

**ASSEMBLY CONCURRENT
RESOLUTION No. 222**

STATE OF NEW JERSEY

212th LEGISLATURE

INTRODUCED NOVEMBER 20, 2006

Sponsored by:

Assemblyman KEVIN J. O'TOOLE
District 40 (Bergen, Essex and Passaic)

SYNOPSIS

Directs Legislature to conduct public hearing on, and provides for expedited consideration of, Medical Care Availability Task Force recommendations.

CURRENT VERSION OF TEXT

As introduced.



1 **A CONCURRENT RESOLUTION** directing the Legislature to conduct
2 a public hearing on, and providing for expedited consideration
3 of, the recommendations of the Medical Care Availability Task
4 Force.

5
6 **WHEREAS**, The “Medical Care Availability Task Force” was
7 established pursuant to section 31 of P.L.2004, c.17, known as the
8 “New Jersey Medical Care Access and Responsibility and Patients
9 First Act”; and

10 **WHEREAS**, The task force comprises: the Commissioners of Banking
11 and Insurance, Health and Senior Services, and Human Services,
12 and the Director of the Administrative Office of the Courts, or their
13 designees, as ex officio members; and 13 public members, who
14 include: one person appointed upon the recommendation of an
15 organization that represents physicians; one person appointed upon
16 the recommendation of an organization that represents osteopathic
17 physicians and surgeons; one person appointed upon the
18 recommendation of an organization that represents dentists; one
19 person appointed upon the recommendation of an organization that
20 represents hospitals; one person appointed upon the
21 recommendation of an organization that represents teaching
22 hospitals; one person appointed upon the recommendation of an
23 organization that represents trial lawyers; one person appointed
24 upon the recommendation of an organization that represents
25 attorneys; one person appointed upon the recommendation of an
26 organization that represents medical malpractice insurers; one
27 person appointed upon the recommendation of an organization that
28 represents managed care carriers; and four persons who represent
29 the interests of health care consumers; and

30 **WHEREAS**, The purpose of the task force is to study: (1) the
31 advantages and disadvantages of establishing limitations on
32 noneconomic damages for medical malpractice judgments and on
33 extending current limitations on liability that apply to nonprofit
34 hospitals to employees, other than physicians, of those hospitals;
35 (2) the impact of third party reimbursement policies by insurers and
36 health maintenance organizations on access to health care services
37 in the context of the current affordability crisis in the State affecting
38 health care providers in the purchase of necessary liability
39 coverage; (3) the advantages and disadvantages of adopting
40 additional changes to the statute of limitations regarding medical
41 malpractice actions; (4) the advantages and disadvantages of
42 establishing additional procedures for mediation of actions alleging
43 medical malpractice and for screening for frivolous medical
44 malpractice lawsuits; and (5) the advantages and disadvantages of
45 establishing a pre-suit procedure; and

46 **WHEREAS**, The task force is to present a report of its findings and
47 recommendations to the Governor and the Legislature no later
48 than 24 months after the date of its initial meeting, and is

1 authorized to periodically issue a summary of its deliberations
2 prior to the presentation of its report; and

3 **WHEREAS**, The significance of the medical malpractice liability
4 insurance problem in this State and its relationship to the critical
5 issue of access to health care for New Jersey residents warrant
6 prompt consideration by both Houses of this Legislature of the
7 recommendations to be presented by the task force; and

8 **WHEREAS**, The need for prompt legislative action on the
9 recommendations to be presented by the task force has been
10 emphasized by testimony presented to the Joint Legislative
11 Committee on Public Employee Benefits Reform concerning the
12 impact of medical malpractice liability insurance premium
13 increases on the taxpayers of this State through the effect of these
14 increases on the cost of health benefits provided to public
15 employees in New Jersey under the State Health Benefits Program;
16 and

17 **WHEREAS**, The need for prompt legislative action on the forthcoming
18 proposals of the task force is further reinforced by the fact that
19 these recommendations will have been the product of a lengthy
20 deliberative process that culminates after a period of some two
21 years with their presentation to the Governor and the Legislature;
22 now, therefore,

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24 **BE IT RESOLVED** by the General Assembly of the State of New
25 Jersey (the Senate concurring):

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27 1. This Legislature is directed to conduct, either by the separate
28 actions of both Houses or as a joint effort and within 30 days after
29 the receipt of the forthcoming recommendations of the "Medical
30 Care Availability Task Force" issued pursuant to section 31 of
31 P.L.2004, c.17, the "New Jersey Medical Care Access and
32 Responsibility and Patients First Act," a public hearing to consider
33 those recommendations.

34
35 2. If any bill embodying one or more of the recommendations
36 presented by the task force, which has received first reading and
37 been referenced to a standing reference committee in either House,
38 has not been reported by that committee within 30 days after the
39 required public hearing, any member of that House may make a
40 motion to relieve the committee of that bill, notwithstanding the
41 provisions of Senate Rule No. 12:6 or General Assembly Rule No.
42 10:23 to the contrary, as applicable.

43
44 3. If any bill embodying one or more of the recommendations
45 presented by the task force, which has received second reading in
46 either House, does not receive third reading and consideration for
47 final passage in that House within 30 days after the required public
48 hearing, or if any such bill receives second reading in either House
49 later than the 30th day after the required public hearing, that bill

1 may be made the order of the day upon the request of any member
2 of that House without the need for a motion for that purpose,
3 notwithstanding the provisions of Senate Rule No. 17:7 or General
4 Assembly Rule No. 15:5 to the contrary, as applicable.

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STATEMENT

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9 This concurrent resolution directs the Legislature to conduct,
10 either by the separate actions of both Houses or as a joint effort and
11 within 30 days after the receipt of the forthcoming
12 recommendations of the Medical Care Availability Task Force
13 issued pursuant to section 31 of P.L.2004, c.17 (the "New Jersey
14 Medical Care Access and Responsibility and Patients First Act") a
15 public hearing to consider those recommendations.

16 The concurrent resolution also provides that:

17 -- if any bill embodying one or more of the recommendations
18 presented by the task force, which has received first reading and
19 been referenced to a standing reference committee in either House,
20 has not been reported by that committee within 30 days after the
21 required public hearing, any member of that House may make a
22 motion to relieve the committee of that bill, notwithstanding the
23 provisions of Senate Rule No. 12:6 or General Assembly Rule No.
24 10:23 to the contrary, as applicable; and

25 -- if any bill embodying one or more of the recommendations
26 presented by the task force does not receive third reading and
27 consideration for final passage in either House within 30 days after
28 the required public hearing, or if any such bill receives second
29 reading in either House later than the 30th day after the required
30 public hearing, that bill may be made the order of the day upon the
31 request of any member of that House without the need for a motion
32 for that purpose, notwithstanding the provisions of Senate Rule No.
33 17:7 or General Assembly Rule No. 15:5 to the contrary, as
34 applicable.

35 This resolution is especially motivated by testimony presented to
36 the Joint Legislative Committee on Public Employee Benefits
37 Reform concerning the impact of medical malpractice liability
38 insurance premium increases on the cost of health benefits provided
39 to public employees in New Jersey under the State Health Benefits
40 Program.