-1998, Item 52, adopted 11/15/1998) (revised, Report L2-2004, Item 7, adopted 11/14/2004) (revised, Report J-2010, Item 3-22, adopted 10/24/2010)

53. Dispense As Written

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports elimination of the Medicaid requirement of writing by hand, "Dispense as Written" or "Brand Necessary,"on the face of prescriptions to prevent generic substitution.

(Substitute Resolution 22-1988, adopted as amended 5/7/1988) (revised, Report MM-1998, Item 53, adopted 11/15/1998) (revised, Report L3-2004, Item 30, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-14, adopted 10/24/2010)

54. Mental Health Benefits in Medicaid Programs

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports inclusion of mental health benefits in all Medicaid programs.

(Report B-1997, adopted as amended 11/16/1997) (revised, Report L2-2004, Item 4, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-9, adopted 10/24/2010)

55. Medicaid Reimbursement for Children's Dental Services

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports adequate Medicaid reimbursements for dental care services for the children of North Carolina.

(Resolution 6-1997, adopted as amended 11/16/1997) (revised, Report L2-2004, Item 10, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-8, adopted 10/24/2010)

56. Access to Pediatric and Obstetrical Care by Medicaid Patients

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports NC Division of Medical Assistance impact studies to assess changes in Medicaid provider enrollment and patient access to pediatric and obstetrical care due to provider credentialing requirements.

(Resolution 4-1995, adopted as amended 11/12/1995) (revised, Report L2-2004, Item 1, adopted 11/14/2004) (revised, Report J-2010, Item 3-23, adopted 10/24/2010)

57. Suicide Prevention among Youth

(Legislative Cabinet)

RESOLVED, that the North Carolina Medical Society supports statewide mandated educational sessions on suicide prevention for all children at an appropriate level of education, and the dissemination of outreach materials to parents outlining risk factors and resources for crisis assistance.

(Substitute Resolution 1-2005, adopted as amended 10/16/2005) (reaffirmed, Report J-2010, Item 2-42, adopted 10/24/2010)

58. Insurance Coverage - Psychiatric Services

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the provision of benefits for emotional and mental illness under all governmental and private insurance programs that are equivalent in scope and duration to those benefits provided for other medical or physical illnesses.

(Resolutions 10, 16, 19, 23-1983, adopted 5/7/1983) (reaffirmed, Report FF-1993, Item 10, adopted 11/7/1993, and by Substitute Resolution 8-1999, adopted as amended 11/14/1999) (revised, Report C-2005, Item 50, adopted 10/16/2005) (revised, Report J-2010, Item 3-5, adopted 10/24/2010)

59. Checkbox for Pregnancy Related Deaths on North Carolina Death Certificates

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the addition of pregnancy checkboxes on North Carolina death certificates as recommended by the CDC.

(Report P-1999, adopted 11/14/1999) (revised, Report C-2005, Item 25, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-4, adopted 10/24/2010)

60. Obstetrical Care by Family Medicine Physicians/Obstetricians

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports efforts to ensure the availability of obstetrical care by family medicine/obstetricians, the continuation of family medicine by obstetrical training programs, and statewide access to quality and cost-effective obstetrical care for the people of North Carolina.

(Resolution 17-1987, adopted 5/2/1987) (amended, Report OO-1997, Item 25, adopted 11/16/1997) (revised, Report L1-2004, Item 42, adopted 11/14/2004) (revised, Report J-2010, Item 3-13, adopted 10/24/2010)

61. Pregnancy Prevention and Sexually Transmitted Diseases Education
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports patient education, by a qualified provider, for patients presenting for pregnancy testing, regarding pregnancy prevention and sexually transmitted diseases.

(Report H-1996, adopted 11/17/1996) (revised, Report L1-2004, Item 44, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-81, adopted 11/01/2009)

62. Maternal Prenatal Testing
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the linkage of clinically significant maternal prenatal testing results to neonatal health information reports for epidemiological and outcomes analysis with full protection of patient privacy and confidentiality.

(Resolution 8-1996, adopted as amended 11/17/1996) (revised, Report L1-2004, Item 58, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-80, adopted 11/01/2009)

63. Human Tissue Donation
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports public education concerning the need of making anatomical gifts to medical science; and be it further

RESOLVED, That the North Carolina Medical Society supports efforts to achieve maximal organ recovery; and be it further

RESOLVED, That the North Carolina Medical Society supports availability of organ donation registry methods and educational information in health care facilities; and be it further

RESOLVED, That the North Carolina Medical Society supports the efforts of appropriately accredited organ procurement agencies to recover human tissues, organs, and bodies to be used by transplanting surgeons, hospitals, and medical schools of the State.

