

**ANNUAL
REPORT**
2025-2026



A MESSAGE FROM THE CEO

LAWRENCE DOWNS, ESQ.

Make Your Voice Heard



This past year reinforced a simple but important truth about advocacy in New Jersey: policy is shaped by those who show up.

During the debate over legislation expanding independent practice for advanced practice nurses, physicians brought strong, patient-centered arguments grounded in training, experience, and a commitment to quality care. But we also heard clearly from legislators that they received far more outreach from other stakeholders than from physicians.

That matters.

Because in today's policy environment, decisions are not made solely on the strength of the argument—they are influenced by who is present, who is engaged, and who is consistently part of the conversation.

If we don't show up, others will.

Physicians remain among the most trusted voices in healthcare. When you engage directly—whether by calling a legislator, sending an email, attending a meeting, or sharing how a policy affects your patients—it carries real weight. But that influence depends on participation. Expertise alone is not enough; it has to be heard, and it has to be reinforced through consistent engagement.

That is why MSNJ is making grassroots physician engagement a central priority in the year ahead.

We are expanding our advocacy infrastructure to make it easier, faster, and more effective for physicians to participate. This includes streamlined outreach tools that allow you to connect with your elected officials in minutes, as well as more targeted, district-level engagement strategies to ensure that legislators hear directly from the physicians who care for their constituents. We are also strengthening coordination with specialty societies and health system partners so that our messaging is aligned and amplified.

At the same time, we continue to advocate aggressively on the issues that matter most to your practices and your patients.

We are working to make telehealth payment parity permanent, ensuring that the gains made during the pandemic are not rolled back and that patients can continue to access care in the way that best meets their needs.

We are pushing back against troubling insurer practices, including the downcoding of claims without appropriate review of medical records—actions that undermine clinical judgment, create unnecessary administrative burden, and threaten the financial stability of physician practices.

We continue to advance reforms to prior authorization and step therapy, building on recent progress to reduce delays in care and give physicians greater ability to make timely treatment decisions.

And we remain fully engaged in ongoing scope of practice debates. The recent expansion of APN authority is not the end of that conversation. As many of you are aware, there is already an expectation that efforts will be made to return in 36 months to pursue full independent practice. MSNJ will continue to oppose policies that move away from physician-led, team-based care and will advocate for standards that protect patient safety, preserve quality, and recognize the unique training of physicians.

Beyond advocacy, MSNJ is continuing to invest in resources that support physicians in practice. Through OneHealth New Jersey, we are expanding access to actionable data and analytics that help practices, ACOs, and clinically integrated networks succeed in value-based care arrangements. At the same time, we are working to reduce administrative burdens, improve care coordination, and provide practical tools that allow physicians to focus more of their time on patient care, while strengthening partnerships that create new opportunities across all practice settings.

Ultimately, the effectiveness of all of these efforts depends on the active engagement of physicians across the state. When physicians communicate directly with policymakers, they bring credibility, real-world experience, and a patient-centered perspective that cannot be replicated by any other stakeholder. Consistent, coordinated engagement ensures that these perspectives are not only heard, but meaningfully reflected in the policies that shape our healthcare system.

MSNJ is here to support and amplify that engagement, and to ensure that physicians continue to play a leading role in shaping the future of healthcare in New Jersey.

Thank you for your continued commitment to your patients, your profession, and to one another.

LEGISLATIVE UPDATE

JOSHUA BENGAL, ESQ.

SUMMARY

Over the past year, the Medical Society of New Jersey (MSNJ) secured major legislative victories, advanced key physician workforce and patient access initiatives, and actively engaged on proposals affecting physician autonomy, reimbursement, and care delivery.

The 2024–2025 legislative session concluded with significant wins, including step therapy reform, expansion of loan redemption programs, improvements to Medicaid enrollment processes, and new patient affordability protections. At the same time, the physician community faced meaningful challenges, including the enactment of legislation expanding independent practice for advanced practice nurses and increasing payer scrutiny of physician services.

With a new gubernatorial administration and an expanded legislative majority, MSNJ enters the 2026–2027 session positioned to defend prior gains, shape implementation of newly enacted laws, and advance key priorities, including corporate practice of medicine reform, insurer accountability, and preservation of physician-led care.

