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CaJEM Legislative Update

Based on reports from our CAL/AAEM official representative on the Cal/ACEP Governmental Affairs Committee
Paul Windham, MD, FAAEM, CAL/AAEM President and

A. Kazzi, MD, FAAEM, FACEP, CAL/AAEM Executive Director

There is little good news over the last quarter on the legislative front. The Coalition to Preserve Emergency Care has decided not to fund the ballot initiative considered earlier this year. The "Maddy initiative" would have brought in \$300 million annually for funding the EMS safety net by raising fees on drunk drivers and other traffic violators, but polls showed only borderline public support; the coalition decided not to risk the \$5 million required to get the initiative on the ballot. CAL/AAEM wishes to thank its members and all emergency physicians who had responded to our call for contribution to the initiative. We truly appreciate your vital support for our legislative actions.

If you sent funds to support this initiative, you have the following three choices:

- Get your money back
- Donate it to our California EMPAC to support the rest of our essential legislative initiatives and lobbying efforts in Sacramento (MICRA, EMS fund, Medical rates, HMOO prompt payment and managed care accountability)
- 3) Leave it in the fund for possible use in another similar ballot measure attempt that we shall consider in two years, when the economic situation in the nation and the state would be more supportive of such measures.

Senator Perata, an old friend of emergency medicine, will be introducing another ballot measure through the legislature to help fund trauma centers by taxing bullets, but the chances for success are slim, and even Senator Perata cannot tell us how much money it would raise if passed.

Your support for EMPAC remains year after year a vital necessity. The threats to our specialty and practice continue. New ones arise throughout the year, and require vigilant action and financial resources. One new and critically dangerous threat came up recently: SB 1881, also known to us as "Scott's Bill."

Senator Scott recently introduced SB 1881 at the request of the Department of Managed Health Care in response to patient complaints about bills for emergency services. This bill would prohibit emergency physicians from billing patients until their insurer has adjudicated the claim. Unfortunately, the Governor vetoed SB 117 last year; that bill would have required HMOs to

pay claims promptly. SB 1881 has no such language. If passed in its current form, SB 1881 would give a free ride to HMOs to delay claims or even ignore them entirely without penalty. This bill has to be amended or taken down entirely.

Another bill to watch this year is SB 2033 (Speier). This bill provides that all health plan contracts with providers and medical groups and between medical groups and providers shall state clearly whether the contracting provider or medical group is responsible for the provision of emergency room on-call services and the extent of their responsibility for those services. Senator Speier is another old friend of emergency medicine and we should support her effort to help solve the on-call crisis.

SB 1417 (Romero) proposes a "nickel a drink" tax, with the proceeds going to EDs and trauma centers. This is a laudable idea, as increasing the cost of alcoholic beverages has been shown to reduce teenage gonorrhea rates. We tried this about 10 years ago and the idea was soundly defeated. Beer drinkers apparently have more political influence in Sacramento than emergency physicians do.

Other proposed bills we are addressing include AB 1976 (Cohn), sponsored by the CMA, which calls for HMOs dealing fairly with physicians, AB 1815 (Frommer) (State Bonds for Antiterrorism) and SB 1414 (Speier) regarding the State Health Insurance Program. We shall support all three of them. We are watching AB 1988 (Diaz) on Pediatric Trauma, and AB 1808 (Richman) on Workers' Compensation. We certainly shall oppose AB 2700 (Mountjoy) that seeks to modify the current motorcycle helmets requirement to apply to riders 17 years of age or less.

The budget deficits at both state and federal levels preclude legislative relief for the failing safety net in the next few years. EMPAC is donating another \$30,000 to Governor Davis for his reelection campaign in a lobbying attempt to keep him from cutting the \$24 million for emergency medicine that we have seen in the past 2 years' budgets. Given the shortfall caused by the energy crisis, this may fall to the axe during this summer's budget negotiations, and 2003 may see even less money coming out of Sacramento than we have seen in the past. Until public outcry demands it, there will be no solutions for the chronic underfunding of medicine in California. It is crucial that we continue to inform our patients, our friends, and the news media about the crisis in health care. Politicians will act only in response to their constituent's demands. Join our CAL/ AAEM News Service to stay informed. Give us a hand lobbying legislators by joining our California Legislative Key Contact Network. Email us atcalaaem@aaem.org.