



*This is the Official Proceeding of the House of Delegates taken at the May 4, 2019 meeting.*

---

**2019 REPORTS RECOMMENDED FOR ACCEPTANCE and FILING.**

1. Secretary
2. Deceased Members
3. Nomination for Emeritus Members
4. Treasurer
5. Finance & Budget
6. Annual Review of Outside Contracts
7. Judicial Council
8. Status of 2018 Resolutions
9. Offices for Elections

**Constitution and Bylaws Committee Report – [Adopted as Amended](#)**

**2019 RESOLUTION RECOMMENDATIONS:**

**[RECOMMENDED FOR ADOPTION](#)**

**Resolution 11**          New MSNJ Board Seat

**[RECOMMENDED FOR ADOPTION AS AMENDED](#)**

**Resolution 1**          Physician’s role to aid the dying

**Resolution 4\***          Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program (*Resolved 1 and Resolved 3*)

**Resolution 5\***          Allocation of Marijuana Revenue and Change in Marijuana Classification to Allow Research

**Resolution 6\***          Investigation of the autonomous practice of physician extenders in New Jersey and education of the public regarding the differences between physician extenders and physicians

**Resolution 8**          Elimination of Membership Fee for the Medical Practice Manager Section

**Resolution 10**          Education for Physicians and Legislators on Out – of – Network Fees

## **RECOMMENDED FOR REFERRAL**

- Resolution 2** Regenerative Medicine Practice Standards; **to the Board of Trustees**
- Resolution 3** Elimination of CMS Hospital Readmission Penalties; **to the AMA**
- Resolution 4\*** Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program; (*Resolved 2*) **to the AMA**
- Resolution 5\*** Allocation of Marijuana Revenue and Change in Marijuana Classification to Allow Research; (*Resolved 2*) **to the AMA**
- Resolution 6\*** Investigation of the autonomous practice of physician extenders in New Jersey and education of the public regarding the differences between physician extenders and physicians; (*Resolved 2*) **to the Board of Trustees**
- Resolution 7** Registry of insurer abuse of physicians and patients; **to the Board of Trustees**

## **RECOMMENDED FOR REAFFIRMATION**

- Resolution 12** Healthcare as a Human Right;  
**Reaffirmation of policy 60.995, 60.998, 60.987**

## **RECOMMENDED FOR NOT ADOPTION**

- Resolution 9** Creation of a Hospital Based Physicians Membership Category to be offered when a large advocacy donation is paid by a hospital or health care facility

**Notes \* Resolves have more than one directive**

## CONSTITUTION AND BYLAWS COMMITTEE REPORT – Adopted as Amended

The House of Delegates officially accepted the following changes to the MSNJ's Constitution and Bylaws.

### RECOMMENDATION (1-7)

1. County medical societies that hold **their original charter or charters reissued by MSNJ or affiliation agreements acceptable to the House** shall be known and referred to as component societies. There shall be no more than one component society in any county of this state.
2. **Affiliation Agreement Language.** The President of MSNJ shall appoint a minimum of 3 MSNJ Trustees and 3 current county Presidents to review and produce the draft affiliation agreement and reformatted charter **by September 30, 2019** for review and action by the Board of Trustees **and approval by the next House of Delegates.**
3. **Direct payment.** When a component society is not functioning, any member in that component society in good standing may send yearly dues directly to the state Society and by so doing may remain in good standing with the state Society. *(reaffirmation of 2018 HOD recommendation)*
4. **Functioning Component Society Definition.** To be considered functioning, a Component Society should conduct: a business meeting at least once per year; an election of a governing body; maintenance of separate legal and non-profit status; participation in the activities of the House and other criteria as may be required by the House of Delegates.
5. **Due Process for non-functioning component societies.** The Board of Trustees shall develop and publish a process to afford a non-functioning Component Society due process. The process must include: notice; an opportunity to be heard and to present evidence to prove functioning status; and, an opportunity to cure deficiencies. The Board of Trustees shall be the final arbiter on the question of whether a Component Society is functioning.
6. **Proximate Component Society Membership.** Direct to state eligible members may petition to join an adjacent county or the next closest functioning county.
7. **Nominating Committee Composition.**  
3 delegates (voting) and 3 alternates (non-voting) from each of the 3 districts **with 1 optional delegate and alternate delegate per district from a non-represented county (total of 9 to 12 voting)** selected by agreement of the county Presidents in each district  
1 delegate (voting) and 1 alternate representing large groups  
Current president (voting if not conflicted)  
Immediate past president who is the chair **(may vote in case of a tie)**

