

**Medical Society** of New Jersey

**MSNJ**

**TRANSACTIONS OF THE  
HOUSE OF DELEGATES**

**2005**

# TRANSACTIONS

## Table of Contents

### Administration

|                                  |   |
|----------------------------------|---|
| Procedural Matters .....         | 1 |
| Officers and Appointments .....  | 2 |
| Election Results .....           | 4 |
| Reference Committees: 2005 ..... | 6 |

### Reports

|   |    |
|---|----|
| President/Chair of the Board of Trustees.....                     | 7  |
| Judicial Council .....  | 13 |
| Committee on Revision of Constitution and Bylaws .....            | 16 |
| Secretary .....   | 21 |
| Treasurer .....   | 24 |
| Finance and Budget .....  | 28 |
| Council on Medical Services .....                                 | 34 |
| Nominations for Emeritus Membership .....                         | 36 |
| Supplemental Report #1: Nominations for Emeritus Membership ..... | 39 |
| Supplemental Report #2: Nominations for Emeritus Membership ..... | 40 |
| Council on Communications .....                                   | 41 |
| Council on Legislation.....                                       | 44 |
| Council on Public Health.....                                     | 73 |

### Resolutions

|  |    |
|--|----|
| # 1: Recycling of Officers.....  | 76 |
| # 2: Statewide Representation .....  | 76 |
| # 3: Executive Decisions.....  | 77 |
| # 4: Usual-and-Customary Fee Schedule Survey .....   | 77 |
| # 5: Legislation to Allow Countersuits.....  | 77 |
| # 6: Publication on MSNJ Web Site of Medical-Malpractice Case Plaintiff<br>Information ..... | 78 |
| # 7: Insurer Recoupment.....   | 78 |
| # 8: Annual Meeting in North Jersey.....   | 79 |
| # 9: Opt Out of MSNJ Centralized Administrative Functions .....                              | 79 |

|   |    |
|---|----|
| # 10: Urban Deforestation.....  | 80 |
| # 11: Standard Formulary Review Board .....   | 80 |
| # 12: Vaccines for Children .....   | 80 |
| # 13: Expediting Kid Care Sign-up .....   | 81 |
| # 14: Dispensing Benadryl in Schools.....   | 81 |
| # 15: Budget Neutral Journal.....   | 82 |
| # 16: Health Savings Accounts and Medical Savings Accounts.....   | 82 |
| # 17: Increasing Intrusiveness of Precertification-Related Issues.....                                    | 83 |
| # 18: Annual Review of Outside Contracts .....  | 83 |
| # 19: Rating of Outside Services .....  | 84 |
| # 20: Electronic Medical Records.....   | 84 |
| # 21: Increase Insurance Reimbursement Fees.....  | 84 |
| # 22: CME-Accredited Course at Annual Meetings.....   | 85 |
| # 23: Licensure Revocation for Trial Lawyers Filing Three or More<br>Frivolous Malpractice Lawsuits ..... | 85 |
| # 24: Expert Testimony.....   | 86 |
| # 25: Automatic Billing .....   | 86 |
| # 26: Flu Vaccines .....  | 86 |
| # 27: Blister Packaging.....  | 87 |
| # 28: Dues for Spouses .....  | 87 |
| # 29: Continuing Medical Education on the MSNJ Web Site .....   | 87 |

### **New Business Resolution**

|   |    |
|---|----|
| Self-Determination in Medical Decision Making ..... | 89 |
|---|----|

### **Memorial Resolution**

|                           |    |
|---------------------------|----|
| Alfred A. Alessi, MD..... | 90 |
|---------------------------|----|

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

## **2004 TRANSACTIONS**

The House of Delegates approved the Transactions of the 2004 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 ❖

S. Manzoor Abidi, MD, President  
Eileen M. Moynihan, MD, President-Elect  
Charles M. Moss, MD, First Vice-President  
Richard J. Scott, MD, Second Vice-President  
Mark T. Olesnicky, 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  
Decebal Dave Constandis, MD  
Rajendra Prasad Gupta, MD  
Roland E. Johnson, MD  
Alan J. Lippman, MD  
Richard A. Menghetti, MD  
Bruce A. Monaghan, MD  
Niranjan V. Rao, MD  
Bernard J. Saccaro, MD  
John S. Salaki, MD  
Steven P. Shikiar, MD  
John J. Vaccaro, 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  
Sally Ilagan, RN, MSNJ Alliance  
Tilak Sundaresan, Student Member  
Christine Lennon, Student Member

## ❖ Judicial Councilors ❖

Robert A. Fuhrman, MD, First District  
Michael B. Kesselbrenner, MD, Second District  
Christopher E. Gribbin, MD, Third District  
Joseph W. Sokolowski, Jr., MD, Chair, 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  
Steven H. Krawet, MD, Assistant Teller  
Harry L. Chaikin, MD, Chief Sergeant-at-Arms  
M. Arif Hashmi, MD, Sergeant-at-Arms  
Alan P. Krieger, MD, Sergeant-at-Arms

# ELECTION RESULTS

| <b>Office</b>   | <b>Term</b> | <b>From</b> | <b>To</b> | <b>Physician/County</b>                |
|---|-------------|-------------|-----------|--|
| <b>President-Elect</b>  | 1 year      | May 2005    | May 2006  | Charles M. Moss, MD<br>Bergen          |
| <b>1st Vice-President</b>   | 1 year      | May 2005    | May 2006  | Richard J. Scott, MD<br>Monmouth       |
| <b>2nd Vice-President</b>   | 1 year      | May 2005    | May 2006  | Rajendra Prasad Gupta, MD<br>Mercer    |
| <b>Trustees</b>   |             |             |           |  |
| 1st District  | 3 years     | May 2005    | May 2008  | Eugene J. Lind, MD<br>Essex            |
| 2nd District  | 3 years     | May 2005    | May 2008  | Michael H. Bernstein, MD<br>Passaic    |
| 3rd District  | 3 years     | May 2005    | May 2008  | Niranjan V. Rao, MD<br>Middlesex       |
| 3rd District  | 3 years     | May 2005    | May 2008  | Michael J. Richardson, MD<br>Middlesex |
| 4th District  | 3 years     | May 2005    | May 2008  | Mary F. Campagnolo, MD<br>Burlington   |
| Member-at-Large   | 3 years     | May 2005    | May 2008  | Paul J. Carniol, MD<br>Union           |
| <b>Judicial Councilors</b>  |             |             |           |  |
| 1st District  | 3 years     | May 2005    | May 2008  | Robert A. Fuhrman, MD<br>Union         |
| 4th District  | 3 years     | May 2005    | May 2008  | Stephen J. Pilipshen, MD<br>Burlington |
| <b>AMA Delegates</b>  |             |             |           |  |
|   | 2 years     | Jan 2006    | Dec 2007  | Michael H. Bernstein, MD<br>Passaic    |
|   | 2 years     | Jan 2006    | Dec 2007  | Robert S. Rigolosi, MD<br>Bergen       |
| <b>AMA Alternate Delegates</b>  |             |             |           |  |
|   | 2 years     | Jan 2006    | Dec 2007  | Donald J. Cinotti, MD<br>Hudson        |
|   | 2 years     | Jan 2006    | Dec 2007  | Bernard J. Saccaro, MD<br>Bergen       |
| <b>Administrative Councils</b>  |             |             |           |  |
| <b>Communications</b> (The 2005 House of Delegates voted to adopt the Bylaw amendment calling for the discontinuance of the Council on Communications. Therefore, the two positions listed below have been eliminated.) |             |             |           |  |
| 5th District  | 2 years     | May 2005    | May 2007  | Birendra N. Tandan, MD<br>Atlantic     |

| <b>Office</b>              | <b>Term</b> | <b>From</b> | <b>To</b> | <b>Physician/County</b>   |
|----------------------------|-------------|-------------|-----------|---|
| Member-at-Large            | 2 years     | May 2005    | May 2007  | Bernard J. Saccaro, MD<br>Bergen  |
| <b>Legislation</b>         |             |             |           |   |
| 4th District               | 2 years     | May 2005    | May 2007  | Joseph P. Costabile, MD<br>Camden   |
| <b>Medical Services</b>    |             |             |           |   |
| 1st District               | 2 years     | May 2005    | May 2007  | Joseph M. Marchesano, MD<br>Essex   |
| 2nd District               | 2 years     | May 2005    | May 2007  | Richard A. Williams, MD<br>Hudson   |
| 3rd District               | 2 years     | May 2005    | May 2007  | No Nominee  |
| 4th District               | 2 years     | May 2005    | May 2007  | M. Arif Hashmi, MD<br>Camden  |
| 4th District               | 2 years     | May 2005    | May 2007  | J. Mark J. Meredith, MD<br>Burlington   |
| 5th District               | 2 years     | May 2005    | May 2007  | No Nominee  |
| 5th District               | 2 years     | May 2005    | May 2007  | No Nominee  |
| Member-at-Large            | 2 years     | May 2005    | May 2007  | No Nominee  |
| <b>Public Health</b>       |             |             |           |   |
| 3rd District               | 2 years     | May 2005    | May 2007  | Frank Sparandero, MD<br>Somerset  |
| 5th District               | 2 years     | May 2005    | May 2007  | No Nominee  |
| Member-at-Large            | 2 years     | May 2005    | May 2007  | Anita Falla, MD<br>Essex  |
| <b>Standing Committees</b> |             |             |           |   |
| <b>Annual Meeting</b>      | 2 years     | May 2005    | May 2007  | Hilda R. Roque Dieguez, MD<br>Hudson  |
| <b>Finance and Budget</b>  | 1 year      | May 2005    | May 2006  | Janusz S. Kornicki, MD*<br>Union  |
|                            | 2 years     | May 2005    | May 2007  | *Elected to fill the vacancy created by the<br>resignation of William J. Dowling, Jr.,<br>MD<br>Tariq A. Rizvi, MD<br>Middlesex |
| <b>Medical Education</b>   | 2 years     | May 2005    | May 2007  | Marven H. Wallen, MD<br>Essex   |

# REFERENCE COMMITTEE ON CONSTITUTION & BYLAWS/A

## Membership

Francis J. Lumia, MD, chair  
Harry L. Chaikin, MD  
Dean A. Dent, MD  
Richard E. Ioffreda, MD  
Michael J. Marchese, MD  
Nancy L. Mueller, MD  
William M. Sugarmann, MD

# REFERENCE COMMITTEE B

## Membership

Donald J. Cinotti, MD, chair  
Paul J. Carniol, MD  
Leonard J. Corwin, MD  
Louis G. Fares, II, MD  
Douglas B. Moore, MD  
Bernard A. Pekala, MD  
John W. Poole, MD

# REFERENCE COMMITTEE C

## Membership

Satwant Gill Keswani, MD, chair  
Irvin M. Bonder, MD, was unable to serve  
Pierre N. Coant, MD, was unable to serve  
Leticia V. DeCastro, MD  
Michael A. Graff, MD  
Stephen J. Pilipshen, MD  
Richard A. Williams, MD

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

**S. Manzoor Abidi, MD**

**House Action: Filed**

What seemed like only a few months ago, my inaugural address to the House of Delegates set forth a challenge for the Medical Society of New Jersey. As a society, over the years we had remained “our father’s MSNJ” because of our reluctance to embrace and implement change. This perception among many physicians became an impediment to increasing membership and to advancing our advocacy in these times. More than a cosmetic facelift; MSNJ needed long-lasting structural transformations and a new philosophy. The challenge was to remake the society, to focus on our core mission, and to make MSNJ more relevant to today’s medical environment. We are well on our way.

The road started as our new executive director and CEO, Michael Kornett, assumed the reins last March. Michael brought keen knowledge of running a “medical business” with him to MSNJ. As a result, we are approaching the management of the society as we would the management of a business. One of the first things that Mr. Kornett did this past summer was lead us through strategic planning sessions, in order to set our business goals as well as to become more fiscally responsible.

For years, the subsidies offered by MIIX and the infusion of significant investment income made MSNJ flush with cash. As these outside monies have dried up and membership continued to decline, our structure and purpose came into question. No longer could we be “all things to all people.” For the society to remain viable, we had to start returning to our core purpose. We closely examined each aspect of the society’s daily operations to determine those programs and services that offer the most value to physicians. Senior staff did further analysis to develop recommendations that rededicate MSNJ to physician advocacy and member service, as well as to ensure that resources were available.

The society first needed to stabilize its finances. In its analysis, the strategic planning members identified *New Jersey Medicine* and the Physicians' Health Program as two outstanding programs. Despite the merits of these programs, however, they were a financial challenge to MSNJ and could no longer be sustained. The decision was made to seek another organization that could house PHP and to publish a monthly newsletter instead of *New Jersey Medicine*. The newsletter will be focused on advocacy and everyday information to help physicians better manage their practices. These were very painful decisions that were necessary for the greater good of MSNJ.

The planning process also identified proactive directions. In order to enhance member retention and recruitment, MSNJ will be dedicating more resources to a Managed Care Unit. This will better coordinate all of our managed care activities, including the Claims Assistance Program, our legislative and regulatory advocacy, and our ongoing and potential litigation against insurer abuses.

Realizing that sometimes you have to take the message directly to physicians, MSNJ senior staff has been on the road to meet with county society presidents and local hospital medical staff presidents. The initial response has been phenomenal, leading to greater understanding and support of MSNJ's goals for the future and other efforts on behalf of physicians.

In moving forward, MSNJ must continue to build membership as one of the bases for financial stability and political influence. We will also continue to petition hospital medical staffs for contributions to our Advocacy Fund, which is hard at work for all physicians. In addition, we see tremendous potential for building our non-dues revenue base. Our subsidiary, the Medical Review and Accrediting Council, has been gaining contracts for alternative privileging and other quality of care initiatives. Likewise, our new Institute of Medicine and Public Health of New Jersey has lofty goals for CME initiatives and other revenue drivers.

### **Government Relations**

The abrupt resignation of Governor James McGreevey threw Trenton into upheaval, and required MSNJ to make certain adjustments in strategy and direction. It also delayed some appointments and changes that we had anticipated the governor would make, such as to the state Medical Care Availability Task Force and the Board of Medical Examiners. Our

relationship with Governor Richard Codey has been productive, and we do expect assistance with some of our priority legislative and regulatory issues.

MSNJ continues to improve relationships with elected officials from both sides of the aisle. I, along with Michael Kornett, our government relations staff, and our lobbyists, have met often with the assembly and senate leadership on various issues. They have assured us that any ill feelings stemming from the 2003 election have passed and that they are eager to work with us on medical issues.

Other legislators are also reaching out to us for input on current or pending legislation. We are currently working with assembly representatives Neil Cohen and Loretta Weinberg on bills to curb several of managed care's most obnoxious business practices and to help assure medical care availability for the uninsured.

MSNJ is also strongly opposing a proposal by the Board of Medical Examiners to nearly double the biennial licensing fee. While we see several problems with raising the fee at this time, we are particularly sensitive to earmarking portions of this fee increase to maintain the state's Physician Profiling web site, which provides physician liability histories.

An unexpected, but welcome, outcome from the shift in the governor's office was the appointment of Fred Jacobs, MD, as commissioner of the Department of Health and Senior Services. Dr. Jacobs is a long-time friend and active member of MSNJ, having chaired our Council on Public Health, our New Jersey Breathes tobacco-control coalition, and our Institute of Medicine and Public Health.

### **Legislative Progress**

Before the legislature adjourned in June, two budget bills that contained taxes that affect the physician community suddenly appeared and were passed. The first places a 3% gross receipts assessment against ambulatory care facilities owned by physicians, with the proceeds going to offset charity care expenditures incurred by hospitals. The second is a 6% tax on cosmetic medical procedures.

While the cosmetic tax could be passed along to patients, the ambulatory care tax was especially galling to physicians, who already directly provide the charity care for which the hospitals seek reimbursement. We encouraged

physicians and medical staffs to take strong stances against hospital administrations. The resulting pressure facilitated meetings with the bill's sponsors. Pending the upcoming budget announcement, we anticipate that the state will sunset the bill after its first year and remove onerous provisions that would allow the state Department of Health and Senior Services to place other taxes on physicians.

One bill would have subjected all physicians' offices in which any surgical procedure takes place to licensure, regulation, and possibly taxation. MSNJ convinced the sponsor that the legislation was not necessary, given already existing regulations. The bill was effectively halted.

