

JOSEPH O. D'ARCO M.P.A.
HEALTH OFFICER
SECRETARY AND REGISTRAR



MRS. JOAN De VINCENZO
DEPUTY REGISTRAR

THE TOWN OF BLOOMFIELD
DEPARTMENT OF HEALTH
MUNICIPAL PLAZA

TELEPHONE
201 743-4400

Room 111, BLOOMFIELD, N.J. 07003

December 5, 1979

Essex County Medical Society
144 S. Harrison St.
East Orange, N. J. 07018

Gentlemen:

In April of 1978, the Bloomfield Health Department and the Bloomfield College of Nursing sponsored its first Community Health Awareness Day. At that time we were able to screen 3,000 people and provide education in a wide variety of health-related topic areas. As this fair was such a success we have decided to hold a second fair on Saturday, April 19, 1980 at Bloomfield College. This will again be in cooperation with W.N.B.C. T.V.'s Health Fair '80.

At this time we would like to invite your organization to set up and man a booth at our fair. If you will be able to participate, a letter of commitment should be made available to us.

Thank you for your cooperation. We hope to be hearing from you soon.

Sincerely yours,

A handwritten signature in cursive script that reads "Sue Garfinkel".

Sue Garfinkel, M.S.,
Health Educator

SG:sp

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

January 16, 1980

Oscar Auerbach, M.D., Director
Senior Medical Investigation Department
Veterans Administration Hospital
Tremont Avenue
East Orange, New Jersey 07019

Dear Doctor Auerbach:

We have been invited to participate in a one day health fair to be run at Bloomfield College on Saturday, April 19, 1980. The health fair is sponsored by the Bloomfield Health Department and the Bloomfield College of Nursing.

I have seen your excellent film with the dogs on the smoking machine and feel that this would be of interest to the public at large.

If the Essex County Medical Society set up an exhibit in conjunction with your department at the V.A. Hospital would your film be available to us to be shown at scheduled times during the health fair?

Sincerely yours,

S. William Kalb, M.D.
Chairman
Public Exhibits

SWK/as

*Copy to Dr:
Laurel
Kalb*



**Veterans
Administration**

January 18, 1980



S. William Kalb, M. D.
Chairman, Public Exhibits
Essex County Medical Society
144 South Harrison Street
East Orange, New Jersey 07018

Dear Doctor Kalb:

In reply to your letter of January 16th, I regret that the film on smoking dogs is not available for loan. The film is used solely to supplement my lectures on smoking and lung cancer.

I do have literature and visual aids which are distributed to various organizations. If you are interested, I would be happy to send you a set of laminated lung sections demonstrating the differences in a normal lung of a non-smoker and the lung of a smoker.

Sincerely,

Oscar Auerbach
OSCAR AUERBACH, M. D.



MEDICAL
SOCIETY
OF NEW JERSEY

EXECUTIVE OFFICES □ TWO PRINCESS ROAD, LAWRENCEVILLE, NEW JERSEY 08648 □ TELEPHONE 609-896-1766

January 7, 1980

Robert J. Lorello, M.D.
President
Essex County Medical Society
144 South Harrison Street
East Orange, NJ 07018

Dear Doctor Lorello:

I have received your correspondence relating to Doctor Charles P. Yablonsky. I have referred it to Mr. Joseph Lucci at the executive offices of the Medical Society of New Jersey. He will make the necessary inquiries and correspond with you directly.

Sincerely,

Harvey J. Shwed, M.D.

HJS:dro

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 20, 1979

Harvey P. Shwed, M.D.
St. Michael's Medical Center
268 High Street
Newark, New Jersey 07102

Dear Doctor Shwed:

I am enclosing a letter which we received from Dr. Charles P. Yablonsky, a member in Millburn.

Perhaps through your affiliation with the State Medicaid Advisory Committee, you could either look into this matter or advise us how to answer same.

Sincerely yours,

Robert J. Lorello, M.D.
President

RJL/as

encl.

CHARLES P. YABLONSKY, M. D.
116 MILLBURN AVENUE
MILLBURN, NEW JERSEY 07041
TELEPHONE 379-1840

Dec. 7, 1979

Essex County Medical Society
144 S. Harrison St.
East Orange, N. J.

Gentlemen:

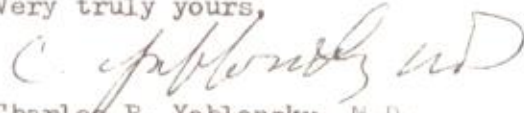
Recently a Hudson City office manager from the Bergenline Medical Center called the Medicare and Medicaid offices and got privileged information over the phone.

They told him the full dollar amount I was paid on each check in November. No patient names were mentioned.

I do not feel this is the correct procedure and this is certainly an invasion of my privacy. I feel as though the only proper way this information should be released is by a written release from a physician.

Please present this situation to the council at the meeting in January.

Very truly yours,


Charles P. Yablonsky, M.D.

CPY:gec

ESSEX COUNTY
MEDICAL SOCIETY

Jan Council

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 21, 1979

TO: JOHN R. TOBEY, M.D.

FROM: ARTHUR R. ELLENBERGER

Dear Doctor Tobey:

This is my only copy of the Proposed Regulations - Clinical Laboratories;
Personnel Standards.

If we have to act on same by early January, could you please bring this
material with you?



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

Dr. Foley

PUBLIC AFFAIRS DIVISION

WAYNE W. BRADLEY
Director

LEGISLATIVE DEPARTMENT

HARRY N. PETERSON, J.D.
Director
(751-6513)

For Information Contact:
Bruce D. Blehart
Legislative Department
(312) 751-6658

TO: Executive Directors
State Medical Associations
Medical Specialty Societies
Metropolitan County Medical Societies

DATE: December 14, 1979

RE: Proposed Regulations - Clinical Laboratories;
Personnel Standards

The Health Care Financing Administration (HCFA) and the Center for Disease Control (CDC) published a notice of proposed rulemaking which could adversely affect clinical laboratories through the establishment of stringent personnel standards. Under the proposed regulations, it will be possible for a clinical laboratory to be totally directed and staffed by non-physicians; also, the regulations would be impractical and extremely costly.

If you have not already submitted comments on this issue, the comment date has been extended to January 11, 1980. A copy of the proposed regulation is attached for your information, as well as the AMA statement which calls for the withdrawal of the proposal.



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6200)

December 11, 1979

Dr. Louis C. LaMotte
Director, Licensure and Proficiency Testing Division
Bureau of Laboratories
Center for Disease Control
1600 Clifton Road, N.E.
Atlanta, GA 30333

Re: Notice of Proposed Rulemaking:
"Clinical Laboratories; Personnel
Standards," Federal Register of
October 12, 1979 (44 F.R. 58923)

Dear Dr. LaMotte:

The American Medical Association takes this opportunity to offer
its comments (attached) for the record on the captioned proposal.

Sincerely,

/s/ James H. Sammons, M.D.

JHS/BB:bb

Encl.

STATEMENT
of the
AMERICAN MEDICAL ASSOCIATION
to
Bureau of Laboratories
Center for Disease Control

Re: Notice of Proposed Rulemaking:
"Clinical Laboratories; Personnel
Standards," Federal Register of
October 12, 1979 (44 F.R. 58923)

December 11, 1979

The American Medical Association takes this opportunity to submit its comments concerning the proposed personnel standards for clinical laboratories. The proposed standards would create a highly structured, inflexible administration for clinical laboratory personnel throughout the country. These standards would not only be inordinately costly in implementation, they would also be impractical in daily operation. It is the position of the AMA that the proposed standards should not be adopted.

Initially, the AMA believes that it is highly improper for the Health Care Financing Administration (HCFA), under the supposed authority of the Medicare and Medicaid law, to establish controls on how a certain element of a hospital should be managed and operated, including provisions relating to selection and retention of personnel. While the Department of Health Education and Welfare (HEW) does have an interest in the operation of clinical laboratories, the AMA does not believe that such interest justifies these specific details for

Minimally, a technical supervisor must be present in the laboratory for each specialty in which the laboratory performs tests. The amount of time a technical supervisor spends in the laboratory is to be stated in the laboratory's written policy, and should be commensurate with the laboratory's work load and needs in the given specialty. A bench supervisor must be present in the laboratory for each specialty at all times that tests are being performed and the results are recorded. A technical supervisor may serve as a bench supervisor in a specialty for which he or she is qualified.

To be a technical supervisor, an individual must fall within at least one of five categories: (1) Doctor of Medicine or Osteopathy and board-certified or board-eligible in Clinical Pathology, Anatomical Pathology, or Cytopathology; (2) Doctor of Dentistry and board-certified or board-eligible in Oral Pathology; (3) Doctor of Medicine or Osteopathy with at least four years (2,000 hours equals one year) of clinical laboratory experience in a designated laboratory specialty (two years for immunohematology) after receipt of a Doctoral degree; (4) graduate degree in Microbiology, Chemistry, Immunology, Medical Technology, or Biology with at least four years of clinical laboratory experience in a designated laboratory specialty after receipt of the graduate degree; and (5) an individual currently qualified under HEW regulations as a technical supervisor in a designated specialty. Educational requirements are also listed for bench supervisors, technologists and cytotechnologists.

GENERAL COMMENTS

The stated purpose of the proposed regulations is to create a "single comprehensive and integrated set of technical and scientific standards for clinical laboratory personnel." Inherent in this proposal is the assumption

Act of 1979, would also establish such authority. Under S 590, the Secretary would be authorized to waive the personnel standards for four years for laboratories located in and serving rural areas. Thus the issue of creating authority for personnel standards for hospital clinical laboratories is still before Congress.

SPECIFIC COMMENTS

Certain aspects of the regulations warrant specific review: (1) the role of the physician as the laboratory director; (2) the rigidity of the proposed regulations; and (3) the impracticality and extreme cost. While these concerns are central to the AMA's opposition to the proposed regulations, it is paramount to point out that the basic assumptions made by HCFA in drafting the regulations have not been established. While, for instance, there is no question that laboratory personnel must be competent, there is no additional guarantee that the proposed regulations will ensure better patient care. Indeed, the potential for a counterproductive impact, if the proposed regulations are adopted, points to the inconsistency in the HCFA assumption.

Physician Director of the Hospital Clinical Laboratory

The proposed regulations state that an individual who holds a Master's degree or who has completed "course work in a specialty which the Secretary determines is equivalent to the course work leading to the specified graduate degree" could serve as the laboratory director. Of the 11 specialty services which a laboratory could offer, a physician or dentist would only be essential if histopathology and oral pathology were offered. Also, if the laboratory which offered these two services provided services in any of the other nine areas, it would still be possible for a non-physician to serve as the laboratory director.

The proposed regulation would allow an individual who does not have this broad background in the biomedical sciences, but who may be versed in a single specific area, to direct a hospital clinical laboratory. This broad based background makes a physician who is knowledgeable in laboratory services the best qualified individual to direct a hospital clinical laboratory and properly interact with the hospital medical staff.

The proposed regulations would remove factors of medical judgement and supervision from the hospital clinical laboratory. We want to stress that in the hospital setting it is highly desirable to have a medical director of a clinical laboratory in order to have medical consultation on appropriate procedures and their interpretation.

Ridgidity of Standards

In our view, the regulations are severely restrictive and will operate to interfere with the efficient management of laboratories. Laboratory management prerogatives should be broadly based in the Director, with full authority for operation, including selection and retention of personnel. Moreover, flexibility must be provided to meet the needs of the various hospital settings throughout the country. Regulations should not create inflexible lines of authority or accountability, or position specifications, within the laboratory.

To the contrary, the regulations, as proposed by HCFA, create personnel standards which are too rigid. They could even lead to the "guild system" which the Senate Committee on Labor and Human Resources (Senate Report 96-130)

standards laboratories in and serving rural areas for up to four years following enactment of such personnel standards. Furthermore, that Senate Committee was of the opinion that smaller accredited hospitals of 100 beds or less and non-accredited hospitals (a total of approximately 4,000 hospitals) would have difficulty in meeting standards for technologists.

