

30:4D-7 AND 17

LEGISLATIVE HISTORY CHECKLIST

NJSA 30:4D-7 and 30:4D-17 (Medicaid overpayments--penalties, interest, damages)

Laws of 1976 Chapter 89

Bill No. A1455

Sponsor(s) Deverin & others

Date Introduced February 3, 1976

Committee: Assembly Institutions, Health & Welfare

Senate Institutions, Health & Welfare

Amended during passage Yes  No  Amendments during passage denoted by asterisks.

Date of passage: Assembly May 20, 1976

Senate July 22, 1976

Date of approval Sept. 15, 1976

Following statements are attached if available:

Sponsor statement Yes  No

Committee Statement: Assembly Yes  No

Senate Yes  No

Fiscal Note Yes  No

Veto message  Yes  No

Message on signing Yes  No

Following were printed:

Reports Yes  No

Hearings Yes  No

For background see:

974.90 N.J. Commn. of Investigation.

H434 Interim report on New Jersey's system of reimbursement  
1975a of rent and carrying costs to nursing homes participating  
in the Medicaid program. Trenton, 1975.

(over)

JAN 1978

10/4/76

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974.901 N.J. Commn. of Investigation. [Cited in Governor's statement?]  
I83 Investigation of the New Jersey Medicaid Program of  
(1976) health care for the indigent.  
(Annual report of the Commn., 1976, p.134-221)

974.90 N.J. Commn. of Investigation.  
H434 Report on the practices and procedures of practitioner  
1976d groups participating in the New Jersey Medicaid program.  
Trenton, 1976.

[SECOND OFFICIAL COPY REPRINT]

**ASSEMBLY, No. 1455**

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**STATE OF NEW JERSEY**

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INTRODUCED FEBRUARY 3, 1976

By Assemblymen DEVERIN, BORNHEIMER, VISOTCKY  
and MARTIN

Referred to Committee on Institutions, Health and Welfare

AN ACT to amend the "New Jersey Medical Assistance and Health Services Act," approved January 15, 1969 (P. L. 1968, c. 413).

1 BE IT ENACTED *by the Senate and General Assembly of the State*  
2 *of New Jersey:*

1 1. Section 7 of P. L. 1968, c. 413 (C. 30:4D-7) is amended to  
2 read as follows:

3 7. Duties of commissioner. The commissioner is authorized and  
4 empowered to issue, or to cause to be issued through the Division  
5 of Medical Assistance and Health Services all necessary rules and  
6 regulations and administrative orders, and to do or cause to be  
7 done all other acts and things necessary to secure for the State of  
8 New Jersey the maximum Federal participation that is available  
9 with respect to a program of medical assistance, consistent with  
10 fiscal responsibility and within the limits of funds available for  
11 any fiscal year, and to the extent authorized by the medical assist-  
12 ance program plan; to adopt fee schedules with regard to medical  
13 assistance benefits and otherwise to accomplish the purposes of this  
14 act, including specifically the following:

15 a. Subject to the limits imposed by this act, to submit a plan for  
16 medical assistance, as required by Title XIX of the Federal Social  
17 Security Act, to the Federal Department of Health, Education and  
18 Welfare for approval pursuant to the provisions of such laws;  
19 to act for the State in making negotiations relative to the sub-  
20 mission and approval of such plan, to make such arrangements,  
21 not inconsistent with the law, as may be required by or pursuant  
22 to Federal law to obtain and retain such approval and to secure  
23 for the State the benefits of the provisions of such law;

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

24 b. Subject to the limits imposed by this act, to determine the  
25 amount and scope of services to be covered, that the amounts to be  
26 paid are reasonable, and the duration of medical assistance to be  
27 furnished; provided, however, that the department shall provide  
28 medical assistance on behalf of all recipients of categorical assist-  
29 ance and such other related groups as are mandatory under Federal  
30 laws and rules and regulations, as they now are or as they may  
31 be hereafter amended, in order to obtain Federal matching funds  
32 for such purposes and, in addition, provide medical assistance for  
33 the foster children specified in section 3. f. (5) of this act. The  
34 medical assistance provided for these groups shall not be less in  
35 scope, duration, or amount than is currently furnished such groups,  
36 and in addition, shall include at least the minimum services re-  
37 quired under Federal laws and rules and regulations to obtain  
38 Federal matching funds for such purposes.

