



# **TRANSACTIONS OF THE HOUSE OF DELEGATES**

**2006**

# TRANSACTIONS

## Table of Contents

### Administration

Procedural Matters.....	1
Officers and Appointments.....	2
Election Results .....	4
Reference Committees: 2006.....	6

### Reports

President/Chair of the Board of Trustees.....	7
Judicial Council .....	11
Committee on Revision of Constitution and Bylaws .....	13
Secretary .....	20
Treasurer .....	22
Committee on Finance and Budget.....	26
Council on Medical Services .....	31
Nominations for Emeritus Membership .....	34
Supplemental Report #1: Nominations for Emeritus Membership .....	37
Supplemental Report #2: Nominations for Emeritus Membership .....	38
Council on Legislation.....	39
Council on Public Health.....	66

### Resolutions

# 1: Restoration of the Power of the House of Delegates to Determine Membership Dues .....	70
# 2: Stem Cell Research Ethics.....	70
# 3: MSNJ Annual Meeting .....	71
# 4: AMA Delegation Tenure .....	71
# 5: Selection of Annual Meeting Location.....	71
# 6: Tracking Patient Narcotic Use.....	72
# 7: Uniform Physician ID.....	72
# 8: Interview Techniques by Hospital Social Workers .....	73
# 9: School Evacuation of Disabled Children .....	73
# 10: Standard Formulary Review Board .....	73

# 11: Stockpiling for and Expanding the Vaccines for Children Program.....	74
# 12: MSNJ Annual Meeting.....	74
# 13: Geographic Distribution of MSNJ Annual Meeting .....	74
# 14: Influenza Vaccine Purchasing Cooperative.....	75
# 15: Creating New CPT Reimbursement Category .....	75
# 16: Pre-certification Should Equate to Payment to the Physician.....	75
# 17: Medical Peer Review Panel.....	76
# 18: Anesthesiology Services during Colonoscopy Examinations.....	78
# 19: Uniform Vision Standards for all Drivers in the United States.....	79
# 20: Pay-for-Performance Initiative .....	79
# 21: Diagnostic Testing Reimbursement.....	79
# 22: Broader Physician Participation in the Annual Meeting Committee .....	80
# 23: Distribution of Influenza Vaccines.....	80
# 24: Pre-certification for FDA-Approved Prescription Medications.....	81
# 25: Provider List Updates .....	81
# 26: Purchase of Insurance .....	81
# 27: Phone and Paperwork Relief .....	82
# 28: Physician Contracts with Nursing Homes.....	82
# 29: Parity in Medicare Reimbursement.....	83

# **APPROVAL OF PREVIOUS ACTIONS PROCEDURAL RULES OF THE HOUSE OF DELEGATES**

## **2005 TRANSACTIONS**

The House of Delegates approved the Transactions of the 2005 Annual Meeting and the 2005 Special Session, as posted on the Medical Society of New Jersey web site.

## **ACTION TO LIMIT DEBATE**

The House of Delegates agreed, upon motion duly made and seconded, that no one may speak more than once on any given subject except in rebuttal or by express permission of the House of Delegates, and that floor time in each instance shall be limited to two minutes unless exception is made by the House of Delegates.

# Medical Society of New Jersey

## ❖ Officers ❖

Eileen M. Moynihan, MD, President  
Charles M. Moss, MD, President-Elect  
Richard J. Scott, MD, First Vice-President  
Rajendra Prasad Gupta, MD, Second Vice-President  
S. Manzoor Abidi, MD, Immediate Past-President  
Ruth J. Schulze, MD, Secretary  
Robert S. Rigolosi, MD, Treasurer

## ❖ Trustees ❖

Steven Berkowitz, MD  
Michael H. Bernstein, MD  
Mary F. Campagnolo, MD  
Paul J. Carniol, MD  
Roland E. Johnson, MD  
Eugene J. Lind, MD  
Alan J. Lippman, MD  
Richard A. Menghetti, MD  
Bruce A. Monaghan, MD  
Niranjan V. Rao, MD  
Michael J. Richardson, MD  
Bernard J. Saccaro, MD  
John S. Salaki, MD  
Steven P. Shikiar, MD  
Robert A. Fuhrman, MD, Organized Medical Staff Section  
Janusz S. Kornicki, MD, International Medical Graduates Section  
Eric Munoz, MD, Section on Academic Medicine  
Edward Von Der Schmidt, III, MD, Medical Specialty Societies  
Joseph H. Reichman, MD, Speaker, House of Delegates  
Teresa Qureshi, MSNJ Alliance  
Heather M. Grigo, Student Member  
Joseph T. Nezgoda, Jr., Student Member

## ❖ **Judicial Councilors** ❖

Robert A. Fuhrman, MD, First District  
Michael B. Kesselbrenner, MD, Chair, Second District  
Christopher E. Gribbin, MD, Third District  
Stephen J. Pilipshen, MD, Fourth District  
Harry L. Chaikin, MD, Secretary, Fifth District

## ❖ **Appointments** ❖

Joseph H. Reichman, MD, Speaker, House of Delegates  
Patricia G. Klein, MD, Vice-Speaker, House of Delegates  
George T. Hare, MD, Chief Teller  
Eduardo F. Enriquez, MD, Assistant Teller  
Harry L. Chaikin, MD, Chief Sergeant-at-Arms  
Bernard A. Pekala, MD, Sergeant-at-Arms

# ELECTION RESULTS

Office	Term	From	To	Physician/County
<b>President-Elect</b>	1 year	May 2006	May 2007	Richard J. Scott, MD Monmouth
<b>1st Vice-President</b>	1 year	May 2006	May 2007	Rajendra Prasad Gupta, MD Mercer
<b>2nd Vice-President</b>	1 year	May 2006	May 2007	Joseph H. Reichman, MD Camden
<b>Trustees</b>				
1st District	3 years	May 2006	May 2009	John S. Salaki, MD Morris
4th District	3 years	May 2006	May 2009	Steven Berkowitz, MD Monmouth
5th District	3 years	May 2006	May 2009	Bruce A. Monaghan, MD Gloucester
Member-at-Large	3 years	May 2006	May 2009	Shahid N. Haque, MD Ocean
<b>Judicial Councilors</b>				
3rd District	3 years	May 2006	May 2009	Christopher E. Gribbin, MD Middlesex
<b>AMA Delegates</b>				
	2 years	Jan 2007	Dec 2008	S. Manzoor Abidi, MD Burlington
	2 years	Jan 2007	Dec 2008	Donald J. Cinotti, MD Hudson
	2 years	Jan 2007	Dec 2008	Rajendra Prasad Gupta, MD Mercer
	2 years	Jan 2007	Dec 2008	Walter J. Kahn, MD Monmouth
	2 years	Jan 2007	Dec 2008	Joseph H. Reichman, MD Camden
	2 years	Jan 2007	Dec 2008	R. Gregory Sachs, MD Union
<b>AMA Alternate Delegates</b>				
	1 year	Jan 2007	Dec 2007	Joseph P. Costabile, MD* Camden
	2 years	Jan 2007	Dec 2008	David A. Ingis, MD Burlington
	2 years	Jan 2007	Dec 2008	Charles M. Moss, MD Bergen
	2 years	Jan 2007	Dec 2008	Eileen M. Moynihan, MD Camden
*Elected to fill the unexpired term of Dr. Donald J. Cinotti, who was elected delegate.				

<b>Office</b>	<b>Term</b>	<b>From</b>	<b>To</b>	<b>Physician/County</b>
	2 years	Jan 2007	Dec 2008	Nancy L. Mueller, MD Bergen
	2 years	Jan 2007	Dec 2008	John W. Poole, MD Bergen
	2 years	Jan 2007	Dec 2008	Niranjan V. Rao, MD Middlesex
<b>Administrative Councils</b>				
<b>Legislation</b>				
1st District	2 years	May 2006	May 2008	Peter Blumenthal, MD, MPH Essex
2nd District	2 years	May 2006	May 2008	Nancy L. Mueller, MD Bergen
3rd District	2 years	May 2006	May 2008	Edward Von Der Schmidt, III, MD Middlesex
5th District	2 years	May 2006	May 2008	Stephen A. Nurkiewicz, MD Atlantic
<b>Medical Services</b>				
1st District	2 years	May 2006	May 2008	No Nominee
2nd District	2 years	May 2006	May 2008	Scott W. Zucker, MD Bergen
3rd District	2 years	May 2006	May 2008	A. Paul Rossos, MD Mercer
5th District	2 years	May 2006	May 2008	No Nominee
Member-at-Large	2 years	May 2006	May 2008	Thomas E. Simpson, MD Hudson
<b>Public Health</b>				
1st District	2 years	May 2006	May 2008	Augusto G. Salvatore, MD Union
2nd District	2 years	May 2006	May 2008	Richard A. Williams, MD Hudson
4th District	2 years	May 2006	May 2008	No Nominee
<b>Standing Committees</b>				
<b>Annual Meeting</b>	2 years	May 2006	May 2008	Nicole A. Henry-Dindial, MD Union
<b>Finance &amp; Budget</b>	2 years	May 2006	May 2008	Janusz S. Kornicki, MD Union
	2 years	May 2006	May 2008	A. Paul Rossos, MD Mercer
<b>Medical Education</b>	1 year	May 2006	May 2007	Karen M. Brynildsen, MD Morris
	2 years	May 2006	May 2008	Lorraine Riotto, MD Hudson
	2 years	May 2006	May 2008	Richard T. Paris, MD Union

# REFERENCE COMMITTEE ON CONSTITUTION & BYLAWS/A

## Membership

William M. Sugarmann, MD, chair  
Dean A. Dent, MD, was unable to serve  
David S. Handlin, MD  
Josephine Jasper, MD  
Francis J. Lumia, MD  
Scott R. Schaffer, MD  
Bernardo Toro-Echague, MD

# REFERENCE COMMITTEE B

## Membership

Douglas B. Moore, MD, chair  
Donald J. Cinotti, MD  
Anita Falla, MD  
Joseph J. Fallon, Jr., MD  
Louis G. Fares, II, MD  
Matis A. Fermaglich, MD  
Christopher E. Gribbin, MD

# REFERENCE COMMITTEE C

## Membership

Nancy L. Mueller, MD, chair  
Irvin M. Bonder, MD  
Joseph P. Costabile, MD, was unable to serve  
Anwar Y. Ghali, MD  
J. Mark Meredith, MD  
Michael J. Spedick, MD  
Delores J. Williams, MD

# **PRESIDENT/CHAIR OF THE BOARD OF TRUSTEES**

**Eileen M. Moynihan, MD**

## **House Action: Filed**

It's January as I begin to assess the year in review. Visions appear of one of those Hollywood movie Civil War battlefields, complete with smoldering fires scattered among the carnage and destruction.

The fires in medicine may often seem innumerable. As some appear to be doused or dieing out, they may flare up or a new fire starts elsewhere. Many have been burning for the past several years, such as tort reform and managed care issues, as well as scope of practice, influenza vaccine shortages and the PIP fee schedule.

Other fires, such as the cosmetic and ambulatory taxes, are more recent. At this moment, the 4.4% cutback in Medicare has just been implemented and Part D is fraught with problems. All of this is on the background of a post-Hurricane Katrina country. One would think that Medicine would be depressed or overwhelmed or both; and yet, I see a spark of life stirring in the aftermath.

Now experienced in fighting these battles, we no longer are stymied by our emotions or by the sheer volume of issues. We have learned how to assess our options, plan for change, and follow through with the same methodology that we have used for years in our practices. Some issues are like chronic diseases. They will not be cured immediately, but require patience and the employment of several modalities to resolve. Our organization has matured, recognizing that collaborations are often more important than the need for acclaim. Not only are we firefighters, we've become fire preventers.

Turning to our old issues, it is noteworthy that MSNJ has been successful in its national class action lawsuits against several HMOs. The challenge remains for us to take the favorable aspects of those settlements and make them permanent in state law. One bill, S-2824/A-3496, addressed several elements and just passed in the lame duck session. Among other things, the

bill sets limits for payers and providers to 18 months to reconcile underpayments or overpayments. Clearly, more needs to be done through other bills currently in the Legislature that MSNJ has helped craft.

MSNJ continues to be vigilant about violations to the national settlement agreements and to meet with compliance agents to enforce our grievances. We will move forward with legislative efforts to curb the activities of rental networks or silent PPOs in our state.

Through the Task Force on Medical Liability and the Board of Trustees, we have measured the effect of all of the components of the California MICRA legislation against our own state laws and regulations. We will be working on the prioritized list of reforms that are still needed.

In addition, our partnership with the New Jersey Chapter of the American College of Cardiology halted Horizon from automatically offsetting \$15 million to cardiologists. Settlement talks are still underway at the time of this writing, but we are confident of a positive outcome restricting collection of overpayments.

By forming stronger relationships and coalitions with specialty societies, we are effectively dealing with various issues. This approach successfully stopped a state proposal to migrate the PIP fee schedule to a modified Medicare fee schedule, as well as a few scope of practice issues. The specialty coalition persists in its attempts to repeal the current ambulatory and cosmetic procedure tax, and is vigilant against any other provider tax as well. While our position on the ambulatory facilities tax was well-received, the timing of the state's \$5 billion budget shortfall was not conducive to repeal.

MSNJ intends to keep a strong focus on unity with specialty societies. Resulting from our collective work on scope-of-practice, we have enlisted an outside public relations firm to develop a campaign to enhance a positive physician image before the public and the Legislature. Future collaboration with all of our subspecialty groups will be needed to resolve issues such as appropriate quality indicators for certain diseases, qualifications of expert witnesses and conflict resolution among specialties.

The Board of Trustees was extremely focused and energetic this year. It experimented with new locations, teleconferencing and board agendas that

always incorporated updates to the Strategic Plan, keeping our core mission in mind at all times. Several Board members met in subcommittees throughout the year, along with county members, county executives, staff and practice managers in order to tackle difficult problems and allow for the broadest possible input.

Directions for a spending plan were given to JEMPAC. That body and the Council on Legislation were independently aware of the rigorous agenda set by the Board of Trustees. They were also aware of our collaborative legislative agendas with other societies.