Because of the rigidity of the proposed rules, there is a tremendous potential for non-compliance and, therefore, a reduction in the number of hospitals that would be eligible to make routine laboratory services available to medicare and other patients.

Impracticality and Extreme Cost

As pointed out above, these regulations raise the specter of non-compliance by smaller and rural hospitals. An analysis of the potential impact of such regulations and non-compliance indicates that the laboratory services which are currently offered in smaller and rural institutions would have to be curtailed or eliminated.

The proposed regulations are based on the premise that for quality laboratory testing to be performed, personnel meeting specific qualification requirements must be employed. There is little question that the proposed regulations will cause some institutions to close down their laboratory services for lack of qualified personnel.

Questions must be raised as to the cost effectiveness of a regulation which would have the net result of greatly increasing costs or of closing down many of the smaller and rural hospital laboratory services. By dividing up the services which a laboratory can offer into 11 distinct specialty groupings, and by requiring that a specific technical supervisor be available for each of the services offered by a hospital, and by further requiring that a bench

Under Section 107(d) of the Clean Air Act, the original designations were to be based upon air quality levels as of enactment of the Amendments (August 7, 1977). States were required by EPA

40 CFR Part 250

(FRL 1337-5)

Hazardous Waste Guidelines and

Please note the following three changes to the proposed rules: (1) On page 58925, the fourth line of the first paragraph, the number "104" should be changed to read "1-4"; (2) On page 58928, the second column, supoint (b) should read "6 months of formal training in such a school and 6 months of acceptable full-time training in diagnostic cytology under a Board-certified (anatomical) pathologist may serve as a cytotechnologist."; and (3) in the fifth to the last line of the proposal, the word "qualifies" should be changed to read "qualified".

Texas reexamined the air quality data for all of the areas originally designated as nonattainment and determined that for Travis and McLennan Counties, the expected number of exceedances was less than one, which in turn, indicates attainment status. Therefore, EPA proposes to redesignate these areas as "better than national standards" in accordance with the State's revisions.

All other Section 107 designations for the State of Texas not discussed in this notice remain intact.

With respect to those areas which the State has changed to attainment and the EPA proposes to redesignate as such, until EPA promulgates a final redesignation changing the areas to attainment, the July 1, 1979 deadline for approval of state implementation plan revisions satisfying Part D of the 1977 Clean Air Act Amendments will continue to apply.

All comments should be submitted to: Air Program Branch, Environmental Protection Agency, Region 6, 1201 Elm Street, Dallas, Texas 75270.

This notice is issued under the authority of Sections 107(d), 171(2) and 301(a) of the Clean Air Act, as amended, 42 U.S.C. 7407(d), 7501(2) and 7601(a).

Dated: September 6, 1979.

Frances E. Phillips,

Acting Regional Administrator

U.S. ENVIRONMENTAL PROTECTION AGENCY
REGIONAL OFFICE FOR THE SOUTH
DALLAS, TEXAS 75270

proposed wastes are now due no later than November 26, 1979.

FOR FURTHER INFORMATION CONTACT:

Mr. Alan S. Corson, Hazardous and Industrial Waste Division, Office of Solid Waste (WH-565), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460, Phone 202/755-9187.

SUPPLEMENTARY INFORMATION:

On August 22, 1979 (44 FR 49402-49404), EPA proposed to add approximately forty-five wastes to the proposed list of hazardous waste which the Agency published on December 18, 1978 (43 FR 58946-58959). During the last few weeks, EPA has received a number of requests for an extension of the comment period on four of its proposed supplemental listings (waste from equipment cleaning from flexoprinting in the manufacture of paperboard boxes, waste from press clean-up in newspaper printing, washwater from printing ink equipment cleaning, and lead/phenolic sand casting waste from malleable iron foundries) on the grounds that some of the technical data supporting the listings was not available for review. In order to allow the public to comment on this data, EPA is extending the comment period on these four wastes streams for forty-five (45) days. Because the Agency is on a court-ordered schedule to promulgate final Section 3001 regulations by December 31, 1979, and because other requests for time extensions have been denied, any further unjustified, no additional extensions of the comment period on EPA's

supplemental list of hazardous waste will be granted.

Dated: October 10, 1979.

Swept T. Davis,

Acting Assistant Administrator for Water and Waste Management.

[FR Doc. 79-31705 Filed 10-11-79, 8:45 am]

BILLING CODE 5560-01-M

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Health Care Financing Administration

42 CFR Parts 74 and 405

Clinical Laboratories; Personnel Standards

AGENCIES: Center for Disease Control, Public Health Service, and Health Care Financing Administration, Department of Health, Education, and Welfare.

ACTION: Notice of Proposed Rulemaking.

SUMMARY: The Department proposes new rules applicable to supervisory technical personnel in clinical laboratories. Existing rules will be replaced by a single set of requirements applicable to the director, technical supervisors, bench supervisors, technologists, and cytotechnologists. These requirements will apply to the Medicare program and to the Clinical Laboratories Improvement Act.

DATES: Comments must be received on or before December 11, 1979.

ADDRESS: Comments or inquiries may be submitted to: Dr. Louis C. LaMotte, Director, Licensure and Proficiency Testing Division, Bureau of Disease Laboratories, Center for Disease Control, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Comments will be available for public inspection at this address during regular business hours.

FOR FURTHER INFORMATION CONTACT: Dr. Louis C. LaMotte (404) 329-3824 or FTS: 236-3824.

SUPPLEMENTARY INFORMATION:

Background

The Center for Disease Control of the Public Health Service has been administering the licensure program for clinical laboratories in interstate commerce. This program was established by Section 353 of the Public Health Service Act, 42 U.S.C. 263a. That Section was enacted by the Clinical Laboratories Improvement Act of 1967. The Health Care Financing Administration has been responsible for assuring that

production, documentation, and reporting of test results.

The amendments proposed below are designed to ensure that the essential functions and responsibilities reflected in items 104 in the preceding paragraphs are properly carried out in the laboratory. Theoretically, one individual, such as a pathologist, who is technically competent in all specialties could assume the responsibilities of technical supervisor and bench supervisor, and carry out all supervisory functions.

In actual practice, however, the volume of work in larger laboratories requires a division of labor among the laboratory staff; therefore, the amendments identify two classes of technical supervisory personnel who would qualify to perform these functions. These classes of personnel are: *technical supervisor*, who in many hospital laboratories is a pathologist, and *bench supervisor*, who in many hospital laboratories is an experienced medical technologist.

Responsibilities of Technical Supervisors

The technical supervisor has a level of academic preparation, training, and experience that provides an understanding of the theory of test systems in the specialty for which he or she is responsible. This is to ensure that the functions and responsibilities discussed in items 1-4 can be properly carried out. The technical supervisor periodically monitors the operation of the test systems which he or she approves, hires and assists in training the support staff, and attests in writing at least annually to the competency of bench supervisors and other personnel producing test results. The technical supervisor is primarily accountable for the accuracy and reliability of services provided in the specialty for which he or she is responsible.

Responsibilities of Bench Supervisors

The bench supervisor is accountable for the certifications stated in item 4, and is accountable for one or more specialties. He or she has a level of education, training, and experience in each of the specialties that enables him or her to certify that test systems are in control and that regulatory requirements are met. The bench supervisor is primarily accountable for overseeing the actual performance of tests, and must ensure that a given test system is operated in accordance with the laboratory's procedure manual and that applicable quality control requirements are met.

Other Personnel

Although qualification requirements are stated for technologists and cytotechnologists, no specific qualification requirements are provided for technicians, laboratory aides, or other support personnel. Under the regulatory structure being proposed, the technical supervisor is responsible for using support personnel who are competent to perform the specific tests assigned to them.

Laboratory Director

Since specific accountability for the accuracy and reliability of laboratory tests is placed on individuals qualified as technical supervisors and bench supervisors, the current requirements for qualifying as a laboratory director (42 CFR 405.1312) are replaced with a less burdensome requirement. Section 74.33(a) as proposed merely requires that an individual qualified as a technical supervisor in at least one specialty assume overall responsibility for the management of the laboratory. Any person who can qualify as a technical supervisor can therefore qualify as a laboratory director. In practice, the pathologist in a hospital laboratory could serve as director and technical supervisor; a chemist with a doctoral degree also could serve as director. A laboratory director, however, has no line authority for a technical matter unless he or she is the designated technical supervisor for that specialty area.

Flexibility

An individual may qualify as a technical supervisor or bench supervisor in a variety of ways; for example, through education, practical experience, training, and competency examinations. The amendments also permit individuals who have previously qualified at specified levels under the Department of Health, Education, and Welfare regulations to continue to perform at those levels.

Competency examinations through which people may qualify as bench supervisors will be developed. Examinations for technical supervisors in each of the 11 specialties are, however, costly to develop and administer. These examinations, therefore, will be provided only if the Secretary determines that they are needed.

Status of Accredited Facilities

Before final rules are issued, the Secretary will determine whether the personnel standards of the Joint Commission on the Accreditation of

Hospitals and the American Osteopathic Association are as stringent as the final standards which the Secretary is prepared to publish. If so, the "deemed" status of laboratories certified by these organizations will continue.

Issues for Public Consideration

There are significant changes in the structure of the proposed standards for personnel as compared to the previous standards. While we believe that they will be more efficient and effective in assuring the quality of test results, we desire public input on all aspects of this proposal, including both comments and objective data regarding the following issues:

1. The cost-effectiveness of this proposal as a method of achieving improved laboratory performance. Possibility of achieving the same goal through alternate proposals, for example, a more uniformly applied system of proficiency testing.
 2. Costs or savings to clinical laboratories, both hospital and independent, especially with respect to Bench Supervisors.
 3. Impact on staffing patterns when using existing laboratory personnel to fill the role of Bench Supervisor.
 4. Impact on availability of qualified personnel, that is, the use of new laboratory personnel from the marketplace.
 5. The need for standards for cytotechnologists and technologists.
 6. Assurance that laboratory services will become more accurate and reliable.
 7. Impact on small and rural hospitals.
- It is, therefore, proposed to amend Parts 405 and 74 of Title 42, Code of Federal Regulations, as set forth below.

Dated: June 14, 1979.

Charles Miller,

Acting Assistant Secretary for Health.

Dated: June 14, 1979.

Leonard D. Schaeffer,

Administrator, Health Care Financing Administration.

Approved: October 5, 1979.

Patricia Roberts Harris,
Secretary.

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

It is proposed to amend 42 CFR Part 405 as follows:

§§ 405.1028, 405.1310, 405.1311, 405.1314 [Amended]

§§ 405.1313 and 405.1315 [Reserved]

1. Sections 405.1028(g), 405.1310(d), (e), (g), (h), (i), (j), and (k), 405.1311(b), 405.1313, 405.1314(b), and 405.1315 are revoked and reserved.

