

**Medical Society** of New Jersey

**MSNJ**

**2005**

**POLICY  
COMPENDIUM**

# INTRODUCTION

This publication contains the following documents: the MSNJ 2005 Policy Compendium; the MSNJ Constitution and Bylaws; and the MSNJ Medically Futile Therapy Guidelines.

A separate index is available for the MSNJ Constitution and Bylaws. This allows the reader a quick search in the document for specific information. The MSNJ Medically Futile Therapy Guidelines is included for the reader's information.

The Policy Compendium presents the policies of MSNJ as reflected in the actions of the House of Delegates and of the Board of Trustees from May 1990 through May 2005. Also it contains earlier actions of the Board of Trustees that have been continued into present policy.

The Policy Compendium does not contain items that were referred to the Board of Trustees, filed, not adopted, or rejected. It does not include temporary policies; it does not include reports that summarize activities or legislative or regulatory statements. It does not include information on appointments, awards, or commendations.

The Policy Compendium is arranged under major subject headings. Readers can use these broad subject headers to find the information required. Items are listed under each subject heading in descending chronological order; hence, the current policy is the first listing in each category. The following abbreviations are used throughout the Policy Compendium: BOT: Board of Trustees; Res: Resolution; Trans: Transactions; Exec Sess: Executive Session; and Exec Comm: Executive Committee.

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# **CONSTITUTION**

## **ARTICLE I -- TITLE**

The name of this organization is "the Medical Society of New Jersey."

## **ARTICLE II -- PURPOSES**

The purposes of this Society are to promote the betterment of the public health and the science and art of medicine, to enlighten public opinion in regard to the problems of medicine, and to safeguard the rights of the practitioners of medicine.

## **ARTICLE III -- COMPONENT SOCIETIES**

County medical societies that hold charters from this Society shall be known and referred to as component societies. There shall be no more than one component society in any county of this state.

## **ARTICLE IV -- MEMBERS**

This Society is composed of individual members of component societies who are entitled to full privileges and others as provided in the Bylaws.

## **ARTICLE V -- HOUSE OF DELEGATES**

The House of Delegates shall be the legislative and policymaking body of this Society and shall consist of Fellows, officers, and delegates as prescribed in the Bylaws.

## **ARTICLE VI -- GENERAL OFFICERS**

The general officers of this Society shall be the elected officers and elected trustees as defined in the Bylaws. Their terms of office and qualifications shall be provided in the Bylaws.

## **ARTICLE VII -- TRUSTEES**

The Board of Trustees is composed of those elected officers so designated in the Bylaws and the elected trustees, and shall constitute the executive body of the Society at such times as the House of Delegates is not in session. Its duties are those prescribed by law governing trustees of corporations and as may be prescribed in the Bylaws.

## **ARTICLE VIII -- SECTIONS**

The House of Delegates or the Board of Trustees may provide for the division of the scientific work of this Society into sections whenever the necessity therefore arises.

## **ARTICLE IX -- MEETINGS**

The House of Delegates and the scientific sections shall meet at least annually and at such other times as are deemed necessary by the House or the Board of Trustees as provided in the Bylaws.

## **ARTICLE X -- FUNDS, DUES, AND ASSESSMENTS**

Funds shall be raised by dues and assessments on the membership as approved by the House of Delegates as provided in the Bylaws.

## **ARTICLE XI -- COUNCILS AND COMMITTEES**

Councils and committees shall be established by the House of Delegates or the Board of Trustees as provided in the Bylaws.

## **ARTICLE XII -- AMENDMENTS TO THE CONSTITUTION**

This Constitution may be amended in the following manner:

(1) Submission in writing of an amendment proposed by the Board of Trustees, by the Judicial Council, or by a component society to the Secretary of this Society not later than December 31 of the year prior to the annual meeting.

(2) Transmission by the Secretary of the proposed amendment within ten days to the Standing Committee on Revision of Constitution and Bylaws and to each component society.

(3) Publication of the proposed amendment in *New Jersey Medicine* at least 60 days before said meeting.

(4) Submission of the report of the Standing Committee on Revision of Constitution and Bylaws concerning the proposed amendment at the first session of the House of Delegates, and referral to the appropriate reference committee for hearing and study.

(5) Report of the reference committee to the final session of the House of Delegates for appropriate action.

(6) Acceptance by a two-thirds vote of the House of Delegates present and voting at that final session.

# BYLAWS

## CHAPTER I -- MEMBERSHIP

### Section 1 -- Composition

This Society shall be composed of Fellows, officers, delegates, members, and associate members of component societies in good standing, emeritus members, and complimentary members. Honorary members may be elected, but they shall not be members of the corporate body. Affiliate membership may be granted but recipients may neither vote nor hold office.

#### **(a) Fellows**

The Fellows are the Past-Presidents of this Society.

Any member of this Society, not already a Fellow, who is elected President of the American Medical Association, shall, at the completion of this term, become a Fellow of this Society. (Footnote: The "immediate past-president" is that living past-president between whom and the presidency no succeeding living past-president intervenes.)

#### **(b) Officers**

The officers shall be the President, President-Elect, First Vice-President, Second Vice-President, Immediate Past-President, Secretary, Treasurer, and elected members of the Board of Trustees.

#### **(c) Members of Component Societies**

All members of component societies in good standing are hereby constituted members of this Society and are entitled to full privileges.

Associate members of component societies in good standing are hereby constituted associate members of this Society, but they may not vote or hold office.

#### **(d) Emeritus Members**

A member seeking emeritus status must be so approved by vote of the House of Delegates. To be eligible for consideration, a member must be in good standing and have paid all current state and county dues assessments. The member must be fully retired from the practice of medicine and have no other gainful employment or any practice income. If the member has retired because of illness or disability, that condition must be documented. Members retiring because of age must be at least 65 years of age.

Emeritus members shall have all privileges of membership except the right to vote and hold office. They shall not pay dues and are not to be included in the membership count for apportionment of delegates or allocation of Trustees.

**(e) Complimentary Members**

Complimentary memberships shall be extended to the non-member presidents and non-member incoming presidents of all acute care hospital medical staffs in New Jersey.

**(f) Honorary Members**

Any person other than members of the Medical Society of New Jersey may be nominated by the Board of Trustees for election as honorary members. Nominees shall be elected by a two-thirds vote of the House of Delegates during any session. Honorary members shall not be members of the corporate body and at no time may the number of living honorary members exceed 25.

**(g) Affiliate Members**

Affiliate members shall be physicians who have been active members but who no longer practice in New Jersey, or nonphysician employees of member physicians.

Affiliate members may not vote or hold office, but may participate in meetings, educational programs, receive publications, and are otherwise eligible for all membership benefit programs.

The dues for affiliate members shall be established by the House of Delegates pursuant to recommendation from the Committee on Finance and Budget.

**Section 2 -- List of Members**

The term member or membership unless otherwise qualified shall refer to those members having full privileges, including the right to vote and hold office.

Five days before the first of March the treasurer of each component society shall forward to the Treasurer of this Society a complete list, with names and addresses, of all paid-up and exempt members in good standing in this Society, at the same time remitting the assessment covering such membership.

Not later than the first day of March in each year, the secretary of each component society shall send to the Secretary of this Society a current list of associate, emeritus, and honorary members; members elected, deceased, and

those who have resigned or moved from the county since the last report was submitted. Where members have transferred or have been received on transfer, the name of the county or state society to or from which they have transferred must be given.

Immediately after December 31 of each year, the Secretary of this Society shall notify each component society of the number of delegates to which it is entitled during the next succeeding year in the House of Delegates, based upon the number of dues-paying physician members recorded in the office of the Secretary on that date. Associate membership shall not be included in such computation.

Not later than the first day of April in each year, the secretary of each component society shall send to the Secretary of this Society a complete list of the delegates and alternate delegates to this Society, together with the names of the delegates and alternate delegates to the Nominating Committee.

**(a) Ineligibility**

No person who is under sentence of suspension or expulsion from any component society, or whose name has been dropped from its roster, shall be entitled to any of the rights or privileges of this Society until relieved of such disability.

**(b) Rules of Conduct**

The "Principles of Medical Ethics" adopted by the American Medical Association shall govern the conduct of members in all categories of the Medical Society of New Jersey in their relations to each other and to the public.

## **CHAPTER II -- MEETINGS**

### **Section I -- Delegates**

Delegates shall be chosen by and from the component societies, and shall be members of this Society and of the House of Delegates for the period of time for which they are elected, subject to continuance of good standing in their respective component society, and further subject to their respective component society's continuing in good standing in this Society.

#### **(a) Apportionment and Election**

Unless otherwise stipulated by the House of Delegates, each component society shall be entitled to such delegate apportionment as equitably and proportionately determined by the Secretary of the Medical Society of New Jersey in the interest of maintaining the total membership of the House so that it does not exceed 400 members, to be elected at any meeting prior to March 31 by a majority ballot of the members present. Delegate apportionment shall be based upon the number of dues-paying physician members in each component society. The term of office of each delegate shall be for three administrative years and shall begin on April first next following election. Each component society shall be entitled to at least three delegates.

#### **(b) Reapportionment**

In the event of geographic subdivision of any of the existing counties of New Jersey, and the creation of an additional component society, the delegates from the old and the new component societies shall be apportioned on the basis above provided.

#### **(c) Delinquency**

In the event that a component society becomes a delinquent to this Society, its entire delegation shall lose its status for the period of such delinquency.

#### **(d) Vacancy**

A vacancy shall exist in the delegation of any component society whenever one of its delegates ceases to be in good standing, or neglects to attend a majority of the sessions of the House of Delegates at two consecutive meetings (annual or special). When such vacancy occurs, the component society shall fill the unexpired term.

#### **(e) Alternates**

Each delegate may have an alternate. The delegate or an alternate may attend the sessions of the House with full rights while wearing the proper credential badge.

**(f) Specialty Societies and the Medical Society of New Jersey Student Association**

1. Each specialty society recommended by the Board of Trustees and approved by the House of Delegates shall be entitled to one delegate and one alternate who are not serving as delegates or alternates in another capacity. In order to be approved for admittance, the specialty society must represent a specialty certified by a primary specialty board of the American Board of Medical Specialties, and at least 50 percent of their members must be members of MSNJ. No member of MSNJ shall be counted in the membership of more than one state specialty society.

2. The burden of proof on all issues rests with the petitioning society.

3. Primary specialty means a board afforded that status by the American Board of Medical Specialties.

4. The Medical Society of New Jersey Student Association shall be considered a specialty society for the purposes of this section and its members are recognized as members of the Medical Society of New Jersey.

5. Delegates appointed pursuant to this section are to be in addition to the delegates elected by component societies and shall not affect the apportionment under Section 1 (a) of this Chapter.

**(g) Organized Medical Staff Section**

The Organized Medical Staff Section shall be entitled to one delegate and one alternate in the House of Delegates.

**(h) International Medical Graduates Section**

The International Medical Graduates Section shall be entitled to one delegate and one alternate in the House of Delegates.

**(i) Section on Academic Medicine**

The Section on Academic Medicine shall consist of those members who are full-time employees of the University of Medicine and Dentistry of New Jersey. The Section shall be entitled to one delegate and one alternate in the House of Delegates. Additionally, a designated member of the Section may, at the

discretion of the President, meet with the Board of Trustees without the right to vote.

#### **(j) Residents and Fellows Section**

The Residents and Fellows Section shall be entitled to one delegate and one alternate in the House of Delegates.

### **Section 2 -- House of Delegates -- Meetings**

#### **(a) Composition**

The House of Delegates shall be the legislative body of this Society, and shall consist of the Fellows, officers, and delegates.

#### **(b) Speaker and Vice-Speaker**

The President shall have the power to appoint a Speaker of the House of Delegates. The Speaker shall be a member of this Society, and shall preside at the sessions of the House of Delegates. The Speaker shall act as a parliamentarian to the Chair of the Nominating Committee at meetings of that committee. The Speaker shall not have the power to appoint committees.

The President also shall have the power to appoint a Vice-Speaker. The Vice-Speaker shall be a member of this Society and shall assist the Speaker in all duties, or in the Speaker's absence shall act as Speaker.

#### **(c) Sessions**

The House of Delegates shall meet on the first day of the annual meeting of this Society, but may meet in advance of, or after adjournment of, the annual meeting. The schedule of sessions and all functions shall be determined by the President.

The annual meeting of the House of Delegates shall consist ordinarily of three sessions. Except as otherwise provided, the principal business of these sessions shall be: First Session: presentation of annual reports, introduction of resolutions, introduction of new business, and assignment of same to reference committees; Second Session: report of Nominating Committee and election; Third Session: presentation of and action upon reports of reference committees, unfinished business, and inauguration of newly elected officers.

#### **(d) Introduction of New Business**

Consent of two-thirds of the delegates present and voting shall be required for the introduction of new business at the last session of the House of Delegates during the annual meeting, except when presented by the Board of Trustees or the Committee on Finance and Budget. All new business so presented shall require a three-fourths affirmative vote of the delegates present and voting for adoption of new business so presented.

**(e) Credentials**

Each delegate shall present to the Reference Committee on Credentials a certificate bearing the Seal of this Society and the signature of its Secretary. Delegates will not be permitted to register or sit as members of the House of Delegates: (1) without such certificate, (2) if membership dues have not been paid, or (3) if their component society has not paid its annual per capita assessment.

**(f) Quorum**

A quorum shall consist of at least 10 percent of the membership of the House of Delegates representing at least 10 percent of the delegation of each of seven component societies.

**(g) Voice, Vote, and Discussion**

Only members of the House of Delegates shall have the right of vote. The privilege of voice may be extended by the House at its discretion, to other members and guests.

The presiding officer, with the consent of the House of Delegates, shall be empowered to limit discussion.

**(h) Authority**

The House of Delegates shall have the power to:

Prescribe the duties of its officers and its members; fix their compensation, if any;

Assess from time to time an annuity upon the component societies in the ratio of their membership respectively;

Adopt such rules and regulations for the due management of this Society and the several component societies as may be deemed necessary;

Issue charters to county societies applying for affiliation with this Society;

Revoke the charter of any component society whose actions are in conflict with the letter or spirit of the Constitution and Bylaws, upon the recommendation of the Judicial Council.

### **CHAPTER III -- BOARD OF TRUSTEES**

#### **(a) Composition and Apportionment**

The Board of Trustees shall be the executive body, and shall be composed of the Immediate Past-President, President, President-Elect, two Vice-Presidents, Secretary, and Treasurer (by virtue of their offices), and elected Trustees -- at least two from each judicial district for a membership up to 1,000; each judicial district shall be entitled to one additional Trustee for each additional 1,000 members, or major fraction thereof, computed as of December 31.

In addition, there shall be three at-large Trustees. An at-large Trustee shall serve only one three-year term. At the time of election, this Trustee must come from a county that does not have any other person serving on the Board of Trustees. A candidate may not be from the same county as the previous occupant of the same seat. The terms are to be staggered so that one position is filled each year. The at-large Trustee shall be elected after all other Trustees have been selected. A vacancy that occurs after a term begins is not to be filled until the normal anniversary date.

#### **(b) Organization**

The President shall act as Chair of the Board of Trustees. The President shall name the membership of all committees of the Board of Trustees. Meetings shall be called by the President, but any four Trustees may -- in writing and for stated reason -- require the President to call a meeting. Notices of meetings shall be mailed at least seven days in advance of the meeting date. Nine Trustees shall constitute a quorum. The Secretary of the Society shall serve as Secretary of the Board.

#### **(c) Executive Committee**

The President, President-Elect, First and Second Vice-Presidents, Secretary, Treasurer, and the Immediate Past-President shall compose the Executive Committee. It shall act on emergency measures when the time does not permit a meeting of the Board of Trustees. Any action thus taken shall be subject to formal action of the Board of Trustees at its next meeting.

#### **(d) Powers**

The Board of Trustees shall exercise general supervision over the affairs of this Society, shall have authority to act between annual meetings, and shall perform the following functions:

Make recommendations to the House of Delegates;

Assign business to and advise in the deliberations of committees;

Supervise the work of the Council on Communications and appoint an editor and such other assistants as the publication of *New Jersey Medicine* may require;

Make suitable provision for the efficient conduct of the business of this Society;

Engage counsel as necessary and negotiate fees for services to be rendered;

Determine all salaries;

Pass upon all recommendations for expenditures in excess of budgetary appropriations;

Bond the Treasurer, the Chair of the Committee on Finance and Budget, and other necessary personnel;

Fill vacancies in all offices and elected committees unless otherwise provided in the Constitution and Bylaws.

**(e) Property**

The Board of Trustees shall have sole authority to lease, sell, or otherwise convey or dispose of any or all property of this Society, both personal and real.

**(f) Committee on Finance and Budget**

Three Trustees shall serve on the Committee on Finance and Budget.

**(g) Annual Report**

The Board of Trustees shall render annually to the House of Delegates a summary of its activities.

## **CHAPTER IV -- JUDICIAL COUNCIL**

### **(a) Composition**

The Judicial Councilors collectively shall comprise the Judicial Council that shall be the judicial body of this Society. The House of Delegates shall organize five councilor districts within the state. It shall elect one Judicial Councilor from among the membership of each of the five districts. Members of the Judicial Council shall serve no more than three, three-year terms.

### **(b) Councilors**

The Councilors collectively shall be known as the Judicial Council, and shall constitute the supreme judicial body of this Society. The Councilors shall elect their own Chair.

### **(c) Meetings**

The Judicial Council shall meet as soon after the annual meeting of the House of Delegates as is convenient, for the purpose of reorganization. Thereafter, the Judicial Council shall meet as often as may be necessary to transact its business at the call of the Chair or at the request of any three Councilors. Three members shall constitute a quorum.

### **(d) Duties of the Judicial Council**

The duties of the Judicial Council shall be as follows:

1. To sit as an appellate tribunal and to hear and determine any and all appeals properly brought before it from any county judicial committee.
2. To interpret and rule upon all questions of an ethical nature that shall confront the House of Delegates or any other board or committee of this Society.
3. To receive inquiries, complaints, or accusations from any source concerning the professional conduct or ethical deportment of members of this Society for immediate reference to the appropriate county judicial committee. The jurisdiction of the Judicial Council extends to all members in all categories of membership within the Medical Society of New Jersey.
4. To receive, consider, and rule on any matter of discipline concerning any member or members of this Society brought to it on appeal from a county judicial committee.
5. To make and promulgate from time to time such rules and regulations as, in its opinion, may be necessary to insure the proper functioning of the Judicial Council

and the various county judicial committees, with reference both to the substance and procedure of hearings conducted by the Judicial Council and such county judicial committees. Upon receipt of such rules and regulations by the various county judicial committees, the members of said committees shall be bound thereby.

## **CHAPTER V -- OFFICERS**

### **Section 1 -- Term of Office**

(a) The officers, except the Secretary and Treasurer and the elected members of the Board of Trustees, shall hold office for one year, or until their successors are elected and installed.

(b) Notwithstanding any other provision of this Constitution or Bylaws, the elected Trustees, the Secretary, and the Treasurer shall serve no more than three, three-year terms in any of the above-mentioned offices or combination thereof.

### **Section 2 -- Election**

The officers shall be elected by ballot at the second session of the House of Delegates at the annual meeting. No member shall be eligible for more than one office at the same time, except the President, the President-Elect, the First and Second Vice-Presidents, the Secretary, and the Treasurer, who by virtue of such offices are at the same time members of the Board of Trustees. A vacancy in office, except that of President-Elect, occurring between annual meetings, may be filled by the Board of Trustees until the next regular election for the term and office being filled.

### **Section 3 -- Rights and Duties of Officers**

#### **(a) The President**

The President shall preside at all meetings of this Society and at all sessions of the House of Delegates, unless a Speaker is appointed as provided in the Bylaws.

The President shall appoint committee members as provided in these Bylaws, and shall be an ex-officio member of all committees except the Nominating Committee and Judicial Council.

The President shall be the official spokesperson of this Society, and shall perform such other duties and functions as custom and parliamentary usage may require.

#### **(b) The President-Elect and the Vice-Presidents**

The President-Elect and the Vice-Presidents shall assist the President in the discharge of presidential duties and functions.

In the absence or disability of the President, the presidential officers shall assume duties and functions in the order of their seniority.

In case of vacancy in the office of President, by death, resignation, or removal, the President's functions and duties shall devolve upon the other presidential officers in the order of their seniority, the President-Elect becoming President automatically. The office of President-Elect shall then remain vacant until the next regular election of the House of Delegates. In case a vacancy in the office of President recurs after being filled by the President-Elect, the presidency shall devolve upon the Vice-Presidents, in the order of their seniority. Such service on the part of a presidential officer for a partial term as President shall not affect or diminish the regular presidential tenure.

### **(c) The Secretary**

The Secretary shall be the official custodian of the Constitution and Bylaws and of the records of this Society and its House of Delegates.

Duties:

- Attends all annual or special meetings of this Society and all sessions of its House of Delegates; and keeps proper records thereof.
- Issues official notice of all meetings, annual or special, of this Society or of its House of Delegates.
- Notifies honorary members of their election.
- Requires and receives from the secretaries of the component societies, a list of their representatives in the House of Delegates and on the Nominating Committee, and publishes such lists as the House of Delegates or Board of Trustees may direct.
- Requires and receives from the secretaries of the component societies a list of their officers immediately following their election.
- Is the sole custodian of the official Seal of this Society and shall affix it to such documents as the Bylaws may require, or the House of Delegates, the Board of Trustees, or the President may direct.
- Conducts such formal official correspondence in the corporate name of this Society as the House of Delegates, the Board of Trustees, or the President may direct.
- Submits to the House of Delegates an annual report of the work of the Secretary's office.

- Furnishes to the Board of Trustees or the President such information as may be necessary for this Society's business.
- Performs such other functions as are specified in the Constitution and Bylaws.
- Is entitled to reimbursement for expenses incurred in fulfillment of duties imposed by the Bylaws, or authorized by the House of Delegates, or the Board of Trustees.

**(d) The Treasurer**

The Treasurer shall be under bond, at the expense of this Society, in such amount as may be required by the Board of Trustees.

The Treasurer shall have general supervision of the financial affairs of the Society.

The Treasurer shall cause to be collected all dues and assessments and shall supervise established accounting and investment procedures for the handling of the Society's funds; and shall report on the financial condition of the Society to the House of Delegates at each annual meeting.

At the end of each fiscal year, the Treasurer shall cause to be prepared an annual audit conducted by an external certified public accountant.

**(e) Term of Office**

All officers shall assume office at the close of the last session of the House of Delegates of the annual meeting at which they are elected.

**(f) Resignation or Removal**

Any officer of this Society may resign. Any officer may be removed from office by action of the House of Delegates, if found guilty by that body of neglect of duty, improper conduct, or violation of the Constitution and Bylaws. A two-thirds vote of the delegates present and voting shall be required to effect such removal.

Any officer, committee member, council member, or anyone holding an elective or appointive position within the Medical Society of New Jersey may be removed by the Board of Trustees for good cause at any time the House of Delegates is not in session.

A two-thirds vote of the Trustees present and voting shall be necessary to effect such removal.

Any officer, committee member, council member, or elective or appointive official removed by the Board of Trustees under the foregoing section may file written appeal to the Judicial Council within 15 days of removal. The Judicial Council shall conduct an appeal hearing within 20 days of receipt of such written request. The decision of the Judicial Council shall be final.

## **CHAPTER VI -- AMA DELEGATES AND OTHER REPRESENTATIVES**

### **(a) American Medical Association**

The terms of office of delegates and alternate delegates shall begin on January 1 of the year following their election, and shall continue for two years, ending on the second December 31 thereafter.

In the absence of any delegate, any alternate delegate shall be eligible to serve.

No member shall serve more than six two-year terms as an AMA delegate or alternate or any combination thereof. This tenure limitation does not apply to any member serving on an elected or appointed AMA council or section for as long as his tenure continues on that AMA council or section.

### **(b) All Other Organizations**

Official representatives from this Society shall be appointed by the Board of Trustees or by the President. Their functions and terms shall be set forth in their notice of appointment.

## CHAPTER VII -- MEETINGS

### **(a) Annual Meeting**

The annual meeting shall be held at a time and place fixed by the House of Delegates or by the Board of Trustees.

### **(b) Special Meetings**

Special meetings of this Society or of the House of Delegates shall be called by the President upon the request of the Board of Trustees, or upon the request of the House of Delegates while in session, or upon the written petition of at least 5 percent of the membership of this Society representing at least 10 percent of the membership of each of four or more component societies.

### **(c) Rules of Order**

The deliberations of this Society shall be governed by parliamentary usage as contained in the latest revision of *STURGIS, STANDARD CODE OF PARLIAMENTARY PROCEDURE*, when not in conflict with the Constitution and Bylaws.