From the financial perspective, we have cut as many expenses as possible and still provide service. By focusing on our core mission, we successfully gained nearly 800 new and reinstated members, while improving retention of existing members. An outreach program of nearly 15 dinner-seminars and Town Hall meetings gave opportunities for members to meet locally with MSNJ staff. A pilot program with Quantia showed promise for a new means to communicate directly with members. The MSNJ staff was reorganized to serve the membership more efficiently and effectively. We dispensed with endorsed vendors and began a program of corporate partners.

The Institute of Medicine and Public Health of New Jersey is coming into its own, following receipt of a \$900,000 grant from the national settlement fund. The grant examines ways to help physicians report data on chronic diseases — a critical step toward improving quality and safety in the pay for performance trend. The Medical Society of New Jersey has focused further on patient safety by drawing up a patient safety document and endorsing the 100,000 Lives Campaign.

Finally, the crown jewel of accomplishments was a long time in evolution! It was a thrill to be President when the passing of the momentous smoke-free air legislation was enacted. It is the culmination of all for which we stand. Credit goes to the persistent efforts of Commissioner of Health Fred Jacobs, MD, who had previously chaired our New Jersey Breathes Coalition, as well as the member organizations of the coalition and our own Larry Downs. Now, New Jersey is (almost) a smokeless state.

Starting out 2006, we plan to continue the relationship with Governor Corzine that was started at the 2005 Annual Meeting. Encouraging signs can be seen in the reappointment of MSNJ members Fred Jacobs, MD, as

Commissioner of Health and Senior Services, Herbert Conaway, MD, as chair of the Assembly Health Committee, and the election of Sindy Paul, MD, as president of the state Board of Medical Examiners. In addition, our Speaker of the House of Delegates, Joseph Reichman, MD, now sits on the Board of Medical Examiners.

While we can be proud of recent strides, more remains to do on the local and national levels. I look forward to reporting many more accomplishments of our Society at our May meeting.

Though there may always be fires affecting the practice of medicine, MSNJ will always rise from them like the Phoenix.

# JUDICIAL COUNCIL

**Michael B. Kesselbrenner, MD, Chair**

## **House Action: Filed**

As was reported last year, the Judicial Council has experienced a dramatic change in its role over the last several years. With the increased penetration of managed care policies, billing complaints, a major source of ethical complaints, have reduced significantly. Other ethical issues have been resolved at the county level, without the need for Judicial Council involvement.

A recent survey of county executive directors has found that the complaint system is working well on that level with various processes in place to review and dispose of all issues. The Judicial Council of MSNJ serves as an appeals body, of sorts, when a complaint cannot be resolved at the county level. However, for the last several years, at least, no complaints have been sent up from the counties for the Judicial Council to consider.

**Expert Witness Review Panel** – As was also reported in the last report, the Judicial Council is taking up the role of establishing an Expert Witness Review Panel. The Judicial Council adopted standards for expert witness testimony last year which standards were codified by the House of Delegates by the adoption of a resolution.

As of this writing, we have not begun to implement the expert witness review process primarily due to a need for greater staff allocation of resources. Once this issue has been resolved we plan to begin the process that hopefully will begin to limit the number of expert witnesses who give unethical testimony in medical liability cases.

**Restrictive Covenants** – At the 2005 Annual Meeting of the Medical Society of New Jersey, the House of Delegates instructed the Board of Trustees to develop a policy on restrictive covenants relating to physician employment. This matter had become urgent because a case before the New Jersey Supreme Court (More) called into question all restrictive covenants involving physicians. MSNJ had been asked to act as amicus and needed to

adopt a position that was ethically acceptable and that met the needs of both its employer and employee members.

The Judicial Council adopted a position adopting the AMA's Council on Ethical and Judicial Affairs ethical guidelines discouraging such restrictive covenants and prohibiting some based on its impact on access to care. The Judicial Council, however, recognized that there may be instances where such covenants were productive and consistent with sound physician practice and patient care. This recommendation formed the basis of MSNJ's amicus argument before the Court.

A final decision in the More case was made since this report was prepared last year. Essentially, the Supreme Court adopted our position by allowing restrictive covenants to withstand legal challenge if they are reasonable in nature. Our efforts in this case were instrumental in upholding a practical and ethical standard for physician practice.

**Scope of Practice** – The last several years has seen an increasing trend of physician extenders and other health care professionals seeking and getting legislative approval to perform many procedures that had previously been the exclusive province of physicians in their practice of medicine. Often, this extension of authority is coupled with a physician's control over the practice of these other professionals. Unfortunately, experience has shown that not every physician has exercised the necessary oversight or control necessary to ensure patient safety and quality medical care. The Judicial Council has decided to involve itself in this matter and to draft appropriate ethical guidelines for physicians to follow. This task is ongoing.

# COMMITTEE ON REVISION OF CONSTITUTION AND BYLAWS

**Edwin W. Messey, MD, Chair**

## Bylaw Amendment Adjusting the Terms for the AMA Delegation

Last year the idea of amending the Bylaws to extend the terms of the AMA delegation was approved by the Standing Committee on Revision of Constitution and Bylaws and not adopted by the MSNJ House of Delegates.

The MSNJ House of Delegates requested that the Committee survey the various state societies to determine the extent of term limits imposed on state delegations to the AMA and how the MSNJ term limit (six, two-year terms) compared to those state societies with term limits.

A survey of the state societies was conducted by email. The results show that 35 states impose no term limit. Of the remainder, MSNJ term limits are among the strictest.

At its November 2005 Board of Trustees meeting, the Trustees referred the same amendment to the Standing Committee on Revision of Constitution and Bylaws for consideration.

## **CHAPTER VI – AMA DELEGATES AND OTHER REPRESENTATIVES, SUBPARAGRAPH (a)**

### **(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] ten 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 that person's tenure continues on that AMA council or section. (The proposed amendment is underscored.)

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that the proposed amendment to Chapter VI – AMA Delegates and Other Representatives, Subparagraph (a) be adopted.

### **House Action:**

**Not Adopted. The House of Delegates voted instead to adopt the following amendment, as recommended by the reference committee, to Chapter VI – AMA Delegates and Other Representatives, Subparagraph (a) of the Bylaws:**

No member shall serve more than six, two-year terms as an AMA delegate. (*Note: The term limitation for delegates is retroactive.*) There are no term limits for alternate delegates. The delegate tenure limitation does not apply to members serving on an elected or appointed AMA council or section for as long as their tenure continues on that AMA council or section. If a delegate's tenure on the AMA delegation expires while he or she is serving in the capacity noted, the delegate will relinquish the position on the AMA delegation at the completion of service on the AMA council or section.

Once an individual has completed six, two-year terms as a delegate on the AMA delegation, that individual is ineligible to return to the delegation as either a delegate or an alternate.

The Nominating Committee shall nominate a "single slate," for open positions as AMA delegate or alternate delegate. (*See Sturgis' Standard Code of Parliamentary Procedure.*) The Committee shall nominate only that number of people needed to fill the open delegation seats. However, the House of Delegates shall vote for each seat holder individually, and shall not vote for a block of candidates. Additional candidates for any given seat may be nominated from the floor.

For description of a "single slate" see *Sturgis' Standard Code of Parliamentary Procedure*, 4th ed., pp. 155–156.

<b>State</b>	<b>Does your state have any term limitations for your AMA delegates or Alternates?</b>	<b>If so, what are they?</b>	<b>Are you planning to change existing restrictions?</b>	<b>If you have no restrictions, are you planning to implement any in the future?</b>
Alabama	No	N/A	No	No
Alaska	No	N/A	No	No
Arizona	No	N/A	No	No
Arkansas	No	N/A	No	No
California	No	N/A	No	No
Colorado	No	N/A	No	No
Connecticut	No	N/A	No	No
Delaware	No	N/A	No	No
Florida	No	N/A	No	No
Georgia	No	N/A	No	No
Hawaii	No	N/A	No	No
Idaho	No	N/A	No	No
Illinois	No	N/A	No	No
Indiana	No	N/A	Possibly - A resolution from their HOD in September regarding term limits was referred to their BOT and will be discussed at the January 18, 2006 meeting. Outcome is uncertain at this point.	
Iowa	Yes	A member may serve a maximum of 5 terms, each term being two years unless the AMA delegate is serving on an AMA council or office, and then the term limits are suspended until the delegate completes their AMA office. A member may serve 5 terms as an alternate delegate, then serve 5 terms as a delegate.	No	No
Kansas	No	N/A	No	No
Kentucky	No	N/A	No	No
Louisiana	No	N/A	No	No
Maine	No	N/A	No	No

<b>State</b>	<b>Does your state have any term limitations for your AMA delegates or Alternates?</b>	<b>If so, what are they?</b>	<b>Are you planning to change existing restrictions?</b>	<b>If you have no restrictions, are you planning to implement any in the future?</b>
Massachusetts	No	N/A	No	No
Michigan	No	There is no term limit per se. They do, however, require that a physician filling the position of delegate or alternate delegate to the AMA spend the majority of their professional time in active clinical practice, teaching, research and/or administrative practice and be a full-time Michigan resident, unless they hold an elected or appointed AMA council position for which they are still eligible. If they meet those requirements, an individual may seek re-election for an unlimited number of two-year terms.	No	No
Minnesota	Yes	Same as New Jersey -- two-year terms, 12 years (6 terms) maximum.	No	No
Mississippi	No	N/A	No	No
Missouri	No	N/A	No	No
Montana	No	N/A	No	No
Nebraska	Yes	Nebraska delegates can serve 2 five-year terms for a total of 10 years. After that, if there is a good reason, they could be elected to serve for 1 year at a time.	No	No
Nevada	No	N/A	No	No
New Hampshire	Yes	10-year limit.	No	No

<b>State</b>	<b>Does your state have any term limitations for your AMA delegates or Alternates?</b>	<b>If so, what are they?</b>	<b>Are you planning to change existing restrictions?</b>	<b>If you have no restrictions, are you planning to implement any in the future?</b>
New Jersey	Yes	No member shall serve more than 6 two-year terms as an AMA delegate or alternate or any combination thereof. This tenure does not apply to any member serving on an elected or appointed AMA council or section for as long as his/her tenure continues on that AMA council or section.		
New Mexico	No	N/A	No	No
New York	No	N/A	There will be a term limit resolution offered by the Young Physicians at the 2006 House of Delegates meeting. The limit proposed is 3 two-year terms.	Yes -- see previous question.
North Carolina	No	N/A	No	No
North Dakota	Yes	The House of Delegates shall elect the delegates and alternate delegates to the American Medical Association. The term of this office shall be two years beginning January 1 after the election. An active member so elected may serve 3 consecutive two-year terms as an alternate delegate and 3 consecutive two-year terms as a delegate. An active member who serves 3 consecutive two-year terms as an alternate delegate or delegate may not be re-elected to that office unless	No	No

<b>State</b>	<b>Does your state have any term limitations for your AMA delegates or Alternates?</b>	<b>If so, what are they?</b>	<b>Are you planning to change existing restrictions?</b>	<b>If you have no restrictions, are you planning to implement any in the future?</b>
North Dakota (continued)		the office is held by another active member for at least one term immediately preceding the re-election.		
Ohio	No	N/A	No	No
Oklahoma	Yes - for Alternates only	Alternate delegates are limited to serving 3 consecutive two-year terms. There is no limit for delegates.		
Oregon	No	N/A	No	No
Pennsylvania	Yes	The Pennsylvania Medical Society has established voluntary term limits for AMA delegates based on the following criterion: 6 two-year terms as a delegate (alternate delegate term of service not included). The following categories of delegates are exempted from voluntary term limits: 1) a delegate who currently holds AMA office; 2) a delegate who is considered a likely and strong candidate for AMA office; 3) a delegate who is invaluable in a specific, identifiable way to the delegation. There are no term limits for alternate delegates.	No	No
Rhode Island	No	N/A	No	No
South Carolina	Yes	AMA delegates and alternate delegates may serve more than 4 two-year terms with the recommendation of the Board of Trustees and the approval of the House of Delegates.	No	No
South Dakota	No	N/A	No	No

State	Does your state have any term limitations for your AMA delegates or Alternates?	If so, what are they?	Are you planning to change existing restrictions?	If you have no restrictions, are you planning to implement any in the future?
Tennessee	Yes	There is a limit of 3 consecutive two-year terms for delegates and alternates. Also, delegates and alternates must have been members in good standing for at least 5 years prior to election.	No	No
Texas	Yes	Age limit of 75 unless on a council, board or other official capacity at the AMA. Limit is 6 two-year terms as a delegate or alternate. Total of 24.	No	No
Utah	No	N/A	No	No
Vermont	Yes	There is a limit of 3 consecutive two-year terms for delegates and alternates.	No	No
Virginia	No	N/A	No	No
Washington	No	N/A	No	No
West Virginia	No	N/A	No	No
Wisconsin	Yes	There is a limit of twelve consecutive years of service for AMA delegates only. There is no limit for AMA alternates.	No	No
Wyoming	Yes	AMA delegates and alternate delegates may serve more than 3 consecutive terms with the approval of the Board of Trustees.	No	No
1/24/06				

# SECRETARY

**Ruth J. Schulze, MD**

**House Action: Filed**

The Office of the Secretary has continued its usual routines, involving maintenance of membership records, correspondence, minutes of Board of Trustees meetings, telephone inquiries, and completion of numerous questionnaires originating from various sources. During the administration year, the secretary attended meetings of the Board of Trustees and the several committees of which she is chair, member, or advisor.