(Report M-1973, adopted 5/22/1973) (revised, Report II-1988, Item 25, adopted 5/7/1988) (revised, Report MM-1998, Item 30, adopted 11/15/1998) (revised, Report L3-2004, Item 40, adopted 11/14/2004) (revised, Report I-2009, Item 3-3, adopted 11/01/2009)

64. Patient Education
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports incorporating appropriate patient medical education as an integral part of medical services, and that such services should be provided by or under the supervision of a physician and adequately documented in the medical record.

(Resolution 14-1975, adopted 5/3/1975) (revised, Report II-1988, Item 27, adopted 5/7/1988) (revised, Report MM-1998, Item 23, adopted 11/15/1998) (revised, Report L1-2004, Item 48, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-14, adopted 11/01/2009)

65. Conversion of Hospital or Medical Service Corporation

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes the conversion of any hospital service corporation or medical service corporation from not-for-profit status unless the corporation is required to transfer the fair market value of the ownership interest of that corporation to an irrevocable trusts held for the benefit of the health needs of the public.

(Emergency Resolution 1-1997, adopted as amended 11/16/1997) (revised, Report L3-2004, Item 15, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-68, adopted 11/01/2009)

66. Physicians' Roles as Patient Advocates

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes any measure, from government or the private sector, that compromises the physician's role as patient advocate.

(Resolution 26-1998, adopted 11/15/1998) (revised, Report L3-2004, Item 41, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-9, adopted 11/01/2009)

67. Opioid Medication

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes any current or future regulation of the prescribing of opioid medications that limit their use to selected medical specialties as these exclusionary strategies may complicate the delivery of care and can prolong the pain and suffering of patients

(Resolution 8-2010, adopted 10/24/2010)

68. Dispensing of Drugs from Physician's Office

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the dispensing of drugs by physicians from their offices whenever patient care factors deem it appropriate.

(Report AA-1987, adopted 5/2/1987) (reaffirmed, Report OO-1997, Item 30, adopted 11/16/1997) (revised, Report C-2005, Item 16, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-18, adopted 10/24/2010)

69. Prescribing of Drugs for Off-Label Uses

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports efforts to ensure coverage for medications for off-label use when the prescribing physician deems it to be in the best interest of the patient.

(Substitute Resolution 12-2005, adopted as amended 10/16/2005) (revised, Report I-2009, Item 3-22, adopted 11/01/2009)

70. Medical Liability Reform

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports a cap on civil non-economic damages in medical liability actions; and be it further

RESOLVED, That the North Carolina Medical Society supports efforts to reform the collateral source evidence rule so that juries are informed of collateral sources of compensation provided to the plaintiff for the losses in question; and be it further

RESOLVED, That the North Carolina Medical Society supports merit selection of judges, outside the context of tort reform, to reform the judicial selection process in North Carolina in a way that reduces or eliminates the political pressure on judges, and allows judges to be selected based on objective quality criteria; and be it further

RESOLVED, That the North Carolina Medical Society supports the confidentiality of peer review activities and documents, particularly addressing the effects of Virmani v. Presbyterian Health Services Corp; and be it further

RESOLVED, That the North Carolina Medical Society supports calculation of the statutory interest rate on judgments from the date of the final judgment, rather than the date the action is filed; and be it further

RESOLVED, That the North Carolina Medical Society supports modification of the requirement that physician defendants secure a bond for the full amount of a judgment prior to appeal so there is a reasonable correlation between the amount of the bond and the physician's net worth; and be it further

RESOLVED, That the North Carolina Medical Society supports permitting defendants to opt for periodic payments of judgments in medical liability cases; and be it further

RESOLVED, That the North Carolina Medical Society supports modification of the statute governing the use of expert witnesses in medical liability actions to assure that the defense can learn the identity and qualifications of the expert who conducts the pre-filing review of the record to determine the case has merit; and be it further

RESOLVED, That the North Carolina Medical Society supports shortening the statute of limitations that applies to minors who have a cause of action for medical liability; and be it further

RESOLVED, That the North Carolina Medical Society supports modifying North Carolina Rule of Civil Procedure 41(a) to prevent a plaintiff from unilaterally dismissing their case without court order and without prejudice any time after the filing of the first responsive pleading; and be it further

RESOLVED, That the North Carolina Medical Society supports making statements, writings or benevolent gestures expressing sympathy or a general sense of benevolence relating to pain, suffering or death of a person involved in an accident inadmissible as evidence of an admission of liability in a civil action; and be it further

RESOLVED, That the North Carolina Medical Society supports the efforts of its members in political education and action committee activities related to medical liability reform and provide operational advice and assistance regarding these activities.

