

## **LEGISLATIVE UPDATE**

**By Shahram Lotfipour, MD, FAAEM  
CAL/AAEM Vice President**

This continues our CAL/AAEM official representative update on the CAL/ACEP Governmental Affairs Committee (GAC).

### **Lets Keep Doing It For Our Patients!**

Perhaps the most important update pertains to the Emergency Medicine 911 Ballot Statewide Initiative. Yes, it is now in progress. And CAL/AAEM is seeking your full support and generous contribution to EMPAC to fund the cost of this initiative. However, this initiative has a number of very important updates that will impact Emergency Medicine and where you will see the evidence you need to understand why your financial contribution to our state EMPAC and to the national AAEM PAC is critical to carry your voice into policy and then into practice.

#### **The 911 Ballot Statewide Initiative:**

In early November 2003, CAL/AAEM's Board of Directors voted to officially join the Coalition to Preserve Emergency Care and to endorse its statewide ballot initiative. As a result of several months of preparation, Cal/ACEP is moving ahead leading the Coalition to Preserve Emergency Care in this carefully planned effort. This initiative provides funding for emergency personnel training and equipment, reimbursement for uncompensated emergency physician care, uncompensated community clinic care, emergency telephone system improvements, and to hospitals for emergency services. The next step for the initiative is fund-raising and a signature gathering process. This has begun. The CAL/AAEM, CAL/ACEP and EMPAC Boards of Directors are asking all emergency physicians to contribute \$500 dollars to make this effort. Each Emergency Department is being asked to contribute 20 cents per ER visit annually to fund the initiative during the next couple of years. This is an extremely promising effort to save emergency services in California. The annual estimated money raised will be 550 million dollars for California Emergency Care. The initiative is now ready to be taken to the streets for the signature gathering process.

**SB-2:** This is a "play" or "pay" bill that requires employers to purchase health insurance or pay into a state fund that would then buy the health insurance for those employees. This was an extremely important bill in 2003. Existing law did not provide a system of health care coverage for all California residents and does not require employers to provide health care coverage for employees and dependents, other than coverage provided as part of the workers' compensation system for work-related employee injuries. Under SB-2 the employers share is 80% of the cost and the employee's share is 20%. The bill will not fully take effect until 2007. This bill was co-sponsored by the CMA and the California Labor Federations.

**Triplicate Prescriptions:** Over the next year, California will phase out the cumbersome triplicate prescription system for Schedule II controlled substances. Physicians will be using instead forgery-proof prescription forms printed by "security printers" approved by the Board of Pharmacy.

**The "Dobberteen Letter:"** DHMC continues its effort, supported by the HMOs, to prohibit our ability to bill non-contracting HMO patients for the balance that has been denied by their HMOs or IPAs. DMHC has upped the ante by proposing an emergency regulation to prohibit billing patients. This is clearly illegal, in the opinion of legal counsel, and will be fought by organized Emergency Medicine in court. Other options remain out there such as direct billing of patients with no bills being sent to HMOs or IPAs in the first place. More will follow over the next year about this very important battle for our specialty and our patients.

**MediCal 5% cuts:** The California Medical Association filed a lawsuit to block the state from implementing the 5% cut in MediCal rates that has passed the legislature. The 5% increase a few years ago was the first in two decades. Any cut in the Medical fee schedule has the effect of reducing access of beneficiaries Emergency Room Follow-up care from backup panel specialists. The reduction also adds to hospitals and health care professionals taking further responsibility for providing under-compensated care in our state. Cal/ACEP is a co-sponsor with the CMA on this lawsuit.

**State Budget Act-** With Governor Schwarzenegger now facing a large budget deficit, state budget concerns are to maintain MediCal eligibility and the 24.8 million dollars in the "Prop 99" funds. Healthcare is definitely on

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## PRESIDENT's MESSAGE

### Holding Our Breath!

By Paul Windham, MD, FAAEM  
CAL/AAEM President

California likes to keep its citizens on the edge of their seats, breathless with anticipation of the future. This moment in time is no different. I find myself holding my breath, wondering what will happen in California after the inauguration of our new governor. Governor Davis has just signed legislation that will mandate employer-paid health insurance for all medium and large businesses. How will Governor Schwarzenegger develop and enforce the rules that will implement that legislation? Who are his lead people on health care issues? Where does he stand on the collapse of the emergency services safety net? How much will we have to educate him?

These questions need immediate answers. We've been talking about the chronic underfunding of emergency services and the collapse of the safety net for years. The barbarians are no longer at the gates, they have broken down the walls and storming even the citadels of medicine in California. Bakersfield is an especially dramatic example – they've already just lost one emergency department to closure, and the county hospital ED has now decided to treat only emergencies. Everyone gets a medical screening exam, but if you don't meet the EMTALA criteria for severe pain, active labor, or having a condition that's an immediate threat to life or limb – *sorry, we won't treat your condition?* Just imagine the impact this would have on *your* department, and on *your* community.

Over the years, many ideas to fund the safety net have been floated. Some were frankly stupid, like taxing bullets and beer, and some were smart, like petitioning to get the tobacco settlement money committed to health care. We had no results with

the stupid things, and mixed success with the latter. Even when there was an embarrassment of riches in Sacramento, Governor Davis would not allow the commitment of the tobacco money at the state level, although some counties were successful at the local level. The underfunding continues, and with huge budget deficits at the state and federal level, little relief can be expected even from our best friends in politics. It doesn't matter if Arnold thinks we can walk on water, he still can't conjure up the \$300 million a year we need to fund the system.

It is time to go to the people. The ballot initiative is a way to get the people themselves to decide what they expect from emergency services, and what they are willing to pay to have the best system in the world keep running. Such a ballot initiative is in the works. The Emergency Medicine Political Action Committee, EMPAC, is developing the idea with a coalition of other stakeholders, and plans to have it on the ballot next spring. It will take millions of dollars to get that far, and I ask all of you to consider a personal as well as corporate contribution to EMPAC. Send 'em a check for \$500. I did. You can be proud if you do, because you will have helped in perhaps our last good chance to beat back the barbarians. If we don't act now, we may not have another chance to save our own departments from the fate of Kern County. If this doesn't work, well, hold your breath.

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the chopping blocks these days as the new governor is considering how to balance his budget. We will need to stay vigilant and vocal to preserve Emergency Care in California.

As we prepare to print this CaJEM issue, we heard official news of a Federal Judge blocking the 5% cut, which will certainly then make it even more unlikely for Governor Schwarzenegger will be able to go forward with his planned additional 10% cut in MediCal rates. This again goes to prove how critically we need your contribution to EMPAC. Please give us the tools we need to carry your voice to Sacramento and into practice into your ED. Thank you for your confidence and support.