



PRESIDENT'S LETTER



*Dr. Alan Krieger
President & Chairman*

Dear NJPCAC Member:

According to statistics provided by the American Cancer Society and our own survey data, New Jersey Patient Care and Access Coalition groups are now treating more than half of all the prostate cancer cases in our State. That is a significant accomplishment.

Collectively, we are saving men's lives on a daily basis and working with families to understand and come to grips with this number two cancer killer of American husbands, fathers, grandfathers, sons and brothers.

I understand that for those of us who are passionate and enthusiastic about the good work we all do it sometimes seems like no one is taking notice.

After all, we don't have our own color for NFL players to display and people are not taking videos of buckets of ice water being dumped on our heads.

But there are certain times of the year, more than others, when both the mainstream media and the public generally do pay attention. And this month - November - is one of those.

Because of the attention that has been brought to prostate cancer by the "[Movember](#)" movement where men forego shaving for the entire month to highlight the issue, some of us have been receiving press calls asking us to help them educate families about the importance of prostate cancer screening. It is important that we take advantage of these opportunities and give solid, commonsense advice to men

about the dangers of ignoring the easy steps they can take that can lead to early detection of prostate cancer.

Elsewhere in this newsletter, we have reprinted an article that appeared earlier this month in the Star Ledger. I was privileged to be able to spend some time with the reporter explaining the issue. More importantly, because of the efforts of that single reporter and the "power of the press," we were able to reach thousands with sound health advice.

So be on the lookout always, but especially this month and then again during June ("Men's Health Month" in New Jersey) and September (National "Prostate Cancer Awareness Month") for ways you can help spread the word.

Sincerely,

Alan P. Krieger, MD
President & Chairman

The New Jersey Patient Care and Access Coalition (NJPCAC) promotes and represents the common interests of urological care physicians in the State of New Jersey who are dedicated to the highest standards of practice and focuses on addressing the challenges that confront our healthcare system. NJPCAC's membership includes nearly 200 practicing urologists and scores of additional healthcare professionals, including radiation oncologists, pathologists, nurses and administrative staff, who have come together to educate policy makers, regulators, insurers and other key stakeholders, including patients and peers about regulatory changes that will adversely affect the quality and accessibility to care provided to patients in New Jersey and those that will advance care in New Jersey. NJPCAC promotes and pursues educational, legislative and regulatory interests that are common to these urological care physicians and the advancement of patient care and access in the State of New Jersey.



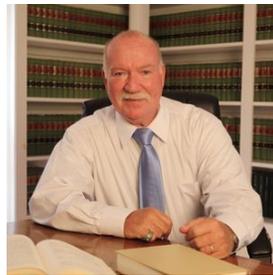
Election 2015: Democrats Increase Assembly Margin

The entire State General Assembly was up for elections November 2nd, and the results are in: the Democrats have picked up four seats, making theirs the largest majority in the state in 37 years. In addition, a special election was held for the state Senate seat in District 5 (Camden), with interim Senator Nilsa Cruz-Perez being elected to fill the remainder of the term previously held by Donald Norcross.

There are 12 newcomers to the Assembly, along with many familiar faces. Notably, NJPCAC friend **Dr. Herb Conaway**, who serves as Chair of the Assembly Health and Senior Services Committee, was easily reelected in District 7 (Burlington.) The new Legislature will be sworn in on January 12, 2016.

Meet the new Assembly members

In District 1 (Atlantic, Cape May, Cumberland), **Robert “Bruce” Land** (D) joins incumbent Bob Andrzejczak to gain a Democrat seat in a previously split district.



Mr. Land, a Vietnam veteran, is a retired Department of Corrections captain.

District 5 (Camden, Gloucester) has two new faces: Democrats **Arthur Barclay**, a Camden City Councilman, and **Patricia Egan Jones**,



former Camden County Surrogate, were elected to fill two open seats previously held by Democrats Angel Fuentes and Whip Wilson.