**Membership.** The following table shows the membership figures through December 31, 2005.

<b>Active</b>	<b>Paid</b>	<b>5,331</b>
	<b>Exempt</b>	<b>301</b>
<b>Resident</b>	<b>Exempt</b>	<b>20</b>
	<b>Subtotal</b>	<b>*5,652</b>
<b>Associate</b>	<b>Exempt</b>	<b>72</b>
<b>Affiliate</b>	<b>Paid</b>	<b>19</b>
<b>State emeritus</b>		<b>1,761</b>
	<b>TOTAL</b>	<b>7,504</b>
<b>Student members</b>		<b>316</b>
<b>New and reinstated members</b>	<b>Active paid</b>	<b>693</b>
	<b>Active exempt</b>	<b>19</b>
	<b>Resident</b>	<b>13</b>
	<b>Associate</b>	<b>62</b>
	<b>Emeritus</b>	<b>3</b>
	<b>Affiliate</b>	<b>2</b>
	<b>Provisional</b>	<b>1</b>
<b>Transfers within the state</b>		<b>45</b>
<b>Transfers out of state and resignations</b>		<b>38</b>
<b>Members deceased</b>		<b>92</b>
<b>Members dropped</b>		<b>404</b>
<i>Active members:</i>		
<b>a. Nonpayment of dues</b>		<b>402</b>
<b>b. New Jersey license suspended</b>		<b>1</b>
<i>Affiliate members:</i>		
<b>a. Nonpayment of dues</b>		<b>1</b>

Associate membership (non-licensed in New Jersey) designated interns and residents.  
 Affiliate membership designates physicians who no longer practice in New Jersey.  
 \*Adjusted for transfers out of state, resignations, and deaths.

A comparison of December 31, 2004, to December 31, 2005, by county shows the following net changes of active paid membership:

Atlantic	-18	Gloucester	-5	Ocean	-10
Bergen	+15	Hudson	+18	Passaic	-15
Burlington	+12	Hunterdon	-2	Salem	0
Camden	-7	Mercer	-28	Somerset	+13
Cape May	-2	Middlesex	-5	Sussex	+2
Cumberland	+1	Monmouth	+7	Union	-13
Essex	-28	Morris	+9	Warren	-3

**AMA Membership.** A total of 6,906 New Jersey licensed physicians are active AMA members. MSNJ has 8 delegates in the AMA House of Delegates—one for each thousand members or fraction thereof.

**Credentials.** The Committee on Credentials reviewed and acted upon membership applications and their supporting credentials as submitted through the component societies. The following statistical breakdown reflects the Committee on Credential’s activities during the period January 1, 2005, through December 31, 2005.

	Residents Associate	Residents Licensed	Active	Grand Total
<b>Received</b>	84	13	346	443
<b>Reviewed and found</b>				
<b>Satisfactory</b>	82	10	295	387
<b>Unsatisfactory</b>	0	0	1	1
<b>Pending</b>	2	2	45	49
<b>Withdrew</b>	0	1	5	6
<b>GRAND TOTAL</b>	84	13	346	443

Associate membership (nonlicensed in New Jersey designated interns and residents).

The Committee on Credentials extends appreciation to the directors and secretaries of component societies, to those who assist them, and to the county credentials committees, for their cooperation in processing membership applications. The chair wishes to thank the members of the Committee on Credentials.

# **TREASURER**

**Robert S. Rigolosi, MD**

**House Action: Filed**

These interim financial statements reflect the financial position and results of operation of the Medical Society of New Jersey through January 31, 2006.

Since they are interim statements (the Society's fiscal year is June 1 - May 31) the figures are unaudited. A complete audit of the financial records of the Society will be conducted as of May 31, 2006, and an audited report prepared as of that date. A complete audit was made, and copies sent to all county medical societies, for the fiscal year that ended May 31, 2005.

**MEDICAL SOCIETY OF NEW JERSEY  
BALANCE SHEET  
January 31, 2006**

**ASSETS**

Cash		\$ 14,823
Investment in Money Market Fund		781,886
Marketable Securities	3,848,064	
Adjust to Market Value	<u>(178,533)</u>	
		3,669,531
Accounts Receivable – Member Dues		601,074
MRAC, Inc. Loan	40,000	
Medical Student Loans	179,205	
Less Allowance for Doubtful Loans	<u>(38,500)</u>	
		180,705
Property, Plant, and Equipment		
Furniture and Fixtures	<u>539,083</u>	
	539,083	
Less Allowance for Depreciation	<u>(446,649)</u>	
		92,434
Prepaid Expenses		51,347
Deferred Tax - Current		16,488
Other Assets		220,048
Deferred Tax – Non-Current		288,768
Investment in LRA, LLC		570,000
Investment in Subsidiaries		<u>(125,799)</u>
Total Assets		\$ 6,361,305

**LIABILITIES AND FUND BALANCE**

Accounts Payable		\$ 1,541
Accrued Annual Meeting Costs		52,548
Other Accrued Expenses		452,208
Unfunded Pension Liability		1,551,490
Deferred Revenue from Member Assessments		2,178,000
Deferred Revenue/Other		171,093
Deferred Gain on Sale of Building		1,708,545
Deferred Revenue-Advocacy Educational		
15,435		
Deferred Revenue-Advocacy Political		36,651
Fund Balance – Prior Years	303,391	
Fund Balance – Current	<u>(109,596)</u>	
		<u>193,795</u>
Total Liabilities and Fund Balance		\$ <u>6,361,305</u>

**MEDICAL SOCIETY OF NEW JERSEY**  
**STATEMENT OF REVENUE AND EXPENSES**  
For the Eight Months Ending January 31, 2006

	<u>F/Y '04-05</u>	<u>F/Y '05-06</u>
<b>Revenue</b>		
Membership Dues	\$1,446,502	\$1,461,374
NJ Medicine Advertising	108,593	
NJ Medicine Subscriptions	39,010	
NJ Medicine Grant re: Supplement & Misc.	49,542	15
Physicians' Health Program Revenue	597,375	57,904
Investment Income	135,224	139,851
Equity Ownership Income	25,200	32,700
Royalty Income	60,552	43,110
Annual Meeting	16,355	16,280
Annual Meeting Contributions	60	23,200
Contribution from MSLF	266,667	133,333
HIP Settlement	200,000	
Advocacy Income	78,583	143,642
Membership Directory Sales & Advertising Income	12,916	565
CME Fees and Registration Income	48,750	37,925
NJ Breathes Grant		
CARE Public Health Grant		
Partnership In Tobacco Grant		
Tobacco Free Kids Grant	6,250	1,610
NJ Physician Recognition Grant	53,567	374
Legal Defense Fund	30,000	5,250
Management Fee re: MSLF	1,297	968
Management Fee re: Health Ins. Trust Fund	4,304	4,396
MIIX Office Systems Support Agreement	282	
MRAC Indirect Cost Reimbursement	3,333	3,333
Medical Practice Manager Dues and Fees	2,368	12,930
Gain on Investment	23,638	39,184
Gain on Sale of Building	54,893	54,893
Other Income	<u>97,048</u>	<u>69,167</u>
<b>Total Revenue</b>	<b><u>\$3,362,310</u></b>	<b><u>\$2,282,004</u></b>
<b>Expenses</b>		
Councils, Committees, and Communication	\$ 194,163	\$ 150,898
Advocacy Expenses Educational	47,221	10,313
Advocacy Expenses Political	31,362	
Membership Recruitment & Retention	16,136	20,535
Membership Services	<u>723,622</u>	<u>105,919</u>
<b>Program Expenses</b>	<b>1,012,503</b>	<b>287,665</b>
General and Administrative	1,935,027	1,784,883
Reorganization Expense	171,289	(29,000)
Rent Expense	235,198	215,550
MSLF Contribution	400,000	133,333
MSLF Operating Expenses	1,297	3,604
NJ Breathes Grant		
CARE Public Health Grant		
Partnership in Tobacco Grant		
Legal Defense Expenses	49,162	
NJ Physician Recognition Grant	53,567	374
Tobacco Free Kids Grant	6,250	1,610
Loss of Sale of Investment	24,544	36,301
Depreciation	<u>21,477</u>	<u>25,243</u>
	3,910,315	2,459,564
Unrealized Loss (Gain) on Investments	<u>122,394</u>	<u>(77,772)</u>
<b>Total Expenses</b>	<b>\$4,032,709</b>	<b>\$ 2,381,793</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b> (Before Federal Income Taxes)	<b>(670,399)</b>	<b>(99,789)</b>
Provision for Federal Income Tax	<u>14,809</u>	<u>9,807</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b><u>\$ (685,208)</u></b>	<b><u>\$ (109,596)</u></b>

**MEDICAL SOCIETY OF NEW JERSEY**  
**ANALYSIS OF EXPENSES**  
**Period Ending January 31, 2006**

	<u>2005</u>	<u>2006</u>	<u>Budget</u>	Over (Under) <u>Budget</u>
<b>Compensation</b>				
Salaries	\$1,163,831	\$1,101,234	\$ 993,333	\$ 107,901
Pension Plan	114,358	84,893	100,000	(15,107)
Reorganization	171,289	(29,000)		(29,000)
	<u>1,449,478</u>	<u>1,157,127</u>	<u>1,093,333</u>	<u>63,794</u>
<b>Professional Fees</b>				
Audit	20,000	20,000	20,000	
Legal	71,350	66,236	83,333	(17,097)
Actuarial	7,897	11,725	10,000	1,725
Special Consultants	62,085	1,762	20,000	(18,238)
Legal Defense	49,162			
	<u>210,494</u>	<u>99,723</u>	<u>133,333</u>	<u>(33,610)</u>
<b>Councils, Committees, and Communication</b>				
Communications	7,396	18,721	30,000	(11,279)
Internet Site	5,877	3,080	8,000	(4,920)
Legislation	61,212	40,170	53,333	(13,163)
President and Presidential Officers	7,237	2,270	10,000	(7,730)
AMA Delegation	51,882	52,745	41,333	11,412
IMG Section	1,155	173	1,333	(1,160)
Young Physician Delegates	2,000		2,000	(2,000)
Medical Education	19,547	17,591	22,000	(4,409)
Board of Trustees	11,194	518	23,333	(22,815)
Other Councils and Committees	7,413	3,397	10,000	(6,603)
Medical Student Association	2,842	6,153	6,667	(514)
Medical Practice Managers Section	16,406	6,081	20,000	(13,919)
Recruitment and Retention	16,136	20,535	26,000	(5,465)
	<u>210,297</u>	<u>171,434</u>	<u>253,999</u>	<u>(82,565)</u>
<b>Member Services</b>				
Membership Directory	32,209	(32)	10,000	(10,032)
Annual Meeting	76,000	70,206	70,000	206
New Jersey Medicine	127,537	165		165
Newsletter		24,232	46,667	(22,435)
Physicians' Health Program	487,876	11,348		11,348
	<u>723,622</u>	<u>105,919</u>	<u>126,667</u>	<u>(20,748)</u>
<b>General Admin. &amp; Operating Exp.</b>				
Building Operations w/Depreciation	58,430	61,484	79,333	(17,849)
Rent Expenses	235,198	215,550	192,859	22,691
Insurance	219,785	220,954	204,667	16,287
Payroll Taxes	69,166	76,597	58,667	17,930
Other General Office Costs	169,602	165,242	169,000	(3,758)
	<u>752,181</u>	<u>739,827</u>	<u>704,526</u>	<u>35,301</u>
<b>TOTAL</b>	<u><u>\$3,346,072</u></u>	<u><u>\$2,274,030</u></u>	<u><u>\$2,311,858</u></u>	<u><u>(\$37,828)</u></u>

# COMMITTEE ON FINANCE AND BUDGET

**John S. Salaki, MD, Chair**

The Committee on Finance and Budget met via conference call on Tuesday, March 7, 2006, for the purpose of reviewing the proposed budget for the 2006-07 fiscal year.

The proposed budget and the following recommendations were approved by the Board of Trustees on March 19, 2006, and are submitted to the House of Delegates.

**House Action: Recommendation 1 was approved.**

## **Recommendation**

(1) That the budget for the fiscal year beginning June 1, 2006 and ending May 31, 2007 in the amount of \$3,596,454 with \$2,380,744 to be raised through member dues assessments, be adopted.

**Informational items 2-7 were received and filed.**

(2) That the 2007 assessment be set at \$495.00 per regular dues-paying member. (No change from prior year)

(3) That the 2007 dues payment be set at \$60.00 per member for affiliate members. (No change from prior year.)

(4) That there be no dues assessment in 2007 for associate members (interns-residents non-licensed in New Jersey) and licensed residents, provided the individual is in a residency program entered upon within a reasonable time after his or her graduation from medical school. (No change from prior year.)

(5) That there be no dues assessment for 2007 for medical students. (No change from prior year.)

(6) That the balance of the Medical Student Loan Fund (approximately \$250,000 of investment gains) be used to supplement the revenue available for the operating budget.

(7) That MSNJ continue to fund the Medical Student Loan Fund with the repayment of principal and interest on the outstanding loans.



**MEDICAL SOCIETY OF NEW JERSEY  
PROPOSED BUDGET  
FISCAL YEAR ENDING MAY 31, 2007**

	<u>Approved Budget Y/E 5/31/2006</u>	<u>Proposed Budget Y/E 5/31/2007</u>
<b>COMPENSATION</b>		
Salaries	\$1,490,000	\$1,521,000
Fringe Benefits	<u>425,000</u>	<u>521,454</u>
	\$1,915,000	\$2,042,454
<b>PROFESSIONAL FEES</b>		
Audit	\$ 30,000	\$ 23,000
Legal	125,000	125,000
Actuarial	15,000	15,000
Special Consultants	<u>30,000</u>	<u>28,000</u>
	\$ 200,000	\$ 191,000
<b>COUNCILS &amp; COMMITTEES</b>		
Communications	\$ 45,000	\$ 85,000
MSNJ Website	12,000	5,000
Legislation	80,000	80,000
President & Presidential Officers	15,000	15,000
AMA Delegates	62,000	62,000
Young Physician Delegate	3,000	3,000
IMG Section	2,000	2,000
Medical Education	33,000	35,000
Board of Trustees	35,000	35,000
Other Councils & Committees	15,000	15,000
Medical Student Association	10,000	10,000
Membership Recruitment & Retention	39,000	51,000
Medical Practice Manager Section	<u>30,000</u>	<u>30,000</u>
	\$ 381,000	\$ 428,000
<b>MEMBER SERVICES</b>		
Annual Business Meeting	\$ 105,000	\$ 105,000
Newsletter	70,000	60,000
Membership Directory	<u>15,000</u>	<u>-</u>
	\$ 190,000	\$ 165,000

BUILDING OPERATIONS		
Depreciation	\$ 51,000	\$ 41,000
Rent	289,288	291,000
Light, Heat, & Power	35,000	26,000
Building Maintenance	33,000	33,000
	<u>\$ 408,288</u>	<u>\$ 391,000</u>
GENERAL ADMINISTRATIVE & OPERATING EXPENSES		
Postage	\$ 14,000	\$ 15,000
Stationery & Supplies	36,000	36,000
Telephone	32,000	32,000
Rent & Service Equipment	34,000	34,000
Printing	35,000	35,000
Membership Dues	3,000	3,000
Subscriptions & Services	13,000	11,000
Miscellaneous Expenses	8,000	8,000
Dues Rebates	15,000	17,000
Travel & Education	45,000	45,000
401K Administrative Fees	8,500	9,000
Temporary Help	10,000	10,000
Corporate Insurance	120,000	124,000
Corporation Federal Income Taxes	5,500	-
	<u>\$ 379,000</u>	<u>\$ 379,000</u>
TOTAL	<u>\$3,473,288</u>	<u>\$3,596,454</u>

# COUNCIL ON MEDICAL SERVICES

**David E. Swee, MD, Chair**

## **House Action: Filed**

The Council on Medical Services held meetings on June 8, 2005 and November 2, 2005.

