



2009 MSNJ Transactions

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MEDICAL SOCIETY OF NEW JERSEY



APPROVAL OF PREVIOUS ACTIONS

PROCEDURAL RULES OF THE HOUSE OF DELEGATES

2008 TRANSACTIONS

The House of Delegates approved the Transactions of the 2008 Annual Meeting, 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** ❖

Rajendra Prasad Gupta, MD, President
Joseph H. Reichman, MD, President-Elect
Donald J. Cinotti, MD, First Vice-President
Niranjan V. Rao, MD, Second Vice-President
Richard J. Scott, MD, Immediate Past-President
Ruth J. Schulze, MD, Secretary
Robert S. Rigolosi, MD, Treasurer

❖ **Trustees** ❖

Rafael Attiya, MD
Steven Berkowitz, MD
Mary F. Campagnolo, MD
Shahid N. Haque, MD
Linda Z. Korman, MD
Alan J. Lippman, MD
Richard A. Menghetti, MD
Bruce A. Monaghan, MD
Laurie S. Nahum, MD
John W. Poole, MD
Michael J. Richardson, MD
John S. Salaki, MD
Steven P. Shikiar, MD
Francis J. Lumia, MD, Speaker, House of Delegates
Eugene Joseph Lind, MD, Vice-Speaker, House of Delegates
Thomas Bojko, MD, Section on Academic Medicine
Charles M. Moss, MD, Organized Medical Staff Section
Janusz S. Kornicki, MD, International Medical Graduates Section
Edward Von Der Schmidt, III, MD, Medical Specialty Societies
Teresa Qureshi, MSNJ Alliance
Erica Dommasch, Student Member
Thomas McCann, Student Member

❖ **Judicial Councilors** ❖

Steven A. Maser, MD, First District
Michael B. Kesselbrenner, MD, Second District
Christopher E. Gribbin, MD, Secretary, Third District
Richard C. Hartwell, MD, Fourth District
Harry L. Chaikin, MD, Chair, Fifth District

❖ **Appointments** ❖

Francis J. Lumia, MD, Speaker, House of Delegates
Eugene Joseph Lind, MD, Vice-Speaker, House of Delegates
M. Arif Hashmi, MD, Chief Teller
Harry L. Chaikin, MD, Chief Sergeant-at-Arms
A. Ralph Kristeller, MD, Sergeant-at-Arms
Steven Levenberg, MD, Sergeant-at-Arms

ELECTION RESULTS

<u>OFFICE</u>	<u>TERM</u>	<u>FROM</u>	<u>TO</u>	<u>PHYSICIAN/COUNTY</u>
President-Elect	1 year	May	May	Donald J. Cinotti, MD Hudson
		2009	2010	
1st Vice-President.....	1 year	May	May	Niranjan V. Rao, MD Middlesex
		2009	2010	
2nd Vice-President	1 year	May	May	Mary F. Campagnolo, MD Burlington
		2009	2010	

TRUSTEES

1st District	3 years	May	May	Paul J. Carniol, MD Union
		2009	2012	
4th District.....	3 years	May	May	Steven Berkowitz, MD Monmouth
		2009	2012	
4th District.....	2 years	May	May	Joseph P. Costabile, MD Camden
		2009	2011	
5th District.....	3 years	May	May	Bruce A. Monaghan, MD Gloucester
		2009	2012	
Member-at-Large	3 years	May	May	Vijay Gupta, MD Passaic
		2009	2012	

JUDICIAL COUNCILORS

3rd District.....	3 years	May	May	Christopher E. Gribbin, MD Middlesex
		2009	2012	

AMA DELEGATES

2 years	Jan	Dec.....	Michael H. Bernstein, MD Passaic
	2010	2011	
2 years	Jan	Dec.....	Robert S. Rigolosi, MD Bergen
	2010	2011	

AMA ALTERNATE DELEGATES

<u>OFFICE</u>	<u>TERM</u>	<u>FROM</u>	<u>TO</u>	<u>PHYSICIAN/COUNTY</u>
	2 years	Jan 2010	Dec..... 2011	Joseph P. Costabile, MD Camden
	2 years	Jan 2010	Dec..... 2011	Joseph J. Fallon, Jr., MD Camden
	2 years	Jan 2010	Dec..... 2011	Michael J. Richardson, MD Middlesex

ADMINISTRATIVE COUNCILS

LEGISLATION

4th District	2 years	May 2009	May 2011	Ira U. Smith, MD Burlington
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MEDICAL SERVICES

1st District	2 years	May 2009	May 2011	Jay E. Bowen, DO Union
1st District	2 years	May 2009	May 2011	Jonathan F. Lara, MD Essex
2nd District	2 years	May 2009	May 2011	John J. Di Gioia, Jr., MD Hudson
4th District	2 years	May 2009	May 2011	M. Arif Hashmi, MD Camden
4th District	2 years	May 2009	May 2011	Vacancy
5th District	2 years	May 2009	May 2011	Vacancy
5th District	2 years	May 2009	May 2011	Vacancy
Member-at-Large	2 years	May 2009	May 2011	Michael B. Kesselbrenner, MD Passaic

PUBLIC HEALTH

<u>OFFICE</u>	<u>TERM</u>	<u>FROM</u>	<u>TO</u>	<u>PHYSICIAN/COUNTY</u>
4th District.....	2 years	May	May	Scott R. Schaffer, MD Camden
		2009	2011	
5th District.....	2 years	May	May	Vacancy
		2009	2011	
Member-at-Large	2 years	May	May	Vacancy
		2009	2011	

STANDING COMMITTEES

ANNUAL MEETING

2 years

May	May	Marvin H. Wallen, MD
2009	2011	Essex

FINANCE & BUDGET

2 years

May	May	Vilma G. Fule, MD
2009	2011	Hudson

MEDICAL EDUCATION

2 years

May	May	Karen M. Brynildsen, MD
2009	2011	Morris

REFERENCE COMMITTEE ON CONSTITUTION AND BYLAWS/A

❖ **Membership** ❖

Joel M. Gottlieb, MD, Chair, Morris County

Philip E. Kline, MD, Union County

David E. Konigsberg, MD, Bergen County

Franklin I. Margolis, MD, Warren County

Steven Levenberg, MD, Mercer County

REFERENCE COMMITTEE B

❖ **Membership** ❖

Michael A. Graff, MD, Chair, Monmouth County

Joseph J. Fallon, Jr., MD, Camden County

James A. Fox, MD, Hunterdon County

Paul G. Nicholas, III, DO, Salem County (unable to serve)

Thomas S. Vates, III, MD, Middlesex County

PRESIDENT AND CHAIR OF THE BOARD OF TRUSTEES

RAJENDRA PRASAD GUPTA, MD

HOUSE ACTION: FILED

When I began my presidency, I did so with opinions that were formed through the various trials and tribulations I experienced as a practicing physician. My belief in the importance of organized medicine began during my training in India; continued during my brief stay in the United Kingdom, practicing under the National Health Service; and continued after I came to the United States. We all have heard that united we stand and divided we fall, and I believe strongly that this is the truth. I am fiercely loyal to organized medicine, and I believe that whatever freedom is left in the patient–physician relationship exists because of organizations like the Medical Society of New Jersey (MSNJ) and the American Medical Association (AMA).

LEGISLATIVE MATTERS

On the legislative front, we anticipate a new ambulatory-surgery centers bill being signed into law by Governor Jon Corzine in the early spring. The legislation addresses ownership and self-referral issues for physicians. We also were able to prevent a requirement for additional hours of CME on the importance of organ donation.

We participated in the new Family Leave Act debate, but, unfortunately, the new law will burden physicians' offices, because even small offices face the reality of struggling to replace an employee who takes a leave.

The wrongful death bill has not passed, even though it is still being pushed by the trial bar. MSNJ and a consortium of organizations are working to oppose this bill.

While tort reform remains a difficult task in the current New Jersey legislative environment, MSNJ continues to look at alternative ways of reducing medical liability insurance premiums. At the Policy and Strategy Panel (PSP) meetings

we heard from organizations that espouse alternate approaches, including arbitration and the Sorry Works program.

Another on-going issue is the periodic attacks on scope of practice. We have kept a watchful eye on this and will continue to be ready to spring into action when needed.

INSURANCE

On the insurance front, we engaged in discussions with United Healthcare about their premium designation, or physician tiering. We had a successful dialogue with them and are working to ensure that the data they use is accurate and transparent.

Through work with our county and the specialty societies, we have put considerable time into encouraging physicians to monitor Horizon's compliance with the national class-action settlement agreement. For example, the settlement prohibited Horizon from requiring that participating physicians accept all of Horizon's plans. Physicians should be sure to let us know if they receive any communication from Horizon telling them otherwise.

Under the leadership of Michael Kornett, we have been a constant thorn in Horizon's side about their intention to convert from a not-for-profit to a for-profit company. MSNJ will not allow physicians and patients to be duped into thinking that the largest insurer in the state is only worth \$1 billion, while the CEO and the executives get rich.