District 8 (Atlantic, Camden, Burlington) welcomes Republican **Joe Howarth**, who will fill the open seat previously held by Republican Chris Brown. Republican

Incumbent Maria Rodriguez-Gregg won re-election. Mr. Haworth is a Burlington County Freeholder and a special education Paraprofessional at Seneca High School.

In District 11 (Monmouth), Democrats picked up two seats in the traditionally Republican 11th district, with Neptune



Mayor **Eric Houghtaling** and attorney Joann Downey of Freehold narrowly defeating Republican incumbents Mary Pat Angelini and Caroline Casagrande.



A very close race in District 16 (Mercer, Middlesex, Hunterdon, Somerset), Democrat challenger **Andrew Zwicker** defeated Republican incumbent

Donna Simon by 30 votes. Republican incumbent Jack Ciattarelli held on to his seat. Andrew Zwicker is a lifelong New Jersey resident, a physicist, and Head of Science Education at the Princeton Plasma Physics Laboratory. *(Continued on next page)*

District 22 (Middlesex, Somerset, Union) has one new member, Democrat **James Kennedy** was elected to fill the open seat previously held by Democrat Linda Stender. Democrat incumbent Jerry Green was re-elected. Mr. Kennedy is the former Mayor of Rahway.



District 23 (Hudson.) Democrat incumbent Raj Mukherji was re-elected. Ms. Chaparro works in the Hoboken City Clerk’s Office.

Legislative Leadership Elections: Meet the New Bosses. Same as the Old Bosses.

On the Thursday following the General Election on Tuesday November 3rd, each of the four respective party caucuses gathered to conduct their biennial “Leadership Elections.” In each instance, the incumbent leaders were reelected for an additional two-year term as follows:

- Senate President - Steve Sweeney
- Senate Majority Leader - Loretta Weinberg
- Senate President Pro Temp - Nia Gill (appointed by Senate President)
- Senate Deputy Majority Leader - Paul Sarlo (appointed by the Senate President)

Senate Republican Leader - Tom Kean Jr.

- Assembly Speaker - Vincent Prieto
- Assembly Majority Leader - Lou Greenwald
- Assembly Speaker Pro Tempore - Jerry Green
- Assembly Conference Leader - Shavonda Sumter (appointed by the Assembly Speaker)

Assembly Republican Leader - Jon Bramnick

NJPCAC President and Chairman Dr. Alan Krieger has sent notes of congratulations to the reelected members on behalf of all members of the Coalition.



Speaker Prieto with Dr. Krieger at UGNJ



In District 24 (Morris, Warren, Sussex), Republican **Gail Phoebus** was elected to fill the open seat previously held by Republican Alison McHose. Republican

incumbent Parker Space was re-elected. Ms. Phoebus is a Sussex County Freeholder and co-owner of the Farmstead Golf and Country Club.

District 31 (Hudson) welcomes two new members: Democrats **Angela McKnight** and **Nicholas Chiaravalloti** were elected to fill the two open seats previously held by Democrats Charles Mainer and Jason O’Donnell. Ms. McKnight is the Founder & CEO of AngelaCARES, Inc. which serves as an advocate for senior citizens and young people. Mr. Chiaravalloti, a consultant with his own firm, is an attorney and a former City of Bayonne employee and State Director for US Senator Bob Menendez.



Democrat **Annette Chaparro** was elected to fill the open seat previously held by Democrat Carmelo Garcia in

Fears for Tiers and the Ominous Rollout of Horizon OMNIA

The mid-September roll out of Horizon Blue Cross Blue Shield of New Jersey's new "OMNIA" product was greeted in Trenton with great concern. The new insurance line promises employers and individual policy holders a 15 percent reduction in their annual premiums and eliminates all deductibles and co-pays for patients who use selected physicians, hospitals and other facilities. You can learn more about Horizon OMNIA [here](#).

The OMNIA product "tiers" both hospitals and physicians into two groups: Tier One and Tier Two. Those insured under Horizon OMNIA would have no co-pays and deductibles when they utilize Tier One providers.