- 1- Call to order at ECMS office - Robert J. Lorello, M.D., President
- 2- Requests for Emeritus Membership were received from Orlando G. Caprio, M.D. of Newark, New Jersey and Frederick J. Dann, M.D. of Irvington, New Jersey. Both physicians are completely retired and have been members for over 20 years.
- 3- Credentials Committee - James J. Stovin, M.D., and David H. Dreizin, M.D.,
Co-Chairmen
- 4- Letter on Proposed Personnel Standards for Clinical Laboratories as requested by AMA.
- 5- Discussion of AMA Legal Opinion on Third Party Review.
- 6- Request for ad in CMDNJ-New Jersey Medical School Student Yearbook.
- 7- Nomination of four Crossroads Trustees (terms expiring are Drs: Donald Beirne, Joel Cherashore, Sheldon Schoen and Frank Zaccardi).
- 8- MEDICAID:
 - A) Medical Prescription Confusion
 - B) Letter from Dr. Charles Yablonsky re: privileged information
- 9- Health Fair at Bloomfield College, Saturday, April 19, 1980 sponsored by Bloomfield Department and Bloomfield College of Nursing.
- 10- County Candidates for MSNJ office:
 - Bergen - A.A. Alessi for AMA Delegate
 - Bergen - Ralph Fioretti for Trustee
 - Morris - Myles Morrison, Jr. for AMA Delegate
 - Passaic - Bernard D. Pinck for Second Vice President
 - Essex - Arthur Bernstein for Secretary
Frank Y. Watson for Trustee
 - Camden - Frederick W. Durham for AMA Delegate
 - Mercer - Rudolph C. Gering for Treasurer
Karl T. Franzoni for AMA Delegate
Albert F. Moriconi for Delegate to New York
- 11- Article in November 8, 1979 Essex Journal on Nutrition - submitted by
Irving L. Sperling, M.D.
- 12- Health Cost Containment Committee of the Greater Newark Chamber of Commerce
- 13- Report of ECMS Nominating Committee which met on January 8, 1980-
Peter Amirata, Jr., M.D., Chairman
- 14- Greater Essex Health Council desires physician representatives to their
Ad Hoc Committee on Emergency Medical Services to review 3 areas -
 - 1- Specialization 2-General Standards 3-Regionalization

- ANNOUNCEMENTS:
- 1) MSNJ Annual Convention at Meadowlands Hilton
House of Delegates meets in Hilton Ballroom
Saturday afternoon, May 10, 1980 at 2:00 P.M.
Sunday afternoon, May 11, 1980 at 3:00 P.M.
Monday afternoon, May 12, 1980 at 3:00 P.M.
Tuesday morning, May 13, 1980 at 9:00 A.M.
 - 2) Resolutions must be received by MSNJ by March 25, 1980

Catholine A. Gibbs

MEMORIAL HEALTH CENTER

75 Harrison Avenue

Jersey City, New Jersey 07304

J.C. GIBBS, M.D., P.A.

January 8, 1980

Robert J. Lorello, M.D., President
Essex County Medical Society
144 South Harrison Street
East Orange, New Jersey 07018

Dear Doctor Lorello :

Can you get your County Society to adopt the attached resolution?

Yours truly,



Jonathan C. Gibbs, Jr., M.D., Chairman
Subcommittee on Revision of Regulations

JCG/nn

- They are forced to go to local hospitals, the emergency rooms and out patient clinics for services where the cost to the State of New Jersey for services is higher than if they went to private Physicians; *and*
- This has placed an undue burden on Physicians who accept Medicaid patients; *and*
- The POOR are in effect being denied access to quality medical care because of the limited number of Physicians who treat them because of the low fee scale; *now therefore be it*

Therefore: *that* ~~(1)~~ We, _____ on
Resolved ~~(1)~~ behalf of *our* ~~its~~ members _____

_____ herein petition the State to increase Medicaid fees in order to attract more Physicians to the Program; *and be it further*
Resolved that we ~~(2)~~ Enlist the help of the State of New Jersey to enjoin the Contractor from harassing and abusing Physicians who participate in the Medicaid Program.

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

MARCH 13, 1980

YES	NO	<u>ACTIVE</u>	<u>STATE LICENSE</u>	<u>COUNTY REGISTRATION</u>
		Chen, Zeng-Shan, 22 Roosevelt Ave., South, Parsippany, Taipei Medical College, Taiwan, Rec. by Drs: S. Sun, G. Cheng	1976	1980
		Schweiger, Frederick M., 877 Broad St., Newark, Univ. of Caldas, Colombia, South America, Rec. by Drs: H. Kaminetzky, G. Frisoli	1976	1976

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

January 18, 1980

Mr. William J. Cornetta
President
St. Michael's Hospital
306 High Street
Newark, New Jersey

Dear Bill:

This is in reply to the Greater Essex Hospital Council's request for physician representation from our Society to your Ad Hoc Committee on Emergency Medical Services to review three areas: 1) Specialization, 2) General Standards and 3) Regionalization.

The Council of the Essex County Medical Society met on Tuesday, January 15, 1980 and directed me to supply you with the names of two representatives. Both of the following physicians have indicated their interest in this area:

Emanuel Liccese, M.D., 84 Jefferson Street, Newark - 344-1166
Andrew B. Weiss, M.D., CMDNJ-New Jersey Medical School, 100 Bergen Street,
Newark - 456-5350

Dr. Liccese is the Chairman of our Essex County Medical Society Emergency Medical Service Committee. He is a General Surgeon who has served on the Trauma Committee of the American College of Surgeons when its job was to survey hospital Emergency rooms.

Dr. Andrew Weiss is an Orthopedist and member of the Medical School faculty who is also a member of the Essex County Medical Society Council.

Sincerely yours,


Arthur R. Ellenberger
Executive Secretary

ARE/lcr

cc: Emanuel Liccese, M.D.
Andrew B. Weiss, M.D.
Mr. Jack Hornung, Hospital Council

- 1- Call to order at ECMS office - Robert J. Lorello, M.D., President
- 2- Requests for Emeritus Membership were received from Orlando G. Caprio, M.D. of Newark, New Jersey and Frederick J. Dann, M.D. of Irvington, New Jersey. Both physicians are completely retired and have been members for over 20 years.
- 3- Credentials Committee - James J. Stovin, M.D., and David H. Dreizin, M.D.,
Co-Chairmen
- 4- Letter on Proposed Personnel Standards for Clinical Laboratories as requested by AMA.
- 5- Discussion of AMA Legal Opinion on Third Party Review.
- 6- Request for ad in CMDNJ-New Jersey Medical School Student Yearbook. *H. J. J.*
- 7- Nomination of four Crossroads Trustees (terms expiring are Drs: Donald Beirne, Joel Cherashore, Sheldon Schoen and Frank Zaccardi). *Shank*
- 8- MEDICAID:
 - A) Medical Prescription Confusion
 - B) Letter from Dr. Charles Yablonsky re: privileged information
 - C) *Letter reduced fee*
- 9- Health Fair at Bloomfield College, Saturday, April 19, 1980 sponsored by Bloomfield Department and Bloomfield College of Nursing.
- 10- County Candidates for MSNJ office:
 - Bergen - A.A. Alessi for AMA Delegate
 - Bergen - Ralph Fioretti for Trustee
 - Morris - Myles Morrison, Jr. for AMA Delegate
 - Passaic - Bernard D. Pinck for Second Vice President
 - Essex - Arthur Bernstein for Secretary
Frank Y. Watson for Trustee
 - Camden - Frederick W. Durham for AMA Delegate
 - Mercer - Rudolph C. Gering for Treasurer
Karl T. Franzoni for AMA Delegate
Albert F. Moriconi for Delegate to New York
- 11- Article, *UNION - ALEX, COVACS* in November 8, 1979 Essex Journal, on Nutrition - submitted by Irving L. Sperling, M.D.
- 12- Health Cost Containment Committee of the Greater Newark Chamber of Commerce *Weiss*
- 13- Report of ECMS Nominating Committee which met on January 8, 1980- Peter Amirata, Jr., M.D., Chairman
- 14- Greater Essex *Hospital* Health Council desires physician representatives to their Ad Hoc Committee on Emergency Medical Services to review 3 areas - *Dr. Licens*
 - 1- Specialization
 - 2- General Standards
 - 3- Regionalization*Weiss*

ANNOUNCEMENTS:

- 1) MSNJ Annual Convention at Meadowlands Hilton House of Delegates meets in Hilton Ballroom
 - Saturday afternoon, May 10, 1980 at 2:00 P.M.
 - Sunday afternoon, May 11, 1980 at 3:00 P.M.
 - Monday afternoon, May 12, 1980 at 3:00 P.M.
 - Tuesday morning, May 13, 1980 at 9:00 A.M.
- 2) Resolutions must be received by MSNJ by March 25, 1980

Thru March 13 meeting at Red School



Greater Newark Chamber of Commerce

50 Park Place
Newark, New Jersey 07102
(201) 624-6888

*Copies to Drs.
R. Lovello*

*J. Tobey
Com I Weiss
Chm Cost Contain
Comm.*

January 4, 1980

President
Essex County Medical Society
144 South Harrison Street
Essex Orange, New Jersey 07018

Dear Dr.

As you know, the business community has for some time been concerned with health care costs as these costs are reflected in their group health insurance plans and other health care related business expenses. This concern among Essex County area employers has resulted in the formulation of the Health Cost Containment Committee by the Chamber.

The Committee's first meeting was held on December 19, 1979. It was decided that an important and initial step in our efforts should be establishing a dialog with the physician community of Essex County.

We hope in the future to express our concerns to both physicians and hospitals, to learn more about the providers point of view and to work together to establish programs that will promote the cost effective use of health care benefits.

Prior to our next meeting on January 23, 1980, we would like to meet with you to explain our program in greater detail and to discuss ways in which the Medical Society could participate in our effort.

We will contact you early in January to arrange a meeting at your convenience.

Sincerely,

Richard D. Quinn

Richard D. Quinn
Chairman, Health Cost
Containment Committee

HOSPITAL ADMINISTRATORS

Albin H. Oberg, President
Clara Maass Hospital
Franklin Avenue
Belleville, N. J. 07109
751-1000

John G. Magliaro, Adm.
Columbus Hospital
495 N. 13th St.
Newark, N. J. 07107
485-3400

Forrest A. Brower, Dir.
Last Orange General Hosp.
300 Central Avenue
Last Orange, N. J. 07019
672-8400

Ken Aitchison, Ex. Dir.
Kessler Institute
1199 Pleasant Valley Way
West Orange, N.J. 07052
731-3600

Ms. Sue Brown, Adm.
College Hospital
100 Bergen Street
Newark, N.J. 07103
456-5762 - 5764

Frank M. Coe, Director
Montclair Community Hospital
120 Harrison Avenue
Montclair, N. J. 07042
744-7300

James Caron, Executive VP
Mountainside Hospital
Bay/Highland Avenues
Montclair, N. J. 07042
746-6000

Arthur T. Dunn, President
Hospital Ctr. at Orange
188 S. Essex Avenue
Orange, N. J. 07051
678-1100

Anthony DiCarlo, Adm.
N. J. Rehab Center
240 Central Avenue
Last Orange, N. J. 07018
673-1860

Lester M. Bornstein, Ex. Dir.
Newark Beth Israel Hosp.
201 Lyons Avenue
Newark, N. J. 07112
926-7000

Dr. Joseph Lindner, Pres.
St. Barnabas Medical Ctr.
94 Old Short Hills Rd.
Livingston, N. J. 07039
533-5501

Sr. Margaret Kling, Adm.
St. James Hospital
155 Jefferson St.
Newark, N. J. 07105
589-1300

Sr. Mary Fidelise, Adm.
St. Mary's Hospital
135 S. Center St.
Orange, N. J. 07050
678-4400

William J. Cornetta, Pres.
St. Michael's Hospital
306 High Street
Newark, N. J. 07102
877-5411

Sr. M. Alicia Mullins, Adm.
St. Vincent's Hospital
45 Elm St.
Montclair, N. J. 07042
746-4000

Dr. James Cowan, President
United Hospitals of Newark
15 S. 9th St.
Newark, N. J. 07107
268-8010

A. Paul Kidd, Dir.
Veterans Administration Hosp.
East Orange, N. J. 07019
676-1000

Joseph D. Loudermilk, Adm.
West Essex General Hosp.
204 Hillside Avenue
Livingston, N. J. 07039
992-6550

Fr. William T. McGuire
Dir. of Health Affairs
1 Summer Avenue
Newark, N. J. 07104 482-0100

Michael P. Duffy, Supt.
Essex County Hospital Ctr.
125 Fairview Avenue
Cedar Grove, N. J. 07009
239-1900

Physician Rep.

EM Series Committee

3 areas to review

1) Specialization -

3 hosp ^{cauja} ^{mi's} etc

2) General Standards -

3) Regionalization -

contact Bill Conner

every hosp of certain size
+ pop deserves a CT

Scanner.