STATE LEGISLATION

Key Wins and Enacted Legislation

Step Therapy Reform Signed Into Law

MSNJ's top legislative priority, S3533/A1825, was signed into law in 2025. The law establishes clear guardrails around step therapy protocols, requires a transparent and efficient exceptions process, and reinforces physician authority in treatment decisions. It applies to Medicaid, SHBP, and SEHBP plans and represents a major victory for both physicians and patients. MSNJ also developed implementation guidance to assist physicians in navigating the law ahead of its January 2026 effective date.



Telemedicine Pay Parity Extended Through July 2026

A3853/S2988 was signed into law, extending telehealth payment parity for 18 months through July 1, 2026. This longer-than-usual extension reflects strong legislative support and was informed in part by MSNJ's contributions to state telehealth data analysis. The law preserves access to virtual care and ensures fair reimbursement for physicians. Building on this progress, MSNJ is now working to secure a permanent extension through legislation introduced by Senator Vin Gopal and Assemblywoman Margie Donlon, MD, which would establish long-term stability for telehealth reimbursement in New Jersey.

Primary Care Practitioner Loan Redemption Program Expansion

P.L.2025, c.345 (A2801/S780) significantly expands the state's loan redemption program by:

- Increasing the maximum benefit to \$200,000
- Expanding eligible practice settings
- Allowing part-time physicians to qualify

This longstanding MSNJ priority strengthens physician recruitment and retention in underserved areas.

NJ FamilyCare Enrollment Streamlined

A2804/S1626 requires the state to improve and accelerate provider enrollment in NJ FamilyCare. This addresses persistent delays that have hindered physician participation in Medicaid and improves access for patients.

Copay Accumulator Reform Enacted

S3818 requires third-party assistance, such as copay coupons, to count toward patient cost-sharing obligations. This reform improves medication affordability and addresses longstanding concerns about insurer practices that shift costs to patients.

Medical Cannabis Authorized for Sickle Cell Anemia

A913/S2392 authorizes the use of medical cannabis for the treatment of sickle cell anemia, reflecting MSNJ's support for evidence-based pain management options.

Additional Enacted Measures

- **Annual Wellness Visit Coverage Requirement (A5785/S4913):** Expands preventive care
- **Ambulatory Care Facility Tax Cap Reinstated (S5015/A6294):** Establishes a \$2 million cap
- **Psilocybin Behavioral Health Pilot Program (S2283):** Establishes a structured pilot program to explore emerging behavioral health therapies
- **CME Compliance Tracking System (S4387/A5715):** Improves physician compliance oversight
- **Nutrition in Schools Law (S2167/A1406):** Advances public health for children

Major Advocacy Wins

Optometry Surgical Scope Expansion Defeated

MSNJ and a coalition of state medical societies successfully stopped A920, which would have allowed optometrists to perform laser and scalpel eye procedures. The bill was removed from consideration before final passage, preserving physician-led surgical standards and patient safety. Similar efforts are expected to return in future sessions.



Scope of Practice: Primary 2026 Priority

APN Independent Practice Law Enacted

In a significant and concerning development, legislation expanding independent practice authority for advanced practice nurses (APNs) was signed into law, marking a major shift in New Jersey's healthcare landscape.

While MSNJ strongly opposed this legislation, sustained advocacy resulted in several important limitations being incorporated into the final law, including:

- Restricting independent practice to **primary care and behavioral health**, excluding specialty practice
- Requiring **5,000 hours of physician-supervised practice** prior to independent practice
- Mandating that APNs carry **malpractice insurance**
- Holding APNs to the **same malpractice standard of care as physicians**

Despite these safeguards, the law represents a meaningful expansion of non-physician scope of practice and raises ongoing concerns regarding care quality, coordination, and patient safety.

MSNJ's focus now turns immediately to **implementation**, where regulatory decisions will determine how the law functions in practice. We will be actively engaged with regulators to:

- Advocate for strong patient safety protections
- Ensure clear and enforceable standards
- Preserve the central role of **physician-led care teams**

Importantly, this issue is far from settled. Proponents of the legislation have already indicated their intent to pursue **full practice authority**, including expansion into specialty care, in future legislative sessions.

In response, MSNJ is mobilizing a sustained advocacy effort. We are already seeing increased physician engagement across the state, and maintaining that momentum will be critical. Policymakers respond to consistent, visible physician involvement, and continued engagement will be essential to shaping future policy decisions.