LEGAL ISSUES

On the legal front, MSNJ participates in legal matters that have an impact on the practice of medicine in New Jersey. MSNJ is active in the following matters:

❖ **National Class-Action Lawsuit** ❖

AMA/MSNJ v. Aetna *AMA/MSNJ v. Cigna* was filed on February 9, 2009, in the U.S. District Court, District of New Jersey. We are suing Aetna and Cigna for systematically underpaying physicians who do not participate in their networks. The complaints are based on each company's use of unreliable

data to determine payments of usual-and-customary fees for physician services. We are seeking to prevent Aetna and Cigna from using their unreliable payment processes in the future and to recover reimbursements for physicians who have been underpaid in the past. At the center of these complaints is the widespread use of the Ingenix database, owned by United Health Group. This legal action was joined by the Connecticut State Medical Society, the Medical Society of the State of New York, the North Carolina Medical Society, and the Texas Medical Association.

❖ **New Jersey Supreme Court** ❖

Pellicer v. St. Barnabas Medical Center et. al. resulted in a record award for a medical malpractice action of over \$70 million. MSNJ is *amicus curiae* in this case, arguing that the award of damages will have a devastating effect on the provision of medical care in New Jersey. The non-economic portion of the award was \$50 million, with half the amount assessed against a newly trained resident physician. The case has significant ramifications for the physician community.

❖ **New Jersey Superior Court, Appellate Division** ❖

Garcia v. HealthNet v. Wayne Surgical is a case on appeal from a trial court ruling with mixed results for physicians. The trial court held that the physicians in question violated the Codey Act, which prohibits referrals by physicians to facilities in which they have an ownership interest. The court also held that the physicians did not violate the New Jersey Insurance Fraud Protection Act, because their collection practices were entirely lawful. Several insurance companies and their trade associations have appealed several issues, and MSNJ and the AMA are participating as *amici curiae* in this case.

MSNJ and others filed an action against the commissioner of the New Jersey Department of Banking & Insurance (DOBI) for irregularities in the adoption of regulations installing a new personal injury protection (PIP) physician-fee schedule. MSNJ argued that the commissioner failed to follow the requirements of the statute in developing the fee schedule, among other procedural irregularities.

❖ Lower Court Cases ❖

MSNJ and a coalition of specialty societies and the Alliance for Justice (formerly ATLA) asked that the MIIX liquidation liquidator request that the date to bar claims be extended. In early 2009 the liquidator filed a motion in the New Jersey Superior Court, Chancery Division to extend the bar date from April 9, 2009, to April 9, 2010. The motion was unopposed.

MSNJ is monitoring *Gerena v. Fogari*, in which a jury awarded a patient over \$400,000 for failure to provide a certified interpreter for a hearing-impaired patient. The jury found the physician's conduct violated the New Jersey Law against Discrimination (NJ LAD) and the federal Americans with Disabilities Act (ADA).

MEMBERSHIP

On the membership front, the 2008 House of Delegates created a new membership category, that of associate member. As a result, the board of trustees of the New Jersey Psychiatric Association has enrolled its entire membership of over 1,000 physicians as MSNJ associate members, thereby increasing our 2009 membership rolls to, roughly, 9,000.

We are actively pursuing membership agreements with several hospitals' staffs to enroll their entire hospital staffs as MSNJ members. We also are working with several hospitals, asking that they pay MSNJ dues for all of their employed physicians, which is a benefit described in their contracts.

COUNTY SOCIETIES

On the county front, a number of counties requested that MSNJ contract to take over the management of their day-to-day affairs. Bergen, Middlesex, and Essex have signed contracts with MSNJ resulting in a decrease in both Bergen and Middlesex County's dues. Warren County has given its day-to-day management to MSNJ and has eliminated their county dues completely.

As of this writing, fourteen counties are using MSNJ services for dues billing and collection along with some additional administrative services. MSNJ also provides a discount on web site services to counties that would like their web sites to be run in partnership with MSNJ's.

Monmouth and Ocean Counties have introduced the excellent idea of twin membership, under this plan, which is very successful in these two counties, any regular, full dues-paying member may partner with a non-member and split the county and state dues between them. As long as they remain MSNJ members, each will pay 50% of their county and 50% of their state dues. Should one of them drop MSNJ membership, the remaining “twin” will go back to paying 100% of both their county and state dues. We encourage all counties actively to recruit members under the twin membership plan.

MSNJ continues to provide excellent resources to our members through its redesigned web site and to provide timely information through *MSNJ E-news*.

Government, regulators, the various news media continue to look to MSNJ for information and healthcare-related breaking news.

As an additional benefit to our members, the 2009 MSNJ annual meeting will feature educational sessions for the physicians and practice managers in the areas of contract negotiating, ICD-10, Horizon class-action compliance training, and cultural competency CME.

On our patients' front, the prescription saving card introduced in partnership with QualCare, Inc., has filled more that \$315,000 worth of prescriptions for uninsured patients in New Jersey, since its launch in April 2008. This success led Samaritan Hospice to present MSNJ and QualCare with its annual Circle of Excellence Award on February 21, 2009.

We continue our regular meetings with regulators, especially the commissioner of the Department of Health and Senior Services, Heather Howard, and the commissioner of the Department of Insurance and Banking, Steven M. Goldman.

MSNJ continued to provide educational sessions and town meetings around the state, with officers, administrators, and the trustees traveling around the state to attend meetings of hospital staffs and the county societies.

I want to thank the senior staff of MSNJ led by CEO Michael Kornett. His dedication to MSNJ will continue to improve our quality of services. He has re-branded MSNJ and has enhanced member services significantly. Our CFO, Julie Lynch, has the difficult task of managing a tight budget while maintaining the societies' commitment to quality and excellence. Our in-house legal

counselor, Larry Downs, is irreplaceable. He provides timely legal advice and a neutral analysis. Dan Klim, our in-house technical wizard once said to me that he can do anything, and I believe him.

My personal special thanks to Josephine Crutchley, Diana Gore, Lisa Hibbs, Eileen Kean, Melinda Martinson, Judith Martin Waterman, and all other staff. Thank you for providing me all the information and help in a very timely manner and often on a short notice.

Medicine is practiced in a small eight-foot by ten-foot personal space called an examining room. When patients enter these rooms, they have enormous faith in their physician. When physicians enter these rooms, they carry the tremendous burden of licensing laws, government rules and regulations, insurance contractual obligations, society's expectations and obligations, and our healthcare system's financial health. Yet we have to navigate the maze of these rules, regulations, and obligations and still deliver the best care possible to our patients in order to maintain and increase our patients' faith and trust in us. In spite of all the negativity surrounding our profession, if I had to do it all over again, I would be a physician.

MSNJ is 243 years old. As Michael Kornett said, being MSNJ's president is like a relay race: each president serves for a year and then hands the reins to the next president. Before I hand the reins to the next relay racer, the very capable Dr. Joseph H. Reichman, our next president, I have a parting request of you all. If every single current member would recruit just one new member under the twin membership plan, our society will be eighteen thousand strong. Please, recruit one new MSNJ member this year.

I sincerely thank all the members of the board of trustees for their help during my tenure and thank the entire membership of MSNJ for giving me this opportunity to lead MSNJ.

Outside MSNJ, my passion has been volunteer care and world travel. My journey continues

.

COMMITTEE ON REVISION OF CONSTITUTION AND BYLAWS

CHARLES M. MOSS, MD, CHAIR

HOUSE ACTION: PROPOSED BYLAW AMENDMENT ADOPTED

❖ **Bylaw Amendment Expanding the Number of Medical Society of New Jersey Trustees** ❖

In 2008 the Board of Trustees of the Medical Society of New Jersey (MSNJ) recommended amending the Bylaws to expand the number of MSNJ trustees. This matter was properly referred to the Standing Committee on Revision of Constitution and Bylaws for action.

The committee met via conference call on March 12, 2009, to discuss the resolution adopted by the MSNJ board. A memorandum summarizing the board action and containing text of the resolution adopted by the Board of Trustees was circulated in advance of the meeting.

The committee considered the board's desire to attract additional groups of physicians to build unity among physicians and physician groups. The committee agreed that a seat offered to a large group or specialty society should be with vote. Committee members discussed the level of commitment an organization or group would need to exhibit to have a voting seat on the board.

Committee members were generally comfortable with a two-step process through which specialty societies would gain a board seat:

1. The specific specialty society or other large group would need approval by the Board of Trustees.
2. The organization would need to include at least 500 members of MSNJ.

Finally, the committee agreed that the organization must maintain the 500 members each year to retain the voting seat.

The committee members expressed some concern with potential over-expansion of the board and debated standards to keep the board at a manageable size. To address this problem the committee considered capping new members at ten. However, after considering the probability of ten organizations actually committing to a partnership, which was considered to be minimal, they rejected a cap.

The committee recommends that the following amendment to the MSNJ Bylaws be adopted:

(Added material is underscored; nothing has been deleted.)

CHAPTER III — BOARD OF TRUSTEES

(a) Composition and Apportionment

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

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

In addition, each specialty society approved by the Board of Trustees, and having at least 500 regular or associate members in Medical Society of New Jersey on January 1 of the current dues year shall be entitled to one voting Trustee. A specialty society Trustee shall have a three-year term with each individual limited to a maximum of one term. Each specialty society shall elect the representative and fill any vacancy that occurs during the term.

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 administrative 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, 2008.

Active	Paid	4,565
	Exempt	274
Resident	Exempt	9
	SUBTOTAL ¹	4,848
Associate	Exempt	28
Affiliate	Paid	10
State emeritus		1,881
Medical staff presidents		10
	TOTAL	6,777

¹Adjusted for transfers out of state, resignations, and deaths.

