

**North Carolina Medical Society
2014 House of Delegates**

**REPORT OF THE
REFERENCE COMMITTEE**

The following is a preliminary report of actions recommended by the Reference Committee at the 2014 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 THE REFERENCE COMMITTEE
TO
THE 2014 HOUSE OF DELEGATES**

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

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3 The Reference Committee gave careful consideration to all of the items referred to
4 it and to the input received and submits the following report to the House:

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6 (1) REPORT A – 2015 BUDGET

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8 1. That the 2015 Budget as proposed be approved (see attached) (*admin*).

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10 RECOMMENDATION:

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12 Madam/Mr. Speaker, your Reference Committee recommends that Report A
13 and its recommendations be **adopted**.

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15 *Comments: The Reference Committee received comments in support of the*
16 *proposed budget, and with the support of the NCMS Board of Directors, urges*
17 *adoption.*

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(2) REPORT B – RESOLUTION 1-2013 - MENTAL HEALTH AND BACKGROUND
CHECKS FOR GUN OWNERSHIP; RESOLUTION 5-2013 – HANDGUN LAWS

That the following be adopted and that the remainder of the report be filed:

1. Resolution 1 be filed.

2. Resolution 5 be filed.

3. The Ethical and Judicial Affairs Committee work toward making NCMS policy recommendations in 2015 regarding specific inclusion of mental health background checks as a condition of firearm transfer or sale.

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Report B and its recommendation be **adopted**.

Comment: The Reference Committee received comments offering further input on this report and these resolutions from 2013. The Reference Committee supports the recommendation of the Ethical and Judicial Affairs Committee, which will continue to work on developing appropriate NCMS policy on the issue.

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(3) REPORT C - RESOLUTION 8–2013 - ON-FIELD TESTING OF ALL PARTICIPANTS
PLAYING FOOTBALL WITHIN THE STATE OF NORTH CAROLINA

That the following be adopted and the remainder of the report be filed:

1. That Resolution 8-2013 not be adopted.

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that the recommendations in Report C be adopted and that the remainder of the report be filed. (This means that Resolution 8-2013 will not be adopted)

Comments: The Reference Committee received comments in support of the recommended action on this item and agrees with the NCMS Board of Director's recommendation to not adopt Resolution 8-2013.

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(4) REPORT D - RESOLUTION 17-2013 – MEDICAL STUDENT REPRESENTATION ON THE NCMS BOARD OF DIRECTORS

That the following be adopted and the remainder of the report be filed:

1. That Resolution 17 – Medical Student Representation on the NCMS Board of Directors not be adopted.

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that the recommendations of Report D be **adopted** and that the remainder of the report be filed. This means that Resolution 17 will not be adopted.

Comments: The Reference Committee received comments in support of Report D. The Reference Committee agrees with the Board of Directors' recommendations for increasing medical student involvement outside of a designated seat on the Board of Directors, which include:

- *The Chairs of the Medical Student Section will be invited to the NCMS Specialty Societies Summit, along with other stakeholders, during 2015. The chairs will attend and participate on behalf of NCMS medical students.*
- *The Chairs of the Medical Student Section will be notified at the beginning of each year of the schedule of NCMS Board of Directors meetings and invited to attend. Meetings are open to any member who wishes to bring business to the Board.*

The Board of Directors remains supportive of medical student membership and involvement in the NCMS and encourages ongoing dialogue with the Medical Student Section.

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1 (5) REPORT E – REQUEST FROM NORTH CAROLINA RHEUMATOLOGY
2 ASSOCIATION FOR RECOGNITION AS AN ESTABLISHED MEDICAL SPECIALTY
3 ORGANIZATION
4

5 That the following be adopted and that the remainder of the report be filed:
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7 1. That the North Carolina Rheumatology Association be granted recognition
8 as a medical specialty organization of the North Carolina Medical Society;
9 and **(admin)**
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11 2. That the organization be represented in the House of Delegates. **(admin)**
12

13 RECOMMENDATION:
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15 Madam/Mr. Speaker, your Reference Committee recommends that Report E
16 and its recommendations be **adopted.**
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18 *Comments: The Reference Committee received comments in support of*
19 *Report E and agrees with the recommendation provided.*
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(6) REPORT F – NORTH CAROLINA MEDICAL SOCIETY POLICIES

ITEM 1: THAT THE FOLLOWING POLICY BE REVISED:

1. Fee-for-Service Payment
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports ~~preservation of~~ fee-for-service as an appropriate payment method; and be it further

RESOLVED, That the NCMS is actively engaged in developing and supporting new models of care that include payment based on value and quality measures. While fee-for-service remains a model of payment, other models are encouraged.