Those not selected for Tier One status, particularly hospitals have raised concerns about how the new product, if it is successful, will affect their bottom line. There are also concerns about how physicians - even if they are designated as Tier One - are to comply with the new provisions if they practice at a Tier Two facility.

Because of Horizon's overwhelming dominance in the New Jersey insured marketplace, public policy makers have raised red flags. At a 10-hour hearing in Trenton conducted by a joint meeting of the Senate Health, Human Services and Senior Citizens Committee and the Senate Commerce Committee, Horizon executives and key staff from the Department of Banking and Insurance came under probing questioning.

Some legislators have said they will introduce legislation to address some of the concerns raised

regarding transparency, network adequacy and the ability of non-selected providers to compete.

While the New Jersey Patient Care and Access Coalition has not taken a formal position on Horizon OMNIA, we are closely watching its implementation and the legislation that may follow.

NJPCAC Hears from Assembly Health Committee Chair at Breakfast Meeting



L to R: Dr. Alan Krieger, Dr. Herb Conaway, Kelly Snyder, Alan Plotkin

NJPCAC President and Chairman of the Board Dr. Alan Krieger and other members of the Coalition recently had a lengthy breakfast meeting with Dr. Herb Conaway, Chairman of the Assembly Health and Senior Services Committee.

The Chairman expressed his concerns about Out of Network legislation that seems to be working its way through the legislature as well as the new Horizon OMNIA. He told the group that he would soon be asking the Speaker for the authority to hold a hearing on the OMNIA issue.

Dr. Conaway suggested that he may put forth some "legislative remedies" to the concerns that have been raised regarding the Horizon OMNIA tiering of hospitals and physicians.

Advocacy Update



By Donald Sico, Donald Sico & Co. LLC

If it seems like only two or four years ago that I was writing to you in this space talking about the dangers and opportunities provided by “lame duck” sessions and the possibility of comprehensive out of network legislation, ambulatory care facility taxes and other mischief being passed in the dead of night, that is because it was.

It is that time again. Every two years following the Legislative elections, Assembly members and Senators return to Trenton for a final two months of their “legislative session.” Unlike some other states like Maryland and Delaware which constitutionally limit the time that their legislatures can enact laws to a single 90-day period annually, New Jersey has no such limits and is continually “in session.” In fact, the New Jersey Constitution stipulates that both the end of the current legislative session and the commencement of the next will happen “at noon on the second Tuesday in January in each even numbered year.”

The phrase lame duck does not even have its origins in politics. It was first used in the 18th century to describe brokers who defaulted on their debts at the London Stock Exchange. It was later used to describe presidents, governors and legislators who had lost their elections at the November elections were still in power until the

newly elected officials were sworn-in. Today, it is commonly used to refer to any legislative session or term following an election until a new term or legislature begins.

This particular post-election session in Trenton is not expected to be very active. That is because not much has changed. The Senate did not stand for reelection (Senators have four year terms). The political party that was in control of the Assembly - the Democrats - retained control. And Governor Christie is still the Governor. So anything that can be done in the next 8 weeks can be accomplished in the next legislative session by the very same people.

There are, however, a few reasons why we may see action on some bills of concern to NJPCAC. First, work has been done on some legislation - out of network legislation for example - and legislators do not like to “start over.” Second, these days and weeks are the very furthest that legislators will be from the next time they have to stand for reelection and so if there are controversial measures to be passed - like an increase in the gasoline tax to fund an expiring Transportation Trust Fund - than traditional wisdom dictates that it is best done in time for the voters to forget. And finally, there is a lot of “pent-up demand.” While the Senate has been meeting regularly since the passage of the State Budget near the end of June, the Assembly has not met even once.

I expect that we will see some action on the Out of Network issue, but I do not expect final passage. I do not expect that we will see any action on the ambulatory care facility tax or licensing issues, and I think it is improbable that any real threat to our integrated model of care will emerge during these next several weeks.