Ongoing and Emerging Issues

Insurer Downcoding and Payment Practices

MSNJ is increasingly hearing from physicians across the state about expanded insurer use of downcoding and payment reduction strategies, particularly for higher-level evaluation and management (E/M) services. Multiple payers are implementing policies that target physicians whose billing patterns exceed peer benchmarks, with the potential to reduce reimbursement even when documentation supports the billed level of service.

These practices, including expanded audit and outlier review programs, represent a growing threat to physician reimbursement and practice sustainability. MSNJ has developed resources to assist members in understanding and responding to these policies and is pursuing legislative and regulatory solutions to ensure fair and transparent reimbursement practices.

Graduate Physician Licensing Act

MSNJ testified in opposition to A5273, which would create a new licensure category for medical school graduates who have not completed residency training. The bill remains under consideration in the new 2026 session, and MSNJ continues to advocate against its advancement due to patient safety concerns.



Healthcare Cost Containment Commission

MSNJ raised concerns about legislation (A5376) establishing a commission with authority to set cost benchmarks and impose penalties. Advocacy has focused on ensuring appropriate physician representation and limiting regulatory overreach. This bill has also been reintroduced in the new session and MSNJ will continue to advocate against it.

Corporate Practice of Medicine Workgroup

MSNJ's General Counsel and Director of Government Relations, Joshua Bengal, Esq., has been appointed to represent MSNJ on a legislative workgroup convened by Senator Joseph Lagan to examine corporate practice of medicine issues. This remains a central priority for MSNJ as policymakers increasingly focus on the role of corporate entities in healthcare delivery.

Restrictive Covenants Policy Development

MSNJ is actively reviewing its policy on restrictive covenants in physician employment agreements and anticipates consideration by the House of Delegates. This issue has significant implications for physician mobility, competition, and access to care.

STATE BUDGET AND POLICY ENVIRONMENT

FY2026 State Budget Includes Medicaid Parity Provisions

The \$58.8 billion FY2026 budget includes language advancing Medicaid payment parity for primary care services. As implemented, Medicaid reimbursement rates are now approximately **70% of Medicare rates for a large number of primary care CPT codes**, representing a meaningful step toward improving access and practice sustainability.

While implementation details continue to evolve, uncertainty around federal Medicaid funding remains a concern and may impact the long-term stability of these gains.

ELECTION AND POLITICAL LANDSCAPE

New Governor and Expanded Legislative Majority

In November 2025, Mikie Sherrill was elected Governor, and the General Assembly Democratic majority expanded to 57–23. This political alignment is expected to drive continued focus on healthcare cost containment, regulatory oversight, and access-related policies.

MSNJ has engaged with both gubernatorial campaigns and legislative leadership and remains well-positioned to advocate effectively in the new administration.

FEDERAL LEGISLATION & ADVOCACY

Key Issues and Engagement

Medicare Payment Reform

MSNJ continues to advocate for federal legislation, including:

- H.R. 879
- H.R. 10073 / S1640

These bills aim to reverse Medicare payment cuts and provide inflationary updates. MSNJ has met with New Jersey's congressional delegation, secured additional co-sponsors, and activated grassroots physician advocacy.

Medicare Advantage Prior Authorization Reform

MSNJ supports the Improving Seniors' Timely Access to Care Act (H.R.3514/S1816), which would streamline prior authorization requirements and reduce delays in care.

Opposition to Medicaid Cuts

MSNJ joined national coalitions opposing proposed federal Medicaid cuts that could significantly reduce coverage and funding for vulnerable populations and providers.

Telehealth Policy Advocacy

MSNJ continues to work with the AMA to advocate for permanent telehealth policy solutions following repeated short-term federal extensions.

MSNJ IN ACTION

Physician Advocacy and Leadership

- Testified before legislative committees on licensing delays, scope of practice, and cost containment
- Participated in the AMA National Advocacy Conference
- Engaged directly with state and federal policymakers

MSNJ Leadership Appointed to Prescription Drug Affordability Council

MSNJ's General Counsel and Director of Government Relations, Joshua Bengal, Esq., was appointed by the Governor to serve on the New Jersey Prescription Drug Affordability Council, ensuring that the physician perspective is represented in state-level policymaking on prescription drug affordability.

