

**OPEN BOARD AGENDA
NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS**

June 8, 2011

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ROLL CALL

**STATEMENT CONCERNING THE
ANNUAL NOTICE OF PUBLIC MEETINGS**

ANNOUNCEMENTS

MINUTES

Approval of the April 13, 2011 Open Board Minutes

Approval of the Open March 18, 2011 Physician Assistant
Advisory Committee Minutes

Approval of the Open April 15, 2011 Physician Assistant
Advisory Committee Minutes

NEW BUSINESS

1. **ACUPUNCTURE RULES**

Attached for the Board's consideration is a draft of the changes to the Acupuncture Rules. You will recall that the draft was before the Board last year and in the intervening time, the Acupuncture Board has made some changes based on issues raised by the BME. The Executive Committee recommends approval of the changes and publication in the *New Jersey Register* for notice and comment.

2. **LEGISLATION**

A 3838 Seeks to require that the Board of Medical Examiners promulgate regulations regarding botulinum toxin injections for minors.

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The Executive Committee suggested that the Board oppose the bill as it is not necessary. Any and all medical procedures are to be performed when medically necessary and appropriate. The suggested bill is over regulating the profession and unnecessary as the current standards of practice which require that a physician document in the patient's medical record the medical necessity of any services provided. Additionally, injections of this nature, as with all medical procedures, can only be performed with the appropriate diagnosis and assessment of treatment and within the appropriate medical standards.

A 3968 Seeks to restrict health insurers from limiting access to pain medications.

The Executive Committee accepted this as informational and did not believe that any comments were necessary as this bill seeks to impose changes on the insurance carriers not the medical profession.

A 2672 Seeks to require that a health care professional licensed pursuant to Title 45 of the Revised Statutes, who provides to a patient an ongoing course of treatment for which coverage is provided on an in-network basis under a managed care plan, to notify the patient in writing whenever the health care professional has actual knowledge that the patient no longer qualifies for coverage for that course of treatment under the plan.

When the Board, reviewed a similar bill in the past, it commented that it would oppose the bill as currently written. While it readily applauded the effort of crafting new ways to inform patients of when a particular service or provider may not be within their network and consequently, might incur out-of-pocket expenses, this bill would not necessarily achieve that end. The written requirements are not only onerous, but wholly outside the purview of information that a health care provider would have and would create an enormous burden on the health care provider to obtain and may, in fact, delay, necessary referrals. Generally, it was the opinion of the Board that it is the patient's responsibility to know what their deductibles and/or co-payments are. Each company has a number of plans, each with variances as to what and/or who may be covered, that it may be impossible for one health care provider to know when another health care provider is or is not covered. More than likely, this information isn't even available to

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the health care provider that is making the referral. It would be impossible for the physicians to rank insurance carriers as this information would not be available to them, and is so subjective in nature. This may not be in the best interest of the patient as it may lead to inordinate delay and/or ultra conservative decisions in making referrals. It should be the responsibility of the carriers to provide this information not physicians.

A 2711 Seeks to allow physicians to jointly negotiate with carriers over contractual terms and conditions.

In the past, when the Board has reviewed similar proposals, it supported the bill.

A 3051 Seeks to establish the “Medical Philanthropy Act” which will provide physicians who provide uncompensated care with \$250,000 cap on non economic damages in actions alleging medical malpractice.

The Executive Committee recommended opposition to this bill. As in the past, the Board should oppose a piece meal attempt at Tort Reform. In essence this would create two classes of patients with two different avenues of redress and the Committee did not believe this was in the best interest of the patients. While the Committee recognized that tort reform is necessary, it did not support legislative efforts that attempt to accomplish that in piece meal and advocated for a more comprehensive approach.

S 2860 Seeks to permit certain psychologists to prescribe medications.

The Executive Committee recommended that the Board oppose this bill as psychologists did not possess the appropriate education and training for such an expanded practice relating to prescribing medications. Additionally, psychologists are not adequately trained to understand full body system and the impact of prescribing on those systems which is essential in order to make the suggested expansion of practice appropriate. The basic fund of knowledge, training or experience in the profession does not exist to make such expansions in the best interest of patient care.

S 2168 Seeks to permit the dispensing of nutritional and dietary supplements by physicians.

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The Executive Committee recommended opposition to this bill as to seek an exemption to the current restrictions would not be in the best interest of patient care. While the Committee recognized that perhaps physicians would be the best suited to educate and recommended appropriate nutritional dietary supplements as an adjunct to a patient's healthcare regime, it feared that such an exemption would lead to an abuse and might be motivated by profit as opposed to educating and assisting the consumer in making them more readily available.

OLD BUSINESS

Nothing Scheduled.

INFORMATIONAL

PUBLIC COMMENT