Title: Air Quality Education for Children

Author: Robert Bitonte, MD (rbitonte@aol.com)  
Ralph DiLibero, MD (Ralph.DiLibero@dhcs.ca.gov)

Introduced by: Robert Bitonte, MD

Endorsed by: LACMA District IV

WHEREAS, the Environmental Protection Agency states that air pollution can come from many different sources, including but not limited to factories, power plants, dry cleaners, and cars; and

WHEREAS, studies have linked air pollution to cardiovascular disease, respiratory disease, cancer, and other diseases and conditions; and

WHEREAS, the American Lung Association states that 58 percent of Americans, or over 175 million people, suffer pollution levels that are dangerous to breathe; and

WHEREAS, children often are the group with the highest risk from air pollution, as they often spend a large amount of time outdoors and are still developing; and

WHEREAS, asthma is the most common chronic disease for children and may be aggravated by exposure to air pollutants; therefore be it

RESOLVED: That CMA endorse efforts to provide educational programs for children promoting awareness of air quality and air pollution; and be it further

RESOLVED: That CMA endorse efforts to develop a curriculum course outline for children to understand air quality reports regarding the consequences of breathing polluted air.

Current CMA Policy:

Estimated Cost to CMA:
WHEREAS, several ethnic populations in Los Angeles have unmet mental health needs that result in decreases in work productivity, increases in homelessness and incarceration, and increased utilization of inpatient services. All of these issues incur significant financial and societal costs.

WHEREAS, the penetration rate for mental health services among Medi-Cal beneficiaries who are Latino is only 3.35% in Los Angeles; For the Asian/Pacific Islander communities who are enrolled in Medi-Cal, utilization of mental health services in Los Angeles is only at 4.15%.

WHEREAS, these underrepresented ethnic populations are not seeking mental health services due to the cultural stigma of mental health and mistrust of the mental health system.

WHEREAS, the fragmentation of the mental health system in Los Angeles creates barriers to those with mental health needs.

WHEREAS, those who receive mental health treatment are most likely to obtain services from their primary care physician or the correctional system.

WHEREAS, improving outreach to these underserved ethnic communities will increase access to mental health services and decrease overall costs to the healthcare and correctional systems; therefore be it

RESOLVED, that the CMA support a public health campaign which creates a partnership between the County Dept. of Mental Health and the underserved ethnic communities. Such a campaign would include the following measures:

- Develop outreach and education programs in these communities by partnering with community leaders, organizations and patient advocacy groups to reduce stigma and increase access.
- Develop culturally sensitive approaches to mental health care delivery to reduce mistrust of mental health system.
- Develop early intervention mental health programs.
- Share public health campaign with local medical and nursing schools.
- Work with other government and community stakeholders to share best practices.

And be it further

RESOLVED: That this be referred for National Action

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, patients with severe mental illnesses, such as schizophrenia, depression or bipolar disorder, have worse physical health and significantly reduced life expectancy compared to the general population; and

WHEREAS, the increased cardiovascular mortality associated with schizophrenia and bipolar disorder is attributed in part to an increased risk of modifiable coronary heart disease risk factors such as obesity, smoking, diabetes, hypertension and dyslipidemia; and

WHEREAS, due to the fragmentation of the healthcare system in Los Angeles, many patients may have limited access to general healthcare services. As a result, there is less opportunity for cardiovascular risk screening and prevention than would be expected in a non-psychiatric population; and

WHEREAS: Integrating primary care and mental health services would provide more preventive care for these patients, reducing the overall cost burden on the healthcare system; therefore be it

RESOLVED, That the CMA take all reasonable steps to urge all county mental health services to adopt a more multi-disciplinary model of integrated care for mental health patients. Such action would help to achieve parity in the context of healthcare reform. Measures may include, but not be limited to:

- Utilizing existing physicians and clinics within the County healthcare system to accurately identify and treat co-morbid conditions in mental health patients.
- Develop educational programs in communities and County healthcare clinics to increase awareness of primary care issues.
- Increase collaboration with primary care physician providers to better coordinate healthcare delivery to mental health patients.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, fructose and high fructose corn syrup have become ubiquitous in the American diet, and increasingly constitute a higher fraction of calories eaten by our population, and