### **(d) Registration and Identification**

Each delegate and member in any category in attendance at an annual or special meeting of this Society shall properly complete an official registration card and shall present it at the registration desk.

### **(e) General Sessions**

All registered members may attend and participate in the proceedings and discussions of the general sessions. Upon invitation other registrants may attend. The general sessions shall be for the presentation of the addresses of the President, President-Elect, invited guests, and scientific papers and timely discussions, as provided in the official program.

These sessions shall be presided over by the President, President-Elect, or one of the Vice-Presidents.

#### 1. Ownership of Papers

All papers and reports presented to this Society shall become its property, and when read shall be deposited with the Secretary. Permission to publish such papers in *New Jersey Medicine* of this Society or in other medical journals may be granted by the Council on Communications.

## 2. Guests

Upon invitation extended by this Society or any of its members, any person may become a guest during the annual meeting. Physician and nonphysician guests are entitled to attend the general sessions.

## **CHAPTER VIII -- PROCEDURE OF ELECTION**

### **Section I -- Nominating Committee**

(a) Each component society shall elect, at any meeting prior to December 1 of the fiscal year, one of its elected delegates to serve as a member of the Nominating Committee at the next annual meeting of this Society. At the same time, each component society shall elect one of its elected delegates to serve as the alternate member of the Nominating Committee.

(b) The elected member of the Nominating Committee, or if appropriate, the alternate member of the Nominating Committee, shall present their credentials to the Secretary before the scheduled meeting of the Nominating Committee.

(c) The Immediate Past-President of this Society shall be a member of the Nominating Committee representing the Fellows and shall serve as Chair.

(d) The nominating delegates, or their alternates, and the representative of the Fellows shall comprise the Nominating Committee. The Committee shall be required to meet at least 40 days prior to the opening session of the annual meeting of the House of Delegates. Its report of nominations for the offices being filled shall be mailed with the advance materials to the delegates and shall be printed in *Physician Advocate* prior to the annual meeting.

### **Section 2 -- Procedure of Nomination**

(a) The Chair of the Nominating Committee shall be the Immediate Past-President of this Society, or, if unable or unwilling to serve, a member designated by the Fellows. The Committee shall elect one of its own members to serve as secretary, who shall call the roll of accredited members of the Committee as certified by the Secretary of this Society.

The Chair shall read to the Committee this section of the Bylaws (Chapter VIII, Section 2) before proceeding to any other business.

(b) The Secretary of this Society shall furnish to the Committee such information as is necessary for the proper conduct of its business, including a list of all offices to be filled.

(c) The Nominating Committee meeting shall be conducted in accordance with the latest revision of *STURGIS, STANDARD CODE OF PARLIAMENTARY PROCEDURE*. No candidate shall be considered by the Nominating Committee unless curriculum vitae in conformity with the form utilized by the Medical Society of New Jersey for those seeking elective office is available to the Nominating Committee.

(d) A majority vote of the members present shall nominate.

### **Section 3 -- Report and Election**

(a) The report of the Nominating Committee, the submission of nominations from the floor by members of the House of Delegates -- if any -- and the election shall constitute the principal business of the second session of the House of Delegates.

(b) All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

(c) In the event that no candidate has received a majority of the votes cast, the name of the candidate receiving the least number of votes shall be dropped. Balloting shall be repeated until an election is made.

(d) When an incumbent elected officer, as defined in Chapter V, Section 2 of the Bylaws, is elected to serve as an officer in another capacity, the presiding officer shall then declare the previous elective office vacant. This vacancy shall then be filled immediately by nomination from the floor and election by the House of Delegates.

(e) The President-Elect shall advance to the office of President without process of nomination and election.

## **CHAPTER IX -- ADMINISTRATIVE COUNCILS AND COMMITTEES**

### **Section 1 -- Classification**

There shall be Administrative Councils, Standing Committees, Reference Committees, and Special Committees.

### **Section 2 -- Qualifications, Selections, and Terms of Members**

(a) Only regular members of the Medical Society of New Jersey may serve on an administrative council or committee, except that one member of the Medical Society of New Jersey Alliance may be appointed by the President to serve on each of the administrative councils and committees for a one-year term.

(b) Reference committee members shall be appointed by the President and must be members of the House of Delegates elected by their respective component societies.

(c) The President shall designate the Chair and Vice-Chair of each administrative council and the various committees. The President shall be an ex-officio member of all administrative councils and committees except the Nominating Committee and the Judicial Council.

(d) Members of councils and committees who have failed to discharge their duties in a satisfactory fashion may be removed by the Board of Trustees and the President may fill the resulting vacancy.

### **Section 3 -- Administrative Councils and Standing Committees**

The administrative councils and standing committees are listed below. Members elected by the House shall serve two-year terms. They may serve no more than three such terms. Members appointed by the President shall serve one-year terms with a maximum limitation of nine terms. The number of presidential appointees is discretionary.

Councils and committees may initiate projects of their own choosing. They also shall perform functions and duties assigned to them by the Board of Trustees and/or the House of Delegates. Their actions and recommendations shall be subject to the approval of the Board of Trustees.

#### **(a) Council on Legislation**

The Council on Legislation shall consist of six members elected by the House of Delegates, and a discretionary number appointed by the President. There shall be at least one elected member from each judicial district.

**(b) Council on Medical Services**

The Council on Medical Services shall consist of 12 members elected by the House of Delegates, and a discretionary number appointed by the President. There shall be at least 2 elected members from each judicial district. The President-Elect shall serve as an ex-officio member of the Council.

**(c) Council on Public Health**

The Council on Public Health shall consist of six members elected by the House of Delegates, and a discretionary number appointed by the President. There shall be at least one elected member from each judicial district. The First Vice-President shall be an ex-officio member of the Council.

**(d) Committee on Annual Meeting**

The Committee on Annual Meeting shall consist of three members elected by the House of Delegates, and a discretionary number appointed by the President. The Secretary shall be an ex-officio member of this Committee.

**(e) Committee on Credentials**

The Committee on Credentials shall consist of the Secretary of the Society, and a discretionary number appointed by the President. The Secretary shall serve as Chair of this Committee.

**(f) Committee on Finance and Budget**

The Committee on Finance and Budget shall consist of three members elected by and from the House of Delegates, and a discretionary number appointed by the President from the Board of Trustees. The Committee shall control the expenditure of funds and the development of the annual budget for submission to the House of Delegates. The Treasurer shall be an ex-officio member of this Committee.

**(g) Committee on Medical Education**

The Committee on Medical Education shall consist of three members elected by the House of Delegates, and a discretionary number appointed by the President.

**(h) Committee on Revision of Constitution and Bylaws**

The Committee on Revision of Constitution and Bylaws shall consist of at least six members appointed by the President. The Secretary shall be an ex-officio member of this Committee.

**(i) New Jersey Medical Political Action Committee**

The Committee on Political Action shall be known as the New Jersey Medical Political Action Committee (JEMPAC/MedAC). Its purpose is to raise funds and make direct political contributions to state and federal candidates and political committees consistent with state and federal laws.

The Committee may endorse candidates for elective office after appropriate discussion with the Board of Trustees of the Medical Society of New Jersey.

The Committee shall consist of a minimum of 21 members, appointed by the President and approved by the Board of Trustees of the Medical Society of New Jersey. Of the members initially appointed, one-third shall serve terms of one year, one-third shall serve terms of two years, and one-third shall serve terms of three years. Thereafter, all members shall be appointed to three-year terms. There shall be no limitation on the number of terms a member can serve. If possible, there shall be at least one member from each congressional district.

The Chairman, Vice-Chairman, Secretary, and Treasurer shall be selected annually by the Committee subject to approval of the Board of Trustees of the Medical Society of New Jersey. The Board of Trustees shall appoint an assistant treasurer from MSNJ staff, who shall be custodian of the funds of the Committee. All good-faith actions of the Committee members shall be indemnified by the Medical Society of New Jersey.

The funds raised shall be managed, recorded, and dispersed in a manner consistent with the Medical Society of New Jersey's policies and internal accounting controls. The Committee shall have the discretion and the authority to allocate these funds within the dollar limits set by the Board of Trustees of the Medical Society of New Jersey.

#### **Section 4 -- Special Committees**

Special committees may be created by the House of Delegates or the Board of Trustees. They shall be appointed by the President. Their function shall be clearly defined. Each special committee shall automatically terminate at the end of each administrative year unless the Board of Trustees authorizes its continuation.

#### **Section 5 -- Reference Committees**

The President shall appoint such reference committees as are deemed necessary. All business coming before the consideration of the House of Delegates must first be considered by the appropriate reference committee unless the House of Delegates constitutes itself as a committee of the whole.

Reference committees shall have plenary jurisdiction on the items referred to them. Their reports are subject to the final approval of the House of Delegates. They may not, however, make amendments or alterations to reports that are solely informative in nature and do not call for specific approval of the House.

## **CHAPTER X -- FINANCE**

### **Section 1 -- Annual Dues**

(a) By the first day of January in each year, each component society shall be officially informed of the dues levied by the House of Delegates. Payment shall be forwarded to the Treasurer of this Society not later than five days before the first of March together with a list of the members for whom such payment is made.

(b) Dues shall be determined by the House of Delegates at the annual meeting. During the first full year of regular dues-paying membership, a member's rate shall be at 50 percent of the regular rate. If a new member joins after July 1 of any year, the new member is entitled to the 50 percent reduction for the remainder of that calendar year and the next full calendar year.

(c) A member that has not paid annual dues by March 1 shall be referred to the appropriate committee of MSNJ and the appropriate county for action regarding retention. If a member has not paid dues by June 1, membership is terminated. Every dues-paying member is entitled to receive such publications as may be issued by this Society for its members.

(d) Dues shall not be levied against any member in good standing if:

The payment of dues would be a financial hardship by reason of physical disability or illness. A member also may be excused from payment of dues because of financial hardship for other reasons, but these reasons must be set forth annually by the secretary of the member's component society.

(e) The dues structure for all active members shall be:

1. Members under age 70 will pay full dues.
2. Members between ages 70 and 80 will pay 25 percent of full dues.
3. Members above age 80 shall be dues exempt.

### **Section 2 -- Per Capita Assessment**

The House of Delegates, with recommendations developed by the Committee on Finance and Budget and reviewed by the Board of Trustees, shall adopt an annual operating budget for the next fiscal year. The House of Delegates shall determine the annual dues for all members.

### **Section 3 -- Annual Budget**

The Board of Trustees shall have the power to authorize the expenditure of funds in excess of intra-budgetary appropriations as long as budgetary expenditures do not exceed the total adopted budget.

### **Section 4 -- Fiscal Year**

The fiscal year of this Society shall extend from the first day of June through the 31st day of May. The audit report, budget estimates, and appropriations shall likewise be for the same period.

### **Section 5 -- Special Assessments**

Special assessments other than those necessary to fund the annual budget may be initiated by the Board of Trustees or the House of Delegates at any meeting of the House. Two-thirds of the delegates present and voting must approve the assessment.

## **CHAPTER XI -- COMPONENT SOCIETIES**

### **Section 1 -- Charters**

(a) County medical societies of this state that shall adopt principles of organization in accordance with the Constitution and Bylaws of this Society may, upon application to the House of Delegates, be granted a charter, and thereby become a component society in affiliation with the Medical Society of New Jersey as hereinafter provided.

(b) Charters may be issued, under the Seal of this Society and signed by the President and the Secretary, to county societies having at least ten members. There shall be only one component society chartered in each county. Upon recommendation of the Judicial Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of the Constitution and Bylaws.

### **Section 2 -- Qualifications of Members**

(a) Membership may be initiated either through a component society or this Society. Component societies shall have the responsibility to judge the qualifications of applicants for any type of membership and alone shall have the power to elect them, but election thereto shall be contingent upon clearance of each eligible applicant's formal credentials as satisfactory by the Committee on Credentials of this Society. Resident physicians shall apply simultaneously to the Society and a component society. If the credentials are in order, the State Society may grant a provisional membership for six months. During that time, the physician shall complete the county application process.

(b) To be eligible for membership, the applicant must:

- Be fully licensed to practice medicine and surgery by the New Jersey state Board of Medical Examiners;
- Be legally registered under that license in a county of New Jersey;
- Be of good moral and ethical standing; and
- Not support, or practice, or claim to practice, any exclusive system of medicine.

(c) When a physician applies to a component society for membership in any category, or for membership by transfer from another state, the secretary of the component society shall forward the name and address of the applicant to the

physician's biographic records department of the American Medical Association for such information as may be on file relative to the applicant's record.

(d) All records of formal actions concerning new and transfer members shall be compiled on forms to be supplied by the Committee on Credentials.

(e) Members are expected to engage in continuing medical education programs and earn credits equal to the standards of MSNJ's Physician Recognition Award. The award program is administered by the Committee on Medical Education according to policies approved by the Board of Trustees and the House of Delegates.

### **Section 3 -- Transfers**

An applicant for membership by transfer who holds membership in a component society in this or another state society, and whose credentials have been formally approved, may be elected to membership without a probationary period at the discretion of the component society.

### **Section 4 -- Associate Members**

(a) Associate members shall be those physicians admitted to component societies who otherwise comply with Section 2 of this Chapter but are not licensed to practice medicine and surgery in New Jersey but are serving in approved internship or residency programs, or are members of the Medical Society of New Jersey Student Association.

(b) Associate members shall have such privileges in component societies as the constitution and bylaws of the respective societies may provide, except the right to vote and hold office.

(c) The dues for associate members shall be established by the House of Delegates on recommendation of the Committee on Finance and Budget.

### **Section 5 -- Jurisdiction**

(a) Ordinarily, physicians will hold membership in the component society of the county where they practice. However, with the permission of that component society, a member may for reasons of convenience be a member of some other component society.

(b) No physician may be a member of two component societies at the same time.

### **Section 6 -- Resignations**

Resignations of members will be accepted as a matter of course if all financial obligations of the members of this Society and the appropriate component society have been met and there are no unresolved complaints pending before the judicial mechanism.

## **CHAPTER XII -- AMENDMENTS TO THE BYLAWS**

These Bylaws may be amended on the approval of two-thirds of the House of Delegates present and voting at any meeting of the House of Delegates. A proposed amendment shall not be acted on, however, until it has been considered and reported on by the Standing Committee on Revision of Constitution and Bylaws. Amendments to the Bylaws shall only be considered during the report of the Reference Committee on Constitution and Bylaws.

## JUDICIAL COUNCILOR DISTRICTS

<b>District 1</b>	Warren County Morris County Union County Essex County
<b>District 2</b>	Sussex County Passaic County Bergen County Hudson County
<b>District 3</b>	Hunterdon County Mercer County Somerset County Middlesex County
<b>District 4</b>	Monmouth County Ocean County Burlington County Camden County
<b>District 5</b>	Gloucester County Atlantic County Salem County Cumberland County Cape May County

Note: In accordance with the provision of Chapter IV of the Bylaws (the House of Delegates shall organize 5 councilor districts within the state)--the above division of the state into judicial districts was made by the House of Delegates at the 1917 annual meeting. It still is in effect.

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# **MEDICALLY FUTILE THERAPY GUIDELINES**

## **I. PURPOSE**

To suggest a set of guidelines and processes for dealing with medically futile therapy.

## **II. INTRODUCTION**

Law and regulation have codified the right of patients to refuse medical intervention. Health institutions have developed processes for resolving conflict in this area. It is now necessary to broaden the discussion to include the reciprocal situation; that is, the circumstance in which a responsible physician is of the professional opinion that a medical intervention is inappropriate and should be withdrawn or withheld, however, the patient (or surrogate decision-maker) feels that the intervention should be pursued. To further this discussion, the Medical Society of New Jersey (MSNJ) proposes a working definition of medically futile therapy and a procedure to be followed in cases where conflict persists between physician and patient/surrogate.

## **III. DEFINITION**

Futile medical therapy can be considered to be any treatment that cannot within reasonable likelihood cure, palliate, ameliorate, or restore a quality of life that would be satisfactory to the patient. This includes any treatment in which the burdens greatly outweigh any chance of success or benefit to the patient.

The above definition is deliberately vague because it is meant to include not only those therapies in which the success rate is nil but also those therapies where the success rate may approach zero or which have a low success rate coupled with a high likelihood of pain or suffering. Futility decisions must result from a shared decision-making process between physician and patient/surrogate. The physician supplies objective data about the effectiveness of the proposed treatment and the patient/surrogate ponders whether the treatment is "worth it" based on the patient's goals for treatment, life values, interest in risk-taking, etc. Because of the pluralism of our society, individuals may differ in their judgment about whether a particular treatment is futile. To honor this pluralism of values we focus on a process that may aid the shared decision-making.

## **IV. PRINCIPLES**

1. Concepts of medical benefit or burden are value-laden; there always is an element of uncertainty; physicians should not substitute their own values for those of the patient.

2. When a surrogate acts on behalf of an incompetent patient it should be in terms of what would be the patient's own choice. This choice is binding if the patient's specific wishes are stated in an advance directive.

3. Apparent conflicts between physician and patient/surrogate over treatment decisions frequently are the result of miscommunication. The patient/surrogate who demands a medically inappropriate treatment may not understand the diagnosis/prognosis. The physician who believes the patient would be accepting great pain/suffering for minimal chance of success may not understand the patient's goals or values. The conflict resolution process must foster clear communication among the parties involved.

4. A trial of treatment should be considered in situations where the chance of success or the amount of burden tolerable is not clear. Withdrawal of treatment after a trial is ethically and legally no different from withholding treatment in the first place and may give all parties the satisfaction of having tried.

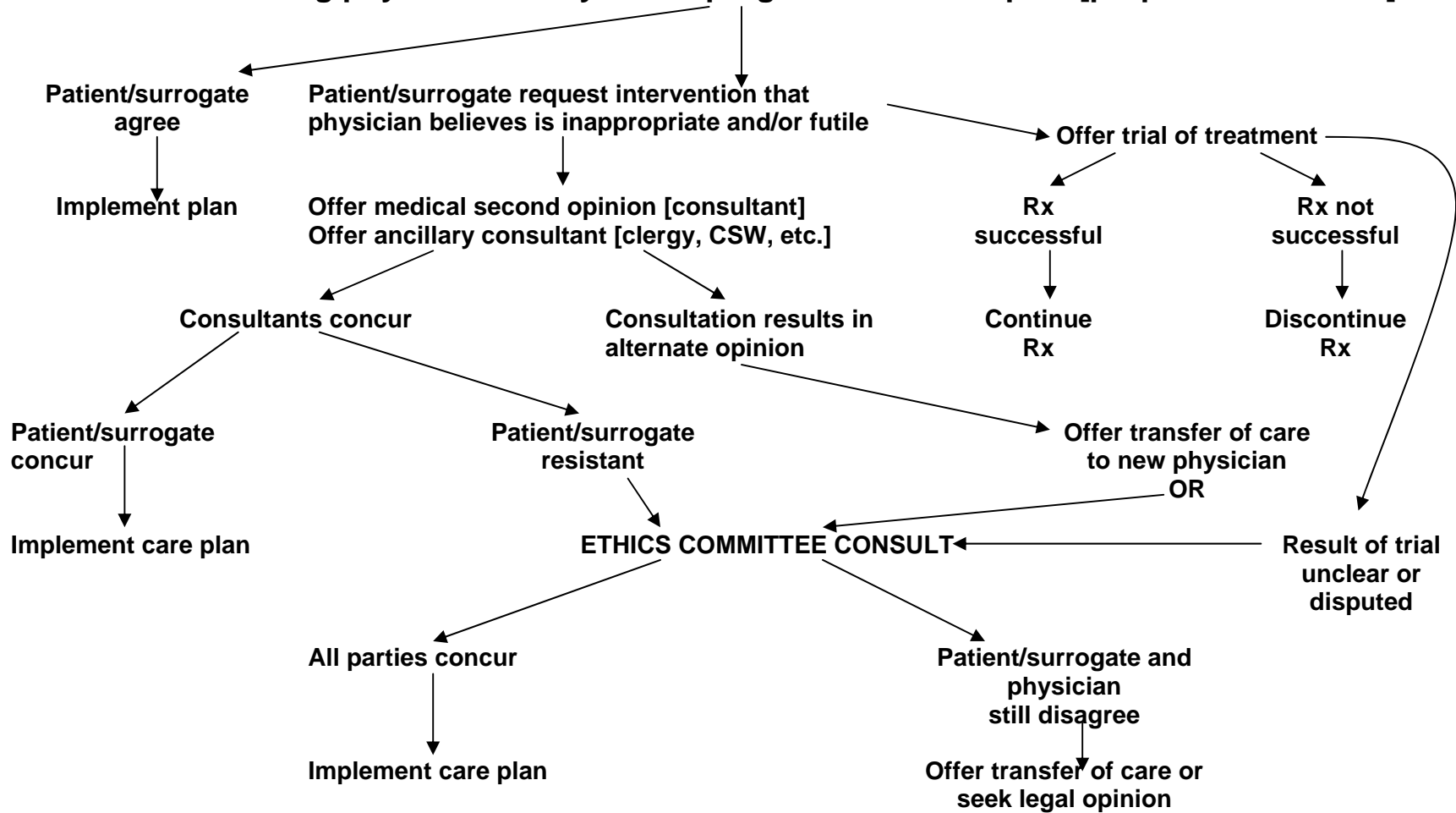
5. Any moral obligation to treat diminishes proportionately as medical effectiveness decreases. A physician is not obligated to provide futile treatments or those that compromise personal or professional integrity. At the same time, the physician must not abandon the patient. Transfer to another physician should be facilitated in cases of unresolved conflict.

6. To engender trust, the cornerstone of the doctor-patient relationship, the physician must always advocate for the patient. If the physician has any allegiances (to hospital, third party payers, etc.), which could appear to represent a conflict of interest with the patient, these must be openly acknowledged and set aside.

7. Financial issues concerning treatment should not be mixed with questions of futility. Lack of reimbursement for a treatment should be acknowledged as a monetary decision, which is different from a decision based on futility. Questions of reimbursement should be addressed in the business and political arena, not at the bedside.

## **V. SUGGESTED PROCESS FOR SHARED DECISION MAKING REGARDING TREATMENTS THAT MAY BE FUTILE (Table)**

**Table. Attending physician clearly states prognosis and care plan [proposed treatment]**



# **POLICY COMPENDIUM**

00	Abortion
10	Biomedical Ethics
20	Civil and Human Rights
30	Drugs
40	Environmental Health
50	Health Care Delivery
60	Health Care/System Reform
70	Health Insurance
80	HIV/AIDS
90	Hospitals
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130	Medical/Health Education
140	Medicare
150	Physician Fees
160	Physicians
170	Professional Liability
180	Public Health
190	Tobacco
200	MSNJ: Administration and Organization

# ABORTION

**00.997** **Late-term abortion:** MSNJ approves the following guidelines:

I. MSNJ reaffirms existing policy that abortion is a medical procedure to be performed by a physician, in keeping with good medical practice, and that termination of early pregnancy remains a medical matter guided by patient informed consent and physician clinical judgment.

II. MSNJ reaffirms that the viability of the fetus and the time when viability is achieved varies with individual pregnancy. In the second-trimester, when viability is in question, the physician should determine fetal viability by using accepted diagnostic technologies.

III. MSNJ recommends, in keeping with the science and values of medicine as well as contemporary constitutional principles, that abortions not be performed beyond the point of fetal viability (currently defined as between 23-24 weeks of gestation) except in cases of serious fetal anomalies incompatible with life or extraordinary circumstances involving maternal health factors which demand termination of the pregnancy, and then only in a licensed facility acting in conformance with institutional policies and procedures and applicable regulations.

IV. MSNJ recommends the use of specially constituted late-term abortion ethics committees to afford patients and physicians the opportunity to identify the indications and contra-indications for such procedures, identify techniques which conform to the standards of good medical practice and ensure that decisions are patient-focused and properly evidence based. Ethics committee membership should include participation of, in addition to requisite medical specialties, a standard complement of multi-disciplinary membership.

V. MSNJ accepts the term “intact dilatation and extraction” (or intact D&X) to refer to a specific procedure comprising the following elements: deliberate dilation of the cervix, usually over a sequence of days, instrumental or manual conversion of the fetus to a footling breech; breech extraction of the body excepting the head; and partial evacuation of the intracranial contents of the fetus to effect vaginal delivery of a dead but otherwise intact fetus. This procedure is distinct from dilation and evacuation (D&E) procedures more commonly used to induce abortion after the first trimester. Because

“partial birth abortion” is not a medical term it will not be used by the MSNJ or other medical authorities.

VI. The MSNJ underscores the elective abortion procedures must be performed by a duly licensed physician and that reliable and confidential empirical reporting be made to the New Jersey Department of Health and Senior Services.