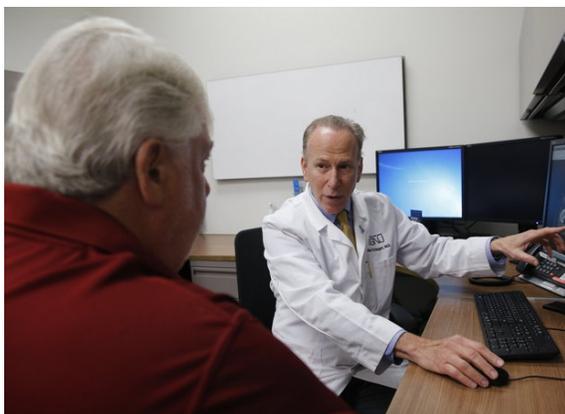
As your lobbyist, I will closely monitor the activities of the legislature to ensure that our interests are protected and our voices are heard.

In the News

Congratulations to our own Dr. Krieger for being featured in a recent Star-Ledger article. The full text of the article is below.

The Star-Ledger

Amid debate on PSA tests, men advised to be vigilant on prostate health



Alan Krieger, a physician with the Urology Group of New Jersey in West Orange, reviews a X-Ray with patient, Jake Dennett. Krieger treated Dennett for prostate cancer. (Alex Remnick | NJ Advance Media for NJ.com)

While they may hail from different backgrounds and live in different environments, over half of American males over the age of 50 have one thing in common: the likelihood of (Continued on p.6) experiencing some type of symptoms as a function of changes to their prostate gland as they get older.

Known as the 'sex gland' in males, the prostate is responsible for producing nutrients that aid in the survival and viability of sperm in the adjacent seminal vesicles, but can become enlarged – a condition known as prostatic hypertrophy -- as a function of the aging process and testosterone levels.

"The prostate is usually the size of a walnut at a young age, but can begin to enlarge naturally starting at age 40-45 as a result of blockage, irritation, genetics, or other risk factors and can expand to the size of an orange or grapefruit in some cases," said urologist Alan Krieger, who is president of Urology Group of New Jersey in West Orange and Chairman of the New Jersey Patient Care and Access Coalition, which represents over 200 urologists in the state.

Men can experience a variety of symptoms, including increased frequency of urination or increased urgency to urinate, he said. According to Krieger, these symptoms can also mimic those of prostate cancer, though an enlarged prostate doesn't necessarily mean cancer is present.

The American Cancer Society confirms that some 221,000 new cases of prostate cancer are diagnosed in the U.S. annually and over 27,000 patients will die from the condition. As the second most commonly diagnosed cancer in men, there is increased attention surrounding prevention and early diagnosis of the disease, particularly during men's health awareness month in November.

According to Arnold Baskies, chief science officer and incoming vice chair to the national board of directors for the American Cancer Society and medical director at the Virtua Hospital System in southern New Jersey, a certain percentage of prostate cancer fatalities could be avoided with early intervention.

"If you biopsied all men, 60 percent of those at age 60 would have evidence of prostate cancer and 70 percent of those at age 70 would," Baskies said. "However, its presence isn't necessarily fatal and it is, for most, a disease you die with, not one you die from based on its slow-growing nature." (Continued on p.7)

Ninety-nine percent of men with the most common type will survive beyond five years after prognosis, particularly if it's confined to the prostate gland, which applies to about 80 percent of cases, he said, noting that treatment with watchful waiting, surgery, and/or radiation therapy have been effective.

Based on the prevalence of prostate enlargement among men, Krieger recommends that all males over the age of 40-50 consider getting a prostate exam as part of a routine annual physical.

"The exam involves a thorough review of any predisposing factors, such as family history, medications being taken, or other dietary triggers – for example, antihistamines, cough syrup, decongestants, caffeine, alcohol, and acidic or spicy foods can all affect bladder and prostate function," Krieger said.