WHEREAS, there is increasing, credible and consistent scientific evidence that dietary fructose is contributing to the increasing incidence of the 'metabolic syndrome', non-alcoholic fatty liver syndrome, steatohepatitis, and dyslipidemias, and

WHEREAS, there is little public awareness of the increasing extent of use of dietary fructose in commercially prepared food, and

WHEREAS, continued widespread use of dietary fructose poses a potential threat to the health of the American people; therefore be it

RESOLVED, That the CMA launch a campaign to inform the public of the threat posed by high dietary fructose, and take reasonable steps to curb the use of high dietary fructose if justified by the scientific evidence.

Current CMA Policy:

Estimate Cost to CMA:
Title: Purchase of Health Insurance Across Interstate Lines

Author: Paul Kirz, MD (pkirz@aol.com)

Introduced by: Paul Kirz, MD

Endorsed by: LACMA District IV

WHEREAS, Health Insurance companies in the state of California are a virtual oligopoly; and

WHEREAS, it is desirable to reduce health insurance policy costs and increase the variety of health insurance products to provide health insurance for more Californians; therefore be it

RESOLVED: that the CMA endorse California State legislation allowing purchase of federally approved health insurance plans across interstate lines.

Current CMA Policy:

Estimate Cost to CMA:
Title: Federal Surface Transportation Policy & Air Quality

Author: Robert Bitonte, MD (rbitonte@aol.com)
        Ralph DiLibero, MD (Ralph.DiLibero@dhcs.ca.gov)

Introduced by: Robert Bitonte, MD

Endorsed by: LACMA District IV

WHEREAS, activities in the transportation sector creates the vast majority of air pollution and contributes to severe health impacts including thousands of premature deaths every year in Southern California alone; and

WHEREAS, particulate pollution (including diesel soot) is estimated to cause 6,200 premature deaths per year in Southern California alone, with an average reduction in life of ten years; and

WHEREAS, over 2,000 peer-reviewed studies since 1997 have linked increased diesel soot particle pollution to strokes, heart disease, respiratory ailments, and premature death; and

WHEREAS, studies have also shown a correlation between living near a surface transportation corridor and significant cancer risk from air contaminants, with communities living near ports having even higher cancer risks; and

WHEREAS, reducing air pollution by just small amounts has been directly associated with a decrease in respiratory and cardiovascular disease occurrences and an estimated increase in average life expectancy; and

WHEREAS, nearly every mode of transportation involved with the movement of cargo (truck, train and off-road vehicles) operate primarily on diesel fuel; and

WHEREAS, the majority of heavy-duty construction equipment used to build and maintain transportation infrastructure is run with diesel-powered engines; and

WHEREAS, cleaner fuels and low or zero-emission technologies have been developed and can be deployed in nearly every mode of transportation; and

WHEREAS, it is likely that the increased energy needs from commercial and residential sectors, including the transportation sector, will require additional energy generation from petroleum-based fuel sources which may increase the health impacts to residents of Southern California; and

WHEREAS, reduction in Greenhouse Gas emissions are needed in order to lessen the impacts on climate change, air quality, and public health; Therefore be it

RESOLVED: That CMA work with AMA and the US Congress to ensure that laws which establish policies or authorize funding for the nation’s surface transportation system and railroad network help to reduce air pollution impacts and any adverse impacts to public health; and be it further

RESOLVED: That CMA work with the AMA and the US Congress to support legislation and policies, as part of the Climate Change program or Energy generation, distribution, and usage program, to improve local air quality in Southern California and public health.

