California Medical Association
144th Annual Session

ACTIONS
of the
2015 HOUSE OF DELEGATES

Theodore M. Mazer, MD, Speaker
Lee T. Snook, Jr., MD, FACP, Vice Speaker

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Physicians dedicated to the health of Californians
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HOUSE OF DELEGATES COMMITTEES

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Michelle Caughey, MD
John Luster, MD
Nuriel Moghavem
Bing Pao, MD

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Joanna Tan, MD, Medium Group Practice Forum
Sharon Ann Winer, MD, Solo & Small Group Practice Forum
Michelle B. Caughey, MD, Very Large Group Practice Forum
Kelly A. McCue, MD, Specialty Delegation

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Michael C. Lubrano, MD, MPH, Resident & Fellow Section
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John B. Luster, MD, MPH, Organized Medical Staff Section
Christopher R. Hancock, MD, Young Physicians Section
Lance R. Lewis, CMA Staff

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Holly Yang, MD, District 1
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Craig Kliger, MD, Specialty
Seema Sidhu, MD, District 7
Eric Tabas, MD, SSGPF
Barbara Weissman, MD, Specialty
Yvonne Choong, CMA Staff

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Ameena Ahmed, MD, District 8
Stephanie Booth, MD, District 4
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Robert Edelman, MD, District 9
Manmohan Nayyar, MD, District 2
James Washington, MD, EMOS
Lisa Matsubara, CMA Staff

REFERENCE COMMITTEE F: QUALITY, ETHICS & MEDICAL PRACTICE ISSUES

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Kyle Edmonds, MD, District 1
Marcia Gollober, MD, District 11
Po-Yin Samuel Huang, MD, District 4
Eleanor Martinez, MD, District 7
Vincent Mason, MD, District 7
Rahul Parikh, MD, VLGPF
Yvonne Choong, CMA Staff
PRESENTATIONS, RECOGNITIONS AND AWARDS

Luther F. Cobb, MD, FACS addressed the House of Delegates and was presented an award for his years of distinguished leadership as CMA President and President-Elect.

Steven E. Larson, MD addressed the House of Delegates and was installed as CMA President.

Dustin Corcoran, MBA, CMA Chief Executive Officer, addressed the House of Delegates on CMA’s accomplishments and priorities.

Janus Norman, CMA Senior Vice President, addressed the House of Delegates on CMA’s legislative victories in the 2015 legislative session.

William Goodson III, MD, Chairman of the Board of Directors of the Institute of Medical Quality, addressed the House of Delegates on the activities and accomplishments of the Institute.

Joaquin Arambula, MD, candidate for the 31st State Assembly District, addressed the House of Delegates on his bid to win elective office representing the greater Fresno area.

Judy Corless, RN, and Jeff Corless, together representing the CMA Alliance, addressed the House of Delegates on the activities of the CMA Alliance.

George C. Fareed, MD, was presented the 2015 Frederick K.M. Plessner Memorial Award honoring the physician who best exemplifies the ethics and practice of a rural practitioner.

Vito D. Imbasciani, MD, was presented the 2015 Gary F. Krieger Speaker’s Recognition Award honoring their outstanding contributions and service to the California Medical Association and the House of Delegates.

Eric Hansen, DO, was presented the 2015 Dev GnanaDev Membership Award commending outstanding commitment to the growth and prosperity of the California Medical Association.

Barbara J. Arnold, MD, was presented the 2015 Compassionate Service Award commending outstanding commitment to the health of the community and charity care in the State of California.

Sharon Levine, MD, was presented a resolution by the California Medical Association recognizing her distinguished career and service to organized medicine.

CMA Past Presidents in attendance were individually recognized.
ELECTIONS

Ruth E. Haskins, MD, El Dorado Hills, was elected CMA President-Elect.

Theodore M. Mazer, MD, San Diego, was re-elected CMA Speaker of the House.

Lee T. Snook, Jr., MD, FACP, Sacramento, was re-elected CMA Vice-Speaker of the House.

Recent elections of CMA Trustees were ratified.
ACTIONS ON RESOLUTIONS AND REPORTS

NOTE ON PRIORITIZATION OF ACTIONS

For each adopted or referred item of business, members of the House of Delegates were asked to assign a priority using a scale of 1 to 5, where 1 = **highest priority** and 5 = **lowest priority**. The indicated priority following each resolution and report recommendation in this compendium represents the mean response. Bylaws amendments, policy sunset review and reports “filed for information” are not prioritized.

A ranked list of adopted and referred business appears at the end of this compendium.
Resolution 101-15

**HOUSING FIRST TO ERADICATE HOMELESSNESS**

RESOLVED: That CMA support efforts and lend health expertise to coalitions seeking to eradicate homelessness in California using successful, evidence-based models such as Housing First, which focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible while offering a variety of services delivered to promote housing stability and individual well-being.

*Action: Substitute adopted*

*Priority: 3.17*

***

Resolution 102-15

**RESTRICTIONS AND REGULATION OF SUGAR-SWEETENED BEVERAGES**

RESOLVED: That CMA support measures that restrict retail or vending machine sales of sugar-sweetened beverages within hospitals, clinics, or food service outlets that operate in space owned by licensed health care facilities; and be it further

RESOLVED: That CMA supports adoption of sugar-sweetened beverage regulations that require warning labels on product advertising, restrict ads on public property, and restrict public agencies from buying sugar-sweetened beverages; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted for combined resolutions 102-15 and 103-15*

*Priority: 2.97*

***

Resolution 103-15

**REMOVING SUGAR SWEETENED BEVERAGES FROM HEALTH FACILITIES**

RESOLVED: That this matter be referred for national action.