John D. Phillips
EXECUTIVE VICE PRESIDENT
ST. BARNABAS MEDICAL
CTR.

REPORTER

Dr. Robert J. Lorello

FOR COUNCILORS: (2 years) (Vote for 6)

Dr. Donald P. Beirne
 Dr. Arthur S. Kern
 Dr. Cono A. Pecora

Dr. Carolyn W. Watson
 Dr. Andrew B. Weiss
 Dr. William I. Weiss

FOR COUNCILORS: (1 year) (Vote for 2)

Dr. Charles H. Arnoldi, Jr.
 Dr. Donald K. Brief

FOR STATE NOMINATING COMMITTEE FOR 1981: (Vote for one of each)

Delegate: Dr. Edwin H. Albano

Alternate: Dr. William Greifinger

FOR DELEGATES TO STATE SOCIETY FOR ONE YEAR: 1980 (Vote for 3)

Dr. Robert L. Baeder
 Dr. Harold M. Fischer

Dr. Giovanni Lima

FOR ALTERNATES TO STATE SOCIETY FOR ONE YEAR: 1980 (Vote for 6)

Dr. Donald K. Brief
 Dr. Robert J. Brinning
 Dr. Bruno V. Manno

Dr. Sandra Samuels
 Dr. Andrew B. Weiss
 Dr. William I. Weiss

FOR DELEGATES TO STATE SOCIETY FOR THREE YEARS: 1981, 1982, 1983 (Vote for 27)

Dr. Stanley S. Bergen, Jr.
 Dr. Arthur Bernstein
 Dr. Daniel N. Burbank
 Dr. Enio J. Calluori
 Dr. Joel S. Cherashore
 Dr. James E.D. Gardam
 Dr. Olga Haller
 Dr. Henry E. Harris
 Dr. Ernest C. Hillman, Jr.
 Dr. Gustav L. Ibranyi
 Dr. Arthur S. Kern
 Dr. Satwant G. Keswani
 Dr. Harry W. Kingslow
 Dr. George L. Kline, Sr.

Dr. Bertram Levinstone
 Dr. Howard A. Lowell
 Dr. John E. Masterson
 Dr. James A. McA'Nulty
 Dr. John Mendola
 Dr. Harvey E. Nussbaum
 Dr. Herman M. Robinson
 Dr. Joseph A. Santangelo
 Dr. L. Arne Skilbred
 Dr. Seymour Taffet
 Dr. Gerald R. Wachs
 Dr. Carolyn W. Watson
 Dr. Robert J. Weierman

FOR ALTERNATES TO STATE SOCIETY FOR THREE YEARS: 1981, 1982, 1983 (Vote for 30)

Dr. Robert L. Baeder
 Dr. Donald K. Brief
 Dr. Robert J. Brinning
 Dr. Peter J. Cetta

Dr. Giovanni Lima
 Dr. Carmelo Liuzzo
 Dr. Bruno Manno
 Dr. Steven M. Marcus

ESSEX COUNTY MEDICAL SOCIETY

COUNCIL ACTIONS

January 15, 1980

A meeting of the Council was held at the Society office on Tuesday, January 15, 1980. Dr. Robert Lorello, President, called the meeting to order at 8 P.M. Those present were Drs: Robert J. Lorello, Joel Cherashore, Bernard Robins, James J. O'Grady, John R. Tobey, Daniel N. Burbank and Peter Amirata, Jr., Officers; Charles H. Arnoldi, Alfred R. Dardis, Arthur Kern, Cono Pecora, Eugene R. Sims, Harvey Shwed, L. Arne Skilbred, Andrew B. Weiss and William I. Weiss, Councilors; Robert H. Areson, George L. Benz, Alton E. Bythewood, Enio J. Calluori, William Greifinger, Charles I. Nadel, Frank Y. Watson and John Winslow, Past-Presidents. Guest of the President was Robert J. Weierman, M.D., Chairman of ECMS Third Party Review Committee.

EMERITUS MEMBERSHIP

Requests for Emeritus Membership were received from Orlando G. Caprio, M.D. of Newark and Frederick J. Dann, M.D., of Irvington, New Jersey. Both physicians are completely retired and eligible for this honorary membership status. It was moved, seconded and carried that their names be forwarded to the State Society to be placed on the Emeritus Membership List to be acted upon at the May 10-13, 1980 Annual Convention at

Dr. Neil B. Dello Russo
 Dr. Philip Eichler
 Dr. Jose M. Fernandez
 Dr. Harold M. Fischer
 Dr. H. Roger Hansen
 Dr. Abdol H. Islami

Dr. Sheldon S. Schoen
 Dr. Martin L. Sorger
 Dr. James J. Stovin
 Dr. Andrew B. Weiss
 Dr. William I. Weiss

The By-Laws provide, "further nominations may be made in writing by any three active members of the Society in good standing, if presented to the Secretary of the Society before April 30th."

Nominating Committee: Dr. Peter Amirata, Jr., Chairman,
 Drs: James M. Brown, William J. Ranucci, Pablo P. Roy,
 and Frank Y. Watson.

Please note: Each year we elect approximately one-third of our delegation to MSNJ.

CHP DIRECTOR APPOINTMENTS

omit It was moved, seconded and carried that we appoint the following four physicians who are presently members of the Board and have indicated their willingness to continue to serve:

Donald P. Beirne, M.D.	Sheldon S. Schoen, M.D.
Joel S. Cherashore, M.D.	Frank F. Zaccardi, D.O.

CMDNJ - STUDENT YEARBOOK

A letter was received from Edward T. Chory, Editor of the Student Journal for 1980, requesting that we support this project of the Student Affairs Office. It was moved, seconded and carried that we take a half page ad in this Journal at a cost of \$125.00.

CLINICAL LABORATORY REGULATIONS

The American Medical Association sent us Proposed Regulations on Clinical Laboratories: Personnel Standards, as published in the "Federal Register" of October 12, 1979 (44F.R. 58923). Dr. Tobey reported that since any objections to these proposed regulations had to be submitted by early January, he wrote to the Bureau of Laboratories in Atlanta, Georgia as follows:

"Dear Sir:

We are herewith submitting comments from our Society on the Proposed Personnel Standards for Clinical Laboratories. We feel that the proposed rules could adversely affect clinical laboratories by establishing rigid personnel standards. The Regulations could be extremely costly at a time when we all should be concerned with health care cost containment. Some proposed regulations seem impractical and unnecessary."

The Council confirmed this action.

MEDICAID

Three items were discussed as follows:

1) Mr. Arthur Ellenberger noted that a recent Newsletter from the New Jersey Division of Medical Assistance discussing prescriptions said that "Only the terms 'Brand Necessary' or 'Medically Necessary' are valid for establishing Medical Certification. No other terminology is acceptable." Since the generic drug law in New Jersey states that the wording on a prescription blank must be Substitution Permissible or Do Not Substitute, this Medicaid ruling could cause confusion with physicians and pharmacists. Dr. Harvey Shwed, Chairman of the MSNJ Medicaid Committee, stated that he would take this matter up with Medicaid officials at their next meeting.

2) A letter was received from one of our members, Charles P. Yablonsky, M.D., protesting the release by Medicaid of privileged information. The Council suggested in this instance that there might be a difference in what is legally confidential and what is confidential from the aspect of Medical ethics. Dr. Harvey Shwed stated that he would also bring this matter up to Medicaid officials through our State Society Committee.

3) Jonathan C. Gibbs, Jr., M.D., of Jersey City submitted the following Resolution:

RESOLUTION

- Whereas, The Division of Medical Assistance and Health Services "Medicaid" was established to provide Medical Services for the POOR.
30:4D-2 Declaration of purpose
It is the intent of the Legislature to make statutory provision which will enable the State of New Jersey to provide medical assistance, insofar as practicable, on behalf of persons whose resources are determined to be inadequate to enable them to secure quality medical care at their own expense, and to enable the State, within the limits of funds available for any fiscal year for such purposes, to obtain all benefits for medical assistance provided by the Federal Social Security Act I as it now reads or as it may hereafter be amended, or by any other Federal act now in effect or which may hereafter be enacted; and
- Whereas, It was anticipated that a large number of Physicians in the State would render services: A patient could go to any Doctor and receive quality medical care. i.e., Every physician in the State has an IMP# which acknowledge that it was anticipated that he handle Medicaid patients; and
- Whereas, It has developed that only a small percentage of Physicians accept Medicaid patients; and
- Whereas, Many Physicians accepting Medicaid patients only do so as a "favor to the patient;" and
- Whereas, It has developed that those Physicians who serve the POOR, (i.e., Medicaid patients), have been subjected to abuse and

harrassment by the Division of Medical and Health Services and the Contractor: The Prudential Insurance Company. i.e., The public advocate's office now has a representative at the Joint Committee meeting of the Medical Society officers and Medicaid officers; and

Whereas, This has resulted in denial of medical services for large segments of the POOR in that they cannot go to their own Doctor and they must ask Doctors if they accept Medicaid; and

Whereas, They are forced to go to local hospitals, the emergency rooms and out-patient clinics for services where the cost to the State of New Jersey for services is higher than if they went to private Physicians; and

Whereas, This has placed an undue burden on Physicians who accept Medicaid patients; and

Whereas, The POOR are in effect being denied access to quality medical care because of the limited number of Physicians who treat them because of the low fee scale; now therefore be it

Resolved, That we, on behalf of our members, herein petition the State to increase Medicaid fees in order to attract more Physicians to the Program; and be it further

Resolved, That we enlist the help of the State of New Jersey to enjoin the Contractor from harassing and abusing Physicians who participate in the Medicaid Program.

Following discussion, it was moved, seconded and carried that we support the basic tenets of this Resolution.

HEALTH FAIR

We have been invited to participate in a Health Fair held at Bloomfield College on April 19, 1980 which is sponsored by the Bloomfield Health Department and the Bloomfield College of Nursing. The Council requested that our State Society and Committees be contacted to see if appropriate materials would be available in April and that participation be at the discretion of the patient. *President.*

COST CONTAINMENT

Dr. William I. Weiss, Chairman of our ECMS Cost Containment Committee, reported that he has been contacted by the Health Cost Containment Committee of the Greater Newark Chamber of Commerce. He intends to meet with their Committee or representatives and will report to our Council at a subsequent meeting.

