

# The Coalition of the Willing ... Wants You!

*By John D. Longwell, M.D., 2003-2004 Santa Clara County Medical Association President*

**T**he Coalition to Preserve Emergency Care (CPEC) initiative will be on the ballot in November 2004, if its sponsors raise enough money.

CPEC consists of unlikely bed partners who share common goals: the California Medical Association (CMA), the California Healthcare Association (CHA), the California Chapter of the American College of Emergency Physicians (CAL/ ACEP), the California Emergency Nurses Association (CalENA), the California Professional Firefighters, and the California Primary Care Association.

The title that this initiative received from the Attorney General is the Emergency and Trauma Care Act of 2004. Funding for the signature-gathering and subsequent campaign will be born by the three largest stakeholders: CMA, CHA, and CAL/ACEP. The total amount needed will be about \$7.3 million; CAL/ACEP is well on its way to raising its commitment of \$1.3 million. ED physicians have been asked to contribute 20¢ per patient for a year, or \$500 per full-time doctor. My own group has already contributed \$140,000. CMA has committed to \$400,000 by the end of 2003, and another \$400,000 by March 1, 2004. Despite the addition of the "PIC" (Political Issues Committee) voluntary contribution of \$95 to our annual CMA dues, much more is needed. We are asking medical staffs to contribute lump sums on the order of \$10,000, depending on ability. We are also asking those who would benefit the most to contribute more.

*How much will the initiative raise?* A conservative estimate projects total revenue to be \$470-520 million per year, indefinitely.

*Who gets the money?* Physicians would receive 30.5%; 60% of that would go to emergency physicians, and the other 40% to on-call physicians providing emergency care.

*Where does the initiative's money come from?* There would be a 3 to

3.7% increase of the existing 9-1-1 surcharges on telephone bills, with a cap of 50¢ per month for residential phones; senior citizens and others on basic

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lifeline rates would be exempt. This is not a tax increase and, therefore, requires approval of only a simple majority of voters.

*What is the likelihood of the initiative's winning?* Given that there is little organized opposition and that recent polling indicates support of the voters to the tune of 67-72%, chances are very good.

*Why an initiative?* In fact, initiatives have been tried in the past. A dozen years ago, CAL/ACEP promoted a “nickel a drink” initiative to better fund emergency medical services; it did not receive the support of CMA, while having overwhelming opposition from the alcohol industry. Similar proposals, dependent on raising a tax on alcohol, are similarly doomed. Recent legislation that proposed a tax on bullets met with strong opposition from the NRA.

Four years ago, CAL/ACEP attempted an initiative to move most of the tobacco settlement funds out of the state's general fund and into medically related programs, including the Emergency Medical Services. When the governor yielded to some of our related requests, CAL/ACEP postponed the initiative. Two years ago, recognizing the “impending” collapse of the emergency safety net, yet another initiative was generated by CAL/ACEP; this would have authorized a surcharge on traffic violations and therein provided \$300 million annually for emergency and trauma services, with the beneficiaries similar to those of the current initiative. Polls initially showed a support level of 68%, but two subsequent ones showed that support declining to below 50%. Our partners in healthcare decided against joining us, and the initiative was abandoned. Finally, in 2001, a legislative approach was taken: Senator Joe Dunn authored SB 254, declaring emergency care to be an essential public service and providing \$300 million from general funds. Following the energy crisis and then the budget mess, you can guess where this bill went, as would any bill that asks for increased spending from the general fund or increased taxes.

*Why is this necessary?* In the past 10 years, California has lost 60 of its 400 emergency rooms, although the number of ER visits has increased. 20% of Californians are uninsured. Since emergency departments and physicians on duty are required by federal law to evaluate every person appearing on their premises (but no guarantee of payment), it is not surprising to find that California hospitals are losing \$400 million a year providing care to uninsured and underinsured. Emergency physicians alone account for an additional \$110 million annually in uncompensated care. These figures rise 20% per year. For example, in Santa Clara County, each major hospital loses between \$2.5-4 million annually, totaling \$17 million for the county in 2000-01.

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Currently, uncompensated care for emergency patients is reimbursed by the Maddy EMS Fund, established in 1987, and funded by motor vehicle violation penalties and tobacco taxes. There is a total of approximately \$60 million available, and it lessens each year. This initiative will increase that fund to pay for nearly all currently uncompensated care, and do so in a fair manner with oversight at each county.

The CPEC initiative of 2004 deserves the financial and voting support of everyone in California: support from on-call physicians and those who provide emergent services to patients in the Emergency Department or in the following 48-hour stabilization period; and voter support from citizens who want to ensure that there is good emergency medical service, should they ever need it.