

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

CajEM Legislative Update

Permalink

<https://escholarship.org/uc/item/2zr2n4pd>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 3(3)

ISSN

1936-900X

Author

Lotfipour, Shahram

Publication Date

2002

Copyright Information

Copyright 2002 by the author(s). All rights reserved unless otherwise indicated. Contact the author(s) for any necessary permissions. Learn more at <https://escholarship.org/terms>

Peer reviewed

Our third and certainly our most ambitious goal is to achieve inclusion of *CaJEM* in the National Library of Medicine's *Index Medicus* and MEDLINE. This will foster collaboration and the sharing of expertise of our contributors with other authorities across the national and global emergency medicine community. Furthermore, it will undoubtedly enhance our appeal to investigators who are looking for publication sites for original research. With these measures to widen the scope of our journal, we intend not to lose our focus; our primary mission remains the provision of quality scientifically based articles for West Coast emergency physicians.

Finally, I invite you, the readers of *CaJEM*, to submit your suggestions for improvement, as well as your concerns and critiques of our work. We welcome unsolicited manuscripts of original research, literature reviews and case reports. Our email addresses are listed on page 2 for that reason. Journal publication is, in the end, a service industry and we are hoping to serve your educational needs.

CaJEM Legislative Update

From the Cal/AAEM representative on the CAL/ACEP Governmental Affairs Committee

Shahram Lotfipour, MD

This continues our CAL/AAEM official representative update on the CAL/ACEP Governmental Affairs Committee (GAC). Now that Paul Windham, MD, FAAEM, has been serving as our new CAL/AAEM President, CAL/AAEM Vice-President Shahram Lotfipour, MD has assumed the lead position on GAC.

Our July/August update includes many important updates, which this article summarizes. Note that if you wish to receive more information on any of the bills listed, you can go to "www.leginfo.ca.gov/bilinfo.html."

AB 3006- a very important bill at this time to help stop the rollback the 40% increase in Medi-Cal reimbursement to emergency and on-call physicians previously received. CAL/AAEM members have responded well in contacting their assembly members and getting their attention on this very important issue.

AB3006, the budget trailer bill, if the budget passes is halting this rollback.

Defeated- The bill SB1881-Scott (emergency and on-call physicians) prohibited them from billing patients until the insurer has been provided a complete claim and the insurer has failed to promptly pay the claim) has been effectively defeated with Emergency Medicine lobbying efforts.

Amended- The bill AB 2700-Mountjoy (reverse the motorcycle helmet law) at the assembly floor has been amended to apply to only over 21 and contains a \$1 million health insurance requirement. Many similar bills to AB 2700 in the past ten years failed in their first policy committee. This bill is currently inactive. AB 2222-Koretz (50 caliber sniper rifle ban), was also amended to with 50-caliber ammunition (5.54 inches long from the base to the tip of the bullet and 0.5 inch in diameter). The bill was defeated in the Assembly Public Safety Committee. SB1950- Figueroa (medical board and settlements) currently has a two-tiered system, with physicians in the lower risk group with greater than three settlements (larger than \$30,000) to be disclosed (that would be four or more cases for the higher risk group).

Under discussion- the bill SCA 12-Perata (bullet tax), has EM support at this point. This bill would place a tax of 5 cents for each piece of munitions sold at a retail establishment. Bills AB 496/SB682 (liability for gun manufacturers) are under consideration in their judiciary committee's. Bill SB 2033- Speier (HMO call panel) requires HMOs/medical groups to form call panels for their patients, and inform the hospitals of the call panels. It also requires them to pay customary charges for non-contracting on-call physicians who do care for an HMO's patients when the contracted on-call physician does not show.

Due to the severe budget shortfall in Sacramento, I would encourage all of you to inform your patients, friends and the news media at every opportunity about the crisis in health care. As we are well aware, politicians might need positive reinforcement from their constituent's before acting swiftly.