Current CMA Policy:

Estimated Cost to CMA:
WHEREAS, membership is a very important issue within organized medicine; and

WHEREAS, in an attempt to reduce attrition and stimulate membership in organized medicine, reduced dues concepts and programs have been implemented; and

WHEREAS, these reduced dues programs require additional time and effort to implement and manage; and

WHEREAS, data showing retention of these reduced members might encourage, or discourage the continued implementation of these reduced dues programs; therefore be it,

RESOLVED: That The California Medical Association forward to its component medical association’s any and all data pertaining to the effectiveness of retaining members beyond the reduced dues portion of any reduced dues programs.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, the definition of medical necessity is the linchpin as to the services that patients are entitled to receive, and providers are entitled to be compensated for; and

WHEREAS, all definitions agreed to in the RICO settlements have now expired; and

WHEREAS, the definition of medical necessity is written by each health plan and insurer; and

WHEREAS, since 1985, the Medi-Cal program has had a definition of medical necessity, Welfare and Institutions Code section 14059.5, which has not been amended; and

WHEREAS, welfare and Institutions Code section 14059.5 was overwhelmingly and formerly supported by at least twenty-one organizations, including The California Medical Association; therefore, be it

RESOLVED: That The California Medical Association support legislation requiring that all health plans doing business in California adopt a definition of medical necessity contained in Welfare and Institutions Code section 14059.5 which states that a service is “medically necessary” or “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain."

**Current CMA Policy:**

**Estimate Cost to CMA:**
WHEREAS, the concept of accountable organizations was initiated by recent federal legislation; and

WHEREAS, the precise function of an accountable care organization was vague in the initial legislation; and

WHEREAS, the function of accountable care organizations remains vague; and

WHEREAS, the effects of accountable care organizations remains unknown; and

WHEREAS, California continues to maintain a prohibition on the employment of physicians, except under specific circumstances codified in Business and Profession Code Section 2400; therefore be it,

RESOLVED: That the California Medical Association support legislation that prevents any circumvention of California's prohibition of physician employment as codified in Business and Profession Code Section 2400 by accountable care organizations or permutations.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, adult day care breaks up the Doctor patient relationship by requiring their Medical Directors to see the Day Care Attendees.; and

WHEREAS, the State and Federal Government is paying for unnecessary extra visits and care; therefore be it

RESOLVED: That CMA support the policy regarding Adult Day Care Centers that paper work be done by the patient’s Primary Care Doctor and only use the Medical Director if the primary care physician cannot provide that service or in case of emergency.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, LACMA and CMA recognize several dues discount categories for young physicians, new members, senior members; and

WHEREAS, Retired physician members who do not actively practice medicine are not responsible for dues and are entitled to all rights and privileges of an active dues paying member with the exception of holding elected positions and voting within the organization; and

WHEREAS, LACMA and CMA offer a waiver of dues for members in financial or other related hardship; therefore be it

RESOLVED: That any physician, who for over twenty years, has been an active dues paying member of the LACMA/CMA be entitled to apply for a "life membership" a one time dues payment would be determined by the organization, this one time payment, would entitle the member to all rights and privileges as an Active Dues paying member. In addition, should a 20 year active member choose not to accept life membership, then their dues membership shall be reduced by a percentage to be determined; and be it further

RESOLVED: That any physician, who has been a active member of LACMA/CMA for over ten years, and who is active status with the medical board of the State of California, but is unable to practice medicine, due to disability, be allowed to continue with all rights and privileges and their dues shall be at reduced to those of a house officer.

Current CMA Policy:

Estimate Cost to CMA:
Title: Indigent Care Tax Credit

Author: William Hale, MD (hale.william@gmail.com)

Introduced by: William Hale, MD

Endorsed by: LACMA District IV

WHEREAS, emergency care must be provided to patients who present themselves to emergency rooms; and

WHEREAS, many patients presenting themselves to emergency rooms are indigent and unable to pay for services needed and rendered; and

WHEREAS, alternative methods to finance health care must be entertained; therefore be it

RESOLVED: That the California Medical Association (CMA) adopts policies that endorse payment for uncompensated emergency medical care by means of a state income tax credit for California income tax at 100% of current Medi-Cal rates.