Student members	188
New and reinstated members	Active paid 400
	Active Exempt 17
	Resident 9
	Associate 28
Affiliate Physician (AFP) — Pilot Physician Category	1
Transfers within the state	25
Transfers out of state and resignations	32
Members deceased	38
Members dropped	595
Active Members	
a. Non-payment of dues	595
Affiliate Staff (AFS) — Medical Practice Managers	358

ASSOCIATE MEMBERSHIP (non-licensed in New Jersey) designated interns and residents.

AFFILIATE MEMBERSHIP designates physicians who no longer practice in New Jersey.

A comparison of December 31, 2007, to December 31, 2008, by county shows the following net changes of active paid membership:

Atlantic	- 26	Gloucester	- 5	Ocean	- 5
Bergen	- 36	Hudson	- 22	Passaic	- 15
Burlington	- 23	Hunterdon	- 13	Salem	- 2
Camden	- 16	Mercer	- 56	Somerset	- 21
Cape May	0	Middlesex	- 45	Sussex	- 11
Cumberland	- 3	Monmouth	- 1	Union	- 30
Essex	- 57	Morris	- 16	Warren	- 6

❖ AMA Membership ❖

A total of 6,238 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. The 2009 delegate allocation is derived by taking the larger of the apportionment based on official AMA membership records as of December 31, 2008, or 1 less than the 2008 actual allocation (the phase-in under §2.11112 of the AMA Bylaws).

❖ 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, 2008, through December 31, 2008.

	RESIDENTS ASSOCIATE	RESIDENTS LICENSED	MEDICAL STAFF PRESIDENTS	ACTIVE	GRAND TOTAL
Received	26	9	0	214	249
REVIEWED AND FOUND:					
Satisfactory	26	9	0	205	240
Unsatisfactory	0	0	0	0	0
Pending	0	0	0	6	6
Withdrew	0	0	0	3	3
GRAND TOTAL	26	9	0	214	249

Associate membership (non-licensed in New Jersey designated interns and residents).

The Committee on Credentials extends its 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.

NOMINATIONS FOR EMERITUS MEMBERSHIP

HOUSE ACTION: APPROVED

The following nominations for election to emeritus membership at the 2009 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 ❖

Priscilla Cruz-Holgado, MD, Egg Harbor, age 66
Edgardo B. Holgado, MD, Egg Harbor, age 66
Hojbar F. Majlessi, MD, Egg Harbor, age 75
Paul Haldeman Steel, MD, Margate, age 83

❖ BERGEN ❖

Marie N. DeVita, MD, Paramus, age 80
Dusan L. Isakovic, MD, Hasbrouck Heights, age 80
Stanley Machlin, MD, Maywood, age 78

❖ BURLINGTON ❖

Heeyul Cho, MD, Moorestown, age 76
Jeffrey H. Kossow, MD, Cherry Hill, age 65

❖ CAMDEN ❖

Robert B. Minor, MD, Mullica Hill, age 74

❖ CAPE MAY ❖

Marvin S. Podolnick, MD, Margate City, age 74

❖ CUMBERLAND ❖

Eileen O'Connor, MD, Vineland, age 65

❖ ESSEX ❖

Shashikant Chandarana, MD, Warren, age 71
Dennis Royal Filippone, MD, Livingston, age 76
Jose R. Gomez, MD, Green Brook, age 68
Carmelo Liuzzo, Union, age 80
Komala D. Mallampati, MD, East Hanover, age 66
Julia F. Pons, MD, Green Brook, age 66

❖ MERCER ❖

Betty J. Barcevac, MD, Hopewell, age 68
Norman H. Coopersmith, MD, Trenton, age 70
Bertram H. Frohman, MD, Trenton, age 81
Francisco P. Garza, MD, age 65
Richard H. Goldman, MD, Yardley, age 73
Karl J. F. Gossner, MD, Princeton, age 85
Leroy H. Hunninghake, MD, Princeton, age 71
Dwight C. Hutchison, MD, Hopewell, age 72
John A. Immordino, MD, Trenton, age 69
Philip L. Kauff, MD, Trenton, age 73
Neil Proshan, MD, Princeton, age 75
Albert Lester Rosenthal, MD, Lawrenceville, age 82
Perry Shaw, MD, Trenton, age 71
Javier G. Taboada, MD, Trenton, age 68
Cornelius Toma, MD, Mercerville, age 69
Michael A. Tricarico, MD, Rocky Hill, age 72
Samuel Trock, MD, Monroe Township, age 75

❖ MIDDLESEX ❖

Louis M. Diemer, III, MD, North Brunswick, age 66
Mark Friedman, MD, South Plainfield, age 77
Elliot S. Tokar, MD, Highland Park, age 70

❖ MONMOUTH ❖

Richard John Lemen, MD, Long Branch, age 66
Stephen J. Tarnoff, MD, Freehold, age 68

❖ MORRIS ❖

Thomas A. Angelo, MD, Green Village, age 71
Ira I. Berger, MD, New Vernon, age 66
Allan L. Gardner, MD, Massachusetts, age 68
Darlene J. Goldstein, MD, Massachusetts, illness
Henry J. Kim, MD, Bernardsville, age 71
Alan S. Mufson, MD, Denville, age 74
Robert A. Siegel, MD, Lafayette, age 65
James Terry Vail, Jr., MD, Chatham, age 75

❖ OCEAN ❖

Robert E. Schnitzer, MD, Toms River, illness

❖ SUSSEX ❖

Jerome Kesselman, MD, Newton, age 69
David J. Meltz, MD, Newton, age 66

❖ UNION ❖

John Kopf Donahue, MD, Spring Lake, age 81
Daniel M. Greenwald, MD, Highland Park, age 65
Chang Hoon Lee, MD, Watchung, age 77
David I. Lintz, MD, Westfield, age 65
Ervin Moss, MD, Verona, age 82
Gerardo H. Salazar, MD, Edison, age 71
I. Harold Smelson, MD, Westfield, age 79
Harold Wasserman, MD, Westfield, age 80
Robert L. Wegryn, MD, Westfield, age 71

❖ WARREN ❖

Arthur Alan Altman, MD, Easton, Pennsylvania, age 78
Scott C. Yeaw, MD, Phillipsburg, age 67

**NOMINATIONS FOR
EMERITUS MEMBERSHIP
SUPPLEMENTAL**

HOUSE ACTION: APPROVED

❖ CUMBERLAND ❖

Sunita M. Giyanani, MD, Vineland, age 68

❖ OCEAN ❖

Abdul Razack Khaleel, MD, Manahawkin, age 71

Helio J. Malinverni, MD, Manahawkin, age 66

David A. Yazdan, MD, Brick, age 73

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, 2009.

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, 2009, and an audited report prepared as of that date. A complete audit was made for the fiscal year that ended May 31, 2008.

Medical Society of New Jersey
BALANCE SHEET
For the Eight Months Ending January 31, 2009

ASSETS

Cash		\$5,487
Investment in Money Market Fund		175,984
Marketable Securities	\$2,358,730	
Adjust to Market Value	<u>(706,569)</u>	
		1,652,161
Accounts Receivable - Member Dues		545,353
Medical Student Loans	60,204	
Less Allowance for Doubtful Loans	<u>(38,500)</u>	
		21,704
Property, Plant, and Equipment		
Furniture and Fixtures	<u>770,269</u>	
Less Allowance for Depreciation	<u>(582,840)</u>	
		187,428
Prepaid Expenses		48,642
Deferred Tax - Current		16,488
Other Assets		54,835
Deferred Tax - Non-Current		242,857
Investment in Lawrenceville Realty Associates, LLC		615,000
Investment in Subsidiaries		<u>21,636</u>
Total Assets		\$3,587,575

LIABILITIES AND FUND BALANCE

Accounts Payable		\$1,477
Payable to AMA		7,620
Accrued Annual Meeting Costs		52,530
Other Accrued Expenses		672,103
Deferred Rev. from Member Assessments		1,925,000
Deferred Revenue/Other		58,118
Deferred Gain on Sale of Building		1,413,493
Deferred Revenue-Advocacy Educational		103,209
Fund Balance - Prior Years	494,498	
Fund Balance - Current	(1,302,330)	
Restricted Balance -NJ Spine Society Section	133,914	
Restricted Balance- NJ Pain Management Society	<u>27,943</u>	
		<u>(645,975)</u>
Total Liabilities and Fund Balance		\$3,587,575

MEDICAL SOCIETY OF NEW JERSEY
STATEMENT OF REVENUE AND EXPENSES
For the Eight Months Ending January 31, 2009

