



WINNING THE FIGHTS THAT MUST BE FOUGHT

California Medical Association's 2019 Legislative Wrap-Up

By Janus L. Norman, CMA Senior Vice President, Centers for Government Relations and Political Operations

In January, California witnessed something completely new. The swearing in of Governor Gavin Newsom marked the first time in state history that a Democratic governor was succeeded by another Democratic governor. Political history is flush with examples of challenges facing the incumbent party attempting to hold on to statewide power. Typically, voters seize the opportunity for change by electing a leader of a different party. But this time, voters chose to move from a moderate Democrat (Jerry Brown) to a progressive Democrat (Gavin Newsom).

The transition from Brown, who retained tight control of the state's budget and legislative process, to a first-time governor provided the legislature with an opportunity to reshape California's policy landscape.

Discussion, debate, dialogue and compromise were the overwhelming themes of the 2019 session. Since Governor Newsom did not have a public veto or signing history, his

policy perspective was not yet set in stone. Legislators saw this as an opportunity to bring nearly every recycled and newly minted policy idea to the proverbial table.

The tone of the 2019 legislative session was overall one of unbridled optimism. Such political environments pose many risks and opportunities, with many competing interest groups jockeying to raise their priorities.

The California Medical Association (CMA) successfully collaborated with the legislature on proactive efforts to expand public health initiatives, reduce administrative burdens, increase physician reimbursements and strengthen the physician workforce. However, over the course of the legislative year, additional reactive efforts emerged as various stakeholders launched unmerited attacks against the profession.

RELIEVING ADMINISTRATION BURDENS

In January 2019, CMA was faced with an immediate crisis: flawed implementation of a new state law—intended to improve the security of physician prescription pads as a solution to the opioid crisis—left pharmacies unable to fill prescriptions and patients being refused necessary medications.

CMA quickly worked with the Newsom Administration, the California Department of Justice and the legislature to resolve the matter. The result was the swift approval and enactment of CMA-sponsored **AB 149 (COOPER)**, which allowed patients to immediately start receiving their prescriptions and physicians to utilize their existing prescription pads until July 2021.

CMA also sponsored **AB 744 (AGUIAR-CURRY)** to revamp the rules regarding the payment of health care services provided via telehealth in order to increase access to care. Under existing law, physicians are incentivized to require patients to physically enter medical offices for services that could otherwise be delivered utilizing telehealth. Health plans sought to maintain existing law as a means of creating barriers to care. However, CMA worked with legislators from both rural and urban areas, showcasing the benefits of telehealth and the necessity for plans to pay for physician expertise regardless of the modality under which it is delivered. Despite the opposition of the health insurer lobby, the measure received only one “no” vote throughout the entire process.

During the last weeks of the legislative session, the United Healthcare Workers Union went after the physician community and sought to shame physicians for the compensation they receive. CMA successfully stopped the union’s sponsored bill, **AB 1404 (SANTIAGO)**, which would have required targeted physician groups to disclose the total compensation of their physician partners as a means of creating leverage in union contract negotiations. Such attacks don’t belong in the health care legislative space; they increase the difficulty of recruiting the quantity of physicians needed to serve patients and negatively impact efforts to constrain health care costs.

In addition to the above, CMA took the following actions to either relieve existing administrative burdens or stop the creation of new burdens:

- **PASSED** legislation to alleviate burdens associated with mandatory use of the CURES database
- **DEFEATED** legislation to change prescription labeling requirements
- **DEFEATED** legislation to require referral to alternative medicine practitioners prior to prescribing an opioid

- **DEFEATED** an attempt to dramatically increase physician licensing fees
- **DEFEATED** multiple attempts to publicly disclose physician reimbursement and contracted rates

***This year’s budget contained
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and dentists (administered by
Physicians for a Healthy California)***

ACCESS TO CARE

In June, Governor Newsom signed his first state budget. The process for the 2019-2020 budget was dramatically different than prior years. Consistent with his campaign promises, Newsom prioritized health care. Not only did he expand health care insurance coverage, he was equally committed to funding access to care. This year’s budget contained:

- **\$2.2 BILLION** for provider rate increases funded by the Proposition 56 tobacco tax
- **\$120 MILLION** to support loan repayment programs for physicians and dentists (administered by Physicians for a Healthy California)
- **\$250 MILLION** for the creation of a Value-Based Payment Program within Medi-Cal
- **\$150 MILLION** for developmental and trauma screening supplemental payments
- **EXPANDED MEDI-CAL ELIGIBILITY**, which now includes all young adults aged 19-25, regardless of their immigration status
- **A STATE-LEVEL INDIVIDUAL MANDATE** to obtain health coverage

PUBLIC HEALTH AND POLICING THE PROFESSION

The physician members of CMA hold sacred the trust patients and communities have in the medical profession. On countless occasions, the leaders of state, county and specialty societies wrestle with a variety of policy questions. And while there are many perspectives from which a policy can be debated, inevitably the question will be asked: how will this impact our patients and the trust the public places in physicians to look after their best interest and health?

In 2015, CMA sponsored **SENATOR RICHARD PAN, M.D.'S SB 277** to eliminate the personal belief exemption from the statutory requirements for childhood vaccinations.

The fight to enact SB 277 was fierce. Thousands of anti-vaxxers flooded the hallways of the Capitol. New security protocols were required for Senator Pan and CMA headquarters. The bill was heavily protested at the Capitol and in local districts; thousands of rabid anti-vaxxers spewed inflammatory rhetoric and threats of bodily harm. When Governor Jerry Brown signed that measure into law, Sacramento assumed the chapter on vaccines was closed.

The result of SB 277 was positive overall, and statewide vaccination rates improved. However, a number of geographic pockets of unvaccinated children emerged due to vaccine hesitancy and a few physicians willing to inappropriately monetize the moment by providing vaccine exemptions with questionable medical rationales. While some abuse was anticipated, the quantity of exemptions issued by a few physicians was alarming. On social media, parents openly discussed how to purchase exemptions, which physicians were open to such transactions and what medical symptoms to highlight in the visit. As such behavior persisted, Senator Pan and CMA faced a dilemma: how to respond to physicians whose actions threaten to erode public trust in the physician community?

Courage! CMA and Dr. Pan chose to once again brave the turbulence and introduced legislation (**SB 276**) to increase vaccination rates by cracking down on inappropriate physician behavior. The reaction of the opposition exceeded our expectations. We knew there would be threats and a high number of anti-vaxxers protesting at the State Capitol and in the districts. We did not expect blood to be thrown onto the Senate floor from the gallery or parents forming chains to block the entrance of the Capitol.

CMA's obligation to protect the integrity of the profession and the public trust in the physician community outweighed the fear of facing fierce, threatening opposition.

Similar courage was necessary on other fronts, including the legislature's response to the sexual misconduct of gynecologist George Tyndall in student health centers at the University of Southern California. CMA ensured important due process protections for physicians remained, while not protecting the deplorable behavior of a specific physician. Navigating such troubling matters is complex, and CMA successfully preserved fundamental protections, while building our credibility with the legislature that CMA is an association that stands for quality physicians with the ability to self-police the profession.

Courage to fight for patients, courage to fight for the betterment of the profession and courage to fight for the public's health is why CMA is the most effective advocacy organization in the Golden State!

In unity,



Janus L. Norman

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For more details on the major bills that CMA followed this year, visit cmadocs.org/leg-wrap-2019. Subscribe to CMA's free biweekly Newswire and stay informed on CMA's legislative efforts and other issues critical to the practice of medicine at cmadocs.org/subscribe.