These guidelines endeavor to reflect the medical, legal, and ethical duty and responsibility of physicians concerning the life and health of maternal patients. The members of the Medical Society of New Jersey’s Expert Panel on Late-Term Abortion hope that these recommendations will assist physicians and their patients in addressing the profound and complicated clinical and ethical concerns surrounding medical decision-making regarding abortion. *(BOT, 12/97)*

**00.998**      **Termination of late-term pregnancies:** MSNJ opposes the use of intact dilatation and extraction (so called “partial birth abortion”) in normal pregnancies. *(Res 45, 50, 51, Trans 97)*

**00.999**      **Abortion:** MSNJ recognizes the profound moral considerations involved in abortion and does not oppose a woman’s right to an abortion performed by a physician in a timely and safe manner consistent with the laws of New Jersey. *(1996)*

# BIOMEDICAL ETHICS

**10.981**      **Policy Statement on Physician Administered Injections as a Means of Execution:** American physicians, from the beginnings of this republic, have participated freely and enthusiastically in the wars this nation has endured, exercising, as required, their healing skills on both friend and foe. They have never been asked to take life during these conflicts, nor has it been deemed proper to ask this of them, recognizing that one of the enduring and basic ethical principles of the physician has been to conserve and preserve life in a cognitive, sapient, and vital human being.

The recent enactment [1982] of a death penalty statute in New Jersey and the suggestion that execution be by injection have, of necessity, caused the Medical Society of New Jersey to re-examine these principles. Agreement or disagreement with imposition of a death penalty and agreement or disagreement with the method of execution and its "humane" qualities are not germane to the central issue, i.e., whether a physician may ethically take human life by active participation in a legally ordered execution. We think not, feeling that acceptance of such participation would undermine the moral and ethical foundations of medicine.

Accordingly, the Board of Trustees of the Medical Society of New Jersey reaffirms the ethical necessity for the physician to practice only the positive aspects of the healing arts and to respect the sanctity of human life, and further reaffirms the policy statement of the American Medical Association, which states that a "physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution." The role of a physician in pronouncing or determining the cause of death after an execution would not be affected and would continue to be acceptable. (*BOT 1982; reaffirmed BOT 7/05*)

**10.982**      **Self-determination in medical decision making:** MSNJ supports and defends the privacy of patients'/families' self-determination in medical decision making; MSNJ opposes any proposed legislative change that would imperil this right to self-determination by mandating particular medical treatments against patients' wishes or allowing family members or unrelated individuals to override patients' wishes or the instructions of a properly designated health care proxy or guardian with regard to medical treatment; MSNJ opposes similar federal legislation. (*New Business, Trans 05*)

**10.983 Standards of excellence for medical evidence in capital cases:** MSNJ urges the AMA to establish a scientific basis for standards of excellence for medical testimony in capital cases. (*Res 10, Trans 03*)

**10.984 Healthcare advance directives:** MSNJ encourages the education of healthcare professionals regarding healthcare advance directives. MSNJ urges the New Jersey State Bar Association and the state branch of the National Association of Social Workers to continue to work with the advance directive project to educate consumers and professionals instead of seeking a legislative approach at this time. (*BOT, 11/02*)

**10.985 Genetic testing policy:** MSNJ approves the Policy on Genetic Testing as follows: (*BOT, 4/02*)

MSNJ advocates a thorough informed consent process prior to genetic testing for clinical or research purposes. The process should be voluntary and optional and should conform to all relevant legal and regulatory requirements. No coercive measure should ever be employed to gain such information. In concordance with federal guidelines, exceptions to the informed consent process may include anonymous research where the identity of the subject will not be released and screening of newborns pursuant to established law.

MSNJ respects all privacy and confidentiality measures in the pursuit of genetic testing for clinical or research purposes. Individuals providing informed consent and undergoing such genetic testing should be notified that a test was performed and that the results or findings were received. Disclosure of such results or findings to other parties should be prohibited without proper authorization of the individual tested.

MSNJ recommends that genetic testing be accompanied by appropriate counseling-conducted by knowledgeable health professionals with effective communication skills-and that counseling be undertaken prior to and continued following testing. Disclosure of results should be accompanied by an explanation of the significance thereof and the implications with respect to, not only the individual's future health, but also the potential impact on intimate relationships, employability, and insurability. Particular consideration should be accorded to children, due to their heightened vulnerability.

MSNJ encourages the systematic evaluation of all aspects of genetic testing, to encompass clinical and research methodologies, the assessment of reimbursement mechanisms, and the evaluation of

legislative and regulatory activities intended to effectuate application of the biotechnology.

- 10.986 Resolution concerning privacy:** MSNJ supports the following in regards to patient privacy: legislation to prohibit the release, distribution, and sale of physician/patient prescription information; restricting the release of patient genetic test results without the authorization of the individual; and the enactment of laws to declare that if a present or prospective employer, an insurer, or a financial institution requests genetic test results, this be considered prima facie evidence of intent to illegally discriminate, and should be appropriately punishable. *(Res 2, Trans 01)*
- 10.987 “National Health Care Decisions Week” Initiative:** MSNJ supports “National Health Care Decisions Week” and works collaboratively with the New Jersey State Bar Association by encouraging local physicians and lawyers to promote public meetings on the topic of health care advance directives and organ and tissue donation. *(BOT, 7/00)*
- 10.988 End-of-life care for the developmentally disabled:** MSNJ urges the coordination of efforts with appropriate state agencies to assure compassionate and ethical end-of-life care for developmentally disabled patients, including patients who are adjudicated incompetent, are wards of the state, or are residents of developmental centers. *(BOT, 7/00)*
- 10.989 Education for Physicians on End-of-Life Care (EPEC):** MSNJ urges the AMA to continue the liaison with the Robert Wood Johnson Foundation regarding EPEC in order to contribute to the culture of medicine and medical education. *(BOT, 7/00)*
- 10.990 Physician-assisted suicide:** MSNJ opposes the practice of physician-assisted suicide and urges the AMA to take action to condemn physician-assisted suicide. *(Res 29, Trans 00)*
- 10.991 MSNJ policies on pain management:** MSNJ urges the development of an effective pain management policy and the consideration of guidelines promulgated by the Federation of State Medical Boards. *(Res 5, Trans 00)*
- 10.992 Education for physicians on end-of-life care:** MSNJ supports the EPEC course for New Jersey physicians and asks the AMA to publicize the curriculum to medical schools and graduate training programs and offer it for their use. *(BOT, 2/00)*

- 10.993 Futile care guidelines:** MSNJ approves the MSNJ Futile Care Guidelines developed by the Committee on Biomedical Ethics as a set of guidelines and processes for dealing with futile medical therapy. (*BOT, 7/96; reaffirmed Res 31, Trans 97; reaffirmed Res 45, Trans 99*) [See Guidelines]
- 10.994 Out-of-hospital DNR orders:** MSNJ approves a standard out-of-hospital DNR form for use by physicians and emergency medical personnel when withholding or withdrawing life-sustaining treatment in an out-of-hospital setting. (*BOT, 12/95*)
- 10.995 HMO regulations:** MSNJ approves the following recommendations: to require the establishment of an oversight committee, outside of the insurance industry, that would have authority to monitor the activities of any organization within the insurance industry (the oversight committee would consist of lay and professional citizens); to require all managed health care organizations to adopt a written code of ethics, which shall describe the ethical obligations and responsibilities of the provider; to require all managed health care organizations to adopt a written patient bill of rights, which shall describe the rights of patients enrolled by the provider; and to require all managed health care organizations to establish an organizational ethics committee with the goals of the committee: to identify and consider the significant ethical issues that may affect the organization's health care program, to understand the implications of these ethical issues as they affect the structures and policies of the organization and the well-being of enrollees/patients; to develop and recommend policies as appropriate to protect the rights of individuals enrolled by the organization, to anticipate and address ethical issues that may arise from continued advances in medical technology, to serve as a consultative body on bioethical issues that may affect the disposition of a patient's individualized care, and to educate the professional staff and enrollees with respect to ethical issues that may arise in the delivery of health care in the managed care environment. (*BOT, 10/95*)
- 10.996 Advance directives form:** MSNJ advocates the use of the Advance Directives for Health Care form, as a workable form but not the only form developed by the Committee on Biomedical Ethics to establish advance directives, and facilitate communication between health professionals and patients. (*BOT, 9/94*)
- 10.997 Advance directives:** MSNJ advocates the development of simple unencumbered standard documents that can be used to clarify the process of advance directives and facilitate communication among health care workers and patients. (*Res 36, Trans 93*)

- 10.998**      **Center for the Study of Bioethics:** MSNJ endorses the establishment of the Center for the Study of Bioethics at Montclair State College. (*BOT, 12/93*)
- 10.999**      **Citizens' Committee on Biomedical Ethics, Inc.:** MSNJ supports the Citizens' Committee on Biomedical Ethics, Inc. (*BOT, 7/93*)

# CIVIL AND HUMAN RIGHTS

**20.999**      **Gender exploitation in the workplace:** MSNJ opposes exploitation and discrimination in the workplace based on gender. (*New Business, Trans 90*)

# DRUGS

- 30.991 Drug formularies:** MSNJ advocates working with the governor, the legislature, the medical advisory committee of managed care plans licensed to operate in the state, and the Drug Utilization Review Board to assure appropriate drug formularies. (*Res 11, Trans 05*)
- 30.992 Electronic prescriptions:** MSNJ advocates working with the state Board of Medical Examiners and state government to determine procedures for electronic and computer generated prescriptions and encourages the state Board of Medical Examiners and the Board of Pharmacy to allow practices of 10 or more physicians to print prescriptions on healthcare facility blanks and to allow physicians to submit prescriptions by electronic means. (*BOT, 9/01*)
- 30.993 Prescription drug advertising:** MSNJ urges the AMA delegation to introduce a resolution in the AMA House of Delegates to petition the Food and Drug Administration and the Federal Trade Commission to ban the advertising of prescription drugs to the general public. (*Res 1, Trans 01*)
- 30.994 Over 30-day supply of prescription medications:** MSNJ opposes insurance companies that are only paying for a 30-day supply of medication when a 90-day supply is ordered and MSNJ supports a mandate that 90-day prescriptions be dispensed as written by a physician. (*Res 58, Trans 98*)
- 30.995 Generic versus proprietary drugs:** MSNJ believes that the treating physician should have the choice in all private paid, insurance paid, and government paid programs of deciding whether to prescribe generically or by brand name to best serve their patients. (*BOT, 5/95*)
- 30.996 Use of drug formularies by health insurance companies:** MSNJ supports that patients' choice of medications not be limited by formularies and that physicians be consulted in choosing safe and effective drugs for any formulary and that revision to the state formulary be limited to an annual review of a drug's effectiveness, not only its cost. (*Res 26, Trans 94; reaffirmed Res 57, Trans 99*)
- 30.997 Pharmaceutical advertising:** MSNJ encourages legislation to proscribe the practice by pharmaceutical companies of advertising prescription drugs to the public. (*BOT, 2/93*)

**30.998**      **Check seniors' medications:** MSNJ advocates a physician's review of the appropriateness, dating, dosage, drug interactions, and side effects of medications. (*Res 9, Trans 91*)

**30.999**      **Prescriptions in nursing homes:** MSNJ believes that the prescribing of medications should be based on the best interests and needs of a particular patient as perceived by the attending physician. (*Res 12, Trans 90*)

# ENVIRONMENTAL HEALTH

- 40.982**      **Urban deforestation:** MSNJ supports and encourages the planting of trees in urban and suburban areas; and encourages recycling of paper to minimize garbage and save trees. (*Res 10, Trans 05*)
- 40.983**      **New Jersey Clean Cars Act:** MSNJ added its name to the Clean Cars Coalition to work for cleaner air and better health for New Jerseyans. (*BOT, 3/04*)
- 40.984**      **Emissions by diesel trucks and buses:** MSNJ supports regulation of emissions by diesel trucks and buses licensed in New Jersey. (*BOT, 9/98*)
- 40.985**      **Automobile emissions:** MSNJ supports the enhanced vehicle emissions testing program in New Jersey. (*BOT, 9/98*)
- 40.986**      **Medical waste regulations:** MSNJ seeks the enactment of legislation to exempt generators of fewer than 50 pounds of medical waste from state tracking requirements. (*BOT, 7/95*)
- 40.987**      **Air quality regulation:** MSNJ agrees to work with the Department of Environmental Protection's Management of Air Quality Program by offering input on programs being developed, and helping to educate the public. (*BOT, 7/95*)
- 40.988**      **Medical waste penalties:** MSNJ supports a decrease in medical waste penalties. (*BOT, 9/94*)
- 40.989**      **Effects of construction debris:** MSNJ supports the exploration of the environmental health effects of construction and demolition materials and the adoption of a protocol to be used in identifying materials as products and byproducts. (*BOT, 4/94*)
- 40.990**      **Fees for the disposal of medical waste:** MSNJ believes that the medical waste registration fee should be assessed to the practice rather than individual office locations. (*Res 17, Trans 92*)
- 40.991**      **Packaging of pharmaceutical samples:** MSNJ encourages the pharmaceutical industry and all health care companies to be environmentally considerate when designing packaging for their products. (*Res 11, Trans 92*)

- 40.992**      **Revision of medical waste laws:** MSNJ advocates exempting practitioners producing less than 200 pounds of medical waste per year from the state and federal medical waste laws. (*Res 2, Trans 92*)
- 40.993**      **Automobile emissions:** MSNJ supports the reduction of the amount of automobile emissions. (*BOT, 12/92*)
- 40.994**      **Nitrogen oxide emissions:** MSNJ urges the lowering of nitrogen oxide emissions standards (assuming federal standards allow a higher NOx content). (*BOT, 12/92*)
- 40.995**      **Clean air regulation:** MSNJ supports the following aspects of clean air regulation: oxides of nitrogen, emission standards, oxygenated fuel, emission offset, reasonably available control technology for volatile organic substances operating permits, and vehicle inspections. (*BOT, 7/92*)
- 40.996**      **Heavy metal air pollutants:** MSNJ encourages standards for heavy metal air pollutants based upon their impact on health. (*BOT, 1/92*)
- 40.997**      **Mercury emissions:** MSNJ encourages standards for mercury based upon its impact on health. (*BOT, 1/92*)
- 40.998**      **Disposal of low-level radioactive waste:** MSNJ urges the Department of Environmental Protection to recognize the importance of low-level radioactive waste facility siting and approve the concept of concern for the environmental facility and the people of the surrounding community. (*BOT, 7/90*)
- 40.999**      **Waste reduction:** MSNJ advocates the following: a more comprehensive waste program, including a reduction of materials through composting and other forms of segregation and recycling; a reduction in recycling by lowering the amounts of available packaging and other disposable materials by regulations and/or incentives; and composting be maximized to reduce the volume of material that must be disposed of otherwise. (*BOT, 7/90*)

# HEALTH CARE DELIVERY

- 50.970**      **Ambulatory care facilities and cosmetic surgery services:** MSNJ is strongly opposed to the enactment of any tax on ambulatory care facilities and on cosmetic surgery services. MSNJ encourages the elimination of any regulatory language that unilaterally gives to the Commissioner of Health and Senior Services or any other administrative official the right to introduce new taxes or modify existing taxes on the health care delivery services of physicians. MSNJ calls for the immediate repeal of taxes now imposed on ambulatory care facilities and on cosmetic surgery services. (*BOT, 10/04*)
- 50.971**      **Uncompensated care:** MSNJ believes that all physicians are entitled to negotiate with hospital systems for reasonable compensation for providing care of the uninsured. (*BOT, 7/04*)
- 50.972**      **Raising cap on home nursing hours given to Medicaid patients:** MSNJ supports the following: petitioning Acting Governor DiFrancesco to seek federal and/or state funds to increase allowable private duty nursing hours for severely disabled patients receiving assistance from Early and Periodic Screening Diagnosis and Treatment and *Model Waivers 1, 2, and 3*; asking the acting governor to monitor fees paid for Medicaid RN home care to see that they are adequate to ensure needed home nursing care to Medicaid recipients; and seeking the support of the New Jersey State Nurses Association. (*Res 14, Trans 01*)
- 50.973**      **Clinical pathways, practice parameters and guidelines:** MSNJ urges the AMA to develop a policy statement indicating that clinical pathways and practice parameters are to be used for informational and educational purposes and supports MSNJ and the AMA urging all specialty societies to adopt a similar policy statement indicating that guideline clinical pathways and parameters may or may not represent the standard of care. (*Res 9, Trans 00*)
- 50.974**      **United Way 211:** MSNJ endorses United Way 211 to serve as a 24-hour telephone information and referral service for human services in New Jersey in order to avoid the current problems with reaching the proper community resources and subsequent misuse of 911, endorses a cooperative effort among the United Way of New Jersey, the Department of Health and Senior Services, and MSNJ to establish United Way 211 in New Jersey, and supports legislation to establish United Way 211 for New Jersey. (*Res 66, Trans 99*)

- 50.975**      **Jury duty scheduling for patients:** MSNJ believes the courts should send notices to all prospective jurors two months before their required appearance and that a special pool of jury candidates including physicians should be maintained and given two months notice in advance of their required appearance in order to avoid disruption of patient care. (*Res 49, Trans 98*)
- 50.976**      **Year 2000 computer problem:** MSNJ advocates that regulatory agencies and/or the state Legislature require health plans operating in New Jersey, including Medicaid, to demonstrate preparedness including, but not limited to, contingency plans for the year 2000 computer problem. (*Res 36, Trans 98*)
- 50.977**      **Funding for assisted living for senior citizens:** MSNJ encourages more assisted living opportunities for senior citizens in New Jersey. (*Res 42, Trans 97*)
- 50.978**      **Nonphysician substitution for physician consultants:** MSNJ opposes the utilization and substitution of nurse practitioners and/or physical therapists for physician consultations and placement evaluations in health care facilities. (*Res 10, Trans 97*)
- 50.979**      **Subacute rehabilitation facilities:** MSNJ approves of subacute care in the long-term care setting. (*Res 43, Trans 96*)
- 50.980**      **Uncompensated care:** MSNJ supports enrollment of the indigent population in a government-subsidized program; public relations efforts to educate the Legislature and the public concerning the magnitude of the uncompensated care that always has been provided by physicians; and fair and reasonable reimbursement to physicians who provide services to indigent patients. (*Res 18, 39, and Res 41, Trans 96*)
- 50.981**      **Patient restraint orders:** MSNJ believes health facility licensure regulations should be revised to allow medical staffs to develop policy on restraints and frequency of renewal of restraint orders. (*Res 30, Trans 94*)
- 50.982**      **Freedom of patient choice legislation:** MSNJ supports "freedom of patient choice" legislation that embodies terms of fairness for patients and physicians. (*Res 19 and Res 28, Trans 94; reaffirmed Res 30, Trans 99*)
- 50.983**      **Injections by certified medical assistants:** MSNJ supports the authorization of nationally certified medical assistants, in addition to licensed nurses, to administer subcutaneous and intramuscular

injections only, under the direction and supervision of a physician on the premises. (*Res 4, Trans 94*)

- 50.984 Laser treatments:** MSNJ believes laser treatment used to alter human tissue is a surgical procedure. (*BOT, 3/94*)
- 50.985 Rebundling of physician services:** MSNJ opposes any rebundling efforts by insurers and hospitals. (*Res 56E, Trans 93*)
- 50.986 Preservation of children's referral centers:** MSNJ urges that managed care networks contract with at least those hospitals designated by the New Jersey State Department of Health as tertiary children's referral centers, regional referral centers, and/or community children's referral centers. (*Res 19, Trans 93*)
- 50.987 Performing laser treatments:** MSNJ believes that laser treatments used to alter human tissue are a surgical procedure to be performed only by a licensed doctor of medicine or osteopathy. (*BOT, 12/93*)
- 50.988 Medical practice documentation:** MSNJ supports the existing standard in medical practice documentation, i.e. the date charted reflects the date of service rather than the date of signature. MSNJ believes that an individual making an obvious error in dating should not be reprimanded or otherwise disciplined. (*BOT, 11/93*)
- 50.989 Establishment of a PPO:** MSNJ endorses the establishment of a preferred provider organization (PPO), made available through MSNJ, to serve the uninsured in the state who qualify for state health insurance subsidies. (*BOT, 9/93*)
- 50.990 Guidelines on physical examinations by physicians:** MSNJ endorses the following guidelines on physical examinations by physicians: 1) Maintaining patient dignity should be foremost in the physician's mind when undertaking a physical examination. The patient should be assured of adequate auditory and visual privacy. The physician shall not exploit the physician/patient relationship for sexual or other purposes. 2) It is incumbent upon the physician or a member of his staff to inform the patient of the option to have a third party present. This precaution is essential regardless of physician/patient gender. A third party should be readily available at all times during a physical examination, and it is suggested that the third party actually be present when the physician performs an examination of the sexual and reproductive organs. 3) The physician should individualize his approach to physical examinations so that the patient's apprehension, fear, and embarrassment are diminished as much as possible. An explanation for the necessity of a complete

physical examination, the components of that examination, and the purpose of disrobing may be necessary in order to minimize the patient's apprehension and possible misunderstanding. 4) The physician should be alert to suggestive or flirtatious behavior or mannerisms on the part of the patient, and should not put himself in a compromising position. (BOT, 7/93)

- 50.991 Certificate of need (CN):** MSNJ believes CN exception should continue for multiple physician use of single-room operating suites. (BOT, 7/93)
- 50.992 Ethics of self-referral:** MSNJ believes that a physician's referral to an off-site medical facility in which he has a financial interest is an ethical referral, as long as the patient is fully informed of the ownership/interest and alternate facilities (if available) are named. (Res 1, Trans 92)
- 50.993 Cooperative Cardiovascular Project:** MSNJ supports the Cooperative Cardiovascular Project. (BOT, 7/92)
- 50.994 Health care professionals:** MSNJ believes registered nurses and other trained professionals, e.g. exercise physiologists, be allowed to perform treatments such as diathermy, ultrasound, whirlpool, and exercises under appropriate supervision. (BOT, 7/92)
- 50.995 Physical therapy (PT) assistants:** MSNJ believes MDs, DOs, and DPMs should be allowed to hire and direct PT assistants. (BOT, 7/92)
- 50.996 Organized medicine's role in health policy:** MSNJ believes that there should be legally mandated formal physician organization involvement in all areas of health policy development and implementation, including but not limited to negotiation of reimbursement, review of the quality and appropriateness of care, review of the appropriateness of fees, and establishment of overall budgetary predictability. (BOT, 5/92)
- 50.997 Age of patients in intensive care units:** MSNJ endorses changing the mandated age of intensive care unit patients requiring pediatric consultation from 18 to 14 years of age. (BOT, 6/91)
- 50.998 Good Samaritan immunity:** MSNJ urges that physicians be immune to charges of medical liability for uncompensated care except in the case of grossly negligent malpractice. (Res 14, Trans 90)
- 50.999 Regulation of office laboratories:** MSNJ believes a treating physician has the option to be his own laboratory director and to perform an appropriate number of laboratory tests. (Res 4 and Res 28E, Trans 90)

# HEALTH CARE/SYSTEM REFORM

- 60.979 Health savings accounts/medical savings accounts:** MSNJ believes that medical savings accounts and health savings accounts should be available to all individuals and small groups. (*Res 16, Trans 05*)
- 60.980 Quality and outcomes initiative:** MSNJ encourages the adoption of patient-outcome measures as the major criteria for evaluating the quality of health care. (*Res 9, Trans 04*)
- 60.981 Confidential handling of medical information by pharmacies:** MSNJ urges the State Board of Pharmacy or other appropriate government agency to require all pharmacies to make available a private area for patients when it is necessary for the pharmacy staff to procure or verify information for patients' prescriptions and that all personnel be required to handle this information in a confidential manner and have signed confidentiality agreements on file. (*Res 11, Trans 02*)
- 60.982 Uncompensated reimbursement for physicians:** MSNJ urges strong and expeditious action on the part of the state government to institute a payment program to physicians for uncompensated care in New Jersey. (*Res 37, Trans 99*)
- 60.983 Tax credit for uncompensated care:** MSNJ supports soliciting from the federal and state governments tax credits based on the RBRVS system for physicians who provide uncompensated care. (*Res 5, Trans 99*)
- 60.984 Managed care organizations engaging in the practice of medicine:** MSNJ believes that the actions of managed care organizations who deny, abridge, contradict, or otherwise modify the medical treatment decision of duly licensed practitioners constitute the practice of medicine and, therefore, may violate state law. (*Res 15, Trans 97*)
- 60.985 Physician reimbursement for uncompensated care:** MSNJ supports immediate relief to patients and physicians by a process of financing health care of uninsured and underinsured patients. (*Res 24, Trans 94*)
- 60.986 Commissioner of health:** MSNJ supports permitting the appointment of a nonphysician as commissioner of health with the

appointment of a physician as first deputy commissioner if the commissioner is not a physician. (*Res 9 and Res 23, Trans 94*)