	F/Y '05-06	F/Y '06-07	F/Y '07-08	F/Y '08-09
Revenue				
Membership Dues	\$1,461,374	\$1,566,101	\$1,528,646	\$1,402,246
Investment Income	139,617	132,863	185,016	65,285
Equity Ownership Income	32,700	39,900	39,900	33,825
Corporate Partner Program	43,110	100,165	167,492	141,893
Annual Meeting Contributions	39,480	16,850	16,300	19,400
Contribution from MSLF	133,333	166,667		
Advocacy Income	143,642	196,146	262,101	259,335
CME Fees and Registration Income	37,925	27,650	51,040	90,130
Claims Review			6,760	11,800
Legal Defense Fund	5,250			
Management Fee re: MSLF	968	362	972	4,000
Management Fee re: Health Ins. Trust Fund	4,396	3,904	3,983	3,221
MRAC Indirect Cost Reimbursement	3,333	3,333		
Medical Practice Manager Dues and Fees	12,930	10,650	14,320	16,820
Gain on Investment	39,184	35,773	27,803	139,636
Gain on Sale of Building	54,893	61,755	61,755	61,755
Other Income	127,635	23,355	58,516	66,649
Total Revenue	\$2,279,771	\$2,385,474	\$2,424,604	\$2,315,995
Expenses				
Councils, Committees, and Communication	\$150,898	\$180,018	\$212,633	\$244,590
Advocacy Expenses Educational	10,313	46,146	62,101	59,335
Membership Recruitment & Retention	20,535	41,715	98,835	48,951
Claims Review			2,414	2,462
Membership Services	105,754	89,169	85,108	72,294
Program Expenses	287,500	357,048	461,090	427,632
General and Administrative	1,684,790	1,686,255	1,748,100	1,799,814
Reorganization Expense	(29,000)			
Rent Expense	215,550	206,848	164,470	165,670
MSLF Operating Expenses	136,937	167,028	712	8,310
Loss on Sale of Investment	36,301	77,036	75,623	490,548
Depreciation	25,243	27,929	29,368	33,893
Total Operating Expenses	2,357,322	2,522,144	2,479,363	2,925,868
Total Gain (Loss) from Operations	(77,551)	(136,670)	(54,759)	(609,873)
Unrealized Loss (Gain) on Investments (Non-Cash Item)	(77,772)	(189,339)	266,060	682,649
Federal Income Tax	9,807	9,807	9,807	9,807
Extraordinary Items				
Defined Benefit Pension Contribution (Cash Item)	100,000	100,000		
Total Expenses	2,389,358	2,442,613	2,755,230	3,618,325
EXCESS OF REVENUE OVER EXPENSES	(\$109,587)	(\$57,138)	(\$330,626)	(\$1,302,330)

**MEDICAL SOCIETY OF NEW JERSEY
ANALYSIS OF EXPENSES
Period Ending January 31, 2009**

	<u>2008</u>	<u>2009</u>	<u>Budget</u>	<u>Over (Under) 2009 Budget</u>
Compensation				
Salaries	\$1,104,839	\$1,168,709	\$1,160,000	\$8,709
Personnel Insurance	115,688	123,873	130,000	(6,127)
Payroll Taxes	78,206	76,450	86,667	(10,217)
Employer Contribution 401(K)	61,289	64,972	69,600	(4,628)
	<u>1,360,022</u>	<u>1,434,004</u>	<u>1,446,267</u>	<u>(12,263)</u>
Professional Fees				
Audit	15,333	16,667	16,667	
Legal	24,270	31,788	63,333	(31,545)
Actuarial	1,050	1,845	10,000	(8,155)
Special Consultants	8,121	18,595	18,667	(72)
	<u>48,774</u>	<u>68,895</u>	<u>108,667</u>	<u>(39,772)</u>
Councils, Committees, and Communication				
Communications	38,153	43,873	30,000	13,873
Internet Site	21,332	199	13,333	(13,134)
Legislation	42,864	64,636	48,000	16,636
President and Presidential Officers	7,535	3,130	10,000	(6,870)
AMA Delegation	58,193	58,469	41,333	17,136
Young Physician Delegates		337	2,000	(1,663)
Medical Education	15,826	24,975	26,667	(1,692)
Board of Trustees	6,275	14,282	13,333	949
Other Councils and Committees	10,406	11,687	10,000	1,687
Medical Student Association	8,379	10,056	6,667	3,389
Medical Practice Managers Section	3,670	12,945	6,667	6,278
Recruitment and Retention	98,835	48,951	66,667	(17,716)
	<u>311,468</u>	<u>293,540</u>	<u>274,667</u>	<u>18,873</u>
Member Services				
Annual Meeting	58,667	58,667	58,667	
Newsletter	25,376	13,628	26,667	(13,039)
	<u>84,043</u>	<u>72,295</u>	<u>85,334</u>	<u>(13,039)</u>
General Admin. & Operating Exp.				
Bldg. Operations w/Depreciation	79,606	69,087	73,333	(4,246)
Rent Expense	164,470	165,670	180,000	(14,330)
Corporate Insurance	62,356	59,713	80,000	(20,287)
Other General Office Costs	227,774	202,008	208,000	(5,992)
	<u>534,206</u>	<u>496,478</u>	<u>541,333</u>	<u>(44,855)</u>
Total	<u><u>\$2,338,513</u></u>	<u><u>\$2,365,212</u></u>	<u><u>\$2,456,268</u></u>	<u><u>(\$91,056)</u></u>

COMMITTEE ON FINANCE AND BUDGET

MICHAEL J. RICHARDSON, MD, CHAIR

HOUSE ACTION: FILED

The Committee on Finance and Budget met via conference call on Tuesday, March 17, 2009, for the purpose of reviewing the proposed budget for the 2009–10 fiscal year. The proposed budget was approved by the Board of Trustees on March 18, 2009.

- The 2010 dues assessment will be set at \$525.00 per regular dues-paying member. (No change from prior year.)
- The 2010 dues assessment will be set at \$60.00 per member for affiliate members. (No change from prior year.)
- There will be no dues assessment in 2010 for intern-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.)
- There will be no dues assessment in 2010 for medical students. (No change from prior year.)
- The 2010 associate dues for the New Jersey Psychiatric Association will be set at \$65. (Pursuant to 3 year agreement.)

**MEDICAL SOCIETY OF NEW JERSEY
PROPOSED BUDGET
FISCAL YEAR ENDING MAY 31, 2010**

	Approved Budget Y/E 5/31/2009	Proposed Budget Y/E 5/31/2010
REVENUE		
Membership Dues Revenue	\$ 2,410,000	\$ 2,076,000
Investment Income	175,000	75,000
Equity Ownership Income LRA, LLC	62,700	49,200
Equity Ownership Income MSNJ Insurance Agency	55,000	250,000
Corporate Partner Income	325,000	300,000
Claims Review Revenue	20,000	15,000
Management Fees	97,000	80,000
Medical Practice Mgr. Dues & Program Income	12,000	20,000
CME Fees & Registration Income	127,000	130,000
Annual Meeting Sponsorship	60,000	40,000
Advocacy Donations	300,000	300,000
Other Income	50,000	25,000
TOTAL REVENUE	\$ 3,693,700	\$ 3,360,200
EXPENSES		
Councils and Committees	\$ 412,000	404,000
Member Services	128,000	60,000
TOTAL PROGRAM EXPENSES	\$ 540,000	\$ 464,000
General and Administrative	\$ 3,352,400	\$ 2,984,400
TOTAL EXPENSES	\$ 3,892,400	\$ 3,448,400
Revenue Over Expenses (Expenses Over Revenue)	\$ (198,700)	\$ (88,200)

MEDICAL SOCIETY OF NEW JERSEY
Proposed Budget for Fiscal Year Ending 5/31/10

	Approved Budget Y/E 5/31/2009	Proposed Budget Y/E 5/31/10
COMPENSATION		
Salaries	1,740,000	1,453,700
Personnel Insurance	195,000	195,000
Payroll Taxes	130,000	103,000
401K Plan	104,400	51,700
Pension Plan Contribution	200,000	200,000
	<u>2,369,400</u>	<u>2,003,400</u>
PROFESSIONAL FEES		
Audit	25,000	25,000
Legal	95,000	95,000
Actuarial	15,000	15,000
Special Consultants	28,000	32,000
Claims Review	8,000	6,000
	<u>\$ 171,000</u>	<u>173,000</u>
COUNCILS & COMMITTEES		
Communications	45,000	53,000
MSNJ Website	20,000	10,000
Legislation	72,000	95,000
President & Presidential Officers	15,000	15,000
AMA Delegates	62,000	38,000
Young Physician Delegate	3,000	1,000
Medical Education	40,000	35,000
Board of Trustees	20,000	20,000
Other Councils & Committees	15,000	15,000
Medical Student Association	10,000	10,000
Membership Recruitment & Retention	100,000	100,000
Medical Practice Manager Section	10,000	12,000
	<u>\$ 412,000</u>	<u>404,000</u>
MEMBER SERVICES		
Annual Business Meeting	88,000	20,000
Newsletter	40,000	40,000
	<u>\$ 128,000</u>	<u>60,000</u>
BUILDING OPERATIONS		
Depreciation	45,000	50,000
Rent	270,000	275,000
Light, Heat, & Power	40,000	42,000
Building Maintenance	25,000	25,000
	<u>\$ 380,000</u>	<u>392,000</u>

GENERAL ADMINISTRATIVE &
OPERATING EXPENSES

Postage	25,000	15,000
Stationery & Supplies	36,000	36,000
Telephone	42,000	35,000
Rent & Service Equipment	34,000	25,000
Printing	35,000	35,000
Membership Dues	3,000	3,000
Subscriptions & Services	10,000	5,000
Miscellaneous Expenses	8,000	8,000
Dues Rebates	15,000	15,000
Travel & Education	45,000	45,000
401K Administrative Fees	9,000	9,000
Financial Fees	40,000	55,000
Temporary Help	10,000	10,000
Corporate Insurance	120,000	120,000
	<u>\$ 432,000</u>	<u>416,000</u>

TOTAL

	<u>\$ 3,892,400</u>	<u>3,448,400</u>
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JUDICIAL COUNCIL

HARRY L. CHAIKIN, MD, CHAIR

HOUSE ACTION: FILED

The Judicial Council of the Medical Society of New Jersey (MSNJ) serves as the dispute resolution arm of MSNJ. The council receives and reviews complaints from the public and others regarding physician conduct, billing practices, and various disputes. The council accepts complaints, refers matters that involve an MSNJ member physician to local judicial councils for review and decision. Decisions of the Judicial Council and local judicial committees are binding.