We had significant achievements in other bills as well, primarily those concerning intrusions into scope of practice by optometrists, physician assistants, and advanced nurse practitioners. We were also able to stop many proposals before the ink even hit the paper. In Trenton, victory can be subtle. What you prevent can be more important than what you attain.

### **Medical Liability**

The state legislature passed Assembly Bill No. 50 in March, the oft-debated medical liability bill. While the bill did not contain the non-economic damages caps that we sought, it did contain other provisions that we had supported from the outset. Among other things, it placed restrictions on expert witnesses, provided means for physicians to get extricated from lawsuits more quickly, lowered the statute of limitations for pediatric injuries, and broadened a judge's discretion to lower jury awards. The bill also provided for creation of a state Medical Care Availability Task Force, which we anticipate will convene this spring, along with proper physician representation secured by MSNJ. This Task Force will review and assess various means of tort and/or insurance reform, including non-economic damages caps.

Assembly Bill No. 50 also created a fund to assist physicians in paying their liability insurance premiums. Capitalized by an annual \$3 employee assessment, along with \$75 annual assessments on physicians, other health care providers, and lawyers, the fund was expected to provide \$17 million a year in subsidies. There were several problems with the plan, including the intention of the state to target only ob/gyns, neurosurgeons, and a few other "high-risk" specialties, and the fact that subsidies received by physicians from this fund would be taxable. The state approached MSNJ several times

to endorse their plan or suggest other distribution means. We respectfully declined, because we did not want to be in the position of setting one physician segment against another.

### **Managed Care**

As is the case every year, MSNJ remained active on the managed care front. As Cigna became the second managed care insurer to settle the national class action lawsuit, we were busy communicating the settlement benefits to physicians. Along with prospective relief, the settlement included the opportunity to recoup for past claims that were underpaid or denied. This raised the bar from the Aetna settlement, a trend that we hope will continue in the outstanding suits against four other insurers.

Over the summer, MSNJ interceded with the Department of Banking and Insurance to take the appropriate time to conduct a thorough review of the proposed takeover of Oxford Health Plans by United Healthcare. We even arranged for a noted economist to show how the merged company would violate federal — as well as more stringent state — guidelines for anti-competitive market concentrations. In an amazing turnaround, the state approved the merger in three days without placing any conditions on it. MSNJ then filed suit to stop the merger, using a little-known statute. This suit is ongoing.

This past fall, MSNJ learned that Horizon was seeking to recoup \$15 million in alleged overpayments to invasive cardiologists. MSNJ believes there are several legal and factual deficiencies in Horizon's efforts: the time period went back several years; the absence of current Horizon fee schedules on the codes in question; and the unwillingness of Horizon to provide specific information on the claims in question.

Our intercession with Horizon senior management provided little relief, with the insurer quickly moving toward forced offsets to recoup their money. We were fearful that if they were successful, other insurers would attempt similar actions against other specialties. After a statewide meeting with cardiologists, MSNJ and the state chapter of the American College of Cardiologists filed suit to stop the insurer from conducting offsets and to seek full disclosure on all claims processed by Horizon. The case is expected to go to trial in late August 2005.

Outside of the courtroom, MSNJ is just as active in pursuing physicians' rights before managed care. Our Claims Assistance Program continues to recoup money that members had trouble collecting. Once again, when MSNJ gets involved, it gets results! And as mentioned before, we are working closely with several legislators to curb managed care's abuses, such as unlimited recoupment time and absence of fee schedules.

To me, it is inconceivable that physicians refuse to join organized medicine at a time when we are under attack from so many sides. MSNJ is changing — and must continue to change — to become more appealing and relevant to the general physician population. This includes working as the lead agency with other medical societies. No longer can we afford to be “disorganized” medicine, espousing individual physician and society goals. That is a waste of valuable time, resources, and credibility. We must work for the betterment of medicine, and that means working together, not separately.

I believe that MSNJ's strategic planning is clearing the path. Now it is time to pave it so that others will join us.

# JUDICIAL COUNCIL

**Joseph W. Sokolowski, Jr., MD, Chair**

**House Action: The House of Delegates voted to adopt the Expert Witness Standards. The remainder of the report was filed.**

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, which had been a major source of ethical complaints, have been reduced significantly. Other ethical issues have been resolved at the county level, without the need for Judicial Council involvement.

Although the need to resolve ethical complaints by patients and fellow physicians has lessened, the role of the Judicial Council to be involved in ethical matters has not. This past year the Judicial Council helped establish the position of the Medical Society of New Jersey as it relates to restrictive covenants. The Judicial Council also has set ethical guidelines for medical liability expert witnesses, a standard that will be used to measure the testimony provided against member physicians. Finally, the Judicial Council is working on guidelines to ensure that physicians properly monitor allied professionals who practice medicine under their control.

## **Restrictive Covenants**

At the 2004 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 the employer members and the employee members.

The Judicial Council adopted a position in favor of adopting the AMA's Council on Ethical and Judicial Affairs ethical guidelines which, based on the impact they will have on access to care, discourage some restrictive covenants and prohibit others. The Judicial Council, however, recognized that there may be instances in which such covenants are 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 on the More case is still pending.

### **Expert Witness Standards**

Given the recent crisis in medical liability insurance and the need to prevent the proliferation of meritless cases, the Medical Society of New Jersey is determined to establish expert witness review panels to review testimony of physician experts and to file grievances against physicians who provide improper testimony.

The Judicial Council adopted standards by which to judge expert witness testimony. The Council reviewed the standards of other societies as well as New Jersey law. They adopted the following standard:

The American legal system requires expert testimony for both plaintiff and defendant. It is of central importance that such testimony be truly expert and as impartial as possible. This document applies to the provision of expert witness testimony in a court of law, in an arbitration or mediation session, or when signing an affidavit of merit. The following are ethical guidelines for expert witnesses:

1. "Expert" testimony should reflect not only the opinions of the individual but also honestly describe where such opinions vary from common practice or where they are not generally accepted by other physicians in the same specialty. The expert should not present his or her own views as the only correct ones if they differ from what might be done by other physicians in the same specialty.
2. An opinion given in expert testimony or an affidavit as to the appropriate standard of practice or care shall demonstrate, where it exists, the existence of that standard through the production of evidence-based medicine. For the purposes of this provision, "evidence-based medicine" shall be demonstrated by the production of textbooks, treatises, articles in peer-reviewed journals, written standards, or documented and recognized formulae, customs, and practices. Where the expert's opinion differs from the standards established in evidenced-based medicine, the expert shall testify to that fact.

3. An expert should be a physician who is still engaged in the active clinical practice or is engaged in the teaching of medicine. The expert should have been in such active practice or teaching at the time of the alleged incident.
4. The physician should champion what the expert believes to be the truth, not the cause of one party or the other.
5. The physician should not accept a contingency fee as an expert witness.
6. The expert should become familiar with all data pertinent to the particular matter at issue prior to offering testimony.
7. The expert should review prior and current concepts related to standard medical practice in the matter at issues prior to offering testimony.
8. The expert must not be concerned with the legal issues of the matter in question.

### **Scope of Practice**

The last several years has seen an increasing trend of physician extenders and other health care professionals to seek and get 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**

## 1. AMA Delegation Tenure

At its meeting on Sunday, July 18, 2004, the Board of Trustees approved a recommendation submitted by the AMA Delegation to extend the delegation's tenure from six, two-year terms to eight, two-year terms as AMA delegate or alternate, or any combination thereof.

The Board of Trustees directed the Committee on Revision of Constitution and Bylaws to prepare the proposed amendment to the Bylaws for consideration by the 2005 House of Delegates.

## **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 eight 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 Chapter VI – AMA Delegates and Other Representatives, Subparagraph (a) be adopted.

### **House Action: Not Adopted**

**The House of Delegates approved a recommendation calling for the Committee on Revision of Constitution and Bylaws to study how the term limits should be applied to delegates and alternate delegates by surveying the term limits imposed on all other state delegations.**

#### **2. MSNJ Councils and Committees**

At a special meeting held on January 16, 2005, the Board of Trustees adopted a new strategic plan for MSNJ. In accordance with the recommendations of the Strategic Planning Group, the Board of Trustees directed the Committee on Revision of Constitution and Bylaws to consider and report to the 2005 House of Delegates on proposed amendments. Adoption of the following amendments will consolidate MSNJ's administrative councils and committees by allocating the functions of the Council on Communications, the Committee on Annual Meeting, and the Committee on Medical Student Loan Fund to ad hoc committee status or staff responsibility.

### **CHAPTER IX – ADMINISTRATIVE COUNCILS AND COMMITTEES, SECTION 3 – ADMINISTRATIVE COUNCILS AND STANDING COMMITTEES, SUBPARAGRAPH (a)**

#### **(a) Council on Communications**

The Council on Communications shall consist of nine members elected by the House of Delegates, and a discretionary number appointed by the President. There shall be at least one elected member from each judicial district. The President-Elect, the Second Vice-President, the Secretary, and the Editor-in-Chief of *New Jersey Medicine* shall be ex-officio members of the Council.

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that Chapter IX – Administrative Councils and Committees, Section 3 – Administrative Councils and Standing Committees, Subparagraph (a) be deleted in its entirety.

### **House Action: Adopted**

#### **CHAPTER IX – ADMINISTRATIVE COUNCILS AND COMMITTEES, SECTION 3 – ADMINISTRATIVE COUNCILS AND STANDING COMMITTEES, SUBPARAGRAPH (e)**

##### **(e) Committee on Annual Meeting**

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

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that Chapter IX – Administrative Councils and Committees, Section 3 – Administrative Councils and Standing Committees, Subparagraph (e) be deleted in its entirety.

### **House Action: Not Adopted**

#### **CHAPTER IX – ADMINISTRATIVE COUNCILS AND COMMITTEES, SECTION 3 – ADMINISTRATIVE COUNCILS AND STANDING COMMITTEES, SUBPARAGRAPH (i)**

##### **i. Committee on Medical Student Loan Fund**

The Committee on Medical Student Loan Fund shall consist of at least five members appointed by the President.

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that Chapter IX – Administrative Councils and Committees, Section 3 – Administrative Councils and Standing Committees, Subparagraph (i) be deleted in its entirety.

### **House Action: Adopted**

#### 3. Elimination of Discount for First-Year Membership

Approving the following amendment will end the fifty percent (50%) discount for first-year membership. This change is necessary for the Society to meet its balanced budget objective.

#### **CHAPTER X -- FINANCE, SECTION 1 – ANNUAL DUES, SUBPARAGRAPH (b)**

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

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that the second sentence of Chapter X – Finance, Section 1 – Annual Dues, Subparagraph (b) be deleted in its entirety.

### **House Action: Referred back to the Committee on Revision of Constitution and Bylaws.**

#### 4. Complimentary Members

Approving this amendment will create a new category of membership called “Complimentary Membership.” This membership category includes full membership privileges. Complimentary memberships are available to the current president and incoming president of hospital medical staffs that

contribute an annual amount as determined by the Board of Trustees to MSNJ advocacy or political action. The complimentary membership begins in the month following the donation and continues until the close of the following dues year. This proposed amendment is designed to recognize and encourage annual donations from hospital medical staffs to MSNJ advocacy and political efforts.

## **CHAPTER I – MEMBERSHIP, SECTION 1 – COMPOSITION**

The first sentence of Chapter I, Section 1 be amended as follows: “This Society shall be composed of Fellows, officers, delegates, members and associate members of component societies in good standing, ~~and~~ emeritus members, and complimentary members.”

New paragraph (e) is added to Chapter I, Section 1 to read:

### **(e) Complimentary Members**

Complimentary memberships are extended to the current non-member president and non-member incoming president of hospital medical staffs that make contributions to the MSNJ Advocacy Fund or Political Action Committee in an amount as periodically determined by the Board of Trustees. Complimentary members shall have full privileges. The term of a complimentary membership begins at the first month after the donation is received and runs until the close of the following dues year.

### **Recommendation**

The Committee on Revision of Constitution and Bylaws recommends that the proposed amendment to Chapter 1 – Membership, Section 1 – Composition be adopted.

### **House Action: Adopted as amended to read as follows:**

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

# SECRETARY

**Ruth J. Schulze, MD**

**House Action: Filed**

The Office of the Secretary has continued its usual routines, that include 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, 2004.

|  |                      |               |
|--|----------------------|---------------|
| <b>Active</b>                                      | <b>Paid</b>          | <b>5,390</b>  |
|  | <b>Exempt</b>        | <b>313</b>    |
| <b>Resident</b>                                    | <b>Paid</b>          | <b>9</b>      |
|  | <b>Subtotal</b>      | <b>*5,712</b> |
| <b>Associate</b>                                   | <b>Paid</b>          | <b>10</b>     |
| <b>Affiliate</b>                                   | <b>Paid</b>          | <b>20</b>     |
| <b>State emeritus</b>                              |                      | <b>1,743</b>  |
|  | <b>TOTAL</b>         | <b>7,485</b>  |
| <b>Provisional residents (6 months)</b>            |                      | <b>0</b>      |
| <b>Student members</b>                             |                      | <b>343</b>    |
| <b>New and reinstated members</b>                  | <b>Active paid</b>   | <b>583</b>    |
|  | <b>Active exempt</b> | <b>17</b>     |
|  | <b>Resident</b>      | <b>6</b>      |
|  | <b>Associate</b>     | <b>4</b>      |
|  | <b>Emeritus</b>      | <b>1</b>      |
| <b>Transfers within the state</b>                  |                      | <b>32</b>     |
| <b>Transfers out of state and resignations</b>     |                      | <b>32</b>     |
| <b>Members deceased</b>                            |                      | <b>84</b>     |
| <b>Members dropped</b>                             |                      | <b>401</b>    |
| <i>Active members:</i>                             |                      |               |
| <b>a. Nonpayment of dues</b>                       |                      | <b>391</b>    |
| <b>b. New Jersey license suspended</b>             |                      | <b>1</b>      |
| <b>c. New Jersey license retired</b>               |                      | <b>2</b>      |
| <b>d. New Jersey license voluntarily surrender</b> |                      | <b>1</b>      |
| <i>Resident members:</i>                           |                      |               |

|                              |  |          |
|------------------------------|--|----------|
| <b>a. Nonpayment of dues</b> |  | <b>3</b> |
| <i>Associate members:</i>    |  |          |
| <b>a. Nonpayment of dues</b> |  | <b>2</b> |
| <i>Affiliate members:</i>    |  |          |
| <b>a. Nonpayment of dues</b> |  | <b>5</b> |

Associate membership (nonlicensed 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, 2003, with December 31, 2004, by county shows the following net changes of active paid membership:

|            |     |            |     |          |     |
|------------|-----|------------|-----|----------|-----|
| Atlantic   | -13 | Gloucester | +8  | Ocean    | +4  |
| Bergen     | -36 | Hudson     | +6  | Passaic  | -5  |
| Burlington | -21 | Hunterdon  | -1  | Salem    | 0   |
| Camden     | -14 | Mercer     | -1  | Somerset | -14 |
| Cape May   | +4  | Middlesex  | -62 | Sussex   | +2  |
| Cumberland | -2  | Monmouth   | +3  | Union    | -19 |
| Essex      | -59 | Morris     | -6  | Warren   | -2  |

**AMA Membership.** A total of 6,983 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, 2004, through December 31, 2004.

|                           | <b>Residents Associate</b> | <b>Residents Licensed</b> | <b>Active</b> | <b>Grand Total</b> |
|---------------------------|----------------------------|---------------------------|---------------|--------------------|
| <b>Received</b>           | 2                          | 2                         | 276           | 280                |
| <b>Reviewed and found</b> |                            |                           |               |                    |
| <b>Satisfactory</b>       | 2                          | 2                         | 226           | 230                |
| <b>Unsatisfactory</b>     | 0                          | 0                         | 0             | 0                  |
| <b>Pending</b>            | 0                          | 0                         | 37            | 37                 |
| <b>Withdrew</b>           | 0                          | 0                         | 13            | 13                 |
| <b>GRAND TOTAL</b>        | 2                          | 2                         | 276           | 280                |

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

The Committee on Credentials extends appreciation to the directors and secretaries of the 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, prepared in accordance with generally accepted accounting principles, reflect the financial position and results of operation of the Medical Society of New Jersey through December 31, 2004.