*Action: See Resolution 102-15*

***

Resolution 104-15

**SALES AND MARKETING OF POWDERED ALCOHOL PRODUCTS**

RESOLVED: That CMA support a ban on the sale of powdered alcohol until powdered alcohol is evaluated for potential health and societal impacts by an established health research entity; and be it further

RESOLVED: That CMA support a ban on the sale of powdered alcohol absent the development of regulatory controls to protect the public health, including regulations on sales, marketing, product placement, packaging and warning labels; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted for combined resolutions 104-15 and 105-15*

*Priority: 2.69*

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Resolution 105-15
SALES AND MARKETING OF POWDERED ALCOHOL

Action: See Resolution 104-15

***

Resolution 106-15
BANNING TOBACCO PRODUCT SALES IN PHARMACIES AND RETAIL HEALTH CLINIC

RESOLVED: That CMA supports prohibitions on the sale and promotion of tobacco products in pharmacies or other retail stores that contain a retail health clinic or pharmacy.

Action: Substitute adopted and resolution 719-08 was rescinded
Priority: 2.72

***

Resolution 107-15
CHALLENGING THE PRO-TOBACCO ACTIONS OF THE U.S. CHAMBER OF COMMERCE

RESOLVED: That CMA strongly objects to any pro-tobacco efforts by the United States Chamber of Commerce in other nations and calls on the United States Chamber of Commerce to immediately halt all advocacy efforts on behalf of tobacco companies; and be it further

RESOLVED: That CMA urges conscientious companies that are members of the U.S. Chamber of Commerce to call for an end to all pro-tobacco efforts within the organization, and if necessary, quit their membership to protest such anti-health efforts; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted as amended
Priority: 2.49

***

Resolution 108-15
ENCOURAGING FOODSTUFFS PRODUCED WITHOUT USE OF MEDICALLY IMPORTANT ANTIBIOTICS

RESOLVED: That CMA encourages bulk purchasers of foodstuffs, including restaurant chains, school and hospitals, to adopt policies encouraging procurement of foodstuffs from food animals raised with no medically important antibiotics except when given on a therapeutic basis by a licensed veterinarian with an established veterinarian-client-patient relationship; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted as amended
Priority: 2.72

***

Resolution 109-15
EVIDENCE-BASED EDUCATION ON NUTRITION AND EXERCISE

RESOLVED: That CMA encourage physicians and allied healthcare providers to educate their patients about exercise and evidence-based diets with significant health benefits while considering cultural values and other socioeconomic factors; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted as amended
Priority: 2.72
RESOLVED: That CMA encourage innovative, evidence-based education on nutrition and diet to medical students, practicing physicians, allied health care providers, and the community at large; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted
Priority: 2.88

***

Resolution 110-15
CONSIDERING ETHNICITY WHEN CALCULATING BMI

RESOLVED: That CMA acknowledge that there are ethnic differences in the association between body mass index and health risk; and be it further

RESOLVED: That CMA request that, when funding allows, the CMA Foundation’s Obesity Prevention Project include in its provider toolkits a statement advising on the ethnic differences in body mass index and implications for health risk, and be it further

RESOLVED: That CMA support the availability of Body Mass Index values that reflect differences by ethnicity.

*Action: Adopted as amended
Priority: 3.25

***

Resolution 112-15
RESTORING CALIFORNIA’S PUBLIC HEALTH INFRASTRUCTURE

RESOLVED: That CMA urge the Governor, California Health and Human Services Agency and Legislature, including through the state budget process, to develop a plan for funding to repair California’s public health infrastructure; and to restore vital prevention services eliminated or drastically reduced since 2007-08, which are not available through other means.

*Action: Adopted as amended
Priority: 2.08

***

Resolution 113-15
MENINGITIS B AWARENESS AND EDUCATION

RESOLVED: That CMA support efforts to educate students entering public and private high schools, colleges, and universities in California and their parents or guardians
about the dangers of Meningitis B, the availability of the vaccination, and the current Centers for Disease Control (CDC) recommendation regarding who should receive the vaccine; and be it further

RESOLVED: That CMA support provider health education in partnership with county, specialty, allied health and other professional provider associations, that aims to educate providers about the dangers of Meningitis B, the availability of the vaccination, and the current Centers for Disease Control (CDC) recommendation regarding who should receive the vaccine; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted as amended
Priority: 2.91

***

Resolution 114-15
SENIOR SEXUAL ACTIVITY AND STI PREVENTION

RESOLVED: That CMA acknowledge that sexual activity in the elderly can promote good health when practiced with appropriate safety precautions; and be it further

RESOLVED: That CMA encourage physicians to perform an individual risk assessment, which begins with a complete sexual history, for all elderly patients, and offer sexually transmitted infection screening and counseling when appropriate; and be it further

RESOLVED: That CMA encourages the development and promotion of senior-relevant sexual health education materials and programs.

Action: Substitute adopted
Priority: 3.65

***

Resolution 115-15
SEAT BELTS IN SCHOOL BUSES

RESOLVED: That CMA support efforts to expedite implementation of existing law that requires all school buses in California be equipped with three-point seat belts; and be it further

RESOLVED: That CMA supports that all passengers riding in California school buses equipped with seat belts should wear them and that students must receive age appropriate instructions on the proper use of seat belts.

Action: Adopted as amended
Priority: 2.48

***

Resolution 116-15
CRASH BARS ON MOTORCYCLES

RESOLVED: That CMA support research on the impact of crash bars on motorcycle-related injury.