ONGOING PRIORITIES FOR 2026–2027

MSNJ's advocacy agenda remains focused on protecting patient safety, ensuring fair reimbursement, and preserving physician-led care:

- **Safe Haven Protections for Physician Mental Health**
Working with state boards to remove intrusive mental health questions from licensure applications and pursuing statutory protections to eliminate barriers to care.
- **Insurer Downcoding Practices**
Addressing the growing use of automated downcoding by insurers through efforts to require transparency and clinically justified coding changes.
- **Corporate Practice of Medicine Reform**
Advancing safeguards around corporate ownership, including transparency, state oversight, and protection of physician clinical decision-making.
- **Permanent Telemedicine Pay Parity**
Building on the current extension through July 2026 to secure a permanent framework supporting access and stable reimbursement.

2026 LEGISLATIVE & ADVOCACY PRIORITIES

1 SAFE HAVEN
Since late 2023, HHS has worked with the Florida Medical Board and others to reform intrusive mental health questions from licensure applications. This will remove barriers to clinicians getting needed mental health treatment. Though we expect the Board to make changes voluntarily, we will also work to codify this change in law.

2 DOWNCODING
Insurers now use automated downcoding to a code, ignoring physician comments, pricing costs and practices and undermining patient care. MSNJ will monitor legislation that will stop these practices by banning automated downcoding and requiring that code changes be clinically justified.

3 CORPORATE PRACTICE OF MEDICINE
Growing corporate influence of patient practices can undermine independent medical judgment and patient-centered care. MSNJ will introduce a bill that imposes responsible safeguards by increasing transparency, requiring a factual review of ownership changes, and ensuring physicians can opt out without jeopardizing their corporate relationships.

4 MEDICARE PAY PARITY
For years, Medicare rates have trailed Medicare's, which has caused a loss of revenue for providers. MSNJ will introduce legislation to ensure that Medicare rates for primary care and specialty services are comparable to Medicare's rates for comparable services.

5 TELEMEDICINE PAY PARITY
Due to MSNJ's advocacy, in December 2024, Governor Murphy signed a bill extending telemedicine pay parity through July 1, 2026. Continued advocacy and support from MSNJ and other stakeholders will be needed for a permanent extension.

6 PROMOTING TEAM-BASED CARE
Advanced practice nurses, physician assistants, and other roles play a vital role in patient care. Supporting these roles and expanding their scope of practice will improve patient care and reduce costs. MSNJ will continue to advocate for policies that support increased collaboration between providers and other team members.

- **Medicaid Payment Parity**
Continuing efforts to align Medicaid reimbursement with Medicare to improve access and practice sustainability.
- **Physician-Led, Team-Based Care**
Opposing inappropriate scope expansions and reinforcing collaborative care models led by physicians.

CONCLUSION

The past year has been marked by meaningful legislative progress alongside significant challenges. MSNJ has demonstrated strong leadership in advancing physician priorities while continuing to oppose proposals that threaten patient safety and care quality.

As New Jersey enters a new legislative cycle, MSNJ remains committed to proactive, strategic advocacy to ensure that physicians can continue to provide high-quality, patient-centered care in a sustainable practice environment.

LEGAL UPDATE

JOSHUA BENGAL, ESQ.

SUMMARY

Over the past year, the Medical Society of New Jersey (MSNJ) has been actively engaged across a broad range of legal and regulatory fronts to protect physicians' rights, promote fair reimbursement, and shape evolving compliance obligations. From high-impact litigation targeting insurer payment practices to significant state and federal regulatory developments affecting clinical operations, MSNJ has continued to serve as a leading advocate for physicians navigating an increasingly complex legal landscape.

Notably, MSNJ joined major national litigation challenging insurer reimbursement methodologies, secured meaningful modifications to burdensome regulatory proposals, and is actively assisting physicians in responding to expanding payer oversight and administrative requirements. At the same time, new constraints on telehealth prescribing and emerging federal utilization management models present ongoing challenges that will require sustained advocacy at both the state and federal levels.

LEGAL DEVELOPMENTS

Key Actions and Progress

MSNJ Joins Multiplan Antitrust Litigation

MSNJ has formally joined the Multiplan antitrust multidistrict litigation pending in the Northern District of Illinois, which alleges that major insurers conspired to suppress out-of-network reimbursement rates through coordinated use of repricing vendors. This case directly targets a longstanding issue affecting physicians across specialties: systematic underpayment of out-of-network claims.



Through its participation, MSNJ has secured representation through Seeger Weiss and negotiated **reduced contingency fee arrangements specifically for MSNJ members**. Physicians with significant out-of-network claims may pursue individual recovery through the litigation, and MSNJ is actively facilitating connections between interested members and counsel for case evaluation.