39 The commissioner is authorized and empowered, at such times  
40 as he may determine feasible, within the limits of appropriated  
41 funds for any fiscal year, to extend the scope, duration, and amount  
42 of medical assistance on behalf of these groups of categorical  
43 assistance recipients, related groups as are mandatory, and foster  
44 children authorized pursuant to section 3. f. (5) of this act, so as to  
45 include, in whole or in part, the optional medical services autho-  
46 rized under Federal laws and rules and regulations, and the com-  
47 missioner shall have the authority to establish and maintain the  
48 priorities given such optional medical services; provided, however,  
49 that medical assistance shall be provided to at least such groups  
50 and in such scope, duration, and amount as are required to obtain  
51 Federal matching funds;

52 The commissioner is further authorized and empowered, at such  
53 times as he may determine feasible, within the limits of appropri-  
54 ated funds for any fiscal year, to issue, or cause to be issued through  
55 the Division of Medical Assistance and Health Services all neces-  
56 sary rules, regulations and administrative orders, and to do or  
57 cause to be done all other acts and things necessary to implement  
58 and administer demonstration projects pursuant to Title XI, Sec-  
59 tion 1115 of the Federal Social Security Act, including, but not  
60 limited to waiving compliance with specific provisions of this act,  
61 to the extent and for the period of time the commissioner deems  
62 necessary, as well as contracting with any legal entity, including  
63 but not limited to corporations organized pursuant to Title 14A,  
64 New Jersey Statutes (N. J. S. 14A:1-1 et seq.) and Title 15, Re-  
65 vised Statutes (R. S. 15:1-1 et seq.) as well as boards, groups,  
66 agencies, persons and other public or private entities.

67 c. To administer the provisions of this act;

68 d. To make reports to the Federal Department of Health, Edu-  
69 cation and Welfare as from time to time may be required by such  
70 Federal department and to the New Jersey Legislature as here-  
71 inafter provided;

72 e. To assure that any applicant for medical assistance shall be  
73 afforded the opportunity for a fair hearing by the department  
74 should his claim for medical assistance be denied or not acted upon  
75 with reasonable promptness;

76 f. To provide that either the recipient or the provider shall be  
77 afforded the opportunity for a fair hearing within a reasonable  
78 time on any valid complaint;

79 g. To provide safeguards to restrict the use or disclosure of  
80 information concerning applicants and recipients to purposes  
81 directly connected with administration of this act;

82 h. To recover any and all payments incorrectly or illegally made  
83 to a recipient or provided from such provider, the recipient or his  
84 estate *and to assess and collect such penalties as are provided for*  
85 *herein*;

86 i. To recover any and all benefits incorrectly paid to a provider  
87 on behalf of a recipient from such recipient or from his estate *and*  
88 *to assess and collect such penalties as are provided for herein*,  
89 except that no lien may be imposed against property of the recip-  
90 ient prior to his death except pursuant to the judgement of a court;

91 j. To take all reasonable measures to ascertain the legal liability  
92 of third parties to pay for care and services (available under the  
93 plan) arising out of injury, disease, or disability; where it is known  
94 that a third party has a legal liability, to treat such legal liability  
95 as a resource of the individual on whose behalf the care and services  
96 are made available for purposes of determining eligibility; and  
97 in any case where such a legal liability is found to exist after  
98 medical assistance has been made available on behalf of the indi-  
99 vidual, to seek reimbursement for such assistance to the extent of  
100 such legal liability. In any case where such a legal liability is  
101 found the department shall be subrogated to the rights of the  
102 individual for whom medical assistance was made available;

103 k. To solicit, receive and review bids pursuant to the provisions  
104 of P. L. 1954, c. 48 (C. 52:34-6 et seq.) and all amendments and  
105 supplements thereto, by authorized insurance companies and non-  
106 profit hospital service corporations or medical service corporations,  
107 incorporated in New Jersey, and authorized to do business pursuant  
108 to P. L. 1938, c. 366 (C. 17:48-1 et seq.) or P. L. 1940, c. 74

109 (C. 17:48A-1 et seq.), and to make recommendations in connection  
110 therewith to the State Medicaid Commission;

111 l. To contract, or otherwise provide as in this act provided, for  
112 the payment of claims in the manner approved by the State  
113 Medicaid Commission;

114 m. Where necessary, to advance funds to the underwriter or fiscal  
115 agent to enable such underwriter or fiscal agent, in accordance  
116 with terms of its contract, to make payments to providers;

117 n. To contract with and to pay for appropriate agencies that  
118 investigate and determine whether applicants for benefits under  
119 this act are eligible therefor under the standards prescribed by the  
120 department;

121 o. To assure that the nature and quality of the medical assistance  
122 provided for under this act shall be uniform and equitable to all  
123 recipients.