Action: Substitute adopted
Priority: 3.71

***

Resolution 117-15
VETERANS ADMINISTRATION RECOMMENDATION OF MEDICAL CANNABIS

RESOLVED: That CMA support that physicians working for the Department of
Veteran Affairs be allowed to recommend marijuana for veterans, consistent with the law governing other physicians; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted
Priority: 3.42

***

Resolution 118-15

**PHARMACEUTICAL FINANCED DRUG “TAKE-BACK” PROGRAMS**

RESOLVED: That CMA support the requirement that pharmaceutical companies’ fees pay for appropriate local drug “take-back” programs; and be it further

RESOLVED: That CMA endorse and support local ordinances, state and national laws that require pharmaceutical companies to pay for drug “take-back” programs; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Adopted (Reaffirmation of existing policy)

***

Report A-1-15

**POLICY SUNSET REVIEW**

*Action: Staff recommendations adopted (report with recommendations on file at CMA headquarters)

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Resolution 201-15

ELIMINATION OF MEDICAL PROVIDERS NETWORK (MPN) IN WORKERS’ COMPENSATION IN CALIFORNIA

Action: Not adopted

Resolution 202-15

TREATMENT UNDER ONGOING MEDICAL AWARDS IN WORKERS’ COMPENSATION

RESOLVED: That CMA support that in the Workers’ Compensation system, previously approved treatment care plans are not subject to utilization review unless there is (1) evidence of a change in the patient’s condition, or (2) significant changes in the evidence-based care standards for treatment of the condition.

Action: Referred for study and report back
Priority: 3.07

Resolution 203-15

PHYSICIAN-DIRECTED IMPROVEMENTS TO THE AFFORDABLE CARE ACT IMPLEMENTATION IN CALIFORNIA

RESOLVED: That the CMA study improvements to the Affordable Care Act that can be introduced under the Section 1332 Waiver.

RESOLVED: That the Board of Trustees report back to the House of Delegates in 2016 regarding this study for discussion and consideration of policy change in order to possibly submit a proposal to the California State Legislature in 2017.

Action: Substitute adopted
Priority: 2.25

Resolution 204-15

SUSPENDING THE CMS PQRS PROGRAM INDEFINITELY

Action: Not adopted

Resolution 205-15

PATIENT SATISFACTION SCORES AND SAFE PRESCRIBING

RESOLVED: That CMA oppose any non-evidence based CMS financial incentives for patient satisfaction scores related to the provision of controlled substance prescriptions, as these incentives may be a barrier to safe, responsible and balanced prescribing; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted
Priority: 2.43
Resolution 206-15
RESURRECTING THE HEALTHY FAMILIES PROGRAM

Action: Not adopted

***

Resolution 207-15
PUBLIC ASSISTANCE BASED ON NEED ONLY

RESOLVED: That CMA supports efforts to repeal the Family Cap policy, which does not allow for added support for additional children under the CalWORKs program in California; and be it further

RESOLVED: That CMA opposes policies that require CalWORKs recipients to disclose sensitive health information to receive benefits.

Action: Adopted as amended
Priority: 3.13

***

Resolution 208-15
REGULATING HOSPITALS AS A PUBLIC UTILITY

Action: Not adopted

***

Resolution 209-15
PRICING REGULATION OF PHARMACEUTICAL, MEDICAL IMPLANT AND DURABLE MEDICAL EQUIPMENT

Action: Not adopted

***

Resolution 210-15
ALTERNATIVES TO THE AFFORDABLE CARE ACT

Action: Not adopted

***

Resolution 211-15
COLON CANCER PREVENTION FOR THE UNINSURED

RESOLVED: That CMA support the funding of colon cancer screening programs and treatment of colon cancer for the uninsured.

Action: Adopted as amended
Priority: 2.81

***

Resolution 212-15
SUPPORT FOR PUBLIC FUNDING OF FAMILY PLANNING SERVICES

RESOLVED: That CMA supports full funding of Title X Family Planning Services; and be it further

RESOLVED: That CMA support that actions related to abortion and fetal tissue research be based on scientific evidence, rather than politics.

Action: Substitute adopted
Priority: 2.43

***

Resolution 213-15
REGULATION OF PHARMACEUTICAL MARKETING AND PRICING

RESOLVED: That CMA supports the authority for the Secretary of the Department of Health and Human Services to negotiate
contracts with manufacturers of covered Medicare Part D drugs; and be it further

RESOLVED: That CMA support eliminating the Medicare prohibition on drug price negotiation.

Action: Substitute adopted
Priority: 2.12

Resolution 214-15
MEDI-CAL COVERAGE FOR IMMUNOSUPPRESSIVE THERAPY FOR ORGAN TRANSPLANT RECIPIENTS

RESOLVED: That CMA advocate for full coverage for Medi-Cal recipients of standard-of-care immunosuppressive therapy for organ recipients for the life of the transplanted organ.

Action: Adopted
Priority: 2.45

Resolution 215-15
END CAL MEDICONNECT

RESOLVED: That CMA support efforts to sunset the Cal MediConnect program; and be it further

RESOLVED: That CMA will provide recommendations to the State on how to sunset the Cal MediConnect program with minimal disruption to patient care.

Action: Referred to the Board of Trustees for decision
Priority: 3.39

Resolution 216-15
ACCESS TO MEDICAL CARE

RESOLVED: That the issue of access to medical care in California be referred for study and report by the appropriate council; and be it further

RESOLVED: That topics for study include, but not exclusive of, availability of skilled providers, geographic issues related to access to care, reimbursement rates for individuals insured under Medi-Cal and Medi-Cal managed care products and primary care v. specialty care access; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted (Reaffirmation of existing policy)

***

Report B-1-15
POLICY SUNSET REVIEW

Action: Staff recommendations adopted
(report with recommendations on file at CMA headquarters)
Resolution 301-15
COMMUNICATION IN THE ERA OF YEAR ROUND RESOLUTIONS

RESOLVED: That CMA provide to HOD members a roster, available only to HOD members via a protected section of the CMA website, containing contact information and additional information for HOD members that have agreed to provide it, to be used solely for HOD business. Additional information will include the individual’s geographic district, specialty, mode of practice, and leadership position within the HOD.

Action: Adopted
Priority: 2.40

Resolution 302-15
CMA HEALTH POLICY FELLOWSHIP

RESOLVED: That CMA establish a Health Policy Fellowship for an eligible member, including eligible medical student members, to participate in CMA’s legislative, legal and regulatory endeavors.

