Annual Meeting of the CMA House of Delegates

By Michele Raney, M.D., CMA Board of Trustees

The 140th Annual Session of the California Medical Association (CMA) House of Delegates (HOD) took place Oct. 14–17, 2011, in Anaheim, Calif. Representing the CSA in CMA's Specialty Delegation were Brian Cross, M.D., Thelma Korpman, M.D., and Michael Schneider, M.D. In addition, Michele Raney, M.D., served as a Specialty Delegation Trustee on the CMA Board of Trustees; other CSA members on that board (representing some of the geographic and mode-of-practice delegations) were Virgil Airola, M.D., Lee Snook, M.D., and Robert Wailes, M.D. Additional CSA members were present in other delegations: James Merson, M.D., Rebecca Patchin, M.D., and Hugh Vincent, M.D. Stephen Jackson, M.D., served as a member of the Councils of Scientific and Ethical Affairs, and other CSA members provided input through the Organized Medical Staff Section and Hospital Based Physicians Forum. Unfortunately, the total number of CSA members participating in the CMA Annual Meeting was limited by their participation at the concurrently scheduled American Society of Anesthesiologists Annual Meeting in Chicago, Ill.

Officers and Elections

James Hay, M.D., was installed as CMA President; also elected were Paul Phinney, M.D., CMA President-Elect; Luther F. Cobb, M.D., Speaker of the House; and Theodore Mazer, M.D., Vice-Speaker. Steven Larson, M.D., became Chair of the Board of Trustees and David Aizuss, M.D., was elected Vice-Chair.

Reports

The report of the CMA Legalization and Taxation of Marijuana Technical Advisory Committee was accepted by the Board of Trustees and presented to the HOD. You are referred to the editorial (pages 5–8) and two other articles (pages 83–90) in this issue for further information on this topic.

Proceedings of the House of Delegates

Government Health Programs and Health Reform

Once again, since government health programs and health reform were ranked as the CMA's highest priority, the CMA will continue to actively work to ensure that implementation of federal health reform at both the federal and state levels is done in a manner so as to protect and enhance the practice of medicine and protect patients. Specifically, repeal of the Sustainable Growth Rate formula, elimination of limiting charges, and opposition to MEDPAC payment cuts to physicians were supported, as well as providing physicians with information

regarding selecting and electing a specific Medicare participation status. The CMA will continue to develop member resources for practice assessment and contract analysis specific to a given health care community, and it will continue to monitor the implementation of health care reform and advocate for physician-centered delivery systems that improve quality and efficiency. The CMA opposes financial penalties for physicians who do not adopt health information technology, such as electronic medical records and electronic prescribing.

In the regulatory arena, the CMA will continue its advocacy for stronger regulatory enforcement of the corporate practice-of-medicine bar. In addition, the CMA will monitor the qualifications of physicians appointed to state committees that set standards of care for diagnosis and treatment decisions, guidelines and quality, and it will support participation by actively practicing physicians who have current knowledge of best practice of health care delivery, diagnosis and treatment, and cost-effective quality care.

The CMA will actively collaborate with interested county and specialty societies to submit an application to the Center for Medicare and Medicaid Services for a patient-centered "medical home" pilot project appropriate for California physicians and patients.

Insurance and Reimbursement

A series of resolutions requested specific responses to evolving difficulties in payer relationships. The CMA will oppose payers' unreasonable documentation requirements; will develop additional resources to assist physicians' contract negotiations with PPOs; will take whatever legal, legislative and/or statutory action is necessary to require that all insurers of health services provide physicians with a list of all formulary-covered alternate drugs or devices within the same class whenever coverage of a specific medication or medical device is denied; will take action to require that insurance companies issue payments directly to out-of-network physicians whose patients have signed an assignment of benefits form; will advocate for the immediate dissolution of workers' compensation medical provider networks.

Quality, Ethics, and Medical Practice Issues

The HOD reiterated that remuneration or kickbacks by pharmaceutical companies for specific drug-prescribing is considered unethical (this does not preclude remuneration as part of a bioethics-approved research project). The CMA, through the Council on Ethical Affairs, will study new policy recommendations on ways to relieve the organ donor shortage. The CMA will request that the American Medical Association (AMA) and the Food and Drug Administration require pharmaceutical package inserts to include the

statement: "Statistical significance of safety data is unknown" whenever that is the case. The CMA will urge federal and state agencies to interpret and implement rules governing the electronic prescription of Schedule II–V drugs.

The CMA was directed to advocate that the AMA conduct a legislative campaign targeted toward extending federal Tort Claims Act protections to all EMTALA-mandated care.

The CMA will support introduction of California legislation similar to that passed in Florida, which, as a minimum, authorizes the state to discipline or deny licensure to physicians who offer deceptive or fraudulent expert witness testimony related to the practice of medicine, and requires that expert witnesses from outside the state apply for and receive a certificate authorizing them to testify. Registration for such a certificate will require a written application and payment of a fee, and subject the holder to discipline in the event that he/she renders deceptive or fraudulent testimony.

The CMA will assist physicians—local physician practices, medical societies, and their communities—in opposing hospitals requiring hospital-based or affiliated physicians or groups to carry minimum medical professional liability insurance policies with limits greater than those deemed appropriate by the medical staffs and consistent with industry standards; in essence, the CMA will vigorously oppose physicians being required to contractually indemnify hospitals for liability.

Health Professions and Facilities

The CMA will form a Technical Advisory Committee to study strategies for reducing medical education debt and addressing modifications to loan repayment financing; will work with the CMA Foundation to develop and implement a health policy elective rotation for interested medical students and house staff; will ask the AMA to study the economic multiplier effect of each residency slot by geographic region and specialty, and ask the AMA to investigate the association of Graduate Medical Education funding with each state's health care workforce and health outcomes.

Fair peer review was discussed, and the CMA clarified its support for the concept that every hospital should have an independent self-governing medical staff that conducts fair peer review regularly, and that all California hospitals should actively enforce federal and state laws that require regular and fair peer review. In a fair peer review process, physicians should be informed of their option to request external peer review at the onset of an investigation, and any potential conflicts of interest on the part of the reviewer should be actively identified and addressed. Review by a panel of same-specialty physicians not

affiliated with the hospital at which charges have been brought can be offered as a part of external peer review to achieve unbiased and well-informed peer review. External peer review should supplement and inform, but should not be used to replace, medical staff review.

Science and Public Health

Issues relevant to medical preparedness for disaster; volunteer physicians' liability coverage in disaster response and in providing uncompensated ("free") care for indigent persons; standardized training; and issues relevant to the coordination of existing medical disaster response teams, hospitals, medical societies, and state and federal agencies were discussed.

The CMA supports prohibition of electronic cigarettes and opposes tax incentives for films depicting the use of tobacco in a socially positive and/or contemporaneous manner; voted to encourage the federal government to re-examine the enforcement-based approach to illicit drug use and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease; addressed the marketing of unhealthy food and beverages to children and will encourage media education programs directed to reduce these harmful health influences.

Concluding Remarks

Although fewer than 5 percent of CMA members have designated anesthesiology as their primary specialty, CSA members participate in all aspects of CMA governance—on the Board of Trustees and through the Specialty Delegation, the Organized Medical Staff Section, the Hospital Based Physicians Forum, the geographic delegations, the Mode of Practice Forums, and the Resident Delegation. Each of these individuals continues to maintain the CSA's presence as a respected and influential force in California organized medicine as well nationally. Their efforts are very much appreciated.

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