Bill O’Byrne, from the Department of Banking and Insurance (DOBI), updated the Council on the status of its efforts regarding Electronic Health Records (EHR). Mr. O’Byrne informed the Council they are working toward an inter-operable EHR system that can be utilized by various users. In New Jersey there is an ongoing DOBI project working with the HINT law. Consistency (throughout the nation on a federal level as well as throughout New Jersey) is a goal and can be achieved through translation systems rather than replacing systems. The Council expressed concerns about financing to convert to EHRs as well as inconsistencies with insurance company requirements. Mr. O’Byrne indicated DOBI has leverage to require consistent requirements where paperwork is concerned from insurance companies and that he is looking into financing issues. Everyone agreed that EHRs are beneficial to the healthcare system as well as on the other benefits of EHRs, including limiting waste and some protection against liability.

Cari Miller with PRONJ informed the Council they will be conducting a pilot program that will provide assistance to physicians who would like to enhance or convert to electronic medical records. The PRONJ suggested MSNJ advertise their services if they are not already doing so. Their goal is to have 50 percent of physicians using electronic medical records by 2010. Ms. Miller also informed the Council that the PRONJ will be changing its name to Health Care Quality Strategies Institute.

Kaye Morrow of the Department of Health and Human Services and Anne Kohler, NJ Medicaid Director, discussed the Medicare Prescription Drug Program with members at both meetings of the Council, one held before implementation and one after. Ms. Morrow and Ms. Kohler explained that it will be a difficult and sometimes confusing process to implement the plan.

Each explained the difference in the way Medicare and Medicaid patients are treated under the plan. The Council voiced concerns regarding how formularies are formulated and Council members suggested inviting legislators to address these issues. The Council also suggested the best way to disseminate information and inform patients is through articles with patient tear outs or a handout to help patients decide what is in their best interests, for example, considering factors like, is the drug price most important or the drug itself.

The Council agreed, if possible, to look at issues such as pay for performance at a CME-type meeting at MSNJ's annual meeting. This meeting is dependent on the ability to obtain CME credit in a timely manner as well as space at the annual meeting. The Council discussed their concerns about pay for performance. The members suggested standards should be set regarding the collection of data that affects payment and were concerned that companies will hold data and then make decisions about payment amounts. The AMA is actively working on pay for performance issues, and the AMA's White Paper on the topic was distributed to members.

Dr. Kenneth Weinberg discussed the pros and cons of the single payer issue with the Council. Currently, Assemblywoman Loretta Weinberg has introduced legislation, A-1986, proposing a system similar to the system proposed in Maine. The Council agreed the topic warranted further discussion.

Cari Miller of the PRONJ informed the Council that the Board of Medical Examiners (BME) has not yet drafted regulations to implement the cultural competency legislation. The BME is looking for input from MSNJ, PRONJ, and medical schools regarding the regulations as well as the title of the requirement (the thought being that cultural competency implies incompetence on the part of the professional). The Council approved a subcommittee (Drs. David Swee, Nancy Mueller, and Gertrude Brundage) to provide suggestions regarding implementation of the cultural competency legislation.

Doug Tardio, Executive Vice President and Chief Operating Officer, and Michael Komarow, Chief Medical Officer of Care Core National, discussed Care Core's pre-certification process. They explained that certain radiological services such as imaging have grown more rapidly than any other service and that controls are necessary to control costs. The Council

members pointed out pre-certification requirements create an unnecessary administrative burden that may even discourage physicians from seeking necessary testing. The central concern was for services that are approved almost 100 percent of the time and the effect on the quality of care received by the patient as a result of the time, cost and process.

Ray Cantor, Director of Government Affairs, and Larry Downs, Director of Public Health and Staff Counsel, requested the Council's input on the proposed PIP fee schedule. Some specialties provided code information to DOBI; however, additional information was requested from MSNJ.

# NOMINATIONS FOR EMERITUS MEMBERSHIP

## House Action: Approved

The following nominations for election to emeritus membership at the 2006 Annual Meeting have been received from the component societies. Those listed below conform to the provisions of the Bylaws, Chapter I – Membership, Section 1 – Composition (d).

### ATLANTIC

Albert J. Salzman, MD, Boca Raton, FL, age 72  
George M. Tai, MD, Somers Point, age 65

### BERGEN

Martin A. Fechner, MD, Oradell, age 66  
Frank James Ferraro, MD, River Vale, age 80  
M. Karl Griffel, MD, Englewood, age 82  
Oscar Jacob Krieger, MD, Wyckoff, age 80  
Jules Calvin Ladenheim, MD, Teaneck, age 83  
Cesar A. Malantic, MD, Garfield, age 68  
Hugh E. Mc Gee, Jr, MD, Maywood, age 67  
Norman Riegel, MD, Hackensack, age 71  
Martin Silbersweig, MD, Tenafly, age 80  
Carl Wierum, MD, Demarest, age 81

### BURLINGTON

Michael Mark Margolin, MD, Willingboro, illness  
Mark Jay Sobin, MD, Moorestown, illness

### CAMDEN

Thomas J. De Benedictis, MD, Barnegat Light, age 66  
Francis Xavier Keeley, MD, Haddon Heights, age 78  
Burton W. Pearl, MD, Sedgwick, ME, age 66  
Frank P. Petrovich, MD, Haddonfield, age 70

### ESSEX

Mahmoud A. Amr, MD, Gillette, age 79  
William A. Anderson, MD, East Orange, age 85  
Martin E. Corwin, MD, Verona, age 73  
Joel L. Duberstein, MD, Livingston, age 69  
Charles Henry Edwards, MD, Washington, age 86

## **ESSEX continued**

George J. Hill, MD, West Orange, age 74  
Fred M. Jacobs, MD, West Orange, age 70  
Jesus S. Navarro, MD, Newark, age 77  
Shuenn Jeou Tsai, MD, Essex Fells, age 86  
Charles A. Whelan, MD, Upper Montclair, age 65

## **HUDSON**

Edrenalinda Bagon, MD, Virginia Beach, VA, age 65  
Pierre Guibor, MD, Secaucus, age 67  
Aurelio Valdes, MD, West New York, illness

## **HUNTERDON**

David I. Rosen, MD, Lebanon, age 69

## **MERCER**

Robert Fomalont, MD, Cranbury, age 72  
Rebecca Feldsher Notterman, MD, Hightstown, age 81  
David M. Smith, MD, Princeton, age 66

## **MIDDLESEX**

Eugene Peter Pirog, MD, Hillsborough, age 75  
Peter H. M. Chang, MD, Neshanic Station, age 74  
Ferdinand H. Flick, MD, Parlin, age 89  
Leon Gertel, MD, age 91  
Mohammed Waliul Haque, MD, Sayreville, age 89  
Geza Robert Hardy, MD, New Brunswick, age 88  
Louis Arthur Perillo, MD, Perth Amboy, age 98  
John Francis Scalera, MD, South Plainfield, age 92  
Albert Aaron Schwartz, MD, Edison, age 93

## **MONMOUTH**

Luigi Baldi, MD, Long Branch, age 77  
Donald Noble Gill, MD, Red Bank, age 73  
H. Lawrence Karasic, MD, Ocean, age 71  
Sandor Paskin, MD, West Long Branch, age 67

## **MORRIS**

Louis P. Cardi, MD, New Brunswick, age 71  
John J. Keyser, MD, Florham Park, age 67  
Albert S. Klainer, MD, New York, NY, age 70  
Stephen S. Rinsler, MD, Chester, illness  
John E. Rossman, MD, Morristown, age 66  
Stephen W. Rozan, MD, Morristown, age 70

## **OCEAN**

Tongtip Bongsadadt, MD, Toms River, age 66  
Jerome S. Berkowitz, MD, Lakewood, age 68  
Mohamed M. El-Kharboutly, MD, Toms River, age 71  
Harold H. Wechsler, MD, Lakewood, age 74

## **PASSAIC**

Victor Jerry Weil, MD, Boca Raton, FL, age 78

## **UNION**

Rudolph Archer, MD, South Plainfield, age 77  
Nancy T. Block, MD, Berkeley Heights, age 75  
Ming Ta Chang, MD, Mendham, illness  
Edmond R. Kassouf, MD, Cranford, age 81  
Habiba A. Koblenzer, MD, Springfield, age 84  
Elizer S. Lim, MD, Cranford, age 67  
Elisabeth E. Ludwig, MD, Hillsborough, age 76  
Edgar Victor Mc Ginley, MD, Ferandina Beach, FL, age 67  
Alfonso J. Medeiros, MD, Springfield, age 82  
Aladdin Motia, MD, Bridgewater, age 71  
Catherine S. Ryan, MD, Summit, illness  
R. Nito Santiago, MD, Rahway, age 77  
Alvin Stanley Schwartz, MD, Edison, age 80  
Richard H. Sharrett, MD, Scotch Plains, age 78  
Benjamin O. Zamora, MD, Seabrook Island, SC, age 71

## **WARREN**

Nicholas S. Laurora, MD, Hackettstown, age 68

# **NOMINATIONS FOR EMERITUS MEMBERSHIP SUPPLEMENTAL REPORT #1**

**House Action: Approved**

## **BURLINGTON**

Rudolfo C. Pascual, MD, Moorestown, age 65

## **ESSEX**

Leonard J. Corwin, MD, Millburn, age 80

## **MIDDLESEX**

Samuel Sklar, MD, Highland Park, age 92

## **UNION**

John B. Caldora, MD, Westfield, age 69

# **NOMINATIONS FOR EMERITUS MEMBERSHIP SUPPLEMENTAL REPORT #2**

**House Action: Approved**

## **ESSEX**

Victor M. Herasme, MD, Livingston, age 68

## **GLOUCESTER**

Makbulmian M. Kureshi, MD, Woodbury, age 68

## **MERCER**

George H. Hansen, MD, Princeton, age 72

William Edward Ryan, MD, Pennington, age 73

William Fred Wittenborn, MD, Allentown, age 71

# COUNCIL ON LEGISLATION

**Patricia G. Klein, MD, Chair**

**House Action: Filed, with commendation to Dr. Klein.**

The Medical Society of New Jersey had a fairly successful year in 2005 from a legislative perspective although much more work needs to be done. Of the sixteen bills on which MSNJ had an active position, we supported fifteen of them. The only bill we opposed was Senate Bill No. 500 that authorized school boards to adopt drug testing policies for certain students.

Of course, while we had success in seeing some of our initiatives become law, and in preventing others from becoming law, we need to enhance our efforts to enact proactive legislation in the areas of managed care, liability reform, and repealing physician taxes. These three areas will be priorities in the upcoming legislative term.

## **Anti-Smoking Legislation**

The most high profile legislative enactment and by far the most important from a public health perspective was our long term battle against cigarette smoking. MSNJ has been an active leader in the New Jersey Breathes Coalition that has seen its efforts come to fruition with the adoption of the "New Jersey Smoke Free Air Act." This law prohibits smoking in most New Jersey workplaces. Another victory came with the passage of the "Cigarette Sales Act" that makes it easier to collect taxes on shipments of cigarettes into the State.

## **Managed Care Reform**

The Legislature passed two bills intended to prevent some of the abuses of the managed care industry. One bill "Health Claims Authorization, Processing and Payment Act" makes changes to the prompt pay statutes in order to make it harder for managed care companies to delay paying claims. The law also sets strict deadlines for responding to utilization decisions. Finally, the law limits the circumstances and the methods for both providers and managed care companies to recover under and overpayments. No claim

can be made after eighteen months and only one request for recoupment can be made per claim.

Another law requires managed care companies to provide physicians with the top twenty fee schedules that they bill for. Attempts to limit how often the fee schedule may be changed were unsuccessful.

### **Uninsured**

Several bills were enacted to attempt to provide additional coverage to the State's growing list of individuals without health care insurance. One bill would allow parents to cover their adult children on their health insurance policies, under certain circumstances, up until the age of 30.

The "Family Health Care Coverage Act" made significant changes to the law to reestablish the New Jersey Family Care Program and expanded eligibility for the Medicaid program for parents and adults without dependent children. The law failed to address the longstanding problem of these programs failing to provide sufficient reimbursements to physicians and thus the number of physicians who will participate.

### **Scope of Practice**

Significantly, the only two scope of practice bills enacted by the Legislature last year were bills supported by MSNJ. One bill provided physician assistants with the ability to prescribe controlled dangerous substances but only with strict physician oversight and control. Many physicians believed this enhanced power is important to the efficient operation of their offices and emergency rooms.

The Legislature also passed a law to clarify that only physicians may perform needle electromyography. This is one of the few laws that have passed that have specifically reserved a right to practice medicine for physicians in the face of allied professionals seeking intrusions into the practice of medicine.

### **Other Issues**

Other bills that became law that MSNJ supported included a measure to repeal the license of a physician whose license was suspended in another

state pending a hearing, a law that provides the State with greater authority to handle health care threats during an emergency, a law to require children who wear eyeglasses to wear protective eyewear while playing certain sports, and laws to enhance the reporting and oversight of all health care workers to prevent bad actors from coming into the profession and finding them if they do.

