

**New Jersey State Board of Medical Examiners
Minutes - June 14, 2006**

The meeting of the New Jersey State Board of Medical Examiners was held on June 14, 2006 at the Richard J. Hughes Complex, 25 Market Street, 4 th Floor Conference Center, Trenton, New Jersey. The meeting was called to order at 9:00 a.m. by Dr. Paul, President.

PRESENT

Board Members Cheema, Ciechanowski, Criscito, Criss, DeGregorio, Haddad, Jordan, Lambert, Lomazow, Mendelowitz, Nussbaum, Paul, Salas-Lopez, Scott, Stanley, Walsh, Weiss, and Wheeler.

EXCUSED

Board Member Clemency Kohler, Reichman, and Strand.

ALSO PRESENT

Deputy Attorneys General Dick, Ehrenkrantz, Flanzman, Levine, Gelber, Warhaftig and Weiner; Medical Education Director Blanks, Medical Director Gluck, and Executive Director Roeder.

STATEMENT CONCERNING THE ANNUAL NOTICE OF PUBLIC MEETINGS

The requirements of the "Open Public Meetings Act" have been satisfied by notice of this meeting given in the annual notice adopted by the New Jersey State Board of Medical Examiners on October 19, 2005 which was transmitted to the ATLANTIC CITY PRESS, STAR LEDGER, CAMDEN COURIER POST, ASBURY PARK PRESS, BERGEN RECORD and the TRENTON TIMES, all on the 1st day of November 2005.

ANNOUNCEMENTS

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED, VOTE TO APPROVE THE MAY 10, 2006 OPEN BOARD MINUTES.

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE MAY 15, 2006 OPEN CREDENTIALS COMMITTEE MEETING.

NEW BUSINESS

PRESENTATION

CULTURAL COMPETENCY

In light a recent adoption, the Board will be required as a condition of licensure and/or renewal of license to verify that its licensee have had training in Cultural Competency. To assist the Board with this endeavor, Robert C. Like, Professor and Director of the Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ, Robert Wood Johnson Medical School addressed the Board on the issue of cultural competency. He noted that there has been a steady increase in disparate treatment within certain communities within New Jersey, particularly in the Latino population. The disparate treatment is evidenced by the excess of mortality rates in various ethnic communities, as well as in the manner of testing, which would include under testing, over testing and in many cases, non testing. The disparate treatment was beyond cultural and language parameters, but also included economics, education, environment, and availability of insurance. Another example cited was the access to care which spanned from simple coverage to even just access to the building. While he recognized various factors such as time limitations or language barriers, he posited that underlying most of the disparities was a lack of effective communication which lead to a trust level between the patient and the physician.

Generally, each physician in determining just how culturally biased must step back and reevaluate his/her particular practice style and amount of participation he/she permits the patient to have in the medical decision making process.

He talked about the current tool that has been developed ? the TACCT ? which helps to assess and measure success in the area of cultural competency. While there are certain aspects which can be taught and/or addressed, overall the ability to be culturally competent is part of one?s life long learning. He emphasized five major domains which included, cultural competence rationale, content and definition; the key aspects of cultural competence; the impact of stereotyping on medical decision making; the health disparities and factors influencing health and the cross cultural clinical skills. The goal is to create a learning environment that fosters safety, trust and respect and to recognize that within groups there are disparities often greater than between group diversity. It is important to remember that one must avoid stereotyping, overgeneralization and to use every patient encounter as a cross cultural encounter.

The Board watched a video tape of various examples of cross cultural encounters.

Ray Cantor, Medical Society of New Jersey thanked everyone for the work that has gone into this initiative. He cautioned against making it a mandatory CME requirement as the Medical Society does not believe that the credits should be tied up with special interests group. The licensee should be the one to choose what CM credits he/she needs for his/her practice.

Robert Spier, Family Academy, also was against the idea of making certain courses mandatory for the same reasons as expressed by Mr. Cantor. Fearful that each special interest group will mandate their own agenda, he believed that education should be left to the educators and physicians should select the education that best suits his/her practice.

The Board recognized these positions, however, noted that this transcends specialties and that the learning is for all practitioners because it related to life long learning.

Ms. Holmes commended the Board of Medical Examiners in what is essentially National Leadership. In September of each year, she informed the Board, that DHSS devotes the month to raising awareness of health care disparities. She wanted to dispel the idea that the topic is the 'flavor of the month'. This issue has been reviewed and studied for a number of years now; and she stressed that it about life long learning which included concerns of access issues, availability, and communication.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO PUBLISH THE DRAFT REGULATION IN THE NEW JERSEY REGISTER FOR NOTICE AND COMMENT.

