



## **2022 House of Delegates Session 1 Reports**

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**May 3, 2022**

On May 3, 2022, at 7:00 pm, the first session of the Medical Society of New Jersey House of Delegates was held via Zoom. The meeting was called to order at 7:02 p.m. by Kennedy Ganti, MD, the 229<sup>th</sup> President of the Medical Society of New Jersey. Mary Campagnolo, MD, served as the Speaker of the House of Delegates.

Dr. Campagnolo introduced to the House of Delegates all of the members of the MSNJ Executive Board: Kennedy Ganti, MD, President; Steven Orland, MD, President Elect; Donald Chervenak, MD, 1<sup>st</sup> Vice-President; David Swee, MD, 2<sup>nd</sup> Vice-President; Nicole Henry-Dindial, MD, Secretary; Peter Blumenthal, MD, Treasurer; Philip Kline, MD, Immediate Past President; Christopher Gribbin, MD, Speaker of the House of Delegates; and Mary Campagnolo, MD, Vice-Speaker of the House of Delegates.

The House of Delegates unanimously adopted the following 2022 Transaction Reports:

- [Secretary's Report](#)
- [Deceased Members](#)
- [Nomination for Emeritus Members](#)
- [Finance & Budget](#)
- [Annual Review of Outside Contracts](#)
- [Judicial Council](#)
- [Status of 2022 Resolutions -](#)
- [Nominating Committee Report](#)

Dr. Campagnolo introduced the Reference Committee: Donald Cinotti, MD, Chair, Hudson County; Nicole Henry-Dindial, MD, Union County; Barry Prystowsky, MD, Essex County; and Sumul Raval, MD, Ocean County.

### **[Resolution 1](#) – Leadership Training Must Become an Integral Part of Medical Education**

The first resolution was introduced by Mercer/Middlesex County Medical Society. Miriam Mondestin-Sorentino, MD presented the resolution for the county stating the need for medical students to be educated in leadership skills. The reference committee heard testimony in favor of adding leadership education to the core curriculum. The committee also heard concerns that AMA already has a similar policy and that such policy would therefore be reaffirmed in response to this resolution. testimony also noted that this resolution differs from existing AMA policy because this resolution would make leadership education part of the core medical education

curriculum, rather than part of the non-core curriculum. It was also noted that some medical schools have already incorporated leadership training into their core curriculum.

The Reference Committee recognized the value of this resolution and the need to address potential modifications to existing AMA policy.

The Reference Committee recommends **Adoption as Amended:**

**RESOLVED**, that our AMA study the extent of the impact of existing AMA policy D-295.316 - Management and Leadership for Physicians, on core curriculum and provide a report at the interim meeting; and be it further

**RESOLVED**, that our AMA advocate for the incorporation of leadership training as an integral part of the core curriculum of medical school education, post-graduate training, and continuing education for practicing physicians.

[Resolution 2](#) – Investigate Criteria Used in Denial of Insurance for Patients who would Benefit from Interventional Pain Management

The resolution was introduced by the Camden County Medical Society. Michael Sabia, MD presented the need to improve the options insurance companies provide for patients regarding pain management options other than opioids. The resolution calls for the Department of Banking and Insurance (DOBI) to review insurers' criteria for approval of these pain management options.

There was substantial testimony on this resolution, including expression of concerns regarding insurance companies' prior authorization requirements. Discussion addressed working with multiple specialty societies to broaden the scope of the resolution to address prior authorization requirements generally. After consideration the committee was persuaded by testimony to limit the scope of the resolution to criteria used to approve or deny non-opioid pain management therapies. It was noted that MSNJ has an insurance denial registry that could be used to collect additional evidence for presentation to DOBI, and that MSNJ should approach DOBI with examples.

**Staff Note: Staff can use various existing contacts to collect examples in advance of contact with DOBI.**

The Reference Committee Recommends **Amendment by Substitution and Deletion:**

~~**RESOLVED**, that the Medical Society of New Jersey request that the Department of Banking and Insurance review the criteria used by insurers to deny interventional injections/nerve blocks and promulgate regulations specific to such insurance denials which forces physicians to prescribe Narcotics.~~

**RESOLVED**, that the Medical Society of New Jersey will work with the New Jersey state specialty societies representing physicians who provide pain management treatment to determine the extent to which insurance companies deny coverage for injections, nerve blocks and other non-opioid treatments for pain; and be it further

**RESOLVED**, that the Medical Society of New Jersey request that the Department of Banking and Insurance review the criteria used by DOBI-regulated insurers for determining whether to approve or deny coverage for injections, nerve blocks and other non-opioid treatments for pain; and be it further

**RESOLVED**, that if those criteria result in insurers initially or permanently covering only treatments that deviate from the applicable standard of medical care, DOBI promulgate regulations resolving such deviation; and be it further

**RESOLVED**, that DOBI-regulated insurers be required to publish the criteria that each insurer uses for determining whether to approve or deny coverage for injections, nerve blocks and other non-opioid treatments for pain.

This concludes the report of the Revolving Reference Committee.

Respectfully submitted,  
Donald Cinotti, MD, Chair, Hudson County