John R. Tobey, M.D.
Secretary

- 1- Call to order at ECMS office - Robert J. Lorello, M.D., President
- 2- Requests for Emeritus Membership were received from Orlando G. Caprio, M.D. of Newark, New Jersey and Frederick J. Dann, M.D. of Irvington, New Jersey. Both physicians are completely retired and have been members for over 20 years.
- 3- Credentials Committee - James J. Stovin, M.D., and David H. Dreizin, M.D.,
Co-Chairmen
- 4- Letter on Proposed Personnel Standards for Clinical Laboratories as requested by AMA.
- 5- Discussion of AMA Legal Opinion on Third Party Review.
- 6- Request for ad in CMDNJ-New Jersey Medical School Student Yearbook.
- 7- Nomination of four Crossroads Trustees (terms expiring are Drs: Donald Beirne, Joel Cherashore, Sheldon Schoen and Frank Zaccardi).
- 8- MEDICAID:
 - A) Medical Prescription Confusion
 - B) Letter from Dr. Charles Yablonsky re: privileged information
- 9- Health Fair at Bloomfield College, Saturday, April 19, 1980 sponsored by Bloomfield Department and Bloomfield College of Nursing.
- 10- County Candidates for MSNJ office:
 - Bergen - A.A. Alessi for AMA Delegate
 - Bergen - Ralph Fioretti for Trustee
 - Morris - Myles Morrison, Jr. for AMA Delegate
 - Passaic - Bernard D. Pinck for Second Vice President
 - Essex - Arthur Bernstein for Secretary
Frank Y. Watson for Trustee
 - Camden - Frederick W. Durham for AMA Delegate
 - Mercer - Rudolph C. Gering for Treasurer
Karl T. Franzoni for AMA Delegate
Albert F. Moriconi for Delegate to New York
- 11- Article in November 8, 1979 Essex Journal on Nutrition - submitted by
Irving L. Sperling, M.D.
- 12- Health Cost Containment Committee of the Greater Newark Chamber of Commerce
- 13- Report of ECMS Nominating Committee which met on January 8, 1980-
Peter Amirata, Jr., M.D., Chairman
- 14- Greater Essex Health Council desires physician representatives to their
Ad Hoc Committee on Emergency Medical Services to review 3 areas -
 - 1- Specialization
 - 2-General Standards
 - 3-Regionalization

ANNOUNCEMENTS:

- 1) MSNJ Annual Convention at Meadowlands Hilton House of Delegates meets in Hilton Ballroom
 - Saturday afternoon, May 10, 1980 at 2:00 P.M.
 - Sunday afternoon, May 11, 1980 at 3:00 P.M.
 - Monday afternoon, May 12, 1980 at 3:00 P.M.
 - Tuesday morning, May 13, 1980 at 9:00 A.M.
- 2) Resolutions must be received by MSNJ by March 25, 1980

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

MARCH 13, 1980

YES	NO	<u>ACTIVE</u>	<u>STATE LICENSE</u>	<u>COUNTY REGISTRATION</u>
		Chen, Zeng-Shan, 22 Roosevelt Ave., South, Parsippany, Taipei Medical College, Taiwan, Rec. by Drs: S. Sun, G. Cheng	1976	1980
		Schweiger, Frederick M., 877 Broad St., Newark, Univ. of Caldas, Colombia, South America, Rec. by Drs: H. Kaminetzky, G. Frisoli	1976	1976

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

January 17, 1980

Mr. Alfred J. Schuster
Executive Secretary
New Jersey State Board
of Medical Examiners
28 West State Street
Trenton, New Jersey

COPY

Dear Mr. Schuster:

One of our members sent us the enclosed article from a Nutrition Series in the Essex Journal. This article was in the Thursday, November 8, 1979 issue.

I have been directed to refer this mater to the New Jersey State Board of Medical Examiners for whatever action is indicated.

Sincerely yours,

John R. Tobey, M.D.
Secretary

JTR/lcr
Enc.

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

January 17, 1980

Irving Sperling, M.D.
2130 Millburn Avenue
Maplewood, New Jersey

Dear Doctor Sperling:

Your note about the Nutrition Series in the Essex Journal was discussed at the Essex County Medical Society Council meeting on Tuesday, January 15, 1980.

This matter has been referred to the New Jersey State Board of Medical Examiners for whatever action is indicated.

Sincerely yours,

John R. Tobey, M.D.
Secretary

JRT/lcr

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 27, 1979

Robert H. Areson, M.D.
62 South Fullerton Avenue
Montclair, New Jersey 07042

Dear Doctor Areson:

B.J. Anderson, J.D., attorney for the AMA, unequivocally believes that all review of physicians' fees for third party plans by medical societies should cease. She based this opinion on how she sees FTC thinking is going in this area. (see page 7 of enclosure.)

On the other hand, our Third Party Review Committee is not strictly setting fees, but upon inquiry, advising the carriers of a fair amount which would be their obligation to pay.

The subject of whether or not to disband our Committee will shortly be an agenda item of our Council, which usually meets on the third Tuesday of the month. I could schedule it for January 15, 1980 or hold it for another Council if one would be more convenient for you to attend.

You expanded the purview of this Committee and set up the rules with the then Health Insurance Council. It is busily functioning now under Robert Weierman, M.D. May we have your thinking at a Council at which time the Committee could conceivably be disbanded? May we hear from you?

Happy holidays.

Sincerely yours,



Arthur R. Ellenberger
Executive Secretary

ARE/as

encl.

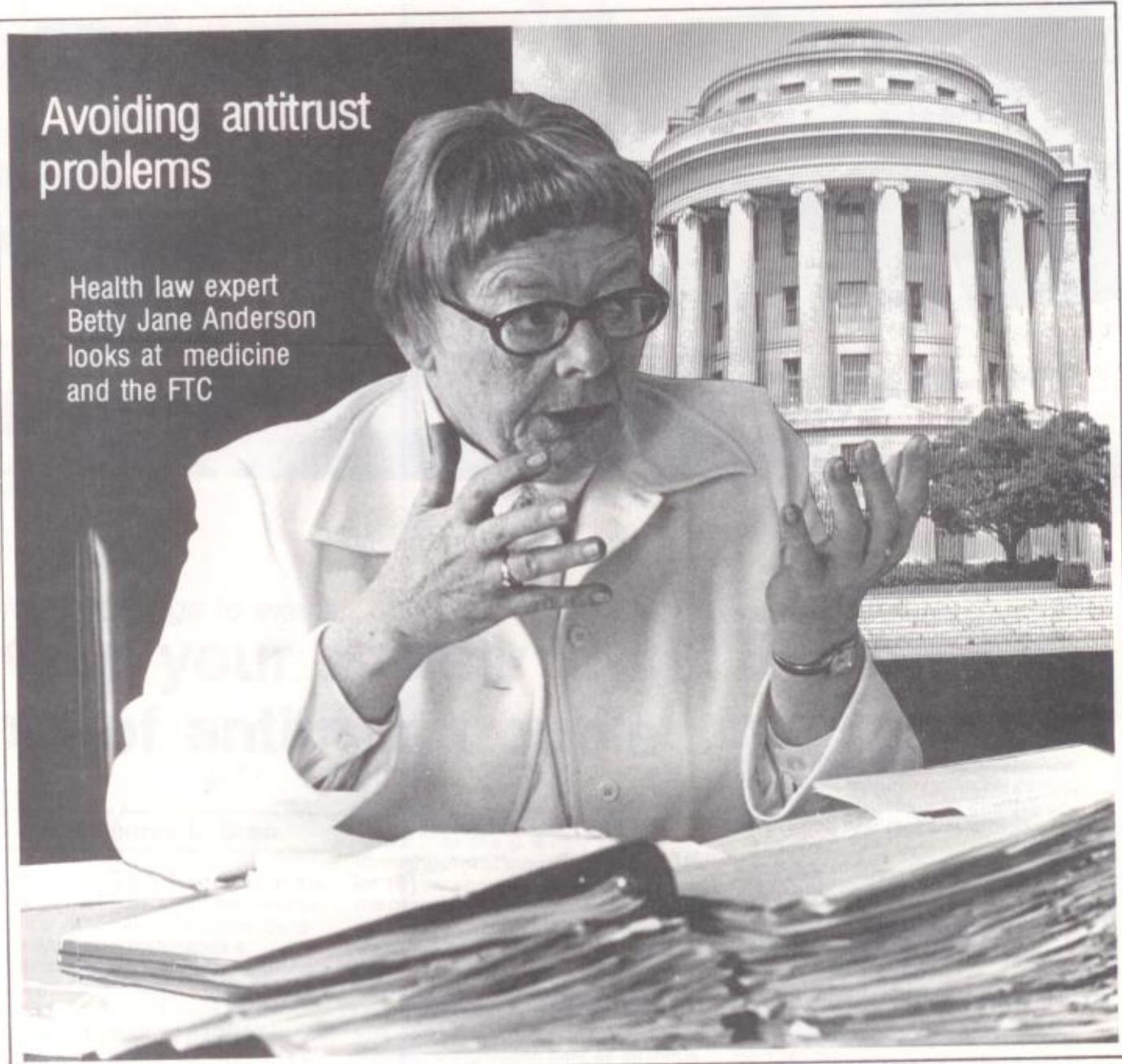
5 / Cover story — **Avoiding antitrust problems**
Avoiding antitrust problems. AMA attorney B.J. Anderson states the
problems — Don't let your physician members be put in a position of
restraining trade; and the solution — Retain a good attorney, keep
sensible records.

THE EXECUTIVE

AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES

Avoiding antitrust problems

Health law expert
Betty Jane Anderson
looks at medicine
and the FTC



FALL / 1979

Future FTC forays

The AMA attorney warns of ominous future FTC excursions.

"Once jurisdiction is firmly established," she said, "over the so-called 'health industry' — a term I don't like because once you call a profession an industry you recognize government's affinity to regulate industry — you can expect trade rules and controls over physicians and hospitals in the name of 'consumer protection.'"

"In the role of a 'Big Brother' ombudsman for patients, I can see the FTC in the position of scrutinizing JCAH standards; or, perhaps, making sure that FTC standards are applied to the operation of hospital tissue committees. Far fetched? You wait and see, and it won't be too long.

"Another area for FTC involvement is 'captive laboratories' owned by physicians who funnel their patients for lab services. Also, physician-owned drug repackaging enterprises. These are likely to come under scrutiny as unfair trade practices.

"The FTC is already active in the ophthalmic field. We can expect more activity, particularly with respect to dispensing of glasses.

"FTC interest will be expressed toward the volume dispensing of drugs in areas where there are ample retail pharmacies.

"In the vernacular of anti-trust, those physicians and limited practitioners who seek but can't get hospital privileges consider themselves victims of a 'boycott.' FTC rules governing hospital privileges are not at all beyond the realm of possibility within the next five years, if the present trend is allowed to continue.

"There are FTC footprints on the medical education scene that indicate FTC investigation of board-certification requirements is on its timetable for future litigation.

"FTC is concerned about the exclusive medical care jurisdictions carved out by the various medical specialties and whether requirements are necessary, fair, and basically related to economics, not quality."

In guarding against these potential FTC problems, the health law expert



cautioned, it is wise to remember that, "Good intentions are not enough. The road to the courthouse is paved with them. Be alert about anything you do that interferes with the business activities of other people. Even though you are convinced that what you contemplate is in the public interest."

Potential solutions

B.J. emphasized to medical executives the need for potential solutions — retaining a good attorney, keeping sensible records, and guarding against questionable restraint-of trade policies.

"If a medical organization is big enough to afford the full-time services of a salaried lawyer, he can be a watchdog of the activities that might create antitrust problem," she said. "Make certain you hire a watchdog and not a pussy cat, if you go this route.

"Be cautious with the minutes kept of board and committee meetings. The minutes of board meetings should state only the actions taken. It is not necessary nor desirable to record the discussion. Retention of the agendas prepared for such meetings is not necessary.

"At the AMA, all resolutions introduced by delegates are screened by the Office of General Counsel. What is done is this — the lawyers read the resolution with the object of understanding what the resolution intends to accomplish and whether the intended result can be accomplished legally. On the average, fewer than 3% of the resolutions pose potential antitrust problems and most of these can be cured by a minor change of language without disturbing the intent of the delegate who introduced the resolution.

'All letters that leave the office should be written as if intended for publication or the eyes of government investigators and adversaries in litigation. If kept long enough, every thing in your files will receive such scrutiny.'

"Despite these precautions, every two or three years a particular resolution results in a call from the U.S. Department of Justice or a suit."

The AMA assistant general counsel urged medical executives to guide their physician organizations toward "responsible policies that neither restrain trade nor abdicate the medical profession's traditional concern for quality care. This tightrope can be walked.

"What we are facing are new demands from the public for accountability. Physicians and their organizations must demonstrate that what is good for medicine is good for the public. This is not always the case, and medical executives must help their organizations make decisions that serve the public as well as the profession.

"The survival of professionalism depends upon continuing public support. We can survive attacks by government, but we cannot survive a loss of public faith.

"We never want medicine to become an industry with 400,000 physicians acting as 'tradesmen.' We want the public to continue to want their physicians to be known and to respond as professionals." □

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 27, 1979

Robert H. Areson, M.D.
62 South Fullerton Avenue
Montclair, New Jersey 07042

Dear Doctor Areson:

B.J. Anderson, J.D., attorney for the AMA, unequivocally believes that all review of physicians' fees for third party plans by medical societies should cease. She based this opinion on how she sees FTC thinking is going in this area. (see page 7 of enclosure.)