- 60.987 Coverage for all who need it:** MSNJ advocates that any federal health system reform plan should include reimbursement strictly for the urgent and emergent treatment of illness and injuries of indigent non-U.S. citizens while they are in the United States or its territories. (*Res 5, Trans 94*)
- 60.988 Windfall (provider/physician) tax:** MSNJ opposes the concept, creation, and implementation of a windfall (provider/physician) tax on physician incomes. (*Res 55E, Trans 93*)
- 60.989 Health care bill of rights:** MSNJ advocates the following: the patient should have free choice of physician; the physician should be able to join any panel or group for which he is educationally qualified; and the federal antitrust regulations on fee discussions and fee negotiations be removed in their entirety. (*Res 53E, Trans 93*)
- 60.990 Federal Health Care Reform Task Force:** MSNJ supports free access to the Health Care Reform Task Force working documents and source materials as they become available to the Task Force and its subsidiary working groups. (*Res 50, Trans 93*)
- 60.991 Support for health IRAs:** MSNJ supports the concept of health IRAs and supports proposals for implementation. (*Res 48, Trans 93*)
- 60.992 Health care policy requirements for elected officials and federal employees:** MSNJ advocates that any new national health care insurance legislation adopted by Congress include the proviso that the executive, legislative, and judicial branches of government and all federal employees be enrolled as participants in the program. (*Res. 43, Trans 93*)
- 60.993 Certificate of need:** MSNJ opposes the certificate of need law in New Jersey. (*Res 42, Trans 93*)
- 60.994 Physician input health care reform:** MSNJ encourages members to testify as individuals before any federal town hall hearing on health care that may be held in their locale. (*Res 33, Trans 93*)
- 60.995 Alternatives to national health insurance:** MSNJ supports the following: 1) Agree that while providing at its best the best care in the world, the current system of health care carries certain disadvantages in its costs, particularly administrative costs. 2) Propose that any new system provides for universal access and relieves physicians of the

necessity of choosing between their livelihoods and the need to provide uncompensated care rather than none at all. 3) Relieve patients and physicians alike of distant, at times unqualified and unfeeling, control of the delivery of health care by untrained nonprofessionals. 4) State and justify any limits or "rationing" of care that might become necessary, working to minimize the effects of such limits, rather than deny that they exist. 5) Provide compensation appropriate to the qualifications, training, time, and responsibilities of the health care professionals who bear the primary burden of caring for the health and lives of the people of the nation. (*BOT, 4/93; reaffirmed Res 3, Trans 99*)

- 60.996**      **Organized medicine's role in health care:** MSNJ advocates that there should be legally mandated formal physician organization involvement in all areas of health policy development and implementation, including but not limited to negotiation of reimbursement, review of the quality and appropriateness of care, review of the appropriateness of fees, and establishment of overall budgetary predictability. (*Res 41E, Trans 92*)
- 60.997**      **Hospital reimbursement:** MSNJ supports a free-market model of hospital reimbursement. (*Res 37, Trans 92*)
- 60.998**      **Health care reform:** MSNJ endorses the access to health care insurance of a varied nature to every citizen in New Jersey. (*BOT, 9/92*)
- 60.999**      **Physician uncompensated care fund:** MSNJ endorses "Health Access New Jersey" and advocates remuneration for physician services currently rendered pro bono in hospitals throughout New Jersey. (*Res 7, Trans 91*)

# HEALTH INSURANCE

- 70.945 Insurance reimbursement fees:** MSNJ encourages all insurance companies to increase their reimbursements appropriately to match the cost of providing care in all respects. *(Res 21, Trans 05)*
- 70.946 Third-party contracts notification:** MSNJ urges the Commissioner of the New Jersey Department of Banking and Insurance to require health insurance companies to notify physicians of additional third-party contracts when the physicians' yearly contracts are renewed or within sixty days of signing these third-party administrative agreements, whichever comes first, and further urges that physicians be given sixty days from the time of notification to opt out of the plan. *(Res 3, Trans 04)*
- 70.947 Reimbursement for obstetricians:** MSNJ urges the New Jersey Department of Banking and Insurance to direct the insurance industry to reimburse obstetrical care on a graduated basis rather than after delivery, such as 20 percent of payment after the first trimester, 20 percent after the second trimester, and the balance of 60 percent following delivery. *(Res 29, Trans 02)*
- 70.948 Insurance coverage for cancer screenings:** MSNJ urges the New Jersey Commissioner of Health and Senior Services and the state legislature, if necessary, to require insurers in New Jersey to cover all cancer screening tests and exams as recommended by the American Cancer Society. *(Res 23, Trans 01)*
- 70.949 Opposition to third parties' referral system:** MSNJ opposes third parties' use of any referral system and supports legislation that prohibits all health insurers of any type including governmental agencies from requiring referrals, pre-certification for medications, procedures, or chronic disease supply materials (e.g. diabetic glucose sticks). *(Res 5, Trans 01)*
- 70.950 Electronic data interchange:** MSNJ supports measures to require all insurance carriers to provide patient eligibility, precertification, referral, and claims information via electronic data interchange. *(Res 28, Trans 00)*
- 70.951 Precertification over the fax machine or Internet:** MSNJ urges the commissioners of banking and insurance and health and senior services to require that all health insurers allow and promote the use of the fax machine or Internet to provide for precertifications of treatments, procedures, and all other matters requiring precertification

and believes that these health insurers be required to respond to any electronically transmitted request within two working days, or if not responded to within two working days, the precertification would be automatically approved, even if the health insurer tried to reverse this approval after the two-day period had expired. *(Res 25, Trans 00)*

- 70.952 Direct payment of physicians by insurance companies:** MSNJ supports legislation to ensure that any insurance company doing business in New Jersey must honor a valid assignment-of-benefits notice so that the physician is reimbursed for medical services rendered. *(Res 22, Trans 00)*
- 70.953 Delinquent vaccination fund:** MSNJ advocates that all vaccinations for children be a universally covered benefit. *(Res 4, Trans 00)*
- 70.954 Appeals process and contracted benefit services:** MSNJ urges the commissioners of health and senior services and banking and insurance to prevent health insurance payors from stopping the appeal mechanism set forth in the HMO regulations through their refusal to acknowledge an appeal and ensure that health insurance payors do not stop contracted benefit services until completing the appeals process as designated by HMO regulations. *(Res 2 and Res 3, Trans 00)*
- 70.955 Binding appeal decisions by the commissioner of health and senior services:** MSNJ supports legislation to force health insurance payors to accept decisions on appeal at the commissioner level as final and binding. *(Res 1, Trans 00)*
- 70.956 Getting consultants paid:** MSNJ urges the issuance of a regulation by the New Jersey Department of Banking and Insurance requiring an insurance company to pay for a consultation upon receipt of a properly completed referral form. *(Res 75, Trans 99)*
- 70.957 Unilateral changes in contracts:** MSNJ supports taking the necessary steps to oppose unilateral changes in insurance contracts. *(Res 70, Trans 99)*
- 70.958 Street address for certified mail:** MSNJ supports the commissioner of the Department of Banking and Insurance to require insurance companies to provide a street address so that certified mail may be served on them for delivery of claims. *(Res 67, Trans 99)*
- 70.959 Routine mammography:** MSNJ supports the enactment of laws requiring that an annual screening mammography (combined with a breast examination) be included in the basic benefits of all health

insurance written in New Jersey according to established screening guidelines and supports legislation to permit a patient enrolled in a managed care program to obtain an annual physician-prescribed mammogram with no preauthorization or referral process required. *(Res 63, Trans 99)*

- 70.960**      **Third-party contract details:** MSNJ supports legislation that would mandate that insurers make available their complete fee schedules, coding policies, and utilization review protocols to physicians prior to the signing of a participant contract and whenever any changes are made to the foregoing and supports the commissioner of the Department of Banking and Insurance, as well as the commissioner of the Department of Labor and Industry, to recognize that the expectation that a physician should sign any contract without basic information concerning fee schedules, coding policies, and utilization review protocols is both anti-competitive and an unfair business practice in light of a physician's legal inability to collectively bargain. *(Res 53, Trans 99)*
- 70.961**      **Improper insurance company denials:** MSNJ supports the commissioner of the Department of Banking and Insurance assessing monetary penalties against any health plan or its agents that engages in the practice of automatic "downcoding." *(Res 43 and Res 60, Trans 99)*
- 70.962**      **Substance abuse and alcoholism treatment parity:** MSNJ supports legislation assuring parity in treatment coverage for substance abuse and alcoholism as well as mental illness. *(Res 21, Trans 99; reaffirmed Res 21, Trans 02)*
- 70.963**      **Personal injury protection (PIP) regulations:** MSNJ supports a delay in the implementation of the medical protocols because they were not developed with appropriate clinical input and MSNJ supports the suggestion that the PIP mechanism should include the same HMO protections included for other forms of managed care in the state. *(BOT, 11/98)*
- 70.964**      **Same-day surgery for laparoscopic and uncomplicated procedures:** MSNJ supports legislation that requires insurance companies to allow patients who have had laparoscopic or uncomplicated procedures to remain hospitalized for a minimum of 23 hours, unless the physician decides otherwise. *(BOT, 9/98)*
- 70.965**      **Support to change ERISA law:** MSNJ supports that all health care insurance companies including ERISA programs be accountable for

any harm that may come to a patient pursuant to their influence on medical decisions. (*Res 56, Trans 98*)

- 70.966 Waiving Medi-Gap payment:** MSNJ believes that considering professional courtesy or assignment only (waiving a patient's deductible and/or co-payments) as fraud and abuse is inappropriate and should be changed; and believes that physicians should have the right to accept discounted reimbursement for medical services to any patient at the discretion of the physicians without fear of penalty. (*Res 47, Trans 98*)
- 70.967 Patient responsibility for payment of denied services:** MSNJ believes that patients are responsible for payment to the physician for services rendered regardless of whether the insurer denies responsibility. (*Res 34, Trans 98*)
- 70.968 Toll-free insurance telephone lines:** MSNJ supports that health insurers need to make available a designated toll-free telephone number (at the expense of the insurance company) that physicians can access with a PIN number to facilitate their inquiries regarding patient and payment status; that time to access the health insurance carrier shall not exceed three minutes and that the time on hold with the insurance carrier shall not exceed three minutes during normal working hours before talking to a person; and that additional time from the establishment of the telephone connection to the time that a person is on the line and capable of conducting business shall not exceed three minutes. (*Res 29, Trans 98; reaffirmed Res 41, Trans 99*)
- 70.969 Evaluation and management (E&M) documentation guidelines:** MSNJ opposes the new proposed E&M documentation guidelines, opposes the categorization of errors in coding as violations of fraud and abuse, supports the concept that while careful and complete documentation is considered essential, lack of documentation should not be taken to imply that a particular service or examination was not carried out, and supports pursuing all legal means to prevent institution of criminal liability for inadvertent errors in coding. (*Res 7, Trans 98*)
- 70.970 Minimize cost to patient of out-of-HMO network health care:** MSNJ urges the establishment of limits on HMO and other managed care organizations out-of-network plan costs to patients. (*Res 43, Trans 97*)
- 70.971 Xact Medicare services annual provider fee:** MSNJ believes that the \$25 annual provider fee for electronic claims submission should be rescinded. (*Res 14, Trans 97*)

- 70.972**      **Claims review and audit:** MSNJ urges sanctions if insurance companies use nonphysicians for medical review functions. (*Res 7, Trans 97*)
- 70.973**      **Mandatory disclosure of profiling data:** MSNJ believes that hospital, insurance companies, HMOs, and other entities involved in the delivery of health care, that are involved in collecting data on physician practice patterns (“profiling”), be required to share with the respective physician the specifics of the profiles for the purposes of education and for the opportunity for correction of flawed or inaccurate data. (*Res 6, Trans 97*)
- 70.974**      **Medical Courtesy Program:** MSNJ supports the Medical Courtesy Program. (*Reaffirmed 6/98 Exec. Comm; Res 4, Trans 97*)
- 70.975**      **Colorectal cancer screening and testing:** MSNJ advocates that colon and rectal screening be a covered procedure under health insurance plans. (*BOT, 3/97*)
- 70.976**      **Coverage for flexible sigmoidoscopy:** MSNJ advocates that flexible sigmoidoscopy, digital rectal examination, and fecal occult blood tests be reimbursed procedures, provided the following: flexible sigmoidoscopy should be promoted as an effective, cost-efficient means to detect precursor lesions amenable to correction in order to reduce the incidence of colorectal cancer; flexible sigmoidoscopy should be performed by appropriately trained physicians; other screening techniques to be encouraged are digital rectal examination and fecal occult blood testing; all screening efforts should be applied to populations in which the risk is increased above average, thus increasing the yield; and properly applied screening procedures should be eligible for reimbursement by third-party carriers. (*BOT, 12/96*)
- 70.977**      **Modify Medicare ICD-9 fifth digit coding requirements:** MSNJ supports the rule that ICD-9 fifth digit coding is not required for reimbursement until after three visits to that physician for that condition. (*Res 65, Trans 96*)
- 70.978**      **New HCFA clinical laboratory guidelines requiring ICD-9 codes and discouraging screening tests in profiles:** MSNJ favors the delay and modification of these new clinical laboratory reimbursement rules requiring ICD-9 diagnoses to justify tests on HCFA 1500 forms; carriers to decline payment for screening tests such as a PSA; and carriers to decline payment for screening panels such as a SMA 12 electrolytes. (*Res 64, Trans 96*)

- 70.979 Physician compensation telephone call codes:** MSNJ endorses remuneration of CPT 99371, CPT 99372, and the creation of a third code, CPT 99373, for telephone consultation with a patient or close relatives at a reasonable rate of reimbursement. (*Res 47, Trans 96*)
- 70.980 Creation of a special category of CPT related to issues of withholding and withdrawing of medical treatments at the end of life:** MSNJ encourages the creation of a separate CPT code regarding a reimbursable consultation category dedicated exclusively to the discussion of advance directives and end-of-life decisions. (*Res 32, Trans 96*)
- 70.981 Payment for services by insurance companies:** MSNJ believes it should be mandatory for insurance companies to pay physicians and hospitals within 30 days of receipt of an itemized bill or pay a significant penalty and interest plus fees. (*Res 21, Trans 96*)
- 70.982 Mandatory point-of-service:** MSNJ advocates mandatory inclusion of a point-of-service option in every managed care plan. (*BOT, 5/95*)
- 70.983 Health insurance form:** MSNJ advocates the use of a single claim form to be used by all insurance companies. (*Res 27, Trans 94*)
- 70.984 Milliman and Robertson guidelines:** MSNJ opposes strict adherence to the Milliman and Robertson guidelines on hospital stays. (*Res 21, Trans 94; reaffirmed Res 38, Trans 99*)
- 70.985 Third-party payors to have qualified personnel to speak with physicians:** MSNJ advocates the use of interface personnel whose training, education, and experience is sufficient to allow them to comprehend, interpret, and evaluate the information provided when payors (or their agents) are requesting information from physicians. (*Res 15, Trans 94*)
- 70.986 Third-party interference in medical practice:** MSNJ advocates that insurance companies and HMOs not pressure physicians into altering the care of a patient or patients by threatening denial of payment for hospital and physician services. (*Res 7, Trans 94*)
- 70.987 Insurer responsibility:** MSNJ believes health insurers are liable for the unfortunate consequences that result from their rules and regulations when the treating physician has adequately notified them of what is proper care in a particular case. (*Res 1, Trans 94; reaffirmed Res 17, Trans 99*)

- 70.988 HCFA claim forms:** MSNJ supports the current version of the HCFA 1500 Uniform Claim Form for use by all insurance companies. *(BOT, 7/94)*
- 70.989 Correct health insurance income tax inequity:** MSNJ supports an equitable allowance of tax deductibility for nonemployee taxpayers' health care costs. *(Res 49, Trans 93)*
- 70.990 Medicaid claim form:** MSNJ advocates the use of a universal claim form for reimbursement on all Medicaid visits, including Health Start. *(Res 2, Trans 93)*
- 70.991 Children and pre-existing conditions:** MSNJ believes that children should be exempt from pre-existing condition clauses written into insurance contracts. *(BOT, 9/93)*
- 70.992 Unnecessary insurance regulation:** MSNJ encourages the removal of burdensome, duplicative, and unnecessarily expensive quality assurance regulations. *(Res 5, Trans 92)*
- 70.993 Claims review policy:** MSNJ believes that review of a physician's care or fee should be conducted by a physician of the same specialty. *(BOT, 6/91; reaffirmed BOT, 1/92)*
- 70.994 Reimbursement of nonassigned claims:** MSNJ believes all insurance companies selling health coverage policies in New Jersey should honor a patient's assignment of medical expense benefits to the physician whenever duly executed. *(Res 17, Trans 91)*
- 70.995 Fee negotiations and insurance complaints:** MSNJ supports the physician's right to originate complaints directly to the New Jersey Department of Banking and Insurance. MSNJ believes fee disputes should be considered for arbitration. *(Res 16, Trans 91)*
- 70.996 Physician advisory committees to insurance companies:** MSNJ advocates the formation of physician advisory committees to deal with issues regarding the medical needs of New Jersey residents. *(Res 11, Trans 91)*
- 70.997 Insurance coverage for students:** MSNJ urges that the school systems vigorously pursue policies that would give some rudimentary insurance coverage to all students, with a secondary policy available at a reasonable cost, to parents who wish to have that coverage. *(BOT, 4/91)*

- 70.998**      **Third-party reviewers:** MSNJ believes that all quality and utilization review of medical charts of patients treated in the state of New Jersey should be done by New Jersey licensed physicians. (*Res 3, Trans 90; reaffirmed Res 31, Trans 99*)
- 70.999**      **Physician reimbursement:** MSNJ urges reasonable reimbursement for physicians under the Medicaid program. (*BOT, 1/90*)

# HIV/AIDS

- 80.986**      **HIV testing of pregnant women:** MSNJ actively opposes mandatory HIV testing of pregnant women. (*BOT, 12/97*)
- 80.987**      **HIV Prevention Act of 1997:** MSNJ actively opposes the HIV Prevention Act of 1997. (*BOT, 11/97*)
- 80.988**      **Routine AIDS testing:** MSNJ urges all New Jersey hospitals to adhere to Centers for Disease Control guidelines that state, "Hospitals with an HIV prevalence rate of at least 1 percent or an AIDS diagnosis rate of equal to or greater than 1 per 1,000 discharges should adopt a policy of offering HIV counseling and testing routinely to patients ages 15 to 54 years of age." (*Res 6, Trans 96; affirmed BOT, 7/96*)
- 80.989**      **Official statement on HIV/AIDS:** MSNJ adopted the following policy statement:

**Philosophy.** This pandemic infection affecting the lives of millions of people must be brought under control. This requires the concerted efforts of medicine, public health, and government. HIV/AIDS is a disease and should be dealt with as such.

**Universal precautions.** MSNJ endorses standards for the prevention of transmission of bloodborne pathogens, commonly called universal precautions. Universal precautions include hand washing, disinfection, handling and disposal of needles, and barrier techniques, including gloves and masks.

**Testing.** MSNJ strongly advocates routine universal voluntary HIV testing of all individuals in New Jersey. Extensive pretest counseling is not necessary, but every patient should be given information about the advantages and disadvantages of testing. However, this testing should not be done on patients who specifically refuse the testing. Testing can occur in hospitals or any health care facility. In addition, MSNJ recommends that HIV testing be covered under health insurance policies in the state of New Jersey, including Medicaid. While early detection of HIV infection could facilitate timely treatment and could help to reduce future transmission, mandatory testing currently is considered inappropriate or impractical, except for very specific circumstances, such as screening of the blood supply. Future circumstances calling for mandatory testing must meet the following criteria: show a demonstrated benefit over voluntary testing; be supported by

medical evidence; and result in a reduced potential to transmit the virus, not simply the identification of HIV positive individuals. When the individual is at risk for HIV infection because of the occurrence of puncture injury or mucosal contact with potentially infected bodily fluids, physicians should obtain voluntary consent for testing. If an individual refuses testing, HIV status shall be sought through a court order.

**Disposition of HIV positive cases.** Patients with positive tests require counseling. This may be done by the physician, or the patient may be referred to a specialist or appropriate clinic. Every physician or facility ordering HIV testing must provide post-test counseling for those with positive tests. Reimbursement for counseling should be provided by the insurance carrier. The reporting of HIV positive individuals to the New Jersey Department of Health and Senior Services, with identifiers, is supported as a positive public health measure. Notification of contacts may be done by physicians or may be referred to the authorized public health agency. Physicians shall not be liable with regard to the loss of patient privacy. Legislation that would shield professionals from this liability shall be supported. Access to specialists should be assured and funded by third-party payers.

**Request for information.** Information from hospital or physician's office charts including HIV status will be provided after suitable patient release is obtained in accordance with current medical practice. There is to be no selective release of medical information. Physicians and hospitals are to be protected, under law, from liability for appropriate release of medical records.

**Obstetrics.** HIV counseling and testing must be offered to all pregnant women. Refusal to accept counseling and testing or treatment shall be documented in the patient's chart.

**Criminal behavior and prison inmates.** HIV infection per se should not alter the manner in which an inmate is treated by the law. HIV status should not be used to determine prison inmate entitlements to medical services. Voluntary testing should be offered at the time of incarceration. Retesting should be done as appropriate.

**Protection from discrimination.** No employer will be permitted to refuse to hire an employee or terminate an employee solely because of a positive HIV status. No health insurance carrier may deny medical insurance solely and specifically because of HIV status as a separate medical condition. Physicians who are known

to be HIV positive and thereby sustain diminished opportunity to practice medicine should be considered disabled under the terms of their insurance programs. Health care workers shall not refuse to treat a patient solely because that individual is thought or known to be HIV infected. MSNJ should endorse and facilitate public education aimed at decreasing HIV discrimination in the workplace.

**Legislation.** MSNJ shall maintain, via its Councils on Public Health and Legislation, an active interest and involvement in AIDS legislation and education.

**Comprehensive school health education.** MSNJ supports comprehensive school health education curricula to include HIV infection and AIDS. This would include educational programs emphasizing behavioral and social science foundations for HIV prevention strategies. This also would include methodologies for promoting efforts to decrease the incidence of sexually transmitted diseases (encouraging abstinence and encompassing such alternatives as condom use).

**Public education.** MSNJ shall promote and facilitate public education with regard to prevention and transmission of HIV infection specifically, in the work place, and including the use of mass media.

**Needle and syringe exchange.** Recent studies have shown that clean needle and syringe availability reduces the incidence of HIV transmission in drug users. MSNJ supports programs to permit the availability of clean needles and syringes through needle and syringe exchange.

