

Report from the California Medical Association

The CMA Annual Meeting and Annual Legislative Day

By Mark Singleton, M.D.

These two annual CMA Spring activities took place during the past two months and involved anesthesiologists and many other physicians from throughout the State. We should be mindful and proud that leaders in the CMA continue to come from the ranks of California anesthesiologists. This speaks highly of our CSA as one of the best organized, articulate, and most effective advocacy societies, as does the fact that CSA members continue to be recognized as leaders among California physicians.

Attending the CMA Annual Meeting in at the San Francisco Hilton, March 21-25, 2003, representing the CSA in the Specialty Delegation were Drs. Steve Jackson, Michele Raney, Larry Sullivan and myself. Ms. Barbara Baldwin, our executive director, also was in attendance. Many other CSA members participated in the CMA House of Delegates as representatives of their County Medical Associations and other representative groupings that constitute the House. They included Drs. Virgil Airola, Edgar Canada, James Futrell, Robert Hertzka, Thelma Korpman, Marie Kuffner, Jack Moore, Steven Mulder, Rebecca Patchin, Lynn Rosenstock, Ben Shwachman, Leo Stemp, Hugh Vincent, and James Willis.

A highlight of the meeting was the election of Robert Hertzka, M.D., of San Diego as President-elect of the CMA. This marks the second time in just three years that the highest office in the CMA will be occupied by an anesthesiologist, beginning with Marie Kuffner's previous distinguished service.

This year's business of the CMA House of Delegates was mostly comprised of the many resolutions and reports submitted and discussed before the seven reference committees, and then again on the floor of the House. Resolutions and reports of particular interest to anesthesiologists, and actions taken by the CMA House are described below.

- Dr. Larry Sullivan introduced a resolution asking that the CMA Bylaws be amended to increase representation from specialties to the CMA House through the Specialty Delegation, by changing the formula upon which that representation is based. The intent of his resolution was to offset the reduction in delegates and alternate delegates that the CSA has experienced (from six to four) due to the decline in CMA membership among CSA members. This resolution was not adopted as many people outside the Specialty Delegation expressed concern that enlarging the influence of specialists was undesirable. Despite the defeat of his

California Medical Association—Cont'd

resolution, the CSA, in fact, continues to have a strong presence within the Specialty Delegation as well as within other sections constituting the House (such as county medical associations).

- Recommendations from a report supporting the recognition as a Specialty Organization of ABMS-certified Subspecialties (or those approved by the Medical Board of California as equivalent to ABMS-certified), were adopted.
- Another report dealing with Medicare patient access to implantable morphine pumps was referred back to the committee that submitted it. Reference Committee testimony had indicated that the report contained factual errors and was in need of revision.
- Dr. Vincent co-authored an adopted resolution calling for any plans for smallpox vaccinations for civilian physicians and other health workers to remain voluntary, and also urged preparation for mass vaccination of the public within two days of exposure, as well as further study of the risk/benefit and other issues regarding smallpox vaccination.
- Dr. Hertzka co-authored a resolution encouraging county medical society promotion of a “Buck-a-week for MICRA” campaign to add a \$50/yr contribution to their dues collection statements, and it was adopted by the House in an amended form.
- A resolution opposing the practice of some pharmacists charging a “consultation fee” to patients when dispensing emergency contraception was passed.
- A resolution seeking to change the Title 22 requirement that physicians’ verbal orders be authenticated within 48 hours was passed. The current regulations are considered to be largely impractical and unreasonable.
- A resolution calling for enforcement of the legal restrictions against drug substitutions in hospitals without the authorization of the prescribing physician, and against automatic drug substitutions, was adopted.
- A resolution calling for any investigations of physicians’ use of narcotic medications by law enforcement agencies to rely on the opinions of properly credentialed physicians who are experts in pain management and addiction was adopted.
- A resolution was passed urging specialty societies to develop expert witness testimony peer review programs, and encouraging the Medical Board of California to review cases that are referred relating to concerns about the validity of expert witness testimony.
- Three resolutions were adopted that endorsed CMA and AMA education and support for physicians in dealing with the new requirements of HIPAA, and

California Medical Association—Cont'd

specifically to ensure due process for physicians accused of violating HIPAA regulations.

