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## LEGISLATIVE UPDATE

**Michael Buchele, MD, FAAEM**

*CAL/AAEM Board and Representative to the CAL/ACEP Government Affairs Committee (GAC)*

Well, the new political year is off and running. The recent elections are behind us, the Governor is hinting at re-election for himself (if the US Constitution does not get changed in time for him to run for President), and the state deficit still looms over everything. That being said, combined efforts by the CMA, Cal/ACEP, Cal/AAEM, and others resulted in the legislature passing (on a relatively fast track) and the Governor signing SB 29, which corrects the error made in the rush to budget last year that omitted this \$24.8 million of Proposition 99 Tobacco Tax Revenue from being released to reimburse physicians for uninsured care. (This is now the fifth year in a row that these allocations have been made for physicians treating uninsured patients.)

As the new legislative year starts, the most oppressive legislative offering so far appears to be AB 1321 (Yee), which would prohibit hospital based physicians from having the right to balance bill a patient they treated, and would require the physician accept **only** what the patients health care plan or its contracting medical group decided to pay for the service rendered. This would effectively mean that any MD, who treats any patient to whom he/she is not previously contractually related, effectively now becomes a de facto "member" of that patients health plan, and accepts what the plan offers in payment, with their being no provision in this bill to assure that the payment would be fair and be paid in a timely fashion. The physician would have to contest each payment with each different health plan if the MD felt that the payment was inadequate, and there is no requirement for the health plan to negotiate a fair compensation. Much opposition has been raised against this bill, and CMA, Cal/ACEP, Cal/AAEM, and numerous County Medical Societies and individual and group practice physicians have flooded Yee's office with numerous objections to this bill, so if we are lucky, this bill will die a quick death. But it

reminds us the need to beware of letting the legislature dictate medical care and compensation without close involvement with physicians and health care workers in drafting such legislation.

On the following page is a list of those proposed bills that are "on the radar screen" of Cal/ACEP, Cal/AAEM, and CMA and which concern emergency physicians. Keep your eyes and ears peeled as these bills begin their journey to become law.

Bill Number	Author	Title	Brief Description	Position	Current Status
SB 29	Perata	Budget Trailer Language	CAL/ACEP-sponsored. Clarifies omitted language from budget trailer bills that allocated \$24.8 million of Cigarette Tax funds to the Maddy EMS Funds in counties.	Sponsor	Governor's Desk—Signed!
SB 57	Alarcon	Fines and Forfeitures	CAL/ACEP-sponsored. Allows counties to levy an additional \$2 per \$10 fine for certain traffic violations to increase County EMS Funds.	Sponsor	Sen Public Safety
SB 364	Perata	Health Care Service Plans	CAL/ACEP-sponsored. Will be amended to address health plans paying claims for non-contracting physicians.	Sponsor	Sen Health
SB 941	Alquist	EMS Funds	CAL/ACEP-sponsored. Will be amended to create consistency between two codes that govern Maddy EMS Funds and the \$24.8 million allocation of Prop 99 funds. Creates new subcommittee within EMS Commission to oversee counties reimbursement of claims submitted by physicians for uninsured care.	Sponsor	
AB 1321	Yee	Balance Billing Prohibition	Prohibits hospital-based physician from balance billing a patient and requires them to seek reimbursement solely from the patient's health care plan or its contracting medical group.	Oppose	Assembly Health
SB 748	Dunn	EMS System	CAL/ACEP-sponsored. Would give hospitals more flexibility to create agreements with other hospitals in sharing on-call physicians.	Sponsor	
AB 717	Gordon	Centinel Airport Clinic	Allows DHS to issue special permit to Centinela Airport Clinic to allow it to operate as an emergency receiving center.		Assem Health
AB 1050	Gordon	Emergency Receiving Centers	Requires DHS to establish pilot project to determine potential impact of having four stand alone ER's in LA County.		
SB 279	Cedillo	Physicians & Surgeons: ER Services	CA Hospital Association sponsored. Will be amended to address hospitals hiring of emergency physicians.		Sen Health
SB 328	Cedillo	Economically Endangered Health Facilities	Spot bill aimed at establishing a reimbursement program to preserve economically endangered facilities that offer essential hospital services (ER, neonatal, etc).		
SB 417	Ortiz	Criminal Profiteering: health care plans	Finds HMOs and health care plans that regularly engage in unfair payment practices of health care providers who provide services to enrollees of the plan are subject to prosecution.		
SB 458	Speier	Basic Health Care: counties	Revises scope of authorization in San Bernardino, Ventura and San Mateo counties to address problems of lack of affordable health care coverage.		
AB 1635	McCarthy	Medi-Cal hospital reimbursement	Intent bill aimed at making DHS testing alternatives permanent basis for Medi-Cal reimbursement to hospitals.		
SB 100	Alarcon	Medi-Cal Reimbursement: emergency and trauma	Intent bill aimed at increasing Medi-Cal reimbursement rates to a more appropriate level, especially for trauma and emergency care.		
AB 998	Chu	Sexual Assault Reporting	Requires health practitioners to also make a report to a local law enforcement agency upon providing medical services to persons in the custody of law enforcement from whom evidence is sought in connection with the investigation of a sexual assault crime.		
AB 1046	Frommer	Health Facility and Clinic: data card	Repeals the limitation on the number of elements OSHPD may add to each data set (Hospital Discharge Data Abstract, Emergency Care Data Record and Ambulatory Surgery Data Record). Existing law limits OSHPD from adding more than 15 elements to each data set in any 5-year period.		
AB 201	Dymally	LA County Health Authority	Would establish a health authority to deliver medical care services to the Medi-Cal population and other populations receiving health care from the County of Los Angeles. The health authority is responsible for oversight of local hospital services, ambulance medical services, public health services, and emergency medical services.		