On the other hand, our Third Party Review Committee is not strictly setting fees, but upon inquiry, advising the carriers of a fair amount which would be their obligation to pay.

The subject of whether or not to disband our Committee will shortly be an agenda item of our Council, which usually meets on the third Tuesday of the month. I could schedule it for January 15, 1980 or hold it for another Council if one would be more convenient for you to attend.

You expanded the purview of this Committee and set up the rules with the then Health Insurance Council. It is busily functioning now under Robert Weierman, M.D. May we have your thinking at a Council at which time the Committee could conceivably be disbanded? May we hear from you?

Happy holidays.

Sincerely yours,



Arthur R. Ellenberger
Executive Secretary

ARE/as

encl.

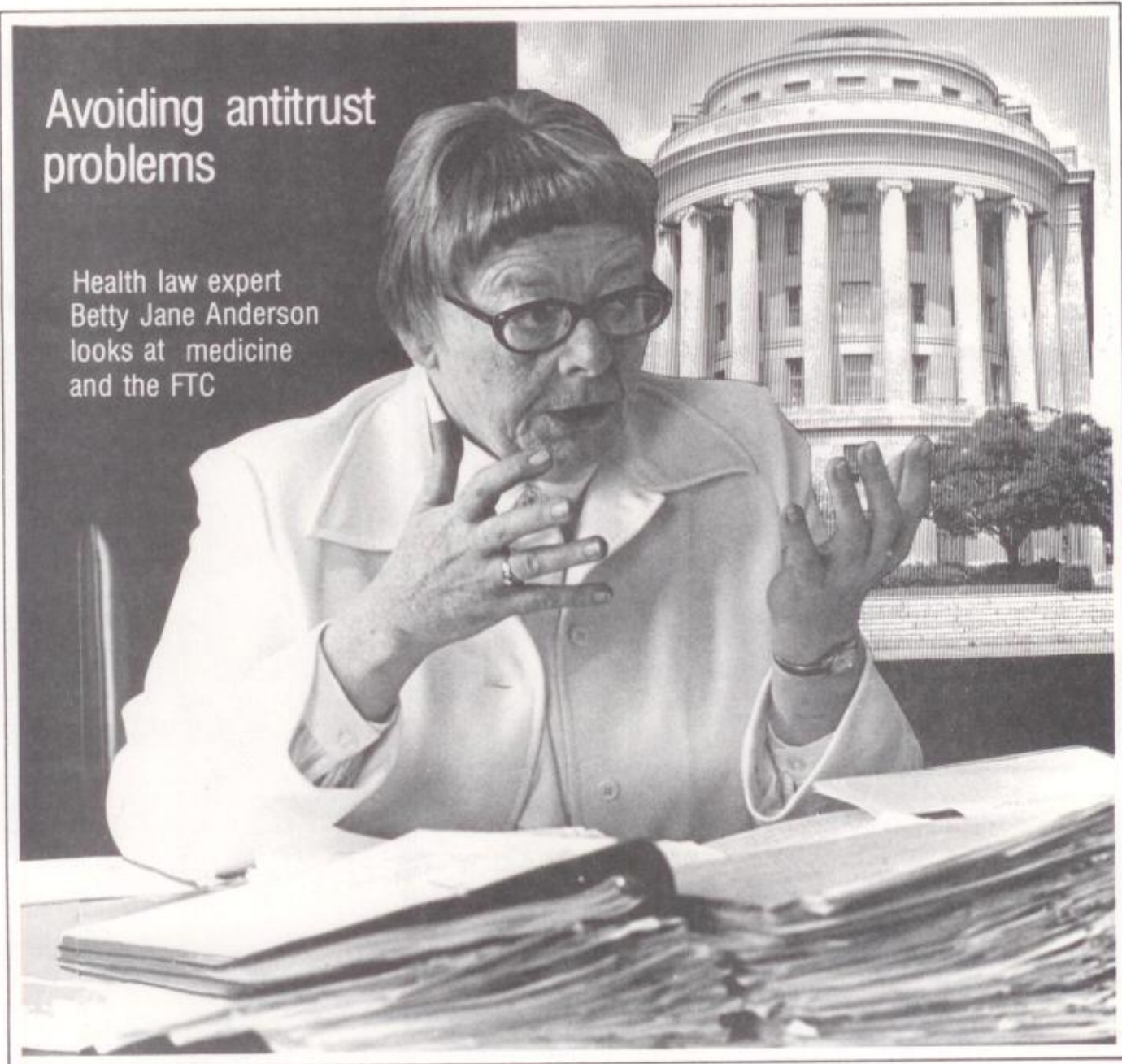
5 / Cover story — **Avoiding antitrust problems**
Avoiding antitrust problems. AMA attorney B.J. Anderson states the
problems — Don't let your physician members be put in a position of
restraining trade; and the solution — Retain a good attorney, keep
sensible records.

THE EXECUTIVE

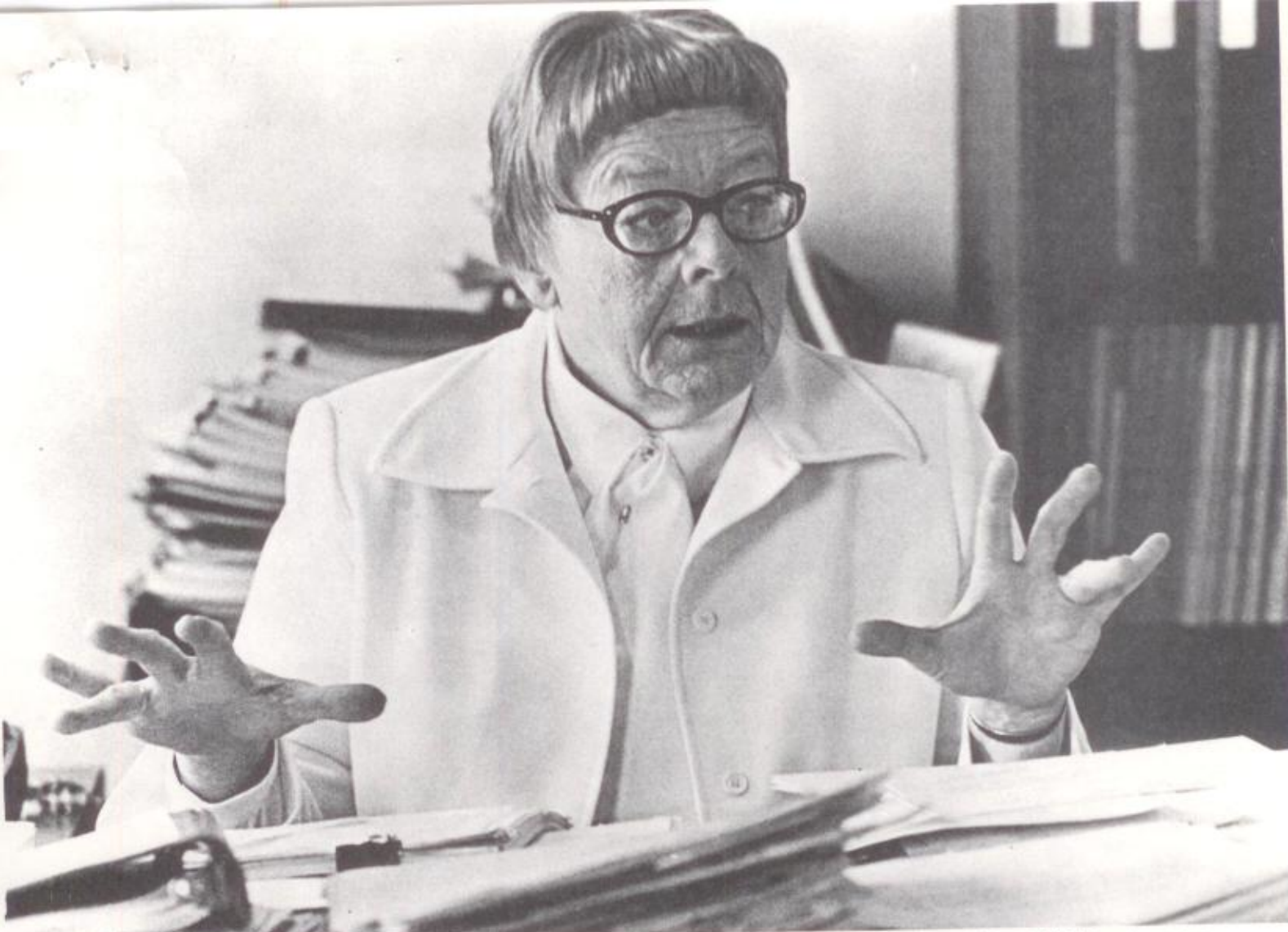
AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES

Avoiding antitrust problems

Health law expert
Betty Jane Anderson
looks at medicine
and the FTC



FALL / 1979



Photos: Joe Fletcher

Betty Jane Anderson, JD, in her Chicago office at AMA headquarters.

New challenge to execs:

Keep your society out of antitrust trouble

By Dennis L. Breo

From her sixth-floor office in the Chicago headquarters of the American Medical Association, attorney Betty Jane Anderson commands a panoramic view of one of the world's great medical cities.

Clustered within blocks of each other are the Northwestern U. Medical Center, the national headquarters of the American Hospital Assn., Blue Cross Assn., Blue Shield Assn., American Dental Assn., and scores of na-

tional medical specialty societies.

"B.J.," as she is widely known throughout medicine, has had this view for 15 years now. And during that time, the occupants of the medical building outside her window have come to be identified as small parts of a giant cartel.

The sober reality today, B.J. said in a recent interview with *The Executive*, is that, "The Federal Trade Commission is interpreting health care as an industry, physicians and allied health professionals as tradesmen, and the interactions of all the parts as a cartel.

"It's all part, I believe, of a softening-up process to subordinate physicians to a program of national health insurance. But, like it or not, physicians have to recognize that within the past four years both the FTC and the antitrust division of the U.S. Justice Dept. have launched broad attacks on what they see as 'anticompetitive' practices in health care. The trustbusters in Washington are coming down on physicians with charges of price-fixing and restraint of trade."

Early warnings

The attacks are not entirely surprising to the AMA assistant general counsel. When she joined the Association in 1964, one of her first items of research was to study the 1890 Sherman Antitrust Act and its potential impact upon medicine.

"I became familiar," she said, "with the 1943 Supreme Court case in which the American Medical Association and several co-defendants were convicted

'What we are facing are new demands for accountability'

of criminal conspiracy against a pre-paid health plan in the District of Columbia.

"We at the AMA have always operated on the premise that medicine is subject to the Sherman Act and our advice to the AMA has consistently been on this basis. As you know, the organizations that we represent do not always listen to their lawyers and, if they do, they are not always in a position to follow the advice, in whole or in part. This is properly so."

Within a year of B.J.'s employment at the AMA, the U.S. Congress enacted Medicare and Medicaid and the stage was set for today's showdown between professional privileges and what the FTC and Justice find are the needs of a free medical market.

During the 14-year interim between passage of Medicare and today's antitrust climate, B.J. has established herself as one of this nation's foremost experts on health law. After she addressed a recent AAMSE seminar on "How To Avoid Antitrust Problems," medical executives rushed for the telephones and directives went flying across the country. Many a decision-making medical committee has changed its mind after hearing some cautionary words from B.J.

She can be humorous — "If Hippocrates were living today, he would have to clear his Oath with the FTC" — but

her message is stern: "Medicine must meet the public's demand for a new accountability — that physicians and their organizations are acting for the general good and not purely professional self-interest."

A vexing challenge

Her charge to medical executives is both troublesome and challenging:

"Acquire an understanding of antitrust law sufficient to guide the activities of your organization to avoid antitrust problems."