**Epidemiological studies.** MSNJ supports epidemiological studies of HIV infection in New Jersey residents as part of sound public health practice. *(BOT, 4/96; reaffirmed BOT, 11/97 and 12/97)*

**80.990**      **Education of legislators on AIDS-related items:** MSNJ offers assistance on AIDS policy to the Office of Legislative Services. *(BOT, 2/95)*

**80.991**      **HIV testing of pregnant women:** MSNJ supports voluntary counseling and HIV testing of all pregnant women. *(BOT, 3/94)*

**80.992**      **Education programs:** MSNJ supports public school sex education and AIDS education programs that include abstinence. *(BOT, 9/93)*

- 80.993**      **Reimbursement policy:** MSNJ endorses reimbursement for the treatment of HIV infection, AIDS, and the various other diseases associated with it, especially multiple drug resistant tuberculosis, as part of publicly subsidized health care in New Jersey. (*BOT, 4/93*)
- 80.994**      **Clean needle exchange:** MSNJ supports clean needle exchange. (*BOT, 4/93*)
- 80.995**      **Testing consent:** MSNJ opposes mandatory written consent for HIV/AIDS testing, and endorses informed documented consent along with pre- and post-test counseling, and HIV-related education of physicians and the general public. (*BOT, 4/93*)
- 80.996**      **AIDS education:** MSNJ endorses workplace education about HIV and AIDS. (*BOT, 4/93*)
- 80.997**      **AIDS testing for marriage license:** MSNJ opposes mandatory HIV testing for obtaining a marriage license. (*BOT, 7/92*)
- 80.998**      **HIV testing for hospital patients:** MSNJ supports universal confidential HIV testing on all hospitalized patients and health care personnel. (*Res 4, Trans 91*)
- 80.999**      **HIV infection as a communicable disease:** MSNJ believes that HIV infection is a reportable communicable disease and patients should be treated accordingly. (*Res 1, Trans 90*)

# HOSPITALS

- 90.994 Hospital medical staffs – yearly meeting:** MSNJ supports the proposal of the Organized Medical Staff Section-MSNJ to organize and host a yearly meeting with the hospital medical staff presidents and vice presidents or presidents elect. (*BOT, 7/00*)
- 90.995 Exclusive contracts:** MSNJ supports a bill to prohibit or limit termination without cause and no right to appeal clauses in contracts between hospitals and physicians. (*Res 5, Trans 98*)
- 90.996 Medical staffs role in hospital mergers:** MSNJ believes that hospital medical staffs should be formally involved in the following activities during a merger, consolidation, acquisition, affiliation, or closure: defining role in structure of medical staff(s); development and approval of medical staff bylaws, rules, policies, and regulations; defining and approving credentialing processes; quality improvement and peer and utilization review activities; and decisions regarding clinical services to be offered by the involved institutions. (*Res 3, Trans 97*)
- 90.997 Unlicensed assistive personnel in hospitals:** MSNJ advocates greater control over the training and functions of unlicensed assistive personnel, that standards of training and responsibility be established, and that a method be devised to easily identify such personnel from other licensed professionals. (*Res 67, Trans 96*)
- 90.998 Closing pediatric beds:** MSNJ urges reconsideration of the closing of pediatric beds due to the hardships it would create for individual communities. (*Res 6, Trans 92*)
- 90.999 Medical staffs:** MSNJ believes that hospital administration should consult with medical staffs on major decisions affecting community health care. (*BOT, 5/90*)

## LEGISLATION AND REGULATION

- 100.995**      **Legislation to allow countersuits:** MSNJ supports changes in legislation that would allow physicians injured by frivolous litigation, resulting in real and definable damages, to more easily seek remedy through the court system by way of counter litigation against such attorneys, their clients, and others involved in initiating such frivolous lawsuits. (*Res 5, Trans 05*)
- 100.996**      **Weekly legislative and regulatory update:** MSNJ shall e-mail a weekly legislative and regulatory update to the membership. E-mails shall also be posted on the MSNJ web page. The intent of the message is to provide members with a more detailed description of the activities of MSNJ staff in support of their many legislative and regulatory initiatives and to provide substantive information. (*BOT, 11/02*)
- 100.997**      **Political advocacy by nonprofit organizations:** MSNJ opposes a federal initiative that would impose restrictions on advocacy activities of federal grantees that preclude them from both utilizing private funds for advocacy activities as well as delivering government-funded services. (*Res 2, Trans 96*)
- 100.998**      **Tort reform:** MSNJ supports the elimination of frivolous malpractice lawsuits. (*BOT, 5/95*)
- 100.999**      **Support of American Association of Physicians and Surgeons suit:** MSNJ favors the Clinton administration's conducting open meetings on health reform. (*Res 51, Trans 93*)

# MANAGED CARE

- 110.973**     **Educating the public:** MSNJ supports informing the public of the state of New Jersey of the actual nature of managed care coverage and why the public needs to understand fully what their covered benefits encompass and supports physicians in educating their patients through a strategic awareness marketing campaign to protect the citizens of New Jersey. *(Res 27, Trans 00)*
- 110.974**     **Fee schedules:** MSNJ encourages the Department of Banking and Insurance to establish regulations ensuring that all physicians who have contracted with any health plan receive a current complete fee schedule that will be updated on a periodic basis. *(Res 77, Trans 99)*
- 110.975**     **Precertification and medical necessity:** MSNJ believes that once a health plan has precertified a treatment or procedure based on a treating physician's judgment of medical necessity, that such precertification shall constitute a guarantee of payment. *(Res 74, Trans 99)*
- 110.976**     **Patient's right to sue health plans:** MSNJ, as an advocate of patients' rights, supports legislation, which will extend malpractice liability to the health plans themselves when injury, death, or economic loss should occur to a patient as a result of a plan's delay or denial of medically necessary care. *(Res 58, Trans 99)*
- 110.977**     **Extension of insurance regulations to third-party entities:** MSNJ urges the Department of Banking and Insurance to expand regulatory control over third-party entities that evaluate, process, and pay claims for health plans. *(Res 55, Trans 99)*
- 110.978**     **Physicians rate health plans:** MSNJ supports funding a study of members' opinions regarding the 10 to 15 largest health plans as to problems physicians encounter obtaining referrals and approvals, as well as those plans physicians would choose for their own families and supports the results of this study being made public after appropriate review by MSNJ. *(Res 51, Trans 99)*
- 110.979**     **Insurance company reserves:** MSNJ encourages the Department of Banking and Insurance to publish quarterly information concerning the financial viability of all licensed health plans operating in the state of New Jersey. *(Res 34, Res 54, Trans 99)*
- 110.980**     **Vaccine costs:** MSNJ encourages the commissioner of the Department of Banking and Insurance and the commissioner of the

Department of Health and Senior Services to add to the proposed guaranty fund, one year of calculated vaccine costs for all children in an HMO managed care insurance plan. (*Res 33, Trans 99*)

**110.981 Curtailing precertification:** MSNJ advocates with the Department of Banking and Insurance and the Department of Health and Senior Services to exempt procedures, which are rarely denied from precertification requirements. (*Res 28, Trans 99*)

MSNJ declares precertification in all its forms an undue, unjust, and unnecessary invasion of the practice of medicine. (*Res 17, Trans 05*)

**110.982 Terms of contracts:** MSNJ supports protections against one-sided contracts of adhesion in which HMOs unilaterally dictate terms to physicians and new protections against payment delays and absurd documentation demands. (*BOT, 7/98*)

**110.983 Managed care protections:** MSNJ encourages its members to use protections contained in the state's HMO regulations, Health Care Quality Act, interest penalty provisions, and related controls on managed care entities. (*BOT, 7/98*)

**110.984 MSNJ as an educational resource:** MSNJ advocates its role as an educational resource and prime mover in assisting physicians to deal effectively with the business milieu imposed by managed care. (*BOT, 7/98*)

**110.985 Managed care and the practice of medicine:** MSNJ endorses the current state regulation that a licensed New Jersey physician must be involved in every managed care organization's policy making, and if a managed care organization exercises medical judgment, it is responsible for the outcome of that judgment. (*Exec Comm 6/98; affirmed BOT, 7/98*)

**110.986 Hold blameless clause:** MSNJ believes the commissioners of health and insurance should bar hold harmless clauses requiring indemnification in HMO/physician contracts. (*Res 54, Trans 96*)

**110.987 Deselection of physicians; fairness to patients:** MSNJ urges the New Jersey state commissioner of health to protect patients from HMOs unfairly deselecting their physician and to provide adequate time for the insured patient to choose other health insurance if so desired. (*Res 36, Trans 96*)

**110.988 Amendment of the PIP "no-fault" law:** MSNJ supports the offering of a PIP managed care option that exempts urgent/emergent care,

and produces a lower premium to the insured, and affords patients the opportunity to seek care from the physician of their choice when indicated. *(BOT, 12/94)*

- 110.989 Physician Healthcare Plan of New Jersey, Inc. (PHPNJ):** MSNJ supports and endorses the development of PHPNJ; MSNJ believes PHPNJ should be fully responsible for the contents of the prospectus and that MSNJ be held harmless in writing by PHPNJ. *(Res 11 and Res 18, Trans 94)*
- 110.990 Managed care:** MSNJ supports affording a physician due process (as defined by the AMA) with regard to initial application, contract renewal, and termination without cause in managed care networks. *(Res 3, Trans 94)*
- 110.991 Managed competition:** MSNJ endorses the appropriateness of care. MSNJ favors the adoption of a policy of opposition to programs based upon managed competition unless they provide reasonable options and alternatives among their proposals and afford freedom of choice for patients and physicians. *(Res 47, Trans 93)*
- 110.992 Physician eligibility under managed care:** MSNJ supports the right of physicians to contract with whatever health care system they deem desirable and necessary. MSNJ believes that health care delivery or financing systems that contract with selected physicians to furnish care should utilize selection criteria based primarily on professional competence and quality of care. MSNJ opposes the use of board certification as a sole criterion for admission into a managed care program. *(Res 40, Trans 93; reaffirmed Res 59, Trans 99)*
- 110.993 Patient empowerment - freedom of choice:** MSNJ supports the patient's right to choose his own physician. *(Res 27, Trans 93)*
- 110.994 Physicians' HMO/IPA:** MSNJ supports a physician's HMO/IPA concept but assumes no responsibility for its feasibility study, funding, or management. *(Res 21, Trans 93)*
- 110.995 Free choice of physicians by patients:** MSNJ believes all managed care organizations should clearly and fully disclose to the patients whether the plan restricts the participation of any qualified physician willing to abide by the contractual obligations of the plan. *(Res 20, Trans 93)*
- 110.996 Managed care resource advisory panel/committee:** MSNJ advocates the establishment of a managed care resource advisory panel/committee. *(Res 18, Trans 93)*

- 110.997**      **Any willing provider:** MSNJ believes that health plans that contract with selected physicians should have an established mechanism by which any physician willing to abide by the terms of the plan contract could appeal a decision to deny the physician's application for participation in the plan. MSNJ supports the right of any willing physician who meets selection criteria to be eligible for participation in managed care programs. (*Res 15 and Res 32, Trans 93*)
- 110.998**      **Requirement to offer traditional health insurance:** MSNJ urges all New Jersey employers to offer the option of traditional indemnity health insurance, whereby the patient has free choice of physicians, whether or not other health insurance alternatives are offered. (*Res 8, Trans 93*)
- 110.999**      **Any willing provider:** MSNJ supports any willing provider legislation to permit physicians and hospitals to join any provider network whose terms of participation are accepted by provider. (*BOT, 2/93; reaffirmed BOT, 9/93*)

## MATERNAL AND CHILD HEALTH

- 120.997**      **Kid Care Program:** MSNJ favors open dialogue with the New Jersey Department of Human Services to discuss the Kid Care Program and will work with the state to improve the program. (*Res 13, Trans 05*)
- 120.998**      **Suspected child abuse and neglect form:** MSNJ tentatively approves the Department of Youth and Family Services Suspected Child and Abuse and Neglect form. (*Exec Comm, 6/98; affirmed BOT, 7/98*)
- 120.999**      **Retention of newborn in hospital with mother:** MSNJ opposes the discharge of a healthy newborn at 24 hours post delivery especially if the mother has to remain in the hospital for medical reasons. MSNJ advocates full insurance coverage during the first 72 hours of life so that the newborn infant can be allowed to stay with the hospitalized mother. (*Res 34E, Trans 94; reaffirmed BOT, 5/95*)

## MEDICAL/HEALTH EDUCATION

- 130.985**     **The Institute of Medicine and Public Health of New Jersey, Inc.:** MSNJ voted to create its own 501c(3) corporation which will carry forward the previous mission of the Academy of Medicine of New Jersey devoted to continuing medical education. (*BOT, Exec Sess, 10/03*)
- 130.986**     **Cultural competency training for physicians:** MSNJ supports the appointment of a multi-disciplinary task force to develop MSNJ policy and guidelines regarding the delivery of culturally competent medical care. (*BOT, 9/01*)
- 130.987**     **Expenses for medical education:** MSNJ urges the state Legislature to pass appropriate laws making it mandatory that HMOs reimburse hospitals a proportional fair share of hospital expenses for postgraduate medical education programs. (*Res 34, Trans 00*)
- 130.988**     **Flexner Report II:** MSNJ believes that an independent organization should conduct an objective and comprehensive evaluation of the structure, function, and curriculum of United States medical schools, and appropriate recommendations be made for change and improvements of United States medical schools, based on the report of the independent organization. (*Res 28, Trans 96*)
- 130.989**     **Equality of licensing requirements:** MSNJ supports non-discrimination in medical education and licensure. (*BOT, 11/95*)
- 130.990**     **Managed care profits for graduate medical education and research:** MSNJ supports legislation to allocate a portion of managed care profits for graduate medical education and research. (*BOT, 7/95*)
- 130.991**     **Uniform standards for postgraduate training:** MSNJ favors the standard use of the terms, "Graduate of an Accreditation Council for Graduate Medical Education accredited program," "Board Admissible," "Board Certified," or "Board Recertified" as the only appropriate terms used to identify the status of a MD/DO in describing successful completion of postgraduate training. (*BOT, 11/94*)
- 130.992**     **Graduate medical education:** MSNJ supports the following: 1) Maintain the quality and accessibility of health care in New Jersey by insuring that the future supply of MD/DO physicians is adequate. 2) Maintain and enhance the quality of graduate MD/DO physician

education programs. 3) Safeguard New Jersey's competitiveness for students by ensuring the stability of graduate medical education programs and funding. 4) Position New Jersey for maximum adaptation to anticipated federal policy on graduate medical education. 5) Encourage entry into primary care by MD/DO physicians. 6) Support public funding for graduate medical education as opposed to the concept of a provider tax as a financing mechanism. (BOT, 12/93)

**130.993**      **Continuing medical education:** MSNJ approves the "Standards for Commercial Support of Continuing Medical Education." (BOT, 2/93)

**130.994**      **Continuing medical education:** MSNJ approves the following as recommended by the Committee on Medical Education: "Guidelines for Commercial Support of Continuing Medical Education." 1) Each program must give a balanced view of all diagnostic and therapeutic options. 2) The ultimate decision regarding funding arrangements regarding CME activities must be the responsibility of the accredited sponsor. Funds from a commercial source should be in the form of an educational grant made payable to the accredited sponsor for the support of programming. However, all support in relation to the certified CME activity should be made with the full knowledge and approval of the accredited sponsor. Commercial support must be acknowledged in printed announcements and brochures, but reference must not be made to specific products. 3) When commercial exhibits are part of the overall program, arrangements for these should not influence planning or interference with the presentation of CME activities. 4) Commercially supported social events at CME activities should not compete with, or take precedence over, the educational events. 5) In an activity offered by an accredited sponsor, it is not permissible to provide honoraria and personal expenses for attendees. Subsidies that reduce the registration fee charged to all attendees are permissible. Subsidies for hospitality should not be provided outside of modest meals or social events that are held as part of the activity. 6) The sponsor should require of speakers, disclosure of any financial ties to commercial supporters of the program. Such ties include, but are not limited to, receiving fees or research funds or holding stock. This information should be available to the sponsoring organization, which then would decide on the appropriate use of this information. (BOT, 2/92)

**130.995**      **Medical Practice Act:** MSNJ supports revision of the Medical Practice Act to allow greater flexibility in reviewing the premedical education of international medical graduates. (BOT, 2/92)

- 130.996**      **Funding for UMDNJ:** MSNJ supports use of state funds for the education of medical students at UMDNJ. (*Res 3, Trans 91*)
- 130.997**      **MSNJ and UMDNJ:** MSNJ favors a cooperative working relationship between MSNJ and UMDNJ. (*BOT, 6/91*)
- 130.998**      **International medical graduates:** MSNJ supports the use of a common examination and grading system for foreign and United States medical school graduates. (*BOT, 1/91*)
- 130.999**      **Allied health educational programs:** MSNJ supports allied health educational programs and urges respect for allied health professionals. (*BOT, 9/90*)

# MEDICARE

- 140.971 Ad hoc committee to improve the quality of medical care:** MSNJ supports the allocation of resources for the formation of an ad hoc committee of members from the MSNJ Councils on Medical Services and Public Health to develop an initiative to improve the quality of medical care in New Jersey as measured through the Centers for Medicare and Medicaid Services quality indicators. (*BOT, 11/02*)
- 140.972 Extension of continued physician reimbursement:** MSNJ favors the education of the leadership of the United States House of Representatives and the United States Senate that MSNJ considers bill HR 3351 a major priority and asks them to have House leadership post the bill; and urges the AMA Delegation to support the repeal of the Medicare requirement for budget neutrality in the physician payment schedule. (*Res 15, Trans 02*)
- 140.973 Medicare/Medicaid dual enrollees:** MSNJ supports all appropriate measures to restore payments for patients who have both Medicare and Medicaid, so that Medicaid covers the Medicare deductible and the 20% Medicare coinsurance; and urges the AMA delegation to introduce a similar resolution in the AMA House of Delegates; and supports the submission of a progress report to the MSNJ House of Delegates at the 2002 annual meeting. (*Res 6, Trans 01*)
- 140.974 HCFA Medicare Quality Indicators Study:** MSNJ supports the following: working with the leadership coalition, convened by PRONJ, to improve New Jersey's performance on Medicare Quality Indicators; identifying New Jersey's poor performance in the Medicare Quality Indicators Study as a top priority in public health affairs; and circulating information regarding the HCFA report to the chief executive officers of all New Jersey hospitals and MSNJ members in the most cost-effective manner. (*BOT, 2/01*)
- 140.975 Fraud busters:** MSNJ opposes the Medicare fraud and abuse program in written/visual and audio media and supports, as one of its 1999-2000 goals, a media campaign to let New Jersey residents know how hard their physicians work to assure their good health, and communicating to the public that billing errors do not necessarily indicate fraud. (*Res 56, Trans 99*)
- 140.976 Media event:** MSNJ encourages the AMA to continue its national campaign to inform Medicare patients and Congress about the inappropriate Medicare definition of fraud and abuse and inappropriate methods of enforcement. (*Res 40, Trans 99*)

- 140.977**      **Fraud and abuse:** MSNJ opposes the Health Care Financing Administration, the Clinton administration, and the Office of Inspector General for their actions in making patients into “bounty hunters” and promoting bad relations between physicians and patients, supports the New Jersey Congressional Delegation being informed of this opposition, and urges the AMA Delegation also to take a position of opposition. (*Res 39, Trans 99*)
- 140.978**      **Annual medical screening:** MSNJ urges the AMA through its delegation to create a CPT code for annual medical screening and urges the Health Care Financing Administration to implement proper reimbursement for Medicare. (*Res 25, Trans 99*)
- 140.979**      **Patients reporting fraud:** MSNJ urges the AMA to request the Health Care Financing Administration to abolish the program that trains and monetarily rewards patients to detect and report physician fraud. (*Res 18, Trans 99*)
- 140.980**      **Medicare/Medicaid insurance coverage:** MSNJ urges the Department of Human Services to take all appropriate measures to restore payments for patients having both Medicare and Medicaid benefits so that Medicaid covers the Medicare deductible and the 20 percent Medicare coinsurance. (*Res 15, Trans 99*)
- 140.981**      **Medicare offering a bounty to report suspected fraud:** MSNJ urges the AMA to fight back with a national campaign to inform Medicare patients and congressmen about the inappropriate Medicare definition of fraud and abuse and urges the AMA to provide materials to all members to explain to congressmen the adverse effects of Medicare coding, billing, documentation, durable medical equipment and test ordering rules, and the fear of prosecution for fraud and abuse on the day-to-day practice of medicine. (*Res 14, Trans 99*)
- 140.982**      **CLIA and Medicare limiting simple tests:** MSNJ approves the request to ask Medicare/HCFA to reimburse physicians for simple tests such as stool heme testing and dip stick urine analysis and to exempt them from CLIA application. (*Res 52, Trans 98*)
- 140.983**      **Not medically necessary in Medicare explanation of benefits:** MSNJ supports a change in the Medicare explanation of benefits to read “this service is not covered” rather than the usual “this service was not medically necessary.” (*Res 51, Trans 98*)
- 140.984**      **HCFA correct coding initiatives:** MSNJ believes that Medicare coding manuals and updates on coding data and requirements

should be readily made available to all physicians at no cost. (*Res 17, Trans 96*)

- 140.985 Medicare reimbursement:** MSNJ is opposed to lower Medicare reimbursement in return for government promises of future increases. (*Res 8, Trans 96*)
- 140.986 Medicare patients freedom of choice:** MSNJ favors a legislative solution preserving freedom of contractual choice for physicians and Medicare patients. (*Res 14, Trans 93*)
- 140.987 HCFA 1500 claim forms:** MSNJ believes that HCFA should supply HCFA 1500 claim forms to physicians at no cost. (*Res 12, Trans 93*)
- 140.988 Proper notification of changes in limiting charges:** MSNJ urges Medicare intermediaries to disclose in writing any and all changes in limiting charges to physicians with adequate notice prior to instituting such fee changes. (*Res 10, Trans 93*)
- 140.989 Procedure code modification:** MSNJ supports a procedure code modifier when a service is performed by a nonphysician. (*Res 9, Trans 93*)
- 140.990 Medicare fees under RBRVS:** MSNJ advocates reversal of the trend of diminished physician reimbursement. (*Res 35, Trans 92*)
- 140.991 Behavioral offset adjusted basis reduction:** MSNJ believes that HCFA should consider and increase the conversion factor, consistent with statutory standards. (*Res 31, Trans 92*)
- 140.992 HCFA forms:** MSNJ urges relief from the onerous and expensive task of billing on HCFA forms without the ability to pass all the costs to the government or the patient. (*Res 21, Trans 92*)
- 140.993 New Jersey pays Medicare difference:** MSNJ encourages Medicaid to cover the difference between what Medicare allows and what it actually pays--including the deductible and coinsurance. (*Res 15, Trans 92; reaffirmed Res 48, Trans 99*)
- 140.994 Medicare reimbursement of new physicians:** MSNJ urges the repeal of the congressional act that reduces reimbursement under Medicare for physicians during their first four years of practice. (*Res 14, Trans 92*)

- 140.995 Medicare fees under RBRVS:** MSNJ urges reversal of the trend of diminished physician reimbursement that eventually will deny access of Medicare patients to medical care. *(BOT, 5/92)*
- 140.996 Home health care services--Medicare:** MSNJ supports adequate reimbursement for home health care case management by physicians. *(Res 18, Trans 91)*
- 140.997 Clarify Medicare definition of medically unnecessary services:** MSNJ favors the establishment of guidelines for Medicare recipients as to noncovered services and what may not be considered medically necessary services. *(Res 21, Trans 90)*
- 140.998 Medicare billing:** MSNJ believes that the provision of the 1989 Omnibus Reconciliation Act (OBRA) requiring physicians to submit all claims for Medicare patients should be rescinded. *(Res 11, Trans 90)*
- 140.999 Precertification for emergency surgery:** MSNJ urges that existing HCFA regulations that require preadmission/preprocedure approval be revoked. *(BOT, 10/90)*

# PHYSICIAN FEES

- 150.988 Honoring assignment-of-benefit requests:** MSNJ urges the enactment of state legislation to require all insurance companies and welfare funds that insure patients who receive medical services to honor assignment-of-benefit requests and encourages the AMA delegation to introduce a similar resolution at the AMA annual meeting in June 2001 applicable to federal legislation. (*Res 7, Trans 01*)
- 150.989 Medicaid and Kid Care:** MSNJ urges the commissioner of the Department of Human Services to authorize the immediate transfer of all managed care, Medicaid, and Kid Care funds intended for patient care, to solvent health plans when an existing health plan has filed for bankruptcy. (*Res 36, Trans 99*)
- 150.990 Physicians paid in bankruptcy:** MSNJ supports regulations or laws that permit the governor, the attorney general of New Jersey, and the Legislature to require health plans to directly pay physicians while still contracted with a bankrupt managed care company or service corporation. (*Res 35, Trans 99*)
- 150.991 Medicaid fees:** MSNJ encourages New Jersey Medicaid to adjust its fee schedule on a par with other payers and favors the exploration of legal action, as has been done by other states, if Medicaid's response is deemed inadequate. (*Res 19, Trans 99*)
- 150.992 Primary care reimbursement for hospital admissions and care:** MSNJ urges the New Jersey Department of Banking and Insurance to require all New Jersey health plans to reimburse primary care physicians for the care of hospital patients at the same rate as other admitting physicians. (*Res 10, Res 12, Trans 99*)
- 150.993 Direct payment of physicians by insurance companies:** MSNJ believes that any insurance company doing business in New Jersey must honor a valid assignment of benefits notice so that the physician is reimbursed for medical services rendered. (*Res 28, Trans 98*)
- 150.994 Resource-based practice expense relative values:** MSNJ opposes the implementation of the current HCFA practice expense relative values scale. (*BOT, 7/97*)
- 150.995 Mandatory electronic billing:** MSNJ opposes mandatory electronic billing for physician offices. (*BOT 9/96*)

- 150.996**      **Direct fee-for-service:** MSNJ advocates the restructuring of current laws and/or regulations in New Jersey so that physicians' fees are the direct responsibility of the patient to whom services are rendered and any reimbursement from an insurer to the patient is a matter between the insurer and the patient. (*BOT, 5/95*)
- 150.997**      **Contracting physician defined as employees:** MSNJ believes physicians should be permitted to organize and collectively bargain with specific attention to the problems of physicians contracting with large insurance companies. (*Res 14, Trans 94*)
- 150.998**      **Right to collective bargaining:** MSNJ believes physicians should be relieved from antitrust regulations so that they can negotiate under fair conditions. (*Res 17, Trans 93; reaffirmed Res 24, Trans 99; reaffirmed Res 65, Trans 99; reaffirmed Res 32, Trans 00*)
- 150.999**      **Provider tax:** MSNJ opposes a provider tax. (*BOT, 9/92*)