Action: Referred to the Board of Trustees for decision
Priority: 3.12

Resolution 303-15
SHORTENING THE GRACE PERIOD FOR DELINQUENT MEMBERS

RESOLVED: That CMA Bylaws §5.1002 (Failure to Pay Dues) be amended as follows (deletions in strikeout, additions underlined):

If the annual assessments of dues, payable to this Association by any member of this Association, are not current on or before April 1 of any year, such member shall automatically lose membership in this Association as of April 1 of such year. The Board of Trustees of this Association, in its discretion, upon payment of such unpaid dues and any other assessments or dues accruing thereafter, may at any time reinstate such member.

Action: Adopted
Priority: 3.25

Resolution 304-15
SCOPE OF PRACTICE COMPENDIUM

RESOLVED: That CMA work with specialty societies to develop and maintain an electronic-based compendium of information about all types of California health practitioners to be made available to the public as well as all types of healthcare providers that includes but is not limited to: prerequisites, training curriculum, basic science coursework, clinical training and experience, testing and licensing requirements, oversight board, supervisory requirement, continuing education/Maintenance of Certification (MOC) requirements and peer review requirements.

Action: Substitute adopted
Priority: 3.13
Resolution 305-15

COLLECTIVE BARGAINING

RESOLVED: CMA support changes to federal law to authorize employed physicians who are supervisors or managers to unionize for purposes of collective bargaining under the National Labor Relations Act; and be it further

RESOLVED: If federal law is amended to authorize employed physicians who are supervisors and managers to joining unions for purposes of collective bargaining, CMA shall prepare legal documents necessary to create a union and present to the CMA board for its consideration a proposal to create a CMA union.

Action: Adopted (Reaffirmation of existing policy)

***

Report C-3-15

OFFICER, TRUSTEE AND CANDIDATE DECLARATION OF INTEREST

Action: Filed for information

***

Report C-4-15

CMA OFFICER FINANCIAL COMPENSATION

Action: Filed for information

***

Report C-5-15

2016 CMA OPERATING BUDGET

Action: Filed for information

***

Report C-6-15

MICRA EDUCATION FUND

Action: Filed for information

***

Report C-7-15

CMA GOVERNANCE REFORM: IMPLEMENTATION UPDATE

Action: Filed for information

***

Report C-1-15

POLICY SUNSET REVIEW

Action: Staff recommendations adopted (report with recommendations on file at CMA headquarters)

***

Report C-2-15

NOMINATIONS FOR APPOINTMENTS TO 2015-2016 STANDING COUNCILS AND COMMITTEES

RECOMMENDATION: That the House of Delegates confirm the attached appointments to 2015-2016 CMA standing councils and committees.
Reference Committee D  
INSURANCE & PHYSICIAN REIMBURSEMENT

Resolution 401-15  
POTENTIAL ANTITRUST ACTIONS  
BY HEALTH INSURANCE CARRIERS

RESOLVED: That CMA continue to monitor the impact or potential impact of consolidation among health plans; and be it further
RESOLVED: That CMA oppose any health plan merger or acquisition expected to have a significant adverse impact on California patients and physicians.

Action: Substitute adopted  
Priority: 2.00

***

Resolution 402-15  
ELIMINATION OF HOSPITAL  
AFFILIATION REQUIREMENTS

RESOLVED: That CMA oppose a hospital affiliation requirement for participation in a health plan.

Action: Substitute adopted  
Priority: 2.15

***

Resolution 403-15  
PARTICIPATION IN CLINICAL  
INTEGRATION ORGANIZATIONS BY  
HOSPITAL-BASED PHYSICIANS

RESOLVED: That CMA support and advocate for hospital based physicians to participate in clinically integrated organizations without participating in financial agreements unless financial terms are directly negotiated by providers with health plans; and be it further
RESOLVED: That the California delegation to the American Medical Association shall assign the highest priority to this issue; and be it further
RESOLVED: That this matter be referred for national action.

Action: Referred to the Board of Trustees for decision  
Priority: 2.63

***

Resolution 404-15  
REDUCING HASSLE FACTORS FOR  
BENEFIT ELIGIBILITY AND PRE-CERTIFICATION INQUIRIES

RESOLVED: That CMA support a requirement that each health plan provide a single comprehensive information resource (telephone or online) that can address all inquiries related to benefit eligibility, provider plan participation, and service pre-certification without the provider having to initiate multiple telephone or online inquiries.

Action: Substitute adopted  
Priority: 2.30

***
Resolution 405-15
APPROPRIATE REIMBURSEMENT FOR FECAL MICROBIOTA TRANSPLANTATION (FMT)
RESOLVED: That the CMA supports efforts to establish appropriate reimbursement codes for Fecal Microbiota Transplantation; and be it further
RESOLVED: That this matter be referred for national action.

Action: Adopted
Priority: 3.35

Resolution 406-15
PHYSICIAN INITIATED EXPEDITED REVIEW AND APPEAL FOR DENIED CARE
RESOLVED: That CMA support legislation allowing physicians to file for an expedited non-workers’ compensation independent medical review with the state on behalf of a patient upon notification of a medical necessity denial, without the patient’s affirmative written consent; and be it further
RESOLVED: That the failure of health plans’ resolution of the denial within two business days shall be deemed to have been approved.

Action: Referred to the Board of Trustees for decision
Priority: 2.81

Resolution 407-15
FEDERAL DRUG PRICING PROGRAMS
RESOLVED: That CMA support changes in and more aggressive oversight of the federal 340B Drug Pricing Program to ensure that only eligible patients are receiving discounted drugs under this program; and be it further
RESOLVED: That the failure of health plans’ resolution of the denial within two business days shall be deemed to have been approved.

