In this election season, the focus of the New Jersey healthcare community turns to issues that affect the medical profession in this state. Issues include the special Senate election; the Governor’s race; the continuing debate regarding Medicare, the Patient Protection and Affordable Care Act (PPACA), also called Obamacare, and medical marijuana; as well as three new laws affecting the medical profession recently signed by Governor Christie.

**THE SPECIAL SENATORIAL ELECTION**

To fill the seat of the late U.S. Senator Frank Lautenberg, Governor Christie authorized a Special Senate Primary Election that was held on August 13 to determine which Democrat and Republican will appear on the equally unprecedented October 16 Special Senate General Election ballot.¹ (Until that time, the Governor has appointed Attorney General Jeffrey Chiesa to fill the vacancy.)

During the process, the Democrats challenged the legality of the special Senate elections in the Appellate Court. A three-judge panel ruled in the Governor’s favor, stating the “Legislature has delegated broad authority to the State’s governor to set the election date.”² The regular State General Election has not been altered and is scheduled for Tuesday, November 5.

On August 13, both parties saw their candidates win by large margins. Newark Mayor Cory Booker received more than 60 percent of the vote to win the Democratic nomination for U.S. Senate. Booker beat Congressman Frank Pallone, of Monmouth County, Congressman Rush Holt, of Mercer County, and Assembly Speaker Sheila Oliver, of Essex County. The Republicans displayed their unity by voting for former Bogota Mayor Steve Lonegan. He tallied more than 81 percent of the Republican votes. Lonegan defeated Somerset County physician Alieta Eck to win the nomination.³

Booker and Lonegan hold opposing views on many issues—the largest being their views on Obamacare. Mayor Booker is ideologically in step with President Obama, stating it is “a vital step in the right direction…[it] has already begun to provide millions of Americans with access to quality, affordable health insurance.”⁴ The Newark Mayor believes some early benefits have already begun, such as a “prohibition on denying coverage due to preexisting conditions and enhanced access to free preventative services, such as blood pressure screenings and mammograms.”⁴

In direct contrast to Booker’s stance, Lonegan strongly believes the “PPACA should be repealed in its entirety. This is a complex pile of regulations and mandates that is incomprehensible in its scope and unintended consequences. It’s time to start from scratch.”⁴

Lonegan and Booker face off against each other on October 16, only 20 days before the Governor is up for reelection on November 5.

**THE RACE FOR GOVERNOR**

Governor Christie is challenged by his Democrat opponent, the former Majority Leader of the New Jersey Senate, State Senator Barbara Buono (LD18). Since the race began, Senator Buono has been fighting an uphill battle; she has consistently been trailing Governor Christie by at least 2-1 in weekly political polls, and she has struggled to raise campaign funds comparable to Governor Christie’s record-breaking fundraising totals.⁵

Senator Buono opposes Christie’s decision to hold the October 16 Special Senate Election. She communicated her views through social media saying that the special election “serves as a reminder that [Christie] chose to waste $12 million on an extra election in October.”⁶ Many New Jersey races will be won or lost by how a candidate can relate to the public on many of the issues discussed. Voter turnout will play a larger role in this year’s
political scene than usual, and Governor Christie is hopeful and confident of a strong showing.

**OBAMACARE AND MEDICAID**

Obamacare and Medicaid expansion are extremely important issues in New Jersey, and all candidates and New Jersey voters should pay close attention to the implications arising from these rules and regulations.

At the same time that Governor Christie has decided to “expand eligibility for the program under the 2010 Affordable Care Act,” a recent study reported in the journal *Health Affairs* has determined that New Jersey has the “nation’s lowest percentage of doctors who accept Medicaid patients…54 percent of New Jersey primary care doctors didn’t take new Medicaid patients in 2011 and 2012, well above the national average of 33 percent.”