### **Upcoming Legislative Term**

While MSNJ advanced some of its legislative agenda last year, especially in the anti-smoking arena, much more needs to be done. While we do not anticipate that the Legislature will consider caps on non-economic damages, other measures to alleviate the liability crisis should certainly be advanced. MSNJ has also been working with other physician groups to develop comprehensive managed care reform legislation. Assembly Bill Nos. 316, 317, and 318 contain many of our proposals.

We are also working to repeal both the ambulatory and cosmetic surgery taxes. This may prove difficult given the anticipated State budget deficit but we will continue to make the arguments for repeal. It may be easier at this point for the cosmetic tax to be repealed, despite the equities that favor repeal of the ambulatory tax, because so little money has actually been collected under the cosmetic tax. The bill's original sponsor, Assemblyman Cryan, has actually promised to introduce a repeal bill.

MSNJ continues to work with many specialty societies on scope of practice issues. Our past efforts have unified the physician community. We plan to consider several proactive pieces of legislation to take back some of ground previously lost in this area.

## Bill Summaries

**Bill:** A3407  
**Sponsors:** Van Drew (D1); Conaway (D7)  
**Summary:** Exempts certain physician-owned or operated ambulatory health care facilities from ambulatory care gross receipts assessment if facility is Medicaid or NJ Family Care provider.  
**Subjects:** Health-Facilities  
**Related:** 2006:A2087; 2004:S2795; 2004:S2975  
**Progress:** 1st House: Referred to Committee  
**Status:** 10/18/2004 – Assembly Health and Human Services Committee  
**History:** 10/18/2004 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** Tabled from December 15, 2004 meeting. 10/26/05 COL opposes and takes the position that the entire tax should be repealed. COL opposes attempts to exempt certain facilities from the tax. The tax taxes the doctors who provide the charity care. COL does not believe that this particular exemption is practical as the required 25% Medicaid level would be unrealistic for most offices to meet.

---

**Bill:** A3463  
**Sponsors:** Greenwald (D6); Diegnan (D18) +1  
**Summary:** Exempts reimbursements from Medicaid and NJ Family Care and allows deduction for charity care in calculation of gross receipts for purposes of assessment on ambulatory care facilities.  
**Subjects:** Health-Facilities  
**Related:** 2006:A1775  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/04/2004 – Assembly Appropriations Committee  
**History:** 11/04/2004 – Introduced and referred to Assembly Appropriations Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** Tabled at December 15, 2004 meeting. 10/26/05 COL opposes attempts to exempt certain facilities from the tax and supports repealing the tax for all facilities. COL does not believe that this particular exemption is practical as the required levels could not be met. In addition, the rate to be paid for charity care is insufficient because it is based on Medicaid rates.

---

**Bill:** A3630  
**Sponsors:** Baroni (R14); Bodine (R8) +2  
**Summary:** Repeals assessment on gross receipts of certain ambulatory care facilities.  
**Subjects:** Health-Facilities; Taxation-General And Miscellaneous  
**Related:** 2006:A711; 2004:S1939  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/10/2005 – Assembly Health and Human Services Committee  
**History:** 01/10/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Senate version tabled at Dec. 15 meeting. Council voted to support at March 16 meeting. 7/17/05 BOT approved.

---

**Bill:** A3679 Aca (1R)  
**Sponsors:** Previte (D6); Weinberg (D37) +1  
**Summary:** Requires certain physicians to complete course in recognizing reporting child abuse and neglect.  
**Subjects:** Health-Professionals; Human Services-Children  
**Progress:** 2nd House: Referred to Committee  
**Status:** 06/23/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 01/11/2005 – Introduced and referred to Assembly Family, Women and Children's Services Committee.  
01/13/2005 – Reported out of committee with committee amendments, 2nd reading in Assembly.  
06/23/2005 – Passed in Assembly 73-4-0. Received in Senate and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** The Council is opposed to mandatory CME, regardless of the topic. 7/17/05 BOT approved.  
**Tracking:** Voting Report – Active Bills  
**Position:** Oppose

---

**Bill:** A3686  
**Sponsors:** Fisher (D3) +1  
**Summary:** Exempts homeopathic drugs and dietary supplements from physician dispensing limits.

**Subjects:** Health-Pharmaceuticals  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/11/2005 – Assembly Health and Human Services Committee  
**History:** 01/11/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council voted to remove the reference to homeopathic drugs because homeopaths are not licensed in NJ. 7/17/05 BOT approved.

---

**Bill:** **A3687 Sca (1R)**  
**Sponsors:** Fisher (D3); Eagler (D34); Voss (D38) +4  
**Summary:** Revises statutes regarding acupuncturists.  
**Subjects:** Professions and Occupations  
**Related:** 2006:A1694; 2004:S2374  
**Progress:** 2nd House: 2nd Reading  
**Status:** 12/12/2005 – 2nd reading in the Senate  
**History:** 01/11/2005 – Introduced and referred to Assembly Regulated Professions and Independent Authorities Committee.  
02/07/2005 – Reported out of committee, 2nd reading in Assembly.  
03/14/2005 – Passed in Assembly 75-0-2. Received in Senate and referred to Senate Commerce Committee.  
12/12/2005 – Reported out of committee with committee amendments, 2nd reading in Senate.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Support with amendment to make bill consistent with physical therapy bill. 7/17/05 BOT approved.

---

**Bill:** **A3719**  
**Sponsors:** Diegnan (D18); Chivukula (D17) +2  
**Summary:** Requires health insurance carriers to use standard explanation of benefits form.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A1208  
**Progress:** 1st House: 2nd Reading  
**Status:** 02/07/2005 – 2nd reading in the Assembly  
**History:** 01/13/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
02/07/2005 – Reported out of committee, 2nd reading in Assembly.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support

**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council supports standards EOB forms. 7/17/05 BOT approved.

---

**Bill:** A3722  
**Sponsors:** Conaway (D7)  
**Summary:** Defers expiration date of law permitting physicians and dentists to engage in joint negotiations with insurance carriers.  
**Subjects:** Health-Professionals; Insurance-Life and Health Insurance  
**Related:** 2006:A1626  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** A3724 AcaAcs (ACS)  
**Sponsors:** Morgan (D12); Weinberg (D37); Gordon (D38); Wisniewski (D19); Voss (D38); Previte (D6); Watson Coleman (D15) +31  
**Summary:** "Family Health Care Coverage Act"; reestablishes NJ Family Care Program, expands eligibility for Medicaid program for parents and adults without dependent children and provides for pharmaceutical manufacturer rebates for GA program.  
**Subjects:** Human Services-Medicaid and Medicare; Insurance-Life and Health Insurance  
**Related:** 2004:S2236  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/30/2005 – Substituted by another bill  
**History:** 01/13/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
02/07/2005 – Reported out of committee with committee amendments, referred to Assembly Appropriations Committee.  
06/27/2005 – Transferred to Assembly Budget Committee. Reported out of committee with committee substitute, 2nd reading in Assembly.  
06/30/2005 – Substituted by S-2236 (SCS).  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council supported the bill which reorganizes already existing programs and has no provision for mandatory physician participation. 7/17/05 BOT approved.

---

**Bill:** A3743  
**Sponsors:** Weinberg (D37); Cohen (D20) +1  
**Summary:** Limits period for reimbursement from providers for overpayment on health care claims to 18 months.  
**Subjects:** Insurance-Life and Health Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/02/2005 – Combined with another bill  
**History:** 01/24/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
05/02/2005 – Combined with A-3496 (ACS).  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** A3759  
**Sponsors:** Cohen (D20); Johnson (D37); Weinberg (D37); Diegnan (D18) +17  
**Summary:** Requires health insurers and SHBP providing dependent coverage to provide for election of coverage by certain dependents until their 30th birthday.  
**Subjects:** Insurance-Life and Health Insurance; Public Employees-Benefits  
**Related:** 2004:S2283  
**Progress:** Pamphlet Law  
**Status:** 01/12/2006 – Bill or Resolution Signed by the Governor  
**History:** 02/07/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee. Reported out of committee, 2nd reading in Assembly.  
02/24/2005 – Amended on Assembly floor, 2nd reading in Assembly (Cohen).  
04/15/2005 – Pension and Health Benefits Review Commission reviewed and recommended to not enact.  
05/16/2005 – Amended on Assembly floor, 2nd reading in Assembly (Cohen).  
06/20/2005 – Amended on Assembly floor, 2nd reading in Assembly (Cohen).  
06/23/2005 – Passed in Assembly 68-8-1. Received in Senate and referred to Senate Commerce Committee.  
12/05/2005 – Reported out of committee with committee amendments, 2nd reading in Senate.  
01/05/2006 – Substituted for S-2283 (SCS). Passed in Senate 36-0. Received in Assembly, 2nd reading in Assembly to concur with Senate amendments.  
01/09/2006 – Passed in Assembly and sent to Governor 68-8-2.  
01/12/2006 – Signed by the Governor P.L.2005, c.375.  
**Tracking:** Medical Society of New Jersey

**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council supported because a large number of young adults in this age group are uninsured. 7/17/05 BOT approved.  
**Tracking:** Voting Report – Active Bills  
**Position:** Support

---

**Bill:** A3795  
**Sponsors:** Manzo (D31); Chivukula (D17)  
**Summary:** Establishes health insurance coverage registry in DHSS.  
**Subjects:** Human Services-General and Miscellaneous; Insurance-Life and Health Insurance  
**Related:** 2006:A1278  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/14/2005 – Assembly Health and Human Services Committee  
**History:** 02/14/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council agrees concept is good. 7/17/05 BOT approved.

---

**Bill:** A3833  
**Sponsors:** Fisher (D3); Conaway (D7); Weinberg (D37); Greenstein (D14) +27  
**Summary:** "New Jersey Advance Directives for Mental Health Care Act."  
**Subjects:** Human Services-Mental Health  
**Related:** 2004:S2369  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/30/2005 – Substituted by another bill  
**History:** 02/24/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
03/01/2005 – Reported out of committee, 2nd reading in Assembly.  
05/16/2005 – Amended on Assembly floor, 2nd reading in Assembly (Fisher).  
06/23/2005 – Amended on Assembly floor, 2nd reading in Assembly (Fisher).  
06/30/2005 – Substituted by S-2369 (2R).  
**Tracking:** Medical Society of New Jersey  
**Position:** support with amendment  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** The Council voted to support with amendment from the Psychiatric Association. 7/17/05 BOT approved.

---

**Bill:** A3862  
**Sponsors:** Greenwald (D6); Diegnan (D18)  
**Summary:** Makes certain changes to requirements related to gross receipts assessment on health care facilities.  
**Subjects:** Health-Facilities  
**Related:** 2006:S167; 2004:S2666  
**Progress:** 1st House: Referred to Committee  
**Status:** 03/01/2005 – Assembly Appropriations Committee  
**History:** 03/01/2005 – Introduced and referred to Assembly Appropriations Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** A3940  
**Sponsors:** Chivukula (D17) +2  
**Summary:** Reduces gross receipts tax assessment on certain ambulatory care facilities.  
**Subjects:** Health-Facilities  
**Related:** 2004:S2655  
**Progress:** 1st House: Referred to Committee  
**Status:** 03/14/2005 – Assembly Health and Human Services Committee  
**History:** 03/14/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** BOT approved 7/17/05.

---

**Bill:** A4013  
**Sponsors:** Cohen (D20); Voss (D38)  
**Summary:** "Stem Cell Research Bond Act," authorizes sale of bonds for \$500 million and appropriates \$5,000.  
**Subjects:** Bonds; Health-Disease  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/05/2005 – Assembly Health and Human Services Committee  
**History:** 05/05/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active

**Notes:** BOT approved 7/17/05.

---

**Bill:** A4037  
**Sponsors:** Chivukula (D17) +1  
**Summary:** Establishes a process for resolution of health and dental claim disputes.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A265  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/05/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 05/05/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** Council voted to support with the amendment that the loser pays provision be removed. 7/17/05 BOT approved.

---

**Bill:** A4044  
**Sponsors:** Manzo (D31)  
**Summary:** Limits period for reimbursement for overpayment on health and dental claims to 180 days, establishes claims appeal process, requires examination of claims processing and payment records, and imposes penalties for violations.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A1286  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/05/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 05/05/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** A4079  
**Sponsors:** Bodine (R8); Chatzidakis (R8)  
**Summary:** Repeals assessment on gross receipts of comprehensive outpatient rehabilitation facilities.  
**Subjects:** Health-Facilities  
**Related:** 2006:A418; 2006:S853; 2004:S2566  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/12/2005 – Assembly Health and Human Services Committee  
**History:** 05/12/2005 – Introduced and referred to Assembly Health and Human

Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** The Council did not want to support a bill that only benefits some physicians at the expense of others. 7/17/05 BOT referred back to the COL for reconsideration. COL opposed at 10/26/05 meeting for reason stated above. COL supports repealing the tax on all physicians.

---

**Bill:** A4080  
**Sponsors:** Bodine (R8); Chatzidakis (R8)  
**Summary:** Caps non-economic damages in medical malpractice actions arising from emergency care at \$250,000.  
**Subjects:** Civil Actions-Tort Liability; Health-Professionals  
**Related:** 2006:A419; 2006:S847; 2004:S2526  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/12/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 05/12/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** Tabled at 6/15/05 meeting. 10/26/05 COL supported to open further discussion of caps in committee and the bill covers all physicians responding to an emergency in the hospital not just ER physicians.

---

**Bill:** A4111  
**Sponsors:** Conaway (D7)  
**Summary:** Extends charity care payments to physicians providing hospital-based charity care.  
**Subjects:** Health-Facilities; Health-Finance  
**Related:** 2006:A1629  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/16/2005 – Assembly Health and Human Services Committee  
**History:** 05/16/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** The Council voted to support the bill if it is amended to clarify the rate to get paid. 7/17/05 BOT approved.