## **RESOLUTION 1    Adopted as Amended**

### **Physician's role to aid the dying**

A. **RESOLVED** that the Medical Society of New Jersey adopt the following principles to guide physicians when evaluating any policy permitting licensed physicians to facilitate a natural death;

1) **THE POLICY NOT ERODE PUBLIC TRUST IN THE PHYSICIAN/PATIENT RELATIONSHIP.**

There is already significant lack of trust of the medical community by some members of the public. Wondering if your physician is trying to cure your illness or is trying to convince you to die would not increase that trust. While many distrust the system, they still trust their own doctor. Discussion and implementation should not be delegated to nursing or subordinate staff but should be by the physician or Advance Practice Nurse.

2) **THE POLICY BALANCES BENEFICENCE/NON-MALEFICENCE.**

The physician's responsibility is to help and not harm the patient. Ensure decisions are based on clinical criteria.

3) **THE POLICY RESPECTS PATIENT AUTONOMY.**

Qualified adults who retain decision making capacity have the right to accept or refuse interventions and their decisions should be determinative.

4) **THE POLICY IS DESIGNED TO REDUCE SUFFERING.**

A goal of medicine is to reduce patient suffering as defined by the patient.

5) **THE POLICY PROTECTS VULNERABLE POPULATIONS.**

Prevent exploitation by involved parties whose priorities are not those of the patient. Ensure that those with disabilities are not undervalued or coerced

6) **THE POLICY ALLOWS PHYSICIAN CHOICE.**

No practitioner should be required to perform an activity that undermines their own deeply held moral beliefs. Physicians are obligated to ensure prompt transfer of care.

7) **THE POLICY PROTECTS CONFIDENTIALITY WHILE KEEPING RECORDS TO MONITOR THE POLICY.**

Respect existing HIPAA requirements, but maintain transparent records of how the policy is implemented and to monitor for compliance. And Be It Further;

**RESOLUTION 2 Referral to Board of Trustees for the next Policy & Strategy Panel  
Regenerative Medicine Practice Standards**

**RESOLVED**, that The Medical Society of New Jersey be a leader in developing ethical standards based in a medical framework to allow patient access to regenerative medicine treatment options while protecting patients from harmful practices; and be it further

**RESOLVED**, that The Medical Society of New Jersey will establish a work group to draft guidance for the appropriate and ethical standards for healthcare providers delivering regenerative medicine or who plan to render regenerative medicine treatments (current and/or future); and be it further

**RESOLVED**, that a draft guidance document on regenerative medicine be provided to the Medical Society of New Jersey's Board of Trustees to review for approval; and be it further

**RESOLVED**, that MSNJ make an approved guidance document on regenerative medicine available to New Jersey regulatory agencies, insurers, legislative leaders and the public.

**RESOLVED**, that the House of Delegates recommends referral to the Board of Trustees for further review at the **next** Policy & Strategy Panel.