- A successful resolution called for the CMA and AMA to work toward convincing JCAHO to publish its standards on their website as a service to medical staff leaders. Several resolutions were passed that endorsed the concepts of medical staff self-governance and physician responsibility for managing and directing patient care in the context of JCAHO standards and relationships with hospitals.
- A resolution passed that supported the Institute for Medical Quality (IMQ) in the Consolidated Accreditation and Licensing Survey (CALs) process, a hospital inspection process that is unique to California.
- Many resolutions addressed issues of fairness and support for physicians in contracting with health plans and governmental payers, including rejection of unilateral changes or nondisclosure policies of insurers.
- Passage of an important amended resolution rejected an unmodified RBRVS as the template for a new Workers' Compensation fee schedule, and called for CMA to convene a workgroup of key stakeholders—including specialty organizations—to address the development of the new Workers' Comp fee schedule; and to consider legislation to create a mechanism to enable physicians to negotiate rates and contract terms collectively.
- Many resolutions dealt with health care financing and health system reform. Several of these were very innovative, had sweeping potential for restructuring the system on a grand scale and contained complex mechanisms to accomplish change. They were generally referred to the Board of Trustees for study, and hopefully will be part of the continuing effort to rebuild our health care system.

On a darker note, there was considerable discussion of many resolutions having to do with conflicts of interest of CMA officers and Board of Trustees. These arose because of the involvement of an officer on the board of an insurance company. The discussion was emotional and bitter on both sides and was, unfortunately, divisive to the CMA as a whole. A comprehensive resolution was adopted by the House of Delegates which calls for disclosure to the board of their relationships with health plans by essentially anyone involved in policy making within the CMA. These disclosures are required to be current, easily available to CMA members, and reviewed and reported to the House.

The other CMA meeting upon which I would like to briefly report is the Annual Legislative Leadership Conference that was held at the Sacramento Convention Center on April 30, 2003. Anesthesiologists in attendance included Drs. Edgar Canada, Patricia Dailey, Christine Doyle, Stephen Jackson, Thelma Korpman, Ken Pauker, and myself. Barbara Baldwin and both Messrs. Barnaby, our legislative advocates, were there as well. We were all quite proud to see two fellow anesthesi-

California Medical Association—Cont'd

ologists, Drs. Robert Hertzka and Rebecca Patchin, sitting at the dais with other dignitaries as CMA presiding officers.

The morning consisted of presentations by Mr. Steve Thompson (CMA's chief legislative advocate) and others regarding pending legislative issues, MICRA and other topics. Included among them was a bill, called the "pay or play" bill, introduced by State Senate pro Tempore John Burton, that would require California employers to either provide health insurance for their employees or pay into a special fund which would make a collective insurance product available to these employees. CMA is involved in discussions with Mr. Burton and other interested parties about this bill and its implications. The conference was addressed by two likely future gubernatorial candidates, State Treasurer Phil Angelides and State Attorney General Bill Lockyer, both of whom presented their views on health care in California and answered questions from the audience. The conference ended with opportunities for attendees to keep afternoon appointments with their elected representatives in the Capitol.

While most were attending a rally organized on the Capitol steps in the late morning, Drs. Dailey and Pauker, Messrs. Barnaby, Jr. and Sr., and I visited the office of Dr. Anthony Way, a urologist, who is the Chief Medical Consultant for the Licensing and Certification Division of the California Department of Health Services (DHS). We had a friendly, candid, and productive talk with Dr. Way, who it should be recalled, wrote a definitive statement last year at CSA's request, on issues of medication and equipment security as it pertains to locked/unlocked anesthesia carts. We spent some time further defining appropriate policies and practice with regard to anesthetic medications in the OR and elsewhere in the hospital (such as labor rooms). We also talked about issues relating to discharge of patients from the PACU and the anesthesiologist's responsibilities there. Dr. Way educated us about DHS's role in the inspection and certification process and its different roles in hospitals as compared to ambulatory surgery centers. At the conclusion of our meeting it was clear that our acquaintance with Dr. Way will be a valuable resource to the CSA in our continuing efforts to help our members deal with accreditation and survey problems.

Attention CSA Members!

We need your e-mail address, correct home address and hospital information.

**Contact the CSA Office at (800) 345-3691 or
csa@calsocanes.com**