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LETTERS

Universal Coverage

Kenneth R. Weinberg, MD

In the July-September issue of *CaJEM* there was a pro/con debate about Universal Coverage. In the second paragraph of the piece, the anti-Universal Coverage physician Dr. Lance Montauk referred, in a most generous, open minded and nonjudgmental way, to the 10,000+ physician endorsement of Single Payer health insurance that had appeared in *JAMA*. The pro/con and subsequent rebuttals in *CaJEM* did not comprise much of a debate about Single Payer and certainly did not contain any endorsement of it, especially according to Dr. Montauk, if it was run by the same government that gave us Abu Ghraib (an interesting comment coming from an avowed conservative who I would imagine is supportive of the Bush Administration, a group, as they've told us repeatedly, that had nothing to do with what went on at Abu Ghraib anyway).

In all seriousness, the issue of having a repressive, anti-science, anti-woman's rights government dictating health care policy is certainly of concern; in fact it was discussed this evening at our Forum on Women's Health Care at the monthly NYC Physicians for a National Health Program (PNHP) meeting. Clearly those of us in the medical community need to be involved strongly in the discussion and policies that would be had if Single Payer National Health Care (think Medicare for All) were to be carried out. I don't mean to be on a soapbox; I do think having a serious debate about this is really important and I was glad to see Cal/AAEM beginning it.

Finally, I would recommend to anyone who hasn't read it, Arnold Relman's piece in the most recent *New Republic* on the economics of health care, which includes a very thoughtful refutation of the prevalent wisdom which accepts the paradigm of "the market" to understand, and create policy on, health care. I would be happy to continue this dialogue with anyone interested in any forum that may seem appropriate.

CAL/AAEM LEGISLATIVE REPORT

(Note: Information on all mentioned bills can be found at www.leginfo.ca.gov/billinfo.html)

CAL/AAEM is working with CAL/ACEP and particularly the GAC (Government Affairs Committee) to monitor ongoing legislation that is working its way through the legislature in Sacramento. In most state legislation pertaining to Emergency Medicine, the interests of CAL/AAEM and CAL/ACEP have been aligned, and it has always made sense for CAL/AAEM not to try to reinvent the wheel. In addition, CAL/ACEP legislative initiatives have always been most effective and commendable for what they have done for EM and our patients and providers. Both state chapters have therefore chosen, from the beginning of the history of CAL/AAEM, to work together to oppose "bad" legislation (particularly before the bill gets out of committee), and to support "good" legislative efforts that benefit our patients and our specialty.

CAL/AAEM President Francine Volger, M.D., has been in conversation with the new CAL/ACEP President, Irv Edwards, M.D., in considering ways for our two organizations to be more effective in working together and how CAL/AAEM can better support the time- and resource-intensive initiatives of CAL/ACEP and its lobbyist James Randlett. This lobbyist effort has been quite effective over the past 25 years in working to block bad legislation. One example is the recent and intense attempt by the HMO's to prevent balance billing of patients. This would have forced the EPs and other consultants who are called in to care for "non-contracted" patients and yet to accept the HMO payment to be "payment in full," no matter how unfairly low it is. Other initiatives include the effort working with established friends in the legislature on bills that help to provide funding to help keep Trauma Centers open and keep the "Safety Net" of emergency departments open across California. This lobbying effort has been particularly effective in restoring 24.8 million in emergency funding in the State Budget that had been "inadvertently

deleted” at the end of last year, but has now been approved (for the 6th consecutive year).

Recently, CAL/ACEP has come under some financial pressure due to a sharp increase in the cost of the lobbying we need. This support is essential to continue to work effectively to protect the interests of Emergency Medicine in California. Francine and Irv have discussed options such as CAL/AAEM contributing to this added expense, versus other options, including urging our members to contribute to CAL-EMPAC. CAL/AAEM has offered to cosponsor the yearly LLC (Legislative Leadership Conference) that meets in Sacramento to educate MD’s, RN’s, EMTP’s, and others who speak for Emergency Medicine, about the legislative process, how to develop a relationship with your government representatives, and includes a visit by the entire attendees to meet, greet, and lobby selected legislators regarding key bills.

The “ban on balance billing” issue remains a concern, as it can be potentially politically popular (the legislator “stands up for the little guy to prevent harassment” over the HMO’s underpayment), so GAC is meeting with various legislators to try to establish minimum “safeguards” that would apply to all EMTALA covered MDs, to try to hold the HMOs to some semblance of “fairness” in allowing a mechanism for bill dispute resolution. These include that dispute resolution systems must be fair, fast, independent, cost effective, and that settlement payments should be paid out as quickly as possible. It would also require the plan to clearly document on the submitted bill, why claims were recoded to a lower code, or the payment for the particular service was denied, or why the payment is below the providers “usual and customary fee.” Since there are no current independent up and running appropriate Claims Dispute Resolution systems in place, they have not been tested, and where the money comes from to fund them, are areas that have not been answered. CAL/ACEP hopes to convince legislators of the need for fair payments and dispute resolution, and are proposing a pilot project be set up and tested. They will urge a moratorium on of deployment of any such legislation until a study can demonstrate the effectiveness of this solution. Stay

tuned on this issue. Bills to watch are AB 1116 (Yee) and SB 364 (Perata).

Other legislation to watch:

- SB 57 (Alarcon): it increases certain fines (DUI’s, speeding, not parking tickets) by \$2 for every \$10 of the base fine, to help pay for uninsured ER medical/trauma care.
- SB 941 (Alquist): it deals with issues about EMS funds.
- Prop 63: it deals with issues of 51-50 patients that are inundating emergency departments.

Stay tuned. Please feel free to let us know your thoughts at calaaem@aaem.org

Respectfully submitted,
Michael J. Buchele, MD, FAAEM