Current CMA Policy:

Estimate Cost to CMA:
Title: Risk of Accountable Care Organizations and Foundation Models

Author: Marvin Kaplan, MD (mskfacs@aol.com)

Introduced by: Marvin Kaplan, MD

Endorsed by: LACMA District IV

WHEREAS, the new Federal Governments Plan of Accountable Care Organizations and Foundation Model represents a major change in Health Care Delivery; and

WHEREAS, physicians in all modes of practice may be affected as far as their ability to practice appropriate quality of patient care, and

WHEREAS, the possibility that many Physicians including Solo and Small Practice Primary Care and Specialists may be forced into longer Group Practices or even out of practice exists.; and

WHEREAS, although these plans are meant to improve quality of care and cost effectiveness, past experience with Health Maintenance Organization formation shows that results of this new program may lessen rather than improve the Health Care of patients; and

WHEREAS, Many Physicians may have difficulty in joining these hospital based systems and Foundations and may need advice and possibly advocacy to be treated fairly and assimilate into this new system; therefore, be it

RESOLVED: That CMA should seek out and report on physicians impacted or potentially impacted by implementation of Accountable Care Organizations and Foundation Models; and be it further resolved that

RESOLVED: The CMA should request the AMA to study the impact of Accountable Care Organizations and Foundation Models on quality of patient care and change of physician practices. (Refer for National Action)

Current CMA Policy:

Estimate Cost to CMA:
LACMA 17

Title: Medical Student Tuition Debt

Author: Marvin Kaplan, MD (mskfac@aol.com)

Introduced by: Marvin Kaplan, MD

Endorsed by: LACMA District IV

WHEREAS, because of the enormous increases in tuition, medical student debt has risen to unprecedented levels with many students graduating with over six figure loan debts; and

WHEREAS, recent federal government plans have included other healthcare workers but have not benefitted medical students; and

WHEREAS, current debt repayment schedules cause significant financial difficulties for physicians (MD’s and DO’s) taking residencies and fellowships ranging from three to seven years or longer compared to other health care workers who can begin to repay debts as soon as their tuition required studies end; therefore be it

RESOLVED: That the CMA should seek our and promote more ways to assist and help medical students (MD’s and DO’s), residents, and fellows who are training in California with the cost of medical school tuition and repayments; and be it further

RESOLVED: That the CMA should ask the AMA to see out and promote more aid to medical students, residents and fellows with the high cost of medical school tuition and repayments to a) include medical students in the new federal health care law assisting other health care workers and b) to seek out and promote additional aid to medical students a the federal level because of the high costs of tuition and the additional years spent in residency training before the physicians can begin repaying these debts.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, the casualties at 'Raves' place an unnecessary burden on an already over extended Emergency Medical Services System, which endangers all who might need emergency services during times when 'Rave' casualties are increasing the demand on our EMS System; and

WHEREAS, these events constitute an unnecessary, immediate, and direct threat to the health and safety of participants in these 'Raves'; therefore be it

RESOLVED: That CMA increase awareness of health hazards connected with large rave events and call upon communities to immediately cease scheduling raves in venues under their control.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, of the 600,000 ski- and snowboard related injuries each year, an estimated 15% to 20% are traumatic brain injuries, and

WHEREAS, traumatic brain injuries are the leading cause of hospitalization and account for 50% to 88% of total deaths in skiers and snowboarders, and

WHEREAS, the U.S. Consumer-Product Safety Commission estimates that 44% of head injuries sustained during skiing and snowboarding could be prevented by the use of helmets, and that the use of helmets for children could reduce head injuries during these activities in this group by 53%, and

WHEREAS, recent studies have shown that helmets are associated with up to a 60% reduction in the risk of head injuries, and their use does not appear to be associated with an increased incidence of cervical spine or neck injury, and

WHEREAS, a recent observational study found that only 37% of children at a New York ski resort wore a helmet while skiing or snowboarding, and other studies have shown helmet use to be as low as 12%, and

WHEREAS, the National Ski Area Association (NSAA) has set a goal of near-universal helmet usage for all children by 2012; therefore be it

RESOLVED: That the California Medical Association will support legislation requiring the wearing of approved ski helmets by all alpine skiers and snowboarders while skiing or snowboarding in California; and be it further

RESOLVED: That this matter shall be referred for national action.