1 2. Section 17 of P. L. 1968, c. 413 (C. 30:4D-17) is amended to  
2 read as follows:

3 17. Penalty. (a) It shall be unlawful for any person, *firm, cor-*  
4 *poration, partnership or other entity* to willfully, by means of a  
5 *false statement or representation, or by deliberate concealment of*  
6 *any material fact, or other fraudulent scheme or device on behalf*  
7 *of himself or others, obtain or attempt to obtain medical assistance*  
8 *or other benefits or payments* under this act to which he is not en-  
9 titled, or in a greater amount than to which he is entitled, and,  
10 further, it shall be unlawful for any provider to *\*willfully\** receive  
11 medical assistance payments to which he is not entitled, or in a  
12 greater amount than to which he is entitled, or to falsify any report  
13 *or document* required under this act.

14 (b) Any person\*\*, *firm, corporation, partnership or other legal*  
15 *entity\*\** who violates the provisions of subsection (a) of this sec-  
16 tion shall be guilty of a misdemeanor *and shall be liable to a penalty*  
17 *of not more than \$10,000.00 for the first and each subsequent of-*  
18 *fense, or to imprisonment for not more than 3 years, or both.*

19 (c) *Any person, firm, corporation, partnership, or other legal*  
20 *entity who violates the provisions of subsection (a) of this section*  
21 *shall, in addition to any other penalties provided by law, be liable*  
22 *to civil penalties of (1) payment of interest on the amount of the*  
23 *excess benefits or payments at the maximum legal rate in effect on*  
24 *the date the payment was made to said person, firm, corporation,*  
25 *partnership or other legal entity for the period from the date*  
26 *upon which payment was made to the date upon which repayment*

27 is made to the State **\*[and]\***, (2) payment of an amount not to  
 28 exceed threefold the amount of such excess benefits or payments\*,  
 29 and (3) payment in the sum of \$2,000.00 for each excessive claim  
 30 for assistance, benefits or payments\*.

30A (d) Any person, firm, corporation, partnership or other legal  
 30B entity \*other than an individual recipient of medical services reim-  
 30C bursable by the Division of Medical Assistance and Health  
 30D Services,\* who, without intent to violate this act, obtains medical as-  
 31 sistance or other benefits or payments under this act in excess of  
 32 the amount to which he is entitled, shall be liable to **\*\*a\*\*** civil  
 33 **\*\*[penalties]\*\*** **\*\*penalty\*\*** of **\*\*[(1)]\*\*** payment of interest on  
 34 the amount of the excess benefits or payments at the maximum legal  
 35 rate in effect on the date the benefit or payment was made to said  
 36 person, firm, corporation, partnership, or other legal entity for the  
 37 period from the date upon which payment was made to the date  
 38 upon which repayment is made to the State, **\*\*[and (2) payment**  
 39 of an amount not to exceed 50% of the excessive benefits or pay-  
 39A ments.]\*\* **\*\*provided, however, that no such person, firm, corpora-**  
 39B **tion, partnership or other legal entity shall be liable to such civil**  
 39C **penalty when excess medical assistance or other benefits or pay-**  
 39D **ments under this act are obtained by such person, firm, corporation,**  
 39E **partnership or other legal entity as a result of error made by the**  
 39F **Division of Medical Assistance and Health Services, as determined**  
 39G **by said division.\*\***

40 (e) All interest and penalties provided for in this act and **\*\*[re-**  
 41 **covery of]\*\*** all medical assistance and other benefits to which a  
 42 person, firm, corporation, partnership, or other legal entity was not  
 43 entitled shall be recovered in an administrative procedure held pur-  
 44 suant to the "Administrative Procedure Act," P. L. 1968, c. 410  
 45 (C. 52:14B-1, et seq.) **\*[or in a court of competent jurisdiction]\***.