(Report W-1998, adopted 11/15/1998) (revised, Report L3-2004, Item 48, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-39, adopted 10/24/2010)

71. Good Samaritan Law Immunity
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports Good Samaritan immunity for physicians who serve voluntarily and without compensation to care for indigent, uninsured and underinsured patients, regardless of the setting or source of referral; and be it further

RESOLVED, That the North Carolina Medical Society supports Good Samaritan immunity for physicians serving voluntarily and without compensation as medical directors for emergency medical services (EMS) agencies; and be it further

RESOLVED, That the North Carolina Medical Society supports Good Samaritan immunity for physicians serving voluntarily and without compensation at athletic events.

(Report JJ-1998, adopted 11/15/1998) (revised, Report L3-2004, Item 45, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-60, adopted 11/01/2009)

72. Access to Liability Insurance Coverage
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports medical malpractice immunity for physicians serving as nursing home medical directors except where allegations involve a patient under their direct care, or where allegations involve willful or intentional misconduct, recklessness, or gross negligence in the performance of their medical director responsibilities.

(Report E-2004, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-61, adopted 11/01/2009)

73. Medical Care of the Elderly

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports educational efforts for medical students and physicians focusing on medical care of the elderly and their families.

(Report A-1997, adopted as amended 11/16/1997) (revised, Report L1-2004, Item 34, adopted 11/14/2004) (reaffirmed, Report I-2009, Item 2-76, adopted 11/01/2009)

74. Prevention and Health Promotion Efforts by Local Health Departments

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the provision of adequate funding to support local health departments in their efforts to continue prevention and population-based health promotion programs and activities; and be it further

RESOLVED, That the North Carolina Medical Society supports the provision of adequate funding to support surveillance and assessment activities of local health departments.

(Report M-1998, adopted 11/15/1998) (revised, Report L2-2004, Item 2, adopted 11/14/2004) (revised, Report J-2010, Item 3-2010, adopted 10/24/2010)

75. Support of Health Assessments

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports comprehensive periodic health assessments for all individuals and that the frequency of such assessments should be decided by the personal physician in consultation with the patient.

(Report S-1984, Item 9, adopted 5/5/1984) (reaffirmed, Report CC-1994, Item 14, adopted 11/6/1994) (revised, Report L1-2004, Item 68, adopted 11/14/2004) (revised, Report J-2010, Item 3-18, adopted 10/24/2010)

76. Mandatory Premarital Examinations

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports premarital counseling and physical examinations; and be it further

RESOLVED, That the North Carolina Medical Society opposes any statutory requirement for premarital examinations.

(Resolution 12-1984, adopted 5/5/1984) (revised, Report CC-1994, Item 23, adopted as amended 11/6/1994) (revised, Report L3-2004, Item 43, adopted 11/14/2004) (revised, Report I-2009, Item 3-47, adopted 11/01/2009)

77. Health Promotion and Disease Prevention by Physicians

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports health promotion and disease prevention by physicians in their daily encounters with patients, with appropriate reimbursement for these services.

(Resolution 35-1996, adopted 11/17/1996) (revised, Report L1-2004, Item 62, adopted 11/14/2004) (revised, Report C-2005, Item 27, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-6, adopted 10/24/2010)

78. Child Maltreatment Prevention

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports comprehensive efforts to prevent the physical, psychological, sexual abuse, neglect, and death of juveniles; and be it further

RESOLVED, That the North Carolina Medical Society supports the use of medically appropriate investigative methods for victims of suspected physical, psychological, sexual abuse, neglect, and death of juveniles; and be it further

RESOLVED, That the North Carolina Medical Society supports evidence-based home visitation programs to prevent physical, psychological, sexual abuse, neglect, and death of juveniles.