Action: Referred to the Board of Trustees for decision
Priority: 2.35

Resolution 408-15
PROHIBITION OF INSURANCE COMPANY AUTHORISED CANCER CARE PATHWAY
RESOLVED: That CMA support legislation to ban the implementation of insurance company sponsored treatment pathways; and be it further
RESOLVED: That the failure of health plans’ resolution of the denial within two business days shall be deemed to have been approved.
RESOLVED: That CMA support legislation requiring insurance companies to consider any treatment falling under the pathways they choose to adopt be considered authorized without the requirement to seek specific pre-authorization and that all treatment given under said pathway must be paid within 14 days of submission or face interest charges as already set by the State; and be it further

RESOLVED: That this matter be referred for national action.

*Action #1: Resolved #1 adopted
Action #2: Resolveds #2 through #5 referred to the Board of Trustees for decision
Priority: 2.36

***

Resolution 409-15
HEALTH PLAN COST CALCULATOR TOOLS

RESOLVED: That CMA support greater accuracy and functionality in, as well as increased use of, health plans’ cost calculator tools.

*Action: Substitute adopted
Priority: 2.91

***

Resolution 410-15
COST TRANSPARENCY FOR LABORATORY AND RADIOLOGICAL SERVICES IN CALIFORNIA

RESOLVED: That CMA encourage the inclusion of all Medicare fee schedule pricing data for laboratory and radiologic procedures in the current code-searchable online tools made available by the Centers for Medicare and Medicaid Services, such as that for searching the physician fee schedule; and be it further

RESOLVED: That CMA encourage the development of patient-friendly internet portals based on the existing code-searchable online tools developed by the Centers for Medicare and Medicaid Services; and be it further

RESOLVED: That this matter be referred for national action.

*Action: Substitute adopted
Priority: 2.81

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Resolution 411-15
HEALTH SAVINGS ACCOUNTS

RESOLVED: That CMA support the concept of health savings account (HSA) combined with a high deductible health plan (HDHP); and be it further

RESOLVED: That CMA support increasing the dollar amounts eligible for tax-free deposit into a health savings account (HSA) to cover a greater proportion of an enrollee’s potential out-of-pocket costs in a high deductible health plan (HDHP).

*Action: Adopted as amended
Priority: 2.64

***

Resolution 412-15
HEALTH INSURANCE MANDATES

*Action: Not adopted

***
Report D-1-15
POLICY SUNSET REVIEW

Action: Staff recommendations adopted
(report with recommendations on file at
CMA headquarters)

***
Resolution 501-15
PHYSICIAN AID IN DYING

RESOLVED: That CMA advocate for liability protections for the physician decision to participate or refuse to participate in physician aid-in-dying.

RESOLVED: That CMA remain neutral on physician aid in dying for terminally ill patients who have the capacity to make medical decisions.

Action: Substitute adopted for combined resolutions 501-15 and 502-15
Priority: 1.80

Resolution 502-15
PHYSICIAN ASSISTED SUICIDE

Action: See Resolution 501-15

Resolution 503-15
DISABLED PARKING PLACARD ABUSE

RESOLVED: That CMA support increasing penalties for disabled parking placard violations; and be it further

RESOLVED: That CMA urge the Department of Motor Vehicles (DMV) and law enforcement to increase the enforcement of disabled parking placard codes.

Action: Adopted as amended
Priority: 3.18

Resolution 504-15
DISABLED PARKING PLACARD ABUSE

Action: Not adopted

Resolution 505-15
CURES DATABASE ACCESS

RESOLVED: That CMA work with the California Department of Justice to allow physicians to access and review controlled substance prescribing history recorded under their own Drug Enforcement Administration (DEA) number in the CURES Database.

Action: Adopted as amended
Priority: 2.11

Resolution 506-15
CURES DATABASE ACCESS

Action: Not adopted

Resolution 507-15
CURES DATABASE ACCESS BY LAW ENFORCEMENT

RESOLVED: That CMA support the ability for the California Department of Justice to accept administrative subpoenas and not require the criminal search warrant or court order for the purpose of running a CURES
report on patients who may be doctoring shopping.

**Action: Referred to the Board of Trustees for decision**
**Priority: 3.07**

***

Resolution 508-15
**EHR INTERFACE CONNECTIVITY AND INTEROPERABILITY**

RESOLVED: That CMA support local and state programs that enable secure and affordable electronic health record interfaces for the exchange of health information between health care providers.

**Action: Substitute adopted**
**Priority: 2.06**

***

Resolution 509-15
**IMPACT OF EHR IMPLEMENTATION ON PHYSICIAN-PATIENT RELATIONSHIPS AND PHYSICIAN PRODUCTIVITY**

RESOLVED: That CMA request a study be performed by the appropriate agency to determine the impact of implementation of electronic health records on the patient-physician relationship and physician productivity.

**Action: Adopted as amended**
**Priority: 2.88**

***

Resolution 510-15
**IMPROVED MEDICAL RESPONSE TO CHILDHOOD BULLYING**

RESOLVED: That CMA encourage physicians to consider peer bullying in any screening for adverse childhood experiences that they provide to California youth, and that quality screening tools and referral resources be made available to clinicians wherever needed and appropriate; and be it further

RESOLVED: That CMA supports efforts encouraging local education agencies to adopt policies that prohibit student discrimination, harassment, intimidation, and bullying and to train school personnel in compliance with such policies.

**Action: Adopted as amended**
**Priority: 3.24**

***

Resolution 511-15
**TREATMENT OF MINORS IN PSYCHIATRIC FACILITIES**

RESOLVED: That CMA support as a goal for minors who need treatment for mental health conditions that every reasonable effort be made to obtain parental/guardian consent and that involuntary detention under a legal hold be used only when there are safety risks and parental/guardian consent cannot be obtained; and be if further

RESOLVED: That CMA support standardization across the State of California of enforcement of Section 5150 of the Lanterman-Petris-Short Act.

