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## MONTHLY REPORT June 2008

### From the President

Gary A. Drascher, MD, RVT, FACS

*"He felt that his whole life was some kind of dream and he sometimes wondered whose it was and whether they were enjoying it." Douglas Adams The Hitchhiker's Guide to the Galaxy.*

At our May board meeting we discussed plans for the fall dinner meeting as well as next year's spring meeting.

July 1 Medicare reimbursement is scheduled to drop **10%** if legislation is not passed to reverse this. For most of us, assuming a 50% overhead, this means a 20% cut in take home pay. Please call or write senators Lautenberg and Menendez as well as your local congressman. This can be done through the AMA website at:

<http://www.capitolconnect.com/acspa/>

It takes less than 5 minutes and will help prevent the loss of thousands of dollars for each of you.

I hope to see some of you at the Vascular Annual Meeting in San Diego next week.

### Fulfill Your Cultural Competency Requirements

New Jersey Physicians licensed on or before June 29, 2007 are required to comply with the cultural competency training requirement by the next license renewal after March 24, 2008. Physicians licensed on or after June 30, 2007 are required to comply with the requirement by the end of the next complete renewal cycle after licensure. The cultural competency training requirement can not be included in the 100 hour CME requirement for licensure renewal. The law specifically required that physicians complete this training in addition to the usual CME required for relicensure.

Licensees must complete at least 6 hours of CME training in cultural competency in the following six topics:

1. A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self assessment.
2. An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels- as individuals, in families and as part of a larger community.
3. An understanding of the impact that stereotyping can have on medical decision making.

4. Strategies for recognizing patterns of health care disparities and eliminating factors influencing them.
5. Approaches to enhance cross-cultural skills, such as those relating to history-taking, problem solving and promoting patient compliance.
6. Techniques to deal with language barriers and other communication needs, including working with interpreters.

Licensees should maintain certificates documenting CME attendance for a minimum of 6 years. Additionally, in order to demonstrate compliance with each of the topic areas required in the cultural competence regulation you should keep evidence of the specific curriculum covered in the course(s) along with your certificates of completion. (e.g. brochures, course outlines, materials distributed in the course etc.). Any properly accredited CME course that meets the requirements is acceptable regardless of its format. For more information on these requirements, go to <http://www.njconsumeraffairs.gov/bme/press/cultural.htm>

**Here's information on a free CME course that will satisfy the new NJ regulation:**

The US Department of Health & Human Services has a FREE 9-hour CME course online for cultural competency. The CME course has 3 modules of 3 hours each: <https://cccm.thinkculturalhealth.org/>

**From the Statehouse**

**Beverly Lynch**

The Statehouse is a buzz of activity working hard to develop a balanced budget in light of significant revenue shortfalls and increasing deficits. The Legislature is expected to pass a budget before the July 1 deadline, then meet infrequently during the summer months, returning to Trenton after Labor Day.

An update on two issues of importance to the physician community that are being debated:

**Assignment of Benefits S-114 (Weinberg)**

The physician community came out in full support of a bill that provides a carrier which issues a managed care plan with an out-of-network benefit shall remit payment for reimbursement of a health care service directly to an out-of-network provider if that provider has been issued an assignment of benefits by the covered person. Payment shall be remitted pursuant to the provisions of the "Health Care Quality Act," commonly referred to as the "prompt pay law." Any payment remitted to a covered person rather than the out-of-network provider under these circumstances shall be considered unpaid under the prompt pay law and, unless remitted to the health care provider within the time frames established under the prompt pay law, shall be considered overdue and subject to an interest charge as provided in that law.

S-114 was released from Senate Commerce Committee and is awaiting Senate vote and Assembly consideration.

**Ambulatory Surgery Centers / Self-Referral S-787 (Codey)**

Permits practitioners to refer patients to certain surgical practices and ambulatory care facilities in which they have a financial interest; establishes Practitioner Self Referral Review Task Force. This bill has been released from Senate Committee and amended on the Senate floor; physician advocates are lobbying for quick final consideration by both houses, prior to the July recess.

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## HOW WILL YOU BE AFFECTED BY PAID FAMILY LEAVE?

On May 2, 2008, Governor Corzine signed the Paid Family Leave Act, (the "PFLA"), making New Jersey the third state that provides workers with paid family leave benefits. The PFLA extends temporary disability insurance or TDI to provide paid family leave benefits of up to six weeks during any twelve month period for employees caring for sick family members, newborn and newly adopted children. Benefits under this new law will be substantially the same as employees on temporary disability leave for their own disabilities. The employee is entitled to collect two-thirds of their weekly salary up to \$524, beginning after a one-week waiting period. The TDI benefit under the PFLA will be funded partially through employee contributions of approximately \$33 per year, along with mandatory employer contributions. The PFLA provides that employee contributions will begin on January 1, 2009, and the payment of benefits will begin on July 1, 2009.

Employees must give notice to their employer of their intention to take paid leave under the Act. However, the amount of notice depends upon the reason for the leave.

Moreover, the PFLA does not on its own, grant employees any entitlement to job reinstatement. However, for employers with fifty or more employees, the paid leave under the PFLA runs concurrently with any unpaid leave under the New Jersey Family Leave Act ("NJFLA") or the federal Family and Medical Leave Act ("FMLA"). Therefore, employers with fifty or more employees must be sensitive to all requests for leave as such requests could qualify for job restoration under the NJFLA, or the FMLA. Of course, large and small employers alike must still be sensitive to leave requests as they could implicate the Americans with Disabilities Act ("ADA") as a reasonable accommodation or the New Jersey Law Against Discrimination ("NJLAD"), along with the PFLA.

This new development is important for employers. In order to adhere to the requirements outlined in the PFLA, the best course of action is to:

- Carefully review your company's current policies regarding paid and unpaid leave;
- Provide written notice to your employees alerting them of the upcoming requirements of the new PFLA;
- Consider carefully any requests for leave, as they may qualify under the new PFLA, the NJFLA, the NJLAD, the FMLA, or the ADA; and
- Consult with an attorney if you require assistance in bringing your company into compliance with the new PFLA, or have questions regarding employee's requests for leave.

### **News from the NJ Department of Health and Senior Services**

The Patient Safety Initiative's recent updates provides a summary of "time out" procedures for both surgery and other invasive procedures at [http://www.nj.gov/health/ps/documents/ps\\_update\\_april08.pdf](http://www.nj.gov/health/ps/documents/ps_update_april08.pdf). The newsletter summarizes best practices and issues raised by NJ hospitals to avoid errors related to wrong site, procedures and patients. Earlier newsletters are available on the patient safety initiative site and include a discussion of falls, retained objects and imaging process errors at <http://www.nj.gov/health/ps/newsletter.shtml>

### **DVT Awareness Resolution**

The New Jersey Senate has unanimously approved a resolution sponsored by Senator Vitale which would declare March of every year as "Deep-Vein Thrombosis Awareness Month" in New Jersey. The resolution would require New Jersey to recognize March of each year as "Deep-Vein Thrombosis Awareness Month." This resolution is in honor of the memory of the late NBC news correspondent David Bloom, who died due to pulmonary embolism caused by DVT while covering the war in Iraq in 2003. Since his sudden death, his widow, Melanie, has been an outspoken advocate for increased awareness of the dangers of DVT and the prevention and early detection of DVT.

### **Coming up ...**

#### **2008**

Thursday  
6:30 pm

October 30

Fall Dinner/Membership Meeting  
Highlawn Pavilion, West Orange

#### **2009**

Wednesday  
11:00 am

March 4

Annual Scientific Meeting  
Nanina's In The Park, Belleville

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