

**2011 ANNUAL MEETING
MEDICAL SOCIETY OF NEW JERSEY**

Report: MSNJ Reference Committee

Presented by: Nicole A. Henry-Dindial, MD, Chair

NB: Only the Resolve portions of the resolutions are considered by the House of Delegates. The Whereas portions or preambles are informational and explanatory only.

COMMITTEE ON REVISION OF CONSTITUTION AND BYAWS

Recommendation:

SECRETARY

Recommendation:

The Reference Committee recommends that the report be filed.

TREASURER

Recommendation:

The Reference Committee recommends that the report be filed.

COMMITTEE ON FINANCE AND BUDGET

Recommendation:

The Reference Committee recommends that the report be filed.

NOMINATIONS FOR EMERITUS MEMBERSHIP

Recommendation:

The Reference Committee recommends that the nominations be approved.

**RESOLUTION 1 – COLLECTIVE BARGAINING SHOULD BE ALLOWED BY
NEW JERSEY PHYSICIANS**

Resolved, that the Medical Society of New Jersey sponsor and/or support state and federal legislation which allows private and/or self-employed doctors to engage in collective bargaining with insurers and/or payors.

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Recommendation:

The Reference Committee recommends that Resolution 1 be

RESOLUTION 1A – SPONSORSHIP OF LEGISLATION TO MODIFY/REPEAL ANTITRUST EXEMPTION AFFORDED TO INSURERS

Resolved, that the Medical Society of New Jersey sponsor and/or support federal legislation that will modify and/or repeal the antitrust exemptions afforded to insurers by the McCarran-Ferguson Act .

Recommendation:

The Reference Committee recommends that Resolution 1A be

RESOLUTION 2 – BINDING ARBITRATION

Resolved, that our American Medical Association adopt policy that supports the utilization of negotiable, pre-dispute binding arbitration as an effective method of doctor-patient conflict resolution; and be it further

Resolved, that the MSNJ Delegation to the AMA present this resolution for consideration by the AMA House of Delegates at the next annual or interim meeting.

Recommendation:

The Reference Committee recommends that Resolution 2 be

RESOLUTION 3 – MEDICARE HOSPITAL STAY; LONG-TERM CARE/REHABILITATION

Resolved, that the Medical Society of New Jersey, through the AMA Delegation, petition the Center for Medicare and Medicaid Services (CMS), other regulatory bodies, or U.S. Congress, to reduce or eliminate the hospital stay requirement for sub-acute rehabilitation/skilled or long-term care Medicare benefits.

Recommendation:

The Reference Committee recommends that Resolution 3 be

RESOLUTION 4 – MODIFICATION OF RELATIVE VALUE UNIT (RVU) DETERMINATION

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Resolved, that the “time used” to perform a physician service is not to be included in an RVU determination.

Recommendation:

The Reference Committee recommends that Resolution 4 be

RESOLUTION 5 – PHYSICIAN REQUIREMENTS FOR ACCOUNTABLE CARE ORGANIZATIONS (ACO’S)

Resolved, that our AMA insist that physicians have the majority decisive power regarding the delivery of health care services by an ACO to preserve the strength of the physician-patient relationship; and be it further

Resolved, that government-backed malpractice amnesty for the physician provider be at 100% coverage.

Recommendation:

The Reference Committee recommends that Resolution 5 be

RESOLUTION 6 – REDUCTION IN THE COST OF PHYSICIAN EDUCATION AND STUDENT INDEBTEDNESS

Resolved, that the AMA and MSNJ support financial responsibility of students to pay, but not to a lifetime of educational indebtedness; and be it further;

Resolved, that the AMA and MSNJ support and pursue the concept of a less-expensive educational price tag to achieve a physician degree; and be it further

Resolved, that the AMA and MSNJ support the concept that loans are not an answer to a vibrant new AMA/MSNJ practitioner with patient interaction versus debt-burden repayment on his/her mind.

Recommendation:

The Reference Committee recommends that Resolution 6 be

RESOLUTION 7 – RESOLUTION SUBMISSION BY INDIVIDUAL MEMBERS

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Resolved, that individual members and preferably, county medical societies, have the right to submit resolutions to the MSNJ House of Delegates so that all member voices can be heard.

Recommendation:

The Reference Committee recommends that Resolution 7 be

RESOLUTION 8 – 2016 ANNUAL FUND

Resolved, that MSNJ establish an annual fund to cover yearly expenses in preparation for the 250th anniversary in 2016, to be dispersed at the discretion of the Board upon receiving requests from the History 2016 Committee.

Recommendation:

The Reference Committee recommends that Resolution 8 be

RESOLUTION 9 – EXTENDED HOME HEALTHCARE RIDER INSURANCE POLICIES

Resolved, that MSNJ invite home healthcare insurance experts to the Policy and Strategy Panel to create an add-on rider.

Recommendation:

The Reference Committee recommends that Resolution 9 be

RESOLUTION 10 – FINDING SHELTERS FOR THE DISABLED

Resolved, that MSNJ invite experts in setting up shelters for the disabled during disasters to the Policy and Strategy Panel.