(Report C-1995, adopted 11/12/1995) (revised, Report L1-2004, Item 26, adopted 11/14/2004)(Substitute Resolution 16-1998, adopted 11/15/98) (revised, Report L1-2004, Item 50, adopted 11/14/2004) (Report D-1995, adopted as amended 11/12/95) (revised, Report L3-2004, Item 7, adopted 11/14/2004) (revised, Report I-2009, Item 3-27, adopted 11/01/2009)

79. School Health Education

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports qualified health educators within the North Carolina School system to provide a program of instruction to include basic health care, preventive health care, first-aid, and cardiopulmonary resuscitation.

(Resolution 11-1984, adopted 5/5/1984) (reaffirmed, Report CC-1994, Item 22, adopted

11/6/1994) (revised, Report L3-2004, Item 16, adopted 11/24/2004) (reaffirmed, Report I-2009, Item 2-1, adopted 11/01/2009)

80. Public School Employees

(Legislative Cabinet)

RESOLVED, That the NCMS supports pre-employment health certification and criminal background checks for all public school employees.

(Report S-1984, Item 9, adopted 5/5/1984) (reaffirmed, Report CC-1994, Item 14, adopted 11/6/1994) (revised, Report L1-2004, Item 69, adopted 11/14/2004) (revised, Report I-2009, Item 3-41, adopted 11/01/2009)

81. Pediatric Psychiatric Co-Morbidities

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the development of educational programs to assist physicians who care for children and adolescents to identify and initiate appropriate psychiatric support.

(Resolution 9-2005, adopted as amended 10/16/2005) (reaffirmed, Report J-2010, Item 2-44, adopted 10/24/2010)

82. Vision Screening for Children

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports age-appropriate vision screening using evidence-informed guidelines for all children. Comprehensive examinations should be provided for those who are referred for follow-up care due to concerns identified by the vision screening or who are unable to be screened.

(Substitute Resolution 22-2005, adopted as amended 10/16/2005) (revised, Report J-2010, Item 3-19, adopted 10/24/2010)

83. Foster Care

(Legislative Cabinet)

That the North Carolina Medical Society supports policies and programs to optimize the health and well-being of children in foster care including promotion of medical homes.

(Report E-2009, adopted, 11/01/2009)

84. Medical Evaluation Program

(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the Medical Evaluation Program, which provides, limited immunity for physicians and psychologists providing medical information to the NC Commissioner of Motor Vehicles on drivers who the physician or psychologist believe have a mental or physical disability that will adversely

affect the patient's ability to safely operate a motor vehicle.

(Report O-1997, adopted 11/16/1997) (revised, Report L3-2004, Item 25, adopted 11/14/2004) (revised, Report I-2009, Item 3-52, adopted 11/01/2009)

85. Law Enforcement Methods to Subdue Persons
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports educational efforts for law enforcement personnel about the safe use and dangers of capsaicin spray (also known as "OC spray" or "pepper spray"), tasers, and other non-lethal methods to subdue persons and how to respond should an adverse reaction occur.

(Report N-1997, adopted 11/16/1997) (revised, Report L1-2004, Item 47, adopted 11/14/2004) (revised, Report I-2009, Item 3-59, adopted 11/01/2009)

86. Safety for Bicycle, Skateboard, and Similar Devices
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the safe operation of bicycles, skateboards, and similar devices through communication to the public about the need to use proper helmets and appropriate safety equipment.

(Report R-1989, adopted 11/11/89) (reaffirmed, Report L-1999, Item 21, adopted 11/14/99) (revised, Report C-2005, Item 26, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-5, adopted 10/24/2010)

87. Addictive Drug Prescribing Patterns
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports educating health care professionals, including medical students, in North Carolina about the addiction process, including cross addiction, and supports the use of appropriate measures, such as the NC Controlled Substance Registry, to avoid inappropriate prescribing.

(Report S-1988, Item 2, adopted as amended 5/7/1988) (reaffirmed, Report MM-1998, Item 27, adopted 11/15/1998) (revised, Report L1-2004, Item 32, adopted 11/14/2004) (revised, Report J-2010, Item 3-8, adopted 10/24/2010)

88. Adequate Coverage by State Employees Health Program for Adolescent Chemical Dependency Treatment
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports adequate coverage by the State Employees Health Insurance Program for adolescent chemical dependency treatment.

