STATLAW® New Jersey

Volume XXIV Number I – January 15, 2016
Single Issue Price: $5.00

Late breaking news on medical-legal developments affecting physicians and health care professionals

New Jersey Supreme Court Approves Camden Ambulance Services Switch: On July 6, 2015, Governor Christie signed a bill changing the provider of ambulance services in Camden from Virtua Health, which had provided those services for decades, to Cooper Health System. The law was to become effective January 2, 2016. Virtua brought suit challenging the law, contending it was "special legislation" designed to benefit Cooper Health. On December 22, 2015 New Jersey Superior Court Judge Douglas Hurd sided with Virtua and issued an Order staying the switch. Later in December, the Superior Court, Appellate Division, stayed Judge Hurd's Order, permitting the switch to take place. Virtua petitioned the New Jersey Supreme Court to hear the case, and on January 12, 2016, Chief Justice Stuart Rabner entered an Order upholding the Appellate Division's decision. The effect of Justice Rabner's ruling is to allow the switch to take place. Cooper had prepared for the switch by hiring 21 paramedics and 32 emergency medical technicians. In addition, the State of New Jersey provided $2.5 million in taxpayer funds to Cooper, used to purchase fifteen new vehicles. Virtua issued a statement saying "We agree with the Dec. 22, 2015, decision of Superior Court Judge Hurd that the controversial New Jersey act changing how emergency medical services were to be provided under the act was unconstitutional special legislation. Virtua, along with Capital Health System Inc., look forward to making our case during the appeal process to uphold Judge Hurd's ruling. Virtua paramedics will also be ready to resume providing Advanced Life Support services for the City of Camden should we be granted the opportunity."

Advocacy Groups Pushing to Require Federal Exchange Health Plans to Cover Medications Used to Treat Opioid Addiction: Physician and consumer advocacy groups are putting pressure on the Center for Medicare and Medicaid Services ("CMS") to require that health plans sold on the federal exchanges be required to provide coverage for medications used to treat opioid addiction. These groups contend that opioid addiction therapy should be considered an "essential" insurance benefit. According to the Centers for Disease Control and Prevention, more than 28,000 people died from overdoses of prescription pain medication, heroin and other opioids in 2014. The federal government has stated opioid abuse constitutes a "public health crises," and has requested healthcare experts to offer their opinions on whether coverage for medication-assisted treatment ("MAT") for opioid addiction should be mandated under the Affordable Care Act. The Act requires health insurers to cover ten essential health benefits, including substance abuse disorder services and prescription drugs, but it is not clear whether this encompasses coverage for the full range of MAT for opioid addiction. However, health insurers and their lobbying groups contend that benefits should be determined by individual insurers in discrete markets, and that mandating coverage for specific treatments will upset the balance between coverage mandates and affordability and lead to increased premiums and market instability, and will also constitute a precedent for mandating essential health benefits in the future.

Senate Committee Suggests Congress Pass Legislation to Better Track Device Medical Device Safety: A recent report revealed that the number of deadly infections associated with the use of contaminated medical scopes far exceeds previous estimates by nearly twice as much as previously reported by regulators. The report, which was authored by the Senate Health, Labor, Education and Pensions Committee, found that as many as 250 patients who had acquired antibiotic-resistant infections in 25 separate incidents between 2012 and 2015 were linked to the same type of contaminated duodenoscopes. The report criticized the FDA's response to initial reports that there was a possible link between outbreaks of multidrug-resistant infections and contamination of the scopes even after product maker's cleaning and disinfecting instructions were correctly followed. Particularly damning were assertions that regulators waited months after beginning their investigation on duodenoscopes in September 2013 before taking action to alert the public of a possible risk associated with their use. Going forward, one of the committee staff's key recommendations called for Congress to require health insurance claims to include the FDA's unique device identifier codes to improve tracking and monitoring of device safety and efficacy.

For more information on the above items, contact Kern Augustine Conroy & Schoppmann, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.

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