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#### **Author**

Windham, Paul

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## Legislative Update:

### From our CAL/AAEM Official Representative On the CAL/ACEP Governmental Affairs Committee (GAC)

The legislative year in California is winding down to the finish. Our highest priority, SB 254 (Dunn) will not make it through the legislature because of the \$300 million price tag. The energy crisis has drained the previous budget surplus, and the uncertainty of the cost of future energy purchases has made the legislature skittish about spending for any other purpose. The CAL/ACEP Governmental Affairs Committee (GAC) discussed whether or not to pare it down to a simple statement that emergency medical services are an essential public service. Senator Dunn, the author of the bill, thinks that this is a good idea as it forms a rationale for further legislation when the energy crisis has been solved. The problem with this approach is that it will require the rules committee to allow waivers to make this change and this will be difficult. It may be too costly in terms of political capital to just make a statement without a source of funding. GAC is consulting with Senator Dunn and the CMA before making a final decision to pursue a limited statement now or turn this into a 2-year bill.

SB 117 (Speier) looks good in the legislature, partly because it will not cost the state much money. It prohibits health plans from assigning the responsibility for payments of claims for emergency services to a contracting medical provider, unless the provider demonstrates to the Department of Managed Health Care it is able to pay claims in compliance with existing law. DMHC has not said as much, but leaves us the impression they are not much interested in having to audit payments of subcontractors to emergency and on-call physicians, as this bill requires. They are already working with us on developing the rules to implement last year's legislation, which requires them to audit the financial viability of managed care organizations. This will help ensure that the state's HMOs do not go bankrupt and leave us with nothing at all, but does nothing to prevent downcoding or bankruptcy of IPAs and medical groups who frequently subcontract with HMOs to provide payments for medical services. Jim Randlett, Cal/ACEP's lobbyist in Sacramento, made the wise observation that a regulated industry eventually captures their regulators. EPMG has provided data showing one payer downcodes 80% of their bills for emergency medical care. If your group has similar data, please let me know. This is necessary to show abuse, and the more data we have to present in Sacramento, the better our chances of getting SB 177 passed. This bill has passed the Senate and will go before the Assembly June 26. If you can, please take the time to write your Assemblyman in support of this bill, especially if Assemblymen Aanestad, Richman, and Wayne represent you. Providers of emergency care currently are frequently not paid for their services because the medical groups are on the verge of bankruptcy and thus do not pay their bills or downcode the ones they do pay. The result is that fewer physicians are willing to come to the ER to provide emergency care even for insured patients.

As we were going to print, SB 117-Speier passed the Assembly Health Committee (vote: 13-0). CAL/ACEP President Dr. Loren Johnson, CMA's Dustin Corcoran, and CAL/ACEP's lobbyist James Randlett did an outstanding job as witnesses on the bill. Dr. Johnson gave an excellent description of the failing ER system in California, and the on-call crisis - with physicians having major trouble getting their ER claims paid by medical groups and IPAs. AARP, UC hospital system, Congress of Seniors, CHA, and Psychiatrists added their support. Opposed were the medical group and HMO organizations. Bravo EM! This is a major win!

The state budget still includes the \$24.8 million for the Maddy fund we had last year. We continue to support AB 686 and AB 687, which would fund trauma centers. We also discussed SB 615 (Ortiz) that would expedite enrollment in MediCal and Healthy Families while the patient is in the emergency department. We have to be careful not to violate EMTALA in this setting. I recently talked to an emergency physician who told me his department in Ohio has a toll-free direct phone line in the waiting room to allow registration in these programs over the phone. We will pursue this idea in California.

The Morrow bill, which would have repealed the motorcycle helmet law, never made it out of committee for lack of votes. All of the firearms laws we have supported look like they will make it successfully through the legislature only to face gubernatorial vetoes.

GAC discussed a plan to invite legislators to emergency departments throughout the state next year. If we get 30 or so to go in a given year, we can get most of them to visit our departments over a 3-year period. This is a great way to bring home the message to politicians who may not have much direct knowledge of what we do. I encourage you to consider inviting your Assembly member, your Senator, and even your county supervisors to arrange such a visit.

Little is expected in our political arena until September, when the last bills will get to the Governor's desk for signature. You can check on the status of these bills at any time by going to the state legal counsel's website at [www.leginfo.ca.gov](http://www.leginfo.ca.gov). If you are interested in learning more or in becoming involved, or if you have questions, comments or cheap shots, please e-mail me at [pcwindham@elite.net](mailto:pcwindham@elite.net)

Paul Windham, MD, FAAEM, Chair  
CAL/AAEM Governmental Affairs Committee  
Official representative to CAL/ACEP-GAC