(Resolution 7-1986, adopted 5/3/1986) (revised, Report Y-1996, Item 22, adopted 11/17/1996) (revised, Report C-2005, Item 35, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-11, adopted 10/24/2010)

89. Support Legislation Requiring Parity for the Treatment of Chemical Dependency
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society support parity for the treatment of chemical, alcohol, drug, and nicotine dependency.

(Report I-1999, adopted as amended 11/14/99) (revised, Report C-2005, Item 45, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-41, adopted 10/24/2010)

90. Second Opinion Surgery
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the rights of physicians and patients to seek a second opinion freely from any physician of his/her choice; and be it further

RESOLVED, That the North Carolina Medical Society supports the concept that second opinions should not be required by a third party.

(Report S-1984, Item 4, adopted 5/5/84) (reaffirmed, Report CC-1994, Item 10, adopted 11/6/94) (revised, Report L1-2004, Item 51, adopted 11/14/2004) (revised, Report I-2009, Item 3-20, adopted 11/01/2009)

91. Health Insurance Coverage in the Free Enterprise System
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the American Medical Association-sponsored initiatives on health insurance, which incorporates a major role for the private sector and the free enterprise system.

(Resolution 15-1978, adopted 5/7/78) (revised, Report II-1989, Item 12, adopted 11/11/89) (title revised, Report L-1999, Item 28, adopted 11/14/99) (revised, Report C-2005, Item 5, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-25, adopted 10/24/2010)

92. Ethics in Managed Care
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the 1996 Ethics in Managed Care Report. See Appendix A.

(Report QQ-1996, adopted 11/17/96) (revised, Report L2-2004, Item 41, adopted

11/14/2004) (reaffirmed, Report J-2010, Item 2-13, adopted 10/24/2010)

93. Health Care Coverage for Special Needs Children
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society opposes the systematic denial of coverage to children with special needs by managed care organizations and indemnity insurance companies, and be it further

RESOLVED, That the North Carolina Medical Society supports the elimination of such systematic denial of coverage by the insurance industry.

(Substitute Resolution 2-1995, adopted 11/12/95) (revised, Report C-2005, Item 36, adopted 10/16/2005) (revised, Report J-2010, Item 3-21, adopted 10/24/2010)

94. Transplantation Services
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the requirement that the HMOs, PPOs, and other North Carolina third-party payers offer transplantation services to their enrollees at a transplant center near to the enrollee.

(Resolution 11-1999, adopted 11/14/1999) (revised, Report C-2005, Item 47, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-20, adopted 10/24/2010)

95. Dietary Instruction for Chronic Disease Patients
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports third party reimbursement of nutritional instruction services for patients at risk of or who already have a chronic disease for which appropriate nutrition is important for prevention or treatment of the disease.

(Substitute Resolution 24-1998, adopted as amended 11/15/1998) (revised, Report C-2005, Item 39, adopted 10/15/2005) (reaffirmed, Report J-2010, item 2-22, adopted 10/24/2010)

96. Direct Access to Physiatrists
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports coverage by third party payers for direct access to specialists in Physical Medicine and Rehabilitation as principal physicians for individuals with severe disabilities such as spinal cord injuries or traumatic brain injuries.

(Substitute Resolution 27-1998, adopted as amended 11/15/1998) (revised, Report C-2005, Item 38, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-23, adopted 10/24/2010)

97. Reimbursement for Health Services Rendered to Children in School Health Centers
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports adequate funding by private and public sources to allow health services to be rendered in school health centers by individuals who are licensed, certified, or otherwise authorized to provide them.

(Substitute Resolution 1-1998, adopted 11/15/1998) (revised, Report L3-2004, Item 18, adopted 11/14/2004) (revised, Report J-2010, Item 3-17, adopted 10/24/2010)

98. Cognitive Services Reimbursement
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports equitable reimbursement by third party payors for physicians' cognitive services in comparison with their procedural services.

(Resolution 26-1984, adopted 5/5/1984) (revised, Report CC-1994, Item 31, adopted 11/6/1994) (revised, Report C-2005, Item 33, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-10, adopted 10/24/2010)

99. Home Health Infusion Therapy Reimbursement
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society support reimbursement of medically necessary medications delivered through home health infusion therapy.

(Substitute Resolution 12-2000, adopted 11/12/00) (reaffirmed, Report C-2005, Item 8, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-11, adopted 10/24/2010)

100. Reimbursement for Cardiac Physical Rehabilitation
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the use of and reimbursement for cardiac physical rehabilitation in post-myocardial infarction and post-cardiac surgery.