Original jurisdiction concerning complaints rests with the judicial committee of the county medical society in which the subject physician holds membership. The MSNJ Judicial Council holds appellate jurisdiction.

In 2008–2009 the office for the Judicial Council received fourteen complaints from various sources. Of those complaints, four were referred to county medical societies. Of the rest, involving non-members, eight were referred to the New Jersey Board of Medical Examiners, one to the New Jersey Hospital Association, and one to the New Jersey Board of Pharmacy.

With the inception of the MSNJ Member Resource Center (MRC), it is now possible to collect data from phone inquiries that were not available to us before. For the same 2008–2009 period, the MSNJ MRC received approximately 103 patient complaints, of which 21 pertained to member physicians and were referred to the appropriate county medical societies.

A complaint initiated in the 2007–2008 period from the Sussex County Medical Society was reviewed by the Judicial Council and returned to the county medical society for processing (based on the MSNJ Bylaws, the state Judicial Council cannot hear the case until the county judicial committee makes a determination). As Sussex County has no judicial committee, Morris County has kindly agreed to review the case.

This year one case sent to a county judicial committee was declined a hearing. This case was appealed to the MSNJ Judicial Council and, after review and deliberation, was returned to that judicial committee for a determination.

POLICY AND STRATEGY PANEL

DONALD J. CINOTTI, MD, CO-CHAIR

JOSEPH H. REICHMAN, MD, CO-CHAIR

HOUSE ACTION: FILED

This report encompasses the collective work of the following councils and committees:

Committee on Biomedical Ethics
Council on Legislation
Council on Medical Services
Council on Public Health
Medical Liability Task Force
Scope-of-Practice Task Force

This is the second year of the pilot program to streamline the Medical Society of New Jersey's policy development process. The Policy and Strategy Panel (PSP) is a joint meeting of special committees and administrative councils. PSP meetings bring experts in various fields to discuss issues of importance with MSNJ. The chairs of the PSP appoint ad hoc work groups to develop draft policy. The policy is reviewed, sometimes amended, and adopted by the PSP. It is then forwarded to the MSNJ Board of Trustees with the recommendation that it be approved. This process allows the organization to become more policy driven and less reactive to the policy environment.

PRESENTATIONS AND POLICY STATEMENTS

TORT REFORM AND ARBITRATION AGREEMENTS

Peter Leone and Thomas Hawkins from the NIA Group, LLC, (insurance brokers) presented information on the current practice environment and the need for medical liability reform. Keith Mauer, from the National Arbitration Forum, talked about the benefits to physicians of entering into binding arbitration agreements with their patients. He also outlined the cost benefits, which include significant decreases in malpractice premiums. The panel appointed a work group, which developed the following recommendations to the MSNJ Board of Trustees:

RECOMMENDATIONS

The work group supports binding arbitration as a useful instrument of alternative dispute resolution that should be available to physician practices that want it, because it could potentially reduce malpractice judgments. However, the best way that physicians can avoid negligence claims is by implementing a conscientious program of liability risk reduction, good patient communication, and chart documentation that demonstrates adequate knowledge of the recognized standards of care. The work group concluded that MSNJ should pursue a policy of encouraging medical liability carriers to include coverage of arbitration in their policies. The work group further concluded that all arbitration agreements must adhere to the following principles:

- Both parties should enter into the agreement freely and fairly without coercion or an emergent clinical situation.
- The agreement must be clearly written.
- The agreement should encompass disputes involving all aspects of the physician's business including patient care and financial and billing issues.
- The arbitration panel must include at least one physician who is determined to be an expert in the area of medicine in dispute, based on Board of Medical Examiners standards.
- The "medical expert" should provide affidavits of merit as part of the arbitration process and be held to the same standard set by the current New Jersey law covering medical experts for court litigation.
- Medical malpractice carriers must cover defense costs and arbitration indemnity (including settlement) payments.
- A monetary threshold should be established and only settlements addressing clinical care should be reportable to the National Practitioner's Data Bank.
- Arbitration agreements may be published only if all patient and practitioner information is expunged if the event is made public.

IMPACT OF DISEASE MANAGEMENT PROGRAMS ON HEALTHCARE SUBSIDY PROGRAMS FOR THE UNINSURED

Douglas R. Ratner, MD, MSNJ member who represents MSNJ on the Disease Management Study Commission of New Jersey, presented his "Tomorrow's Health for Today's Family" program. Dr. Ratner discussed the concept and benefits of Wealth from Health, a comprehensive incentive

program that uses pragmatic technologies to facilitate and provide the infrastructure for healthcare. Dr. Ratner hopes to get the governor to adopt this program statewide. There was no PSP action needed.

OUT-OF-STATE PATIENT REFERRAL DISCLOSURE BILL

Elizabeth Litten, Esq., from Fox Rothchild, LLP, discussed New Jersey's out-of-state patient referral disclosure bill. The bill's disclosure requirement is only triggered if a physician makes a referral to an out-of-state healthcare service with which that physician has a financial relationship.

RECOMMENDATION

The question of whether or not PSP should ask the Board of Trustees to support this bill was referred to the Council on Legislation.

LEGISLATION REFERRED TO PSP FROM THE COUNCIL ON LEGISLATION

The Council on Legislation asked the PSP to refer the following positions to the Board of Trustees for approval:

S-2040 OUT-OF-STATE FACILITY DISCLOSURE requires providers to disclose business relationships with out-of-state facilities when making patient referrals to those facilities.

POSITION OPPOSE. This is a local issue that is already addressed by the Codey Referral law.

A-116 LICENSURE OF SURGICAL PRACTICES requires the Department of Health and Senior Services to license single-room surgical facilities operated by physicians in their private medical practice.

POSITION OPPOSE. The practice of medicine should be regulated by the BME and not the DHSS. The issue must not be included with the ambulatory surgery center referral issue.

SORRY WORKS legislation involves educating doctors and hospitals about the value of apologies and upfront compensation in reducing lawsuits, liability costs, and medical errors.

POSITION We will bring in a speaker for an in-depth presentation.

A-3029 GENERIC SUBSTITUTION prohibits the substitution of prescribed epilepsy drugs by pharmacists without prior notification to and written consent of the physician and patient.

POSITION Physicians should write NO SUBSTITUTION, BRAND NAME ONLY on such prescriptions. The pharmacist should call the doctor if discussion is required.

A-2995 PRACTITIONERS CREDENTIALS

POSITION SUPPORT universal credentialing, which includes mandates requiring periodic review and updates. Assemblyman Herb Conaway, MD, the bill's sponsor, is not moving this bill, because it does not meet MSNJ's objectives.

A-132 ASSIGNMENT OF BENEFITS requires non-participating providers to receive direct payment from insurance carriers.

POSITION SUPPORT, but will request an amendment that includes "any entity that contracts with a managed care plan" must honor assignment of benefits.

S-763 WRONGFUL DEATH BILL

POSITION Strongly OPPOSE expanding the act to allow recovery for mental anguish, emotional pain and suffering, loss of society, and loss of companionship. The opposition action plan will be posted on the MSNJ web site and published in *MSNJ e-News*.

S-787 AMBULATORY SURGERY CENTER REFERRALS clarifies the law regarding physician referral of patients to facilities in which they have a financial interest.

POSITION SUPPORT. Licensing of a single-room surgical facility must be a separate issue; there should not be a prohibition against a doctor-to-doctor sale.

PHYSICIAN COMPENSATION ARRANGEMENTS WITH PHARMACEUTICAL AND DEVICE MANUFACTURERS

Lisa Goldman, Esq. chief privacy officer for Pfizer, Inc., discussed the 2002 PHARMA Code, which is a voluntary industry code regulating their interaction with physicians. The PSP has not yet developed a policy statement.

UNIVERSAL CREDENTIALING DATA SOURCE

A presentation by the Council for Affordable Quality Healthcare (CAQH) was made by Christine Stroup, manager for CAQH. She explained that the New Jersey commissioner of banking and insurance is trying to resolve a number of issues between payers and providers, including the inadequacy and inaccuracy of network directories. One option to improve the accuracy of network directories would be to mandate the use of CAQH for credentialing services.

The cost of using CAQH is covered by the payer, and there is no cost to the physician. Safety walls are in place to protect the data. Physicians can send their data to CAQH electronically, or by fax, or on paper copies. The CAQH list of questions on their application is based on Joint Commission credentialing standards.

RECOMMENDATION

The PSP recommends that the Board of Trustees support the concept of a state initiative to have all payers and hospitals use a single credentialing form.

