ROLL CALL

STATEMENT CONCERNING THE ANNUAL NOTICE OF PUBLIC MEETINGS

ANNOUNCEMENTS

MINUTES Approval of the July 10, 2013 Open Board Minutes

NEW BUSINESS

10 A.M. - APPEARANCE:

Eric T. Kanefsky, Director of the New Jersey Division of Consumer Affairs, will address the Board to discuss the attached report – *Scenes from an Epidemic: A Report of the SCI's Investigation of Prescription Pill and Heroin Abuse* issued by the State of New Jersey Commission of Investigation in July 2013.

DISCUSSION ITEMS:

MONTHLY BOARD MEETING
2014 PROPOSED DATES

The following dates are submitted for Board ratification as proposed dates for the monthly Board meetings in 2014. As in the past, the meetings will take place at the Hughes Justice Complex, Fourth Floor Conference Center, Trenton, New Jersey.

January 8	July 9
February 12	August 13
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10

N.J.A.C. 13:35-1.5(h)

Attached is a letter submitted by Gregory J. Rokosz, D.O., J.D., FACEP on behalf of the Physician Executive Committee Group of the New Jersey Hospital Association. Dr. Rokosz requests that the Board rescind the language in N.J.A.C. 13:35-1.5(h) which requires a countersignature for prescriptions written by PGY-1 residents.

For the reasons contained in the letter, the Executive Committee recommended rescinding the regulation and further recommended that it be referred to a regulatory analyst to prepare the filing for Notice and Comment in the *New Jersey Register.*

LEGISLATION

Senate Bill No. 2678

The bill seeks to revise the requirements for licensure and creates physician-delegated scope of practice of physicians assistants. It was introduced by Senators Vitale and Beach as the primary sponsors on or about April 15, 2013 and referred to the Senate Health, Human Services and Senior Citizens Committee. An identical bill was introduced on the same day in the Assembly as A4026. The Assembly bill was introduced by Assembly persons Conaway and Diegnan and introduced to the Assembly Health and Senior Services Committee.

The Executive Committee recommends that the Board oppose the bill. The Committee believed that use of the phrase "practices medicine" which is used throughout the bill is improper inasmuch as it creates a scope of practice that is equal to, or beyond, the training, education and experience of a physician. Additionally, such a broad expansion of delegation would permit a physician assistant to practice beyond the scope of practice/experience of the delegating physician inasmuch as there is no requirement that the procedures/duties/responsibilities delegated are within the scope of the delegating physician or that the delegating physician is current and competent to perform the delegated tasks him/herself. The Board should support leaving in the delineated tasks in Section 7 and 8 which this bill seeks to delete. The bill seeks to permit at a minimum that the physicians only be available through electronic means and Board should not support the elimination of supervision requirements already in place. Eliminating these requirements create the potential of a totally unsupervised practice without sufficient oversight and guidance from the physician. The section which determines the scope, delegation, relationship, access and process for evaluation

of the physician assistant is too open ended and in essence elevates the physician assistant's practice to the level of the practice of medicine equal to a physician with a plenary scope of practice. The committee did not support that the physician would retain the professional and legal responsibility for the care rendered by the physician assistant without the concomitant structure of supervision and control. The Committee supported requiring that the Physician Assistant maintain medical malpractice insurance. The prescribing amendments also elevate the practice equal to that of a physician. The committee opined that the expansion sought by this legislation was not appropriate for the level of training and education received by the physician assistant and did not support the amendments sought.

NEW JERSEY CHILD FATALITY & NEAR FATALITY REVIEW BOARD

The Attorney General received the attached report and letter from the CFNFRB. As you can see, it includes a request that the BME require CME for all direct care providers for children (including radiologists, pathologists, medical examiners, pediatricians, emergency medicine and other primary care providers) in the field of child abuse and neglect. The report notes that currently there are 16 states that have content specific CME requirements in a variety of topical areas. Two states (Iowa and NY) have requirements specifically relating to child abuse prevention CMEs.

The Executive committee recognized the importance of early detection of child abuse, however, it did not support mandating

continuing medical education on the subject. The committee further recognized that there are a number of laws already in place that require such reporting and the physician community is well aware of this issue. Consistent with its practice, the committee does not believe that it should mandate topics in CME as physicians take CMEs germane to their specific practice areas and such requirements might require practitioners to take CME beyond their practice area.

OLD BUSINESS

Nothing Scheduled.

INFORMATIONAL

PUBLIC COMMENT