(Report K-1986, adopted 5/3/86) (revised, Report Y-1996, Item 14, adopted 11/17/96)

(revised, Report C-2005, Item 37, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-16, adopted 10/24/2010)

101. Professional Courtesy
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports the right of physicians to offer professional courtesy to medical colleagues and their families.

(Resolution 31-1998, adopted as amended 11/15/1998) (revised, Report L3-2004, Item 47, adopted 11/14/2004) (revised, Report I-2009, Item 3-4, adopted 11/01/2009)

102. Timely Payments of "Clean Claims"
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports a definition of "clean claims" and measures requiring all third-party payers to adhere strictly to a prompt payment process. Penalties to third-party payors for delaying payment should include full payment plus interest, followed by fines on a per case basis.

(Resolution 12-1999, adopted as amended 11/14/99) (revised, Report C-2005, Item 48, adopted 10/16/2005) (reaffirmed, Report J-2010, Item 2-21, adopted 10/24/2010)

103. Administrative and Professional Services
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports charging patients for services that typically are not reimbursed by third party payers, provided that the following conditions are met:

1. There are no third party payer or other applicable contractual prohibitions on billing the individual patient for such services;
2. The practice has a clear policy outlining what services will be billed to the patient and how much;
3. The patient is notified in writing of the practice's policy, either at the initial visit or at the first visit after the policy is adopted by the practice; updated versions of the policy are provided as necessary; and
4. The amount charged is reasonable under the circumstances and is limited to costs incurred by the practice in performing the service.

Examples of services that typically are not reimbursed by third party payers include, but are not limited to: copying medical records; filling out lengthy insurance and other forms; telephone, email, and telemedicine consultations and prescription refills; and be it further

RESOLVED, That the North Carolina Medical Society supports waiving charges to patients

for services that typically are not reimbursed by third party payers if such charges would impede access to care; and be it further

RESOLVED, That the North Carolina Medical Society supports third party reimbursement for services that are not reimbursed by third party payers such as telephone, email, and telemedicine consultations and prescription refills.

(Report D - 2004, adopted 11/14/2004) (reaffirmed, Report J-2010, Item 2-17, adopted 10/24/2010)

104. Domestic Violence Awareness
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports increasing clinical awareness of suspected incidences of physical, sexual, or psychological abuse or other means of domestic violence; and be it further

Resolved, That the North Carolina Medical Society supports mandatory reporting of

1. Suspicion of abuse or neglect of a juvenile.
2. Every case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by, or appearing to arise from or be caused by, the discharge of a gun or firearm.
3. Every case of illness caused by poisoning if it appears to the physician that a criminal act was involved.
4. Every case of a wound, injury caused or apparently caused by a knife or sharp or pointed instrument if it appears to the physician that a criminal act was involved.
5. Every case of a wound or injury or illness in which there is grave bodily harm or grave illness if it appears to the physician that it resulted from a criminal act of violence.

(Report J-1997, adopted 11/16/97) (revised, Report L3-2004, Item 59, adopted 11/14/2004) (revised, Report I-2009, Item 3-57, adopted 11/01/2009)

105. Domestic Violence/Abuse Education
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports educational efforts for medical students and physicians aimed at improving diagnosis, treatment, and appropriate referral, of physical, sexual, psychological, and other abuse victims.

(Report F-1994, adopted as amended 11/6/1994) (revised, Report L1-2004, Item 30, adopted 11/14/2004) (revised, Report I-2009, Item 3-58, adopted 11/01/2009)

106. School Violence Prevention
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports educational programs that

prevent school violence.

(Substitute Resolution 13-1998, adopted 11/15/98) (revised, Report L1-2004, Item 73, adopted 11/14/2004) (revised, Report I-2009, Item 3-55, adopted 11/01/2009)

Policies to be REVISED:

1. **Role of North Carolina Medical Society in Accrediting Programs for Continuing Medical Education**
   (Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports maintaining its status with the Accreditation Council for Continuing Medical Education (ACCME) as an organization approved to accredit sponsors of intrastate continuing medical education programs in North Carolina; and be it further

RESOLVED, That the North Carolina Medical Society supports the "Essentials and Guidelines" of the ACCME as a statement of basic criteria to be met by organizations/institutions applying for accreditation through the North Carolina Medical Society; and be it further