CARECORE

A presentation was provided by the officers of CareCore National, Donald Ryan, chief executive officer; Douglas Tardio, president and chief operations officer; and Shelley Weiner, MD, chief medical officer. The presentation included information about the prior authorization/notification processes for imaging that is currently in place at CareCore. A work group was formed that included David E. Swee, MD; Christopher E. Gribbin, MD; Josephine Jasper, MD; Linda Z. Korman, MD; Francis J. Lumia, MD; David Youmans, MD; Larry Downs, Esq.; and Eileen Kean, Esq. It was agreed that statutory changes are needed to end the excessive delays caused by payers and third-party reviewers. It was also decided that physicians are allowed an unreasonably short response time when additional information pertaining to pre-authorizations is requested, particularly given the large amount of time allowed for payer review.

RECOMMENDATIONS

PSP referred the following to the Board of Trustees:

1. *N.J.S.A. 17B:30-52*, which defines the pre-authorization process, must be amended to create a uniform response time for payers, third-party reviewers,

hospitals, and physicians. A bill will be drafted and the new legislation will state that payers and third-party reviewers have 5 days to communicate the denial or approval of a request for authorization. If additional information is needed, the payer or third-party reviewer will have another 5 days to provide a determination. The same time also will be provided to hospitals and physicians when additional information is requested, if this deadline is not met, the pre-authorization request shall be deemed withdrawn.

2. The work group will write a letter to CareCore National requesting that all criteria for the pre-authorization process be posted on their web site.

REFERRALS FROM THE HOUSE OF DELEGATES

Larry Downs, Esq., general counsel to MSNJ, discussed resolutions 8 and 10, passed by the 2008 House of Delegates, that address creating a physicians' liability shield for physicians providing care to persons affected by a natural disaster or a bioterrorist/terrorist attack.

RECOMMENDATION

The PSP requested that the Board of Trustees continue working with the BME on a liability shield and also requested that the BME increase physician reimbursement for the costs of reproduction of medical records.

END-OF-LIFE ISSUES

The PSP established a work group to examine the delivery of healthcare to patients at the end of their lives. The workgroup members are members of MSNJ's Committee on Biomedical Ethics and other interested physician members. The workgroup sought to understand other efforts and organizations engaged in the topic with the goal of developing policies for consideration by the PSP. The group also met with representatives of the AARP, the New Jersey Hospital Association, and the New Jersey Bar Association with whom they discussed legal impediments to providing optimal care at the end of life.

PRELIMINARY POLICY RECOMMENDATIONS

TRANSFERS FROM LONG-TERM-CARE FACILITIES. MSNJ should advocate that patients transferred from long-term-care facilities to hospitals should be transferred with a written care plan that includes the goals of care. Also, each long-term-care facility should routinely include the advanced directives of those patients who have them when transferring these patients.

POLST/MOLST LEGISLATIVE OR REGULATORY INITIATIVE. Code status, advanced directives, and orders of palliative care can be combined if New Jersey adopts the inclusive form that is already available in many other states. This form is called “Physician (Medical) Orders for Life-Sustaining Treatment” [P(M)OLST]. This form goes with the patient from acute to chronic care or vice versa. Currently, DNR orders do not follow the patient from home to a care setting or between care settings.

REGIONAL ETHICS COMMITTEES. It is recommended that MSNJ support the redevelopment and training of regional ethics committees to provide decision support to long-term-care institutions, health professionals, patients, and families.

LEGAL RESEARCH AND WRITING. It is recommended that MSNJ support the development of legal guidance to physicians and healthcare institutions about potential liability for the type, extent, and intensity of care provided to patients at the end of their lives.

ACADEMIC TRAINING. The work group recognized the need to provide better training for physicians. Palliative care training must be included as part of the basic training for new physicians.

PALLIATIVE CARE. It is recommended that MSNJ should support the development of palliative care teams in hospitals as well as in long-term-care facilities and ensure that palliative care consults occur early in the hospital stay of patients who are appropriate candidates.

CONTINUING EDUCATION FOR PHYSICIANS. It is recommended that MSNJ should encourage continuing education for its members on communication techniques with families and proper referral to palliative care for patients.

ADVANCE DIRECTIVES WAREHOUSE. It is recommended that MSNJ support and encourage the electronic storage of advance directives to provide easy access to these important healthcare planning documents at critical times. It is recommended that MSNJ develop a dialogue with hospitals, the state bar association, and other stakeholders (e.g., AARP) to create a registry to which citizens can forward their healthcare planning documents.

NEW JERSEY SMALL EMPLOYER HEALTH BENEFITS PROGRAM BOARD
(SEHBP)

Neil Prupis, Esq., principal at Lampf, Lipkind, Prupis and Petigrow, discussed the need for broader physician representation on SEHBP. SEHBP drafted a fee schedule, which uses the Prevailing Health Care Charges System, a database created by Ingenix, a wholly owned subsidiary of the United Health Group, which it intends to adopt.

RECOMMENDATION

It is recommended that MSNJ submit Dr. Niranjana V. Rao's CV to the governor's office for appointment to SEHBP. This recommendation has been referred to the Senate Judiciary Committee. MSNJ met with Assemblyman Conaway, and he is interested in drafting legislation requiring greater physician membership on SEHBP, because currently, labor unions and small businesses dominate the membership of the committee. Larry Downs, Esq., general counsel, will review the cost and feasibility of developing a more appropriate fee schedule and report his findings.

"SORRY WORKS!"

Mr. Douglas B. Wojcieszak, founder and spokesperson of the Sorry Works! Coalition addressed the PSP and advocated full-disclosure as a middle ground solution to the nation's medical malpractice crisis. He emphasized the need for honesty, accountability, and communication in all interactions between medical professionals and patients and their families when adverse medical events and bad outcomes occur.

RECOMMENDATION

PSP recommends the following to Board of Trustees:

- MSNJ support the concept of apology and disclosure to patients regarding poor clinical outcomes;
- MSNJ support apology legislation that would make a physician's statement expressing apology or empathy inadmissible as a statement-against-interest in legal proceedings; and
- MSNJ inform all hospitals and institutions in the state about our support for apology and disclosure programs.

MENU LABELING

Michelle Forman, government affairs manager of nutrition policy at the Center for Science in the Public Interest, discussed the importance of chain

restaurants' listing basic nutrition information, including caloric content, on menus. Labeling information has a positive impact on children and adults who are prone to obesity and diabetes.

RECOMMENDATION

The PSP recommended that the Board of Trustees approve MSNJ support of menu-labeling initiatives in the Garden State.

HEAL THE CLAIM PROCESS

Bethany Chiamonte, senior policy analyst at Private Sector Advocacy of the AMA, spoke about the AMA's "Heal the Claims Process" campaign and its 2008 National Health Insurance Report Card, which contains several metrics for measuring the timeliness, transparency, and accuracy of claims processing by health insurance companies. The AMA is working with national insurers to eliminate the waste from the processing system, which not only creates difficulties for providers, but escalates the overall cost of the claims process. Another report will be provided in 2009.

ALIGNING FORCES FOR QUALITY

Aline Holmes, RN, senior vice president of clinical affairs and director of the Institute for Quality and Patient Safety at the New Jersey Hospital Association, informed members about a new initiative being undertaken by the Robert Wood Johnson Foundation entitled, "Aligning Forces for Quality." The grant program, originally designed as an improvement program for quality of ambulatory care centers, has been expanded to include inpatient care, and provides funding to 20 communities throughout the country. New Jersey has a coalition of healthcare organizations and companies, including MSNJ, who recently submitted an application to the foundation. A future report will follow, pending the outcome of the grant request.

DISRUPTIVE BEHAVIOR AND THE AMERICAN MEDICAL ASSOCIATION

MODEL MEDICAL STAFF CODE OF CONDUCT

James A. DeNuccio, director of organized medical staff services and physicians in practice at the AMA, provided background to the development of the AMA Model Medical Staff Code of Conduct. Included were the Joint Commission Leadership Standard, effective January 1, 2009, and their Sentinel Event Alert entitled, "Behaviors That Undermine a Culture of Safety," issued in July 2008. Also, information on related opinions of the AMA Council on Ethical and Judicial Affairs (CEJA), and a review of the

recently developed AMA Model Medical Staff Code of Conduct was presented.

RECOMMENDATION

The PSP recommends that the Board of Trustees adopt the AMA Model Medical Staff Code of Conduct.

PATIENT SAFETY INDICATORS

The PSP discussed S-2471, which requires DHSS to report certain patient safety indicators on a hospital-by-hospital basis and prohibits hospitals and physicians from charging for all costs associated with certain hospital-acquired conditions and CMS recognized never-events.

RECOMMENDATION

PSP recommends that the Board of Trustees support deleting section 2 (B) from the bill. This language prohibits a provider from seeking payment from a patient or third-party payer for costs associated with a hospital-acquired condition (HAC). HAC's, such as vascular catheter-associated infections, are out of the immediate control of the provider and are not always preventable through the application of evidence-based guidelines. MSNJ does support ongoing hospital efforts to ensure quality of care that minimizes preventable errors, but the provider should not be held accountable for HACs that they cannot control.

RESOLUTIONS

❖ RESOLUTION #1 ❖

Introduced by: Hudson County Medical Society
Subject: Election of Chair and Vice-Chair of the New Jersey Delegation to the American Medical Association
House Action: Not Adopted

RESOLVED, that the Bylaws of the Medical Society of New Jersey be amended to allow for the annual election of the chair and vice-chair by the AMA delegation.

❖ RESOLUTION #2 ❖

Introduced by: Hudson County Medical Society
Subject: Election of Speaker and Vice-Speaker of the Medical Society of New Jersey House of Delegates
House Action: Adopted as Amended. This will require a Bylaw change that will need to be reviewed by the Standing Committee on Revision of Constitution and Bylaws and returned to the House of Delegates in 2010.