# PHYSICIANS

- 160.968 Physician exemption from jury duty:** Recognizing the political impracticality of asking for a categorical exemption, the Board of Trustees voted to support Senator Cardinale's more limited exemption for physicians as written in S-1187 and will request that he move the bill in its current form in the upcoming legislative sessions. *(BOT, 7/03)*
- 160.969 All New Jersey licensed professionals' disciplinary actions available on the database:** MSNJ supports legislation that requires public disclosure of physician disciplinary action if the legislation simultaneously includes all other regulated professionals. *(Res 36, Trans 02)*
- 160.970 Physician reimbursement:** MSNJ urges the legislature to enact laws pertaining to physician payment that eliminates geographic distinctions by insurance carriers. *(Res 31, Trans 02)*
- 160.971 Regulation on assessment of skills:** MSNJ urges the Board of Medical Examiners to involve representatives of all interested medical specialty societies in the formulation of regulations and protocols to be used to assess the skills of physicians under A-2567, Section 1 h. *(Res 30, Trans 02)*
- 160.972 Cardiac surgery regulation:** MSNJ opposes the physician volume requirement of 100 open-heart procedures per hospital for cardiac surgeons and urges the New Jersey Department of Health and Senior Services, by way of formal petition, to change the regulation. *(BOT, 4/02; reaffirmed BOT, 12/02)*
- 160.973 New Jersey Physician Survey:** MSNJ endorses the New Jersey Physician Survey as requested by the Center for State Health Policy in order to develop data on the physician supply in New Jersey. *(BOT, 10/01)*
- 160.974 Use of hospitalists:** MSNJ approves the following statement of policy regarding the use of hospitalists: That (1) managed care plan enrollees and prospective enrollees should receive prior notification regarding the implementation and use of "admitting officer" or "hospitalist" programs; (2) participation in admitting officer or hospitalist programs developed and implemented by managed care or other health care organizations should be at the voluntary discretion of the patient and the patient's physician; (3) hospitalist systems when initiated by a hospital or managed care organization

should be developed consistent with MSNJ policy on medical staff bylaws and implemented with approval of the organized medical staff to assure that the principles and structure of the autonomous and self-governing medical staff are retained; (4) hospitals and other health care organizations should not compel physicians by contractual obligation to assign their patients to hospitalists and that no punitive measure should be imposed on physicians or patients who decline participation in hospitalists; and (5) MSNJ opposes any hospitalist model that disrupts the patient/physician relationship or the continuity of patient care and jeopardizes the integrity of inpatient privileges of attending physicians and physician consultants. (*BOT, 12/99*)

**160.975**      **AMA collective bargaining:** MSNJ urges the AMA to immediately implement a national labor organization under the National Labor Relations Act for employed physicians in professional practice in order to retain the physician's responsibility to serve as the patient's advocate; urges the AMA to implement immediately a national labor organization specifically for resident and fellow physicians who are authorized under state laws; encourages the AMA to support the development of independent housestaff associations for residents and fellow physicians, and be prepared to implement a national labor organization specifically for all resident and fellow physicians at such time as the National Labor Relations Board determines that such physicians are authorized to organize a labor organization under the National Labor Relations Act; urges the AMA to support vigorously antitrust relief for self-employed physicians by supporting federal legislation such as the "Quality Health Care Coalition Act of 1999" (HR 1304), working with the Department of Justice and the Federal Trade Commission, and providing model legislation and information on the state action doctrine to state medical associations; urges the AMA to develop, advocate, and implement other innovative strategies, including but not limited to immediately initiating litigation to stop egregious practices to help self-employed physicians level the playing field with health care payers; and urges the AMA to develop immediately a program to undertake collective bargaining for private practicing physicians. (*Res 79, Trans 99*)

**160.976**      **Implementation of the Automobile Cost Reduction Act of 1998:** MSNJ urges physician members to continue to provide good medical care to all patients, including automobile accident victims. (*Res 73, Trans 99*)

**160.977**      **Universal identifier number:** MSNJ supports the enactment of a law implementing a universal physician identifier that would require only

one physician ID number, provided that it is not the physician's social security number, for all insurance companies. (*Res 72, Trans 99*)

- 160.978 Model compliance plan:** MSNJ favors the development of a model compliance plan that includes a segment on “employee policy manual” to be posted on MSNJ’s web site. (*Res 32, Trans 99*)
- 160.979 Use of the term “physician”:** MSNJ advocates the clarification of the word “physician” to doctors of medicine or doctors of osteopathy in all state Board of Medical Examiner regulations and in all statutes of the New Jersey Legislature. (*BOT, 7/98; reaffirmed Res 49, Trans 99*)
- 160.980 Physician organizing:** MSNJ, through its own offices and in concert with the AMA, continues to seek antitrust reform and urges all physicians to promote antitrust reform to their U.S. senators and representatives in Congress. (*BOT, 7/98*)
- 160.981 Surgeon’s responsibility for postoperative care:** MSNJ believes that it is the surgeon’s responsibility to perform postoperative care whenever feasible; and MSNJ believes that limited licensed practitioners can only perform postoperative care under the direct supervision of the surgeon or a doctor of medicine or a doctor of osteopathy of similar credentials. (*Res 67, Trans 98*)
- 160.982 Physician volunteerism:** MSNJ requests that the state Board of Medical Examiners ease or eliminate licensure fees to retired physicians who wish to volunteer their services at free clinics. (*Res 4, Trans 97*)
- 160.983 Protection of DEA numbers:** MSNJ disapproves of the practice of printing DEA numbers on all medication labels, and MSNJ believes that no insurance company should require that a DEA number be required for filling a noncontrolled prescription. (*Res 56, Trans 96; reaffirmed Res 61, Trans 99; reaffirmed BOT 3/02*)
- 160.984 Centralization of physician credentials:** MSNJ recommends that MRAC, Inc. serve as a voluntary, centralized clearinghouse for confirming physician credentials. (*Res 51, Trans 96*)
- 160.985 Physician exemption from jury duty:** MSNJ believes that physicians in active clinical practice in New Jersey should be exempt from jury duty because of their unique relationship and responsibilities to their patients; and directs that MSNJ conduct a survey of its members to determine how many times each member was called for jury duty in the past five years and how many times he

or she has actually sat on a jury. (*Res 50, Trans 96; reaffirmed Res 19, Trans 02; reaffirmed BOT, 9/02; reaffirmed Res 14, Trans 03; policy amended by BOT 7/03, see 160.968*)

- 160.986**     **Specialty board eligibility:** MSNJ advocates lifetime specialty board eligibility and requests specialty boards to amend their criteria so that board eligibility remains for the life of a physician once the physician has completed an ACGME-approved residency program, has maintained continuous active hospital staff privileges, has continuous clinical practice, and has earned 150 continuing medical education credits every three years throughout the medical career. (*BOT, 5/95; reaffirmed Res 15, Trans 96*)
- 160.987**     **Economic credentialing:** MSNJ opposes the practice of economic credentialing; seeks to instruct and inform physicians as to the impact of economic credentialing; and encourages physicians to revise their medical staff bylaws relative to staff privileges based on economic criteria. (*BOT, 5/95; reaffirmed Res 15, Trans 96*)
- 160.988**     **Financial conflict of interest:** MSNJ recommends that no physician should receive financial gain for withholding medical services. (*BOT, 5/95*)
- 160.989**     **Board eligibility:** MSNJ advocates that all specialty boards should not strip lifetime board eligibility from physicians but should allow board eligibility to remain fluid and constant during the years of practice. MSNJ urges HMOs to not limit physician access to an insured population by relying solely upon the lack of board certification but by comprehensive quality evaluation of all credentials. (*Res 6, Trans 94*)
- 160.990**     **Allegations and accusations of misconduct against physicians:** MSNJ believes that the identity of physicians alleged to have engaged in misconduct should remain confidential until there is an indictment. (*Res 22, Trans 93*)
- 160.991**     **Block caller ID:** MSNJ supports block caller ID for physicians at no charge. (*Res 3, Trans 93*)
- 160.992**     **Specialty certification:** MSNJ believes that physicians listing themselves as board certified specialists must be certain that the specialty board is recognized by the state Board of Medical Examiners. (*BOT, 7/93*)
- 160.993**     **Physician Advocacy Program:** MSNJ supports the Physician Advocacy Program. (*BOT, 11/92; reaffirmed BOT, 5/93*)

- 160.994 State Board of Medical Examiners regulations:** MSNJ opposes the provision in *N.J.A.C. 13:35-6.16* and *6.17*, that a licensee may only charge his own actual cost plus 10 percent for medications, medical goods, and medical devices. (*Res 38E and Res 40E, Trans 92*)
- 160.995 Guidelines/standards for physician advertising:** MSNJ advocates that physician advertising should be honest and reflect the best interests of patients and the public. (*Res 22, Trans 92*)
- 160.996 Telephone charges:** MSNJ supports telephone charge exceptions for licensed private providers of aid in emergency situations. (*BOT, 11/92; reaffirmed BOT, 3/93*)
- 160.997 Physician representation:** MSNJ urges the appointment of physicians recommended by MSNJ to all health care boards in New Jersey. (*BOT, 2/92*)
- 160.998 Standards for sports physicians:** MSNJ advocates that MDs and DOs acting as school or team physicians in New Jersey develop a written understanding with school officials that defines their functions and responsibilities. (*BOT, 7/91*)
- 160.999 Criteria for a team physician:** MSNJ believes that a physician covering athletic events should be a physician who is licensed to practice medicine and surgery in New Jersey and is CPR certified. (*BOT, 12/90*)

# PROFESSIONAL LIABILITY

- 170.980** **Expert-witness assessment and disciplinary program:** MSNJ will work with the American Medical Association to encourage all specialty societies to implement an assessment and disciplinary system for physician testimony including possible expulsion from the specialty society for providing inappropriate or fraudulent testimony. *(Res 7, Trans 04)*
- 170.981** **Integrity of the expert witness:** MSNJ directs the Judicial Council to review the AMA endorsed American Association of Neurosurgeons guidelines and recommend to the MSNJ Board of Trustees a grievance system that maintains appropriate ethical standards in expert witness testimony across all medical specialties; and directs the Board of Trustees to explore the establishment of an expert medical witness data bank and the establishment of a fund for physicians to pursue countersuits based upon egregious expert testimony. *(Res 12, Trans 03)*
- 170.982** **Medical malpractice reform:** MSNJ opposes subsidization of premiums for any specialty class of physicians as a substitute for meaningful tort reform in the State of New Jersey. *(Res 11, Trans 03)*
- 170.983** **Medical liability insurance:** MSNJ strongly supports the efforts of New Jersey physicians to communicate their outrage with the failure of the legislature to take meaningful action to resolve the medical liability insurance crisis. The Society will devote all of its resources to assist physicians, hospital medical staffs, and other physician organizations in exercising their rights. The Society will provide necessary legal services, distribute communications among the various grassroots efforts, coordinate public relations and rally public opinion. *(BOT, 1/03)*
- 170.984** **Tort Reform:** MSNJ supports legislation to remove the possibility of punitive-damage awards from any malpractice litigation. *(Res 33, Trans 02)*
- 170.985** **Medical malpractice crisis “Call to Action”:** MSNJ approves the implementation of “Call to Action” days to alert the public to the medical malpractice crisis by meeting at the State House in Trenton. During these meetings, physicians should close their offices and arrange for coverage of their practices to ensure patient safety. MSNJ approves the utilization of its resources to encourage physicians from across the state to participate in the “Call to Action”. The first “Call to Action” should occur by October 31, 2002, and all

physicians in the state should be given at least one month's prior notice. The "Call to Action" should be repeated quarterly until adequate malpractice reform is achieved. (*Res 27, Trans 02*)

**170.986 Malpractice physician profiling:** MSNJ does not support the inclusion of medical malpractice histories in any physician profiling legislation or regulation. (*Res 23, Trans 02*)

**170.987 Legislation on malpractice insurance reform:** MSNJ urges: 1) the New Jersey legislature to act on tort reform, including but not limited to a \$250,000 cap on non-economic damages; 2) MSNJ directs the MSNJ Medical Liability Task Force to investigate caps, statutes of limitations, and laws and regulations that would benefit New Jersey physicians and reduce professional liability expenses; and 3) directs the MSNJ Medical Liability Task Force to report to the Board of Trustees with an action program to reduce professional liability costs in New Jersey. (*Res 18, Trans 02*)

**170.988 Malpractice litigation reform:** MSNJ urges the legislature to establish a new plan to make all malpractice claims subject to mandatory arbitration. If any of the parties disagree with the findings of the arbitration, that party may sue in court but shall be responsible for the legal expenses of the winning party.

MSNJ supports a legislative cap of one million dollars award per occurrence, exclusive of medical expenses. Lawyers' fees should be regulated by law so they do not receive more than ten percent of the award exclusive of their documented expenses.

MSNJ urges the legislature to enact a law whereby the State of New Jersey creates a fund to compensate patients who are victims of adverse medical events by levying a user fee of \$10.00 for hospitalized patients or a \$1.00 fee for outpatient visits. (*Res 13, Trans 02*)

**170.989 Task force to study medical malpractice insurance:** MSNJ supports the appointment of a task force to study the medical malpractice insurance environment and to recommend appropriate actions to be taken by MSNJ to address concerns regarding rising malpractice rates. (*BOT, 12/01*)

**170.990 Medical testimony agreement:** MSNJ accepts an agreement with the New Jersey State Bar Association to provide reasonable guidelines to facilitate the needs of the litigation system with minimal interference and burden upon the medical practitioner and to assure fair and certain compensation for the services rendered. The

agreement is not intended to apply to financial arrangements for expert testimony other than arising out of the physician-patient relationship. Reports and examinations as an expert or reviewer for either party in litigation are not included. Parties to the agreement propose that it is a Code of Professional Responsibility, which should command good faith cooperation and compliance by members and nonmembers alike. (*BOT, 11/00; rescinded BOT, 3/01*)

- 170.991** **MIIX premium reduction for MSNJ members:** MSNJ urges MIIX to make a substantial reduction in premium to members of MSNJ. (*Res 27, Trans 99*)
- 170.992** **Limited license for pro bono care:** MSNJ supports legislation, as currently enacted in the state of Florida, that provides for retired physicians a special pro bono license that has no fee attached, and malpractice premium support for those physicians rendering charity care through the sponsoring institution and urges support from the state Board of Medical Examiners for this special pro bono license. (*Res 6, Trans 99*)
- 170.993** **Incorrect testimony given by a medical expert:** MSNJ supports working with the state Board of Medical Examiners and appropriate specialty societies to establish peer review panels to rule on complaints concerning the quality of paid expert testimony and taking necessary disciplinary action where appropriate. (*Res 4, Trans 99; reaffirmed Res 24, Trans 05*)
- 170.994** **Guidelines and standards for medical experts:** MSNJ supports the development of guidelines for expert witnesses. (*Res 9, Trans 97*)
- 170.995** **Liability coverage for retired physicians:** MSNJ accepts the reduced premium professional liability policy prepared by MIIX for former practitioners who have retained a medical license so that such practitioners may provide pro bono services in their community with undue risk. (*BOT, 3/96*)
- 170.996** **Medical malpractice reform:** MSNJ supports a medical malpractice and/or tort reform law that would reflect the goals for tort reform endorsed by the AMA. (*Res 25, Trans 94*)
- 170.997** **Tort reform:** MSNJ advocates a certificate of merit requirement as a condition for acceptance of the filing of a malpractice suit. (*Res 7, Trans 93*)
- 170.998** **Tort reform and administrative initiatives:** MSNJ supports the following areas of tort reform: limitation of non-economic damages;

shorten and make definitive the statute of limitations for adults and children; the prevailing party be awarded counsel fees and costs; the feasibility of periodic payments for future damages be considered; and MSNJ and MIIX study methods of alternative dispute resolution. *(Res 3 and Res 7, Trans 92)*

**170.999** **Interprofessional Code of Cooperation:** MSNJ urges that the Interprofessional Code of Cooperation proposed for adoption between MSNJ and the New Jersey State Bar Association be amended in all sections to indicate that subpoenas, especially a subpoena duces tecum (requiring a witness to produce some specified book, object, or paper in court), must be accompanied by written patient authorization unless an authorization previously was given to the physician. *(BOT, 4/92)*

# PUBLIC HEALTH

- 180.966**      **Genetic testing for mucopolidosis IV:** MSNJ urges its specialists in obstetrics and gynecology and the American College of Obstetricians and Gynecologists to consider routine testing for mucopolidosis IV in the genetic testing panel for appropriate patients. *(Res 5, Trans 04)*
- 180.967**      **Public health issues:** MSNJ will address urgent public health issues on the front page of its website, with links to the Centers for Disease Control or the New Jersey Department of Health and Senior Services. *(BOT, 3/04)*
- 180.968**      **Influenza vaccination materials:** MSNJ shall, in conjunction with The Peer Review Organization of New Jersey, develop appropriate mailing materials for distribution to MSNJ's membership promoting influenza vaccination annually during flu season. *(BOT, 11/02)*
- 180.969**      **Immunization reimbursement:** MSNJ supports all possible insurance and legislative remedies to enhance availability, fair reimbursement, and coverage for immunizations. *(Res 5 and Res 9, Trans 02)*
- 180.970**      **Antiviolence Day:** MSNJ urges the State of New Jersey to declare an annual Antiviolence Day; urges schools, PTAs, town councils, health departments, and churches to participate and assist with educational programs and projects in connection with Antiviolence Day; supports aiming this comprehensive initiative at lessening children's violence development potential and teach that violence is not the solution to everyday problems; and supports its Council on Public Health to develop a task force directed at preventing school violence and work with the Department of Education, the Department of Health and Senior Services, and the Department of Human Services of the State of New Jersey to provide a comprehensive program appropriate to the schools and their communities on child violence. *(Res 11, Trans 01)*
- 180.971**      **Oppose media and video game violence:** MSNJ urges television stations, corporate sponsors, and cable companies to limit violence-based programs and activities during daytime and early evening hours and advocates the prohibition of violent video games from public places where children have access. *(Res 10, Trans 01)*
- 180.972**      **Rehabilitation of youthful offenders:** MSNJ urges the legislature to provide adequate funding for psychiatric evaluation of youthful

criminals for purposes of proper diagnosis, therapy, and rehabilitation. (*Res 9, Trans 01*)

- 180.973**     **Funding for required vaccines:** MSNJ supports appropriate funding for required vaccines. (*BOT, 2/01*)
- 180.974**     **Team Physician Consensus Statement:** MSNJ supports the Team Physician Consensus Statement, the objective of which is to provide physicians, school administrators, team owners, the general public, and individuals who are responsible for making decisions regarding the medical care of athletes and teams with guidelines for choosing a qualified team physician and an outline of the duties expected of a team physician. Ultimately, by educating decision-makers about the need for a qualified team physician, the goal is to ensure that athletes and teams are provided the very best medical care. (*BOT, 11/00*)
- 180.975**     **Aftermath of Hurricane Floyd:** MSNJ urges the Board of Public Utilities to take action so that future hardships regarding the loss of power, water, and telephone service can be avoided. (*BOT, 9/99*)
- 180.976**     **Physician Leadership Organization on National Drug Policy:** MSNJ endorses the consensus statement submitted by the Physician Leadership Organization on National Drug Policy. (*BOT, 9/99*)
- 180.977**     **Driving skills:** MSNJ urges the Division of Motor Vehicles to develop a medical questionnaire that pertains to vision, hearing, and physical coordination and supports legislation that would assure periodic re-testing of individuals with impairments before renewal of a driver's license. (*Res 26, Trans 99*)
- 180.978**     **Airplane safety:** MSNJ urges the AMA to recommend to the Federal Aviation Administration that it direct airlines to comply with current AMA guidelines for on-board medical equipment and to promote a federal Good Samaritan law to grant immunity against medical liability to a physician who should render emergency medical treatment. (*Res 23, Trans 99*)
- 180.979**     **Ban use of bovine offal:** MSNJ urges the AMA to ban, as it is in Great Britain, the use of bovine offal in the binders of food, such as hamburger and sausage, and use vegetable binders instead. (*Res 9, Trans 99*)
- 180.980**     **Seatbelt safety:** MSNJ endorses the Seatbelt Safety Coalition of New Jersey. (*BOT, 10/98*)

**180.981**      **Medical use of marijuana:** MSNJ supports the following statements on the medical use of marijuana:

That MSNJ recommend that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia, and neuropathic pain, and that marijuana be retained in schedule 1 of the Controlled Substances Act pending the outcome of such studies.

That MSNJ urge the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. This effort should include: disseminating specific information for researchers on the development of safeguards for marijuana clinical research protocols and the development of a model informed consent on marijuana for institutional review board evaluation; sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of marijuana for clinical research purposes; and confirming that marijuana of various and consistent strengths and/or placebo will be supplied by the National Institutes on Drug Abuse to investigators registered with the Drug Enforcement Agency who are conducting bona fide clinical research studies that receive Food and Drug Administration approval, regardless of whether or not the NIH is the primary source of grant support.

That the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana or delta-9-tetrahydrocannabinol (THC) to reduce the health hazards associated with the combustion and inhalation of marijuana.

MSNJ believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. *(BOT, 7/98)*

**180.982**      **Roller skaters and skate boarders to wear helmets:** MSNJ supports the wearing of helmets on public streets for roller skaters and skate boarders under the age of 16. *(Res 45, Trans 98)*

**180.983**      **Guidelines and standards for cruise lines:** MSNJ supports minimum standards and guidelines for emergency medical care on cruise lines. *(Res 22, Trans 98)*

- 180.984 Student responsibility pledge:** MSNJ supports the following student promises for daily recitation in the New Jersey schools after the Pledge of Allegiance:
- “I promise to practice good health habits, rejecting drugs, alcohol, and cigarettes, while maintaining good nutrition and physical fitness. I promise to avoid prejudices of all kinds in dealing with fellow students. I promise to use reason, not weapons or violence, to settle differences with fellow students. I promise to develop good study habits so that I can become the best person that I can be.” (*Res 12, Trans 98*)
- 180.985 Latex allergy:** MSNJ supports the Statewide Latex Allergy Task Force in its education and prevention efforts. (*BOT, 3/98*)
- 180.986 Lowering blood alcohol content level:** MSNJ supports the lowering of the legal blood alcohol level to .08 in New Jersey. (*BOT, 11/97*)
- 180.987 Ban on anti-personnel land mines:** MSNJ supports the international ban on the production, transfer, and deployment of anti-personnel land mines worldwide. (*Res 30, Trans 97*)
- 180.988 Ban on bigger trucks:** MSNJ supports maintaining New Jersey’s large truck ban. (*BOT, 3/97*)
- 180.989 National standards for youth sports:** MSNJ encourages and promotes the National Standards for Youth Sports espoused by the National Youth Sports Association. (*BOT, 3/95*)
- 180.990 Breakaway bases:** MSNJ urges requiring the use of breakaway bases on all amateur baseball and softball fields in New Jersey. (*BOT, 12/94*)
- 180.991 Syphilis testing:** MSNJ supports the elimination of the requirement of premarital testing for syphilis. (*BOT, 9/94*)
- 180.992 Tuberculosis control:** MSNJ supports the development of case management resource centers for tuberculosis control. (*BOT, 4/93; reaffirmed BOT, 4/94*)
- 180.993 Domestic violence:** MSNJ advocates the establishment and implementation of an integrated agenda for the health of women, including issues of domestic violence to be addressed properly through identification, prevention, and treatment. (*BOT, 4/94*)

- 180.994**      **Community-based resources:** MSNJ urges the exploration and use of existing networks of community-based resources in violence-related matters. *(BOT, 9/93)*
- 180.995**      **Community violence:** MSNJ encourages recognition and management of domestic violence. *(Res 12, Trans 92)*
- 180.996**      **Public health projects:** MSNJ supports the funding for vital health projects, including combating multiple drug-resistant tuberculosis and the availability of medications for AIDS patients. *(BOT, 7/92)*
- 180.997**      **Bicycle helmets:** MSNJ supports bicycle helmet use. *(Res 10, Trans 91)*
- 180.998**      **Screening procedures:** MSNJ advocates supporting cancer screening procedures for high-risk patients and screening for other diseases where it has been demonstrated to be effective as a disease-control measure. *(BOT, 12/91)*
- 180.999**      **Vaccinations:** MSNJ supports the vaccination of unimmunized children and a MMR vaccination and a flu vaccination for children with chronic lung disease and other debilitating diseases for school attendance. *(BOT, 2/90)*