Current CMA Policy:

Estimated Cost to CMA:
WHEREAS, there is a mandate that translators be offered upon request; and

WHEREAS, the per minute cost of commercial translation services are high; therefore be it

RESOLVED: That CMA support policy that physicians should be permitted to bill for actual cost of needed translation services and be able to be reimbursed for the actual charges.

Current CMA Policy:

Estimate Cost to CMA:
LACMA 11

Title: Medi-Cal Standardized Criteria

Author: George Ma, MD (gwkma@yahoo.com)

Introduced by: George Ma, MD

Endorsed by: LACMA District IV

WHEREAS, Medi-Cal retroactively denies hospital stay based on medical physician’s decision; therefore be it

RESOLVED: That CMA support policy requiring Medi-Cal to adopt a standardized criteria (i.e. interqual) for approval for hospitalization approval.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, the Environmental Protection Agency states that air pollution can come from many different sources, including but not limited to factories, power plants, dry cleaners, and cars; and

WHEREAS, studies have linked air pollution to cardiovascular disease, respiratory disease, cancer, and other diseases and conditions; and

WHEREAS, the American Lung Association states that 58 percent of Americans, or over 175 million people, suffer pollution levels that are dangerous to breathe; therefore

RESOLVED: That CMA endorse public education regarding the potential harmful effects of air pollution, such as cardiovascular disease, respiratory disease, cancer, and other diseases and conditions, and how to avoid and mitigate such effects; and be it further

RESOLVED: That CMA endorse efforts to develop the distribution of patient-oriented literature in physicians’ offices regarding air pollution and its health effects.

Current CMA Policy:

Estimated Cost to CMA:
WHEREAS, ‘Medical Necessity’ is defined by CMA as “Modality Necessary to treat specific patient’s condition as determined by treating physicians and found to be appropriate by Standard of Care; and

WHEREAS, insurance companies use the issue of Medical Necessity after the treatment is provided in attempt to get the service without paying for it; and

WHEREAS, SCIF vs. WCAB (Sadhagen), states that insurance must perform Utilization Review prior to denying the treatment; and

WHEREAS, the treatment still needs to be Medically Necessary; and

WHEREAS, medically necessary defined as modalities necessary to treat specific patient's condition as determined by treating physician and found to be appropriate by Standard of Care; and

WHEREAS, frequently, Agreed Medical Evaluator report, which is not presented to the Primary Treating Physician for a review until the end of the treatment, is used by the insurance company to argue Medical Necessity; therefore be it

RESOLVED: That CMA support legislation regarding workers compensation medical treatment authorization that forbid arguing ‘Medical Necessity’ of the treatment after the treatment has already been rendered; and be it further

RESOLVED: That CMA support legislation in workers compensation medical treatment that Utilization Review be the only pathway to approve or deny medical treatment; and be it further

RESOLVED: That payment for treatment in worker compensation cases can not be denied after it has been provided and the insurance company failed to use Utilization Review to argue ‘Medical Necessity’.

Current CMA Policy:

Estimate Cost to CMA:
WHEREAS, some of the major health plans such as CIGNA, Aetna, and United HealthCare contract with other third party administrators such as Beech Street, Interplan, Multiplan and First Health fail to provide alternative physician networks to provide services to the major health plan patients; and

WHEREAS, in general patients who are subscribers of the major health plans have very limited knowledge and access to these alternative physician networks; and

WHEREAS, there are now third party messenger model physician organizations acting as alternative physician networks that contract with third party administrators such as Beech Street, Interplan, Multiplan, and First Health fail with fee schedules that reimburse physician services at higher rates than Medicare and the major health plans; therefore be it

RESOLVED: That CMA support legislation that requires major health plans that contract with third party administrators and with alternative physician networks, to list those physicians individually by name, address, and phone number on the major health plan website physician rosters with the consent of those physicians that are contracted with those third party administrator physician networks.