(Resolution 23-1986, adopted 5/3/86) (revised, Report Y-1996, Item 27, adopted 11/17/96) (revised, Report L2-2004, Item 21, adopted 11/14/2004)(reaffirmed, Report I-2009, 23 Item 2-37, adopted 11/01/2009)

2. Universal Childhood Vaccine Distribution Program (UCVDP)
(Legislative Cabinet)

RESOLVED, That the North Carolina Medical Society supports routine immunization of children using and reinstatement of the Universal Childhood Vaccine Distribution Program (UCVDP), which ~~provides~~ provided state-purchased, required vaccines at no cost to all public and private health care providers for all children from birth through eighteen (18) years of age and expansion of the UCVDP to include all vaccines recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices.

(Resolution 4-1996, adopted 11/17/96) (revised, Report N-2008, Item 3-43, adopted 10/19/2008) (revised, Report I-2009,

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Item 3-36, adopted 11/01/2009)

Item 2: RESOLVED, THAT THE FOLLOWING NCMS POLICIES BE RESCINDED:

NONE

RECOMMENDATION:

Madam/Mr. Speaker, your Reference Committee recommends that Report F and its recommendations be **adopted**.

Comments: The Reference Committee has reviewed the lengthy list of policies up for review this year and makes no recommended changes to the Report.

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1 (7) RESOLUTION 1 - THE ELECTRONIC DISCONTINUATION OF MEDICATIONS

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3 RESOLVED, That the North Carolina Medical Society supports the
4 development of a standardized, electronic method for the communication of
5 the allergies to medications and/or the discontinuation of medications
6 between the provider and the patient's pharmacy to improve medication
7 reconciliation and patient safety (**policy**), and be it further

8
9 RESOLVED, That the North Carolina Medical Society request that the AMA,
10 the American Pharmacists Association, and other appropriate, interested
11 parties work together to develop a method to allow healthcare providers the
12 ability to discontinue medications electronically, as well as report allergies to
13 medications electronically or through e-prescribing, for the improved safety
14 of patients (**action**).

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16 RECOMMENDATION #1:

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18 Madam/Mr. Speaker, your Reference Committee recommends that
19 Resolution 1 be **amended by addition.**

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21 RESOLVED, That the North Carolina Medical Society supports the
22 development of a standardized, electronic method for the communication of
23 the allergies to medications and/or the discontinuation of medications
24 between the provider and the patient's pharmacy to improve medication
25 reconciliation and patient safety (**policy**), and be it further

26
27 RESOLVED, That the North Carolina Medical Society, through action of its
28 AMA Delegation, request that the AMA, the American Pharmacists
29 Association, and other appropriate interested parties work together to
30 develop a method to allow healthcare providers the ability to discontinue
31 medications electronically, as well as report allergies to medications
32 electronically or through e-prescribing, for the improved safety of patients
33 (**action**).
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Comments: The Reference Committee received testimony in support of Resolution 1. Lengthy discussion was held regarding the best method for implementation and appropriate jurisdiction of the second RESOLVED statement's proposal for action. The Reference Committee determined that a resolution presented to the AMA House of Delegates, via the NCMS Delegation, would best accomplish the intent of this action item while also properly managing the financial resources of NCMS.

RECOMMENDATION #2:

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

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(8) RESOLUTION 2 - ADULT TDAP VACCINATION COVERAGE

RESOLVED, that the North Carolina Medical Society work with the AMA, Medicare, and private insurers to obtain Tdap vaccination coverage for adults that need the pertussis booster, regardless of having a skin break, laceration, or abrasion **(action)**.

RECOMMENDATION #1:

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

RESOLVED, that the North Carolina Medical Society, through its AMA delegation, work with the AMA, ~~Medicare, and private insurers~~ to obtain Tdap vaccination coverage for adults that need the pertussis booster, regardless of having a skin break, laceration, or abrasion **(action)**.