**RESOLUTION 3 Referral to AMA  
Elimination of CMS Hospital Readmission Penalties**

**RESOLVED**, that our AMA immediately write a letter to CMS and Congress with the goal of working together to remove this penalty for readmissions; and therefore be it,

**RESOLVED**, that our AMA reaffirm policy H-340.989.

**RESOLUTION 4 Adopted as Amended  
(Resolved 2) Referral to AMA  
Implementing Naloxone Training into the Basic Life Support (BLS) Certification Program**

**RESOLVED**, our MSNJ inquire with the local American Heart Association and American Red Cross to determine steps needed to incorporate naloxone training into the Basic Life Support (BLS) Certification Program;

**RESOLVED**, our AMA collaborates with the Occupational Safety and Health Administration to include naloxone rescue kits in first aid equipment and therefore be it,

**RESOLVED**, that MSNJ collaborates with Deans of medical schools in New Jersey to consider including naloxone rescue training for medical students within existing curriculums.

**RESOLUTION 5    Adopted as Amended  
(Resolved 2) Referral to AMA**

**Allocation of Marijuana Revenue and Change in Marijuana Classification to Allow Research**

**RESOLVED**, that MSNJ request the New Jersey Legislature to allocate a portion of the revenue generated by marijuana sales for medical research into the effects of marijuana use, and therefore be it,

**RESOLVED**, that the AMA petition the FDA/DEA to change the schedule classification of marijuana so that it can be subjected to appropriate research.

**RESOLUTION 6    Adopted as Amended  
(Resolved 2) Referral to Board of Trustees**

**Investigation of the autonomous practice of physician extenders in New Jersey and education of the public regarding the differences between physician extenders and physicians.**

**RESOLVED**, the Medical Society of New Jersey call on the New Jersey licensure and regulatory agencies to investigate the legitimacy, guidelines and regulations pertaining to physician extender advertisements and autonomous practice, and be it further

**RESOLVED**, the Medical Society of New Jersey educate the public on the differences in education, ability and licensure requirements of physician extenders versus physicians.

**RESOLUTION 7    Referral to Board of Trustees  
Registry of insurer abuse of physicians and patients**

**RESOLVED** that: The MSNJ establish a registry and database to document incidents and patterns of insurer abuse of both physicians and patients reported to the registry by MSNJ member physicians, the collected information to include both information the MSNJ may choose to release publically and information to be kept confidential unless needed as evidence in legal proceedings.

**RESOLUTION 8    Adopted as Amended  
Elimination of Membership Fee for the Medical Practice Manager Section**

**RESOLVED**, the Medical Society of New Jersey shall include membership in the Medical Practice Managers Section, without an additional fee, to all staff of physicians with a fully paid regular membership.

**RESOLUTION 9 Not Adopted**

**Creation of a Hospital Based Physicians Membership Category to be offered when a large advocacy donation is paid by a hospital or health care facility**

**RESOLVED**, the Medical Society of New Jersey shall include a category for hospital or healthcare facility physician membership when a significant donation is paid to the MSNJ Advocacy Fund.

**RESOLUTION 10 Adopted as Amended**

**Education for Physicians and Legislators on Out – of – Network Fees**

**RESOLVED**, that MSNJ educate its members on the out-of-network regulations and Fair Health fee schedules through the use of a recorded webinar that members may access at any future date should they not be available when the webinar is produced, and be it further

**RESOLVED**, that MSNJ advertise this webinar through all available social media – e.g., email, E-News, fax, Facebook, Twitter, etc., and be it further

**RESOLVED**, that MSNJ provide access to-a model in and out of network fee schedule (through the utilization of data provided by Fair Health) that is equitable for individual practitioners, small groups and large groups alike.

**RESOLUTION 11 Adopted**

**New MSNJ Board Seat**

**RESOLVED**, that our Bergen County Medical Society call upon our Medical Society of New Jersey to create a new seat on the Board of MSNJ for hospital-based physician groups.

**RESOLUTION 12 Reaffirmation of MSNJ Policy: 60.995, 60.998, 60.987**

**Healthcare as a Human Right**

**RESOLVED**, that the House of Delegates recommends reaffirmation of MSNJ Policies: 60.995, 60.998, and 60.987.