While major risk factors for prostate cancer include a high-fat diet and genetics (African American males are at particular risk of developing this disease), screening for prostate cancer has proven to be a more controversial process based on a growing national debate surrounding the efficacy and economics of the PSA, a blood test which measures the level of 'prostate-specific antigen' in the body, a protein which can become elevated in the presence of prostate cancer.

While heightened levels of PSA in the blood can reflect an increased possibility of prostate cancer, the U.S. Preventive Services Task Force has recommended against PSA tests to screen for prostate cancer since 2012 because it didn't find it to be economical based on the number of cases it turned up, Krieger said. Because the test was federally downgraded, it is no longer universally reimbursed by insurance companies.

"PSA is one of the best screening tools we have, but it's not necessarily good enough," Baskies acknowledged. "When prostate cancer is discoverable with a PSA analysis, PSA levels will be above the normal level of 4, but if levels register in the 'gray' zone of 4-10, there's only a 25 percent possibility of having cancer, so an elevated PSA level doesn't mean that you have prostate cancer, only that there's a one in four chance."

Krieger said he understands the debate but is firmly convinced of the test's greater value. "The Task Force believes that elevated PSA levels will promote additional testing – e.g., a biopsy that might not be needed, exposing patients to further complications – but it could also save a life," he said.

Value of PSA test

Roselle Park resident and retired truck driver Jake Dennett, 67, is among those who say they've benefitted from access to the PSA test.

Though he's undergone routine prostate exams for the past decade, his more recent decision to have the PSA test administered revealed the presence of a cancerous section of his prostate in 2013 that had previously gone undetected by other means.

Dennett had nine weeks of radiation therapy in spring 2014 and said he has been cancer-free for the past year and a half. He regularly attends monthly support group meetings at the Prostate Cancer Center of New Jersey in West Orange.

"Some insurance companies don't feel that the PSA is necessary, but through it we saw my PSA levels creeping up over time and it was a source of valuable information for me," he said.

"The bottom line is that male patients should have the opportunity to discuss the pros and cons of PSA screening with their doctor (**Concluded on p.8**)

and all of the treatment options available to them if they have cancer," said Krieger, who's concerned that mortality rates from prostate cancer could rise based on the discouraged use of the PSA tool.

"We believe in an individualized approach and that the decision of whether to administer the PSA test should be between a patient and his physician," Baskies agreed.

While other approaches to testing for prostate cancer are available, including parametric MRIs, 'complex PSA' tools, and genetic testing, which may someday hold promise for predicting one's likelihood of developing prostate cancer as well as

determining the most appropriate treatment, Baskies and Krieger confirm that vigilance is among a man's best defenses.

Men don't traditionally go for screenings like women do, Krieger conceded. "But we need to get men away from that stigma so that they can take more command and ownership of their health as they move into their later years."

You can find the article online [here](#).

Must Reads



The Hill October 16, 2015

“Setting the record straight on IOAS”

<http://thehill.com/blogs/congress-blog/healthcare/257052-setting-the-record-straight-on-ioas>

Health Economics Review October 20, 2015

“In-office magnetic resonance imaging (MRI) equipment ownership and MRI volume among Medicare patients in orthopedic practices”

<http://www.healtheconomicsreview.com/content/5/1/31>

MedPage Today July 11, 2015

“Big Jump in Surveillance for Older Prostate Ca Patients”

http://www.medpagetoday.com/HematologyOncology/ProstateCancer/52555?xid=nl_mpt_DHE_2015-07-13&eun=g334379d0r

Calling All New Jersey Urologists

We are always looking to expand the New Jersey Patient Care and Access Coalition because we understand there is “strength in numbers.” If you know of a colleague who is not a member, please invite him or her to join and to take a look at our [webpage](http://www.njpcac.org) (www.njpcac.org) for additional information. There is also a membership application form on the webpage they can use to contact us if they want to join.

New Jersey Patient Care and Access Coalition

830 Morris Turnpike, Suite 303
Short Hills, New Jersey 07078-2608
866-244-9682 / info@njpcac.org