



- 1 practicing in an HMO, and one primary care physician  
2 appointed at large by the Governor;
- 3 b. One representative from the insurance industry;  
4 c. One board-certified pediatrician;  
5 d. At least one consumer of primary care not affiliated with any  
6 health care profession;  
7 e. At least one nurse practitioner; and  
8 f. One hospital administrator;
- 9 (2) An advisory committee on anesthesiology composed of not less than  
10 seven members, as follows:
- 11 a. At least three board-certified anesthesiologists, one of whom  
12 shall be an anesthesiologist practicing in an urban hospital, one  
13 practicing in a rural hospital, and one appointed at large by the  
14 Governor;  
15 b. One faculty member from a North Carolina medical school who  
16 teaches anesthesiology;  
17 c. At least one nurse anesthetist;  
18 d. At least one consumer not affiliated with any health care  
19 profession; and  
20 e. One hospital administrator;
- 21 (3) An advisory committee on emergency medicine composed of not less  
22 than eight members, as follows:
- 23 a. At least three physicians practicing emergency medicine, one of  
24 whom practices in a large urban hospital, one in a rural  
25 hospital, and one appointed at large by the Governor;  
26 b. At least one registered nurse practicing in emergency medicine;  
27 c. One insurance representative;  
28 d. At least one consumer not affiliated with any health care  
29 profession;  
30 e. One emergency medical technician-paramedic; and  
31 f. One hospital administrator;
- 32 (4) An advisory committee on obstetrics and gynecology composed of at  
33 least nine members, as follows:
- 34 a. At least three board-certified OB-GYN physicians, one  
35 practicing in an HMO, one in private practice in a large urban  
36 area of the State, and one appointed by the Governor and in  
37 private practice in a rural area of the State;  
38 b. One physician in family practice from a rural area who delivers  
39 babies;  
40 c. At least one certified nurse midwife;  
41 d. A representative of the insurance industry;  
42 e. A representative of the public health system;  
43 f. At least one consumer not affiliated with any health care  
44 profession; and

1 g. One hospital administrator.

2 (b) The Governor's appointees shall serve as chair of their respective  
3 committee.

4 (c) Each medical specialty advisory committee shall develop practice  
5 parameters and risk management protocols in the medical specialty area of that  
6 committee. The practice parameters shall define appropriate clinical indications and  
7 methods of treatment within that specialty. The parameters and protocols must be  
8 consistent with appropriate standards of care and levels of quality, and shall take into  
9 account resources available to physicians practicing in various geographic areas of the  
10 State.

11 (d) The Board of Medical Examiners may accept funds from outside sources  
12 to help finance the work of the medical specialty advisory committees.

13 (e) Each medical specialty advisory committee shall report the parameters  
14 and protocols developed, together with any recommendations the committee may have,  
15 to the Board of Medical Examiners for its adoption. The committee shall complete its  
16 task and make its report to the Board in sufficient time for the Board to act on the  
17 committees' work and make its final report to the General Assembly.

18 Sec. 2. The Board of Medical Examiners shall make a final report of the  
19 parameters, protocols, and recommendations to the 1995 General Assembly and to the  
20 Governor on or before January 1, 1995.

21 Sec. 3. This act is effective upon ratification.