

**North Carolina Medical Society  
2015 House of Delegates**

**REPORT 1 OF THE  
REFERENCE COMMITTEE**

The following is a preliminary report of actions recommended by the Reference Committee at the 2015 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 1 OF THE REFERENCE COMMITTEE  
TO  
THE 2015 HOUSE OF DELEGATES**

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1 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) RESOLUTION 1 - REIMBURSEMENT FOR OPERATIVE CARE OF REFERRED  
7 PATIENTS  
8

9 RESOLVED, That the North Carolina Medical Society supports the use of the -  
10 54 and -55 modifiers in North Carolina in specific instances in which the  
11 patient's primary residence is greater than fifty (50) miles from the operating  
12 surgeon's office with the only exceptions being the unexpected unavailability  
13 of the surgeon due to illness or travel or the patient's inability to travel  
14 because of another illness; and be it further **(policy)**  
15

16 RESOLVED, That the North Carolina Medical Society write a letter to all  
17 health plans supporting the use of the -54 and -55 modifiers in North  
18 Carolina in specific instances in which the patient's primary residence is  
19 greater than fifty (50) miles from the operating surgeon's office with the only  
20 exceptions being the unexpected unavailability of the surgeon due to illness  
21 or travel or the patient's inability to travel because of other illness; and be it  
22 further **(action)**  
23

24 RESOLVED, That the North Carolina Medical Society encourage its  
25 component societies to also write letters supporting the use of the -54 and -  
26 55 modifiers in North Carolina in specific instances in which the patient's  
27 primary residence is greater than fifty (50) miles from the operating  
28 surgeon's office with the only exceptions being the unexpected unavailability

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1 of the surgeon due to illness or travel or the patient's inability to travel  
2 because of another illness. **(action)**

3

4 RECOMMENDATION :

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6 Mr. Speaker, your Reference Committee recommends that Resolution 1 **be**  
7 **referred for study and report back.**

8

9 *Comments: The Reference Committee received testimony supporting*  
10 *appropriate payment to physicians for follow-up care. The resolution*  
11 *maintains that current practices for the care of a patient who received a*  
12 *procedure from another physician may not be equitable and that the correct*  
13 *use of relevant modifiers should be examined and encouraged.*

14

15 *By referring the resolution for study and report back, the Reference*  
16 *Committee urges the NCMS to evaluate the referral of operative care to*  
17 *physicians and to develop policy regarding the referral process and payment,*  
18 *which would be more effective in advocating the Authors' position.*

19

20

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1 (2) RESOLUTION 2 - MEDICAL CARE REINVENTION ACT: A CONSERVATIVE  
2 VOLUNTARY UNIVERSAL HEALTH CARE INITIATIVE  
3

4 RESOLVED, that the North Carolina medical Society endorse and  
5 support the Medical Care Reinvention Act: A Conservative Voluntary  
6 Universal Health Care initiative (**action**).

7  
8 RECOMMENDATION:  
9

10 Mr. Speaker, your Reference Committee recommends that Resolution 2 **not**  
11 **be adopted**.  
12

13  
14 *Comments: This Resolution was considered by the 2012 House of Delegates*  
15 *and was filed.*  
16

17 *Current NCMS policy and advocacy goals focus on improvement and*  
18 *efficiency of the health care system. Efficient, effective health care and*  
19 *system sustainability is, in many ways, a key value of the Society. The*  
20 *Reference Committee recommends that the NCMS be familiar with the*  
21 *“Medical Care Reinvention Act” but that an NCMS endorsement is not*  
22 *appropriate at this time and no further action be taken by the NCMS to*  
23 *promote the Act.*

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1 (3) REPORT A – 2016 BUDGET

2

3 1. That the 2016 Budget as proposed be approved (**admin**).

4

5 RECOMMENDATION:

6

7 Mr. Speaker, your Reference Committee recommends that Report A **be**  
8 **adopted and the remainder of the report filed.**

9

10 *Comments: The Reference Committee received comments that the NCMS*  
11 *Finance Committee and Leadership are carefully evaluating the best use of*  
12 *members' dues dollars on a continual basis. Like many professional*  
13 *organizations, the NCMS has experienced a slight and steady downturn in*  
14 *membership volume that can be attributed to many factors, including*  
15 *practice consolidation, practice economics, and generational differences.*

16

17 *The important work of the NCMS can only be continued and expanded with*  
18 *the support of a thriving membership base. The Reference Committee*  
19 *supports the Finance Committee's conscious decision to make an investment*  
20 *that can show a tangible return in membership growth and dues revenue,*  
21 *and encourages the Finance Committee to monitor the progress of the*  
22 *investment and make course corrections when necessary.*

23

24

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1 (4) REPORT B – RESOLUTION 3-2014 – PRIOR AUTHORIZATION PROCESS

2

3 1. The Legislative Cabinet recommends that Resolution 3-2014 be adopted.