This represents a tangible opportunity for practices to **recover lost revenue tied to alleged price-fixing practices**, while also advancing broader structural reform of insurer reimbursement behavior. MSNJ's

involvement underscores its commitment not only to policy advocacy, but also to delivering direct, practical value to members.

Significant Court Decisions

Supreme Court Decision in *Berk v. Choy*

MSNJ, in coordination with the American Medical Association and other state medical societies, submitted an amicus brief to the Supreme Court of the United States in *Berk v. Choy*, advocating that **state affidavit-of-merit (AOM) requirements—such as New Jersey’s physician-protective statute—should apply in federal court proceedings nationwide.**

New Jersey’s AOM law has long served as an important safeguard, requiring plaintiffs to obtain an expert certification early in the litigation process, thereby deterring non-meritorious claims and reducing unnecessary litigation costs.

Despite these arguments, the Supreme Court unanimously held that state AOM requirements do not apply in federal court when cases are brought under diversity jurisdiction, finding that such requirements conflict with Federal Rule of Civil Procedure 8.

This ruling removes a key procedural protection for physicians and may:

- Encourage increased filing of malpractice claims in federal court
- Reduce early screening of weak claims
- Increase litigation costs and administrative burden on physicians and insurers

MSNJ continues to monitor the implications of this decision and evaluate potential policy responses to preserve appropriate liability protections.

STATE REGULATORY UPDATES

Key Actions and Implementation

Observer (Chaperone) Rule and Mandated CME Requirements Finalized

The Division of Consumer Affairs finalized new rules governing observers during sensitive examinations, effective April 18, 2026. These rules require physicians to affirmatively notify patients of their right to have an observer present during certain examinations and to document patient understanding as part of the consent process.

Importantly, MSNJ advocacy resulted in several meaningful modifications to the original proposal, including:

- Allowing **non-licensed observers**, provided they complete required training
- Preserving flexibility in how practices operationalize compliance
- Clarifying patient notification and consent expectations

The rule also introduces new CME requirements, including:

- Two Category I credits in sexual misconduct prevention for all physicians
- Additional implicit bias training requirements for physicians providing perinatal care

While these changes increase administrative and documentation requirements, MSNJ will continue to provide implementation guidance and advocate for reasonable, practice-sensitive compliance standards.



COVID-19 Emergency Expiration and Telehealth Prescribing Restrictions

Following the termination of New Jersey’s COVID-19 Public Health Emergency on February 16, 2026, prior waivers permitting telehealth prescribing of Schedule II controlled dangerous substances without an in-person visit have expired.

Physicians must now comply with statutory requirements, including:

- An initial in-person evaluation
- In-person follow-up visits at least every three months

Limited exceptions remain for certain pediatric prescribing scenarios. MSNJ has expressed strong concern that these changes will disrupt continuity of care and create access barriers, particularly for patients with mobility, behavioral health, or transportation challenges. Advocacy efforts are ongoing to seek a more balanced and clinically appropriate framework.

Insurance and Payer Oversight Developments

Horizon Policy and Administrative Changes

Horizon Blue Cross Blue Shield of New Jersey has implemented a series of policy and operational changes that collectively reflect a broader trend toward increased payer oversight of physician services. These changes have significant implications for documentation, reimbursement, and administrative burden:

- **Expanded Review of High-Level E/M Codes (Outlier Program)**
Horizon is expanding its audit program targeting higher-level evaluation and management (E/M) codes. Claims identified as outliers may be subject to post-payment review, documentation requests, and potential downcoding or recoupment. This increases scrutiny on clinical documentation and raises the risk of payment reductions even for appropriately billed services.
- **Site-of-Care Restrictions for Infusion and Injectable Therapies**
Horizon has broadened its Site of Administration Program, requiring certain drugs to be administered in lower-cost settings (e.g., ambulatory infusion centers rather than hospital-based settings). Hospital-affiliated physicians should especially be aware of this change.
- **Sepsis Validation Criteria**
Horizon has implemented standardized clinical criteria to retrospectively validate sepsis diagnoses on claims. This may result in denials or payment adjustments where payer-defined criteria differ from physician clinical judgment and documentation.
- **Maternity Coding Requirements**
Updated requirements now mandate inclusion of gestational age diagnosis codes for certain maternity claims, with reimbursement tied to proper coding specificity. This introduces additional documentation and coding compliance burdens.
- **BlueCard ID Changes**
Horizon has modified member identification cards by replacing the traditional BlueCard logo with product-specific identifiers (e.g., PPO, HMO). While operationally neutral, this may require front-end staff retraining to avoid confusion in eligibility verification.
- **CMS Model of Care Training Requirement**
Physicians participating in Horizon NJ TotalCare (D-SNP) must complete annual CMS-required training and attestation, adding another layer of administrative compliance.