RESOLVED, that the Bylaws of the Medical Society of New Jersey (MSNJ) be amended to allow for the annual election of the speaker and vice-speaker of the MSNJ House of Delegates; and be it further

RESOLVED, that this election proceed through the Nominating Committee; and be it further

RESOLVED, that the speaker be limited to four, one-year terms; and be it further

RESOLVED, that the speaker and vice-speaker, thus elected, may not hold additional board seats; and be it further

RESOLVED, that the speaker, thus elected, be a voting member of the Board of Trustees.

❖ RESOLUTION #3 ❖

Introduced by: **Essex County Medical Society**
Subject: **Ban Tobacco Sales in Pharmacies**
House Action: **Adopted as Amended**

RESOLVED, that the Medical Society of New Jersey (MSNJ) reiterates its prior position calling for a ban on the sale of tobacco products in pharmacies; and be it further

RESOLVED, that MSNJ calls for legislation to implement a ban on tobacco sales in pharmacies and other venues in which prescription pharmaceuticals are dispensed throughout the state; and be it further

RESOLVED, that MSNJ calls upon the American Medical Association to lobby Congress to pass legislation to accomplish the goal of banning tobacco sales in pharmacies nationwide.

❖ RESOLUTION #4 ❖

Introduced by: **Board of Trustees**
Subject: **Component Society Relations**
House Action: **Not Adopted. This issue has been and should continue to be taken up at the monthly presidents' meetings.**

RESOLVED, that the Medical Society of New Jersey (MSNJ) reaffirms its policy of non-involvement with New Jersey Physicians; and be it further

RESOLVED, that MSNJ is the state organization of physicians and is authorized to enter into relationships with other state organizations on behalf of its physician members; and be it further

RESOLVED, that any component medical society seeking to engage a state organization must first seek permission of the MSNJ Board of Trustees; and be it further

RESOLVED, that all component medical societies are required to have their operations and positions consistent with those of MSNJ; and be it further

RESOLVED, that a copy of this resolution be distributed to all component society presidents and executives.

❖ RESOLUTION #5 ❖

Introduced by: Board of Trustees
Subject: Silent PPOs
House Action: Adopted as Amended

RESOLVED, that the Medical Society of New Jersey (MSNJ) seek a legislative or regulatory remedy to prevent the sale of contracted physician services without notice and consent of the physician and the opportunity to terminate participation in the network; and be it further

RESOLVED, that MSNJ seek the passage of AMA-model legislation that prevents the use of secondary contract fee schedules by payers, unless a signed agreement can be produced and the physician is furnished with a copy of the entire agreement.

❖ RESOLUTION #6 ❖

Introduced by: Union County Medical Society
Subject: County Society Recognition
House Action: Not Adopted. This issue has been and should continue to be taken up at the monthly presidents' meetings.

RESOLVED, that the House of Delegates of the Medical Society of New Jersey (MSNJ) recognize and encourage the efforts of the county medical societies and their staffs; and be it further

RESOLVED, that the MSNJ Board of Trustees expend its energies in working with the county societies to enhance and promote the objectives of the profession and the directives of its members; and be it further

RESOLVED, that the MSNJ Board of Trustees and its officers treat the county societies and their staffs with the dignity and respect they so richly deserve.

❖ RESOLUTION #7 ❖

Introduced by: Union County Medical Society
Subject: County Society Membership and Finances
House Action: Adopted as Amended. It is recommended that this interaction occur at the monthly presidents' meetings.

RESOLVED, that the Medical Society of New Jersey (MSNJ) include the county societies in any discussions affecting county membership or incentives to membership before implementation; and be it further

RESOLVED, that MSNJ keep the county societies apprised of the exploration of contracts with specialty societies and/or any membership plans that will affect the county societies.

❖ RESOLUTION #8 ❖

Introduced by: Essex County Medical Society
Subject: Supplying Local Pharmacies during a Disaster
House Action: Adopted as Amended

RESOLVED, that the Medical Society of New Jersey work with the Office of Emergency Management about establishing trucking routes to local pharmacies throughout the state.

❖ RESOLUTION #9 ❖

Introduced by: Essex County Medical Society
Subject: Sheltered, Adult Homes and Workshops for the Mentally and Emotionally Disabled
House Action: Adopted as Amended

RESOLVED, that the Medical Society of New Jersey petition the Commissioner of Labor and Workforce Development to form a task force on finding incentives to increase the participation of private businesses in sheltered, adult homes and workshops for the mentally and emotionally disabled.

❖ RESOLUTION #10 ❖

Introduced by: Essex County Medical Society
Subject: Instructional Resources on Epidemic and Pandemic Flu for Medical Office Staffs
House Action: Adopted as Amended

RESOLVED, that the New Jersey delegation to the American Medical Association (AMA) submit a resolution to the AMA House of Delegates requesting that the AMA provide or obtain instructional resources on procedures to follow and solutions to foreseeable problems during a flu epidemic or pandemic for medical office staffs in ambulatory care settings.

❖ RESOLUTION #11 ❖

Introduced by: Essex County Medical Society
Subject: Creating a Registry of Team Sports-Related Injuries for Schools and Youth Organizations

House Action: **Adopted as Amended**

RESOLVED, that the Medical Society of New Jersey (MSNJ) work with any specialty societies that are involved with the treatment of sports injuries, the New Jersey State Interscholastic Athletic Association, the Athletic Trainers' Society of New Jersey, and the New Jersey Department of Health and Senior Services to create a state registry for team sports-related injuries and to create a standard injury-reporting form; and be it further

RESOLVED, that MSNJ request the state to use the data collected from the registry to write regulations to improve the safety of young athletes in schools and youth organizations.

❖ RESOLUTION #12 ❖

Introduced by: **Essex County Medical Society**

Subject: **Photo Identification Cards for Physicians**

House Action: **Adopted as reaffirmation of current MSNJ policy.**

RESOLVED, that the Medical Society of New Jersey again attempt to get photo identification cards for all New Jersey physicians through the New Jersey Department of Motor Vehicles, as has been done in New York state; and be it further

RESOLVED, that photo identification cards include a code for the physician's specialty; and be it further

RESOLVED, that photo identification cards be registered with local and state police.

❖ RESOLUTION #13 ❖

Introduced by: **Essex County Medical Society**

Subject: **Affordable Home Healthcare Insurance**

House Action: **Adopted**

RESOLVED, that the Medical Society of New Jersey (MSNJ) request that the Policy and Strategy Panel invite experts to discuss the feasibility of home healthcare rider policies that MSNJ can recommend.

❖ RESOLUTION #14 ❖

Introduced by: Essex County Medical Society
Subject: Medical Society of New Jersey 250th Committee
House Action: The following Substitute Resolution 14 was adopted in lieu of Resolutions 14 and 15:

RESOLVED, that the Medical Society of New Jersey (MSNJ) form a committee to research MSNJ's 250 years of history and to celebrate the 250th anniversary of MSNJ; and be it further

RESOLVED, that MSNJ coordinate celebration efforts with county and other appropriate committees; and be it further

RESOLVED, that MSNJ share with the counties methods of researching past members and lost seals, insignias, and logos; and be it further

RESOLVED, that MSNJ coordinate efforts with the New Jersey Commissioner of Education to create an online history of physician contributions to New Jersey.

❖ RESOLUTION #15 ❖

Introduced by: Essex County Medical Society
Subject: Medical Society of New Jersey History Committee
House Action: Substitute Resolution 14 (Medical Society of New Jersey 250th Committee) was adopted in lieu of Resolutions 14 and 15.

❖ RESOLUTION #16 ❖

Introduced by: Essex County Medical Society
Subject: Participation in Internet Disaster-Preparedness Programs
House Action: Adopted as Amended

RESOLVED, that the Medical Society of New Jersey (MSNJ) join appropriate online sites for disaster preparedness; and be it further

RESOLVED, that MSNJ form a team of individuals to review information supplied to these online sites; and be it further

RESOLVED, that the resolution, as amended, be referred to the Policy and Strategy Panel.

❖ RESOLUTION #17 ❖

Introduced by: Essex County Medical Society
Subject: Raising Cap on Home Nursing Hours Given to Medicaid Patients
House Action: Referred to the Policy and Strategy Panel for cost analysis and recommendation.

RESOLVED, that the Medical Society of New Jersey petition the governor to seek federal and/or state funds to increase allowable private-duty nursing hours for severely disabled patients receiving assistance from Early and Periodic Screening, Diagnosis, and Treatment and Model Waiver.

❖ RESOLUTION #18 ❖

Introduced by: Essex County Medical Society
Subject: Direct Insurance Payment for Non-Participating Physicians
House Action: Adopted as Amended

RESOLVED, that the Medical Society of New Jersey continue its efforts to support legislation that mandates that all payments for services rendered to patients by non-participating physicians be sent directly to the physicians' offices.

❖ RESOLUTION #19 ❖

Introduced by: **Essex County Medical Society**
Subject: **Require Insurance Companies to Interact with Non-Participating Physicians' Staffs about Patients' Bills**
House Action: **Adopted**

RESOLVED, that the Medical Society of New Jersey request that the New Jersey Department of Banking and Insurance mandate that all insurance companies discuss the status of patients' claims with each patient's non-participating physician's office staff when contacted; and be it further

RESOLVED, that telephone numbers of each insurance company's claims representatives be provided to all non-participating physicians.