46 **\*\* (f) \*\*** Upon the failure of any person\*\*, firm, corporation,  
 46A partnership or other legal entity\*\* to comply within 10 days after  
 47 service of any order of the Attorney General or his designee direct-  
 48 ing payment of **\*\*[a penalty assessed herein]\*\*** **\*\*any amount**  
 49 **found to be due pursuant to subsection (e) of this section\*\***, the  
 50 Attorney General may issue a certificate to the Clerk of the Su-  
 51 perior Court that such person\*\*, firm, corporation, partnership or  
 52 other legal entity\*\* is indebted to the State for the payment of  
 53 such **\*\*[penalty]\*\*** **\*\*amount\*\***. A copy of such certificate shall  
 54 be served upon the person\*\*, firm, corporation, partnership or  
 55 other legal entity\*\* against whom the order was entered. There-  
 56 upon the clerk shall immediately enter upon his record of docketed  
 57 judgments the name of the person\*\*, firm, corporation, partnership

58 *or other legal entity\*\* so indebted, and of the State, a designation*  
59 *of the statute under which \*\*[the penalty is imposed]\*\* \*\*such*  
60 *amount is found to be due\*\*, the amount \*\*[of the penalty im-*  
61 *posed]\*\* \*\*due\*\*, and the date of the certification. Such entry*  
62 *shall have the same force and effect as the entry of a docketed*  
63 *judgment in the Superior Court. Such entry, however, shall be*  
64 *without prejudice to the right of appeal to the Appellate Division*  
65 *of the Superior Court from the final order of the Attorney General*  
66 *or his designee.\**

1 3. This act shall take effect immediately *and the \*\*[remedies*  
2 *provided in subsections (c) and (d)]\*\* \*\*provisions of subsections*  
3 *(c), (d), (e) and (f)\*\* of Section 17 of P. L. 1968, c. 413 \*\*[as*  
4 *amended by this act,]\*\* \*\* shall apply to all pending and subsequent*  
5 *judicial and administrative proceedings\*.*

27 is made to the State and, (2) payment of an amount not to exceed  
28 threefold the amount of such excess benefits or payments.

29 (d) Any person, firm, corporation, partnership or other legal  
30 entity who, without intent to violate this act, obtains medical as-  
31 sistance or other benefits or payments under this act in excess of  
32 the amount to which he is entitled, shall be liable to civil penalties  
33 of (1) payment of interest on the amount of the excess benefits or  
34 payments at the maximum legal rate in effect on the date the benefit  
35 or payment was made to said person, firm, corporation, partnership,  
36 or other legal entity for the period from the date upon which pay-  
37 ment was made to the date upon which repayment is made to the  
38 State, and (2) payment of an amount not to exceed 50% of the  
39 excessive benefits or payments.

40 (e) All interest and penalties provided for in this act and recov-  
41 ery of all medical assistance and other benefits to which a person,  
42 firm, corporation, partnership, or other legal entity was not en-  
43 titled shall be recovered in an administrative procedure held pur-  
44 suant to the "Administrative Procedure Act," P. L. 1968, c. 410  
45 (C. 52:14B-1, et seq.) or in a court of competent jurisdiction.

1 3. This act shall take effect immediately.

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#### STATEMENT

Present law provides that where excessive reimbursement has been made by the Division of Medical Assistance and Health Services to a provider of medical services, civil remedies are limited to recovery of the overpayment without any statutory provision for the recovery of interest or penalties. This is true whether or not the overpayment was intentionally obtained. The maximum available criminal penalty is presently \$1,000.00.

Recent investigations have demonstrated that abuses of the Medicaid system have occurred. Existing penalties have not been sufficient to deter this behavior. This bill therefore increases the maximum available criminal penalty to \$10,000.00. It also provides that where excessive payments have been willfully sought or received, available civil remedies will include, in addition to recovery of excessive reimbursement, the imposition of interest plus treble damages. Finally, this legislation provides that where there have been nonwillful violations, the State may recover the excessive reimbursement, interest and penalties of up to 50% of the excessive reimbursement.