---

**Bill:** A4138  
**Sponsors:** Holzapfel (R10); Wolfe (R10)  
**Summary:** Provides immunity for certain volunteer health care professionals and nonprofit clinics.  
**Subjects:** Charities and Non-Profit Organizations; Civil Actions; Health Professionals  
**Related:** 2006:A1599  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/19/2005 – Assembly Judiciary Committee  
**History:** 05/19/2005 – Introduced and referred to Assembly Judiciary Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** A4179  
**Sponsors:** Conaway (D7)  
**Summary:** Deletes prior authorization requirements by certain insurers for accessing certain health care services.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A1631  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/13/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 06/13/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/06 COL supports because the bill takes out most pre-authorization requirements.

---

**Bill:** A4180  
**Sponsors:** Conaway (D7)  
**Summary:** Immunizes policyholders from liability within policy limits when coverage exceeds New Jersey Property-Liability Insurance Guaranty Association statutory limit of \$300,000.  
**Subjects:** Civil Actions-Tort Liability; Insurance-General And Miscellaneous  
**Related:** 2006:A1632  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/13/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 06/13/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey

**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports increasing guaranty fund limits when physicians face personal liability resulting from the dissolution of their medical malpractice carrier.

---

**Bill:** **A4182**  
**Sponsors:** Conaway (D7)  
**Summary:** Deems utilization management decisions on behalf of certain insurers to be practice of health care profession.  
**Subjects:** Health-Professionals  
**Related:** 2006:A2233  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/13/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 06/13/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** COL supports 10/26. This bill requires that the physicians making utilization decisions must be of the same specialty. The bill would allow the BME to exercise jurisdiction over these physicians.

---

**Bill:** **A4183**  
**Sponsors:** Conaway (D7); Conners (D7)  
**Summary:** Revises death record requirements.  
**Subjects:** Human Services-General and Miscellaneous; Public Records, Notice And Meetings  
**Related:** 2004:S2660  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/13/2005 – Assembly Health and Human Services Committee  
**History:** 06/13/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports revising the death pronouncement requirements to streamline the process so that the physician does not have to see the body to sign the death certificate.

---

**Bill:** **A4217**  
**Sponsors:** Fisher (D3)

**Summary:** Requires judges in divorce and in termination of domestic partnership actions to inquire whether parties want to change or revoke advance directive.  
**Subjects:** Domestic Relations  
**Related:** 2004:S2520  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/20/2005 – Assembly Judiciary Committee  
**History:** 06/20/2005 – Introduced and referred to Assembly Judiciary Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** **A4248**  
**Sponsors:** McKeon (D27); Panter (D12)  
**Summary:** Prohibits sale of flavored tobacco products.  
**Subjects:** Smoking and Tobacco  
**Related:** 2006:A1890; 2004:S2605  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/23/2005 – Assembly Health and Human Services Committee  
**History:** 06/23/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Priority:** June 15, 2005  
**Category:** Active

---

**Bill:** **A4325**  
**Sponsors:** Conaway (D7)  
**Summary:** Revises standards for expert witnesses in medical malpractice actions.  
**Subjects:** Civil Actions – Tort Liability; Health Professionals  
**Related:** 2006:A1634  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/30/2005 – Assembly Health and Human Services Committee  
**History:** 06/30/2005 – Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports tightening standards for who may qualify as an expert witness in malpractice actions. The bill limits those who may testify to practicing physicians. Would exclude academicians and those who do not have hospital privileges.

---

**Bill:** A4329  
**Sponsors:** Cohen (D20); Gordon (D38) +4  
**Summary:** Requires reporting and review of insurance carriers' health care claims processing and payment histories.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A316  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/30/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 06/30/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports requiring carriers to report their compliance with the prompt pay laws.

---

**Bill:** A4330  
**Sponsors:** Cohen (D20); Manzo (D31) +3  
**Summary:** Requires managed care companies to pay health care claims based on assignment of benefits and disclosed fee schedules; requires coverage under certain conditions; authorizes civil actions against violators.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A317  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/30/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 06/30/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports paying health care claims directly to physicians and not to patients, which can make it difficult for the physician to obtain payment for care. COL also supports the bills other provisions.

---

**Bill:** A4335  
**Sponsors:** Cohen (D20); Weinberg (D37) +4  
**Summary:** Requires certain disclosures from carriers; establishes new health care claims payment and appeals process; limits use of utilization management under certain circumstances.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A318; 2004:S2816  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/30/2005 – Assembly Financial Institutions and Insurance Committee

**History:** 06/30/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports streamlining how claims are submitted, reinforces prompt pay statute. COL also supports bills other provisions.

---

**Bill:** **A4345**  
**Sponsors:** Greenwald (D6); Chivukula (D17)  
**Summary:** Exempts certain physician's offices operating magnetic resonance imaging or computerized axial tomography services from requirement to obtain license to operate those services.  
**Subjects:** Health-Professionals  
**Related:** 2006:A1782; 2006:S1015; 2004:S2746  
**Progress:** 2nd House: Referred to Committee  
**Status:** 06/30/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 06/27/2005 – Introduced and referred to Assembly Budget Committee. Reported out of committee, 2nd reading in Assembly.  
06/30/2005 – Passed in Assembly 75-4-1. Received in Senate and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL opposes unless amended to change "physician office" to "licensed facility", COL very concerned with language that links physician offices to any type of tax. If you are licensed by the DHSS you are a facility. Bill reinstates provision that physician offices with MRI/CAT scan that were grandfathered before the Ambulatory tax not be subject to the licensing tax that was part of the Ambulatory tax as well as providing a time limitation for those facilities that are in non-compliance with the licensing statute (all offices established before 1992 were grandfathered, however, many established after 1992 are in non-compliance).

---

**Bill:** **AR292**  
**Sponsors:** Cohen (D20); Weinberg (D37)  
**Summary:** Constitutes Assembly Financial Institutions and Insurance and Health and Human Services Committees as a special committee to investigate business practices, financial activities and surplus policies of Horizon Blue Cross Blue Shield of New Jersey; confers  
**Subjects:** Insurance-Life and Health Insurance

**Related:** 2006:AR56  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/10/2005 – Assembly Financial Institutions and Insurance Committee  
**History:** 11/10/2005 – Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 Physicians continue to have reimbursement and claims issues with Horizon.

---

**Bill:** **S1939**  
**Sponsors:** Singer (R30); Asselta (R1) +3  
**Summary:** Repeals assessment on gross receipts of certain ambulatory care facilities.  
**Subjects:** Health-Facilities; Taxation-General and Miscellaneous  
**Related:** 2006:A711; 2004:A3630  
**Progress:** 1st House: Referred to Committee  
**Status:** 10/14/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 10/14/2004 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Tabled at December 15, 2004 meeting. Council voted to support at March 16 meeting. 7/17/05 BOT approved.

---

**Bill:** **S2023 Sca (1R)**  
**Sponsors:** Coniglio (D38)  
**Summary:** Requires certain health care professionals to establish and notify patients of procedure to obtain records when ceasing practice.  
**Subjects:** Health-General and Miscellaneous; Health-Professionals  
**Progress:** 2nd House: Referred to Committee  
**Status:** 06/30/2005 – Assembly Health and Human Services Committee  
**History:** 11/08/2004 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
06/09/2005 – Reported out of committee with committee amendments, 2nd reading in Senate.  
06/30/2005 – Passed in Senate 37-0. Received in Assembly and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose  
**Priority:** October 26, 2005

**Category:** Active  
**Notes:** 10/26/05 COL agrees the current statute more adequately reflects the time frame that appropriately defines ceasing to practice. This bill changes the time frame from 6 months to 3 years. Under existing regulations physicians must notify any patient they have seen in the last 6 months.

---

**Bill:** S2236 ScaScs (SCS)  
**Sponsors:** Vitale (D19); Buono (D18); Bryant (D5); Morgan (D12); Weinberg (D37); Gordon (D38); Wisniewski (D19); Voss (D38); Previte (D6); Watson Coleman (D15) +39  
**Summary:** "Family Health Care Coverage Act"; reestablishes NJ Family Care Program, expands eligibility for Medicaid program for parents and adults without dependent children and provides for pharmaceutical manufacturer rebates for GA program.  
**Subjects:** Human Services-Medicaid and Medicare; Insurance-Life and Health Insurance  
**Related:** 2004:A3724  
**Progress:** Pamphlet Law  
**Status:** 07/13/2005 – Bill or Resolution Signed by the Governor  
**History:** 01/24/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee. Reported out of committee with committee amendments, 2nd reading in Senate. Referred to Senate Budget and Appropriations Committee.  
06/23/2005 – Reported out of committee with committee substitute, 2nd reading in Senate. Emergency resolution 36-0 (Vitale). Passed in Senate 38-0. Received in Assembly and referred to Assembly Appropriations Committee.  
06/27/2005—Transferred to Assembly Budget Committee. Reported out of committee, 2nd reading in Assembly.  
06/30/2005—Substituted for A-3724 (ACS). Passed in Assembly and sent to Governor 77-3-0.  
07/13/2005—Signed by the Governor P.L.2005, c.156.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** See comments on A3724. 7/17/05 BOT approved.  
**Tracking:** Voting Report – Active Bills  
**Position:** Support

---

**Bill:** S2283 Scs (SCS)  
**Sponsors:** Gill (D34); Vitale (D19) +2  
**Summary:** Requires health insurers and SHBP providing dependent coverage to provide for election of coverage by certain dependents until their 30th birthday.

**Subjects:** Insurance-Life and Health Insurance; Public Employees-Benefits  
**Related:** 2004:A3759  
**Progress:** 1st House: 2nd Reading  
**Status:** 01/05/2006 – Substituted by another bill  
**History:** 01/31/2005 – Introduced and referred to Senate Commerce Committee.  
04/15/2005 – Pension and Health Benefits Review Commission reviewed and recommended to not enact.  
12/05/2005 – Reported out of committee with committee substitute, 2nd reading in Senate.  
01/05/2006 – Substituted by A-3759 (4R).  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** See comments on A3759. 7/17/05 BOT approved.

---

**Bill:** **S2308**  
**Sponsors:** Ciesla (R10)  
**Summary:** Prohibits certain health care professionals from charging patients for their records.  
**Subjects:** Health-Professionals  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/03/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 02/03/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** Council opposed - there are already regulations in place regarding medical records. BOT approved 7/17/05.

---

**Bill:** **S2369 ScaSa (2R)**  
**Sponsors:** Codey (D27); Cardinale (R39); Fisher (D3); Conaway (D7); Weinberg (D37); Greenstein (D14) +29  
**Summary:** "New Jersey Advance Directives for Mental Health Care Act."  
**Subjects:** Human Services-Mental Health  
**Related:** 2004:A3833  
**Progress:** Pamphlet Law  
**Status:** 09/22/2005 – Bill or Resolution Signed by the Governor  
**History:** 03/01/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
05/23/2005 – Reported out of committee with committee amendments, 2nd reading in Senate.  
06/23/2005 – Amended on Senate floor, 2nd reading in Senate 37-0

(Cardinale).

06/27/2005 – Passed in Senate 37-0. Received in Assembly w/o committee reference, 2nd reading in Assembly.

06/30/2005 – Substituted for A-3833 (2R). Passed in Assembly and sent to Governor 79-0-0.

09/22/2005 – Signed by the Governor P.L.2005, c.233.

**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** See comments on A3833. BOT approved 7/17/05  
**Tracking:** Voting Report – Active Bills  
**Position:** Support with Amendment

---

**Bill:** S2374 Sca (1R)  
**Sponsors:** Sweeney (D3); Gill (D34)  
**Summary:** Revises statutes regarding acupuncturists.  
**Subjects:** Professions and Occupations  
**Related:** 2006:A1694; 2004:A3687  
**Progress:** 1st House: 2nd Reading  
**Status:** 12/12/2005 – 2nd reading in the Senate  
**History:** 03/01/2005 – Introduced and referred to Senate Commerce Committee.  
12/12/2005 – Reported out of committee with committee amendments, 2nd reading in Senate.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** See comments on A3687. 7/17/05 BOT approved.

---

**Bill:** S2419  
**Sponsors:** Baer (D37); Vitale (D19) +3  
**Summary:** "Prompt Health Care Claims Processing and Reimbursement Act."  
**Subjects:** Insurance-Life and Health Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 03/14/2005 – Senate Commerce Committee  
**History:** 03/14/2005 – Introduced and referred to Senate Commerce Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support with Amendment  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** Council voted at March 16, 2005 meeting to table until next meeting.  
Council voted on 6/15 to support with the amendment that the loser pay provision is removed.  
7/17/05 BOT approved.

---

**Bill:** S2519  
**Sponsors:** Adler (D6); Martin (R26)  
**Summary:** Concerns dispersal of information on advance directives by issuer of marriage certificates and certificates of domestic partnership.  
**Subjects:** Domestic Relations  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/09/2005 – 2nd reading in the Senate  
**History:** 05/12/2005 – Introduced and referred to Senate Judiciary Committee.  
06/09/2005 – Reported out of committee, 2nd reading in Senate.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** S2520  
**Sponsors:** Adler (D6); Martin (R26)  
**Summary:** Requires judges in divorce and in termination of domestic partnership actions to inquire whether parties want to change or revoke advance directive.  
**Subjects:** Domestic Relations  
**Related:** 2004:A4217  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/09/2005 – 2nd reading in the Senate  
**History:** 05/12/2005 – Introduced and referred to Senate Judiciary Committee.  
06/09/2005 – Reported out of committee, 2nd reading in Senate.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** S2526  
**Sponsors:** Bark (R8)  
**Summary:** Caps non-economic damages in medical malpractice actions arising from emergency care at \$250,000.  
**Subjects:** Civil Actions-Tort Liability; Health-Professionals  
**Related:** 2006:A419; 2006:S847; 2004:A4080  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/12/2005 – Senate Commerce Committee  
**History:** 05/12/2005 – Introduced and referred to Senate Commerce Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active

**Notes:** See comments on A-4080.

---

**Bill:** S2566  
**Sponsors:** Bark (R8)  
**Summary:** Repeals assessment on gross receipts of comprehensive outpatient rehabilitation facilities.  
**Subjects:** Health-Facilities  
**Related:** 2006:A418; 2006:S853; 2004:A4079  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/19/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 05/19/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** The Council did not want to support a bill that only benefited some physicians at the expense of others. 7/17/05 – BOT referred back to Council for reconsideration. 10/26/05 – COL reaffirms opposition. See A4079.