Comments: The Reference Committee received comments in support of Resolution 2. Additionally, the NCMS has two existing policies related to the issue of insurance coverage for immunizations. These policies read as follows:

Insurance Coverage for Immunizations

RESOLVED, That the North Carolina Medical Society supports requirements for health plans to provide full coverage and reimbursement for all vaccines recommended by the CDC's Advisory Committee on Immunization Practices, including reimbursement for both the vaccine product and appropriate administration fees.

*(Resolution 15-2001, adopted as amended 11/11/2001)
(revised, Report R-2007, Item 3-40, adopted 10/21/2007)
(reaffirmed, Report I-2009, Item 2-35, adopted 11/01/2009)*

1 ***Senior Citizen Immunization***

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1 (9) RESOLUTION 3 - PRIOR-AUTHORIZATION PROCESS

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3 RESOLVED, that the North Carolina Medical Society opposes the use of the
4 prior-authorization process as a method of allocating health care resources;
5 ***(policy)*** and be it further

6
7 RESOLVED, that until the prior-authorization process can be eliminated, the
8 North Carolina Medical Society supports a single, standardized prior-
9 authorization form for all pertinent health plans in North Carolina; ***(policy)***
10 and be it further

11
12 RESOLVED, that the North Carolina Medical Society supports integral
13 physician involvement in the development of value-based systems of care
14 that obviate payer involvement in decisions related to medical care delivery.
15 ***(policy)***

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17 RECOMMENDATION:

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19 Madam/Mr. Speaker, your Reference Committee recommends that
20 **Substitute Resolution 3 be adopted in lieu of Resolution 3.**

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22 ~~RESOLVED, that the North Carolina Medical Society opposes the use of the~~
23 ~~prior-authorization process as a method of allocating health care resources;~~
24 ~~***(policy)*** and be it further~~

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26 ~~RESOLVED, that until the prior-authorization process can be eliminated, the~~
27 ~~North Carolina Medical Society supports a single, standardized prior-~~
28 ~~authorization form for all pertinent health plans in North Carolina; ***(policy)***~~
29 ~~and be it further~~

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31 ~~RESOLVED, that the North Carolina Medical Society supports integral~~
32 ~~physician involvement in the development of value-based systems of care~~
33 ~~that obviate payer involvement in decisions related to medical care delivery.~~
34 ~~***(policy)***~~

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RESOLVED, that the North Carolina Medical Society supports:

1. A standardized, evidence-based, prior-authorization process for all pertinent health plans in North Carolina; and
2. A single, standardized prior-authorization form for all pertinent health plans in North Carolina; and
3. Physician involvement in the development of the prior-authorization process and form, including in the development of prior-authorization criteria; and
4. Accessibility and transparency within the process for prior-authorization; and
5. Transparency within the appeals process for prior-authorization denials; and
6. Timely response to requests for prior-authorization and appeals to insure that patient care is not compromised (**policy**).

Comments: The Reference Committee reviewed the comments received regarding this resolution and find that an amended policy statement will better reflect the Society's position on prior-authorizations within a transforming, and increasingly value-based health care system.

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1 (10) RESOLUTION 4 - REIMBURSEMENT FOR INPATIENT SMOKING CESSATION
2 SPECIALISTS
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4 RESOLVED, that the North Carolina Medical Society work toward gaining
5 appropriate reimbursement for inpatient smoking cessation specialists. This
6 may involve NCMS delegates to the AMA proposing this at the AMA meeting.
7 It may involve collaboration with the NC Hospital Association **(action)**.
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9 RECOMMENDATION #1:
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11 Madam/Mr. Speaker, your Reference Committee recommends that
12 Resolution 4 be **amended by substitution**.
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14 RESOLVED, that the North Carolina Medical Society ~~work toward gaining~~
15 ~~appropriate reimbursement for inpatient smoking cessation specialists. This~~
16 ~~may involve NCMS delegates to the AMA proposing this at the AMA meeting.~~
17 ~~It may involve collaboration with the NC Hospital Association **(action)**.~~
18 supports continued efforts to provide structured, evidence-based, smoking
19 cessation interventions for all interested patients, including those in the
20 inpatient setting **(policy)**.
21

22 *Comments: The Reference Committee received comments in support of*
23 *Resolution 5. In light of existing AMA policy related to tobacco cessation, [H-](#)*
24 *[490.917 Physician Responsibilities for Tobacco Cessation](#), as well as a number*
25 *of pending legislative priorities before the NCMS, the reference committee*
26 *recommends that Resolution 5 be converted from an action item to a policy*
27 *statement. This would allow staff to refer to existing NCMS policy when*
28 *opportunities arise to advocate for such payment policies.*
29

30 RECOMMENDATION #2:
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32 Madam/Mr. Speaker, your Reference Committee recommends that
33 Resolution 4 be **adopted as amended**.

