

ROLL CALL

STATEMENT CONCERNING THE ANNUAL NOTICE OF PUBLIC MEETINGS

INTRODUCTION AND SWEARING IN OF NEW BOARD MEMBERS

ANNOUNCEMENTS

MINUTES Approval of the March 12, 2014, 2013 Open
Board Minutes

NEW BUSINESS

LEGISLATION

A260 - Seeks to require that medical bills be standardized and accompanied by explanatory disclosure form.

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The Executive Committee recommended that the Board support the concepts espoused by the proposal as it believed full disclosure and standardized information is generally in the best interests of the patient-consumer. It recommended not supporting the bill as written because it believed that the scope and demands required of the licensees was unduly burdensome and onerous. More often than not, reimbursement forms and issues are governed by third party payors outside the purview or control of the physician. Additionally, the third party payors are not even consistent with what they require under any variety of the plans offered by that payor. It was also noted that the explanation as to what procedures and why they are being performed/provided is provided in the Consent Form.

A601 - Seeks to establish the “Medical Philanthropy Act,” which will provide physicians who provide uncompensated care with a \$250,000 cap on non economic damages in actions alleging medical malpractice.

A606 - Seeks to require civil immunity to licensed health care professional who provide care at health care facilities for no compensation.

The Executive Committee recommended that the Board support these bills to the extent that they are a first step in moving forward in some form of Tort Reform and that as long as the

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issue remains dormant, potential harm exists to both the physician and patient communities. Although the Board has traditionally preferred that Tort Reform be accomplished as an overall initiative rather than in a piece meal fashion, it does not appear that those attempts have been successful. To the extent that these proposals continue to keep the discussion alive, the Board should support the efforts. The Board is supportive to the extent that non economic damages are sought to be capped under these proposals. The caps, however, should not be tied to the type of care provided and should apply across the board for all claims for non economic damages. Additionally, the Board should not be supportive of any efforts at the expense of the under deserved or uninsured and to the extent these bills impede a legitimate claim by a patient to have recourse for damages caused, the Board should not support them.

A1045 - Seeks to require practitioners to disclose business relationship with out-of-state facilities when making patient referrals to those facilities.

The Executive Committee did not recommend support for this bill. While it fully supports fully informing patients about their financial and/or ownership interests, the other requirements of the proposal are unduly burdensome and may not even been

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attainable. Most physicians, if any, will not have the information required under this proposal and it will almost be impossible to obtain it and remain current. Mandating this responsibility on the physician may actually do more harm to the patient as a licensee may limit and/or discourage referrals that are in the best interest of the patient because of the onerous burdens placed on the physician. A licensee can easily inform a patient of a financial or ownership interest, which the Committee believes is legitimate information that should be explained and disclosed. The Board always supports open communication and disclosure to the patient, and indeed, it is already required that a licensee must disclose financial interests and this sufficiently protects the patient. There is not any added layer of protection afforded to the patient if this legislation were to pass and the burdens imposed on the physician community far outweigh any contemplated benefit to the public

AI254 - Seeks to require that certain civil actions against certain licensed persons be brought within two years.

The Executive Committee recommended that the Board support this proposal as long as the overall objective is not to do away with the discovery rule.

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A1436 - Seeks to establish a Statewide Opioid Law Enforcement Coordinating Task Force.

The Executive Committee recommended support for this legislation.

A2332 - Seeks to require that a public agency publish notice of public meeting on official Internet website at least forty-eight hours prior to the meeting.

The Executive Committee recommended support of the proposed bill and noted that for all intents and purposes the Board of Medical Examiners, through the Division of Consumer Affairs, already meets these requirements.

A2392 - Seeks to establish “The Patient Safety and Provider Incentive Program” and makes an appropriation.

