



February 20, 2014

The Honorable John J. Burzichelli  
Deputy Speaker/Appropriations Chair  
New Jersey State Legislature  
935 Kings Highway, Suite 400  
West Deptford, NJ 08086

Re: American Medical Association opposition to Assembly Bill A-4338

Dear Deputy Speaker Burzichelli:

On behalf of the American Medical Association (AMA) and our physician and medical student members, the AMA appreciates the opportunity to provide comments regarding Assembly Bill A-4338, a bill that would require a notification sent to all patients who present signs of any abnormality within their chest x-ray.

The AMA recommends that physicians report clinical test results to patients in language understandable to the patient and in the manner deemed most appropriate by the physician. Additionally, the AMA *Code of Medical Ethics* dictates that any information gathered from test results that would be necessary for patients to make intelligent medical decisions on future medical treatments must be disclosed to them.<sup>1</sup> Good communication between a physician and patient is both an ethical imperative, necessary for informed consent and effective patient engagement, and a means to avoid errors, improve quality, lower costs and achieve better health outcomes. While the AMA supports the intent of A-4338, the notification requirement, as currently drafted, is not necessarily in the patients' best interest.

Chest x-rays are the most commonly performed radiological exams and are often used to further examine heart and lung conditions. For many patients, chest x-rays are generally ordered only after a patient exhibits certain indications and thus, abnormal results are not uncommon and not necessarily unexpected. As written, A-4338 would require a notification sent to the majority of patients who receive chest x-rays. Further, the notification requirement in A-4338 is extremely vague, does not provide patient with any additional information that will help them to better understand their condition, and may cause them more anxiety as they wait to hear from their physician to interpret the results. When an abnormal finding is discovered, the communication to the patient should reflect their actual diagnosis.

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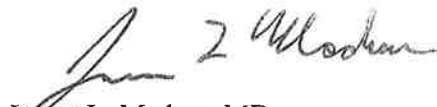
<sup>1</sup> "Opinion E.8-095, Reporting Clinical Test Results: General Guidelines, American Medical Association, *Code of Medical Ethics: Current Opinions with Annotation* (Chicago, IL: AMA Press; 2004).

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Based on all of the above, we strongly recommend that the New Jersey legislature proceed with caution in considering A-4338 and work with physicians and other stakeholders on the appropriate method to communicate chest x-ray results to patients. If you have any questions, please feel free to contact Carrie Armour, JD, Senior Legislative Attorney, Advocacy Resource Center, at [carrie.armour@ama-assn.org](mailto:carrie.armour@ama-assn.org) or (312) 464-4039.

Thank you for your efforts on this important public health issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

cc: Medical Society of New Jersey