---

**Bill:** S2605  
**Sponsors:** Vitale (D19); Buono (D18)  
**Summary:** Prohibits sale of flavored tobacco products.  
**Subjects:** Smoking and Tobacco  
**Related:** 2006:A1890; 2004:A4248  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/09/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 06/09/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Priority:** June 15, 2005  
**Category:** Active  
**Tracking:** Medical Liability Bills  
**Priority:** June 15, 2005  
**Category:** Priority

---

**Bill:** S2655  
**Sponsors:** Sweeney (D3)  
**Summary:** Increases threshold and reduces gross receipts tax assessment on certain ambulatory care facilities.  
**Subjects:** Health-Facilities  
**Related:** 2004:A3940

**Progress:** 1st House: Referred to Committee  
**Status:** 06/16/2005 – Senate Budget and Appropriations Committee  
**History:** 06/16/2005 – Introduced and referred to Senate Budget and Appropriations Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** BOT approved 7/17/05.

---

**Bill:** **S2660**  
**Sponsors:** Vitale (D19); Singer (R30)  
**Summary:** Revises death record requirements.  
**Subjects:** Human Services-General and Miscellaneous; Public Records, Notice and Meetings  
**Related:** 2004:A4183  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/16/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 06/16/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Liability Bills  
**Priority:** October 26, 2005  
**Category:** Priority  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** See A 4183.

---

**Bill:** **S2666**  
**Sponsors:** Lesniak (D20)  
**Summary:** Makes certain changes to requirements related to gross receipts assessment on health care facilities.  
**Subjects:** Health-Facilities  
**Related:** 2006:S167; 2004:A3862  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/20/2005 – Senate Budget and Appropriations Committee  
**History:** 06/20/2005 – Introduced and referred to Senate Budget and Appropriations Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** March 16, 2005 meeting  
**Category:** Active  
**Notes:** BOT approved 7/17/05.

---

**Bill:** S2746  
**Sponsors:** Sweeney (D3)  
**Summary:** Exempts certain physician's offices operating magnetic resonance imaging or computerized axial tomography services from requirement to obtain license to operate those services.  
**Subjects:** Health-Professionals  
**Related:** 2006:A1782; 2006:S1015; 2004:A4345  
**Progress:** 1st House: Referred to Committee  
**Status:** 09/26/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 09/26/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** See comments on A4345.

---

**Bill:** S2760  
**Sponsors:** Codey (D27); Cardinale (R39) +1  
**Summary:** Establishes involuntary outpatient commitment to treatment for persons in need of involuntary commitment.  
**Subjects:** Human Services-Mental Health  
**Related:** 2006:S1093; 2004:A4510  
**Progress:** 1st House: Referred to Committee  
**Status:** 09/26/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 09/26/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26/05 COL supports for the patient's safety and to contain the "revolving door" mental health patients often pass through. COL also supported because the conditions covered in the bill are biological conditions. The Psychiatric Assoc supports, however, other mental health organizations are split on the issue.

---

**Bill:** S2795  
**Sponsors:** Kean, T. (R21); Bucco (R25)  
**Summary:** Exempts certain physician-owned or operated ambulatory health care facilities from ambulatory care gross receipts assessment if facility is Medicaid or NJ Family Care provider.  
**Subjects:** Health-Facilities

**Related:** 2006:A2087; 2004:A3407; 2004:S2975  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/10/2005 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 11/10/2005 – Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Oppose Unless Amended  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** See comments on A3407.

---

**Bill:** **S2812**  
**Sponsors:** Coniglio (D38)  
**Summary:** Permits students in grades nine through 12 to self-administer medication for life-threatening allergic reactions.  
**Subjects:** Education-General and Miscellaneous  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/10/2005 – Senate Education Committee  
**History:** 11/10/2005 – Introduced and referred to Senate Education Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** 10/26 COL supports.

---

**Bill:** **S2816**  
**Sponsors:** Buono (D18)  
**Summary:** Requires certain disclosures from carriers; establishes new health care claims payment and appeals process; limits use of utilization management under certain circumstances.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2006:A318; 2004:A4335  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/10/2005 – Senate Commerce Committee  
**History:** 11/10/2005 – Introduced and referred to Senate Commerce Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** October 26, 2005  
**Category:** Active  
**Notes:** See comments on A4335.

---

**Bill:** **SR96**  
**Sponsors:** Kean, T. (R21)  
**Summary:** Urges Congress to enact medical malpractice reform legislation.

**Subjects:** Civil Actions-Tort Liability; Federal Relations-Memorializations;  
Health-Professionals  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/12/2005 – Senate Commerce Committee  
**History:** 05/12/2005 – Introduced and referred to Senate Commerce Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

---

**Bill:** **SR98**  
**Sponsors:** Kyrillos (R13)  
**Summary:** Memorializes Congress to support lawsuit reform.  
**Subjects:** Federal Relations-Memorializations; Judiciary  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/12/2005 – Senate Judiciary Committee  
**History:** 05/12/2005 – Introduced and referred to Senate Judiciary Committee.  
**Tracking:** Medical Society of New Jersey  
**Position:** Support  
**Priority:** June 15, 2005  
**Category:** Active  
**Notes:** 7/17/05 BOT approved.

# COUNCIL ON PUBLIC HEALTH

**Stanley R. Lane, MD, Chair**

## **House Action: Filed**

The 2005 meetings of the Council on Public Health were held on February 9, 2005, May 25, 2005, and September 21, 2005.

## **Presentations**

The council heard seven presentations on public health topics.

Mr. James Blumenstock provided information on the state's ability to respond to a public health emergency. Several steps have and continue to be taken to improve in this area.

Joan Pritchard and Mike Raich presented information on the state's new Electronic Death Registration System. There is a state law which requires electronic registration of all deaths in New Jersey. The Department of Health and Senior Services is looking for physicians to participate in a pilot of the system.

Mary Ann Reiter and Dr. Howard Goldstein provided information on the state's Diabetes Council and task forces. Ten task forces have been established to facilitate work on the many facets of addressing diabetes in New Jersey: Resource Management, Information Management, Government Relations, Quality Improvement, Clinical Services, Multicultural Health Disparities, Primary Prevention, Marketing, Surveillance, and Research and Evaluation. Ms. Reiter agreed to submit a brief article for publication in MSNJ's e-news or the newsletter (under development).

Dr. Anita Falla presented a brief summary of the subcommittee on hearing loss activities, which included a draft resolution on the topic for consideration by the MSNJ Board of Trustees. The council recommends that this issue be presented to The Institute of Medicine and Public Health of New Jersey, Inc. for possible grant writing opportunities. The council acknowledges the work and passion of Dr. Falla on this increasingly prevalent public health problem.

Dr. Linda Korman presented a brief summary of activities related to addressing the issues of obesity in New Jersey. A grant proposal was submitted to the Robert Wood Johnson Foundation but was rejected. Dr. Korman serves on several state committees on a variety of issues related to obesity.

Mr. Arthur Meisel, Esq. presented data to the council on public water fluoridation in New Jersey. New Jersey is ranked 48<sup>th</sup> in the country for public water fluoridation. The only city in New Jersey currently fluoridating public water is Trenton. Public water fluoridation is of greatest benefit to urban children due to access of care issues. These children seldom receive professional dental care or fluoride treatments offered in other school districts.

Dr. Peter Blumenthal provided statistics on child death from abuse or neglect-related injury in New Jersey. Lori Donovan with the American Academy of Pediatrics, New Jersey Chapter, provided an overview of curriculum developed by the Academy and the Pediatric Council on Research & Education, Inc. The curriculum is designed for use by private physician practices in New Jersey. Trainings are held on a practice-by-practice basis. The cost of the program varies according to the size of each practice. Dr. Blumenthal and Dr. Michael Graff agreed to arrange a meeting with Dr. Steven Kairys of the Academy of Pediatrics, New Jersey Chapter, to explore the feasibility of adapting the program for presentation to larger numbers of physicians and the related cost for such a program. Dr. Blumenthal agreed to communicate the outcome of that meeting with this council. The council will also explore continuing medical education opportunities with The Institute of Medicine and Public Health of New Jersey, Inc.

### **Recommendations**

The council made the six recommendations on public health issues to the Board of Trustees, which the Board approved.

1. Public Water Fluoridation. The council recommended that MSNJ support public water fluoridation in New Jersey.

2. Hearing Loss. The council recommended that MSNJ support a public and professional awareness campaign about hearing loss from noise

exposure and that MSNJ work with appropriate partners including private industry, public and private foundations, and relevant specialty societies to raise awareness; and that MSNJ communicate this resolution to the governor, legislative leaders, the commissioners of health & senior services and banking & insurance, the New Jersey Department of Law & Public Safety, the New Jersey School Boards Association, the New Jersey Education Association, the New Jersey Principals and Supervisors Association, and all relevant medical specialty societies. The council encourages the President of MSNJ to appoint Dr. Anita Falla to coordinate efforts with appropriate partners to raise awareness on this issue. The council also recommends that this issue be presented to The Institute of Medicine and Public Health of New Jersey, Inc. for possible grant writing opportunities.

3. Flu Vaccines. The 2005 House of Delegates referred this resolution to the council for appropriate action. The council recommended that MSNJ approve that doctors, hospitals, and nursing homes receive adequate flu vaccine supplies before the vaccine is distributed to commercial institutions as a first step towards developing a national distribution policy for flu vaccines. The council recommended that MSNJ send a letter to the American Medical Association noting the passage of this resolution.

4. Diesel Clean-Up. The council recommended that MSNJ support appropriate measures to reduce diesel emissions in New Jersey.

5. Vaccines for Children. The 2005 House of Delegates referred this resolution to the council for appropriate action. The council recommended that MSNJ petition the American Medical Association to seek legislation that will include all children under the Vaccine for Children grant and that this legislation provide for national stockpiling under the direction of the Centers for Disease Control and Prevention.

6. Blister Packaging. The 2005 House of Delegates referred this resolution to the council for appropriate action. The council recommended that this resolution be returned to the author with a request for supporting documentation and statistical data.

## **Referrals**

The council received one referral from the Board of Trustees.

The Board of Trustees referred a resolution that the Medical Society of New Jersey endorse routine screening for HIV infection. Upon review, the council determined that this resolution is a reaffirmation of current MSNJ policy. The discussion was tabled pending clarification from the Board of Trustees concerning the author's intention in submitting the resolution. Perhaps the author is suggesting mandatory testing in lieu of voluntary testing as stated in current policy. The council will resume its discussion upon receipt of the author's response.

In discussing this resolution, the council determined that the Society should revisit the HIV/AIDS policy. Portions of the policy were written almost a decade ago and perhaps do not reflect advances in detection and treatment of HIV/AIDS. The council will initiate this process at its next meeting.

## **RESOLUTION #1**

**Introduced by:**     **Union County Medical Society**

**Subject:**           **Restoration of the Power of the House of Delegates  
to Determine Membership Dues**

**House Action:**     **Not Adopted.**

**RESOLVED**, that the pertinent wording of the Constitution and Bylaws of the Medical Society of New Jersey revert to the language therein prior to the changes proscribed by the 2005 special session of the House of Delegates; and be it further

**RESOLVED**, that the annual dues structure recommended by the Board of Trustees shall be approved or modified by the House of Delegates at the annual meeting of the Medical Society of New Jersey.

## **RESOLUTION #2**

**Introduced by:**     **Somerset County Medical Society**

**Subject:**           **Stem Cell Research Ethics**

**House Action:**     **Adopted as Amended.**

**RESOLVED**, that the Medical Society of New Jersey petition the legislature of the State of New Jersey to enact any and all laws it deems suitable to prevent the exploitation of women involved in embryonic stem cell research; and be it further

**RESOLVED**, that such laws require complete informed-consent forms that enumerate all risks associated with hormonal manipulation, surgical procedures, and anesthesia involved in harvesting ova for the purpose of embryonic stem cell research and that no inflation of benefits to the person or to society as a whole be made in writing or verbally as an inducement to participate in such research; and be it further

**RESOLVED**, that the law allow only those cell lines that have been obtained in a manner consistent with legal restrictions and ethical standards for use in stem cell research in any State of New Jersey-funded research or in any facilities funded by or created by State of New Jersey tax revenues.

### **RESOLUTION #3**

**Introduced by:** Middlesex County Medical Society

**Subject:** MSNJ Annual Meeting

**House Action:** The following Substitute Resolution was adopted for Resolutions 3 and 12:

**RESOLVED**, that the Medical Society of New Jersey hold sessions of the House of Delegates on weekends and in New Jersey, when feasible.

### **RESOLUTION #4**

**Introduced by:** Monmouth, Hudson, and Passaic County Medical Societies

**Subject:** AMA Delegation Tenure

**House Action:** Not Adopted.

**RESOLVED**, that the Medical Society of New Jersey House of Delegates support the proposed Bylaw amendment extending the maximum number of two-year terms from six to ten.

### **RESOLUTION #5**

**Introduced by:** Monmouth County Medical Society

**Subject:** Selection of Annual Meeting Location

**House Action:** Adopted as Amended.

**RESOLVED**, that the location of each annual meeting be determined at least three years prior to the meeting.

## **RESOLUTION #6**

**Introduced by:**     **Teresa E. Thomas, MD**  
                              **Delegate, Ocean County**

**Subject:**             **Tracking Patient Narcotic Use**

**House Action:**     **Referred to the Council on Medical Services for consideration and study of the resolution's effect on the following: increased physician liability, patient confidentiality, and forcing policing responsibility onto physicians.**

**RESOLVED**, that the New Jersey CDS institute a tracking service for narcotic users, traceable on the Internet by social security number and drivers license number; and be it further

**RESOLVED**, that physicians, with their DEA and CDS numbers, can gain Internet access to the number and frequency of narcotic prescriptions filled and the type of narcotic used by any of their patients.