Current CMA Policy:

Estimated Cost to CMA:
LACMA 04A

Title: Naturopathic Practitioner Education and Qualifications

Author: Michael Borok, M.D. ((818) 832-7898; e-mail mborok@pol.net)

Introduced by: Michael Borok, M.D.

Endorsed by: LACMA District IV

WHEREAS, naturopathic practitioners are licensed in California, yet the public and the general medical community does not know their educational background and qualifications; and

WHEREAS, naturopathic practitioners can order any laboratory test and imaging test, do waived laboratory testing, give subcutaneous and intramuscular injections of various substances, and give intravenous infusions; and

WHEREAS, naturopathic practitioners want to increase their scope of practice to practice medicine including prescribing FDA approved prescription medications; therefore be it

RESOLVED: That if CMA finds that the didactic and clinical education and training of a California licensed 'naturopathic doctor' is generally equivalent to the didactic and clinical education and training of a physician assistant's or nurse practitioner's didactic and clinical education and training, then the CMA should SUPPORT legislation restricting California licensed naturopathic practitioners to only order laboratory tests and imaging tests, do waived laboratory testing, give intramuscular and subcutaneous injections, and give intravenous infusions when working as an employee under the general supervision of a California licensed physician and surgeon, and be it further

RESOLVED: That naturopathic doctors not be allowed to prescribe FDA approved medications unless they are working as an employee under the general supervision of a California licensed physician and surgeon.

Current CMA Policy: There is none on this particular subject

Estimated Cost to CMA:
Title: Naturopathic Practitioner Education and Qualifications

Author: Michael Borok, M.D. (phone: (818) 832-7898; e-mail mborok@pol.net)

Introduced by: Michael Borok, M.D.

Endorsed by: LACMA District IV

WHEREAS, naturopathic practitioners are licensed in California, yet the public and the
general medical community does not know their educational background and
qualifications; and

WHEREAS, naturopathic practitioners can order any laboratory test and imaging test,
do waived laboratory testing, give subcutaneous and intramuscular injections of various
substances, and give intravenous infusions; and

WHEREAS, naturopathic practitioners want to increase their scope of practice to
practice medicine including prescribing FDA approved prescription medications;
therefore be it

RESOLVED: That the CMA research and obtain the descriptions of California licensed
naturopathic doctors educational coursework from the naturopathic medical schools, the
qualifications of their instructors, admission requirements to those naturopathic medical
schools, the full description of their clinical coursework and qualifications of their clinical
instructors, and the complete description of their "residency programs" as well as the
qualifications of their residency program directors; and therefore be it further

RESOLVED: That the CMA collect all the above information and put it in the form of a
report to the Board of Trustees by 2/1/2011 that will also be available to the CMA
general membership to read at that time.

Current CMA Policy: There is none on this particular subject

Estimated Cost to CMA:
Title: Continuing Education-Air Pollution

Author: Robert Bitonte, MD (rbitonte@aol.com)
        Ralph DiLibero, MD (Ralph.DiLibero@dhcs.ca.gov)

Introduced by: Robert Bitonte, MD

Endorsed by: LACMA District IV

WHEREAS, the Environmental Protection Agency states that air pollution can come from many different sources, including but not limited to factories, power plants, dry cleaners, and cars; and

WHEREAS, studies have linked air pollution to cardiovascular disease, respiratory disease, cancer, and other diseases and conditions; and

WHEREAS, the American Lung Association states that 58 percent of Americans, or over 175 million people, suffer pollution levels that are dangerous to breathe; and

WHEREAS, the American Medical Association supports educating the medical community on the potential adverse public health effects of air pollution and climate change and incorporating the health implications of air pollution and climate change into the spectrum of medical education; therefore be it

RESOLVED: That CMA endorse the development of a comprehensive continuing medical program for physicians and other health professionals to aid them in addressing air pollution and its impact on health.

