

1 MINUTES

2 North Carolina Medical Society
3 Medical Team Task Force

4
5 April 11, 2017, 6:00 – 8:00 P.M.
6 222 North Person Street, Raleigh, NC 27601
7 877-273-4202; Conference Call ID 5148698#
8

9 **I. Call to Order:** The meeting was called to order at approximately 6:00 P.M. by the chair, Robert
10 Monteiro, MD.
11

12 **II. Attendance - In Person:** Robert Monteiro, MD – Chair; Scott W. Brown, MD - NC College of
13 Emergency Physicians; Samuel J. Chewning, Jr., MD – NC Spine Society; Mary Ann Contogiannis,
14 MD - NC Society of Plastic Surgeons; George Corvin, MD, DFAPA - NC Psychiatric Association;
15 Mayisha W. Dunham, MD - NC Society of Physical Medicine & Rehabilitation; Robert J. Evans,
16 MD - NC Urological Association; Edward O. Janosko, II, MD - NC Urological Association; David C.
17 Mayer, MD - NC Society of Anesthesiologists; Charles W. Rhodes, MD - NC Academy of Family
18 Physicians; John W. Rusher, MD - NC Pediatric Society; Robin Huffman - Executive Director at
19 NC Psychiatric Association; Miriam Schwarz – CEO, Western Carolina Medical Society; Bob
20 Seligson – CEO, North Carolina Medical Society; Chip Baggett - Senior VP and Associate General
21 Counsel, North Carolina Medical Society; Steve Keene - COO and General Counsel, North
22 Carolina Medical Society; Melanie Phelps - Senior VP and Deputy General Counsel, North
23 Carolina Medical Society; Alan Skipper - Vice President, Specialty Society Management Services;
24 Dave Horne – Legislative Counsel – North Carolina Medical Society, Smith Anderson Law Firm;
25 **By Phone:** Daniel R. Carrizosa, MD - NC Oncology Association; Stephen J. Ezzo, MD -
26 Mecklenburg County Medical Society; Robert C. Frere, MD - NC Neurological Society; Kristin M.
27 Gowin, MD - NC Rheumatology Association; Cecelia F. Grasinger, MD - NC Obstetrical &
28 Gynecological Society; Peter R. Lichstein, MD, FACP, FAACH – NC Chapter American College of
29 Physicians; Darlyne Menscer, MD – Immediate Past Chair on AMA Council on Medical
30 Education; Kevin R. Stein, MD - NC Dermatology Association; Conor Brockett - VP, Legal &
31 Regulatory Affairs & Associate General Counsel, NC Medical Society
32 Rob Lamme, NC Dermatology Association/NC Obstetrical and Gynecological Society.
33

34 **III. Review Task Force Charge:** The chair presented the task force charge, and emphasized the intent is
35 not to address or resolve current controversies in the North Carolina General Assembly related to the
36 professional regulatory environment for advanced practice nurses. If the group decides to make
37 recommendations to the NCMS Board of Directors, the first opportunity to do that will be in May 19,
38 2017.
39

40 **IV. Current Regulatory Structure in North Carolina and Elsewhere:** The group reviewed the regulatory
41 structure in place today for nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse
42 midwives. The review included discussion of the licensing board or other entity responsible for
43 regulatory oversight, specifics regarding the physician supervision for each category of nurse, and the
44 scope of practice for each category. The task force was also provided resources showing the diversity of
45 regulatory structures in use across the country.
46

MINUTES

NCMS Medical Team Task Force

April 11, 2017, Raleigh, NC

Page 2 of 2

1 **V. Developments in Medical Specialty Organizations:** The task force reviewed and discussed actions
2 and statements from several medical specialty organizations whose members are broadly engaged in
3 clinical practice together with advanced practice nurses.
4 The North Carolina Obstetrical and Gynecological Society has spent the last year reviewing its position
5 on the regulation of certified nurse midwives. They have modified their position to support
6 collaboration (rather than supervision) of CNMs provided certain important variables are addressed
7 correctly. Among them, the actions to be taken when complications develop that are beyond the skill of
8 the CNM, and limiting the number of CNMs that can collaborate with one physician.
9 The American Society of Anesthesiologists has also published a statement on the anesthesia care team,
10 addressing safe practices within the team, delegation case assignment and supervision and other
11 important variables related to anesthesia care.
12 This and other work by medical specialty organizations is helpful in determining if North Carolina law is
13 consistent with best medical practices.

14
15 **VI. Discussion:** The task force discussed many of the practical implications of the supervision
16 requirement, including professional malpractice liability, quality of care, training differences, economics
17 of medical practice, and possible alternative approaches. The staff was asked to develop some
18 information regarding other state approaches and to see if there is research available measuring the
19 differences in outcomes for patients treated by physicians versus NPs. This information will be
20 provided in advance of the next meeting, now scheduled for May 10, 2017, along with draft
21 recommendations for discussion.

22
23 **VI. Adjourn:** The meeting was adjourned at approximately 7:45 P.M.

24
25 Respectfully Submitted,

26
27
28
29 Stephen W. Keene