**Action: Referred to the Board of Trustees for decision**
**Priority: 2.73**

***
Resolution 512-15
OPPOSING PROLONGED SOLITARY CONFINEMENT

RESOLVED: The CMA supports limiting the use of long-term solitary confinement of inmates and ending the practice of solitary confinement of minor inmates, due to the profound psychological suffering it causes; and be it further

RESOLVED: The CMA support physicians and other health care professionals who advocate for their patients to be removed from or not to be housed in such “Security Housing Units”; and be it further

RESOLVED: That this matter be referred for national action.

Action: Adopted as amended
Priority: 3.12

***

Resolution 513-15
DISCIPLINE FOR PHYSICIANS MAKING FALSE CLAIMS USING MASS MEDIA

RESOLVED: That CMA encourage physicians who make public statements about health and science to ensure that their positions are supported by published peer reviewed evidence or evidence-based principles, and include disclosures of any potential conflicts of interest; and be it further

RESOLVED: That CMA encourage state licensing boards to impose disciplinary procedures against doctors who recklessly make or disseminate false medical information using mass media.

Action: Adopted as amended
Priority: 2.53

***

Resolution 514-15
HOSPITAL JOINT VENTURES WITH CORPORATE PHYSICIAN PRACTICE MANAGEMENT GROUPS

RESOLVED: That CMA encourage both investigation and research into the legality of hospital arrangements, including joint ventures, that may have a negative impact on patient care and physician independent judgment; and be it further

RESOLVED: That CMA encourage investigation of Stark compliance, potential fee splitting, and possible violations of the corporate practice of medicine bar under hospital arrangements, including joint ventures, that may have a negative impact on patient care and physician independent judgment; and be it further

RESOLVED: That CMA make available to CMA members updates on advocacy efforts regarding hospital arrangements, including joint ventures, that may have a negative impact on patient care and physician independent judgment and report this issue to the Board of Trustees for appropriate action.

RESOLVED: Refer, if appropriate, to the AMA for national action.

Action: Adopted as amended
Priority: 2.64

***
Resolution 515-15
PREScribing USING
TELEMEDICINE

Action: Withdrawn by author

***

Report E-1-15
POLICY SUNSET REVIEW

Action: Staff recommendations adopted
(report with recommendations on file at
CMA headquarters)

***
Resolution 601-15
ADDRESSING THE SHORTAGE OF GENERAL SURGEONS IN CALIFORNIA

RESOLVED: That CMA recognize the shortage of general surgeons; and be it further

RESOLVED: That CMA reaffirm its support for addressing the shortage and geographic maldistribution of all physicians in California and supporting advocacy for increased residencies and loan repayment programs for all physicians.

Action: Adopted as amended
Priority: 2.86

Resolution 602-15
MEDICAL SCHOOL LOAN FOR UNDOCUMENTED MEDICAL STUDENTS AND LOAN FORGIVENESS ELIGIBILITY

RESOLVED: That CMA support allowing undocumented medical students to apply for state-funded scholarships and loans; and be it further

RESOLVED: That CMA support that undocumented licensed physicians be eligible to apply for loan forgiveness and repayment programs such as the Steven M. Thompson Loan Repayment Program; and be it further

RESOLVED: That this matter be referred for national action.

Action: Substitute adopted for combined resolutions 602-15 and 603-15
Priority: 3.31

Resolution 603-15
IMPROVED ACCESS TO MEDICAL STUDENT LOANS

Action: See Resolution 602-15
Priority:

Resolution 604-15
PHYSICIAN RE-ENTRY INTO THE WORKFORCE

RESOLVED: That CMA study and develop principles and recommendations on the issue of physician reentry into clinical practice; and be it further

RESOLVED: That CMA work with the Medical Board of California and the Osteopathic Medical Board of California to develop and implement a physician reentry policy.

Action: Substitute adopted
Priority: 2.68

Resolution 605-15
MAINTENANCE OF CERTIFICATION

RESOLVED: That CMA acknowledge that current American Board of Medical Specialties (ABMS) maintenance of
certification requirements are onerous, costly, and time-intensive, and be it further
RESOLVED: That CMA work with AMA and other parties to study alternative methods for physician life-long learning after initial board certification.
Action: Adopted
Priority: 1.85

***
Resolution 606-15
ALTERNATIVE DEFINITIONS OF BOARD CERTIFICATION

RESOLVED: That CMA work with the Medical Board of California to re-assess California Business and Professions Code section 651(h)(5)(A)&(B) and to consider allowing physicians initially certified by an American Board of Medical Specialties (ABMS) member board to use pathways other than ABMS member board’s maintenance of certification programs to fulfill requirements for life-long learning and to advertise that they are “board certified.”
Action: Referred to the Board of Trustees for decision
Priority: 2.71

***
Resolution 607-15
TEACHING ABOUT PREVENTION OF DISEASES IN MEDICAL SCHOOLS

RESOLVED: That CMA recommend that the teaching about specific diseases or disease groups in medical schools include information on the epidemiology and the primary and secondary prevention of those diseases, including the roles of nutrition and lifestyle as relevant.
Action: Substitute adopted
Priority: 3.17

***
Resolution 608-15
EXPOSURE TO SPECIALTIES IN MEDICAL SCHOOLS

RESOLVED: That CMA support that medical schools provide medical students with access to information about all recognized medical specialities, through a range of mechanisms including, but not limited to clinical rotations, online resources, physician mentors, and exchange programs with other medical school programs.
Action: Substitute adopted
Priority: 3.35

***
Resolution 609-15
ENCOURAGING BIOMEDICAL CAREERS FOR UNDERREPRESENTED MINORITIES AND DISADVANTAGED STUDENTS

RESOLVED: That CMA support county medical societies and medical student organizations with pipeline programs, targeting underrepresented minority and disadvantaged students at any level of academic education, to help increase ethnic minority physicians in medically underserved areas; and be it further
RESOLVED: That CMA work with medical and allied health professional societies, the Department of Public Health, and other appropriate organizations to develop
biomedical career exposure and intervention programs such as work-based internship opportunities in health careers.

