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problems caused by increasing numbers of uninsured Americans would leave us without a voice in the ever-changing health care political dialogue. As physicians with a federal mandate to see our patients, we are in a unique debating position and should participate in the ongoing discussions if we are to have any say in the shape of future health care delivery in the United States.

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PAIN MANAGEMENT
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CALIFORNIA CHAPTER
American Academy of Emergency Medicine

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Details to Follow!

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LEGISLATIVE UPDATE

Michael Buchele, MD, FAAEM
 Official CAL/AAEM Representative to the
 CAL/ACEP Governmental Affairs Committee

These major political high focus issues are the following:

- Proposition 67: watch for it. Help mobilize your friends and colleagues to **VOTE YES for Prop 67** in the next November elections.
 - This is the result of the 9-1-1 Emergency and Medical Services Initiative: Thanks to CAL/ACEP, in an effort supported by CAL/AAEM, the initiative is now on the ballot as Prop 67—an initiative to increase the “911 surcharge” on your phone bill by 3.7% over the current rate, for telephone calls made within California. It would be capped at \$0.50 for residential phones, and would average about \$1.30 for cell phones, and exempts senior citizens and Lifeline telephone customers. It could generate \$550 million to help improve the Emergency Medical System throughout California. About 60% goes to the Emergency and Trauma Hospital account, to help pay for keeping ERs open, helping to improve nursing staffing, etc. 30.5% goes to the Emergency Physician Uninsured Account to pay Emergency Physicians and On-call Physicians for providing uncompensated emergency medical care to uninsured patients. The rest goes to improving the 911 emergency phone system, to the First Responders Account (for training and equipping of paramedics), and to the Community Clinics Urgent Care Account for the uninsured.
 - The goal is to be able to keep ERs open and staffed so the public will have a place to go when they dial 911 on their phone for emergency services.
 - The CPEC coalition consists of CMA, CalACEP, the Emergency Nurses Association of California, California Professional Firefighters, and California Primary Care Association.

- **SB 1679 (Perata):** CAL/ACEP decided to put a hold on this bill it had previously sponsored and to move forward with SB 1569 (Dunn). HMOs would have had to pay in full all covered claims by ER's and ERMD's for their non-contracted patients who are treated by us in the ED. It gives provisions for an outside judge to survey and ascertain what are "reasonable and customary charges" (not just what Medicare or Medi-Cal or certain health plans pay) for the service, but the HMO pays first and arbitrates later. It will encourage HMO's to try to contract with more ER groups at hopefully reasonable rates, since the bill only covers those "non contracted" patients. This bill also helps to avoid the need to "balance bill" the health plan's patients.
- **SB 1569 (Dunn): Great News!** This CMA-sponsored bill is supported by EPs and is our successor to the Perata bill. SB 1569 passed the Assembly Judiciary Committee on a straight party line vote – all Democrats present voting "aye" and all Republicans present voting "no." The bill permits physicians and podiatrists to sue HMOs when their bills are not paid by the HMOs, or to sue HMOs when a subcontracting medical group becomes insolvent.
- **Related good news:** The California Supreme Court recently denied (May) a request to limit the reach of a recent appellate court ruling that would prevent health plans from shirking their payment responsibilities when they contract with intermediaries they know to be financially unstable.
- **Medical rates: Great news! The Governor rescinded the 10% cut which he had proposed in January 2004.** However a planned 5% cut is still out there and lawsuit marches on.
- **The Maddy fund:** These funds (about \$20-\$25 million/year) have not always made it through the counties to the physicians to help pay for uncompensated care. There is a push to not only maintain the fund payments, but to audit the program to make sure the counties indeed deliver this money to the physicians for their uncompensated care and not divert it to other programs.
- **Maddy EMS Fund \$24.8 Million Supplement:** More Great News. This allocation, which Governor Davis had added as a state supplement to the Maddy EMS Fund A legislative analyst and staff

recommended that these funds be used for other health care programs. It appears this recommendation will be rejected.

- **AB 2389 (Koretz)/ AB 2960 (Wiggins) – Withdrawn.** These separate bills were seeking to achieve a similar goal of requiring hospitals to include provisions in their contracts with preferred provider organizations, health insurers, and HMOs for the payment of all services of non-preferred providers that are furnished through the hospitals. Through CAL/ACEP lobbying efforts, AB 2389 had been initially amended to exempt emergency physicians.

Those are the big issues at this time. Stay tuned for future developments. However, most of all, remember we cannot do it without you! Contribute to your state California EMPAC. Mail your check to EMPAC c/o CAL/AAEM, 26500 West Agoura Road, #680, Calabasas, CA 91302.

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Medicine Safetynet*

VOTE YES
on Proposition 67

Help us Protect
Emergency Departments and our Cali-
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&

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