Recommendation:

The Reference Committee recommends that Resolution 10 be

RESOLUTION 11 – PREPARATIONS FOR PORT OF ENTRY INFECTIONS

Resolved, that MSNJ assist county societies in contacting their county Office of Emergency Management to discuss the handling of people and pets at ports of entry who are sickened already or have been exposed to life-threatening infections.

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Recommendation:

The Reference Committee recommends that Resolution 11 be

RESOLUTION 12 – PURCHASE REIMBURSEMENT FOR AN ELECTRONIC MEDICAL RECORD SYSTEM (EMR)

Resolved, that MSNJ assist county societies in finding government-approved oversight agencies to help members meet the requirements for purchase reimbursement on the Electronic Medical Record system.

Recommendation:

The Reference Committee recommends that Resolution 12 be

RESOLUTION 13 – STOCK PILE VACCINES

Resolved, that MSNJ petition the AMA to seek legislation which includes all children under the “Vaccine for Children Grant;” and be it further

Resolved, that this legislation provide for national stock piling under direction of the Centers for Disease Control.

Recommendation:

The Reference Committee recommends that Resolution 13 be

RESOLUTION 14 – TASK FORCE ON ETHICAL DECISIONS DURING A DISASTER

Resolved, that the Medical Society of New Jersey establish a Task Force to study and suggest guidance on Ethical Decisions concerning shortages of hospital beds, medicine, respirators and vaccines during a disaster and invite those who will head Central Command Posts to serve this Task Force.

Recommendation:

The Reference Committee recommends that Resolution 14 be

RESOLUTION 15 –GUARANTEE THAT PATIENTS KNOW WHO THEY ARE SEEING

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Resolved, that the Medical Society of New Jersey seek to encourage the New Jersey Legislature to enact legislation that requires all health care professionals to wear photo identification badges that state their credentials in large block letters with descriptions such as “physician” or “registered nurse.”

Recommendation:

The Reference Committee recommends that Resolution 15 be

RESOLUTION 16 –MEDICAL RESIDENT POSITION ON THE MSNJ BOARD OF TRUSTEES

Resolved, that MSNJ shall create a position on the Board of Trustees for a medical resident, adding one member to the MSNJ Board of Trustees with voting rights; and be it further

Resolved, that the medical resident Board member shall not be eligible for any MSNJ elected position but may attend MSNJ section meetings ex-officio.

Recommendation:

The Reference Committee recommends that Resolution 16 be

RESOLUTION 17 – TRUTH IN MEDICAL ADVERTISING

Resolved, that MSNJ urge the passage of legislation requiring that any advertisements for medical services include the health professional’s title and license type.

Recommendation:

The Reference Committee recommends that Resolution 17 be

RESOLUTION 18 – NUMBER OF DELEGATES IN THE MSNJ HOUSE OF DELEGATES

Resolved, that MSNJ change the number of delegates to 1 delegate per 35 members, or major portion thereof; and be it further

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Resolved, that counties with less than 15 members be allotted 1 delegate, and counties with less than 50 members be allotted 2 delegates..

Recommendation:

The Reference Committee recommends that Resolution 18 be

RESOLUTION 19 – CONTROL OF PHYSICIAN PRACTICE BY INSURANCE COMPANIES THROUGH CARECORE NATIONAL

Resolved, that MSNJ work with the Department of Banking and Insurance and the legislature, if necessary, to assure that management guidelines are appropriate and conform to Specialty Society guidelines, that physicians have the ability to appeal denials within 24 hours to a physician in active practice in New Jersey with the authority to make exceptions to the guidelines, and that insurance companies employing CareCore National management be required to make full disclosure to existing and potential policy holders.

Recommendation:

The Reference Committee recommends that Resolution 19 be

RESOLUTION 20 – CMS RAC AUDITS

Resolved, that MSNJ Insurance Agency considers a member benefit of a group policy insuring against fines and penalties as a result of RAC audits.

Recommendation:

The Reference Committee recommends that Resolution 20 be

RESOLUTION 21 – MSNJ EFFECT ON COUNTY MEDICAL SOCIETY INCOME

Resolved, that any financial agreements between MSNJ and any entities that may affect dues income shall only be binding for MSNJ and not an individual county medical society or the county medical societies as a whole.

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Recommendation:

The Reference Committee recommends that Resolution 21 be

RESOLUTION 22 – CORE VALUES

Resolved, that our American Medical Association will craft a short list of “Core Values” that will be our AMA guiding principles; and be it further

Resolved, that the first “core value” will be that our AMA will vigorously work to promote and to fully defend the time-honored social contract between the individual patient and his/her physician because it is the very basis for quality medical care; and be it further

Resolved, that the second “core value” will be that our AMA will vigorously work to promote and to fully defend the delivery of quality medical care as defined and described in our AMA Policies; and be it further

Resolved, that the third “core value” will be that our AMA will vigorously work to promote and to require that all physicians will provide quality medical care, to the best of their ability, without fear or favor, every time, for every patient, and be it further

Resolved, that this resolution be forwarded to our AMA House of Delegates as an item of business at the next AMA House of Delegates meeting.

Recommendation:

The Reference Committee recommends that Resolution 22 be

Membership of the Committee:

Nicole A. Henry-Dindial, MD, Chair; John J. DiGioia, Jr., MD, William C. Franckle, IV, MD, David E. Konigsberg, MD, and Steven L. Richards, MD