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(11) RESOLUTION 5 – TRANSPARENCY IN PATIENT COMMUNICATION AND APOLOGY IN THE PROFESSIONAL CONTEXT

RESOLVED, that the North Carolina Medical Society work to amend the language of NCGS 8C-1 article 4, rule 413 to provide that all statements, affirmations, gestures, activities, or conduct expressing benevolence, regret, apology, sympathy, commiseration, condolence, compassion, mistake, error or a general sense of benevolence that are made by a physician to the patient, to a relative of the patient or to a representative of the patient, shall be inadmissible as evidence and shall not constitute an admission of liability or an admission against interest (***action***).

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

Comments: The Reference Committee received comments in support of the adoption of this resolution, but also received comment expressing concern regarding the unintended consequences of making changes to current law. The Reference Committee finds this issue to be one worthy of further research and discussion.

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1 (12) RESOLUTION 6 – BOARDING OF INDIVIDUALS WITH PSYCHIATRIC DISORDERS

2
3 RESOLVED, that the North Carolina Medical Society opposes the boarding of
4 individuals with psychiatric disorders (***policy***); and be it further

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6 RESOLVED, that the North Carolina Medical Society call on the North Carolina
7 Governor and General Assembly to immediately increase availability of
8 staffed State Psychiatric Hospital beds and fund additional psychiatric beds
9 and units in community hospitals, with special attention to establishing high-
10 risk psychiatric units capable of accepting complicated and aggressive
11 patients, so as to end the current practice of psychiatric boarding (***action***).

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13 RECOMMENDATION #1:

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

17
18 RESOLVED, that the North Carolina Medical Society opposes the prolonged
19 emergency department admission, also known as boarding, of individuals
20 with psychiatric disorders (***policy***); and be it further

21
22 RESOLVED, that the North Carolina Medical Society call on the North Carolina
23 Governor and General Assembly to immediately increase availability of
24 staffed State Psychiatric Hospital beds and fund additional psychiatric beds
25 and units in community hospitals, with special attention to establishing high-
26 risk psychiatric units capable of accepting complicated and aggressive
27 patients, so as to end the current practice of psychiatric boarding (***action***).

28
29 *Comments: The Reference Committee received comments overwhelmingly*
30 *supportive of this resolution. The Reference Committee only recommends*
31 *adding language to clarify the meaning of the term “boarding.”*
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RECOMMENDATION #2:

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

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1 (13) RESOLUTION 7 – SCOPE OF PRACTICE AND DRY NEEDLING

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RESOLVED, that the North Carolina Medical Society support legislation to clarify that scope of medical practice shall only be modified by the North Carolina General Assembly (***policy***); and be it further

RESOLVED, that the North Carolina Medical Society support legislation to clarify that dry needling is not within the scope of practice of physical therapists unless standards of education and training are set by the General Assembly, and set at a level at least as strict as those set by the General Assembly for physicians who use acupuncture needles for similar therapeutic purposes (***policy***).

RECOMMENDATION:

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

Comments: The Reference Committee reviewed comments received regarding Resolution 7. The Committee finds scope of practice to be a timely legislative discussion but one that can also be costly in terms of time and resources. The Reference Committee recommends that the specific issue of dry needling be further evaluated by the Board of Directors prior to action being taken by the NCMS House of Delegates.

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- 1 (14) CONSENT CALENDAR FOR ADOPTION
- 2
- 3 A.
- 4 B.
- 5 C.
- 6 D.

October 25, 2014

The following is a preliminary report of actions recommended by the Reference Committee at the 2014 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 Speaker, this completes the report of the Reference Committee. The chair would like to thank the members of the Reference Committee, our hard-working staff – Steve Keene, Shawn Scott and Amy Whited – and the members of the House of Delegates who participated in the discussion on these matters.



Timothy M. Beittel, MD, Chair



Anthony J. Caprio, MD



Rachel Keever, MD