## **RESOLUTION #7**

**Introduced by:**     **Essex County Medical Society**

**Subject:**             **Uniform Physician ID**

**House Action:**     **Adopted as Amended.**

**RESOLVED**, that the Medical Society of New Jersey work directly with state authorities to get a uniform picture ID that would get physicians through police, state, or National Guard barriers; and be it further

**RESOLVED**, that the American Medical Association institute a national uniform ID that would get physicians through security barriers; and be it further

**RESOLVED**, that funding be investigated for this project, particularly national disaster planning funds.

**RESOLUTION #8**

**Introduced by:** Essex County Medical Society

**Subject:** Interview Techniques by Hospital Social Workers

**House Action:** Not Adopted.

**RESOLVED**, that the Medical Society of New Jersey work with the New Jersey Hospital Association to eliminate unnecessary confrontation of patients by hospital social workers.

**RESOLUTION #9**

**Introduced by:** Essex County Medical Society

**Subject:** School Evacuation of Disabled Children

**House Action:** Referred to the Council on Public Health for study and report.

**RESOLVED**, that the Medical Society of New Jersey petition the Commissioner of Education and the Governor's Office of Disaster Planning and the School Nurses Association to coordinate a plan for the needs of specialized children during an evacuation.

**RESOLUTION #10**

**Introduced by:** Essex County Medical Society

**Subject:** Standard Formulary Review Board

**House Action:** Adopted.

**RESOLVED**, that the Medical Society of New Jersey petition the governor to create an appropriate review board to assure completeness and safe substitutions of drugs withdrawn from managed care formularies; and be it further;

**RESOLVED**, that the Medical Society of New Jersey have representation on this board.

### **RESOLUTION #11**

**Introduced by:** Essex County Medical Society

**Subject:** Stockpiling for and Expanding the Vaccines for Children Program

**House Action:** MSNJ policy reaffirmed in lieu of Resolution 11. A resolution has been forwarded to the AMA calling for the action requested.

**RESOLVED**, that the Medical Society of New Jersey petition the American Medical Association to seek legislation that will include all children under the Vaccine for Children Program; and be it further

**RESOLVED**, that this legislation provide for national stockpiling of vaccines under the direction of the Centers for Disease Control and Prevention.

### **RESOLUTION #12**

**Introduced by:** Essex County Medical Society

**Subject:** MSNJ Annual Meeting

**House Action:** The following Substitute Resolution was adopted for Resolutions 3 and 12:

**RESOLVED**, that the Medical Society of New Jersey hold sessions of the House of Delegates on weekends and in New Jersey, when feasible.

### **RESOLUTION #13**

**Introduced by:** Essex County Medical Society

**Subject:** Geographic Distribution of MSNJ Annual Meeting

**House Action: Not Adopted.**

**RESOLVED**, that the Medical Society of New Jersey distribute the site of the annual meeting between the northern, central, and southern areas of the state.

**RESOLUTION #14**

**Introduced by: Essex County Medical Society**

**Subject: Influenza Vaccine Purchasing Cooperative**

**House Action: Referred to the Board of Trustees for study of the fiscal impact of implementing the resolution.**

**RESOLVED**, that the Medical Society of New Jersey play a proactive role in purchasing a large amount of influenza vaccine and distributing that vaccine to MSNJ members according to a pre-ordered and pre-paid requisition.

**RESOLUTION #15**

**Introduced by: Camden County Medical Society**

**Subject: Creating New CPT Reimbursement Category**

**House Action: The following Substitute Resolution was adopted for Resolution 15:**

**RESOLVED**, that the Medical Society of New Jersey petition the American Medical Association to recognize the increasing burden of administrative time spent on patient advocacy and quality assurance with third-party payors by creating a new CPT code for payment of this activity.

**RESOLUTION #16**

**Introduced by: Middlesex County Medical Society**

**Subject: Pre-certification Should Equate to Payment to the Physician**

**House Action:** Referred to the Council on Legislation to craft legislation that would provide a means of enforcement.

**RESOLVED**, that the Medical Society of New Jersey shall approach leaders in both houses of New Jersey government to pass legislation that mandates that insurance companies reimburse physicians for procedures and services that received prior insurance company authorization.

### **RESOLUTION #17**

**Introduced by:** Michael J. Spedick, MD  
Delegate, Ocean County

**Subject:** Medical Peer Review Panel

**House Action:** Referred to the Board of Trustees so that they can work with sub-specialty medical societies to develop a task force, within the next four months, to address the concept represented in Resolution 17.

**RESOLVED**, that the Medical Society of New Jersey recognizes the importance of proactively evaluating all medical malpractice claims brought against New Jersey physicians so as to bring a learned and conclusive consensus of opinion as to the merits of a claim of medical negligence early in the litigation process and publish such conclusions for both educational and defense goals; and be it further

**RESOLVED**, that to accomplish this goal the Medical Society of New Jersey should recruit physicians and specialists to voluntarily serve on a Peer Review Panel and to maintain verification of their credentials; and be it further

**RESOLVED**, that the Medical Society of New Jersey disseminate this list of experts to physicians, defense attorneys, and malpractice carriers as a statewide network of experts willing to review the facts of a claim within weeks of claim notification; and be it further

**RESOLVED**, that the Medical Society of New Jersey assign, by a system of rotation, one panel member to oversee the prompt review of the facts of the

claim and applicable medical literature so as to write a consensus opinion, protecting patient identity, worthy of publication in a peer-reviewed journal, allowing such a document to serve as a “learned treatise”; and be it further

**RESOLVED**, that the Medical Society of New Jersey add a section to its web site that provides “best practice rules” in the common areas that trigger claims of negligence—such as informed consent, decision pathways in common conditions (such as myocardial infarction, deep venous thrombosis, and head injury), proper office follow-up techniques, and use of antibiotics and consultations—and enhance and update this web site with each claim review; and be it further

**RESOLVED**, that the Medical Society of New Jersey be aware that the facts of this review and the identity of the reviewers are protected from discovery by the defense attorney “work product” rule; and be it further

**RESOLVED**, that the Medical Society of New Jersey be aware that if the work of such a panel is successful, within 180 days, in producing a consensus such that a plaintiff’s attorney is convinced that the case is without merit, the physicians do not suffer an increased claim rating in their malpractice profiles as stipulated in the “New Jersey Medical Care Access and Responsibility and Patients First Act”; and be it further

**RESOLVED**, that the findings of this panel can be used to recommend to the appropriate national specialty board that disciplinary action be considered against the plaintiff’s expert if the panel finds that the testimony represented “unprofessional conduct”; and be it further

**RESOLVED**, that the Medical Society of New Jersey consider reestablishing the publication *New Jersey Medicine* as a peer-reviewed journal, for the publication of these anonymous case studies, for its educational value to New Jersey physicians in both the medical aspects of patient care and the legal aspects of liability exposure; and be it further

**RESOLVED**, that the Medical Society of New Jersey encourage all New Jersey physicians to be active on this panel and propose to insurance carrier underwriters that member physicians deserve a premium discount as those physicians represent a lower liability risk given their experience in evaluating issues of litigation and thus have a greater insight into prevention; and be it further

**RESOLVED**, that the Medical Society of New Jersey be aware that a plaintiff's attorney may also request the Peer Review Panel list and may contact member physicians, but the physicians would be free to decide for themselves whether to accept the case for review; and be it further

**RESOLVED**, that the Medical Society of New Jersey be aware that this program may become a national model in which a state medical society has the courage to assume its rightful responsibility to educate New Jersey physicians in areas of "best practices," openly consider the debate on "medical errors," promote quality medicine for its citizens, be a vocal advocate for medical justice, and be available as an advisory board if ever "medical courts" were to be established.

### **RESOLUTION #18**

**Introduced by:** Middlesex County Medical Society

**Subject:** Anesthesiology Services during Colonoscopy Examinations

**House Action:** Adopted as Amended.

**RESOLVED**, that the Medical Society of New Jersey supports the use of deep sedation, administered and monitored by a qualified anesthesia provider who is not otherwise responsible for patient care, during routine colonoscopy examinations, when indicated; and be it further

**RESOLVED**, that the Medical Society of New Jersey shall provide a copy of this resolution to the chairs of both the New Jersey Senate Health, Human Services and Senior Citizens Committee and the New Jersey Assembly Health and Senior Services Committee, and to the commissioners of the New Jersey Department of Banking and Insurance (DOBI) and to the New Jersey Department of Health and Senior Services (DHSS), to alert them to this vital public health issue; and be it further

**RESOLVED**, that the Medical Society of New Jersey pledges to support and assist DOBI and DHSS in writing regulations to compel carriers in New Jersey to provide coverage for the professional services of an anesthesia provider during colonoscopy examinations, when deemed medically necessary by the treating physician.

## **RESOLUTION #19**

**Introduced by:** Burlington County Medical Society

**Subject:** Uniform Vision Standards for all Drivers in the United States

**House Action:** Referred to the Council on Public Health for further investigation and recommendation.

**RESOLVED**, that the Medical Society of New Jersey encourage the American Medical Association to communicate with the representatives of the Department of Motor Vehicles in each state; and be it further

**RESOLVED**, that this communication would strive for a uniform standard of vision for all drivers in the United States, in order to improve safety and reduce morbidity and mortality from motor vehicle accidents.

## **RESOLUTION #20**

**Introduced by:** Hudson County Medical Society

**Subject:** Pay-for-Performance Initiative

**House Action:** Adopted.

**RESOLVED**, that the Medical Society of New Jersey firmly maintain that any Pay-for-Performance initiative begin *a priori* with a significant increase in reimbursement to physicians to cover their increased work, administrative burden, and cost of hardware and software involved in its implementation; and be it further

**RESOLVED**, that the New Jersey delegation submit a similar resolution to the AMA House of Delegates.

## **RESOLUTION #21**

**Introduced by:** Hudson County Medical Society

**Subject:** Diagnostic Testing Reimbursement

**House Action:** Referred to the Board of Trustees.

**RESOLVED**, that increased reimbursement to physicians be sought by the Medical Society of New Jersey for the collection and processing of laboratory specimens; and be it further

**RESOLVED**, that the Medical Society of New Jersey seek increased reimbursement for conveying the results of diagnostic testing to patients.

### **RESOLUTION #22**

**Introduced by:** Essex County Medical Society

**Subject:** Broader Physician Participation in the Annual Meeting Committee

**House Action:** Not Adopted. (The President is able to appoint an unlimited number of members to serve on this committee; the only restriction is the number of elected members, which is limited to three.)

**RESOLVED**, that Chapter IX, Section 3, of the Bylaws of the Medical Society of New Jersey be amended as follows: “The Committee on Annual Meeting shall consist of one member from each county medical society selected by those societies, and a discretionary number appointed by the President.”

### **RESOLUTION #23**

**Introduced by:** Nicholas A. Rossos, MD  
Delegate, Mercer County

**Subject:** Distribution of Influenza Vaccines

**House Action:** Referred to the Council on Public Health to study its feasibility.

**RESOLVED**, that, in future years, New Jersey physicians, hospitals, and nursing homes should get their full supply of influenza vaccines (or any other emergency vaccines) before business establishments, such as food

markets or malls, to ensure that all patients will be vaccinated in a timely and efficient manner.

#### **RESOLUTION #24**

**Introduced by:** Passaic County Medical Society

**Subject:** Pre-certification for FDA-Approved Prescription Medications

**House Action:** The following Substitute Resolution was adopted for Resolution 24:

**RESOLVED**, that the Medical Society of New Jersey petition the commissioner of the New Jersey Department of Banking and Insurance to require insurance companies to not deny and to eliminate pre-certification of FDA-approved prescription medications; and be it further

**RESOLVED**, that the American Medical Association work to eliminate the denial or pre-certification of FDA-approved prescription medications by Medicare Part D and other insurance companies.

#### **RESOLUTION #25**

**Introduced by:** Passaic County Medical Society

**Subject:** Provider List Updates

**House Action:** Adopted as Amended.

**RESOLVED**, that the Medical Society of New Jersey request the commissioner of the New Jersey Department of Banking and Insurance to require insurance companies to update their provider lists quarterly to prevent misleading the public as to who is a member of the provider's network.

#### **RESOLUTION #26**

**Introduced by:** Passaic County Medical Society

**Subject: Purchase of Insurance**

**House Action: Adopted.**

**RESOLVED**, that individuals should have the same purchasing options as groups in order to get affordable health coverage.

**RESOLUTION #27**

**Introduced by: Camden County Medical Society**

**Subject: Phone and Paperwork Relief**

**House Action: The following Substitute Resolution was adopted for Resolution 27:**

**RESOLVED**, that the Medical Society of New Jersey adopt a policy that considers administrative functions not related to direct patient care, such as phone and paperwork time, as non-covered services; and be it further

**RESOLVED**, that the Medical Society of New Jersey petition the commissioner of the New Jersey Department of Banking and Insurance to recognize these services as being non-covered.

**RESOLUTION #28**

**Introduced by: Union County Medical Society**

**Subject: Physician Contracts with Nursing Homes**

**House Action: Adopted.**

**RESOLVED**, that the Medical Society of New Jersey develop a contract for its members to use when seeing nursing-home patients wherein the nursing home recognizes that the physician performs services for their patients and that the nursing home is liable for reimbursement of those services within a certain time frame; and be it further

**RESOLVED**, that the Medical Society of New Jersey petition the American Medical Association to seek assurance that Medicare Part A will withhold

reimbursement from the nursing home if the physician is not properly reimbursed.

### **RESOLUTION #29**

**Introduced by:** Camden County Medical Society

**Subject:** Parity in Medicare Reimbursement

**House Action:** Adopted.

**RESOLVED**, that the Medical Society of New Jersey requests Congress to reverse the drastic Medicare reimbursement cuts for outpatient procedures and imaging; and be it further

**RESOLVED**, that any overall reductions in Medicare payments be equitably applied to all sectors of medical care: hospitals, pharmaceutical companies, managed care companies, and physicians rather than disproportionately targeting the physician sector or any one medical specialty; and be it further

**RESOLVED**, that the Medical Society of New Jersey forward a resolution to the American Medical Association to encourage the American Medical Association to work with Medicare and Congress to accomplish equitable payments.