❖ RESOLUTION #20 ❖

Introduced by: **Monmouth County Medical Society**
Subject: **Consolidation of the Medical Society of New Jersey Annual Meeting**
House Action: **The following Substitute Resolution 20 (introduced by the Union County Medical Society) was referred to the Committee on Annual Meeting.**

RESOLVED, that the first, second, and third sessions of the Medical Society of New Jersey House of Delegates be consolidated into one, three-day convention, located central state, and held on the weekend preceding Memorial Day weekend each year, and ending with the inaugural dinner.

❖ RESOLUTION #21 ❖

Introduced by: Union County Medical Society
Subject: Town Meetings
House Action: Referred to the Board of Trustees for further study.

RESOLVED, that the New Jersey delegation to the American Medical Association (AMA) submit a resolution to the AMA House of Delegates asking that the AMA immediately institute a program to recruit and train physicians in the art and science of conducting town meetings.

❖ RESOLUTION #22 ❖

Introduced by: Ocean County Medical Society
Subject: Charity Care Tax Credit
House Action: Not Adopted. It was suggested that the Policy and Strategy Panel develop a policy on charity care.

RESOLVED, that the Medical Society of New Jersey (MSNJ) seek legislation to give physicians a state tax credit for providing charity care; and be it further

RESOLVED, that MSNJ seek legislation that provides immunity to physicians from liability suits by their charity care patients.

❖ RESOLUTION #23 ❖

Introduced by: Morris County Medical Society
Subject: Update MSNJ Structure
House Action: The following Substitute Resolution 23 was adopted in lieu of the original resolution (Constitutional Convention):

RESOLVED, that the Medical Society of New Jersey (MSNJ) and its Board of Trustees update the structure of MSNJ with the goal of incorporating all

physicians in New Jersey into MSNJ and their county medical societies as members; and be it further

RESOLVED, that the Board of Trustees examine the feasibility of a retreat, open to all physicians in the state, including MDs and DOs, for the purpose of improving the structure and function of MSNJ; and be it further

RESOLVED, that the Board of Trustees will report back to the membership, within three months, on the feasibility and anticipated structure of such a retreat; and be it further

RESOLVED, that a retreat, if feasible, will be held no later than two years following the passage of this resolution at the House of Delegates meeting in 2009.

❖ RESOLUTION #24 ❖

Introduced by: Camden County Medical Society

Subject: Expanding Patients' Legal Rights When Insurance Companies Deny Care

House Action: The following Substitute Resolution 24 was adopted in lieu of the original resolution:

RESOLVED, that MSNJ seek legislation to ensure that, when insurance companies deny patient care, they provide the patient with a clear explanation by a licensed New Jersey physician and provide patients with direct access to an insurance company representative for an explanation of denials of coverage and/or care; and be it further

RESOLVED, that the New Jersey delegation to the American Medical Association (AMA) submit a resolution to the AMA House of Delegates at the 2009 AMA annual meeting, requesting that the AMA lobby for the passage of legislation that would permit legal causes-of-action by the insured against their healthcare insurers and their agents for:

(a) damages caused when diagnostic tests and/or treatments are denied as "not medically necessary," when the denial of such tests and/or treatments results in harm to the insured; and for

(b) damages caused when diagnostic tests and/or treatments are denied as “not covered,” when such tests and/or treatments are, in fact, covered, and the denial of such tests and/or treatments results in harm to the insured.

❖ RESOLUTION #25 ❖

Introduced by: Camden County Medical Society
Subject: Third-Party Interference with Quality of Patient Care
House Action: Adopted

RESOLVED, that the Medical Society of New Jersey wishes to seek sponsorship for legislation that would prohibit a utilization management organization from engaging in risk contracting.

❖ RESOLUTION #26 ❖

Introduced by: Kutumba S. Pitta, MD, Delegate, Ocean County
Subject: Cultural-Competency Training Requirement
House Action: Not Adopted

RESOLVED, that the Medical Society of New Jersey work with the New Jersey Board of Medical Examiners to remove the cultural-competency continuing medical education requirement; and be it further

RESOLVED, that cultural competency education be made part of medical and law school curricula; and be it further

RESOLVED, that cultural competency continuing medical education become an option for all healthcare professionals.

❖ RESOLUTION #27 ❖

Introduced by: Kutumba S. Pitta, MD, Delegate, Ocean County

Subject: Allied Healthcare Professionals Exceed Their Scope of Practice

House Action: Resolution 27 was referred to the Scope of Practice Committee with instructions to draft a policy regarding physician extenders for Policy and Strategy Panel review.

RESOLVED, that the New Jersey Board of Medical Examiners be petitioned to form a task force, in the public interest, to address the confusion and potential harm that will be caused by the expansion of the scopes of practice of healthcare professionals who do not have MD or DO degrees; and be it further

RESOLVED, that the New Jersey Board of Medical Examiners be asked to enforce its regulations on physician supervision of other licensed healthcare workers; and be it further

RESOLVED, that the Medical Society of New Jersey adopt a policy that states that the supervision and interpretation of interventional procedures in cardiac catheterization laboratories constitutes the practice of medicine, thereby requiring direct supervision by licensed physicians to ensure the safety of our patients; and be it further

RESOLVED, that the New Jersey delegation to the American Medical Association (AMA) submit a resolution to the AMA House of Delegates asking that the AMA adopt a policy that states that the supervision and interpretation of interventional procedures in cardiac catheterization laboratories constitutes the practice of medicine, thereby requiring direct supervision by licensed physicians to ensure the safety of our patients.

❖ RESOLUTION #28 ❖

Introduced by: Kutumba S. Pitta, MD, Delegate, Ocean County
Subject: Expressions of Compassion and Empathy by Physicians
House Action: Not Adopted. It was noted that this topic is already being addressed by the Policy and Strategy Panel.

RESOLVED, that the Medical Society of New Jersey (MSNJ), in conjunction with MD Advantage, conduct seminars on how to appropriately express compassion and empathy to patients and their families; and be it further

RESOLVED, that these Appropriate Expressions of Empathy seminars be eligible for 1 hour of Category 1 continuing medical education credit; and be it further

RESOLVED, that MD Advantage offer a token discount to physicians who attend the Appropriate Expressions of Empathy seminars; and be it further

RESOLVED, that MSNJ seek legislation that would make physicians' expressions of compassion and empathy inadmissible in any malpractice litigation.

❖ RESOLUTION #29 ❖

Introduced by: Kutumba S. Pitta, MD, Delegate, Ocean County
Subject: Contingency Fees in Tort Actions
House Action: Not Adopted. It was noted that the vast majority of lawsuits are already on a contingency-fee basis.

RESOLVED, that efforts be made in conjunction with medical liability insurance carriers to detect, as early as possible, such cases and to ask the court to intervene, in the public interest, to force a verdict that has no monetary settlement; and be it further

RESOLVED, that the Medical Society of New Jersey seek legislation to promote contingency fees for lawyers so as to prevent frivolous lawsuits that are without merit.

❖ RESOLUTION #30 ❖

Introduced by: **Kutumba S. Pitta, MD, Delegate, Ocean County**

Subject: ***Pro Se* Litigants and Counterlawsuits**

House Action: **Not Adopted. It was noted that the courts permit, and have historically permitted, pro se litigants to file claims and counterclaims.**

RESOLVED, that the Medical Society of New Jersey seek legislation to mandate the filing of counterclaims to abusive litigation when the damage amount is minimal; and be it further

RESOLVED, that the court system should allow *pro se* litigant representation, which would reduce legal costs and prevent abusive litigation against defendant physicians.

❖ RESOLUTION #31 ❖

Introduced by: **Kutumba S. Pitta, MD, Delegate, Ocean County**

Subject: **Expert Testimony**

House Action: **Adopted as Amended**

RESOLVED, that the Medical Society of New Jersey evaluate the plausibility of creating an expert-witness review panel whose members must represent a broad range of medical specialties and who must be board certified in their medical specialties.

❖ RESOLUTION #32 ❖

Introduced by: **Board of Trustees**

Subject: **Ideal Relationship between the Medical Society of New Jersey and the County Societies**

House Action: **Not Adopted. This issue has been and should continue to be taken up at the monthly presidents' meetings.**

RESOLVED, that a good relationship between MSNJ and the county societies is essential to serve our membership; and be it further

RESOLVED, that the document, "Ideal MSNJ and County Society Relationship," should be debated and approved by the executive committee, then presented to the MSNJ Board of Trustees, and then presented to all the county society officers, executive directors, and boards of directors.

❖ RESOLUTION #33 ❖

Introduced by: **Board of Trustees**
Subject: **Corporate Compliance**
House Action: **Adopted**

RESOLVED, that the House of Delegates direct the Medical Society of New Jersey (MSNJ) to create an educational program for corporate compliance with local, state, and federal law and fiduciary responsibility; and be it further

RESOLVED, that attendance at this yearly educational program be mandatory for all members of the Board of Trustees and officers of MSNJ; and be it further

RESOLVED, that this educational program should be offered free of charge to all the counties, their officers, and employees; and be it further

RESOLVED, that the House of Delegates should receive an annual report on MSNJ's compliance and the attendance of the twenty-one chartered county societies.