

State Board of Medical Examiners  
Open Public Session Minutes  
August 11, 2004

The meeting of the New Jersey State Board of Medical Examiners was held on August 11, 2004 at the Richard J. Hughes Complex, 25 Market Street, 4th Floor Conference Center, Trenton, New Jersey. The meeting was called to order at 9:00 a.m. by Bernard Robins, M.D. F.A.C.P., President.

**PRESENT**

Board Members Criss, Farrell, Haddad, Harrer, Lucas, Moussa, Paul, Patel, Perry, Robins, Rokosz, Trayner, Walsh and Weiss.

**EXCUSED**

Board Members Chen, Huston, and Ricketti,

**ABSENT**

Board Members Desmond and Wallace.

**ALSO PRESENT**

Deputy Attorneys General Dick, Ehrenkrantz, Flanzman, Gelber, Kenny and Warhaftig; Executive Director Roeder and Medical Director Gluck.

**STATEMENT CONCERNING 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 8, 2003 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 11th day of November 2003.

**ANNOUNCEMENTS**

**MINUTES** -THE BOARD, UPON MOTION MADE AND SECONDED, VOTE TO APPROVE THE JULY 14, 2004 OPEN BOARD MINUTES AS SUBMITTED.

**MINUTES**- THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE JULY 19, 2004 OPEN CREDENTIAL MEETING MINUTES AS SUBMITTED.

**NEW BUSINESS**

**1. "SUNSET" OF REGULATIONS**

The Board of Medical Examiners' regulations are to "Sunset" on September 20, 2004. Over the past several months, the Executive Committee has been reviewing the regulations and attached for the Board's consideration were suggested changes. The Board was requested to approve these changes for publication in the New Jersey Register.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO ADOPT THE CHANGES WITH THE EXCEPTIONS AS FOLLOWS:

**13:35-2.6** minor change in (s) at page 5, insert the language in bold - A consultant or consultant entity rendering medical services interpreting diagnostic test/data records, whether or not in or out of State, by means of any

media, for 10 or more patients. . . .

**13:35-2A.7** still under discussion

**13:35-2B.8(a)** minor change on pages 9-10 . . .50 continuing education credit hours in category I courses [approved by the American Medical Association, the American Academy of Family Physicians, the American Osteopathic Association or the Accreditation Counsel on Continuing Medical Education.] recognized by the American Medical Association as credited toward the Physician Recognition Award, and those categories of medical education courses recognized by the American Osteopathic Association or the American Podiatric Medical Association.

Rationale - the Accreditation Counsel on Continuing Medical Education does not approve CME courses. This language also mirrors the definition of Category I in the MD, DO, and DPM CME regulation.

**13:35-2B.12(3)(iv)** minor change at p. 12 The supervising physician's or designees's countersignature of the controlled dangerous substance order within twenty-four hours in the in-patient setting and within forty-eight hours in the out-patient setting. within forty-eight hours of the order.

Rationale - consistency with other similar requirements (i.e., non CDS medications).

**13:35-2B.17** still under discussion

**13:35-3.14** still under discussion

**13:35-4.1(a)(1)** minor change at p. 22, A procedure performed where the anatomic locality. . .

Rationale - distinguish between anatomic locality and geographic locality.

**13:35-4A.12** major change at pp. 24 - 29. Delete this section and simply Cross reference to the Department of Health and Senior Services reporting of communicable diseases by licensees with "and as may be amended" language.

Rationale - the Sunset of the BME and the DHSS are on a different schedule. It may be the case that what the Department will require to be reported will not be in sync with what the Board would have in its regulations. Additionally, each time that the Department changes its regulations, we would have to initiate a change in ours and often times with the delay in promulgating regulations, this would impede the purpose of the regulation in the first instance.

**13:35-6.5** typographical error p. 31 toward the end of (2) spend needs to be changed to spent.

p. 31 at the end of (ii)(2) . . .that his or her medical care be continued to be provided by that licensee.

**13:35-6.8** do not delete this section, but re adopt it during sunset without change.

**13:35-6.10** deletion delete "pursuant to N.J.A.C. 13:35-6.12 references in (m) and delete sentence "Other certifying entities approved by the Board pursuant to N.J.A.C. 13-35-6.12 shall also be included on the list.

**13:35-6.12** do not include this section in sunset; it should proceed as a "regular" regulatory initiative.

Rationale - too controversial for sunset

**13:35-6.14** do not include this section in sunset; it should proceed as a "regular" regulatory initiative.

Rationale - too controversial for sunset

**13:35-7.2** minor change p. 48 at 2. An NJPB that contains a prescription for only one controlled substance and any which may contain other prescription(s) other than another controlled danger substance shall be valid.

Rationale - this allows the pharmacist, for example, to ultimately decide if it is a valid prescription. Just because

other prescriptions may be on the same script does not necessarily make it a valid prescription.

**13:35-8.11** still under discussion

**13:35-9.7** still under discussion

**13:35-10.4** still under discussion

The sections still under discussion all related to the procedures that are necessary to reinstate one's license from a lapsed or inactive status. The Board authorized the Committee of the Board to further discuss these issues and gave them authority to speak for the full Board.

## **2. LEGISLATION**

A 1763 Seeks to permit persons with a criminal record to obtain certain employment if disqualifying offense was committed more than ten years ago.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO OPPOSE THIS LEGISLATION AS IT TAKES AWAY THE DISCRETION FROM THE BOARD IN DETERMINING WHETHER AN APPLICANT IS MORALLY FIT TO RECEIVE A LICENSE. THE BOARD ALSO NOTED THAT THE CRIMES LISTED DID NOT REFERENCE ANY FEDERAL CRIMES OR CRIMES COMMITTED IN JURISDICTIONS OTHER THAN NEW JERSEY.

A 2732 Seeks to require clinical laboratories to adopt certain requirements regarding continuing education and supervision of cytotechnologists.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO OPPOSE THIS PROPOSED LEGISLATION BECAUSE IT DID NOT BELIEVE THAT IT WAS IN THE BEST INTEREST OF THE PATIENT. PUTTING IN PLACE A REQUIREMENT SUCH AS THIS WOULD INCREASE THE COST NEEDLESSLY. ADDITIONALLY, IT WOULD REQUIRE THE PATHOLOGIST TO LITERALLY READ EVERY FILM EVEN THOUGH THAT HAVE BEEN READ BY SKILLFULLY TRAINED HEALTH CARE PROVIDERS.

A 2899 Seeks to require health care facilities to adopt policies for notifying family members of patient deaths.

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

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO SUPPORT THIS LEGISLATION.

S 1623 Seeks to clarify that municipalities may establish sterile syringe access programs.

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

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO SUPPORT THE LEGISLATION.

S 1675 Seeks to require that certain persons seeking license to operate a facility to provide magnetic resonance imaging services to undergo criminal history record background checks.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO SUPPORT THE PROPOSED LEGISLATION.

## **OLD BUSINESS**

## **INFORMATIONAL**

## **PUBLIC COMMENT**

Khristina Thompson, L.C.S.W., on behalf of the America Cancer Society, addressed the Board urging it to adopt more current guidelines relating to pain management. She suggested that a joint statement between the Board of Medical Examiners, the Board of Nursing, and the Board of Pharmacy be an appropriate forum. She offered her support to the Board in the event it needs additional information. She also handed materials to the Executive Director, which will be provided to the Executive Committee.

Respectfully submitted,

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Bernard Robins, M.D., F.A.C.P.  
President

 [back](#)

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