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, 2005, 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, 2004.

**MEDICAL SOCIETY OF NEW JERSEY**  
**BALANCE SHEET**  
**December 31, 2004**

**ASSETS**

|                                    |                     |                           |
|------------------------------------|---------------------|---------------------------|
| Cash                               |                     | \$7,242                   |
| Investment in Money Market Fund    |                     | 1,080,712                 |
| Marketable Securities              | 15,961,531          |                           |
| Adjust to Market Value             | <u>(11,295,825)</u> |                           |
|                                    |                     | 4,665,706                 |
| MRAC, Inc. Loan                    | 40,000              |                           |
| Accounts Receivable – AMNJ         | 136,796             |                           |
| Less Allowance for Bad Debt – AMNJ | (136,796)           |                           |
| Medical Student Loans              | 228,311             |                           |
| Physicians' Health Program Loans   | 8,116               |                           |
| Less Allowance for Doubtful Loans  | <u>(46,000)</u>     |                           |
|                                    |                     | 230,426                   |
| Property, Plant, and Equipment     |                     |                           |
| Furniture and Fixtures             | <u>510,087</u>      |                           |
|                                    | 510,087             |                           |
| Less Allowance for Depreciation    | <u>(405,973)</u>    |                           |
|                                    |                     | 104,114                   |
| Prepaid Expenses                   |                     | 60,688                    |
| Deferred Tax – Current             |                     | 14,711                    |
| Other Assets                       |                     | 172,786                   |
| Due from MIIX Group                |                     | 1,013                     |
| Deferred Tax - Non-Current         |                     | 306,482                   |
| Investment in LRA, LLC             |                     | 420,000                   |
| Investment in Subsidiaries         |                     | <u>(76,229)</u>           |
| Total Assets                       |                     | <u><u>\$6,987,652</u></u> |

**LIABILITIES AND FUND BALANCE**

|                                       |                  |                           |
|---------------------------------------|------------------|---------------------------|
| Accounts Payable                      |                  | \$65,331                  |
| Payable to AMA                        |                  | 83,654                    |
| Accrued Annual Meeting Costs          |                  | 63,841                    |
| Other Accrued Expenses                |                  | 959,761                   |
| Unfunded Pension Liability            |                  | 690,998                   |
| Deferred Revenue/Other                |                  | 1,894,962                 |
| Deferred Gain on Sale of Building     |                  | 1,797,745                 |
| Deferred Compensation                 |                  | 27,704                    |
| Deferred Revenue-Advocacy Educational |                  | 66,631                    |
| Deferred Revenue-Advocacy Political   |                  | 69,498                    |
| Fund Balance - Prior Years            | 1,877,911        |                           |
| Fund Balance - Current                | <u>(610,383)</u> |                           |
|                                       |                  | <u>1,267,528</u>          |
| Total Liabilities and Fund Balance    |                  | <u><u>\$6,987,652</u></u> |

**MEDICAL SOCIETY OF NEW JERSEY**  
**STATEMENT OF REVENUE AND EXPENSES**  
**For the Seven Months Ending December 31, 2004**

|   | <u>F/Y '03-04</u>  | <u>F/Y '04-05</u>  |
|---|--------------------|--------------------|
| <b>Revenue</b>                                  |                    |                    |
| Membership Dues                                 | \$1,325,543        | \$1,261,473        |
| NJ Medicine Advertising                         | 96,448             | 108,593            |
| NJ Medicine Subscriptions                       | 40,790             | 37,335             |
| NJ Medicine Grant re: Supplement & Misc.        | 48,174             | 49,442             |
| Physicians' Health Program Revenue              | 395,127            | 515,194            |
| Investment Income                               | 69,002             | 116,893            |
| Equity Ownership Income                         |                    | 25,200             |
| Royalty Income                                  | 65,936             | 49,360             |
| Rental Income                                   | 479,750            |                    |
| Annual Meeting                                  | 15,185             | 14,315             |
| Annual Meeting Contributions                    |                    | 60                 |
| Contribution from MSLF                          | 233,333            | 233,333            |
| HIP Settlement                                  |                    | 175,000            |
| AMA Trustee Campaign Donations                  | 950                |                    |
| Advocacy Income                                 | 471,805            | 60,858             |
| Membership Directory Sales & Advertising Income | 24,050             | 12,393             |
| CME Fees and Registration Income                | 32,915             | 42,700             |
| NJ Breathes Grant                               | 188,104            | 165,070            |
| Partnership In Tobacco Grant                    | 51,982             | 44,919             |
| Tobacco Free Kids Grant                         | 12,800             | 6,250              |
| NJ Physician Recognition Grant                  | 18,549             | 53,567             |
| Legal Defense Fund                              |                    | 5,000              |
| Management Fee re: MSLF                         | 2,110              | 1,120              |
| Management Fee re: Health Ins. Trust Fund       | 3,881              | 3,754              |
| Management Fee re: Passaic County               | 23,089             |                    |
| Management Fee re: Academy of Medicine          | 2,658              |                    |
| MIIX Office Systems Support Agreement           | 4,451              | 282                |
| MRAC Indirect Cost Reimbursement                | 2,917              | 2,917              |
| Medical Practice Manager Dues and Fees          | 23,270             | 2,368              |
| Gain on Investment                              | 16,102             | 23,575             |
| Gain on Sale of Building                        |                    | 48,031             |
| Other Income                                    | 46,336             | 95,723             |
| Total Revenue                                   | <u>\$3,695,257</u> | <u>\$3,154,726</u> |
| <b>Expenses</b>                                 |                    |                    |
| Councils, Committees, and Communication         | \$515,526          | \$168,138          |
| Mgmt Exp. Passaic County                        | 23,134             |                    |
| Advocacy Expenses Educational                   | 322,520            | 44,940             |
| Advocacy Expenses Political                     | 149,285            | 15,918             |
| Membership Recruitment & Retention              | 3,554              | 14,351             |
| Membership Services                             | 607,722            | 623,609            |
| Program Expenses                                | <u>1,621,741</u>   | <u>866,956</u>     |
| General and Administrative                      | 1,362,844          | 1,665,100          |
| Reorganization Expense                          |                    | 171,289            |
| Rent Expense                                    |                    | 205,803            |
| MSLF Contribution                               | 400,000            | 400,000            |
| MSLF Operating Expenses                         | 2,117              | 1,120              |
| Bioterrorism Grant                              | 3,165              |                    |
| NJ Breathes Grant                               | 188,104            | 165,070            |
| Partnership in Tobacco Grant                    | 51,982             | 44,919             |
| Legal Defense Expenses                          |                    | 41,237             |
| NJ Physician Recognition Grant                  | 18,549             | 53,567             |
| Tobacco Free Kids Grant                         | 12,800             | 6,250              |
| Loss on Sale of Investment                      | 6,826              | 15,750             |
| Bad Debt Expense – AMNJ                         | 22,603             |                    |
| Interest  | 104,404            |                    |
| Depreciation                                    | 101,149            | 18,518             |
|   | <u>3,896,284</u>   | <u>3,655,579</u>   |
| Unrealized Loss (Gain) on Investments           | <u>(73,952)</u>    | <u>95,947</u>      |
| Total Expenses                                  | <u>\$3,822,333</u> | <u>\$3,751,526</u> |
| EXCESS OF REVENUE OVER EXPENSES                 | (127,076)          | (596,801)          |
| (Before Federal Income Taxes)                   |                    |                    |
| Provision for Federal Income Tax                | <u>80,962</u>      | <u>13,583</u>      |
| EXCESS OF REVENUE OVER EXPENSES                 | <u>(\$208,038)</u> | <u>(\$610,383)</u> |

**MEDICAL SOCIETY OF NEW JERSEY**  
**ANALYSIS OF EXPENSES**  
**Period Ending December 31, 2004**

|  | <u>2004</u>               | <u>2005</u>               | <u>Budget</u>             | <u>Over<br/>(Under)<br/>Budget</u> |
|--|---------------------------|---------------------------|---------------------------|------------------------------------|
| <b>Compensation</b>                                |                           |                           |                           |                                    |
| Salaries   | \$744,397                 | \$1,019,111               | \$935,667                 | 83,444                             |
| Pension Plan                                       | 93,836                    | 102,012                   | 95,083                    | 6,929                              |
| Reorganization                                     |                           | 171,289                   |                           | 171,289                            |
|  | <u>838,233</u>            | <u>1,292,412</u>          | <u>1,030,750</u>          | <u>261,662</u>                     |
| <b>Professional Fees</b>                           |                           |                           |                           |                                    |
| Audit  | 17,500                    | 17,500                    | 17,500                    |                                    |
| Legal  | 46,908                    | 72,293                    | 72,917                    | (624)                              |
| Actuarial  | 14,713                    | 7,897                     | 8,750                     | (853)                              |
| Special Consultants                                | 8,771                     | 53,250                    | 35,000                    | 18,250                             |
| Legal Defense                                      |                           | 41,237                    |                           | 41,237                             |
|  | <u>87,892</u>             | <u>192,177</u>            | <u>134,167</u>            | <u>58,010</u>                      |
| <b>Councils, Committees,<br/>and Communication</b> |                           |                           |                           |                                    |
| Communications                                     | 262,929                   | 7,396                     | 26,250                    | (18,854)                           |
| Internet Site                                      | 3,869                     | 5,627                     | 8,750                     | (3,123)                            |
| Legislation  | 118,523                   | 60,382                    | 84,583                    | (24,201)                           |
| President and Presidential Officers                | 2,956                     | 6,202                     | 8,750                     | (2,548)                            |
| AMA Delegation                                     | 49,193                    | 39,365                    | 35,583                    | 3,782                              |
| IMG Section  | 476                       | 1,155                     | 1,167                     | (12)                               |
| Young Physician Delegates                          | 884                       | 2,000                     | 1,750                     | 250                                |
| Medical Education                                  | 20,223                    | 16,232                    | 20,417                    | (4,185)                            |
| Board of Trustees                                  | 37,249                    | 7,632                     | 20,417                    | (12,785)                           |
| Other Councils and Committees                      | 319                       | 6,156                     | 10,500                    | (4,344)                            |
| Medical Student Association                        | 4,106                     | 1,313                     | 5,833                     | (4,520)                            |
| Medical Practice Managers Section                  | 14,798                    | 14,677                    | 17,500                    | (2,823)                            |
| Recruitment and Retention                          | 3,554                     | 14,351                    | 17,500                    | (3,149)                            |
|  | <u>519,079</u>            | <u>182,488</u>            | <u>259,000</u>            | <u>(76,512)</u>                    |
| <b>Member Services</b>                             |                           |                           |                           |                                    |
| Membership Directory                               | 24,284                    | 32,107                    | 29,167                    | 2,940                              |
| Annual Meeting                                     | 60,282                    | 66,500                    | 66,500                    |                                    |
| New Jersey Medicine                                | 128,389                   | 107,820                   | 161,583                   | (53,763)                           |
| Physicians' Health Program                         | 395,127                   | 417,182                   | 445,667                   | (28,485)                           |
|  | <u>608,082</u>            | <u>623,609</u>            | <u>702,917</u>            | <u>(79,308)</u>                    |
| <b>General Admin. &amp; Operating Exp.</b>         |                           |                           |                           |                                    |
| Bldg. Operations w/Depreciation                    | 317,807                   | 50,809                    | 68,833                    | (18,024)                           |
| Rent Expense                                       |                           | 205,803                   | 228,667                   | (22,864)                           |
| Insurance  | 174,680                   | 167,819                   | 183,167                   | (15,348)                           |
| Payroll Taxes                                      | 43,840                    | 51,526                    | 65,333                    | (13,807)                           |
| Other General Office Costs                         | 143,872                   | 141,400                   | 149,333                   | (7,933)                            |
|  | <u>680,199</u>            | <u>617,357</u>            | <u>695,333</u>            | <u>(77,976)</u>                    |
| <b>Total</b>                                       | <u><u>\$2,733,485</u></u> | <u><u>\$2,908,043</u></u> | <u><u>\$2,822,167</u></u> | <u><u>\$85,876</u></u>             |

# **FINANCE AND BUDGET**

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

The Committee on Finance and Budget met on Wednesday, March 2, 2005, for the purpose of reviewing the proposed budget for the 2005-06 fiscal year.

The proposed budget and the following recommendations were approved by the Board of Trustees on March 20, 2005, and are submitted to the House of Delegates for approval.

## **House Action:**

**Recommendations 1, 2, 4, 5, 6, 7, and 8 were approved. Recommendation 3 was referred to the Committee on Revision of Constitution and Bylaws.**

## **Recommendations**

(1) That the budget for the fiscal year beginning June 1, 2005, and ending May 31, 2006, in the amount of \$3,473,288 with \$2,430,000 to be raised through member dues payments, be adopted.

(2) That the 2006 assessment be set at \$495.00 per regular dues-paying member.

(3) That the fifty percent (50%) discount for first-year membership be eliminated.

(4) That the 2006 dues payment be set at \$60.00 per member for affiliate members. (No change from prior year.)

(5) That there be no dues assessment in 2006 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.

(6) That there be no dues assessment for 2006 for medical students.

(7) That \$200,000 of investment gains from the Medical Student Loan Fund be used to supplement the revenue available for the operating budget.

(8) That the Medical Review and Accrediting Council, Inc's operating budget in the amount of \$132,476 be adopted for the fiscal year ending May 31, 2006.

**MEDICAL SOCIETY OF NEW JERSEY  
PROPOSED BUDGET  
FISCAL YEAR ENDING MAY 31, 2006**

REVENUE

|   |             |
|---|-------------|
| Membership Dues Revenue                           | \$2,430,000 |
| NJ Medicine Advertising Income                    | -           |
| NJ Medicine Subscriptions & Misc. Income          | -           |
| NJ Medicine Grant re: Supplemental Issue Income   | -           |
| Physicians' Health Program Revenue                | -           |
| Investment Income                                 | 90,000      |
| Reserve Fund Investment Income                    | 83,000      |
| Equity Ownership Investment Income                | 33,000      |
| Royalty Income                                    | 120,000     |
| Membership Directory Sales and Advertising Income | -           |
| Management Fee re: MSLF                           | 1,000       |
| Management Fee re: Health Insurance Trust Fund    | 6,500       |
| MRAC Indirect Cost Reimbursement                  | 5,000       |
| Liquidation MSLF Excess Investments               | 200,000     |
| HIP Settlement                                    | -           |
| Medical Practice Mgr. Dues & Program Income       | 40,000      |
| CME Fees & Registration Income                    | 47,000      |
| Annual Meeting Sponsorship                        | 33,000      |
| Advocacy Donations                                | 200,000     |
| Other Income                                      | 30,000      |

TOTAL REVENUE \$3,318,500

EXPENSES

|                         |           |
|-------------------------|-----------|
| Councils and Committees | \$381,000 |
| Member Services         | 120,000   |
| Advocacy Activities     | -         |
| Publications            | 70,000    |

TOTAL PROGRAM EXPENSES \$571,000

|                            |             |
|----------------------------|-------------|
| General and Administrative | \$2,851,288 |
| Depreciation               | 51,000      |

TOTAL EXPENSES \$3,473,288

|                         |             |
|-------------------------|-------------|
| Revenue Over Expenses   | \$(154,788) |
| (Expenses Over Revenue) |             |

**MEDICAL SOCIETY OF NEW JERSEY  
PROPOSED BUDGET  
FISCAL YEAR ENDING MAY 31, 2006**

|                                    | Approved<br>Budget Y/E<br>5/31/2005 | Estimate<br>For Y/E<br>5/31/2005 | Proposed<br>Budget Y/E<br>05/31/2006 |
|------------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| <b>COMPENSATION</b>                |                                     |                                  |                                      |
| Salaries                           | \$1,604,000                         | \$1,700,000                      | \$1,490,000                          |
| Pension Plan                       | 163,000                             | 163,000                          | 150,000                              |
|                                    | <u>\$1,767,000</u>                  | <u>\$1,863,000</u>               | <u>\$1,640,000</u>                   |
| <b>PROFESSIONAL FEES</b>           |                                     |                                  |                                      |
| Audit                              | \$30,000                            | \$30,000                         | \$30,000                             |
| Legal                              | 125,000                             | 125,000                          | 125,000                              |
| Actuarial                          | 15,000                              | 15,000                           | 15,000                               |
| Special Consultants                | 60,000                              | 60,000                           | 30,000                               |
|                                    | <u>\$230,000</u>                    | <u>\$230,000</u>                 | <u>\$200,000</u>                     |
| <b>COUNCILS &amp; COMMITTEES</b>   |                                     |                                  |                                      |
| Communications                     | \$45,000                            | \$20,000                         | \$45,000                             |
| MSNJ Website                       | 15,000                              | 10,000                           | 12,000                               |
| Legislation                        | 145,000                             | 80,000                           | 80,000                               |
| President & Presidential Officers  | 15,000                              | 12,000                           | 15,000                               |
| AMA Delegates                      | 61,000                              | 62,000                           | 62,000                               |
| Young Physician Delegate           | 3,000                               | 3,000                            | 3,000                                |
| IMG Section                        | 2,000                               | 2,000                            | 2,000                                |
| Medical Education                  | 35,000                              | 32,000                           | 33,000                               |
| Board of Trustees                  | 35,000                              | 41,000                           | 35,000                               |
| Other Councils & Committees        | 18,000                              | 15,000                           | 15,000                               |
| Medical Student Association        | 10,000                              | 10,000                           | 10,000                               |
| Membership Recruitment & Retention | 30,000                              | 33,000                           | 39,000                               |
| Medical Practice Manager Section   | 30,000                              | 30,000                           | 30,000                               |
|                                    | <u>\$444,000</u>                    | <u>\$350,000</u>                 | <u>\$381,000</u>                     |
| <b>MEMBER SERVICES</b>             |                                     |                                  |                                      |
| Physicians' Health Program         | \$764,000                           | -                                | -                                    |
| Annual Business Meeting            | 114,000                             | 100,000                          | 105,000                              |
| Membership Directory               | 50,000                              | 50,000                           | 15,000                               |
|                                    | <u>\$928,000</u>                    | <u>\$150,000</u>                 | <u>\$120,000</u>                     |
| <b>PUBLICATIONS</b>                |                                     |                                  |                                      |
| Newsletter                         | -                                   | \$11,250                         | \$70,000                             |
| New Jersey Medicine                | 277,000                             | 160,000                          | -                                    |
|                                    | <u>\$277,000</u>                    | <u>\$171,250</u>                 | <u>\$70,000</u>                      |
| <b>BUILDING OPERATIONS</b>         |                                     |                                  |                                      |
| Depreciation                       | \$45,000                            | \$43,000                         | \$51,000                             |
| Mortgage Interest                  | -                                   | -                                | -                                    |
| Property Taxes                     | -                                   | -                                | -                                    |
| Rent                               | 392,000                             | 392,000                          | 289,288                              |
| Light, Heat, & Power               | 40,000                              | 35,000                           | 35,000                               |
| Building Maintenance               | 33,000                              | 33,000                           | 33,000                               |
|                                    | <u>\$510,000</u>                    | <u>\$503,000</u>                 | <u>\$408,288</u>                     |

|   |                    |                    |                    |
|---|--------------------|--------------------|--------------------|
| INSURANCE                                   |                    |                    |                    |
| Corporate                                   | \$120,000          | \$137,000          | \$120,000          |
| Personnel                                   | 194,000            | 190,000            | 187,000            |
|   | <u>\$314,000</u>   | <u>\$327,000</u>   | <u>\$307,000</u>   |
| GENERAL ADMINISTRATIVE & OPERATING EXPENSES |                    |                    |                    |
| Postage                                     | \$14,000           | \$13,000           | \$14,000           |
| Stationery & Supplies                       | 36,000             | 35,000             | 36,000             |
| Telephone                                   | 30,000             | 35,000             | 32,000             |
| Rent & Service Equipment                    | 30,000             | 32,000             | 34,000             |
| Printing                                    | 35,000             | 34,000             | 35,000             |
| Membership Dues                             | 4,000              | 2,000              | 3,000              |
| Subscriptions & Services                    | 15,000             | 11,000             | 13,000             |
| Miscellaneous Expenses                      | 15,000             | 6,000              | 8,000              |
| Dues Rebates                                | 15,000             | 15,000             | 15,000             |
| Travel & Education                          | 45,000             | 42,000             | 45,000             |
| 401K Administrative Fees                    | 7,000              | 7,700              | 8,500              |
| Temporary Help                              | 10,000             | 5,000              | 10,000             |
| Payroll Taxes                               | 112,000            | 96,000             | 88,000             |
| Corporation Federal Income Taxes            | 5,000              | 5,000              | 5,500              |
|   | <u>\$373,000</u>   | <u>\$338,700</u>   | <u>\$347,000</u>   |
| TOTAL                                       | <u>\$4,843,000</u> | <u>\$3,932,950</u> | <u>\$3,473,288</u> |

**MRAC  
FY 2005-06 BUDGET**

| REVENUE                                     | # Cases | Fee/Case | Total                 |
|---|---------|----------|-----------------------|
| New Jersey Alternative Privileges           | 100     | \$850    | 85,000                |
| Focused Medical Education Program           | 10      | \$5,000  | 50,000                |
| NJ Carpenters Funds                         | 100     | \$135    | 13,500                |
| Heavy Construction & General Laborers Union | 8       | \$400    | <u>3,200</u>          |
| TOTAL REVENUE                               |         |          | <u><u>151,700</u></u> |
| <br>  |         |          |                       |
| EXPENSE                                     |         |          |                       |
| <br>  |         |          |                       |
| MRAC, Inc                                   |         |          |                       |
| Staff Salary (Amanda Lyons)                 |         |          | 17,510                |
| Fringe Benefits                             |         |          | 6,980                 |
| Overhead                                    |         |          | 5,000                 |
| Interest on Loan                            |         |          | 1,800                 |
| Liability Insurance                         |         |          | 18,000                |
| <br>  |         |          |                       |
| New Jersey Alternative Privileges           |         |          |                       |
| Subcontractor-AddVal, Inc.                  | 100     | \$400    | 40,000                |
| Consultants                                 | 100     | \$100    | 10,000                |
| <br>  |         |          |                       |
| Focused Medical Education Program           |         |          |                       |
| Professional Salary                         |         |          | 1,036                 |
| Medical director/preceptor fees             |         |          | 21,000                |
| Telephone, meeting costs, postage           |         |          | 1,200                 |
| <br>  |         |          |                       |
| NJ Carpenters Funds                         |         |          |                       |
| Administrative Salary                       |         |          | 1,800                 |
| Reviewer fees                               |         |          | 4,800                 |
| Postage and supplies                        |         |          | 150                   |
| <br>  |         |          |                       |
| Heavy Construction & General Laborers Union |         |          |                       |
| Administrative Salary                       |         |          | 800                   |
| Reviewer fees                               |         |          | 2,300                 |
| Postage and supplies                        |         |          | <u>100</u>            |
| TOTAL EXPENSE                               |         |          | <u><u>132,476</u></u> |
| <br>  |         |          |                       |
| <b>NET REVENUE</b>                          |         |          | <b>\$19,224</b>       |

# **COUNCIL ON MEDICAL SERVICES**

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

**House Action: Filed**

The Council on Medical Services met on May 26 and September 10, 2004.

During both meetings the Council expressed their continuing concern about payment and claims issues with Horizon. The Council asked the Board of Trustees to investigate if it would be appropriate to pursue court action against Horizon, because Horizon has not responded to physician complaints despite attempts at productive dialogue. The Board of Trustees considered the Council's motion and agreed to make one last attempt to meet with Horizon executives and resolve the Society's concerns. At the September 10 Council meeting, Michael T. Kornett, MSNJ executive director, informed the Council that Horizon had agreed to some compromises that would make the billing process easier for physicians, while Horizon tried to rectify problems with their software program. The Council agreed to meet with Horizon executives to present physician issues and concerns as well as to present them with a time line for correcting the problems. This meeting was cancelled by Horizon because of legal action MSNJ is taking against Horizon on behalf of the cardiologists.

The Council reviewed legislation and made recommendations to the Council on Legislation. The Council commented on S-647, sponsored by Senator Bob Martin (R-26), the "Practice of Medicine across State Lines Act." The Council forwarded its concerns to the Council on Legislation. The Council also forwarded comments to the Subcommittee on Scope of Practice regarding draft legislation by Assemblyman Herb Conaway, MD, (D-7) that defines surgery that may be performed by licensed physicians. The Council agreed that endoscopy should be added to the list of what the bill defines as surgery. The Council also commented on an American Cancer Society proposal for Model Guidelines for the Use of Controlled Substances for the Treatment of Pain.

Kaye Morrow, division assistant director for the Division of Medical Assistance and Health Services in the New Jersey Department of Human Services, and staff attended a Council meeting and discussed ways to standardize aspects of Medicaid that would provide more service for the dollar. Because the fee schedule is subject to budget limitations, Ms. Morrow is exploring alternative ways to make Medicaid more physician-friendly. The Council made several observations, recommendations, and complaints about Medicaid. Dr. Nancy Mueller and Dr. Monica Mehta volunteered to serve on a pain-management working group to address issues of pain management and Medicaid.

# NOMINATIONS FOR EMERITUS MEMBERSHIP

## House Action: Approved

The following nominations for election to emeritus membership at the 2005 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**

Emanuel David Brodsky, MD, Ventnor City, NJ, age 81  
Donald Charles Davidson, MD, Atlantic City, NJ, age 80  
Abram S. Kaplan, MD, Margate City, NJ, age 71  
Gary H. Kelman, MD, Margate City, NJ, age 71  
Ricardo Urdinaran, MD, Somers Point, NJ, age 68

### **BERGEN**

Joelle Bunting, MD, Airmont, NJ, age 66  
Pablo A. Catangay, MD, Franklin Lakes, NJ, age 67  
Henry Kaminer, MD, New York, NY, age 71  
Thomas James Lynch, MD, Hackensack, NJ, age 77  
Elizabeth G. Perry, MD, Newton, NJ, age 68  
Edwin Michael Trayner, MD, Park Ridge, NJ, age 75  
Elias N. Tsoukas, MD, Ramsey, NJ, age 72

### **BURLINGTON**

Chellapandian Jeyaram, MD, Moorestown, NJ, age 66  
Charles Joseph Moloney, MD, Moorestown, NJ, age 71  
Charles E. Tweedy, III, MD, Moorestown, NJ, age 66

### **CAMDEN**

Gerald D. Grant, MD, Cherry Hill, NJ, age 76  
Kedar N. Kapoor, MD, Cherry Hill, NJ, age 69

### **ESSEX**

Peter Amirata, Jr, MD, Belleville, NJ, age 74  
Leonard Antiles, MD, Glen Ridge, NJ, age 72  
Stanley S. Bergen, Jr, MD, Stonington, ME, age 76  
William M. Burke, MD, Millburn, NJ, age 68  
Joel Cherashore, MD, Nutley, NJ, age 78  
Alphonse F. De Paola, MD, Tinton Falls, NJ, age 77

## **ESSEX continued**

Frank DiGregorio, MD, Newark, NJ, age 68  
Russel Edward Greco, Jr, MD, Kearny, NJ, age 71  
Caterina Angela Gregori, MD, So. Orange, NJ, age 73  
Christine Elizabeth Haycock, MD, Newark, NJ, age 81  
Capistrano P. Luzano, MD, Irvington, NJ, age 68  
Michael Och, MD, Newark, NJ, age 74  
Gilbert Robert Sugarman, MD, Millburn, NJ, age 79  
Fred Warren Wachtel, MD, Newark, NJ, age 82

## **GLOUCESTER**

Don Bright Weems, Jr, MD, Villas, NJ, age 73

## **HUDSON**

Eugenia Vottea Crincoli, MD, Monmouth Beach, NJ, age 70  
Ahmad Khalili, MD, Bayonne, NJ, age 70  
Luz Morabe-Naval, MD, Jersey City, NJ, age 69  
Morris Soled, MD, Brick, NJ, age 79

## **HUNTERDON**

Gerald Samuel Barad, MD, Flemington, NJ, age 82  
Arno W. Macholdt, MD, High Bridge, NJ, age 86  
Theodore H. Weinstein, MD, Flemington, NJ, age 67

## **MERCER**

Manuel M. Lee, MD, West Trenton, NJ, age 72

## **MIDDLESEX**

William Horn Ainslie, Sr, MD, Edison, NJ, age 84  
Thomas E. Desmond, MD, Edison, NJ, age 66  
Walter Julia, MD, Edison, NJ, age 74  
David Irwin Kingsley, MD, Bloomingdale, NJ, age 70  
Joseph Patrick Leddy, MD, New Brunswick, NJ, age 66  
Ira Eugene Markman, MD, Edison, NJ, age 72  
Donald J. Shutello, MD, Lavallette, NJ, age 69  
Maria Nieves Uray, MD, Piscataway, NJ, age 73

## **MONMOUTH**

Azucena H. F. Avila, MD, Colts Neck, NJ, age 65  
Lester S. Simon, MD, Red Bank, NJ, age 74  
Seth M. Ulanet, MD, Long Branch, NJ, age 65

## **MORRIS**

John S. Banas, Jr, MD, Morristown, NJ, age 68  
Abelardo D. Inoa, MD, Morristown, NJ, age 67

## **MORRIS continued**

Oscar Rogers Kruesi, MD, Bernardsville, NJ, age 81  
Connie Choung Lee, MD, Florham Park, NJ, illness  
Celso S. Puno, MD, Cedar Knolls, NJ, age 71  
Pasquale Matthew Romeo, MD, Seattle, WA, age 72

## **OCEAN**

Robert E. Leibowitz, MD, Cinnaminson, NJ, age 66  
Ian D. Samson, MD, Lakewood, NJ, age 66  
Robert M. Evans, MD, Brick, NJ, age 76

## **PASSAIC**

Joel S. Cooperman, MD, Fair Lawn, NJ, age 65  
Albert A. Pineda, MD, Totowa, NJ, age 68  
Alan L. Semet, MD, Pompton Lakes, NJ, age 73

## **SOMERSET**

Henry Hertzberg, MD, Watchung, NJ, age 72

## **SUSSEX**

Richard T. Bernstine, MD, Newton, NJ, age 73

## **UNION**

Richard M. Ball, MD, Warren, NJ, age 71  
Pedro A. Beckford, MD, Elizabeth, NJ, age 78  
Frank P. Frenda, MD, Chatham, NJ, age 68  
James K. M. Huang, MD, Watchung, NJ, age 80  
John A. Jacobey, III, MD, Westfield, NJ, age 76  
Barry Lauton, MD, Springfield, NJ, age 74  
Herbert M. Lipschutz, MD, Basking Ridge, NJ, age 73  
Robert P. Margie, MD, Summit, NJ, age 67  
Paul R. Ocken, MD, Watchung, NJ, age 66  
Paul Leonard. Rifkin, MD, Mountainside, NJ, illness  
Steven J. Rosenthal, MD, Springfield, NJ, illness  
Jay Bernard Schoenfeld, MD, Mountainside, NJ, age 76

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

**House Action: Approved**

## **ATLANTIC**

Bernard Neff, MD, Hammonton, NJ, age 70

## **BERGEN**

David L. Broadnax, MD, Hackensack, NJ, age 81

Joseph A. Frascino, MD, Teaneck, NJ, age 69

## **WARREN**

Ih Chin Kim, MD, Phillipsburg, NJ, age 80

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

**House Action: Approved**

## **ATLANTIC**

Bernard Neff, MD, Hammonton, NJ, age 70

Walter P. De Palm, MD, Linwood, NJ, age 65

## **BURLINGTON**

Robert F. Brill, MD, Mount Laurel, age 66

## **HUDSON**

Tomas M. Bagon, Jr., MD, Bayonne, NJ, age 66

## **PASSAIC**

John A. Schultz, MD, Franklin Lakes, NJ, age 84

Harold Stromeyer, MD, Hawthorne, NJ, age 75

# COUNCIL ON COMMUNICATIONS

**Peter Blumenthal, MD, MPH, Chair**

## **House Action: Filed**

The Council met on May 19, September 8, and November 17, 2004. An additional meeting is planned for March 16, 2005. The Council considered communications within MSNJ as well as communications with the public at large.

### **Communications within MSNJ**

The Council monitored the update of the MSNJ website, which has recently become somewhat more consumer friendly. The Council suggested a “Question of the Week” feature on the website. This section should be devoted to gathering feedback from MSNJ physicians. However, this would require an enhanced technical setup, and resources may not be available.

The Council has acknowledged the *e-News* as a particularly valuable service to our members. The Council also reviewed the format and content of blast faxes. There is concern that these faxes need to reach the physicians, rather than be discarded by office personnel. A question remains as to how often blast faxes can be used without losing their effectiveness. The underlying concept behind the use of both e-mail and blast faxes is that there is not one single technology that will reach all members.

Edward Magaziner, MD, questioned the status of compiling the e-mail addresses of all New Jersey physicians. He will be meeting with Gini Shoykhet, MSNJ membership recruiter, to discuss compiling this information. Obviously, sharing an e-mail address needs to be left to the discretion of the physician member. Updating e-mail addresses is also of the essence. Outdated addresses will not only result in failure to transmit the message to the addressee, but if larger numbers of addressees are not recognized, then the server software will consider the entire mailing to be junk mail.

### **Communications with the Public**

It is the opinion of the Council that physician advocacy is strengthened when it is balanced with public health advocacy, as exemplified by *New Jersey*

*Medicine.* Therefore the Council explored possible education campaigns about several current issues. These issues included the endemic of child abuse and neglect and the epidemic of obesity. Both matters will stay in focus.

MSNJ's response to the endemic of child abuse was first discussed by the Council. In March 2004, the Board of Trustees accepted our proposal to conduct voluntary training of large numbers of physicians in our state. Dr. Steven Kairys is developing a training program for physician practices based on the EPIC-SCAN approach. This is a training program for pediatricians' offices, which should be expanded to include other disciplines such as emergency medicine, family practice, orthopedics, and even radiology. Since there is no evidence that training the physicians alone is effective, all relevant medical office personnel needs to be trained. This program remains a challenge for MSNJ.

Regarding the epidemic of obesity, the committee noted the need for reimbursement for treatment of this condition. Such reimbursement has recently become available, which adds to our responsibility to create an effective campaign, supporting treatment regimens with proven outcome. In this context it needs to be noted that use of bariatric surgery is increasing.

### **Communication Technologies Improving Patient Safety**

We had a discussion on the impact of new technologies on improving patient safety and physician–patient communications. In an article published in the *New England Journal of Medicine*, Bates and Gawande discussed “Improving Safety with Information Technology” (*NEJM* 2003;348:2526–2534). The authors pointed out that “most clinical research focuses on new approaches to diagnosis and treatment. In contrast, *relatively little effort has been targeted at the perfection of operational systems, which are partially responsible for the well-documented problems with medical safety. If medicine is to achieve major gains in quality, it must be transformed, and information technology will play a key part, especially with respect to safety.*” [Emphasis added.] “The growing sophistication of computers and software should allow information technology to play a key part in reducing that risk—by streamlining care, catching and correcting errors, assisting with decisions and providing feedback on performance.”

Of particular interest to the Council are the opportunities afforded by the latest generation of handheld personal digital assistants, which provide both phone service and Internet access.

The Council would like to hear comments from physicians, hospital representatives, and other health-care providers on specific communication needs. Various centers of excellence are presently testing new communication technologies that should soon become commonplace. These approaches should be targeted towards:

- enhancing communication between physicians and the community;
- sharing patient data among covering physicians;
- reporting of critical lab values;
- allowing “forcing functions” that automatically eliminate prescription errors; and
- granting quick access to reference sources, such as National Library, Medline, drug information, etc.

The Council on Communication will hold a fact-finding session at its next scheduled meeting on Wednesday, March 16, 2005, at 2 p.m. at the MSNJ offices in Lawrenceville.

# COUNCIL ON LEGISLATION

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

**House Action: Filed**

## **Taxation**

Physician taxes dominated the legislative agenda this past year. As part of the McGreevey administration's budget proposals and in an effort to fully fund charity care for New Jersey's hospitals, the legislature enacted a gross receipts tax on ambulatory care facilities and a surcharge on cosmetic medical procedures. Both of these taxes are described below. The repeal of both remain a high priority.

### **Ambulatory Care Facilities Tax**

Governor McGreevey signed into law Assembly Bill No. 3127 imposing a 6% gross receipts tax on certain ambulatory facilities. The bulk of this tax will be borne by radiological and surgery centers. Because this tax is on gross receipts and in most instances cannot be passed on to consumers, it is particularly onerous. The tax is also problematic because it taxes physicians in order to provide hospitals with charity care money, although it is the physicians themselves who provide the charity care in the first instance. Another bothersome provision in this law would allow the Department of Health and Senior Services to add new categories of ambulatory facilities to be taxed. The fear is that the Department may use this power to tax all physician offices.

While it was not possible to prevent this law's passage, given its swift introduction and passage as part of the budget process, MSNJ has vigorously sought its repeal or significant amendment ever since. Early opposition of MSNJ focused on putting pressure on the New Jersey Hospital Association, the entity that had initially advocated for the adoption of the ambulatory tax. This effort has resulted in the NJHA's modification of its previous position. The NJHA now supports MSNJ's position that this tax should be repealed and replaced with a different funding source. NJHA, however, is not willing to accept a reduction in charity-care money to repeal this tax.

MSNJ has secured commitments from leadership of both the assembly and senate to sunset this tax, although a date for this has not yet been

determined. Acting-Governor Codey has also made this commitment at an MSNJ-sponsored event. MSNJ has also been working on replacement taxes, offsets for charity care performed by physicians, and an immediate repeal of the ability to expand this tax by regulation.

### **Cosmetic Medical Procedure Tax**

Assembly Bill No. 3125 imposed a 6% surcharge on certain cosmetic medical procedures. The tax does not apply to medically necessary or reconstructive procedures. Because this tax applies primarily to procedures not covered by managed care, it will be paid for by the patients, although it must be collected and transmitted by physicians and others who perform these procedures.

MSNJ has been working closely with the Coalition of New Jersey Medical Professionals, a coalition of physician groups upon whom this tax has the greatest impact. Together we have voiced our opposition to this tax to the legislative leadership, although with little success thus far. Because this tax is a pass through and there has been little organized public opposition to date, legislative leadership has not been inclined to repeal or amend it. We have been successful, however, in meeting with the Division of Taxation and ensuring that the tax is understandable and can be easily implemented by physicians without the worry of penalty. MSNJ and the Coalition are also working on a patient information and letter writing campaign to put pressure on the legislature.

### **Scope of Practice**

Many of the scope of practice battles fought in the last year have been resolved this past year. Generally, we witnessed an erosion of the province of the practice of medicine traditionally reserved to physicians. However, we were able to limit the extent of that erosion, no doubt leaving the resolution of these issues to future legislative battles.

### **Advanced Practice Nurses**

One of the more contentious scope-of-practice issues this year revolved around the ability of APNs to prescribe controlled dangerous substances without the oversight of physicians. In a bill signed into law, APNs were given the power to independently prescribe CDS, however, they may only do so consistent with a joint protocol they enter into with a collaborating physician. MSNJ was very concerned about the lack of oversight and control standards in these protocols. We fought for, and lost, a requirement that a

physician must review an APN's prescription of CDS within a defined time period. We were successful in requiring that the joint protocol must address the CDS issue, and we also had a provision removed from the bill that would have eliminated any distinction between a medical and a nursing diagnosis.

### **Optometry**

Having lost the battle, in the last legislative term, to not allow optometrists to perform lasik and other surgical procedures, the optometry lobby had a new bill introduced to chip away at the practice of ophthalmology. Similar to the APNs, optometrists were given the power to write for CDS, but no joint protocol with a physician is required. Despite the fact that optometrists have very little need to write for CDS, the law did not limit their practice in any way other than it is already limited by the definition of their scope of practice. A task force was created to determine what drugs and conditions are appropriate to be treated by their profession. An ophthalmologist is on the task force. We were able to remove a provision in the bill that would have allowed them to inject medications into the eye.

### **Physician Assistants**

PAs also sought the ability to prescribe controlled dangerous substances. Unlike APNs, however, PAs recognized that they are physician extenders and were willing to work within the existing health care provider model. Physicians, too, saw the benefit of allowing PAs to have additional prescriptive powers, so long as physicians remained the leader of the health care team and employed appropriate oversight. As adopted by the legislature, PAs were given the ability to initiate a prescription for CDS but only with the prior consultation with the physician. Existing law already provides for physicians to control the medications a PA can write for and also requires review of any prescriptions written within certain timeframes.

### **Uninsured**

The issue of how to provide medical care to the growing uninsured population has recently been taken up by the New Jersey legislature. One public hearing has been held at which MSNJ was a prominent participant. Dr. Patricia Klein, Chair of the Council on Legislation, and Executive Director Michael Kornett, testified on behalf of MSNJ. The major points made were the impact managed care companies have on the cost and quality of medical care; that managed care companies are taking significant sums of monies out of the health care system for profits, high executive salaries, and administrative costs; and that managed care companies enhance their profits

by denying care and adding burdensome requirements to get care. MSNJ also drove home the point that physicians' costs increase by their having to comply with the billing and administrative burdens imposed by managed care companies. Finally, we warned the legislature not to model any solution on the New Jersey Medicaid program, given its very low reimbursement rate (50<sup>th</sup> out of 51 in the nation) and, thus, the low participation of providers.

# Active Bill List 2004

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**Bill:** A618  
**Sponsors:** Bramnick (R21) +1  
**Summary:** Requires 90 days' prior written notice to health care providers of changes in carrier's fee schedule or reimbursement rate.  
**Subjects:** Insurance-Life and Health Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Comments:** COL voted 9/22/04 to support.

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**Bill:** A622  
**Sponsors:** Bramnick (R21) +1  
**Summary:** Requires arbitration if timely payment of health insurance claim is not made.  
**Subjects:** Insurance-Life and Health Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL - 2/11/04 - voted to table the bill until the next COL meeting. COL - 4/21/04 - voted to support with amendments - add "if payment not made in time that fees will revert to usual and customary rates." This will be added incentive to pay bills on time. 9.19.04 - BOT approves.

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**Bill:** A782  
**Sponsors:** Gusciora (D15); Weinberg (D37)  
**Summary:** Establishes demonstration needle and syringe exchange program in DHSS.  
**Subjects:** Health-Drug and Alcohol Abuse  
**Related:** 2002:A1620  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Health and Human Services Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Health and Human Services Committee.

**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Council supported on 2/11/04  
MSNJ policy supports needle exchange programs.

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**Bill:** **A807**  
**Sponsors:** Gusciora (D15); Weinberg (D37); Watson Coleman (D15); Stanley (D28); Payne (D29) +8  
**Summary:** Revises laws limiting access to sterile syringes and hypodermic needles to prevent spread of blood-borne diseases.  
**Subjects:** Health-Disease  
**Related:** 2002:A3645  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Health and Human Services Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck, to be considered in the next legislative session (2002).  
Bill was referred from the Council on Public Health. Council voted to support, 2/11/04. MSNJ's policy supports needle exchange programs.

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**Bill:** **A1378**  
**Sponsors:** Pennacchio (R26)  
**Summary:** Requires managed care plans to allow any clinical laboratory to participate in provider network.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2002:A3625  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck. To be considered in the next legislative session. 9.19.04 - BOT approves.

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**Bill:** A1456  
**Sponsors:** Wisniewski (D19)  
**Summary:** Concerns coverage for childhood immunizations.  
**Subjects:** Human Services-Children; Insurance-Life and Health Insurance  
**Related:** 2002:A375; 2000:A1694; 1998:A2046  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Health and Human Services Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** COL - 7/8/98 - No Position  
COL - 2/11/04 - support  
Childhood immunizations should be covered by insurance companies, although the patient may be required to pay a copay.

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**Bill:** A1521  
**Sponsors:** Conaway (D7)  
**Summary:** Prohibits insurer offering managed care plan from denying participation to any provider willing to meet terms of contract.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2002:A3856  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck, to be considered next legislative session. (2002)  
COL - 2/11/04, support  
MSNJ supports the concept of any willing provider.

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**Bill:** A1522  
**Sponsors:** Conaway (D7)  
**Summary:** Prevents managed care plan from denying coverage for certain health care services provided to covered person solely because covered person did not present referral to provider who performed services.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2002:A3913

**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck, to be considered in the next legislative session. (2002)  
COL - 2/11/04 - support  
MSNJ supports the concept of eliminating referrals.

---

**Bill:** **A1587**  
**Sponsors:** Burzichelli (D3)  
**Summary:** Requires certain insurers and State Health Benefits Program to cover costs of prescribed drugs without requiring covered persons to first take an over-the-counter medication.  
**Subjects:** Health-Pharmaceuticals; Insurance-Life and Health Insurance  
**Related:** 2002:A3428  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Health and Human Services Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Scheduled:** 02/18/2005—Pension and Health Benefits Review Commission, 10:00a, 1st Floor Boardroom, Division of Pensions and Benefits, 50 West State Street, Trenton, NJ.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** 2/11/04 - support  
MSNJ believes a physician should be allowed to write prescriptions for the most effective drugs without forcing a patient to first take less effective medications.

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**Bill:** **A1590**  
**Sponsors:** Burzichelli (D3)  
**Summary:** Prohibits insurer offering managed care plan from denying participation in its network to a provider willing to meet terms of its contract.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2002:A3759; 2002:S2651  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.

**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck, to be considered in next legislative session. (2002)  
COL - 2/11/04 support  
MSNJ supports the concept of any willing provider.

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**Bill:** **A1649**  
**Sponsors:** O'Toole (R40)  
**Summary:** Prohibits Commissioner of Health and Senior Services from instituting needle exchange program.  
**Subjects:** Health-General and Miscellaneous; Health-Drug and Alcohol Abuse  
**Related:** 2002:A2063  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/13/2004 – Assembly Health and Human Services Committee  
**History:** 01/13/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** COL - 2/11/04 - oppose  
MSNJ supports opposing the concept of prohibiting needle exchange programs.

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**Bill:** **A1913 AcaAaAaAa (4R)**  
**Sponsors:** Weinberg (D37); Vandervalk (R39); Gordon (D38) +1  
**Summary:** Establishes Health Care Professional Regulation Study Commission and requires certain State professional licensing boards to take certain actions.  
**Subjects:** Commissions; Health-Professionals  
**Related:** 2002:A3985  
**Progress:** 2nd House: Referred to Committee  
**Status:** 03/22/2004 – Senate Commerce Committee  
**History:** 01/22/2004—Introduced and referred to Assembly Health and Human Services Committee. Reported out of committee with committee amendments, 2nd reading in Assembly.  
02/05/2004—Amended on Assembly floor, 2nd reading in Assembly (Weinberg).  
02/23/2004—Amended on Assembly floor, 2nd reading in Assembly (Weinberg).  
03/11/2004—Amended on Assembly floor, 2nd reading in Assembly (Weinberg).  
03/15/2004—Passed in Assembly 77-2-0.  
03/22/2004—Received in Senate and referred to Senate Commerce Committee.

**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** COL - 2/11/04 - voted to support with amendments  
Moving the State Board of Medical Examiners and related boards to the Department of Health will streamline the licensing process and make the departments more efficient. All licensing fees would remain in the department of Health, currently licensing fees are deposited into the General Fund. The disciplinary process would also be improved.  
The COL voted that the bill be amended to provide for 3 doctors, representing an even distribution through the state (one from north Jersey, one from south Jersey and one from central Jersey), to be included on the Commission. Currently the bill allows for 2 doctors on the Commission. The Council felt this would only permit minimal input by doctors.

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**Bill:** **A1954**  
**Sponsors:** Van Drew (D1)  
**Summary:** Prohibits insurer offering managed care plan from denying participation in its network to a health care provider willing to meet its contract terms.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2002:A3878  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/26/2004 – Assembly Financial Institutions and Insurance Committee  
**History:** 01/26/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** Not expected to move in lame duck, to be considered in the next legislative session. (2002)  
COL - 2/11/04 - support  
MSNJ supports the concept of any willing provider.

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**Bill:** **A1985 Aca (1R)**  
**Sponsors:** Weinberg (D37); Vandervalk (R39); Gordon (D38) +1  
**Summary:** Permits physician assistants to prescribe controlled dangerous substances.  
**Subjects:** Health-Pharmaceuticals; Health-Professionals  
**Related:** 2004:S685; 2002:A3988; 2002:S2773  
**Progress:** 2nd House: 2nd Reading  
**Status:** 10/14/2004 – 2nd reading in the Senate  
**History:** 01/26/2004—Introduced and referred to Assembly Health and Human Services Committee.  
06/14/2004—Reported out of committee with committee amendments, 2nd reading in Assembly.