Current CMA Policy:

Estimated Cost to CMA:
Title: Clean Air Reform

Author: Robert Bitonte, MD (rbitonte@aol.com)
       Ralph DiLibero, MD (Ralph.DiLibero@dhcs.ca.gov)

Introduced by: Robert Bitonte, MD

Endorsed by: LACMA District IV

WHEREAS, the Environmental Protection Agency states that air pollution can come from many different sources, including but not limited to factories, power plants, dry cleaners, and cars; and

WHEREAS, studies have linked air pollution to cardiovascular disease, respiratory disease, cancer, and other diseases and conditions; and

WHEREAS, the American Lung Association states that 58 percent of Americans, or over 175 million people, suffer pollution levels that are dangerous to breathe; therefore

RESOLVED: That CMA support state legislation that results in cleaner air and reduces the amount of pollutants in the air that cause cardiovascular disease, respiratory disease, cancer, and other diseases and conditions.

Current CMA Policy:

Estimated Cost to CMA:
LACMA 30

Title: Improving the Prior Authorization and Medical Exception Process

Author: Robert Bitonte, MD (rbitonte@aol.com)

Introduced by: Robert Bitonte, MD

Endorsed by:

WHEREAS: the center of the health care system must be the physician-patient relationship, and the autonomy of physicians in concert with their patients to define medically necessary care; and

WHEREAS: a recommendation made by a treating physician should be presumed to be correct regardless of coverage, and

WHEREAS: health insurers, pharmacy benefit managers and health maintenance organizations are increasingly interfering in the sacred doctor-patient relationship; and

WHEREAS, both Prior Authorization (PA) and Medical Exceptions (appeals from coverage and/or payment restrictions to medically necessary care) were instituted for certain health benefits and services as a cost containment strategy; and

WHEREAS, the PA/Medical Exception process is highly complex, lacks transparency, and the criteria and processes vary significantly among health and pharmacy benefits entities; and

WHEREAS, health plans have differing preauthorization, appeal, benefit advisory, and admission notification requirements; and

WHEREAS, these differing requirements create training and logistical complexity for providers, as their staff tries to keep track of the various requirements and the different methods of communicating the information; and

WHEREAS, the PA/Medical Exception process increase the cost of healthcare delivery due to the time and resources required to submit a PA request; and

WHEREAS, a recent national study concluded that physicians spend an average of three hours per-week interacting with health insurers on issues like PA; nursing and clerical staff spent much larger amounts of time. When time is converted to dollars, the study estimates that the national time cost to practices of interactions with health insurers is at least $23 billion to $31 billion each year.

WHEREAS, in addition to being costly, some cost containment programs could induce physicians to avoid altogether the hassles of seeking approval of appropriate medications or care. In a survey of over 1100 physicians, it was found that during the course of the year, thirty one percent of all respondents reported that they did not offer their patients useful services because of perceived coverage restrictions, such as PA, and
WHEREAS, streamlining the PA and Medical Exception process would reduce administrative costs for payers and for providers; therefore be it

RESOLVED, That the CMA Take all reasonable steps to ensure that a uniform Prior Authorization/Medical Exception form is adopted by all third party payers that provide a pharmacy benefit.

RESOLVED, That the CMA take all reasonable steps to ensure that a uniform, fast, effective and efficient Prior Authorization/Medical Exception process is adopted by all third party payers that provide a pharmacy benefit. The process shall include the following elements:

- Call centers must be adequately staffed and meet busy signal, wait time, dropped call and other performance standards;
- An electronic authorization process must be available and E-prescribing systems should give physicians immediate notification if they are writing a script for a drug that requires Prior Authorization;
- In cases where a plan initially denies a request for medically necessary drugs, there must be a process for timely escalation so that physicians have direct access to qualified healthcare personnel to discuss the denial, with ultimate appeal to the Medical Director;
- When a third party payer does not respond to a Prior Authorization within 48 hours then the request is automatically approved;
- Third party payers must authorize medications for chronically ill patients for at least a twelve month period of time;

RESOLVED, That the CMA support legislation requiring third party payers doing business in California to reimburse physicians for reasonable office practice expenses related to physician processing of prior authorizations, Medical Exceptions and any other administrative requirements needed for their patients to access medications. And be it further;

RESOLVED, That this be referred for national action

Current CMA Policy:

Estimate Cost to CMA: