

**California Academy of Preventive Medicine**  
**Report from the CAPM Delegation to CMA House of Delegates**  
**October 1-4, 2010** (*Date of Report 1/26/11*)  
**Ronald P. Hattis and Jessica Nunez de Ybarra**

**PURPOSES AND PROCESS OF CAPM REPRESENTATION AT CMA:**

The California Academy of Preventive Medicine participated as usual in the annual California Medical Association's House of Delegates, the congress that sets CMA policy. Our participation is made possible by being a part of the Specialty Delegation, made up of delegates and alternates appointed by the recognized medical specialty associations in California.

Although we are entitled to only one delegate and one alternate, this is one of the most important annual activities of CAPM; and the expenses involved in maintaining our membership in the Specialty Delegation, and covering the expenses of our delegate and alternate, are the largest annual expenses in the CAPM budget. Participation allows our voice and effectiveness to be amplified, whenever our own positions become those adopted by organized medicine in California. Our small organization has year after year influenced the scientific and political positions of CMA in support of prevention and public health. Since CMA (unlike CAPM) employs lobbyists, this in turn has sometimes played a pivotal role in getting legislation passed and public policies changed in positive ways..

For the October 2010 House of Delegates, CAPM was represented by Jessica Nunez as Delegate and Ron Hattis as Alternate Delegate. Because some of the delegates from other specialties were absent, Ron was able to vote as a full delegate.

On September 24, the CAPM Board had a conference call to review all of the resolutions that had been submitted to the CMA House of Delegates, including two that had already been endorsed to be introduced by CAPM. We selected 6 resolutions to strongly support, including our own two; 11 to support with lower priority; and 3 to support conditionally or if amended. It was recognized that most amendments are amended by reference committees, so the two-member delegation was as usual authorized to alter CAPM's stance depending on how wording of these and other resolutions changed in the course of the meeting, and what evidence was presented in testimony.

The first step at the CMA House of Delegates is to influence one's own delegation. Whenever our positions achieved majority support of the delegation, testimony delivered at Reference Committees and later on the House floor represented the full delegation, a more powerful voice than that of CAPM alone. The Specialty Delegation is especially influential, because if everyone shows up, it is the largest at the House of Delegates, even slightly outnumbering District 4 (Los Angeles County Medical Society). The delegation began its caucuses on October 1. Jessica and Ron sat with "mini-committees" at the delegation, organized by the reference committees to which various resolutions had been referred, which in turn gave their recommendations to the full delegation before it voted on official positions. We were both persuasive on most issues in influencing the positions of the delegation.

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On October 2, Jessica and Ron contributed testimony the main CMA Reference Committees, shuttling among several because they all were going on the same morning, but focusing most of our time on Committee A, Science and Public Health, where testimony on most of the resolutions of greatest interest to us was delivered. Sometimes one of us testified on behalf of the Specialty Delegation, sometimes on behalf of CAPM or as individuals. The Reference Committees, as in past years, recommended editing of most of the resolutions, and support without changes or total rejection of others. The Reference Committee reports were in turn presented to the full House of Delegates on October 3 and 4, where they were debated before final votes.

### **RESOLUTIONS PASSED BY THE HOUSE OF DELEGATES WITH STRONG SUPPORT OF CAPM:**

Following are the final texts, as approved by the House of Delegates, of the most important resolutions that CAPM's Board had approved in their original forms. Less significant resolutions supported by CAPM that passed the House are summarized at the end. Unfortunately, though not surprisingly, delegates rated the priority of pursuing action on these resolutions as lower than that for bread-and-butter issues affecting physician finances. All resolution strongly supported by CAPM passed in some form, usually edited and sometimes combined with other resolutions by the Reference Committees.

Resolution 109a-10 (authored by Ron Hattis, introduced by CAPM)

#### **HELPING PHYSICIANS TEST FOR HIV**

RESOLVED: That CMA work with the California Department of Public Health to make the Department's HIV testing information sheets more widely available to physicians, including through the CMA website, as tools for educating patients about HIV testing; and be it further  
RESOLVED: That CMA work with the California Department of Public Health to educate health care professionals about the HIV testing process, including clarification about relevant legal consent requirements.

Resolution 118a-10

#### **SURFACE TRANSPORTATION POLICY AND AIR QUALITY**

RESOLVED: That CMA encourage reduction of air pollution in relation to the nation's transportation and railroad systems due to the related public health impacts; and be it further  
RESOLVED: That this matter be referred for national action.

Resolution 208-10

#### **PREVENTIVE SERVICES AWARENESS**

RESOLVED: That CMA, working with the CMA Foundation, seek funding, including federal funding made available through the Affordable Care Act, to conduct a physician and public awareness campaign on the new preventive services mandated by federal law.

Resolution 416-10 (authored by Ron Hattis, introduced by CAPM)

#### **HEALTH PLAN COVERAGE FOR SMOKING CESSATION**

RESOLVED: That CMA continue to support state legislation that would require health care service plan contracts to include coverage for tobacco cessation services, including counseling

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and both prescription and non-prescription medications approved by the FDA for tobacco cessation, without copayment, coinsurance or deductible; and be it further  
RESOLVED: That CMA recommend to the AMA that it urge that counseling and pharmacotherapy for smoking cessation be specifically included in implementation of the new federal regulations requiring health plans to fully cover preventive services.

Resolution 509-10

### **IMPROVED HEALTH CARE DELIVERY TO MENTAL HEALTH PATIENTS**

RESOLVED: That CMA urges all county mental health services to adopt a multi-disciplinary model of integrated care for mental health patients, with measures that may include, but not be limited to: use of existing physicians and clinics within the county health care system to accurately identify and treat co-morbid conditions in mental health patients; educational programs in communities and county health care clinics to increase awareness of primary care issues; and increased collaboration with primary care physician providers to better coordinate health care delivery to mental health patients.

Resolution 614-10

### **GME FUNDING FOR RESIDENCY TRAINING IN CALIFORNIA**

RESOLVED: That CMA advocate for elimination or modification of resident caps to provide graduate medical education (GME) funding for California residency training programs; and be it further

RESOLVED: That CMA support California residency training programs in obtaining additional means of GME funding specifically allowed by the Patient Protection and Affordable Care Act such as: (1) redistribution of additional residency positions; (2) counting resident time in outpatient settings and allowing flexibility for jointly operated residency training programs; (3) counting resident time for didactic and scholarly activities and other activities; and (4) preservation of resident cap positions from closed hospitals.

### **OTHER RESOLUTIONS PASSED WITH CAPM ENDORSEMENT:**

All but the last on this list, that had been endorsed by CAPM, passed in some form, usually amended by the Reference Committees. Following are the final versions approved.

Resolution 106-10

### **STANDARD PRE-PARTICIPATION PHYSICAL EVALUATION FORM FOR CIF SPORTS**

RESOLVED: That CMA work with the California Interscholastic Federation (CIF) to advocate for the acceptance of the Comprehensive Pre-Participation Physical Evaluation Form as the standard pre-participation evaluation form for CIF sports in California, while still allowing local school districts to include additionally required information, as per unique local needs.

Resolution 110-10

### **PAP TESTING AND HPV VACCINATION**

RESOLVED: That CMA support the efforts of the CMA Foundation to develop approaches to optimize frequency of Pap testing and HPV vaccination rates by greater outreach, follow-up and patient education of all races and ethnicities; and be it further

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RESOLVED: That CMA make available educational resources regarding HPV vaccination to its members, and that CMA support the same efforts of allied health professionals including nurse practitioners and physician assistants.

Resolution 111a-10

### **CHILD/ADOLESCENT SUBSTANCE USE AND ABUSE**

RESOLVED: That CMA support appropriate efforts to reduce child/adolescent substance abuse; and be it further

RESOLVED: That CMA work with the California Society of Addiction Medicine to identify appropriate screening and testing methods to discover those at risk for child/adolescent substance abuse; and be it further

RESOLVED: That CMA request that the CMA Foundation work with the California Society of Addiction Medicine and consider making this one of its ongoing programs through the education of appropriate health care providers.