06/21/2004—Passed in Assembly 77-3-0. Received in Senate and referred to Senate Health, Human Services and Senior Citizens Committee.  
10/14/2004—Reported out of committee, 2nd reading in Senate.

**Tracking:** Medical Society of NJ

**Position:** support with amendment

**Priority:** February 11, 2004

**Category:** Active

**Comments:** COL - 2/11/04 - voted to support with amendment

The Council discussed the benefits of allowing PAs to write for CDS versus the drawbacks. Concern was expressed that allowing the expansion of prescriptive authority over CDS could lead PAs to seek independent practice in the future, and that it could weaken arguments against affording such powers to other healthcare professionals (i.e., APNs, Optometrists). However, the Council voted in favor of supporting this bill with amendments. The Council considered the fact that PAs work closely under a physicians supervision and have never sought independent practice. Allowing them greater prescriptive powers could help physicians better manage their practices. Further, given the political climate, it was thought best to agree to a compromise on this bill because of the physician supervision over PAs and to fight scope of practice challenges in other, more significant areas.

The following are the amendments the COL approved:

The physician would have to be physically present in order to write for CDS.

The bill would only apply to prescriptions written in an inpatient setting.

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**Bill:** A2088 AcaAa (2R)

**Sponsors:** Caraballo (D29); Vas (D19); Cruz-Perez (D5) +2

**Summary:** Clarifies that advertisements by licensed professionals are subject to the Consumer Fraud Act.

**Subjects:** Consumer Affairs

**Related:** 2004:S1972

**Progress:** 2nd House: 2nd Reading

**Status:** 04/29/2004 – Senate Commerce Committee

**History:** 02/09/2004—Introduced and referred to Assembly Consumer Affairs.  
02/26/2004—Reported out of committee with committee amendments, 2nd reading in Assembly.  
03/11/2004—Amended on Assembly floor, 2nd reading in Assembly (Caraballo).  
03/15/2004—Passed in Assembly 78-1-0.  
03/22/2004—Received in Senate w/o committee reference, 2nd reading in Senate.  
04/29/2004—Referred to Senate Commerce Committee.

**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** February 11 supplemental lists  
**Category:** Active  
**Comments:** COL - 2/11/04 voted to oppose the bill  
The COL had several concerns about this legislation, primarily that the Consumer Fraud Act was not intended to apply to professionals, in particular to the way doctors deal with patients. Further, the bill would allow attorneys to possibly collect damages in addition to malpractice damages. If a doctor is found guilty under the Consumer Fraud Act the doctor can be sued for treble damages that would make it difficult if not impossible to find insurers that would cover the exposure.

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**Bill:** **A2261 Sca (1R)**  
**Sponsors:** Voss (D38); Greenstein (D14); Weinberg (D37); Roberts (D5); Cohen (D20) +20  
**Summary:** Requires insurers and SHBP to cover mammograms for women under 40 under certain circumstances.  
**Subjects:** Health-General and Miscellaneous; Insurance-Life and Health Insurance; Public Employees-Benefits; Women  
**Related:** 2004:S862; 2004:S1530  
**Progress:** Pamphlet Law  
**Status:** 07/07/2004 – Bill or Resolution Signed by the Governor  
**History:** 02/09/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
02/26/2004—Reported out of committee, referred to Assembly Appropriations Committee.  
03/04/2004—Reported out of committee, 2nd reading in Assembly.  
03/11/2004—Passed in Assembly 79-0-0.  
03/22/2004—Received in Senate and referred to Senate Health, Human Services and Senior Citizens Committee.  
06/07/2004—Reported out of committee with committee amendments, 2nd reading in Senate.  
06/17/2004—Substituted for S-862/S-1409/S-1530 (SCS). Passed in Senate 39-0. Received in Assembly, 2nd reading in Assembly to concur with Senate amendments.  
06/24/2004—Passed in Assembly and sent to Governor 77-0-0.  
07/07/2004—Signed by the Governor P.L.2004, c.86.

**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL - 4/21/04 voted to support  
9.19.04 - BOT approves.

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**Bill:** A2322  
**Sponsors:** Van Drew (D1); Mayer (D4)  
**Summary:** Provides immunity to former employers for disclosure of health care employee performance information to prospective employers.  
**Subjects:** Civil Actions-Tort Liability; Health-Professionals; Labor  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/19/2004 – Assembly Health and Human Services Committee  
**History:** 02/19/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 voted to support with amendments. Wants medical staffs to have similar protections. Possibly physicians as well.  
9.19.04 - BOT approves.

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**Bill:** A2359  
**Sponsors:** Prieto (D32); Cohen (D20)  
**Summary:** Requires that chiropractic physicians, podiatric physicians, allopathic physicians, and osteopathic physicians be reimbursed at same rate under various health and accident plans.  
**Subjects:** Health-Professionals; Insurance-Life and Health Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/13/2004 – Combined with another bill  
**History:** 02/23/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
05/13/2004—Combined with A-947 (ACS).  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 voted to oppose.  
9.19.04 - BOT approves.

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**Bill:** A2439  
**Sponsors:** Weinberg (D37); Morgan (D12)  
**Summary:** Prohibits writing of online prescriptions for persons who have not been examined by prescriber.  
**Subjects:** Health-Pharmaceuticals  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/24/2004 – Assembly Health and Human Services Committee  
**History:** 02/24/2004—Introduced and referred to Assembly Health and Human Services Committee.

**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL - 4/21/04 voted to support with amendments. Concerned that physicians be able to write online for their patients and that covering docs can have same optins.  
9.19.04 - BOT approves.

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**Bill:** **A2616**  
**Sponsors:** Vandervalk (R39) +3  
**Summary:** Provides for conscientious exemption to mandatory immunizations.  
**Subjects:** Health-General and Miscellaneous  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/03/2004 – Assembly Health and Human Services Committee  
**History:** 05/03/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 voted to oppose. There is no medical reason to allow these exemptions to immunizations and it hurts the public health. We should not allow this growing trend to continue.  
9.19.04 - BOT approves.

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**Bill:** **A2644**  
**Sponsors:** Connors, C. (R9); Rumpf (R9); Van Drew (D1) +4  
**Summary:** Requires hospitals to report information about patient infections to DHSS.  
**Subjects:** Health-Disease; Health-Facilities  
**Related:** 2004:S1390  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/03/2004 – Assembly Health and Human Services Committee  
**History:** 05/03/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** COL 4/21/04 voted to table until opinion of NJHA determined.  
**Comments:** COL voted to support with amendment to prevent access to the information submitted. They agree on need for the data but believe it should not be available to the public.

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**Bill:** A2652  
**Sponsors:** Vandervalk (R39); Weinberg (D37); Conners (D7) +3  
**Summary:** Directs school nurse to develop individual health care plans to ensure safety of students with diabetes.  
**Subjects:** Education-General and Miscellaneous; Health-Disease  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/03/2004 – Assembly Education Committee  
**History:** 05/03/2004—Introduced and referred to Assembly Education Committee.  
**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** COL 4/21/04 tabled to determine nurse position and get copy of report. 9/22/04 found that nurses supported the bill.  
**Comments:** COL voted on 9/22/04 to support with an amendment ensuring that the plan is coordinated with and signed by a physician.

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**Bill:** A2719  
**Sponsors:** Chiappone (D31)  
**Summary:** Provides immunity for certain nonprofit health care diagnostic and treatment center professionals that provide free services.  
**Subjects:** Civil Actions-Tort Liability; Health-Professionals  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/06/2004 – Assembly Judiciary Committee  
**History:** 05/06/2004—Introduced and referred to Assembly Judiciary Committee.  
**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** September 22, 2004  
**Category:** Active  
**Comments:** COL voted 9/22/04 to support with amendment. The bill should be clarified that there would be no liability if the care or treatment were provided in good faith.

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**Bill:** A2797 Acs (ACS)  
**Sponsors:** Conaway (D7); Smith, R. (D4)  
**Summary:** Establishes Prescription Monitoring Program in Division of Consumer Affairs.  
**Subjects:** Health-Pharmaceuticals  
**Progress:** 1st House: Referred to Committee  
**Status:** 01/10/2005 – Assembly Appropriations Committee  
**History:** 05/10/2004—Introduced and referred to Assembly Health and Human Services Committee.  
01/10/2005—Reported out of committee with committee substitute, referred to Assembly Appropriations Committee.  
**Tracking:** Medical Society of NJ

**Position:** support with amendment  
**Priority:** December 15, 2004  
**Category:** Active  
**Notes:** 9/22/04 tabled until conversation had with Conaway. Understands issue, but concerned of intent to punish physicians and questions whether physicians would be able to use the info.  
**Comments:** COL voted to support with amendment on 12/15/04. BOT approved on 12/19/04. Amendments should allow physicians to determine if patients are physician shopping for CDS. Also, emphasis should not be on physician actions but rather on patients. Protections from over zealous prosecution should be added.

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**Bill:** **A2800**  
**Sponsors:** Conaway (D7); Chivukula (D17)  
**Summary:** Defines surgery that may be performed by licensed physicians.  
**Subjects:** Health-Professionals  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/10/2004 - Assembly Health and Human Services Committee  
**History:** 05/10/2004 - Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** CMS wants endoscopy added to definition.  
**Comments:** COL voted 9/22/04 to support.

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**Bill:** **A2976 Aca (1R)**  
**Sponsors:** Weinberg (D37); Manzo (D31); Stack (D33) +1  
**Summary:** Requires carriers that cover behavioral health care services to disclose certain information to their insureds.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2004:S1993  
**Progress:** 1st House: 2nd Reading  
**Status:** 12/09/2004 – 2nd reading in the Assembly  
**History:** 05/27/2004—Introduced and referred to Assembly Financial Institutions and Insurance Committee.  
11/04/2004—Transferred to Assembly Health and Human Services Committee.  
12/09/2004—Reported out of committee with committee amendments, 2nd reading in Assembly.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Comments:** COL voted 9/22/04 to support.

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**Bill:** A2981  
**Sponsors:** Weinberg (D37) +4  
**Summary:** Clarifies that municipalities may establish sterile syringe access programs.  
**Subjects:** Health-General and Miscellaneous  
**Related:** 2004:S1623  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/03/2004 – Assembly Health and Human Services Committee  
**History:** 06/03/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Comments:** COL voted 9/22/04 to support. Consistent with MSNJ policy.

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**Bill:** A3125  
**Sponsors:** Cryan (D20) +1  
**Summary:** Imposes 6% gross receipts tax on certain cosmetic medical procedures.  
**Subjects:** Health-General and Miscellaneous; Taxation-General and Miscellaneous  
**Related:** 2004:S1782  
**Progress:** Pamphlet Law  
**Status:** 06/29/2004 – Bill or Resolution Signed by the Governor  
**History:** 06/21/2004—Introduced and referred to Assembly Budget Committee. Reported out of committee, 2nd reading in Assembly.  
06/24/2004—Passed in Assembly 41-36-2. Received in Senate w/o committee reference, 2nd reading in Senate. Substituted for S-1782.  
Passed in Senate and sent to Governor 21-19.  
06/29/2004—Signed by the Governor P.L.2004, c.53.  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** Bill already law.  
**Comments:** COL voted 9/22/04 to oppose. MSNJ should seek repeal/amendment.

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**Bill:** A3127  
**Sponsors:** Diegnan (D18) +1  
**Summary:** Establishes annual assessment on gross receipts of certain licensed ambulatory care facilities and requires licensure of certain health care services.  
**Subjects:** Health-Facilities  
**Related:** 2004:A3105; 2004:S1659  
**Progress:** Pamphlet Law  
**Status:** 06/29/2004 – Bill or Resolution Signed by the Governor

**History:** 06/21/2004—Introduced and referred to Assembly Budget Committee.  
Reported out of committee, 2nd reading in Assembly.  
06/24/2004—Passed in Assembly 42-34-2. Received in Senate w/o  
committee reference, 2nd reading in Senate. Substituted for S-1659 (SCS).  
Passed in Senate and sent to Governor 21-19.  
06/29/2004—Signed by the Governor P.L.2004, c.54.

**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** Bill already law.  
**Comments:** COL voted to oppose 9/22/04 even though law. MSNJ should seek  
repeal/amendment.

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**Bill:** **A3256 Aca (1R)**  
**Sponsors:** Roberts (D5); Blee (R2); Weinberg (D37); Gusciora (D15); Caraballo  
(D29); Barnes (D18); Steele (D35) +2  
**Summary:** "Bloodborne Disease Harm Reduction Act"; permits establishment of sterile  
syringe paccess programs, appropriates \$10,000,000.  
**Subjects:** Health-Disease; Human Services-General and Miscellaneous  
**Related:** 2004:S1829  
**Progress:** 2nd House: Referred to Committee  
**Status:** 10/14/2004 – Senate Health, Human Services and Senior Citizens  
Committee  
**History:** 09/23/2004—Introduced and referred to Assembly Health and Human  
Services Committee. Reported out of committee, referred to Assembly  
Appropriations Committee.  
10/04/2004—Reported out of committee with committee amendments, 2nd  
reading in Assembly.  
10/07/2004—Passed in Assembly 43-28-6.  
10/14/2004—Received in Senate and referred to Senate Health, Human  
Services and Senior Citizens Committee.

**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Comments:** COL voted to support 9/22/04. Consistent wth MSNJ policy.

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**Bill:** **A3279**  
**Sponsors:** Weinberg (D37)  
**Summary:** Allows tax credit to health care professionals for expenses to achieve  
accessibility for persons with mobility impairments.  
**Subjects:** Health-Professionals; Taxation-Business Taxes  
**Progress:** 1st House: Referred to Committee  
**Status:** 09/27/2004 – Assembly Health and Human Services Committee

**History:** 09/27/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** **A3280**  
**Sponsors:** Weinberg (D37)  
**Summary:** Deletes State registration requirement to dispense controlled dangerous substances.  
**Subjects:** Health-Drug and Alcohol Abuse; Health-Pharmaceuticals  
**Related:** 2004:S2139  
**Progress:** 1st House: Referred to Committee  
**Status:** 09/27/2004 – Assembly Health and Human Services Committee  
**History:** 09/27/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** **A3281 Aca (1R)**  
**Sponsors:** Weinberg (D37)  
**Summary:** Restricts third-party use of federal Drug Enforcement Administration registration numbers.  
**Subjects:** Federal Relations; Health-Drug and Alcohol Abuse  
**Related:** 2004:S2140  
**Progress:** 1st House: 2nd Reading  
**Status:** 11/08/2004 – 2nd reading in the Assembly  
**History:** 09/27/2004—Introduced and referred to Assembly Health and Human Services Committee.  
11/08/2004—Reported out of committee with committee amendments, 2nd reading in Assembly.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** A3424  
**Sponsors:** Munoz (R21)  
**Summary:** "New Jersey Smoke-Free Air Act"; prohibits smoking in indoor public places and workplaces.  
**Subjects:** Environment-Pollution; Smoking and Tobacco  
**Related:** 2004:A3730; 2004:S1926  
**Progress:** 1st House: Referred to Committee  
**Status:** 10/21/2004 – Assembly Health and Human Services Committee  
**History:** 10/21/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04. Supported by NJ Breathes.

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**Bill:** A3501  
**Sponsors:** Weinberg (D37)  
**Summary:** "Emergency Health Powers Act."  
**Subjects:** Health-General and Miscellaneous; Public Safety-General and Miscellaneous  
**Related:** 2004:S2085  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/15/2004 – Assembly Health and Human Services Committee  
**History:** 11/15/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** A3546  
**Sponsors:** Diegnan (D18); Barnes (D18) +1  
**Summary:** Requires written prescriptions to be legibly printed or typed.  
**Subjects:** Health-Pharmaceuticals  
**Progress:** 1st House: Referred to Committee  
**Status:** 12/02/2004 – Assembly Health and Human Services Committee  
**History:** 12/02/2004—Introduced and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** December 15, 2004

**Category:** Active

**Comments:** COL voted to support with amendment on 12/15/04 and the BOT approved on 12/19/04. Some on COL thought the concept was sound while others thought it prescriptive. Amendments should delete how it should be legible and leave with just the requirement. Less prescriptive the better.