Action: Adopted
Priority: 3.06

***

Resolution 610-15
IMPLICIT BIAS TRAINING FOR MEDICAL STUDENTS, RESIDENTS AND PHYSICIANS

RESOLVED: That CMA acknowledge that implicit bias, meaning “the positive or negative perceptions, feelings, and stereotypes that impact our comprehension and behaviors in an unconscious way,” exists, and that it may impact patient care; and be it further

RESOLVED: That CMA support further studies on the impact of implicit biases on patient care and strategies for educating medical students, residents and physicians on deconstructing these biases; and be it further

RESOLVED: That CMA support the inclusion of implicit bias training in medical school curriculums and continuing medical education programs.

Action: Substitute adopted as amended
Priority: 2.92

***

Resolution 611-15
PATIENT MOBILITY PERFORMANCE IMPROVEMENT PROGRAM

RESOLVED: That CMA work with the California Hospital Association and other stakeholders to encourage the adoption of hospital mobility and ambulation programs in California hospitals that include adequate resources for establishment and achievement of measurable goals, collection of data and regular assessments of performance; and be it further

RESOLVED: That this matter be referred for national action.

Action: Substitute adopted as amended
Priority: 3.23

***

Resolution 612-15
EQUALIZING MATERNITY AND PATERNITY LEAVE FOR RESIDENTS

RESOLVED: That CMA recommend that residency departments develop equal paid and unpaid maternity and paternity leave policies for residents.

Action: Adopted
Priority: 3.19

***

Resolution 613-15
CONTINUITY OF CARE IN HOSPITAL

RESOLVED: That CMA support the development of hospital policies and procedures that support continuity of patient care.

Action: Substitute adopted
Priority: 2.95
Resolution 614-15
SUPERVISION OF RETAIL HEALTH
CLINIC PERSONNEL

Action: Not adopted

***

Resolution 615-15
ORAL TRANSMISSION OF
SCHEDULE II HOSPICE ORDERS

RESOLVED: That CMA support amending federal law to allow for pharmacies to fill an oral prescription for a Schedule II (C-II) controlled substance for a hospice patient.

Action: Substitute adopted
Priority: 2.54

***

Resolution 616-15
QUALITY STANDARDS FOR THE
PRACTICE OF MEDICINE

Action: Not adopted

***

Resolution 617-15
PHYSICIAN STANDARD OF CARE

RESOLVED: CMA supports that a physician’s “standard of care” is the level of skill, knowledge, and care in diagnosis and treatment that other reasonably careful physicians with similar levels of skill and knowledge would use in the same or similar circumstances.

Action: Substitute adopted
Priority: 2.67

***

Resolution 618-15
EARLY NOTIFICATION OF NON-
PHYSICIAN SUPERVISION

RESOLVED: That CMA supports that patients should be notified when an appointment is scheduled and at the time of the visit, if they will be treated by a physician or an allied health professional.

Action: Substitute adopted
Priority: 2.93

***

Resolution 619-15
ASSESSMENT OF LATE CAREER
PHYSICIANS

RESOLVED: That CMA study the issue of the assessment of late career physicians and report their findings to the House of Delegates in 2016.

Action: Adopted (Reaffirmation of existing policy)

***

Report F-1-15
POLICY SUNSET REVIEW

Action: Staff recommendations adopted (report with recommendations on file at CMA headquarters)

***
HOUSE RESOLUTIONS (IN MEMORIAM)

House Resolution 01-15
IN MEMORIAM – WILLIAM W. DAVIS, MD

WHEREAS, Dr. William “Bill” Davis was an active member of the California Medical Association and Humboldt-Del Norte County Medical Society for over 38 years; and

WHEREAS, Dr. Davis completed medical school through the University of Nebraska, graduating in 1952; and

WHEREAS, Dr. Davis relocated to Humboldt County in 1958; and

WHEREAS, Dr. Davis was a General Practitioner and was an active member of the medical community; and

WHEREAS, Dr. Davis went through the leadership ranks of the Executive Board and served as President of the Humboldt-Del Norte County Medical Society 1974-1975; and

WHEREAS, the Executive Board was also the Governing Body for the Humboldt-Del Norte Foundation for Medical Care and the Northern California Community Blood Bank; and

WHEREAS, Dr. Davis served as Chief of Staff of General Hospital in Eureka; and

WHEREAS, Dr. Davis always had characteristic cheerful, empathetic and caring demeanor; and

WHEREAS, Dr. Davis retired in 1986 although continued to remain an active advocate on behalf of his profession; therefore be it

RESOLVED: That the California Medical Association expresses its deep appreciation for William W. Davis, M.D., his dedication and his distinguished career in medicine; and be it further

RESOLVED: That the California Medical Association convey this resolution as well as its deepest sympathy to his family.

Action: Adopted by unanimous consent

***

House Resolution 02-15
IN MEMORIAM – ANNE BALDOCK

WHEREAS, Anne Baldock was an accomplished scientist and talented medical student who, during her short but remarkable life, showed extraordinary dedication to both her work and patient care; and

WHEREAS, her research on glioblastoma, a fatal form of brain cancer, was well-regarded in the medical community, with top journals publishing at least six papers Anne had written on the subject; and

WHEREAS, her interest in glioblastoma and neuroscience stemmed from a desire to heal neurological illnesses and help others, a passion she held onto ever since she was a little girl; and

WHEREAS, that passion had driven her across the country to attend various neurosurgery workshops and courses in order to better comprehend her craft; and
WHEREAS, Anne further showed devotion to her work by becoming a leader of her school’s neurosurgery interest group and spending every spare moment away from her studies in the neurosurgery anatomy lab, where she continued to learn from the attending physicians and residents; and

WHEREAS, Anne, a gifted and caring person, was held in the highest regard by everyone who knew her; so be it therefore Resolved: That the California Medical Association expresses its deepest appreciation and gratitude for Anne Baldock, for her valued contributions and enormous dedication to the fields of science and medicine; and be it further

RESOLVED: That the California Medical Association conveys its deepest sympathy to Anne’s family for the loss of this beloved person.

