

Report of the ACP Delegation to the CMA House of Delegates  
October 27-29, 2007  
By Susan Sprau, FACP

Chester Choi, FACP, Darin Latimore, ACP member, Paul Speckart, MACP, and I represented the California Chapter of ACP at the CMA House of Delegates held in Anaheim, October 27-29, 2007. More than 75 additional ACP fellows, members and associates attended as delegates of their county medical societies, Mode of Practice Fora, Board of Trustees, etc. Shannon Smith-Crowley, JD, assisted as ACP legislative consultant.

Richard Frankenstein, FACP (So. Calif. Region 2) was named President of CMA as Anmol Mahal, ACP member (No. Calif.) completed his term as CMA President. Horacio Rodiles, ACP member (So Calif. Region 3) received the Plessner Award for ethics/practice in a rural area. Kwabena Adubofour, FACP (No. Calif.) received the CMA Foundation's A.S. Mahal MD Access to Health Care & Disparities Award for his diabetes work in the San Joaquin Valley. Art Lurvey, FACP (So. Calif. Region 1) presented a discussion on Medicare coding/reimbursement.

As the largest physician organization in California, CMA is the main group with which legislators and State agencies confer to formulate health policy/laws affecting physicians and patients. Thirty to fifty percent of California ACP members are members of the CMA.

The CMA House of Delegates sets CMA policy for the coming year. Both resolutions authored by the ACP delegation were approved. They were:

1. Develop a web-based member search engine for CMA and
2. Work with local/State/Federal regulatory agencies to reduce controlled substance prescription fraud.

Here are some additional policies which CMA approved:

- a. Support development of a physician health/diversion program to replace the soon-to-be discontinued Medical Board Diversion Program.
- b. Advocate that Medical Staff approve changes to hospital-based physician contracts.
- c. Include generic names on prescription labels.
- d. Annual reporting of pharmaceutical/physician financial (>\$100.00) relationships.
- e. Exclude FDA panelists from voting on issues where there is a conflict of interest.
- f. Have FDA require a pharmacovigilance plan for all new drugs.
- g. Continue to oppose physician aid-in-dying legislation.
- h. Ask Medical Board of Calif. to adopt the position that opinion-based medical testimony constitutes the practice of medicine.

- i. Call for cessation of pay-for-performance programs by third party payers and that quality measurement should not be used as a disguise for cost containment
- j. Continue to consider single-payer health reform proposals provided a pluralistic health delivery system is maintained
- k. Advocate for an increase in the Medicare limiting charge annually as cost of providing services increase
- l. Continue to support the CHAMP Act and to improve access for dual eligible Medicare patients to medically necessary medications
- m. Continue to advocate for MediCal pay for covered physician services at rates sufficient to ensure access to care
- n. Support increased physician participation in regional/state decision-making regarding air pollution in California, including reducing diesel truck emissions and supporting 2007 national ozone standards recommended by EPA and ALA
- o. Support development of a uniform statewide system for secure electronic reporting for all reportable communicable diseases
- p. Work with AMA to introduce national legislation to pre-empt state laws that prohibit balance billing.