Some speculate about various reasons for this problem, such as high administrative costs and relatively low salaries of primary care physicians compared to specialists, difficulty in finding another doctor to join a practice and the fact that the higher payment rates for Medicaid are set to expire at the end of 2014. Under the current payment system, doctors are receiving “the same payments for Medicaid patients as they receive from the higher-paying Medicare program. In New Jersey, the increase in Medicaid payments is 109 percent.” If these rates are lowered at the end of 2014, doctors may be hesitant to accept new Medicaid patients, or possibly even to hire staff to support additional patients.

Many of these factors have brought Senator Joseph Vitale’s (LD19) bill, S-2354, back into the fold and would allow advance practice nurses (APNs) to prescribe medication without a formal agreement or joint protocol with a consulting physician. This could lead to APNs opening up their own practices to meet the growing demand of Medicaid patients. This bill is unlikely to be signed by the Governor, as the issue is controversial.

The rules and regulation of the Medicare extension almost penalized New Jersey for being a high-density state. This rule pertained only to New Jersey and Rhode Island. “In the other 48 states, some hospitals in metropolitan areas receive bonus Medicare payments to compensate them for being compared with high-income rural locales.” Since 2005, extensions have been put in place to include New Jersey and Rhode Island in these payments, but were set to expire at the end of the year. Through savvy legislation and lobbying, New Jersey received the extension that would “provide $29 million for 25 state hospitals. The New Jersey Hospital Association (NJHA) said the 25 hospitals would receive an additional $44 million in inpatient payments and $13 million in outpatient payments.”

The Medicaid expansion is new to New Jersey, and with it can come innovative thinking and collaborative partnerships centered on reducing redundancy and costs. For example, in mid-August, the state’s largest insurance plan, Horizon Blue Cross Blue Shield of New Jersey, and the state’s largest healthcare delivery system, Barnabas Health, announced a partnership to create an accountable care organization (ACO). The purpose of an ACO is to bring about the “growth of the new approach to healthcare delivery in which insurers pay providers to better coordinate care in order to reduce unnecessary tests and treatments while aiming to have no drop-off in the quality of care.” Additionally, numerous other ACO initiatives are ongoing throughout New Jersey.

**MEDICAL MARIJUANA**

Governor Christie has set the regulations of the medical marijuana law that was first signed by then-Governor Jon Corzine. However, this program, which contradicts the federal law on this issue, has hit hurdles since the first New Jersey medical marijuana center in Montclair began registering patients more than a year ago. That specific center experienced temporary closures during the summer in 2013, to allow for time to build up a surplus of quality product. That and many other setbacks have proved frustrating for eligible patients. However, two approved centers are preparing to open, one in Egg Harbor Township and one in Woodbridge.
NEW HEALTH-RELATED LAWS IN NEW JERSEY

Assembly Bill No. 2390: This bill, sponsored by Assemblywoman Valerie Vainieri Huttle (LD37), Assemblyman John Burzichelli (LD3), Assemblyman Troy Singleton (LD7) and Assemblyman Craig Coughlin (LD19), “prohibits discrimination against potential organ transplant recipient on basis of mental or physical disability.” This piece of legislation passed unanimously through all phases of the New Jersey government process.

Assembly Bill No. 3432: Governor Christie signed into law this bill sponsored by Assemblyman Herb Conaway (LD7), Assemblywoman Pamela Lampitt (LD6), Assemblywoman Nancy Munoz (LD21) and Assemblywoman BettyLou DeCroce (LD26) that will “develop a diabetes action plan to reduce the impact of diabetes in the State of New Jersey. The plan is to identify goals and benchmarks related to reducing the incidence of diabetes in New Jersey, improving diabetes care and controlling complications associated with diabetes.”

Senate Bill No. 2227: Signed into law by Governor Christie, this bill was sponsored by former Governor Richard Codey (LD27), Senator Sandra Cunningham (LD31), Senator Mila Jacey (LD27) and Assemblyman Herb Conaway (LD7); it “requires medical examiner training about sudden unexpected death in epilepsy and requesting decedent’s medical information and brain donation for research.”

Michael Schweder is the Director of Government Affairs at Cammarano, Layton & Bombardieri Partners, LLC.

---