MSNJ is actively assisting members in navigating these changes by:

- Providing direct consultation to practices subject to audit or review
- Offering guidance on documentation and compliance strategies
- Engaging directly with Horizon on physician concerns

At the same time, MSNJ is pursuing **legislative and regulatory solutions to rein in overly burdensome insurer practices**, particularly those that increase administrative complexity or undermine fair reimbursement.

FEDERAL REGULATORY DEVELOPMENTS

Key Issues and Advocacy

CMS WISeR Model Implementation in New Jersey

CMS launched the Wasteful and Inappropriate Service Reduction (WISeR) Model on January 1, 2026, introducing new prior authorization and pre-payment review requirements for selected Medicare services in New Jersey and five other states.

The model applies to outpatient procedures identified as vulnerable to overutilization and relies on artificial intelligence and enhanced clinical review. Early physician feedback indicates:

- Increased denials of medically necessary services
- Delays in care delivery
- Significant new administrative burden



MSNJ has elevated these concerns with federal policymakers, including Senator Cory Booker, and continues to advocate for adjustments to ensure that program integrity efforts do not come at the expense of patient care.

Federal Scrutiny of Anthem Facility Administrative Policy

Federal lawmakers are actively reviewing Anthem Blue Cross Blue Shield’s “facility administrative policy,” which alters how certain hospital-based services are reimbursed.

Under this policy, Anthem may:

- Decline to reimburse facility-based billing rates for services it determines could have been performed in lower-cost settings
- Reclassify services as non-facility, reducing payment to both facilities and affiliated physicians
- Use retrospective review to adjust or deny claims

Physician groups and policymakers have raised concerns that this approach:

- Undermines the intent of the No Surprises Act
- Pressures physicians and hospitals into unfavorable contracting arrangements
- Disrupts established care delivery models, particularly for emergency and specialty services

Members of the bipartisan physician caucuses in Congress have formally urged federal agencies to review the legality and impact of this policy. MSNJ is closely monitoring developments given the potential for similar policies to expand into New Jersey.

Federal Telehealth Prescribing Flexibilities Extended

Federal agencies have extended telehealth flexibilities for prescribing controlled substances through December 31, 2026. While this preserves access at the federal level, it creates misalignment with New Jersey’s more restrictive state requirements, further complicating compliance for physicians practicing across care settings. MSNJ continues to advocate for greater alignment between state and federal policy frameworks.



ONGOING PRIORITIES

MSNJ continues to prioritize:

- Supporting physicians in recovering revenue and pursuing claims through major litigation efforts
- Challenging unfair payer practices through both legal and legislative strategies
- Reducing administrative burden associated with insurer audits, prior authorization, and utilization management
- Preserving physician liability protections in light of evolving federal jurisprudence
- Advocating for practical, patient-centered regulatory frameworks

CONCLUSION

The legal and regulatory environment facing New Jersey physicians continues to grow more complex, driven by evolving payer practices, expanded regulatory oversight, and shifting federal policy. MSNJ remains actively engaged at every level to ensure that physician perspectives are represented and that policies support sustainable, high-quality patient care. Continued engagement from the physician community will be essential as these issues evolve in the year ahead.



MSNJ LECTURE SERIES

Join us for upcoming lectures on hot topics in healthcare. All lectures are recorded for members to access.

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WWW.MSNJ.ORG



PAST TOPICS INCLUDE

- Member Orientation & Updates
- FTC Non-Compete Rule
- Section 1557 of the ACA
- AI in Medicine
- HHS Information Blocking Rule
- Practicing Telehealth Across State Lines
- Prior Authorization Reform & Warding Off Payor Demands
- Developing A Proposal to Increase Managed Care Payments
- Resolution Writing 101
- Climate Change
- NJ Workers' Compensation Statute
- OneHealth New Jersey 2025 Lineup
- Effective Media Advocacy
- Physician Unions
- Professional Wellbeing in NJ
- Safe Cannabis Use
- Medical-Legal Partnerships

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