The Executive Committee noted that the Board is supportive of attempts to reduce the cost of health care, but did not believe that the goals of this legislation are achievable. On the onset, it noted that there was an appropriation under the proposal,

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however, the Board did not believe that it had the expertise to accurately apportion the fund or develop the appropriate formula by which it would be apportioned. The Board also does not have the expertise to establish the criteria or methodology to reduce the costs. In particular, it was questioned how it was even possible to establish protocols which would reduce patient harm. The functions which this bill seeks to establish are not typical of Board functions and given the myriad of functions already under its purview, and it would be stretching the capacity of the BME to perform what would be required under this proposed law. Additionally, the Executive Committee did not believe it was in the best interest of the citizens of New Jersey to provide the no fault compensation contemplated by the legislation.

SI171 - Seeks to establish certain requirements, including allowable fees, for provision of medical records to patients, legally authorized representatives and authorized third parties.

The Executive Committee questioned the need to codify the proposed amended requirements in statutory form because this would not permit the same flexibility as does the regulatory process. The board's regulations are very detailed and already address issues or concerns which this piece of legislation would seek to address. Codification may not be in the best interest of

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patients as the flexibility of the regulatory process permits the board to adjust its regulatory scheme in a more timely manner as the practice of medicine evolves. The Executive Committee was generally supportive of the provisions which seeks to alter the current fees that can be charged and under what circumstances. The Executive Committee would recommend that the Board consider amending its current regulation consistent with some of the parameters contained within this proposal. The Executive Committee was also supportive of the concept that patients that cannot afford to pay should be given some consideration, however, the way in which this proposal contemplates that accommodation appears to be difficult, if not impossible, to apply. As currently proposed, it may actually discourage physicians from providing services in lower income areas because of the difficulties imposed by determining who might qualify for a no pay provision of records.

SI184 - Revises requirements for licensure and creates physician-delegated scope of practice for physician assistants.

The Executive Committee noted that the Board has always valued the contributions of Physician Assistants and has supported the profession and its assistance in promoting quality, cost effective, and accessible health care. As the Board continues to face many of the challenges of

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the current healthcare reform, it recognizes that efforts to reduce costs by eliminating duplicative services, improve quality and efficiency of the delivery of care, as well as demand a new focus on increasing primary care providers, the role of the Physician Assistants will continue to play a pivotal and valuable component of health care delivery. The uncontrolled rise in the cost of health care has made it essential to institute cost-saving measures. Physician Assistants have freed physicians from routine responsibilities, allowing the physician to treat patients whose complex medical conditions require their expertise. Physicians have a depth and breadth of training that is unmatched by any other health care professionals and the Physician Assistant model has always recognized and embraced the notion that physicians should lead the health care team. The synergy of physician-Physician Assistant team practice benefits patients both individually and collectively. It is against that backdrop, that the Executive Committee does not recommend support of the proposed expansion of the Physician Assistant's scope of practice as contemplated in this proposed legislation. The Executive Committee believed that the proposed scope of practice expansions is well beyond their education and training and essentially creates an independent practitioner, without any benefit of any residency training. Such an expansion is contrary to the fundamental foundations of the profession and contrary to the mandates of that profession. The bill explicitly states that the Physician Assistant will be engaged in the "practice of medicine" and removes any supervision by a physician, yet places the burden on the physician for

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the liability and/or legal responsibility for the care rendered by the physician assistant. The Committee perceived that this requirement would negatively impact the practice as physicians will no longer wish to associate themselves with these ancillary health care providers. The Executive Committee also believed that this would also negatively impact the profession inasmuch as the Physician Assistant may practice outside the scope of the physician that would be assuming the liability, thereby, limiting the pool of physicians willing to associate with them. Moreover, this creates more of a “specialty” practice which is contrary to the general, primary care education and training currently taught and received by the recognized educational programs. The limitations currently in place continue to remain relevant and should not be delineated. The Physician Assistant practice should retain the current supervision requirements currently in place and such broad expansion should not be permitted given the current training and education. Deviation from the Physician-Physician Assistant team practice is not in the best interest of patient care.

OLD BUSINESS

S876 - Seeks to require hospitals and health care professional to offer hepatitis C testing to certain individuals.

The Executive Committee recommends support of the proposal.

INFORMATIONAL

Attached are the new rules concerning Prescription Blanks.

PUBLIC COMMENT