

**NCMS Policy Committee**  
December 1, 2020, 6:00-8:00 pm  
North Carolina Medical Society (Virtual)

**Minutes**

Members Present:

Laura Gerald, MD	Peter Morris, MD	Lisa Shock, DrPH, PA-C
Genie Komives, MD	Matt Martin, MD	Adam Zolotor, MD
Merritt Seshul, MD	Mitch Heflin, MD	Lynne Fiscus, MD
Justin Hurie, MD	John Lumpkin, MD	Tres Pittman, MD
Jeff Hatcher, MD	Holly Biola, MD	Richard Kirsch, MD
Labron Chambers, MD	Phil Brown, MD	William Lawrence, MD

Staff (and Guests) Present:

Kristen Spaduzzi	Ashley Rodriguez, JD	Steve Keene, JD
Danielle Snyder	Chip Baggett, JD	Alan Skipper
Elaine Ellis	Sue Ann Forrest	Dave Horne, JD
Josh Grant		

- I Laura Gerald called the meeting to order and welcomed committee members and staff.
- II The minutes from the June meeting were approved unanimously.
- III Phil Brown and Chip Baggett addressed the group regarding their leadership direction for NCMS in 2021 and provided clarification of the role of this committee.
- IV Review of old business:
  1. *Health Equity* Policy as adopted by the NCMS BOD on Nov 7, 2020
  2. *National CLAS Standards* Policy as adopted by the NCMS BOD on Nov 7, 2020
  3. Maternal and Infant Workgroup Recommendations (2 policies)
    - a. *Maternal and Infant Health* Policy adopted by the NCMS BOD on Aug 24, 2020
    - b. *Preconception and Reproductive Health Education to Women and Men* Policy adopted by the NCMS BOD on Aug 24, 2020
- V Laura Gerald and Kristen Spaduzzi reviewed updates to policy process including soliciting for member feedback and how the committee can best facilitate the NCMS Board of Directors in understanding the full picture of the hard work being put into these policy recommendations. An emphasis on the importance of the guiding

principles as a lens for the committee to use in the discussion and development of policies was reiterated.

VI New Business:

1. *Tobacco-Free NC* policy draft

- a. The committee had a lengthy discussion on the broad language used in the policy and whether it should be more specific to include marijuana, chewing tobacco, and other forms of tobacco or smoke. It was agreed, after Laura provided some perspective, that the policy language was intentionally broad to be inclusive of all methods and forms of tobacco. The committee was also notified that marijuana is currently being addressed in the Ethical and Judicial Affairs Task Force; Ashley will keep the committee updated on the task force's progress.
- b. A minor change was made to the word order of a sentence in the policy.
- c. A suggestion was made and agreed on to include a request to the Board for the committee to take up a policy around clean air.
- d. Holly moved to approve the *Tobacco Free NC* policy with the edit, motion was seconded by Merritt; the policy was approved unanimously.

2. *Telehealth* draft policy

- a. Labron provided an overview of the discussion and work that had been done thus far on the *Telehealth* policy draft by the workgroup.
- b. The committee discussed several various factors to consider with telehealth, such as audio-only coverage, payment parity, the medical home, lack of physical examination, quality metrics, telehealth now versus post-Covid, patient and provider education, and consideration of unintended consequences.
- c. Staff was asked to compile the comments made for edits to the policy and send to workgroup for revision.

3. *Digital Equity/Digital Health Equity* draft policies

- a. Labron also provided an overview of the discussion and work done with the *Digital Equity/Digital Health Equity* policy(s) draft by the workgroup.
- b. Merritt proposed an edit to the digital equity portion, which was added and approved by the entire committee.
- c. A motion to pass the *Digital Equity* policy was made but did not pass with majority of the committee wanting more time for discussion and consideration.
- d. The committee discussed simplifying the language in the *Digital Health Equity* policy and adding specific language regarding digital health literacy as well as providing evidence-based care in a virtual/digital manner that prioritizes patient safety and promotes access.

- e. There was additional discussion on whether there should be two policies (digital equity and digital health equity) or just one. There was not a consensus either way, so staff was asked to continuing working on them as two policies.
- VII The workgroup and staff will re-convene to continue working on *Telehealth & Digital Equity/Digital Health Equity* policies for discussion at the next full committee meeting in February 2021.
- VIII There being no further business, the committee was adjourned.

Respectfully submitted by

Kristen Spaduzzi