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**Another Great House!**



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**This is a brief recap of CMA House of Delegates' Actions.**

IF YOU HAVE NEVER ATTENDED the CMA House of Delegates (HOD), you have missed out! However, your chance is coming: we will be meeting in Sacramento next year.

What is so exciting about the HOD?

This is where CMA policy is made through an incredibly democratic process that has to be seen to be believed. It has been said that getting doctors to work together is like herding cats. That may be so, but the HOD is where 294 cats headed in one direction this year, and there was a united outcome.

Though this is not legislation, this is CMA policy and what we will strive to make “the rules” through legislation, working with government agencies, working with specialty societies, or otherwise. Among 158 items considered, the following are some highlights of this year’s policy:

- That CMA support the proposal of the Centers for Medicare and Medicaid Services to begin paying for HIV testing when done as a screening test for infection. (Currently, Medicare pays only for treatment, not screening.)
- That CMA advocate for the physician’s right to collect up to the usual and customary rates for Medicare patients covered by supplemental or Medigap plans.
- That CMA support allowing physicians to claim a tax credit for uncompensated care.
- That any health care reform legislation that includes community rating and guaranteed issue must be combined with an individual mandate. (So if there is federal health care reform, there must still be private options available.)
- That CMA continue to educate its members on how to form direct financial relationships with patients as

an alternative to the traditional third party payor model.

- That CMA work with regulators to investigate non-reimbursement by health plans of physician handling fees associated with clinical laboratory services.
- That CMA work with appropriate regulators to address the issue of health plans and insurers inappropriately sending patients outside of the service area for health care services available locally with contracting physicians. (Insurers should remember that the patient is the priority!)
- That CMA continue to work with regulators to ensure that health plans properly reimburse online and telephone services that health plans have identified as reimbursable services, and the CMA continue to support appropriate billing of patients for online and telephone services that are not reimbursed by health plans.
- That CMA [work on] malpractice protections for physicians providing voluntary, unpaid service.
- That CMA continue to oppose legislation that would expand use of the term "physician" to persons other than DOs and MDs.
- That CMA reaffirm existing policy on loan forgiveness for medical education.
- That the criminalization of marijuana is a failed public health policy and that CMA explore the public health risks of changing current policy regarding illicit drug use. (This is a *HUGE* step: not endorsing the use of illicit substances, but recognizing that our current attempts at enforcement are not controlling behaviors. So, a public health approach with regulation and education might be better.)
- That CMA encourage the state to maximize the time allotted for physical education classes during the school week according to CDC guidelines.
- That CMA encourage local health departments, federal OSHA and Cal/OSHA to investigate and control occupation exposures to infectious disease in the adult film industry and to enforce workplace regulations in a timely manner. (Yes, we even consider the health of workers in the adult film industry!)

The sharing of ideas was refreshing, as was meeting with colleagues in various specialties and modes of practice throughout our great state. Though none of us got to win every battle, we did leave the meeting knowing that united we can accomplish so much more for our patients and the profession than any of us can do alone. We can look forward to a good year enacting these policies and also look forward to meeting again next year in Sacramento.

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