# TOBACCO

- 190.990** **Smokefree Air Legislation in New Jersey:** MSNJ supports New Jersey statewide smokefree air legislation for all workplaces and public places, provided such state legislation preserves local authority to enact stronger local smokefree air legislation. (*BOT, 9/04*)
- 190.991** **Documentation of tobacco use by patients on admission to hospitals:** MSNJ supports a policy that requires that, upon admission to a hospital facility, each patient is asked if he or she uses tobacco products; and if that patient responds affirmatively, he or she be offered cessation counseling services and the offer must be documented in the chart. (*BOT, 11/02*)
- 190.992** **Support anti-tobacco laws:** MSNJ supports a significant price increase for tobacco products, an end to marketing that influences youth to use tobacco products, stronger enforcement of youth access laws, and an effective national anti-tobacco education campaign. (*Res 40, Trans 98*)
- 190.993** **Research funded by the tobacco industry:** MSNJ discourages all medical schools and their parent universities from accepting research funding from the tobacco industry and urges all scientific publications to decline such funded research for publication. (*Res 1, Trans 96*)
- 190.994** **Tobacco control regulations:** MSNJ believes that the Food and Drug Administration (FDA) has the authority to regulate tobacco products and urges the Congress to permit the FDA to develop an appropriate, comprehensive, and regulatory apparatus for tobacco products, and to appropriate adequate funds for this function. (*BOT, 12/95*)
- 190.995** **Smoking cessation counseling:** MSNJ supports a physician office-based smoking cessation intervention program as a major public health effort. (*Res 37, Trans 93*)
- 190.996** **Smoking/tobacco:** MSNJ advocates smoke-free restaurants and public facilities. (*BOT, 4/93*)
- 190.997** **Prohibition of smoking in public:** MSNJ supports the prohibition of smoking in public areas and workplaces. (*Res 28, Trans 92*)
- 190.998** **Sale of tobacco products:** MSNJ encourages the discontinuance of the sale of tobacco products by retail pharmacies. (*Res 12, Trans 91; reaffirmed BOT, 1/92; reaffirmed Res 4, Trans 92*)

**190.999**     **Anti-smoking coalition:** MSNJ supports an anti-smoking coalition.  
(*BOT, 6/90*)

## **MSNJ: ADMINISTRATION AND ORGANIZATION**

- 200.897**      **Annual review of outside contracts:** MSNJ directs that outside contracts be awarded according to competitive bidding; and that all future budget reports to the House of Delegates list all contracts over \$15,000. (*Res 18, Trans 05*)
- 200.898**      **Expenditure of advocacy funds:** MSNJ directs that all revenues received and expenditures made from the MSNJ Patient Education Fund and the MSNJ Political Advocacy Fund shall be reported to the Board of Trustees on a periodic basis or as otherwise requested. Expenditures from both funds shall be made in the manner, as are other expenditures of the Medical Society of New Jersey. The Board of Trustees shall approve an overall plan for the expenditure of monies from these funds and may delegate to the Executive Committee and to the president the authorization to approve specific expenditures on a day-to-day basis. (BOT, Exec Sess, 12/03)
- 200.899**      **Board of Trustees consent calendar:** MSNJ directs that reports not requiring action be listed on the Board agenda under a consent calendar. (BOT, 9/03)
- 200.900**      **MedAC contribution solicitation:** MSNJ encourages presidents of county medical societies or their designees to solicit MedAC and/or physician advocacy fund contributions from hospital medical staffs, practices, and individual physicians within their counties. (*Res 15, Trans 03*)
- 200.901**      **MSNJ Claims Assistance Program:** MSNJ approves the establishment of the MSNJ Claims Assistance Program, and the marketing and implementation of the service. (BOT, 12/02)
- 200.902**      **MSNJ Annual Meeting Transactions and MSNJ Policy Compendium:** MSNJ directs that the annual meeting Transactions and MSNJ Policy Compendium will no longer be printed and mailed. These documents will be posted on the MSNJ website. (BOT, 9/02)
- 200.903**      **Personnel management:** MSNJ affirms policy clarifying that the management of the staff is an exclusive specific duty and responsibility of the Executive Director, who by direct action or by delegation, will carry out that function. (BOT 7/02)

- 200.904 Detailed disclosure of MSNJ disbursements:** MSNJ directs that the Committee on Finance and Budget, the Audit Review Committee, and the Task Force on Budget Contingency Planning shall receive detailed budget information on MSNJ revenue and expenses for their review. The Personnel and Officer Compensation Committee shall review MSNJ employee salary and fringe benefit information. (The Personnel and Officer Compensation Committee was subsequently discontinued by the Board of Trustees on 1/19/03. The Task Force on Budget Contingency Planning is no longer active.) *(Res 24, Trans 02)*
- 200.905 Reporting of actions on prior resolutions passed by the House of Delegates:** MSNJ directs that the “Status of Annual Meeting Resolutions Chart” be posted on its website. *(Res 22 and Res 26, Trans 02)*
- 200.906 Insurance claims hotline:** MSNJ believes that members in all 21 counties should benefit from all services orchestrated and conducted by MSNJ. *(Res 14, Trans 02)*
- 200.907 Procedural coding claims assistance:** MSNJ supports equal access to procedural coding experts, at no expense to the Society, for its members to assist in their insurance collections. *(Res 8, Trans 02)*
- 200.908 Presidents Committee on the Future of MSNJ (formerly known as Ad Hoc Budget and Finance Advisory Committee):** MSNJ approves the appointment of a Presidents Committee on the Future of MSNJ. Anthony P. Caggiano, Jr., MD; Walter J. Kahn, MD; Joseph N. Micale, MD; William E. Ryan, MD; and R. Gregory Sachs, MD, were appointed to the Presidents Committee on the Future of MSNJ. [The Presidents Committee is no longer active.] *(Res 3, Trans 02)*
- 200.909 Residents and Fellows Section:** MSNJ approves the Residents and Fellows Section Operating Protocol as follows: *(BOT, 4/02)*

**Residents and Fellows Section**

There shall be a membership section established within MSNJ for residents and fellows.

**Purpose**

The purpose of this Section is to address the special needs of residents and fellows.

**Membership**

Membership in this Section shall be open to residents and fellows who are actively enrolled in a recognized residency or fellowship program sponsored by a health care organization located in New

Jersey, or a resident or fellow who is a New Jersey resident, and is actively enrolled in a recognized residency or fellowship program sponsored by a health care organization in an adjoining state.

### **Governing Council**

There shall be a Governing Council of the Residents and Fellows Section to direct the programs and activities of the Section, subject to the approval of the Section's membership and the Medical Society of New Jersey's Board of Trustees.

There shall be nine (9) voting members of the Governing Council, consisting of the three (3) officers, four (4) designated residency-program liaisons, and two (2) at-large members, appropriately elected at the annual business meeting of the Section during the Medical Society's annual meeting, as provided in this operating protocol.

### **Officers**

The officers and members of the Governing Council shall have the following duties and responsibilities:

Chair – The Chair shall preside at the business meeting of the Section and at meetings of the Governing Council.

Vice Chair or Chair-Elect – The Vice Chair or Chair-Elect shall assist the Chair and preside in the absence of the Chair or at the Chair's request.

Secretary/Treasurer – The Secretary/Treasurer shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.

Designated Residency Program Liaison (4) – Shall be nominated by the residents/fellows at each designated residency program in New Jersey.

At-Large Members (2) – Shall be elected by the Section membership to sit on the Governing Council.

### **Term**

The term of office for all positions of the Governing Council is one year.

No member may serve more than three consecutive one-year terms on the Governing Council. A member who has served three consecutive one-year terms is eligible for election to the Council

following at least a one-year hiatus from the Council. That member must have remained an active member of the Section during that time.

### **Vacancies**

Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section by appointment of the Chair with the advice and consent of the Governing Council. In the event that the Chair is vacant, Vice Chair or Chair-Elect will serve.

### **Business Meetings**

There shall be at least one (1) regularly scheduled business meeting held every year at a convenient location.

### **Representatives to the Business Meeting**

Only active members of the Residents and Fellows Section shall have the right to vote at the business meetings of the Section. The meetings shall be open to all members of the Resident and Fellows Section who are in good standing.

### **Rules of Order**

The meetings shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the Medical Society's Board of Trustees.

### **Purposes of the Business Meeting**

The purpose of the business meeting shall be:

To hear such reports as may be appropriate.

To conduct such business and vote upon such matters as may properly come before the meeting.

To adopt resolutions for consideration by the Medical Society of New Jersey's Board of Trustees before submission to the House of Delegates of the Medical Society of New Jersey.

To elect at the annual business meeting in the spring, a Chair, Vice-chair, Secretary/Treasurer, four Designated Liaisons, and two At-Large members of the Governing Council of the Section.

### **Dues**

An annual membership fee of \$60 will be assessed and accepted on a rolling enrollment basis. Membership will be valid from the month that a member's dues payment is received through the following twelve months. (The \$60 membership fee will be allocated

as follows: \$25 to the county society and \$35 to MSNJ.) (BOT, 7/02)

### **Section Committees**

Committees of the Residents and Fellows Section shall be formed by the Governing Council to advance the work of the Section. The Section Chair will appoint committee chairs and committee members.

Each committee chair, or designee, will provide a report at each business meeting of committee activities and recommendations.

### **Representation on MSNJ Councils and Committees**

The Residents and Fellows Section will provide a representative to the Council on Public Health, Council on Medical Services, Council on Legislation, Committee on Medical Education, Committee on Biomedical Ethics, Committee on Medical Aspect of Sports, and the International Medical Graduates Section.

Section representatives will be appointed by the Chair and will serve one-year terms. Each representative is limited to three consecutive one-year terms.

The Section will provide additional representation, advice, and recommendations as requested by the president of the Medical Society or chairs of Medical Society's councils and committees.

### **Representation to MSNJ Board of Trustees**

The Residents and Fellows Section shall have a non-voting seat on the Medical Society's Board of Trustees. The Chair of the Section shall fill that seat ex-officio. (BOT, 10/02)

### **Delegate and Alternate Delegate to MSNJ House of Delegates**

The Residents and Fellows Section shall have a Delegate and Alternate Delegate seat in the Medical Society's House of Delegates. The Delegate and Alternate Delegate shall be elected during the annual business meeting of the Section and shall serve a one-year term. The Delegate and Alternate Delegate are limited to two consecutive one-year terms.

### **Amendments to the Operating Protocol**

The Operating Protocol may be amended in the following manner:

- 1) Submission in writing of the proposed amendment by a member in good standing to the Governing Council.

2) Referral of the proposed amendment to a Section committee for study and comment.

3) Acceptance by a two-thirds (2/3) vote of members present at the annual business meeting of the Section.

**200.910 Board of Directors of The MIIX Group:** MSNJ approves policy that the MSNJ Board of Trustees will recommend future nominees to the Board of Directors of The MIIX Group; and supports the establishment of a Special Advisory Committee on Relations with The MIIX Group as a continuing body, charged with reviewing all pertinent issues affecting relations between MSNJ and The MIIX Group. *(BOT, Exec Sess, 4/02)*

**200.911 MSNJ Board of Trustees:** MSNJ approves the following policy regarding serving on the Board of Directors of The MIIX Group: That beginning in May 2002, individuals elected to an office or a voting position on the Board of Trustees of MSNJ should not also serve on the Board of Directors of The MIIX Group. This policy would not affect individuals currently holding MSNJ Board seats or offices, until reelected or elected to office. *(BOT, Exec Sess, 3/02)*

**200.912 Committee on Bioterrorism:** MSNJ supports the establishment of a Committee on Bioterrorism. *(BOT, Exec Sess, 9/01)*

**200.913 Ernst & Young survey and related issues:** MSNJ supports in concept, and with resources, any counties voluntarily seeking to regionalize staff and services in an effort to pilot the organizational study team's recommendations, which resulted from the Ernst & Young membership poll; and endorses the monitoring of the success or failure of this effort by MSNJ to determine whether the model merits voluntary expansion to additional counties. *(Res 4, Trans 01)*

**200.914 Medical practice managers:** MSNJ approves the Medical Practice Managers' Section-MSNJ Operating Protocol as follows. *(BOT, 12/00; Revised BOT, 7/03)*

**Medical Practice Managers' Section**

There shall be a special section for MSNJ members practice managers.

**Purpose**

The purpose of this Section is to address the special concerns and needs of medical practice managers in New Jersey.

### **Membership**

Membership in the Section shall be limited to medical practice managers who are employed by physician members of the Medical Society of New Jersey.

### **Governing Council**

There shall be a Governing Council of the Medical Practice Managers Section-MSNJ to direct the programs and activities of the Section, subject to the approval of the Medical Practice Managers Section-MSNJ, and the Medical Society of New Jersey Board of Trustees.

There shall be eight (8) voting members of the Governing Council, consisting of the four (4) officers and four (4) at-large members, appropriately elected at the annual business meeting of the Section in the Spring, as provided in this protocol.

### **Officers**

The officers and members of the Governing Council shall have the following duties and responsibilities:

Chair – The chair shall preside at the business meeting of the Section and at meetings of the Governing Council.

Chair-Elect – The chair-elect shall assist the chair and preside in the absence of the chair or at the chair's request.

Secretary/Treasurer – The secretary/treasurer shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.

Immediate-Past Chair – The immediate-past chair shall assist the chair.

At-Large Members (4) – Shall be elected by the Section membership to sit on the Governing Council.

The first appointed chair will serve a one-year term as chair and a subsequent one-year term as immediate-past chair. The first appointed chair-elect will serve one year as chair-elect, a subsequent two-year term as chair, and a subsequent two-year term as immediate-past chair, and a subsequent two-year term as immediate-past chair.

### **Term**

The term of the office is two years for the chair, secretary/treasurer, and four at-large positions. The chair-elect and immediate-past chair positions are two-year terms.

The most recent and available past chair shall serve in the post of immediate-past chair until replaced succession.

No member may serve more than three consecutive two-year terms on the Governing Council. A member who has served three consecutive two-year terms is eligible for election to the Council following at least a one-year hiatus from the Council. That member must have remained an active member of the Section during that time.

### **Vacancies**

Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section by appointment of the chair with the advice and consent of the Governing Council. In the event that the chair is vacant, immediate-past chair or chair-elect will appoint or serve.

### **Business Meetings**

There shall be at least three (3) regularly scheduled business meetings a year in New Jersey, including an annual business meeting in the Spring.

### **Representatives to the Business Meeting**

Only duly credentialed representatives of the Medical Practice Managers Section-MSNJ shall have the right to vote at the business meetings of the Section. The meetings shall be open to all members of the Medical Practice Managers Section-MSNJ in good standing.

### **Rules of Order**

The meetings shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the Board of Trustees of MSNJ.

### **Purposes of the Business Meeting**

The purpose of the business meeting shall be:

- a. To hear such reports as may be appropriate.
- b. To conduct such business and vote upon such matters as may properly come before the meeting.

- c. To adopt resolutions for consideration by the Medical Society of New Jersey Board of Trustees before submission to the House of Delegates of the Medical Society of New Jersey.
- d. To elect at the annual business meeting in the Spring, a chair, chair-elect, secretary/treasurer, and four at-large members of the Governing Council of the Section.

### **Dues**

An annual membership fee of \$60 will be due on January 1. If dues are not received by January 1, membership in the Medical Practice Managers Section-MSNJ will be suspended effective immediately. A reinstatement fee of \$15 will be charged.

### **Section Committees**

Committees of the Medical Practice Managers Section-MSNJ shall be formed by the Governing Council to advance the work of the Section. Section chair will appoint committee chairs and committee members.

Committee chair, or designee, will provide a report at each business meeting of committee activities and recommendations.

### **Representation on MSNJ Councils and Committees**

The Medical Practice Managers' Section-MSNJ will provide a representative to the Council on Public Health, Council on Medical Services, and the Council on Legislation.

Section representatives will be appointed by the chair and will serve one-year terms. Each representative is limited to three consecutive terms.

The Section will provide additional representation, advice, and recommendations as requested by the President of MSNJ or Chairs of MSNJ Councils and Committees.

### **Amendments to the Operating Protocol**

The Operating Protocol may be amended in the following manner:

- 1) Submission in writing of the proposed amendment by a member in good standing to the Governing Council.
- 2) Referral of the proposed amendment to a Section Committee for study and comment.

3) Acceptance by a 2/3 vote of members present at the Annual Meeting of the Section.

- 200.915 Ernst & Young Organizational Development Study:** MSNJ accepts the recommendations of the Ernst & Young Organizational Development Study and, with the county medical societies, seeks to develop a regional model on a voluntary basis, keeping the individual county political structure intact, and with any assets remaining with the county. *(BOT, 11/00)*
- 200.916 Annual meeting guests from other states:** MSNJ reaffirms its mutual agreement with other state medical associations who routinely send presidential officers to their annual meetings, that each state is responsible for their officer's expenses, with the exception of the registration fee. *(BOT, Exec Sess, 11/00)*
- 200.917 Section on Academic Medicine:** MSNJ invites the head of the Section on Academic Medicine to attend meetings of the Board of Trustees. *(BOT, Exec Sess, 11/00)*
- 200.918 Simultaneous service on different entities that do business with each other:** MSNJ requires that any member of the MSNJ Board of Trustees, executive staff, or other employee of MSNJ wishing to serve simultaneously as a member of the board or employee of another entity that does business with MSNJ may not do so without the approval of the MSNJ Board of Trustees. *(BOT, 11/00)*
- 200.919 Financial implications of membership on boards:** MSNJ requires that the financial implications of membership on another board by any member of the MSNJ Board of Trustees or executive, director, and manager staff of MSNJ be disclosed annually in the form of a report to the MSNJ House of Delegates. *(BOT, 11/00)*
- 200.920 Consolidation of county administrative units:** MSNJ supports the investigation of the feasibility of consolidating business functions on a county level. *(BOT, 11/00)*
- 200.921 County officer attendance at MSNJ executive sessions:** MSNJ believes that county presidents who are willing to sign the confidentiality statement and adhere to it should be permitted to attend executive sessions of the Board as observers. MSNJ also believes that any county medical society president who is unable to attend an MSNJ Board of Trustees meeting may designate a fellow officer to attend instead. The county medical society president shall notify the MSNJ president's office, in advance and in writing, of the name of the designee. The designee shall arrive at the MSNJ Board of Trustees

meeting with the appropriate signed confidentiality statement. The Confidentiality Statement reads as follows:

I, the undersigned, in consideration of permission to attend executive sessions of the Medical Society of New Jersey Board of Trustees for the current administrative year, do agree to keep all discussions and matters confidential. I further agree that I will not reveal any such information related to these sessions to any third party without the prior written approval of the President of the Medical Society of New Jersey. *(BOT, 7/00; reaffirmed Res 20, Trans 02)*

**200.922 Annual audit of county medical societies:** MSNJ supports county medical societies conducting an independent audit/review of their financial affairs on an annual basis, the results of which should be provided to the MSNJ Board of Trustees. *(BOT, 12/99; reaffirmed 2000 HOD)*

If a county medical society does not have the resources to conduct an independent accounting review of their financial affairs, MSNJ shall upon request assist them or otherwise provide such service to the extent that the need for additional information increases the accounting costs for an individual county MSNJ will assume that cost. *(2000 HOD)*

**200.923 Dues billing:** MSNJ supports that any county medical society that does not choose to take advantage of MSNJ's dues billing system be permitted to opt out of such MSNJ system. *(Res 78, Trans 99; reaffirmed Res 9, Trans 05)*

**200.924 Reference committee schedules:** MSNJ opposes the simultaneous meetings of all reference committees. *(Res 20, Trans 99)*

**200.925 Group membership plan:** MSNJ supports the creation of a pilot program for group practice membership for the membership year 1999 through voluntary cooperation by county medical societies. *(BOT, 11/98)*

**200.926 MSNJ as an educational resource:** MSNJ advocates its role as an educational resource and prime mover in assisting physicians to deal effectively with the business milieu imposed by managed care. *(BOT, 7/98)*

**200.927 Membership services:** MSNJ supports the re-establishment of a Committee on Membership Services to be responsible for reviewing and revising all MSNJ endorsements. [The Committee on

Membership Services was discontinued by the Board in January 2005.] (BOT, 7/98)

- 200.928 MSNJ and DHSS cooperative web publishing:** MSNJ advocates that it maintain a shared web site to communicate with and educate New Jersey physicians regarding public health in New Jersey and that the site contain information on reporting diseases, recognizing new disease, domestic violence and alcohol abuse information, and completing advanced directives. (Res 48, Trans 98)
- 200.929 Use of the web and brochures to coordinate and increase membership:** MSNJ supports the sharing of lists of eligible nonmember physicians among county medical societies, MSNJ, and the AMA; and supports the publishing of information about activities, benefits of joining, and accomplishments of the AMA and MSNJ to help county medical societies prepare brochures or web sites. (Res 41, Trans 98)
- 200.930 AMA executive vice-president:** MSNJ believes that any board member or a speaker/vice-speaker should not be eligible to serve as AMA executive vice-president for a period of five years after leaving the Board of Trustees or speaker/vice-speaker positions. (Res 27, Trans 98)
- 200.931 IMG: Nonvoting seat:** MSNJ invites the International Medical Graduates Section-MSNJ to have a nonvoting seat at the Board of Trustees table. (BOT, 3/98)
- 200.932 International medical graduates:** MSNJ approves the International Medical Graduates Section-MSNJ Operating Protocol as follows. (BOT, 3/98; Revised 3/02)

**International Medical Graduates Section**

There shall be a special section for international medical graduates.

**Purpose**

The purpose of this Section is to address the special concerns and needs of international medical graduates in New Jersey.

**Membership**

Membership in the Section shall be limited to international medical graduates who are also members of MSNJ.

**Governing Council**

There shall be a Governing Council of the International Medical Graduates Section-MSNJ to direct the programs and activities of

the Section, subject to the approval of the International Medical Graduates Section-MSNJ, and the Medical Society of New Jersey Board of Trustees.

There shall be eight (8) voting members of the Governing Council, consisting of the three (3) officers, the immediate past chair, one (1) delegate, one (1) alternate delegate, and two (2) at-large members, appropriately elected at the annual business meeting of the Section in the Fall, as provided in this protocol.

### **Officers**

The officers and members of the Governing Council shall have the following duties and responsibilities:

Chair -- The chair shall preside at the business meeting of the Section and at meetings of the Governing Council.

Vice-Chair -- The vice-chair shall assist the chair and preside in the absence of the chair or at the chair's request.

Secretary/Treasurer -- The secretary/ treasurer shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.

Immediate-Past Chair -- The immediate-past chair shall serve as a general member of the Governing Council and shall perform such duties as may be assigned by the Chair.

Delegate and Alternate Delegate -- The delegate and alternate delegate shall represent the members of the Section in the Medical Society of New Jersey House of Delegates.

At-Large Members (2) -- Shall be elected by the Section membership to sit on the Governing Council.

### **Term**

The term of office is two years for the chair, vice-chair, secretary/treasurer, delegate, alternate delegate, and two at-large positions and they shall be elected at the annual business meeting on even-numbered years.

The most recent and available past chair shall serve in the post of immediate-past chair until replaced by succession.

No member may serve more than three consecutive two-year terms on the Governing Council unless the membership specifically waives this limitation for that individual to allow a progression to the

position of chair. A member who has served three consecutive two-year terms is eligible for election to the Council following at least a one-year hiatus from the Council. That member must have remained an active member of the Section during that time.

**Vacancies**

Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section.

**Business Meetings**

There shall be at least four regularly scheduled business meetings a year in New Jersey, including an annual business meeting in the Fall.

**Representatives to the Business Meeting**

The IMG Section-MSNJ shall consist of one (1) representative and one (1) alternate representative from each county medical society. The representative and alternate representative shall be members of their state and county medical societies and IMGs.

In addition, duly established organizations or societies may send similar representatives.

Only duly credentialed representatives of the IMG Section-MSNJ shall have the right to vote at the business meetings of the Section, but the meetings shall be open to any IMG.

**Rules of Order**

The meetings shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the Board of Trustees of MSNJ.

**Quorum**

At any scheduled business session of the IMG Section, a quorum shall consist of 30 percent of the registered representatives.

**Purposes of the Business Meeting**

The purpose of the business meeting shall be:

- a. To hear such reports as may be appropriate.
- b. To conduct such business and vote upon such matters as may properly come before the meeting.

c. To adopt resolutions for submission by the Section to the Assembly of the AMA-IMG Section, and/or the House of Delegates of the Medical Society of New Jersey.

d. To elect at the annual business meeting in the Spring of even years, a chair, vice-chair, secretary/treasurer, delegate and alternate delegate, and two at-large members of the Governing Council of the Section.

**200.933 Medical Review and Accrediting Council, Inc. (MRAC, Inc):** MSNJ agrees to guarantee fulfillment of MRAC, Inc. contractual obligations to the AMA relating to development and operation of the American Medical Accreditation Program. (*BOT, Exec Sess, 9/97*)

**200.934 Collaborative intent:** MSNJ endorses the AMA Statement of Collaborative Intent, as follows. (*BOT, 9/97*)

**Preamble**

The Federation of Medicine is a collaborative partnership in medicine. This partnership is comprised of the independent and autonomous medical associations in the AMA House of Delegates and their component and related societies. As the assemblage of the Federation of Medicine, the AMA House of Delegates is the framework for this partnership.