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**Bill:** S262

**Sponsors:** Palaia (R11)

**Summary:** Establishes exception to inference that driving while fatigued constitutes recklessness under vehicular homicide statute.

**Subjects:** Crimes and Penalties; Motor Vehicles-Offenses

**Related:** 2002:S2781

**Progress:** 1st House: Referred to Committee

**Status:** 01/13/2004 – Senate Judiciary Committee

**History:** 01/13/2004—Introduced and referred to Senate Judiciary Committee.

**Tracking:** Medical Society of NJ

**Position:** Support

**Priority:** February 11, 2004

**Category:** Active

**Comments:** COL - 2/11/04 - voted to support  
Last session the Legislature enacted a law to provide a presumption that a person who did not sleep for 24 hours was acting recklessly in a criminal case of vehicular homicide. This bill would provide an exemption from this presumption if the driver was justified for driving by a salutary public purpose, such as responding to a medical emergency. The Council believes that this amendment would resolve many of the issues physicians had with the initial legislation.

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**Bill:** S685 Sca (1R)

**Sponsors:** Vitale (D19); Karcher (D12)

**Summary:** Permits physician assistants to prescribe controlled dangerous substances.

**Subjects:** Health-Pharmaceuticals; Health-Professionals

**Related:** 2004:A1985; 2002:A3988; 2002:S2773

**Progress:** 1st House: 2nd Reading

**Status:** 10/14/2004 – 2nd reading in the Senate

**History:** 01/26/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.

10/14/2004—Reported out of committee with committee amendments, 2nd reading in Senate.

**Tracking:** Medical Society of NJ

**Position:** support with amendment

**Priority:** February 11, 2004

**Category:** Active

**Comments:** COL - 2/11/04 - voted to support with amendment

The Council discussed the benefits of allowing PAs to write for CDS versus the drawbacks. Concern was expressed that allowing the expansion of prescriptive authority over CDS could lead PAs to seek independent practice in the future, and that it could weaken arguments against affording such powers to other healthcare professionals (i.e., APNs, Optometrists). However, the Council voted in favor of supporting this bill with amendments. The Council considered the fact that PAs work closely under a physician's supervision and have never sought independent practice. Allowing them greater prescriptive powers could help physicians better manage their practices. Further, given the political climate, it was thought best to agree to a compromise on this bill because of the physician supervision over PAs and to fight scope of practice challenges in other, more significant areas.

The following are the amendments the COL approved:

The physician would have to be physically present in order to write for CDS.

The bill would only apply to prescriptions written in an inpatient setting.

Edit or delete this comment

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**Bill:** S693  
**Sponsors:** Vitale (D19); Karcher (D12) +1  
**Summary:** Prohibits Internet and mail-order cigarette sales.  
**Subjects:** Communications; Smoking and Tobacco  
**Related:** 2002:S2401  
**Progress:** 1st House: 2nd Reading  
**Status:** 05/06/2004 – 2nd reading in the Senate  
**History:** 01/26/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
05/06/2004—Reported out of committee, 2nd reading in Senate.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** February 11, 2004  
**Category:** Active  
**Comments:** COL - 2/11/04 - voted to support  
MSNJ support initiatives to limit smoking.

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**Bill:** S840  
**Sponsors:** Vitale (D19); Sarlo (D36)  
**Summary:** Requires health care providers to offer parents of infants option to screen for disorders for which State does not require screening.  
**Subjects:** Health-General and Miscellaneous; Human Services-Children  
**Related:** 2004:A1911; 2002:A3875  
**Progress:** 1st House: 2nd Reading

**Status:** 03/22/2004 – Substituted by another bill  
**History:** 02/05/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
03/01/2004—Reported out of committee, 2nd reading in Senate.  
03/22/2004—Substituted by A-1911 (1R).  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** February 11 supplemental lists  
**Category:** Active  
**Comments:** COL - 2/11/04 - voted to oppose this bill  
This legislation would add an unnecessary burden on pediatricians because the screening that is already required by the state is very comprehensive. Certain tests are not required by the state because they are not reliable, for example, they may provide false positive test results among other concerns.

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**Bill:** **S1003**  
**Sponsors:** Codey (D27)  
**Summary:** Eliminates requirement for 90-day notice of claim in medical malpractice actions against public entities.  
**Subjects:** Health-Professionals  
**Related:** 2002:S579; 2000:S1802  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/09/2004 – Senate Judiciary Committee  
**History:** 02/09/2004—Introduced and referred to Senate Judiciary Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 voted to oppose.  
9.14.04 - BOT approves.

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**Bill:** **S1095**  
**Sponsors:** Baer (D37); Sarlo (D36)  
**Summary:** Limits deductible to not more than \$250 and copayment to 20% for automobile insurance medical expense and emergency care benefits.  
**Subjects:** Insurance-Automobile Insurance  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/23/2004 – Senate Commerce Committee  
**History:** 02/23/2004—Introduced and referred to Senate Commerce Committee.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active

**Comments:** COL 4/21/04 voted to opposed. 1) Objected to penalties for fee waiver. Docs often will waive fees as hard to collect and sometimes not worth effort. Also concerned that will drive up rates for car insurance.

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**Bill:** S1171 Scs (SCS)  
**Sponsors:** Rice (D28); Vitale (D19)  
**Summary:** Prohibits participating providers under managed care plans from charging certain fees; establishes penalties therefor.  
**Subjects:** Insurance-Life and Health Insurance  
**Related:** 2004:A3439; 2002:S2687  
**Progress:** 1st House: 2nd Reading  
**Status:** 10/04/2004 – 2nd reading in the Senate  
**History:** 02/24/2004—Introduced and referred to Senate Commerce Committee.  
10/04/2004—Reported out of committee with committee substitute, 2nd reading in Senate.  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Notes:** Lame duck ('03) bill not considered by COL last session.  
**Comments:** Not expected to move in lame duck, to be considered in the next legislative session (2003).  
COL 4/21/04 voted to oppose. Restricts fees physicians can charge in certain situations. Examples are fees for solid waste disposal and consiarge type services.

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**Bill:** S1390  
**Sponsors:** Connors, L. (R9); McNamara (R40) +2  
**Summary:** Requires hospitals to report information about patient infections to DHSS.  
**Subjects:** Health-Disease; Health-Facilities  
**Related:** 2004:A2644  
**Progress:** 1st House: Referred to Committee  
**Status:** 03/29/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 03/29/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of NJ  
**Position:** support with amendment  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** COL 4/21/04 voted to table until opinion of NJHA determined.  
5/2/04 - NJHA reports opposition as concerned only applies to inpatient and not to LTC or outpatient. May not strongly object.  
9/22/04 See A2644.

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**Bill:** S1409  
**Sponsors:** Sarlo (D36); Buono (D18) +1  
**Summary:** Requires insurers to cover mammograms for women under 40 under certain circumstances and requires physicians to provide certain treatment information to patients diagnosed with breast cancer.  
**Subjects:** Insurance-Life and Health Insurance; Women  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/07/2004 – Combined with another bill  
**History:** 03/29/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
06/07/2004—Combined with S-862/S-1530 (SCS).  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 - voted to support

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**Bill:** S1444 Sca (1R)  
**Sponsors:** Vitale (D19); Gill (D34)  
**Summary:** Establishes "Eliminating Health Disparities Initiative" in Office on Minority and Multicultural Health.  
**Subjects:** Health-General and Miscellaneous; Minority and Ethnic Affairs  
**Related:** 2004:A655; 2002:A2324  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/17/2004 – Substituted by another bill  
**History:** 03/29/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
05/13/2004—Reported out of committee with committee amendments, 2nd reading in Senate.  
06/17/2004—Substituted by A-655 (2R).  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL 4/21/04 voted to support.

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**Bill:** S1530  
**Sponsors:** Madden (D4); Sweeney (D3)  
**Summary:** Requires health benefits coverage for annual mammograms for women under 40 under certain circumstances.  
**Subjects:** Health-General and Miscellaneous; Insurance-Life and Health Insurance; Women  
**Related:** 2004:A2261; 2004:S862  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/07/2004 – Combined with another bill

**History:** 04/29/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
06/07/2004—Combined with S-862/S-1409 (SCS).  
**Tracking:** Medical Society of NJ  
**Position:** BOT pending  
**Priority:** April 21, 2004  
**Category:** Active  
**Comments:** COL - 4/21/04 voted to support  
9.19.04 - BOT approves.

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**Bill:** **S1592**  
**Sponsors:** Turner (D15)  
**Summary:** Provides for philosophical exemption to mandatory immunizations.  
**Subjects:** Health-General and Miscellaneous  
**Progress:** 1st House: Referred to Committee  
**Status:** 05/13/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 05/13/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** September 22, 2004  
**Category:** Active

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**Bill:** **S1623**  
**Sponsors:** Gill (D34); Vitale (D19) +2  
**Summary:** Clarifies that municipalities may establish sterile syringe access programs.  
**Subjects:** Health-General and Miscellaneous  
**Related:** 2004:A2981  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/07/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 06/07/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** See Assembly bill.

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**Bill:** **S1659 Scs (SCS)**  
**Sponsors:** Bryant (D5)  
**Summary:** Establishes annual assessment on gross receipts of certain licensed ambulatory care facilities and requires licensure of certain health care services.

**Subjects:** Health-Facilities  
**Related:** 2004:A3105; 2004:A3127  
**Progress:** 1st House: 2nd Reading  
**Status:** 06/24/2004 – Substituted by another bill  
**History:** 06/07/2004—Introduced and referred to Senate Budget and Appropriations Committee.  
06/21/2004—Reported out of committee with committee substitute, 2nd reading in Senate.  
06/24/2004—Substituted by A-3127.  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** See Assembly Bill.

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**Bill:** **S1688**  
**Sponsors:** Rice (D28)  
**Summary:** Clarifies that needle exchange programs are illegal.  
**Subjects:** Health-Drug and Alcohol Abuse  
**Progress:** 1st House: Referred to Committee  
**Status:** 06/14/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 06/14/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Oppose  
**Priority:** September 22, 2004  
**Category:** Active  
**Notes:** Opposite MSNJ policy.  
**Comments:** COL voted 9/22/04 to oppose.

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**Bill:** **S1804 Sca (1R)**  
**Sponsors:** Vitale (D19); Kavanaugh (R16) +2  
**Summary:** "Health Care Professional Responsibility and Reporting Enhancement Act."  
**Subjects:** Health-Professionals  
**Related:** 2004:A3533  
**Progress:** 2nd House: Referred to Committee  
**Status:** 10/25/2004 – Assembly Health and Human Services Committee  
**History:** 09/27/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee. Reported out of committee with committee amendments, 2nd reading in Senate.  
10/25/2004—Passed in Senate 38-0. Received in Assembly and referred to Assembly Health and Human Services Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** September 22, 2004

**Category:** Active  
**Comments:** COL voted 9/22/04 to support.

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**Bill:** S1926  
**Sponsors:** Adler (D6); Kean, T. (R21) +6  
**Summary:** "New Jersey Smoke-Free Air Act"; prohibits smoking in indoor public places and workplaces.  
**Subjects:** Environment-Pollution; Smoking and Tobacco  
**Related:** 2004:A3424; 2004:A3730  
**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 NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04. Supported by NJ Breathes.

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**Bill:** S2047  
**Sponsors:** Vitale (D19); Madden (D4)  
**Summary:** Establishes "Task Force on Health Care Professional Responsibility and Reporting."  
**Subjects:** Commissions; Health-Professionals  
**Progress:** 1st House: Referred to Committee  
**Status:** 11/08/2004 – Senate Health, Human Services and Senior Citizens Committee  
**History:** 11/08/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
**Tracking:** Medical Society of NJ  
**Position:** Support  
**Priority:** December 15, 2004  
**Category:** Active  
**Notes:** Bill establishes task force to help implement reporting bill MSNJ supported.

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**Bill:** S2085 Sca (1R)  
**Sponsors:** Vitale (D19); Lance (R23)  
**Summary:** "Emergency Health Powers Act."  
**Subjects:** Health-General and Miscellaneous; Public Safety-General and Miscellaneous  
**Related:** 2004:A3501  
**Progress:** 1st House: 2nd Reading  
**Status:** 01/24/2005 – 2nd reading in the Senate

**History:** 11/15/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.  
01/24/2005—Reported out of committee with committee amendments, 2nd reading in Senate.

**Tracking:** Medical Society of NJ

**Position:** Support

**Priority:** December 15, 2004

**Category:** Active

**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** **S2139**

**Sponsors:** Vitale (D19); Buono (D18)

**Summary:** Deletes State registration requirement to dispense controlled dangerous substances.

**Subjects:** Health-Drug and Alcohol Abuse; Health-Pharmaceuticals

**Related:** 2004:A3280

**Progress:** 1st House: Referred to Committee

**Status:** 12/13/2004 – Senate Health, Human Services and Senior Citizens Committee

**History:** 12/13/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.

**Tracking:** Medical Society of NJ

**Position:** Support

**Priority:** December 15, 2004

**Category:** Active

**Notes:** See Assembly Bill.

**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

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**Bill:** **S2140**

**Sponsors:** Vitale (D19)

**Summary:** Restricts third-party use of federal Drug Enforcement Administration registration numbers.

**Subjects:** Federal Relations; Health-Drug and Alcohol Abuse

**Related:** 2004:A3281

**Progress:** 1st House: Referred to Committee

**Status:** 12/13/2004 – Senate Health, Human Services and Senior Citizens Committee

**History:** 12/13/2004—Introduced and referred to Senate Health, Human Services and Senior Citizens Committee.

**Tracking:** Medical Society of NJ

**Position:** Support

**Priority:** December 15, 2004

**Category:** Active

**Comments:** COL voted to support on 12/15/04 and the BOT approved on 12/19/04.

# COUNCIL ON PUBLIC HEALTH

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

## **House Action: Filed**

The 2004 meetings of the Council on Public Health were held on June 9, 2004, and September 8, 2004.

### **Presentations.**

The council heard four presentations on public health topics.

Ms. Ellen Kelly, a clinical audiologist, provided information on current causes of early hearing loss among the general public. A subcommittee on hearing loss was established and continues to explore opportunities to educate the public on prevention and detection of early hearing loss.

Steven Marcus, MD, and Ms. Martha Bahamon, with the New Jersey Poison Information and Education System (NJPIES), provided information on poison control. The program is funded in part by New Jersey's Department of Health and Senior Services. MSNJ will work with Dr. Marcus to provide information to its membership on the New Jersey Poison Information and Education System via MSNJ's website with a link to NJPIES website at [www.njpies.org](http://www.njpies.org).

Nancy Block, MD, presented a report prepared by the New Jersey Psychiatric Association (NJPA) titled, "Mental Health Needs and Services in New Jersey." MSNJ agreed to support the NJPA's efforts to improve the delivery of mental health services in New Jersey. MSNJ will also participate in an interdisciplinary, inter-specialty task force led by NJPA to address the mental health needs and services in New Jersey.

Ms. Marianne McConnell with the Victims of Crime Compensation Board of New Jersey provided information on a state statute passed in 1971 that established the Victims of Crime Compensation Board. MSNJ is listed in the statute as the party responsible to provide medical expertise and review in certain cases. The Victims of Crime Compensation Board will use MRAC's expert panel of medical reviewers for those cases requiring medical opinion.

## **Recommendations**

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

1. Victims of Crime Compensation Board. The council recommended that the Victims of Crime Compensation Board use MRAC's expert panel of medical reviewers for those cases requiring medical opinion.

2. Mental Health Needs and Services in New Jersey. The council recommended that MSNJ support the New Jersey Psychiatric Association's efforts to improve the delivery of mental health services in New Jersey.

3. The council recommended that MSNJ, in cooperation with the New Jersey Psychiatric Association, participate in an interdisciplinary, inter-specialty task force to address the mental health needs and services in New Jersey.

## **Referrals**

The council received one referral from the Board of Trustees.

Obesity as a Growing Public Health Threat Issue. Members agreed that MSNJ should convene a multi-organization subcommittee to begin discussions and explore grant opportunities in this area. Organizations to be considered for participation on the subcommittee are the American Heart Association, the American Diabetes Association, the American Society for Nutritional Sciences, the American Academy of Pediatrics, the New Jersey Department of Health and Senior Services, and MSNJ. Dr. Linda Korman will be asked to chair the subcommittee.