1. NOMINATING COMMITTEE

The Nominating Committee reported on its choice of the slate of officers.

Sindy Paul, M.D., - President

Karen Criss, R.N., C.N.M. - Vice President

Mario A. Criscito, M.D. - Secretary

Paul C. Mendelowitz, M.D. - Treasurer

2. LEGISLATION

S 1644 Seeks to limit the liability of physicians to their medical malpractice insurance coverage. This bill was on the May 10, 2006 Open Board Agenda and the Board, upon motion made and seconded, voted to support the proposed legislation. Subsequently, there was a lengthy discussion as to the value in supporting, as well as the appropriateness of opposing the legislation and the Board requested that it be placed on the June Agenda.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO RECOMMEND OPPOSING THE

BILL AS PROPOSED. IT BELIEVED THAT THE BILL WAS NOT IN THE BEST INTEREST OF THE PATIENT AND THAT SUPPORTING THE BILL WOULD BE CONTRARY TO THE BOARD'S ROLE OF PROTECTING THE PUBLIC. IN PARTICULAR, IT WAS NOTED, THAT IN SOME CIRCUMSTANCES THE NON-ECONOMIC DAMAGES WOULD FAR EXCEED WHAT A POLICY COVERAGE LIMIT WOULD PROVIDE. IN CASES WHERE IT IS TRULY DESERVING AND WHERE THE CASE MERITED SUCH AN AWARD, IT SHOULD BE AVAILABLE TO THE PLAINTIFF IN THE NON-ECONOMIC DAMAGES SETTING. THIS BILL WOULD PROHIBIT EVEN THOSE AWARDS WHICH WERE MERITED. ADDITIONALLY, THE MEMBERS VOICED THEIR OPPOSITION BECAUSE THE BOARD BELIEVED THAT APPROPRIATE TORT REFORM CANNOT BE ACCOMPLISHED THROUGH A PIECEMEAL PROCESS, BUT MUST BE DEALT WITH AS A WHOLE.

S 88 Seeks to establish the "New Jersey Compassionate Use Medical Marijuana Act."

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO GENERALLY SUPPORT THE PROPOSAL. THERE WAS SOME CONCERN THAT PART OF THE PROPOSAL WOULD REMOVE THE POWER FROM THE BOARD OF MEDICAL EXAMINERS TO TAKE DISCIPLINE AGAINST A LICENSEE FOR THE IMPROPER PRESCRIBING OF MARIJUANA UNDER CERTAIN PROPOSED PROVISIONS. THE BOARD REQUESTED THAT IT BE AMENDED TO EXPLICITLY STATE THAT IT WAS WITHIN THE DISCRETION OF THE BOARD OF MEDICAL EXAMINERS TO INVESTIGATE AND TO TAKE DISCIPLINE IN MATTERS WHERE THE USE OF THE MARIJUANA IS PRESCRIBED INAPPROPRIATELY.

Dr. Criscito and Mr. Walsh voted in opposition.

A 2951 "Prescription Drug Right-to-Know Act"; establishes a clinical trials registry in DHSS; requires pharmaceutical companies to publicly disclose clinical trial data.

Dr. Paul recused from discussion and vote in this matter and left the table.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO TAKE NO POSITION ON THIS PROPOSED LEGISLATION.

A 3122 Permits revised methods of treatment for chiropractors and establishes continuing education requirements.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO OPPOSE THIS BILL BECAUSE IT WAS CONCERNED THAT THE EXPANSION OF THE SCOPE WAS NOT IN THE BEST INTEREST OF THE PATIENTS. IT QUESTIONS WHETHER IT WAS APPROPRIATE BASED ON EDUCATION AND TRAINING WHETHER THE SCOPE SHOULD BE EXPANDED.

OLD BUSINESS

INFORMATIONAL

? Unethical Doc Ruining Mom's Autumn Years

? Summer CME Courses ? American Medical Seminars

PUBLIC COMMENT+++++

[◀ back](#)

departmental: [lps home](#) | [contact us](#) | [news](#) | [about us](#) | [FAQs](#) | [library](#) | [employment](#) | [programs and units](#) | [services a-z](#)
statewide: [nj home](#) | [my new jersey](#) | [people](#) | [business](#) | [government](#) | [departments](#) | [search](#)

Page last modified: *undefined, undefined NaN, NaN*