**Goals**

The goals of the Federation of Medicine are to:

Achieve a unified voice for organized medicine; work for the common good of all patients and physicians; promote trust and cooperation among members of the Federation; advance the image of the medical profession; and increase overall efficiency of organized medicine for the benefit of our member physicians.

**Principles**

Organizations in the Federation should collaborate in the development of joint programs and services that benefit patients and member physicians.

Organizations in the Federation should be supportive of membership at all levels of the Federation.

Organizations in the Federation should seek ways to enhance communications among physicians, between physicians and medical associations, and among organizations in the Federation.

Each organization in the Federation of Medicine should actively participate in the policy development process of the AMA House of Delegates.

Organizations in the Federation have a right to express their policy positions.

Organizations in the Federation should support, whenever possible, the policies, advocacy positions, and strategies established by the Federation of Medicine.

Organizations in the Federation should support an environment of mutual trust and respect.

Organizations in the Federation should inform other organizations in the Federation, in a timely manner, whenever their major policies, positions, strategies, or public statements may be in conflict.

Organizations in the Federation should support the development and use of a mechanism to resolve disputes among member organizations.

Organizations in the Federation should actively work toward identification of ways in which participation in the Federation could benefit them.

- 200.935 Use of appropriate medical specialty names:** MSNJ advocates the use of correct titles for medical specialists. (*Res 28, Trans 97*)
- 200.936 Streamlining resources:** MSNJ advocates expending its resources primarily upon issues that impact directly on health care delivery. (*Res 19, Trans 97*)
- 200.937 Alliance:** MSNJ notes that the Alliance changed its name to the Medical Society of New Jersey Alliance. (*BOT, 7/96*)
- 200.938 Speakers role regarding resolutions:** MSNJ believes that the speakers should review the resolutions prior to each annual meeting and resolutions considered to be current policy be considered for a reaffirmation calendar or section. (*New Business, Trans 96*)
- 200.939 Late resolutions:** MSNJ advocates that late resolutions must be submitted to MSNJ at least one week before the annual meeting; and any county medical society, authorized specialty society, the

Organized Medical Staff Section, MSNJ Student Association, the IMG Section, the Residents and Fellows Section, and the Section on Academic Medicine may submit a late resolution up to the day and time stipulated by the President. (*New Business, Trans 96; Revised 00, 03*)

**200.940 Collaborative agreement with the Medical Group Management Association:** MSNJ approves the collaborative agreement between the Medical Group Management Association; the appointment of a Medical Group Management Association member to the Council on Legislation and the Council on Medical Services; and a MSNJ liaison to the Medical Group Management Association. (*BOT, Exec Sess, 3/96*)

**200.941 Representatives at the Board of Trustees table:** MSNJ requires any person sitting at the Board of Trustees table, representing another group, to be approved by the Board of Trustees, which may set standards or qualifications for these representatives. (*BOT, 11/95*)

**200.942 Endorsement of organizations involved in health care reimbursement and management:** MSNJ adopts the following criteria for endorsement of organizations involved in health care reimbursement and management:

1. Thirty copies of a written application for endorsement, submitted at least one month in advance of the MSNJ Board of Trustees meeting at which the request will be considered and containing at least the following information:

2. A cover letter describing the organization and stating the functions for which an endorsement is sought and, if appropriate, the applicable geographic and specialty market. Audited financial statements for at least the current or prior year. Bylaws. A mission statement, and notation of its adoption by the governing board. A current and comprehensive list of members of the governing board and officers, with MSNJ members identified. Representative promotional materials. Current list of representative clients or providers. Criteria in place for provider selection and deselection, demonstrating that there are no terminations without cause and that due process protections are afforded. Other documentation needed to demonstrate compliance with the remaining criteria. A sample provider agreement. A summary of policies that protect high-risk patients. A substantial financial base, as demonstrated by appropriate and properly audited financial statements, that is sufficient to perform the functions for which an endorsement is requested.

3. An explicitly stated mission that is clearly commensurate with the interests of MSNJ members.
4. Governance that clearly supports physician autonomy in clinical decision making.
5. Leadership with impressive experience in administration of health or medical services in New Jersey.
6. Adequate consideration to MSNJ for MSNJ's efforts in evaluating and endorsing the organization, as determined by the Executive Committee.
7. Verification that at least 80 percent of the participating physicians are MSNJ members.
8. Designation of an individual, with name, title, address, telephone number, and FAX number, to serve as a liaison to MSNJ.

As applications are received, the Executive Committee will retain authority to select reviewers. The applicant will be invited to make a 20-minute presentation to the Board of Trustees, to be followed by questions and then by consideration in executive session that will include submission of reviewers' comments.

The matter will be placed on the Board of Trustee's agenda sufficiently in advance of the meeting to allow interested members to submit written comments, which will be distributed to the reviewers. *(BOT, Exec Sess, 10/95)*

- 200.943**     **MSNJ voting disclosure:** MSNJ institutes a roll call vote on all matters designated by the presiding officer as pertaining to policy. *(BOT, 7/95)*
- 200.944**     **Procedure for late resolutions:** MSNJ authorizes the Late Resolution Committee to be more explicit when specifying to sponsors the rights and restrictions that govern submission of late resolutions. *(BOT, 7/95)*
- 200.945**     **Council and committee structure:** MSNJ will sunset each special and ad hoc committee at the end of each fiscal year unless the Board of Trustees votes to continue it; MSNJ will limit the tenure of presidential appointees to all councils and committees to a total of nine years; MSNJ will remove from council and committee rosters each member who is absent or excused from three consecutive meetings. *(BOT, 3/95)*

- 200.946**      **Composition of the Board of Trustees:** MSNJ reaffirms the following policy: That the current composition of the Board of Trustees, with direct election of members of the Board of Trustees by the House of Delegates, be unchanged; that the president of MSNJ, each year, shall retain the option of inviting those groups currently represented (New Jersey Association of Medical Specialty Societies, MSNJ International Medical Graduates Section, MSNJ Organized Medical Staff Section, MSNJ Medical Student Section, MSNJ Section on Academic Medicine, Residents and Fellows Section, and the MSNJ Alliance), or other groups, to be seated at the Board of Trustees table without vote; and shall also have the option of inviting the Speaker of the House of Delegates to sit at the Board of Trustees table. *(Exec Comm, 2/22/95; reaffirmed BOT, 11/95; BOT, 7/96; BOT, 3/97; BOT, 11/00; Revised 5/03)*
- 200.947**      **Job description for speaker and vice-speaker:** MSNJ approves the following as MSNJ policy for the job description for speaker and vice-speaker: The offices of speaker and vice-speaker are appointed by the president for a one-year term with no tenure limitation. Review all material to be deliberated before the House of Delegates, making an attempt to ensure clarity and conciseness to the matters being considered in resolution form. Conduct and manage House of Delegates functions at all House of Delegates meetings. Assume a parliamentary guidance role for the Nominating Committee function. Conduct pre-meeting educational seminars for delegates, reference committee chairs and members. Fulfill an advisory position on the Board of Trustees. Serve as an ex-officio member of the Committee on Annual Meeting. Oversee the support and maintenance of declared House of Delegates policy regarding matters before the Board of Trustees between House of Delegates sessions. *(BOT, 2/95)*
- 200.948**      **Annual Meeting resolutions:** MSNJ urges that the MSNJ staff, the president, and the speakers review regularly submitted resolutions, and work with the sponsors in making quantitative and qualitative evaluations concerning their form and substance, and whether they represent recommendations for new policy or merely require reaffirmation of existing MSNJ policy. *(BOT, 11/94)*
- 200.949**      **Educational role of speakers:** MSNJ authorizes that the speakers assume an expanded role in the education of delegates, reference committee chairs, and members; and that the speakers advise the president in assigning reference committee membership and in educating those selected. *(BOT, 11/94)*

- 200.950 Parliamentary reference:** MSNJ directs that the latest edition of *STURGIS* be retained as the parliamentary reference. (*BOT, 11/94*)
- 200.951 Size of the House of Delegates:** MSNJ authorizes that the overall size of the House of Delegates be one delegate per 22 members, or major portion thereof. (*BOT, 11/94*)
- 200.952 Limitation of debate:** MSNJ continues the application of the four-minute limitation of debate at House of Delegates sessions. (*BOT, 11/94*)
- 200.953 Pomp and circumstance at House of Delegates sessions:** MSNJ recommends that discretion and restraint be applied to the pomp and circumstance at the House of Delegates sessions. (*BOT, 11/94*)
- 200.954 Presentations and speeches at Third Session:** MSNJ establishes that the current prohibition concerning speeches and/or presentations during the Third Session of the House of Delegates be rescinded. (*BOT, 11/94*)
- 200.955 Inaugural address:** MSNJ establishes that the inaugural address of the incoming president be presented before the House of Delegates. (*BOT, 11/94*)
- 200.956 County medical society executives representation at MSNJ seminars and programs:** MSNJ extends to the executive directors of all 21 component societies an open invitation to attend gratis any seminars or programs offered by MSNJ when appropriate. (*Res 20, Trans 94*)
- 200.957 Modification of annual meeting format:** MSNJ advocates modifying the format of the annual meeting to create a more focused and priority-oriented presentation and discussion. (*Res 13, Trans 94*)
- 200.958 Social functions at annual meeting:** MSNJ urges relief for component societies from the expense of the outgoing president's reception. (*Res 10, Trans 94*)
- 200.959 MSNJ award:** MSNJ supports the Annual Palma E. Formica, MD, Award to recognize a woman who has achieved distinction in her field. (*BOT, 9/94*)
- 200.960 Speaker of the House of Delegates:** MSNJ authorizes that the Speaker of the House of Delegates has a seat on the Board of Trustees in a nonvoting capacity. (*BOT, 5/94*)

- 200.961**      **Position statement regarding release of information:** MSNJ endorses the following policy: In keeping with the spirit of the Americans with Disabilities Act, it is the policy of the Physicians' Health Program of MSNJ, that the program does not volunteer information about our clients' illnesses or treatment histories. It is our recommendation that our clients not volunteer such information on applications for licensure, hospital staff appointment, HMO participation, or malpractice insurance. Should a program client request the release of information in program files, a specific authorization must be signed by the client and be included in the client's file. In the event of a court order demanding a release of client information, under the Federal Confidentiality Regulations, that information may be released only to the judge who orders it for his determination of its relevance to the case at issue. *(BOT, 3/94)*
- 200.962**      **Communications between MSNJ-endorsed programs and county medical societies:** MSNJ requires that all endorsed programs include the 21 county medical societies on their mailing lists and that all information mailed to the members be mailed to the county medical societies. *(Res 45, Trans 93)*
- 200.963**      **Review New Jersey regulations:** MSNJ favors monitoring state agencies that have an impact on the practice of medicine. *(Res 4, Trans 93)*
- 200.964**      **Council on Legislation meetings:** MSNJ believes that only those individuals who are directly associated with MSNJ, i.e. representatives from MSNJ councils and committees, New Jersey specialty societies, MSNJ Alliance members, New Jersey Society of Medical Assistants, the New Jersey Medical Group Management Association, be invited to attend meetings of the Council on Legislation; that the members of the Council on Legislation receive at the start of the meetings a list of individuals and groups that are to be in attendance; and that discussion of material that is of a sensitive and/or confidential nature be discussed by the Council on Legislation in executive session. *(BOT, 12/93)*
- 200.965**      **Gender neutral language:** MSNJ supports gender-neutral language. *(BOT, 11/93)*
- 200.966**      **Meeting invitations:** MSNJ believes that its president should have discretion to extend invitations to professional societies to attend MSNJ functions. *(BOT, 11/93)*

- 200.967 Board of Trustees meeting schedule:** MSNJ favors monthly meetings for the Board of Trustees to be held the third Sunday of each month, excluding June and August. *(BOT, 5/93)*
- 200.968 Trustees serving as consultants:** MSNJ establishes that members of the Board of Trustees will not be appointed to serve on MSNJ councils and committees, except as consultants; and members of the Board of Trustees will not be appointed to chair councils and committees. *(BOT, 1/93)*
- 200.969 Location of annual meeting:** MSNJ supports the rotation of the annual meeting among various regions of New Jersey where feasible. *(Res 10, Trans 92; reaffirmed Res 8, Trans 05)*
- 200.970 MSNJ:** MSNJ advocates that all references to this organization be referred to as "the Medical Society of New Jersey." *(BOT, 4/92)*
- 200.971 Items at executive session:** MSNJ believes that the following items will be listed for discussion in executive session: financial statements and items of litigation and legislation designated by the executive director. *(BOT, 2/92; Revised 03)*
- 200.972 Introduction of legislation:** MSNJ advocates the following policy for the introduction of legislation: In consequence of an extended analysis of the technical difficulties involved in the preparation and presentation of sound legislation, and upon the advice of legislative counsel, all committees and agencies of MSNJ wishing to present legislation for enactment should formally notify the Council on Legislation of that intent and supply it with the necessary information and materials as soon as possible in advance of the official beginning of the legislative year. *(BOT, 10/91)*
- 200.973 Specialty society representation at Board of Trustees meetings:** MSNJ believes that specialty society representation at meetings of the Board of Trustees be limited to those physicians who are members of MSNJ. *(BOT, 6/91)*
- 200.974 Representation on governor's Commission on Health Care Costs:** MSNJ favors adequate representation on Governor Florio's Commission on Health Care Costs and on all governmental committees dealing with health care issues in New Jersey. *(Res 24E, Trans 90)*
- 200.975 JEMPAC membership:** MSNJ urges all of its councils and committee members as well as the Board of Trustees to join JEMPAC. *(BOT, 12/90)*

- 200.976**      **Groups represented at Board of Trustees table:** MSNJ advocates that representatives of the Organized Medical Staff Section and specialty societies have a seat on the Board of Trustees in a nonvoting capacity. (*BOT, 7/89*)
- 200.977**      **Board of Trustees meetings:** MSNJ authorizes the following invitations to Board of Trustees meetings: New Jersey Hospital Association (*BOT, 11/74*), presidents and presidents-elect of component societies and county medical society executives (*BOT, 6/76; Revised 00*), president of the New Jersey Association of Osteopathic Physicians and Surgeons. (*BOT, 3/86*)
- 200.978**      **AMA delegation:** MSNJ authorizes that the chair and the vice-chair of the AMA delegation be appointed annually by the president with the concurrence of the Executive Committee. (*BOT, 4/86*)
- 200.979**      **Smoking ban at MSNJ:** MSNJ authorizes that members, guests, and staff are not permitted to smoke in MSNJ headquarters or on the grounds. (*BOT, 4/86*)
- 200.980**      **Student member of the Board of Trustees:** MSNJ authorizes a medical student to serve as a member of the Board of Trustees for a one-year term; the one-year term is to alternate between New Jersey Medical School and Robert Wood Johnson Medical School on an annual basis. (*BOT, 86*)
- 200.981**      **Disclosure form:** MSNJ directs that a conflict of interest disclosure form be utilized on an annual basis and be subject to review by the Executive Committee and the Board of Trustees. The form will be completed by MSNJ trustees, officers, judicial councilors (and candidates for MSNJ elective offices to these positions), speaker and vice-speaker of the House of Delegates, and MSNJ executive staff. (*BOT, 10/85*)
- 200.982**      **Conflict of interest for MSNJ employees:** MSNJ directs that an individual employed or retained by MSNJ may not become employed or engaged by any organization or entity offering medical service contracts, goods, or services to physicians unless the program has been approved or endorsed by MSNJ. Before entering any such relationship, the individual must receive prior approval of the Board of Trustees. (*BOT, 3/85*)
- 200.983**      **Nominating Committee:** Parliamentary rules require that any member of the Nominating Committee who is a candidate for office must resign prior to the meeting, and any Nominating Committee member who becomes a candidate for office during the course of the

meeting must resign at that time from the Nominating Committee.  
(BOT, 2/85)

**200.984** **Organized Medical Staff Section meeting:** MSNJ authorizes the Organized Medical Staff Section chair to attend state chairs' meeting twice a year. (BOT, 12/84)

**200.985** **Organized Medical Staff Section:** MSNJ approves the Organized Medical Staff Section Operating Protocol as follows. (Section formed by HOD, 84)

### **Organized Medical Staff Section**

There shall be a special section for staff physicians of organized medical staffs.

#### **Purpose**

The purpose of this Section is to provide a direct means to address the relationship between members of the AMA, the Medical Society of New Jersey, and medical staffs of acute care hospitals, other health care facilities, and emerging health care delivery organizations in New Jersey.

#### **Membership**

Membership in the Section shall be limited to AMA members who are also members of the Medical Society of New Jersey. They must be elected by physician members of the medical staffs of acute care hospitals, other health care facilities, and/or emerging health care organizations in the State of New Jersey.

#### **Governing Council**

There shall be a Governing Council of the Organized Medical Staff Section-MSNJ to direct the programs and activities of the Section, subject to the approval of the Organized Medical Staff Section-MSNJ, and the Medical Society of New Jersey Board of Trustees.

#### **Members**

There shall be eight (8) voting members of the Governing Council, consisting of the three (3) officers, the immediate past president, one (1) delegate, one (1) alternate delegate, and two (2) at-large members, appropriately elected at the annual business meeting of

the Section in March, as provided in this protocol. They shall assume office during the annual meeting of the AMA-OMSS.

### **Officers**

The officers of the Section shall have the following duties and responsibilities:

- Chair – The chair shall preside at the business meetings of the Section and at meetings of the Governing Council.
- Vice Chair – The vice-chair shall assist the chair and preside in the absence of the chair or at his request.
- Secretary – The secretary shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.
- Delegate and Alternate Delegate – The delegate and alternate delegate shall represent the members of the Section in the Medical Society of New Jersey House of Delegates.
- Immediate Past Chair – The immediate-past chair shall serve as a general member of the Governing Council and shall perform such duties as may be assigned to him by the chair.

### **Term**

The term of office is two years for the chair, vice chair, secretary, delegate, alternate delegate, and two at-large positions and they shall be elected on even years.

The most recent and available past chair shall serve in the post of immediate-past chair until replaced by succession.

No member may serve more than three consecutive two-year terms on the Governing Council unless the membership specifically waives this limitation for that individual to allow a progression to the position of chair. A member who has served three consecutive two-year terms is eligible for election to the Council following at least one-year hiatus from the Council. That member must have remained an active member of the Section during that time.

### **Vacancies**

Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section.

### **Business Meetings**

There shall be at least four business meetings a year, one in September, and the annual business meeting in March, as well as the business meetings on a day prior to each annual and interim meeting of the AMA-OMSS.

### **Representatives to the Business Meeting**

The Organized Medical Staff Section shall consist of one (1) delegate and one (1) alternate delegate from each acute care hospital, other health care facility or emerging health care delivery system in the State of New Jersey. The delegate and alternate delegate shall be members of the AMA and members of their state and county medical societies. They shall be nominated and elected by the active voting physician members of the medical staff of their health care organization, and must have clinical privileges in the organization they represent. An individual cannot represent an acute care hospital and a health care organization simultaneously.

Representatives to the business meeting shall be properly certified by the president or secretary of the medical staff.

To qualify to send delegates to the Organized Medical Staff Section of the Medical Society of New Jersey, the organization must be in the process or have already developed an organized medical staff with by-laws approved by the medical staff and the governing body. The bylaws should include provisions that these bylaws cannot be unilaterally changed. In addition, they should include provisions for fair hearings, the right of appeal, and they should acknowledge the responsibility of the medical staff for credentialing and peer review. The bylaws should include meaningful representation by physician staff members, who are elected by the membership to the governing body and all appropriate committees.

### **Rules of Order**

Only duly elected representatives of the Organized Medical Staff Section shall have the right to vote at the business meetings of the Section, but the meetings shall be open to any member of the AMA, who is also a member of the Medical Society of New Jersey. The meeting shall be conducted pursuant to rules of procedure adopted

by the Governing Council of the Section and approved by the Governing Council, AMA-Organized Medical Staff Section-MSNJ.

### **Quorum**

At any scheduled business session of the Organized Medical Staff Section, a quorum shall consist of 50% of the registered delegates.

### **Purposes of the Business Meeting**

The purpose of the business meeting shall be:

- a. To hear such reports as may be appropriate.
- b. To conduct such business and vote upon such matters as may properly come before the meeting.
- c. To adopt resolutions for submission by the Section to the Assembly of the AMA Organized Medical Staff Section, and/or the House of Delegates of the Medical Society of New Jersey.
- d. To elect at the annual business meeting in March of even years: a chair, vice chair, secretary, delegate and alternate delegate, and two members at-large of the Governing Council of the Section.

**200.986**     **AMA meetings:** MSNJ authorizes the following: 1) all AMA delegates and alternate delegates to attend AMA annual and interim meetings (*BOT, 1/70*); 2) president, president-elect, secretary, executive director, and director of officer services to attend AMA general functions (AMA annual and interim meetings and advocacy conferences) at MSNJ expense (*BOT, 10/80*); 3) two students from UMDNJ-New Jersey Medical School and UMDNJ-Robert Wood Johnson Medical School to attend the AMA medical student section meetings and the AMA annual and interim meetings (*BOT, 11/82*); and 4) two resident physician delegates to attend the AMA annual and interim meetings. (*BOT, 4/84*)

**200.987**     **Absenteeism:** MSNJ establishes that any trustee absent from four meetings of the Board of Trustees in any administrative year may be removed for "good cause." (*BOT, 2/83*)

**200.988**     **Annual Meeting:** MSNJ establishes the following: a) The House of Delegates should consider reports from the following: President/Chair of the Board of Trustees, Judicial Council, Secretary, Treasurer, Council on Legislation, Council on Medical Services, Council on Public Health, Committee on Finance and Budget, and Committee on

Revision of Constitution and Bylaws; b) Reports from standing councils and committees, other than those listed, will be considered only when the House of Delegates requests a report or the Board of Trustees directs a council or committee to report to the House of Delegates. (BOT, 7/81; updated 05)

- 200.989 Annual Meeting resolutions:** MSNJ believes that resolutions that affirm an existing policy established within the last five years should not be considered by the House of Delegates, and resolutions that established policy more than five years ago should be reconsidered and either reaffirmed, deleted, or a new policy adopted. (BOT, 7/81)
- 200.990 Medical students:** MSNJ directs the inclusion of medical students for appointment to MSNJ's administrative councils and committees. (BOT, 7/81)
- 200.991 Residents:** MSNJ approves the appointment of residents to MSNJ's administrative councils and committees, provided the resident is a member of MSNJ through the component county medical society. (BOT, 7/81)
- 200.992 MSNJ Alliance (previously called Auxiliary):** MSNJ allows MSNJ Alliance members, appointed by the president, to serve on each of the MSNJ administrative councils and committees for a one-year term as full voting members. (BOT, 81)
- 200.993 Conflict of interest for physicians members:** MSNJ recommends that cases where a majority of the Board of Trustees or the House of Delegates feels there is a disabling conflict of interest in a physician's status, he should be asked to resign voluntarily from one or the other; failing to do so, he should be removed from a position of authority in MSNJ; this shall not pertain to the House of Delegates but is applicable to officers, members of the Board of Trustees, and chairs of major councils and committees. (BOT, 11/79)
- 200.994 Reports for councils and committees:** MSNJ advocates that staff liaisons for MSNJ councils and committees should routinely advise their chairs that they are expected to attend meetings of the Board of Trustees when their reports contain recommendations for Board action (BOT, 2/72). No report to the Board of Trustees will be considered unless an appropriate representative of the council or committee is present for discussion (BOT, 3/84). All reports to the Board of Trustees from councils and committees are to include the chair and names of the members present, excused, and absent, before any actions are taken by the Board of Trustees. (BOT, 2/79)

- 200.995**      **Annual audit:** MSNJ advocates that a copy of both the audit report and the Audit Committee minutes be forwarded to each component medical society. *(BOT, 10/78)*
- 200.996**      **Items at Board of Trustees meetings:** MSNJ believes that only those items and reports that are mailed in advance of the scheduled meeting date will be considered. *(BOT, 12/77; reaffirmed BOT, 11/83)*
- 200.997**      **Council and committee consultants:** MSNJ grants the chairs of councils and committees the authority to appoint consultants to their councils and committees. *(BOT, 10/76)*
- 200.998**      **Litigation:** MSNJ will not, without prior authorization by the Board of Trustees or the Executive Committee, become a party plaintiff to any litigation or sustain a financial commitment in support thereof; each and every situation must be evaluated on an ad hoc basis. *(BOT, 10/75)*
- 200.999**      **Attendance at meetings:** MSNJ authorizes that if a member of a council or committee either appointed by the president or elected by the House of Delegates absents himself from three consecutive meetings without excuse, it may be presumed that he has vacated his position on the council or committee and the president may fill the vacancy until the next annual meeting. *(Ongoing BOT policy)*

*Updated: 7/27/05*