

PRESIDENT'S MESSAGE

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In this issue, I wish to begin by describing to you the highlight of our recent activity: the Second California Business Forum, which CAL/AAEM held conjointly with Cal/ACEP at their Scientific Assembly in Long Beach in June 2002. The keynote presentation was given by Dr. John Calomeni who gave an inside account of his experiences with the first emergency physician unionization effort: *Third Coast Emergency Physicians*. This Texas group evolved when contract holders switched their emergency physicians (EPs) from independent contractor to employee status. This gave a select number of EPs the opportunity to unionize, an organized attempt to secure fair practice conditions and compensation, which ended by the EPs securing partnership status in the group. It is not a road all EPs should travel; in this case however, it worked effectively, and brought after 3 years of activism and struggle to the rank and file EPs ownership of their practice. The *Third Coast Emergency Physicians* experience is an outstanding illustration of the high degree of dedication, flexibility and creativity we, EPs, need to have. It also shows how determined we must be to gain control of our practice environments.

The session began with a presentation by our AAEM Vice President, Dr. Kazzi, who gave an overview of the national experience EPs have had "taking (fairness) policy into practice." He described the issues, the efforts, the successes, controversies and challenges that AAEM and EPs in unfair practice arrangements have encountered over the last decade of AAEM-led activity to secure fairness for EPs in their workplace.

During the second half of this session, Dr. Joanne Williams, chair of the AAEM Minority Affairs committee and a faculty member at Martin Luther King Medical Center in Los Angeles, gave an outstanding presentation at the Forum as well. Her comments on women in emergency medicine were clear, with lots of data especially documenting the lower compensation of women in the workplace (when compared to their male counterparts), and of their under-representation in academic medicine, in the EM workforce, and in EM leadership positions. Dr. Roneet Lev, former president, gave a second insightful and outstanding presentation on the topic, describing her personal experience rising and acting in leadership position in EM. Dr. Williams and Dr. Lev called for increased recruitment for women and minorities, in medicine and in our specialty in particular, as a way of bringing a wider perspective and better future representation of women in the workplace.

On the legislative front, California's constitution called for the state to pass an annual budget long before this writing, but ignoring basics such as the Constitution seems to be fashionable in California these days. There was much left hanging in the balance while our legislators left for summer recess and worked on re-election. The Governor's proposed budget eliminates the 40% increase in MediCal reimbursement for emergency and on-call physician's services we won only last year, but includes the \$24 million from last year's budget for the Maddy Fund, which helps finance the cost of care for the uninsured.

A bill to stop the MediCal reduction, AB 3006, is on the floor of the Assembly, but the word is that AB 3006 will only pass if the rest of the budget passes without tax increases. We may lose the Maddy Fund enhancement to pass a budget without tax increases, so your guess is as good as mine when it comes to the final outcome.

Regulations to implement AB 1455, the Fair Payment Practices Law, have been promulgated by the Department of Managed Health Care (DMHC) and are sponsored by the CMA. Interestingly enough, these regulations were made public 2 days after the EMPAC meeting with the Governor. Is this serendipity? Perhaps it is... I would rather think that the Governor came away from the EMPAC meeting with the idea that something had to be done to help save the emergency services safety net, especially if it could be done without state expenditures. These regulations are opposed by health plans. The law would prohibit health plans from engaging in unfair payment patterns and authorizes the Department of Managed Health Care (DMHC) to penalize plans that engage in such practices. The law also requires health plans to make their dispute resolution mechanisms available to both noncontracting and contracting physicians. Though the proposed regulations do not do so, CMA is advocating that in the final regulations DMHC require health plans to disclose their fee schedules and payment rules to physicians and that the enforcement process include annual audits of payment practices.

Dan Walters, a columnist for the Sacramento Bee, said in a recent column,

“Politics is essentially a reactive business, dealing with matters only when they reach crisis proportions – and then usually not very effectively – *or when there is some overwhelming outside demand for action.*”

In order to avert the crisis, we all see coming in our emergency departments, our only realistic approach is to generate that overwhelming outside demand for action. We can only do this at the local level, talking to our patients, colleagues, relatives and friends about the danger the collapse of the emergency services safety net poses to them. I still find despite all the recent media coverage that the average citizen still believes that they will not have a problem when they need EMS because they have insurance. This is the greatest misconception of all, and the most important for us to correct. We have an individual duty to inform our legislators as experts in the field that the safety net is collapsing, but we have a larger duty to inform our communities. We have to develop a grassroots demand for legislative action, or watch the system fall entirely apart and dealt with “not very effectively” on an emergency basis. After watching Sacramento’s response to the energy crisis, we can all agree that the former is definitely better than the latter.

In conclusion, stay informed. Join our CAL/AAEM News Service. This is an easy way to get involved and to remain in close touch with what is going on in EM that will affect your patients and you. You will then stay informed. Email us at calaaem@aaem.org. Get involved. Give us your input and feedback. Volunteer for a committee. Join our California 911 Legislative Key Contact Network. We are touched by the overwhelming response we have seen to our calls for letter-writing campaigns. We are grateful for the ones among you who wrote letters, sent emails, or called their legislators. We call upon the rest o join us in future efforts that will certainly come up. We need you. California and your patients need your activism, advocacy and support.