

California Medical Association Board Of Trustees Highlights  
July 2017 Meeting

Hello all! I was writing up my report of the BOT meeting and got to the paragraph below on Prop 56 when we for the first time received a board summary from CMA. I think it is pretty good, so please look at it – since I have already written the couple paragraphs below I will include them, and I will add some additional comments if it seems appropriate on the other matters!

The California Medical Association Board of Trustees met in Sacramento on July 28, reviewing a package of 482 pages of materials in the 4-5 hours of time spent devoted to our business. Many items were passed on the consent calendar, including most of the year around resolutions, reports from the Alliance, IMQ, the AMA, the Center for Economic Services, Legal Affairs, and the Center for Health Policy. Of note, CMA staff remain very active in all of these areas – for example the Center for Economic Services reported in the first 5 months of year that they handled 569 calls from 38 practices and helped to recoup \$403,000 as well as did 16 seminars and 106 one-on-one meetings. Legal Affairs responded to 326 calls for individual assistance and was involved in a large number of legal cases including cases involving privacy rights and the CURES database or silent PPO's. The Board also approved committee assignments for the upcoming year on the consent calendar; I asked again and was assured that in addition to the geographic the specialty designation of the committee member will be included on future print outs of that list. The executive committee declined to accept a statement referred to it from the last Board meeting, "RESOLVED: That CMA support legislation that would prohibit hospital or other organizational membership and clinical privileges from being contingent on maintenance of certification (MOC)." feeling that existing policy was sufficient – the summary notes from the meeting (enclosed) state they are working on the issue

The issues that were discussed or presented included Resolution 209 from the Council on Medical Services –although it was reported that the committee members had diverse opinions on the matter the resolution was broadly supported by the Board and broadened to state "CMA advocate for health plans and insurers to be required to take steps and have responsibility for ensuring that physicians receive prompt and full payment of patient copays, coinsurance, and deductibles." Resolution 602 from the Council on Health Professions and Quality of Care which dealt with conditions in detention facilities was also modified with deletion of the 3<sup>rd</sup> resolve (it was felt that it was too broad to support the whole report when it could have things that are not CMA policy) and with addition to the 2<sup>nd</sup> resolve of using the IMQ standards for Corrections and Detention. The Board also accepted the report of the Firearm Task Force – it was extracted only to discuss how it could be best utilized (I have attached the report here). Our CMA President Ruth Haskins, M.D., spoke of the scope of involvement of CMA and illustrated this with a review of all of the activities she had attended in the past three months on CMA's behalf.

The longest discussion that the Board had (longer than an hour, I believe), was discussion of Proposition 56. The discussion included questions about taking legal action as we did not get all the allotted monies – it was felt this could be risky as the distribution of the money was not fully specified, so that it could, for example, all be used for In Home Support Services (IHSS) and still be within in the letter of the law. There was also discussion of which codes were designated to receive higher reimbursements by the DHCS. Overall the discussion was supportive of achieved result – it will have to continue to be negotiated in the future and so the views of the gubernatorial candidates will be important. It was also noted that even if we passed more "sin taxes", we probably can't fund healthcare fully in this matter, we need to get a legislature and government that is willing to pay adequately for health care.

We were updated about the Foundation and plans for its future in executive session. I spoke extensively with Janus, Kelly McCue and Alecia Sanchez at lunch regarding SB239 (HIV exposure) and they will continue to work with Preventive Medicine on this issue, although it may be that CMA needs more policy before further action can be taken. CMA remains in opposition to SB 790 and state as the lead opponent, they have forced the author to rewrite the bill – they are

waiting to see the rewrite and state they will work with the Specialty Societies on this matter. AB186 on Supervised Injection Facilities was extracted with the proposal to change CMA's watch position to support as we have policy in support, but after fairly extensive discussion the watch position was maintained as CMA did not want to endorse it when it might put physicians at risk of federal prosecution. Membership has not grown as expected this year and the budget shows a shortfall, but staff have already identified ways to save or get additional income, so the projection is that we will still be in the black at the end of the year. Our investments have done well, and we have fully paid back Prop 46 expenditures and are making progress on the \$1 million expended for Prop 56.

Again, thank you for letting me be your trustee – and please also look at the attached report from CMA about the board meeting for summaries of other issues. I am very glad they have provided this, and will probably write my reports differently in the future if they continue to provide such a nice summary!