RESOLVED, That the North Carolina Medical Society supports the use of the "Accreditation Manual for Continuing Medical Education Activities in North Carolina" to be used with the above cited in conjunction with the "Essentials and Guidelines" in the continuing medical education accreditation program of the Medical Education Committee, and that the Medical Education Committee be authorized to make modifications in these documents as necessary to the continued successful implementation of the accreditation program; and be it further

RESOLVED, That the Medical Education Committee be authorized to:

1. Accept the report of a continuing medical education accreditation survey team.

2. Determine whether an accreditation applicant fulfills the criteria for accreditation as a provider of CME.

3. Transmit this decision, over the signature of the ~~Chair of the Medical Education Committee~~ Designee of the NCMS, to the Accreditation Council for Continuing Medical Education.

4. Inform the applicant organization, over the same signature, of the action of the Medical Education Committee as approved by the Board of Directors on behalf of the North Carolina Medical Society.

5. Provide those accredited with an appropriate certificate, signed by the President of the North Carolina Medical Society and the Chair of the Medical Education Committee, attesting to the applicant's accreditation status.

(Resolution 12-1975, adopted 5/3/75)(revised, Report II-1988, Item 21, adopted 5/7/88)(revised, Report MM-1998, Item 41, adopted 11/15/98) (revised, Report L1-2004, Item 20, adopted 11/14/2004)

2. Medical Student Financial Assistance
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society in conjunction with the American Medical Association and ~~supports joining with~~ the Medical Student Section support programs that provide need-based student debt relief opportunities. ~~in its continued efforts toward financial assistance, including the Health Professions Student Loan and Scholarship Programs which are financed by the Federal Government and operated by the medical schools themselves; and be it further~~

~~RESOLVED, That all such programs should take cognizance of the specific situation and need of the individual student recipient in making determinations of the assistance to be provided.~~

(Resolution 13-1971, adopted 5/18/71) (revised, Report T-1987, Item 12, adopted 5/2/87) (revised, Report II-1988, Item 24, adopted 5/7/88) (reaffirmed, Report MM-1998, Item 44, adopted 11/15/98) (revised, Report L1-2004, adopted 11/14/2004)

3. Innovative Prevention and Health Promotion Continuing Medical Education (CME) Programs
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports the development and promotion of methods that will enable medical practices to engage in more effective and efficient health promotion, ~~and~~ prevention, and patient self-management efforts with their patient populations; and be it further

~~RESOLVED, That the North Carolina Medical Society supports collaboration with the AHEC Program and the state's medical schools to identify funds for implementing a pilot program of innovative continuing medical education for North Carolina's practicing physicians; and be it further~~

RESOLVED, That the North Carolina Medical Society and North Carolina Medical Society Foundation support~~s~~ the development of ~~an~~ innovative CME programs to

help physicians learn ~~find~~ effective and efficient strategies for promoting preventive care ~~promoting, implementing~~ and the integration of self-management as a key component of performance improvement.

(Report CC-1996, adopted as amended 11/17/96) (revised, Report L1-2004, Item 19, adopted 11/14/2004)

4. Support for Community-Based Medical Education
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society, in recognition of the need for more primary care physicians, supports the State's ~~four~~ schools of medicine and osteopathy and the NC Area Health Education Centers Program (AHEC) in promoting community-based medical education; and be it further

RESOLVED, That the North Carolina Medical Society supports individual member involvement in community-based medical education by serving as preceptors for medical students training in their communities.

(Report P-1995, adopted 11/12/95) (revised, Report L1-2004, Item 23, adopted 11/14/2004)

5. CME Financing
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports full and detailed written financial disclosure by physicians faculty or program organizers of all income related to continuing medical education (CME) activities at the specific time of that activity including compensation in any form, honoraria, or profits for hosts, businesses, individuals, professional organizations, professional boards or regulatory boards.

(Report G-2007, adopted 10/21/2007)

Policies to RESCIND:

Policies to RESCIND indicate the intent of the policy is no longer valid or that the intent has been accomplished by current activity or existing policy of the NCMS.

1. Access to Medical Literature
(Medical Education Committee)

RESOLVED, That the North Carolina Medical Society supports making current or past medical literature available to physicians and other persons involved in healthcare delivery, teaching, or research.

(Resolution 1-1991, adopted 11/9/91) (revised, Report U-2001, Item 28, adopted 11/11/01) (revised, Report R-2007, Item 3-33, adopted 10/21/2007)