4

5 RECOMMENDATION:

6

7 Mr. Speaker, your Reference Committee recommends that Report B **be**  
8 **adopted.**

9

10 *Comment: The Reference Committee received comments supporting the*  
11 *Legislative Cabinet’s evaluation of the Resolution as consistent with current*  
12 *NCMS policy and advocacy efforts.*

13

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1 (5) REPORT C - RESOLUTION 4-2014 - REIMBURSEMENT FOR INPATIENT  
2 SMOKING CESSATION SPECIALISTS  
3

4 1. The Legislative Cabinet recommends that Resolution 4-2014 **be filed**.

5  
6 RECOMMENDATION:

7  
8 Mr. Speaker, your Reference Committee recommends that Report C **be**  
9 **adopted**.

10

11 *Comment: The Reference Committee received comments supporting smoking*  
12 *cessation programs and the Legislative Cabinet's evaluation of the Resolution*  
13 *as consistent with current NCMS policy but acknowledges the difficulty of*  
14 *advocating for additional state funds for smoking cessation counseling. The*  
15 *Cabinet acknowledges the historic success of smoking cessation programs*  
16 *and will continue its support as opportunities arise within NCMS advocacy*  
17 *efforts.*

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1 (6) REPORT D - RESOLUTION 5-2014 - TRANSPARENCY IN PATIENT  
2 COMMUNICATION AND APOLOGY IN THE PROFESSIONAL CONTEXT  
3

- 4 1. The Legislative Cabinet recommends that Resolution 5-2014 -  
5 Transparency in Patient Communication and Apology in the Professional  
6 Context be further studied for report back.  
7

8 RECOMMENDATION:  
9

10 Mr. Speaker, your Reference Committee recommends that Report D **be**  
11 **adopted.**  
12

13 *Comments: The Reference Committee received comments acknowledging the*  
14 *intent of the Resolution balanced with the political consequences of*  
15 *proactively seeking a statute change and its effect of the liability reforms*  
16 *achieved in 2011.*  
17

18 *The AMA has current policy that any statements by physicians of apology,*  
19 *confessions of regret, or admission of errors to patients and/or their families*  
20 *regarding less than anticipated clinical outcomes be subsequently*  
21 *inadmissible in court, and will seek to incorporate such policy into medical*  
22 *liability reform legislation.*  
23

24 *The Reference Committee agrees that the NCMS should continue to study the*  
25 *changing political landscape to identify a future opportunity to address this*  
26 *specific change requested.*

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1 (7) REPORT E – RESOLUTION 7-2014 – SCOPE OF PRACTICE AND DRY NEEDLING

2

- 3 1. That Resolution 7-2014 - Transparency in Patient Communication and  
4 Apology in the Professional Context be further studied for report back.

5

6 RECOMMENDATION:

7

8 Mr. Speaker, your Reference Committee recommends that Report E **be**  
9 **adopted.**

10

11 *Comments: The Reference Committee supports specific training and*  
12 *education standards for all medical procedures and believes the NCMS plays*  
13 *an important role in advocating for these professional standards in medical*  
14 *care. The Reference Committee received commentary agreeing with the*  
15 *Legislative Cabinet's recommendation considering current legislative activity*  
16 *on the issue. With referral for study and report back, the Society is able to*  
17 *better evaluate the timing of action needed in order to achieve an effective*  
18 *end result.*

19

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1 (8) NCMS POLICY REVIEW

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3 RECOMMENDATION:

4

5 Mr. Speaker, your Reference Committee recommends that the NCMS Policy  
6 Review recommendations **be adopted**.

7

8 *Comment: The policies that were due for five-year review in 2015 were assigned to*  
9 *the appropriate NCMS Committees, who discussed and vetted them thoroughly. The*  
10 *NCMS Board of Directors approved the Committee recommendation for policies to*  
11 *be reaffirmed, revised and rescinded. The Reference Committee supports the*  
12 *direction of the NCMS Committees and recommends that the policies be acted upon*  
13 *as stated in the NCMS Policy Review document.*

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Mr. Speaker, this completes the first report of the Reference Committee. The chair would like to thank the members of the Reference Committee and the members of the House of Delegates who participated in the discussion on these matters.



Dana Chambers, MD, Chair



Rachel Kever, MD



Karen Smith, MD