ASSEMBLY INSTITUTIONS, HEALTH AND  
WELFARE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1455

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STATE OF NEW JERSEY

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DATED: APRIL 8, 1976

The committee amended this bill to include an additional penalty of \$2,000.00 for each excessive claim for assistance benefits or payments. Another amendment exempts individual recipients who have unintentionally received medical assistance or overpayments for medical services which are Medicaid reimbursable from penalties under this legislation. Lastly, a committee amendment provides a mechanism whereby the Attorney General or his designee shall enter a certificate of indebtedness in the Superior Court to collect penalties imposed by this bill.

SENATE INSTITUTIONS, HEALTH AND WELFARE  
COMMITTEE

STATEMENT TO  
**ASSEMBLY, No. 1455**

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with Senate committee amendment

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**STATE OF NEW JERSEY**

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DATED: JUNE 24, 1976

Under New Jersey's Medicaid law, when any overpayment is made for services, either unintentionally or as a result of fraud, the State's civil remedies are limited to recovery of the overpayment. There is no provision for recovery of penalties or of interest on the overpayment. The maximum available criminal penalty is \$1,000.00.

This bill attempts to deter abuses of the Medicaid program by increasing the maximum available criminal penalty to \$10,000.00. In addition, it expands available civil remedies to include the imposition of interest plus treble damages, when excessive payments have been willfully sought or received. If excessive payments are nonwillfully received, under the terms of the bill the State could recover the excess reimbursement, plus interest and penalties of up to 50% of the excess reimbursement.

The Assembly Institutions, Health and Welfare Committee made several amendments to this bill. One of these added an additional civil penalty of \$2,000.00 for each excessive claim for assistance benefits or payments. Another amendment exempted individual recipients of services from penalties or interest charges when they unintentionally receive overpayments for services. A final amendment provided a mechanism for the Attorney General or his designee to collect penalties imposed by the bill, when administrative procedures fail to force payment of such penalties.

The Senate committee felt that penalties should not be imposed when overpayments are received unintentionally, and that interest on overpayments in these cases should be charged only when providers of services, and not the State, are guilty of error causing the overpayment. It therefore amended the bill to this effect.

FISCAL NOTE TO  
**ASSEMBLY, No. 1455**

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**STATE OF NEW JERSEY**

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DATED: JULY 22, 1976

The Senate Reprint of Assembly Bill No. 1455 increases the maximum penalty for any overpayment that was willfully obtained under the "Medical Assistance and Health Services Act" (P. L. 1968, c. 413).

For the additional assistance required by deputy attorneys general it is thought would be needed, the cost of fringe benefits and support costs, the Division of Budget and Accounting estimates enactment of this legislation would require a net State expenditure of \$24,600.00 in fiscal 1976-77 and \$36,650.00 in fiscal 1977-78.

It is the thinking of the Office of Fiscal Affairs that this program should certainly break even financially, if not be a revenue producer, through fines collected or reduced costs as a result of improved compliance with rules and regulations.

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The fiscal note is based on an estimate of costs rather than actual cost information.

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In compliance with written request received, there is hereby submitted a fiscal estimate for the above bill, pursuant to P. L. 1962, c. 27.

FROM THE OFFICE OF THE GOVERNOR

SEPTEMBER 15, 1976

FOR FURTHER INFORMATION

FOR IMMEDIATE RELEASE

BOB COMSTOCK

Governor Brendan T. Byrne today signed into law a bill that increases the penalties for Medicaid fraud and facilitates the recovery of excessive payments in Medicaid funds.

In signing the bill, Governor Byrne also said he would ask the Legislature to approve a supplemental appropriation to provide additional funds that would permit increased efforts in the policing of the Medicaid system.

"I am pleased," Governor Byrne said, "that federal officials have found New Jersey's Medicaid program one of the cleanest in the nation and recognized our innovative efforts to minimize opportunities for fraud and to prosecute aggressively those cases that do arise

"However, Medicaid is one area where relatively small expenditures in administrative and law enforcement oversight pay large dividends in terms of protecting public monies," the Governor said.

The bill that was signed into law was A-1455 sponsored by Assemblyman Thomas Deverin (D- Middlesex). The bill increases from \$1,000 to \$10,000 the fines for convictions for willful Medicaid fraud. The maximum permissible jail sentence remains at three years. In addition, the bill establishes for the first time a system of civil penalties equal to three times the amount of excess payments to those fraudulently receiving Medicaid funds, a \$2,000 fine for each claim for excessive payments submitted to Medicaid, and the imposition of interest on the amount of excess payments in addition to recovery of the payment.