Gastric Bypass Surgery: MSNJ should begin to explore medically defensible standards for gastric bypass surgery. Several organizations are requesting guidance on this issue. The subcommittee will collect data on gastric bypass surgery and look at reports.

## **Conferences**

Dr. Leah Ziskin attended a conference entitled, "Partners for Wellness: Working Together to Promote Equality in Health Care for Women with

Disabilities.” Dr. Ziskin reported on discussions at the conference and prepared an article that appeared in MSNJ’s *e-News*.

Dr. Fred Jacobs attended the First National Congress on Public Health Readiness. The conference was cosponsored by the CDC and the AMA. The stated purpose of the conference was to strengthen linkages between health care and public health leaders; to enhance preparedness and to share experiences that demonstrate successful community readiness for terrorism; to develop and strengthen working relationships within the public health system at all levels; and to review new scientific advances, identify controversies, and recommend action steps.

**RESOLUTION #1**

**Introduced by: Union County Medical Society**

**Subject: Recycling of Officers**

**House Action: Not Adopted.**

**RESOLVED**, that Fellows of the Medical Society of New Jersey shall by virtue of their previous service be ineligible for positions as officers of the Medical Society of New Jersey; and be it further

**RESOLVED**, that Fellows of the Medical Society of New Jersey shall by virtue of their previous service be ineligible to remain as a member of the Board of Trustees beyond the one-year term served by the immediate-past president; and be it further

**RESOLVED**, that Fellows are welcome to attend and speak at all meetings without a vote beyond the one-year term served by the immediate-past president on the Board.

**RESOLUTION #2**

**Introduced by: Union County Medical Society**

**Subject: Statewide Representation**

**House Action: Not Adopted.**

**RESOLVED**, that no two offices of the Medical Society of New Jersey (i.e., president, president-elect, first vice-president, second vice-president, secretary, and treasurer) be held, at any one time, by members of the same county medical society; and be it further

**RESOLVED**, that no two MSNJ Board of Trustees district seats be held by members of any one county medical society.

**RESOLUTION #3**

**Introduced by: Union County Medical Society**

**Subject: Executive Decisions**

**House Action: Tabled until the next meeting.**

**RESOLVED**, that decisions made by a duly constituted meeting of the Medical Society of New Jersey House of Delegates may not be reversed by its Board of Trustees without the subsequent approval of the House of Delegates; and be it further

**RESOLVED**, that decisions made by the Medical Society of New Jersey Board of Trustees may not be reversed by its Executive Committee without subsequent Board approval; and be it further

**RESOLVED**, that any decision-making body that reverses a decision made by a larger body for which it acts between its meetings shall automatically be placed on the agenda of the larger body with the named voting record for review and vote to confirm or reject the reversal at its next regular meeting.

**RESOLUTION #4**

**Introduced by: Hudson County Medical Society**

**Subject: Usual-and-Customary Fee Schedule Survey**

**House Action: Referred to the Board of Trustees for cost analysis and determination of any legal ramifications.**

**RESOLVED**, that the Medical Society of New Jersey contract with an outside agency to conduct a study and survey and then to draw up a usual-and-customary fee schedule of all CPT codes indexed by region and specialty.

**RESOLUTION #5**

**Introduced by: Hudson County Medical Society**

**Subject:                    Legislation to Allow Countersuits**

**House Action:        Adopted.**

**RESOLVED**, that the Medical Society of New Jersey seek changes in legislation that would allow physicians injured by frivolous litigation, resulting in real and definable damages, to more easily seek remedy through the court system by way of counter litigation against such attorneys, their clients, and others involved in initiating such frivolous lawsuits.

**RESOLUTION #6**

**Introduced by:        Hudson County Medical Society**

**Subject:                Publication on MSNJ Web Site of Medical-Malpractice Case Plaintiff Information**

**House Action:        Referred to the Board of Trustees for determination of the resolution's feasibility and to take action based on the results of that determination.**

**RESOLVED**, that the Medical Society of New Jersey seek to publish the names of plaintiff litigants in professional liability cases, along with the names of their attorneys and expert witnesses, complete with date of commencement of suit and docket number, on the Medical Society web site in a secure location requiring password entry to members of the Medical Society of New Jersey as a member benefit.

**RESOLUTION #7**

**Introduced by:        Union County Medical Society**

**Subject:                Insurer Recoupment**

**House Action:        Adopted as Amended.**

**RESOLVED**, that the Medical Society of New Jersey inform its members by e-mail and fax of the egregious practice of insurers' withholding funds for reimbursement for one patient to offset a discrepancy in payment for another patient and request that members of the Society report each and every instance of this practice immediately to an appropriate committee of the Medical Society of New Jersey; and be it further

**RESOLVED**, that the Medical Society of New Jersey seek legislation that would:

- (a) Abolish the practice of insurers' withholding funds from patient "Y" to reimburse alleged overpayments for patient "X"; and
- (b) Limit backtracking on claims reimbursement for alleged overpayments to same time limits that apply for filing by the insurer for both in-network and out-of-network providers; and
- (c) Require that insurers provide tangible proof of overpayment, in each instance to providers, whether they be in-network or out-of-network.

#### **RESOLUTION #8**

**Introduced by:** Essex County Medical Society

**Subject:** Annual Meeting in North Jersey

**House Action:** Adopted as Amended.

**RESOLVED**, that the Medical Society of New Jersey's annual meeting of 2007 be held in the northern part of our sovereign state, if feasible.

#### **RESOLUTION #9**

**Introduced by:** Essex County Medical Society

**Subject:** Opt Out of MSNJ Centralized Administrative Functions

**House Action:**      **Adopted. Resolution 9 is a reaffirmation of current MSNJ policy, which is to provide such support to counties on a voluntary basis.**

**RESOLVED**, that any county medical society that offers a modern computerized billing system be allowed to opt out of such a Medical Society of New Jersey administrative function.

#### **RESOLUTION #10**

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

**Subject:**              **Urban Deforestation**

**House Action:**      **Adopted.**

**RESOLVED**, that the Medical Society of New Jersey support and encourage the planting of trees in urban and suburban areas; and be it further

**RESOLVED**, that the Medical Society of New Jersey encourage recycling of paper to minimize garbage and save trees.

#### **RESOLUTION #11**

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

**Subject:**              **Standard Formulary Review Board**

**House Action:**      **The following Substitute Resolution was adopted for Resolution 11:**

**RESOLVED**, that the Medical Society of New Jersey work with the governor, the legislature, the medical advisory committees of managed care plans licensed to operate in the state, and the Drug Utilization Review Board to assure appropriate drug formularies.

#### **RESOLUTION #12**

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

**Subject: Vaccines for Children**

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

**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 grant; and be it further

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

### **RESOLUTION #13**

**Introduced by: Essex County Medical Society**

**Subject: Expediting Kid Care Sign-Up**

**House Action: The following Substitute Resolution for Resolution 13 was adopted:**

**RESOLVED**, that the Medical Society of New Jersey open a dialogue with the New Jersey Department of Human Services to discuss the Kid Care program and work with the state to improve this program.

### **RESOLUTION #14**

**Introduced by: Essex County Medical Society**

**Subject: Dispensing Benadryl in Schools**

**House Action: Referred to the Council on Public Health. The Reference Committee acknowledged that the action called for in this resolution is now current practice and asks that the Council on Public Health write to the Department of Education thanking them for their efforts.**

**RESOLVED**, that the Medical Society of New Jersey petition the governor and the New Jersey legislature to include Benadryl in the statute of allowable drugs dispensed by nurse designees.

## RESOLUTION #15

**Introduced by:** Essex County Medical Society

**Subject:** Budget Neutral Journal

**House Action:** Referred to the Board of Trustees with the request that the Board create a task force to study and promote a budget neutral journal.

**RESOLVED**, that *New Jersey Medicine* find ways to continue its publication as a self-sustaining journal while preserving its objectives and format.

## RESOLUTION #16

**Introduced by:** Union County Medical Society

**Subject:** Health Savings Accounts and Medical Savings Accounts

**House Action:** Adopted.

**RESOLVED**, that the Medical Society of New Jersey take the position that medical savings accounts and health savings accounts should be available to all individuals and small groups as was promised by the federal government in 1997; and be it further

**RESOLVED**, that the Medical Society of New Jersey seek legislation that would allow Medicare-eligible individuals, or small groups that include Medicare-eligible individuals, to obtain or maintain medical savings accounts or health savings accounts; and be it further

**RESOLVED**, that the Medical Society of New Jersey, through public forum and direct petitioning of the legislature and executive branch, promote the availability of the medical savings accounts and health savings accounts for everyone.

## **RESOLUTION #17**

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

**Subject:**           **Increasing Intrusiveness of Precertification-Related Issues**

**House Action:**     **Adopted.**

**RESOLVED**, that the Medical Society of New Jersey declares precertification in all its forms an undue, unjust, and unnecessary invasion of the practice of medicine as a matter of policy; and be it further

**RESOLVED**, that the Medical Society of New Jersey petition the legislature and the commissioner of the Department of Health and Senior Services of the State of New Jersey to enact legislation banning precertification for imaging studies, medication, and related procedures ordered by medical or surgical specialists; and be it further

**RESOLVED**, that no medical or surgical specialist or subspecialist be required to obtain precertification or any other form of insurance-company approval, whatever the language used to define it, prior to ordering imaging studies, procedures, or medications that are within the sphere of his or her medical or surgical specialty practice; and be it further

**RESOLVED**, that this precertification policy of the Medical Society of New Jersey be made known through various public announcements and forums as well as by directly approaching the legislative and executive branches of the New Jersey government.

## **RESOLUTION #18**

**Introduced by:**     **Camden County Medical Society**

**Subject:**           **Annual Review of Outside Contracts**

**House Action:**     **The following Substitute Resolution was adopted for Resolution 18:**

**RESOLVED**, that the Medical Society of New Jersey award contracts according to competitive bidding; and be it further

**RESOLVED**, that all future budget reports to the House of Delegates list all contracts over \$15,000.

**RESOLUTION #19**

**Introduced by:** Ocean County Medical Society

**Subject:** Rating of Outside Services

**House Action:** Referred to the Council on Medical Services.

**RESOLVED**, that the Medical Society of New Jersey seek to establish an information site, with the appropriate legal disclaimers, on which members may describe their experience with non-health care providers, including those recommended by the Medical Society of New Jersey, to help their colleagues make more informed decisions as to which of those providers to use.

**RESOLUTION #20**

**Introduced by:** Morris County Medical Society

**Subject:** Electronic Medical Records

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

**RESOLVED**, that insurance carriers increase all reimbursements for patient visits by \$5 to physicians who keep electronic medical records.

**RESOLUTION #21**

**Introduced by:** Middlesex County Medical Society

**Subject:** Increase Insurance Reimbursement Fees

**House Action:** The following Substitute Resolution was adopted for Resolution 21:

**RESOLVED**, that the Medical Society of New Jersey, as a high priority, actively and vigorously encourage all insurance companies to increase their reimbursements appropriately to match the cost of providing care in all respects.

**RESOLUTION #22**

**Introduced by:** Ocean County Medical Society

**Subject:** CME-Accredited Course at Annual Meetings

**House Action:** Referred to the Committee on Annual Meeting and the Committee on Medical Education to determine the feasibility of providing a CME-accredited course at each annual meeting.

**RESOLVED**, that the Medical Society of New Jersey offer to delegates and members who attend the annual meeting, 5 Category-1 CME credits (3 for the reference committees and 2 for the House of Delegates sessions); and be it further

**RESOLVED**, that an additional 1 hour of Category-1 CME credit be issued to those members and delegates visiting the exhibits.

**RESOLUTION #23**

**Introduced by:** Ocean County Medical Society

**Subject:** Licensure Revocation for Trial Lawyers Filing Three or More Frivolous Malpractice Lawsuits

**House Action:** Not Adopted.

**RESOLVED**, that the Medical Society of New Jersey seek legislation that would require insurance companies that sell medical liability insurance to report the names of all lawyers who have filed three or more frivolous medical malpractice suits to the state licensure authority for disciplinary action and possible removal of the lawyer's license; and be it further

**RESOLVED**, that the New Jersey Delegation introduce a similar resolution at the upcoming AMA Annual Meeting in June 2005.

#### **RESOLUTION #24**

**Introduced by:** Antoine C. Chaker, MD  
Delegate, Ocean County

**Subject:** Expert Testimony

**House Action:** MSNJ policy 170.993 reaffirmed in lieu of Resolution 24. The Reference Committee supported the implementation of the expert-witness review-panel plan that was adopted by the Board of Trustees at its March 2005 meeting.

**RESOLVED**, that the Federation of State Medical Boards develop peer review and disciplinary processes and procedures in conjunction with the AMA for sanctioning those physicians who provide fraudulent testimony; and be it further

**RESOLVED**, that the state and specialty societies must be justified in referring cases involving false testimony to their medical boards for possible disciplinary action after an effective peer review process.

#### **RESOLUTION #25**

**Introduced by:** Passaic County Medical Society

**Subject:** Automatic Billing

**House Action:** Adopted as Amended.

**RESOLVED**, that the Medical Society of New Jersey continue the practice of billing all non-member physicians in the state.

#### **RESOLUTION #26**

**Introduced by:** Passaic County Medical Society

**Subject: Flu Vaccines**

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

**RESOLVED**, that doctors, hospitals, and nursing homes receive adequate flu vaccine supplies before the vaccine is distributed to commercial institutions.

#### **RESOLUTION #27**

**Introduced by: Passaic County Medical Society**

**Subject: Blister Packaging**

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

**RESOLVED**, that the Medical Society of New Jersey petition the New Jersey legislature to bar the unsafe practice of “blister packaging.”

#### **RESOLUTION #28**

**Introduced by: Passaic County Medical Society**

**Subject: Dues for Spouses**

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

**RESOLVED**, that physicians’ spouses of Medical Society of New Jersey members be assessed dues at a reduced rate.

#### **RESOLUTION #29**

**Introduced by: Frederic F. Primich, MD  
Delegate, Middlesex County**

**Subject: Continuing Medical Education on the MSNJ Web Site**

**House Action: Referred to the Committee on Medical Education.**

**RESOLVED**, that the Medical Society of New Jersey investigate the feasibility of providing continuing medical education on the Internet for its membership; and be it further

**RESOLVED**, that should the provision of continuing medical education on the Internet prove feasible, the Medical Society of New Jersey should provide it to its membership.

# **NEW BUSINESS**

## **Self-Determination in Medical Decision Making**

### **Introduced by the Committee on Biomedical Ethics**

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

Whereas, the foundation of the doctor–patient relationship is private, shared medical decision making wherein doctors honor their patients’ wishes as to treatment or refusal of treatment; and

Whereas, in those situations in which patients can no longer speak for themselves, doctors naturally turn to either written directives prepared by those patients or to the voices of the patients’ families regarding the patients’ wishes; and

Whereas, there currently exists a legal framework in New Jersey supporting such a decision-making process and endorsing the use of ethics consultations when families cannot agree about the patients’ wishes; and

Whereas, in those rare instances in which such disagreements cannot be mediated and resolved, the disagreeing family members have the right to go to court; now therefore be it

Resolved, that MSNJ support and defend the privacy of patients’/families’ self-determination in medical decision making; and be it further

Resolved, that MSNJ oppose any proposed legislative change that would imperil this right to self-determination by mandating particular medical treatments against patients’ wishes or by allowing family members or unrelated individuals to override patients’ wishes or the instructions of a properly designated health care proxy or guardian with regard to medical treatment; and be it further

Resolved, that MSNJ petition the AMA also to defend these rights nationally by opposing similar proposed federal legislation.

# MEMORIAL RESOLUTION

**ALFRED A. ALESSI, MD  
1913-2004**

**House Action: Received by the House of Delegates with sorrowful  
concurrence.**

Whereas, our almighty Father has called to Him, our beloved friend and colleague, Alfred A. Alessi, MD; and

Whereas, as a fellow and officer, Doctor Alessi provided distinguished leadership to the physicians of New Jersey and singular service to the people of New Jersey; now therefore be it

Resolved, that the Medical Society of New Jersey expresses its profound grief at the passing of Doctor Alessi and extends its heartfelt sympathy to his beloved family; and be it further

Resolved, that this resolution be spread upon the minutes of this meeting in remembrance of Alfred A. Alessi, MD.