

# Editor's Notes

## Here's Another Fine Mess, Governor

By Stephen Jackson, M.D.

*Here's another fine mess you've gotten me into.  
Why don't you do something to help me?*

—Oliver Hardy, speaking to Stan Laurel



Your *Bulletin* aspires to keep you informed about the seemingly endless array of issues affecting our specialty. We strive to provide you with reports that are objective, fair and balanced. Admittedly, our content may seem overly weighted toward “doom and gloom,” and, indeed, it may be a challenge to identify the smattering of humor and “feel good” material we do insert—sort of like trying to “find Waldo.” Nonetheless, the predominance of facts indicates that our specialty is under siege by political and socioeconomic forces that are decidedly unsympathetic and relentlessly abusive.

Last issue's editorial addressed our federal government's prejudicial mistreatment of our academic programs. In the interim, two other issues laced with potential poison for our specialty have come to the fore.

The first is Proposition 86. This tobacco tax ballot initiative was created craftily by the California Hospital Association (without heeding organized medicine's concerns and objections) with enough “motherhood and apple pie” content necessary to foster support from a broad coalition of special interest groups that promote the general social good. It imposes an additional \$2.60 tax on each cigarette pack (\$0.13 per cigarette), money that will, in the main, economically bolster our state's deteriorating hospital emergency medical care system. The “motherhood and apple pie” refers to health insurance for eligible indigent children, nursing education, and research, prevention and treatment of breast, cervical, prostate and colorectal cancer (as well as heart disease, stroke, asthma and obesity). The estimated \$2 billion per year in large part (\$760 million) would go *directly* to the hospitals to cover expenses incurred by their economically stressed emergency departments, but *none* of it is allocated *directly* for stipends for physicians who provide the emergency on-call services. Just how much of the hospitals' largesse would filter down to the on-call physicians would lie squarely at the discretion of hospital administrators. Yes, hospitals would have more money for stipends, but, when it comes time for administrators to fairly and justly distribute the fruits of Proposition 86—well, need I say more? Moreover, Prop 86 has stealthily-placed constitutional

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amendments that would exempt hospitals from certain anti-competition and antitrust laws. These sections of Prop 86 have the potential of harboring the most onerous fallout for physicians. Your CSA leadership has chosen *not* to support Prop 86 but, rather, to take a *neutral* stance. Although *opposition* would seem most appropriate, this tack would pose a public relations nightmare. To its credit, the CMA recently was able to remove its name from the printed ballot's list of supporters.

The second issue rests with the Department of Managed Health Care's proposed regulations that were filed in response to an executive order issued by Governor Schwarzenegger. They intend to 1) prevent physicians from receiving a fair and reasonable remuneration for noncontracted services rendered to patients in emergency departments; 2) revise the well-established and carefully constructed Gould Criteria for determining reasonable and customary charges for physicians' services; and 3) establish a dispute resolution process that, upon analysis, is neither fast nor fair nor reasonable. The DMHC has steadfastly refused to demand that health insurers adhere to the letter and intent of the Knox-Keene Act, which stipulates that their plans must have physicians available in all specialties within their insurance network in the geographic environs in which they offer their plans.

*Well, Governor, here's another fine mess your DMHC got us into. So, why don't you do something to help us?*

It is certain that the DMHC, heavily influenced by the special interests of the health insurance industry, has disregarded and/or circumvented court rulings and abrogated its lawful duty. If the Governor had a more balanced understanding of this matter, he could use this opportunity to make the DMHC a legitimate and responsible governmental agency. If the DMHC proposals were to prevail, then I would anticipate a mass resignation of noncontracted on-call physicians and a collapse of our emergency medical system. I refer you to Mark Singleton's "President's Page" for further commentary.

This is my final "heads up" alert that by the end of this year, in order to retain your California medical license, you must have secured 12 credit hours of CME in pain management and end-of-life care. Your *Bulletin* and the CSA Web Site will have provided you with the opportunity for 12 CME credits by the end of this year. This has been an immensely popular service of the CSA Educational Programs Division, and we plan to expand this CME venue next year.

**CSA Web Site**

**[www.csahq.org](http://www.csahq.org)**