Until a few years ago, she said, knowledgeable attorneys were divided on whether or not the "learned professions" like medicine and law are exempt from the antitrust act. That doubt, of course, was resolved when in 1975 the Supreme Court ruled in the Goldfarb case that, indeed, they are. (Goldfarb had gone shopping for attorney estimates to handle a real estate closing and found the minimum fee charged by several attorneys to be precisely the same. The Supreme Court ruled that minimum fee schedules of bar associations constitute price-fixing.)

The AMA attorney states the problem simply:

"As interpreted by the courts, a professional association is in violation of the Sherman Antitrust Act if it engages in an unreasonable restraint in or af-

fecting interstate commerce. The professions are now considered to fall under the terminology of a trade.

"When physicians or their organizations engage in activities that curtail other physicians or other health care professionals from engaging in legitimate activities, there may be a violation of the law. Let me give you a concrete illustration.

"The medical specialties are not divided into self-contained cubicles. They overlap. What internists do, so may family physicians, pediatricians, and gynecologists do. The same principles apply to some of the work performed by plastic surgeons, otolaryngologists, and dentists, and to some of the work done by orthopedic surgeons and podiatrists. Jurisdictional battles between medical specialists or between physicians and other health care professionals have the potential of clearcut violation of the Sherman Act."

Records retention

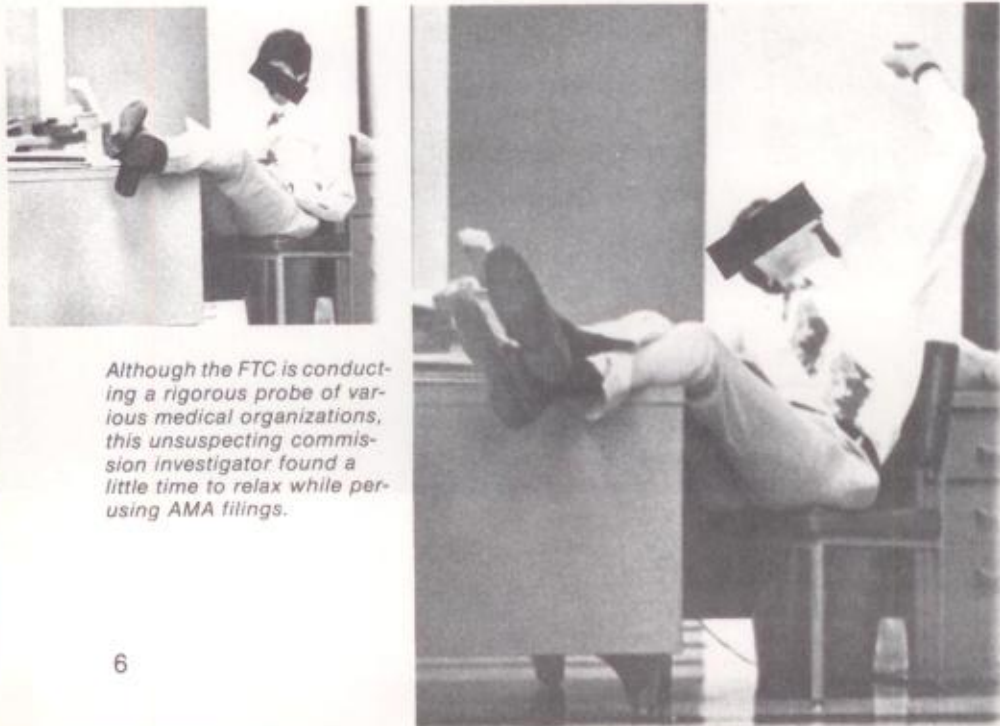
And she states the potential solution just as simply:

"Retain a good attorney who is familiar with antitrust law and maintain sensible records for all correspondence, memoranda, and papers.

"Good legal talent is expensive today. If your county medical society is so small that it is not feasible to retain an attorney on a regular basis, sometimes the attorney for the state medical society may be available. No state medical association can afford not to have a regular relationship with an attorney qualified in business and antitrust law.

"And, remember, your written files are subject to examination by the HEW, IRS, FTC, Justice Dept., state agencies, even citizens engaged in litigation. All letters that leave the office should be written as if intended for publication or the eyes of government investigators and adversaries in litigation. If kept long enough, everything in your files will receive such scrutiny. Avoid loose and careless language and overstatements.

"The AMA was involved in a case a few years ago where a letter from the Association's files contained the following handwritten notation written in the margin: 'Let's give him a fair hearing before we hang him!' That case, fortunately, was settled out of court. Do not write marginal notes on materials



Although the FTC is conducting a rigorous probe of various medical organizations, this unsuspecting commission investigator found a little time to relax while perusing AMA filings.

Photographer unknown.

retained in your files. In the case the AMA is currently involved in brought by the FTC, we have seen many such marginal notations on documents obtained from the files of county and state medical societies and introduced as evidence against the AMA. Develop and implement a records retention policy. The AMA can provide you with a helpful document on how to do it."

Although B.J. and most others feel that the FTC's first initiative against the AMA — a complaint charging that the Association's time-honored code of ethics prohibiting the solicitation of patients is an anticompetitive measure unfairly barring physician advertising that would lower costs — is "so stupid as to be ludicrous," she is settled in for

party payment plans.

- "If a hospital insists upon new X-rays and lab tests and insists upon disregarding X-rays and lab tests made outside the hospital. Government believes with considerable justification that the hospital is motivated more by economics than quality care.
- "Radiologists and pathologists who conduct laboratories outside of hospitals will find government taking a position that their exclusive leases in medical office buildings are in restraint of trade and therefore invalid.
- "Medical groups that require partners and employees to sign agreements that they will leave the community and not compete after retirement can expect FTC trade rules



'The medical specialties are not divided into self-contained cubicles. They

Future FTC forays

The AMA attorney warns of ominous future FTC excursions.

"Once jurisdiction is firmly established," she said, "over the so-called 'health industry' — a term I don't like because once you call a profession an industry you recognize government's affinity to regulate industry — you can expect trade rules and controls over physicians and hospitals in the name of 'consumer protection.'"

"In the role of a 'Big Brother' ombudsman for patients, I can see the FTC in the position of scrutinizing JCAH standards; or, perhaps, making sure that FTC standards are applied to the operation of hospital tissue committees. Far fetched? You wait and see, and it won't be too long.

"Another area for FTC involvement is 'captive laboratories' owned by physicians who funnel their patients for lab services. Also, physician-owned drug repackaging enterprises. These are likely to come under scrutiny as unfair trade practices.

"The FTC is already active in the ophthalmic field. We can expect more activity, particularly with respect to dispensing of glasses.

"FTC interest will be expressed toward the volume dispensing of drugs in areas where there are ample retail pharmacies.

"In the vernacular of anti-trust, those physicians and limited practitioners who seek but can't get hospital privileges consider themselves victims of a "boycott." FTC rules governing hospital privileges are not at all beyond the realm of possibility within the next five years, if the present trend is allowed to continue.

"There are FTC footprints on the medical education scene that indicate FTC investigation of board-certification requirements is on its timetable for future litigation.

"FTC is concerned about the exclusive medical care jurisdictions carved out by the various medical specialties and whether requirements are necessary, fair, and basically related to economics, not quality."

In guarding against these potential FTC problems, the health law expert



cautioned, it is wise to remember that, "Good intentions are not enough. The road to the courthouse is paved with them. Be alert about anything you do that interferes with the business activities of other people. Even though you are convinced that what you contemplate is in the public interest."

Potential solutions

B.J. emphasized to medical executives the need for potential solutions — retaining a good attorney, keeping sensible records, and guarding against questionable restraint-of trade policies.

"If a medical organization is big enough to afford the full-time services of a salaried lawyer, he can be a watchdog of the activities that might create antitrust problem," she said. "Make certain you hire a watchdog and not a pussy cat, if you go this route.

"Be cautious with the minutes kept of board and committee meetings. The minutes of board meetings should state only the actions taken. It is not necessary nor desirable to record the discussion. Retention of the agendas prepared for such meetings is not necessary.

"At the AMA, all resolutions introduced by delegates are screened by the Office of General Counsel. What is done is this — the lawyers reads the resolution with the object of understanding what the resolution intends to accomplish and whether the intended result can be accomplished legally. On the average, fewer than 3% of the resolutions pose potential antitrust problems and most of these can be cured by a minor change of language without disturbing the intent of the delegate who introduced the resolution.

'All letters that leave the office should be written as if intended for publication or the eyes of government investigators and adversaries in litigation. If kept long enough, every thing in your files will receive such scrutiny.'

"Despite these precautions, every two or three years a particular resolution results in a call from the U.S. Department of Justice or a suit."

The AMA assistant general counsel urged medical executives to guide their physician organizations toward "responsible policies that neither restrain trade nor abdicate the medical profession's traditional concern for quality care. This tightrope can be walked.

"What we are facing are new demands from the public for accountability. Physicians and their organizations must demonstrate that what is good for medicine is good for the public. This is not always the case, and medical execs must help their organizations make decisions that serve the public as well as the profession.

"The survival of professionalism depends upon continuing public support. We can survive attacks by government, but we cannot survive a loss of public faith.

"We never want medicine to become an industry with 400,000 physicians acting as 'tradesmen.' We want the public to continue to want their physicians to be known and to respond as professionals." □

The Psychiatric Institute

*Seymour F. Kwin, M.D.
Harvey J. Shwed, M.D.
and Associates*

*Saint Michael's Medical Center
268 High Street
Newark, New Jersey 07102
(201) 624-3470*

December 13, 1979

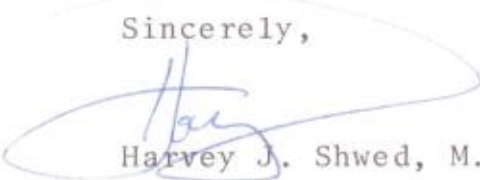
Mr. Arthur R. Ellenburger
Executive Secretary
Essex County Medical Society
144 S. Harrison Street
East Orange, New Jersey 07018

Dear Arthur:

I will place the item that you sent me on the agenda of the State Medicaid Committee for its January joint meeting with Medicaid officials.

Thank you for bringing it to my attention.

Sincerely,



Harvey J. Shwed, M.D.

HJS:CP

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 4, 1979

Harvey J. Shwed, M.D.
Department of Psychiatry
268 High Street
Newark, New Jersey

Dear Doctor Shwed:

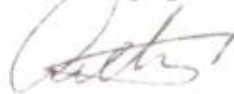
A matter of concern to physicians has just been called to my attention.

I am enclosing photocopies of the New Jersey Health Services Program Newsletter dated October 15, 1979 which seems to indicate that only the terms, "Brand Necessary" or "Medically Necessary" are valid for establishing Medical Certification in prescribing for Medicaid or MAC patients.

This to me would seem to indicate that the form for prescriptions which was presented to us as legal under the State of New Jersey and Generic Substitution Law, has now been rendered unusable for another state program namely Medicaid and MAC. On the prescription blank which we were informed is legal under the Generic Law, the words "Substitute Permissible" and "Do Not Substitute" is the correct terminology.

Is there any way your Committee can urge conformity to departments of the same government so as not to confuse the entire professions of Medicine and Pharmacy. Since our physicians in the state have been asked to follow the Generic Substitution prescription, it would seem logical that the Medicaid - MAC program should utilize the same wording.

Sincerely yours,



Arthur R. Ellenberger
Executive Secretary

ARE/lcr
Enc.