For persons receiving excess reimbursements or payments where there is no intent to defraud the bill permits the imposition of interest on the amount of excess benefits or payments pending repayment.

-more-

"By signing this bill into law, I am substantially strengthening the power of the Medicaid Division to recover fraudulent payments from both recipients and providers," Governor Byrne said. "In addition, I am making it substantially less profitable for unscrupulous health care providers to take advantage of a system that was designed to provide much needed medical care for our less fortunate citizens."

In announcing that he would seek additional funds for the policing of the Medicaid system, the Governor noted that such expenditures ought to be viewed not so much in terms of absolute dollar amounts as in terms of the amounts of money that can be saved through more efficient and aggressive oversight.

"I am told, for instance, that the present Medicaid Investigation Unit in the Division of Criminal Justice costs the State approximately \$245,000 per year but has already brought indictments and accusations alleging more than \$1 million in Medicaid fraud.

"Similarly, proper screening of claims in the Division of Medical Care and Health Services (Medicaid) has saved the State \$23 million in 1974 and \$33 million in 1975," the Governor said.

However, he said, while it may be reassuring to know that New Jersey's efforts have been partially successful in this area, he noted that there is still apparent fraud and other misuse of the Medicaid program as evidenced by a recent report of the State Commission of Investigation.

Governor Byrne said the additional funds to be requested would permit an increase in the staffs of the Medicaid Division in the Department of Institutions and Agencies and in the legal and investigative staffs of the Divisions of Law and Criminal Justice in the Department of Law and Public Safety. "I hope for early action on this request," the Governor said. He noted that several legislators have already expressed an interest in sponsoring such supplemental legislation.

Several key legislators have been working closely with the Medicaid, Law and Criminal Justice Divisions, the SCI, and Counsel's Office on further reforms of the system.

Governor Byrne said that further amendments that would tighten administrative controls over the program and streamline criminal procedures will be introduced in bill form shortly.

In discussing the history of the Medicaid program in New Jersey, the Governor said that seven providers were suspended from the program in 1974; 15 providers were suspended in 1975; and seven providers thus far in 1976. Program Integrity Units within the Medicaid Division recovered \$1,130,000 in 1974 and \$1,467,000 in 1975 in funds improperly paid. In addition, \$578,000 was recovered from nursing home providers alone in 1974 and \$752,000 in 1975, and approximately \$600,000 has been recovered as a result of civil and administrative actions initiated by the Law Division of the Attorney General's Department of Law and Public Safety. (The funds were recovered from Medicaid providers, recipients or their estates, and third parties such as insurance companies,)

The Medicaid Investigation Unit was created in the Division of Criminal Justice in early 1975. This Unit is composed of attorneys, investigators and accountants. Since its creation, the Unit has filed charges through indictments or accusations against 20 persons, including seven physicians, three pharmacists, six nursing home administrators, two accountants, one public official and one nursing home employee. Prior to the creation of the Unit only two physicians and one pharmacist were indicted over a two-year period. Of those cases that have gone to trial, there have been pleas of guilty or convictions of three pharmacists, three psychiatrists and one obstetrician. All of the other cases are pending and there have been no acquittals.

The Medicaid Investigation Unit is presently reviewing or investigating approximately 75 allegations of fraud involving more than \$3 million. The subjects of these investigations include nursing homes, physicians, dentists, pharmacists and other providers.

"I am informed by the Attorney General that more indictments may be expected over the next several months," the Governor said.

The Attorney General and the United States Attorney are cooperating in this area. Several investigations are being conducted jointly and an indictment has already been returned in one of those investigations.

In addition to criminal and civil remedies, the Attorney General's office, through the Professional Boards, has been taking action against professionals found guilty of wrongdoing. These actions have been delayed so that criminal matters already pending may be disposed of first. Governor Byrne said that the supplemental funds would help finance more legal and investigation staff so that these professional matters might be expedited along with the criminal cases.

On a related topic, Governor Byrne urged the Legislature to approve the uniform enforcement bill (A-1540 and S-1011) which would clarify the powers of the Attorney General over the various professional boards in the Division of Consumer Affairs. Such a measure, the Governor said, would result in more uniform regulation of the professions and thus better protection for the public that is served by these professionals.

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