Action: Adopted by unanimous consent

***

House Resolution 03-15

IN MEMORIAM – MADISON CORNWELL

WHEREAS, Madison Cornwell was deeply dedicated to the field of medicine, studying vigorously to become a physician to better help the underserved both at home and abroad; and

WHEREAS, Madison showed her dedication by providing care to the homeless and immigrant populations in San Diego, through the University of California, San Diego Student-Run Free Clinic; and

WHEREAS, she worked with the non-profit organization Project Peanut Butter in the summer of her first year of medical school to battle malnourishment in Malawian children; and

WHEREAS, Madison was a devoted family member and friend, known for spending time with those closest to her whenever she had the chance, even if it meant putting her studies aside; and

WHEREAS, Madison was dedicated to her studies and her chosen career path, she also made time to enjoy life, and could often be found rock climbing, frequenting coffee shops and going to the beach with her friends; and

WHEREAS, her passionate approach to life and her humanistic view of health care served as a shining example for others to follow; therefore be it

RESOLVED: That the California Medical Association expresses its deepest appreciation and gratitude for Madison Cornwell, for her valued contributions and enormous dedication to the field of health care; and be it further

RESOLVED: That the California Medical Association conveys its deepest sympathy to Madison’s family and friends for the loss of this beloved person.

Action: Adopted by unanimous consent

***

House Resolution 04-15

IN MEMORIAM – MARSHALL T. MORGAN, MD

WHEREAS, Marshall Tad Morgan, MD was an active member of the California Medical Association and the Los Angeles County Medical Association for over 29 years; and
WHEREAS, Elected to the Phi Beta Kappa Society at Princeton University, Dr. Morgan graduated in 1963, followed by a postgraduate year at the Sorbonne in Paris; and

WHEREAS, in 1968, he received his medical degree at the University of Chicago, where he was a member of Alpha Omega Alpha Honor Medical Society; and

WHEREAS, Following graduation from medical school, Dr. Morgan became an intern and internal medicine resident at Harbor General Hospital in Torrance where he decided to pursue emergency medicine after completing a two-year fellowship in cardiology; and

WHEREAS, in 1974, Dr. Morgan was appointed assistant professor of medicine in the UCLA School of Medicine and acting co-director of the UCLA Emergency Medicine Center. Two years later, he moved to Santa Monica Hospital, first serving as associate director and later as director of the emergency department. In 1982, Dr. Morgan returned to the UCLA campus as medical director of the Emergency Medicine Center; and

WHEREAS, Dr. Morgan was later appointed chief of the Division of Emergency Medicine and served as chief of staff of the UCLA Medical Center from 2006-08 after holding other leadership positions; and

WHEREAS, Dr. Morgan was a member of the California Medical Association House of Delegates (2008-11) among other CMA councils and panels and served as president of the Los Angeles County Medical Association in 2013-14; and

WHEREAS, Dr. Morgan is survived by his wife Jean Marie; his children Marshall T. Morgan, Jr., Courtney Morgan-Greene, Shirl Monique Vanderplas, Terrence Watson and John Watson; 10 grandchildren; and two great-grandchildren; therefore be it

RESOLVED: That the California Medical Association expresses its deepest appreciation and gratitude for Dr. Marshall Tad Morgan, for his valued contributions and enormous dedication to the field of health care and the people of the State of California; and be it further

RESOLVED: That the California Medical Association convey this resolution as well as its deepest sympathy to his family.

Action: Adopted by unanimous consent

***
**RANKED LIST OF ADOPTED AND REFERRED BUSINESS**

For each adopted or referred item of business, members of the House of Delegates were asked to assign a priority using a scale of 1 to 5, where 1 = **highest priority** and 5 = **lowest priority**. The indicated priority following each resolution and report recommendation in this compendium represents the mean response. Bylaws amendments, policy sunset review and reports “filed for information” are not prioritized.

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<td>PUBLIC ASSISTANCE BASED ON NEED ONLY</td>
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<td>HOUSING FIRST TO ERADICATE HOMELESSNESS</td>
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<td>TEACHING ABOUT PREVENTION OF DISEASES IN MEDICAL SCHOOLS</td>
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<td>503-15</td>
<td>DISABLED PARKING PLACARD ABUSE</td>
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<td>612-15</td>
<td>EQUALIZING MATERNITY AND PATERNITY LEAVE FOR RESIDENTS</td>
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<td>IMPLICIT BIAS TRAINING FOR MEDICAL STUDENTS, RESIDENTS AND PHYSICIANS</td>
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<td>510-15</td>
<td>IMPROVED MEDICAL RESPONSE TO CHILDHOOD BULLYING</td>
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<td>CONSIDERING ETHNICITY WHEN CALCULATING BMI</td>
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<td>MEDICAL SCHOOL LOAN FOR UNDOCUMENTED MEDICAL STUDENTS AND LOAN FORGIVENESS ELIGIBILITY</td>
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<td>END CAL MEDICONNECT</td>
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<td>VETERANS ADMINISTRATION RECOMMENDATION OF MEDICAL CANNABIS</td>
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<td>SENIOR SEXUAL ACTIVITY AND STI PREVENTION</td>
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<td>116-15</td>
<td>CRASH BARS ON MOTORCYCLES</td>
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*Prioritization Survey Responses: n = 219*