New Jersey Health Services Program NEWSLETTER

Volume BC-155

October 15, 1979

TO: Providers of Pharmaceutical Services
 SUBJECT: Maximum Allowable Cost

Re: Medicaid Pharmacy Manual
 Chapter II - Sections 208.1 And 203

The Pharmaceutical Reimbursement Board of the Department of Health, Education and Welfare has established the Maximum Allowable Cost for the following drug entities:

Chlordiazepoxide HCl, 5mg Capsules	\$0.0140
Chlordiazepoxide HCl, 10mg Capsules	\$0.0211
Chlordiazepoxide HCl, 25mg Capsules	\$0.0438
Diphenoxylate HCl with Atropine Sulfate 2.5mg/0.025mg Tablets	\$0.0491
Doxepin HCl, 100mg Capsules	\$0.2900
Methocarbamol, 500mg Tablets	\$0.0496
Methocarbamol, 750mg Tablets	\$0.0640
Oxyphenbutazone, 100mg Tablets	\$0.0847
Penicillin G, 400 MU Tablets	\$0.0237
Penicillin G, 800 MU Tablets	\$0.0640
Sulfisoxazole, 500mg Tablets	\$0.0273
Tetracycline HCl, 125mg/5ml Syrup	\$0.0104

Effective October 15, 1979, pharmacy providers will be reimbursed for the above, based on the lesser of:

1. the product's Average Wholesale Price (AWP) less regression, if any; or
2. the established Maximum Allowable Cost as indicated above.

EXCEPTION - MEDICAL CERTIFICATION

When prescribing a trade name multi-source drug product for which a Maximum Allowable Cost (MAC) limitation has been established by the Pharmaceutical Reimbursement Board of the Department of Health, Education and Welfare, "limitations shall not apply in any case where a physician certifies in his own handwriting that in his medical judgement a specific brand is medically necessary for a particular patient". In this instance, the physician must write "Brand Necessary" or "Medically Necessary" in his own handwriting, on each written prescription. In the case of telephoned original prescriptions, when a physician chooses to certify "Brand Necessary" or "Medically Necessary" on a MAC listed drug product, he must submit a written prescription order to the pharmacist, containing the certification, within seven days of the date of the telephone order. The prescriptions must be retained by the pharmacist as the original prescription. Failure to comply will result in the claim for that prescription to be reduced to the MAC reimbursement level.

NOTE: Only the terms "Brand Necessary" or "Medically Necessary" are valid for establishing Medical Certification. No other terminology is acceptable.

The method of billing to indicate "Medical Certification" is exhibited as follows:

BILLING PROCEDURE

Prescription Claim Form MC-6 (11-77) will accommodate conditions which may necessitate indication of Prior Authorization, Medical Certification or both Prior Authorization and Medical Certification for applicable prescriptions.

The diagram shows the layout of Prescription Claim Form MC-6 (11-77). It features a header section with fields for 'IF NO.' and 'DOSAGE FOR'. Below this is a row of three checkboxes labeled 'PRIOR AUTHORIZATION', 'MEDICAL CERTIFICATION', and 'BOTH'. To the left of these checkboxes is a field labeled 'CHECK APPROPRIATE BOX'. To the right is a field labeled 'AUTHOR. NO.'. Below the checkboxes is a large field for 'PRESCRIBER'S INDIVIDUAL MEDICAL PRACTITIONER'S NUMBER'. To the right of this field is a checkbox labeled 'CHECK IF COMPOUND RX'. At the bottom of the form, there is a section for 'STATE OF NEW YORK DEPARTMENT OF HEALTH DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES' and a note: 'AND SUBMIT LIST OF INGREDIENTS AND THEIR QUANTITIES ON REVERSE SIDE'. The form number 'MC-6 (11-77)' is printed in the bottom left corner.

1. If Prior Authorization is required, check Prior Authorization box and enter Authorization Number where indicated.
2. If Medical Certification exists, check Medical Certification box.
3. If Prior Authorization and Medical Certification exists, check box marked "Both" and indicate the Authorization Number.

**SAMPLE PRESCRIPTION BLANK IN CONFORMITY
WITH NEW JERSEY DRUG SUBSTITUTION LAW BELOW:**

JOHN SMITH, M.D.	
484-1234	2 BROAD STREET NEWARK, NEW JERSEY 07105
<div style="font-size: 2em; font-weight: bold; margin-bottom: 20px;">R</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Substitution Permissible _____ (INITIAL)</p> </div> <div style="width: 45%;"> <p>Do not Substitute _____ (INITIAL)</p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <p>_____ M.D.</p> </div>	

Please Note: You may have your Federal Narcotic number (DEA for Drug Enforcement Administration - formerly BNDD) on your prescription blank, but that assists an addict who might steal your blanks. Many choose to write it in or stamp it on controlled substance prescriptions. If you do not initial the "do not substitute" part, it may be interpreted as "Substitution Permissible."



CROSSROADS HEALTH PLAN

Corporate Offices • 141 South Harrison Street, East Orange, New Jersey 07018 • (201) 676-1117

January 2, 1980

Bernard Robins, M.D.
President
Essex County Health Organization
144 South Harrison Street
East Orange, N.J. 07018

Dear Dr. Robins:

The terms of the following ECHO nominees to the Crossroads Board of Directors will expire in January 1980:

Donald P. Beirne, M.D.
Joel Cherashore, M.D.
Sheldon Schoen, M.D.
Frank F. Zaccardi, D.O.

At the January 22 Board meeting the Nominating Committee will present a slate of directors and officers to the Board. Please advise me of ECHO nominees to the Board for three-year terms ending January 1983.

I would appreciate receiving your list of nominees prior to January 15 in order that we can present the slate of directors to the Board at the January 22 meeting.

Best regards,

Sincerely,

David C. Byrnes
Chairman, Nominating Committee

DCB/wa
Enclosure

cc: Dr. Beirne
Dr. Cherashore
Dr. Schoen
Dr. Zaccardi

Board of Directors

Frank M. Lapeyrolerie, D.D.S., *Chairman*

Donald P. Beirne, M.D.	Robert M. Cunningham, M.D.	Mildred Barry Garvin	Carl S. Ross, M.D.
David C. Byrnes	Lawrence D'Aries, M.D.	Monroe Kramer	Sheldon S. Schoen, M.D.
Forrest A. Brower	Ronald DeMauro	Robert J. Lorello, M.D.	Brenda Veltri
Alton E. Bythewood, M.D.	Douglas Ford, Jr., M.D.	Richard D. Quinn, III	John Winslow, M.D.
Joel Cherashore, M.D.	Dorothy Foundos	Bernard Robins, M.D.	Frank F. Zaccardi, D.O.
		Peter W. Rodino, III, Esq.	

Brach, Eichler, Rosenberg, Silver, Bernstein & Hammer, *Corporation Counsel*

Robert R. Detore
President
Arthur Bernstein, M.D.
Medical Director

A Federally Qualified and State Certified Health Maintenance Organization

CROSSROADS HEALTH PLAN

DIRECTORY OF OFFICERS AND DIRECTORS AND TERMS---

OFFICERS

Chairman	Frank M. Lapeyrolerie, D.D.S.
First Vice-Chairman	David C. Byrnes
Second Vice-Chairman	Richard D. Quinn, III
Treasurer	Douglas Ford, Jr., M.D.
Secretary	Brenda Veltri
Provider Director	John Winslow, M.D.
Public Director	Forrest A. Brower
Subscriber Director	Mildred Barry Garvin

PROVIDER DIRECTORS

Donald P. Beirne, M.D.	1979-1980
Alton E. Bythewood, M.D.	1979-1981
Joel Cherashore, M.D.	1979-1980
Robert Cunningham, M.D.	1979-1980
Lawrence D'Aries, M.D.	1979-1981
Douglas Ford, Jr., M.D.	1979-1982
Frank M. Lapeyrolerie, D.D.S.	1979-1982
Robert J. Lorello, M.D.	1979-1981
Bernard Robins, M.D.	1979-1982
Carl Ross, M.D.	1979-1981
Sheldon Schoen, M.D.	1979-1980
John Winslow, M.D.	1979-1982
Frank F. Zaccardi, D.O.	1979-1980

SUBSCRIBER DIRECTORS

David Byrnes	1979-1982
Ronald DelMauro	1979-1980
Dorothy Foundos	1979-1980
Mildred Barry Garvin	1979-1981
Monroe Kramer	1979-1980
Brenda Veltri	1979-1981
Vacant	1979-1981
Vacant	1979-1982

PUBLIC DIRECTORS

Forrest A. Brower	1979-1982
Richard D. Quinn, III	1979-1980
Peter W. Rodino, III	1979-1981

July 24, 1979

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

January 16, 1980

Mr. David C. Byrnes
Chairman
Nominating Committee
Crossroads Health Plan
141 South Harrison Street
East Orange, New Jersey

Dear Mr. Byrnes:

This is in response to your letter of January 2, 1980 advising that the terms of the following physicians will expire on the Crossroads Health Plan Board of Directors this January:

Donald P. Beirne, M.D.
Joel Cherashore, M.D.
Sheldon Schoen, M.D.
Frank F. Zaccardi, D.O.

The ECMS Council met on January 15, 1980 and is pleased to confirm that all four have indicated their willingness to serve and should be re-appointed.

Sincerely yours,

Robert J. Lorello, M.D.
President

RJL/gh



CROSSROADS HEALTH PLAN

Corporate Offices • 141 South Harrison Street, East Orange, New Jersey 07018 • (201) 676-1117

January 2, 1980

Bernard Robins, M.D.
President
Essex County Health Organization
144 South Harrison Street
East Orange, N.J. 07018

Dear Dr. Robins:

The terms of the following ECHO nominees to the Crossroads Board of Directors will expire in January 1980:

Donald P. Beirne, M.D.
Joel Cherashore, M.D.
Sheldon Schoen, M.D.
Frank F. Zaccardi, D.O.

At the January 22 Board meeting the Nominating Committee will present a slate of directors and officers to the Board. Please advise me of ECHO nominees to the Board for three-year terms ending January 1983.

I would appreciate receiving your list of nominees prior to January 15 in order that we can present the slate of directors to the Board at the January 22 meeting.

Best regards,

Sincerely,

David C. Byrnes
Chairman, Nominating Committee

DCB/wa
Enclosure

cc: Dr. Beirne
✓ Dr. Cherashore
Dr. Schoen
Dr. Zaccardi

Board of Directors

Frank M. Lapeyrolerie, D.D.S., Chairman

Donald P. Beirne, M.D.	Robert M. Cunningham, M.D.	Mildred Barry Garvin	Carl S. Ross, M.D.
David C. Byrnes	Lawrence D'Aries, M.D.	Monroe Kramer	Sheldon S. Schoen, M.D.
Forrest A. Brower	Ronald DeMauro	Robert J. Lorelio, M.D.	Brenda Veltri
Alton E. Bythewood, M.D.	Douglas Ford, Jr., M.D.	Richard D. Quinn, III	John Winslow, M.D.
Joel Cherashore, M.D.	Dorothy Foundos	Bernard Robins, M.D.	Frank F. Zaccardi, D.O.
		Peter W. Rodino, III, Esq.	

Brach, Eichler, Rosenberg, Silver, Bernstein & Hammer, Corporation Counsel

Robert R. DeLore
President

Arthur Bernstein, M.D.
Medical Director

A Federally Qualified and State Certified Health Maintenance Organization

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

December 27, 1979

Director, Licensure and Proficiency Testing Division
Bureau of Laboratories
Center for Disease Control
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

Re: Proposed Regulations on Clinical
Laboratories: Personnel Standards,
"Federal Register" of October 12,
1979 (44 F.R. 58923)

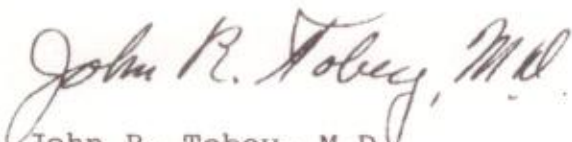
Dear Sir:

We are herewith submitting comments from our Society on the
Proposed Personnel Standards for Clinical Laboratories.

We feel that the proposed rules could adversely affect clinical
laboratories by establishing rigid personnel standards.

The Regulation could be extremely costly at a time when we all should
be concerned with health care cost containment. Some proposed
regulations seem impractical and unnecessary.

Very truly yours,


John R. Tobey, M.D.
Secretary

JRT/as