

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

CajEM Legislative Update

Permalink

<https://escholarship.org/uc/item/1zz1k5v7>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 3(1)

ISSN

1936-900X

Authors

Kazzi, A.
Windham, Paul

Publication Date

2002

Copyright Information

Copyright 2002 by the author(s). All rights reserved unless otherwise indicated. Contact the author(s) for any necessary permissions. Learn more at <https://escholarship.org/terms>

Peer reviewed

CaJEM Legislative Update

Based on reports from our CAL/AAEM official representative on the Cal/ACEP Governmental Affairs Committee

A. Kazzi, MD, FAAEM, FACEP and
Paul Windham, MD, FAAEM

The California Emergency Medicine legislative activity led by CAL/ACEP and the CMA, to provide - through a new ballot initiative - new sources of funding to compensate hospitals and emergency departments for the uncompensated care they provide, has dominated the New Year agenda. The objective is to provide funds necessary to prevent additional ED closures and to reduce the increasingly troublesome impact of ED overcrowding. The method in summary consists of securing the passage of a ballot initiative that would increase fines on traffic violations, such as DUI and reckless driving. The passage of the measure is expected to generate at least \$100 million annually (perhaps up to \$300 million) to augment the Maddy EMS fund for uncompensated emergency and trauma care.

CAL/AAEM is supporting this ballot initiative and engaged in it directly through its second year of participation of the CAL/AAEM official representative to the CAL/ACEP Governmental Affairs committee (GAC). CAL/AAEM support is also indirectly provided through the activity of a significant number of CAL/ACEP board members and past-presidents who are AAEM members and leaders. Accordingly, **Dr. Windham and I wish to call upon all CAL/AAEM, AAEM and the 2100 CaJEM readers to send in their individual contribution** to support the statewide effort to secure the passage of the ballot initiative. The cost of this effort will near 1 million dollars. We estimate **every emergency physician will need to contribute \$500 towards that cost**, and hope that you will all join us in investing this amount towards the initiative.

So far, the California Medical Association (CMA), the California Healthcare Association (CHA) and the California Firefighter's Association have all joined together to launch and support this initiative. This certainly will augment the chance of our success. All the players have finalized a negotiated agreement that addresses how funds will be distributed if the ballot initiative passes. Revenues generated by the ballot measure will be directed towards emergency physicians, on-call physicians, trauma services (includes funds for physician services at trauma centers), hospitals (with specific support designated for children's hospitals), EMS planning, and administration. Roughly, one-third will be directed towards uncompensated care by emergency and on-call physicians, and two-thirds towards hospitals, trauma centers, emergency medical services and the maintenance of effort to sustain current funding levels.

This new partnership with both the CMA and CHA - our state's physician and hospital organizations - is historic, signaling a strong united statewide campaign, and a most optimal chance that we will be successful at the ballot box in November, 2002.

The California EM lobbyist Jim Randlett has done a lot of footwork, probing for allies and foes. Fortunately, we expect no organized opposition to the ballot measure. The CMA has committed \$250,000. It will therefore take approximately \$750,000 from CAL/ACEP and CAL/AAEM to get the measure on the ballot. We unquestionably need your support!

Please make your checks out to the Cal-ACEP Initiative Fund, and send them to our CAL/AAEM office in Calabasas or directly to Cal-ACEP, 1010 11th Street, Suite 310, Sacramento, CA 95814.

Of course, CAL/AAEM, Paul and I wish to thank you for your confidence and support. CAL/AAEM and CAL/ACEP believe this is our duty to the citizens of California, to procure the resources necessary to provide first-class emergency services for decades to come.

Other Legislative News:

Responding to bleak reports predicting a \$12.4 billion state budget deficit June 2003, Governor Davis proposed in mid-November 2001 for a \$2.2 billion budget reduction, which included cuts in originally planned Trauma Care and delaying the expansion of the Healthy Families program. Davis also ordered state agencies to "freeze spending" in more than 80 programs, citing the predicted \$10.3 billion cost of Medi-Cal this year. This "freezing" initially was going to affect the \$30 million for trauma centers that he had allowed to pass in this year's budget. However, more recently the Governor announced he was releasing that amount and allowing it to be spent as originally planned.

On the other hand, bad news includes the Governor's announcement of \$155 million in cuts in Medi-Cal physician reimbursement. The Governor did not allocate the cuts, asking DHS to convene a working group to receive input on how the cuts will be allocated among physicians.

Not to end this update on a negative note, other good news includes that Governor Davis - for the third consecutive year - kept the \$24.8 million of Prop 99 funds for emergency and on-call physicians that have been vital in supplementing the existing Maddy EMS Fund.