Resolution 113a-10

### **PUBLIC HEALTH RISK OF “RAVE” PARTIES**

RESOLVED: That CMA support efforts to increase public awareness of the potential health hazards associated with illicit drug use commonly associated with “rave” events.

Resolution 114a-10

### **HELMET USE BY SKIERS AND SNOWBOARDERS**

RESOLVED: That CMA support legislation requiring the wearing of approved ski helmets by children 17 years or younger while snow skiing or snowboarding in California; and be it further

RESOLVED: That this matter be referred for national action.

Resolution 116a-10

### **REDUCTION/ELIMINATION OF BISPHENOL A IN CONSUMER PRODUCTS**

RESOLVED: That CMA recognize a public health concern for Bisphenol A (BPA), a known endocrine disruptor, and endorse efforts to reduce towards elimination of BPA in consumer products including food containers, baby products and thermal paper products.

Resolution 117a-10

### **MERCURY EMISSIONS FROM CEMENT PLANTS**

RESOLVED: That CMA support the Environmental Protection Agency’s national mercury emissions standards for cement kilns at limits based on the latest pollution control technology; and be it further

RESOLVED: That CMA support modern and strict source monitoring of mercury emissions from cement plants; and be it further

RESOLVED: That this matter be referred for national action.

Resolution 119a-10 (This resolution substituted for four original resolutions supported by CAPM)

### **PUBLIC EDUCATION ON HEALTH EFFECTS OF AIR POLLUTION**

RESOLVED: That CMA support public education regarding the harmful health effects of air pollution.

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### Policy Review:

CAPM also testified successfully for maintaining as policy 10-year-old resolutions on the following public health issues, which would otherwise have sunsetted: The CAPM Board had not reviewed these, so this was an action by our delegation.

101-00: HIV reporting and partner notification

102-00: Opposing monetary fines or incarceration of physicians for negligent or willful disclosure of HIV test results that does not involve malicious intent.

103-00: Supporting legislation to delete “informed consent” requirements for HIV testing, and supporting “simple consent.”

105-00: Supporting legislation for HIV testing of cord blood of newborn infants whose mothers have not been tested prenatally.

107-00: Support for federal action on HIV reporting, partner notification, and testing of pregnant women and newborn infants consistent with CMA policy

108-00: Endorsing efforts of AMA to prevent accident nuclear explosions and accidental nuclear war.

112-00: Encouraging clean school bathrooms.

113-00: Recommending various farm worker protections from pesticides.

114-00: Supporting various actions to prevent agricultural pesticide drift

115-00: Encouraging reduction in use of mercury-containing medical products

116-00: Encouraging adoption of alternatives to chlorinated hydrocarbon products that can release dioxin into the environment (e.g. by incineration)

117-00: Encouraging education on brain injury prevention.

202-00: Discouraging depiction of smoking in motion pictures, sale of cigarettes in pharmacies; advocating that tobacco settlement funds be allocated to improve health care and public health, and urging participation by smokers in smoking cessation programs.

213-00: Endorsing California ballot initiatives to ensure that tobacco settlement funds are used for health care or health-related issues.

213-00: Pursuing all available avenues to ensure that physicians are adequately reimbursed for the cost of purchasing and administering vaccines.

Resolution 510-10

### **MENTAL HEALTH CARE IN UNDERREPRESENTED ETHNIC POPULATIONS**

RESOLVED: That CMA support public health campaigns and partnerships between county departments of mental health and underserved ethnic communities that include: (1) outreach and education programs that include partnerships among community leaders, organizations and patient advocacy groups to reduce stigma and increase access; (2) culturally sensitive approaches to mental health care delivery to reduce mistrust of the mental health system; (3) early intervention mental health programs; (4) a shared public health campaign with local medical and nursing schools; and (5) collaboration with other government and community stakeholders to share best practices; and be it further

RESOLVED: That this matter be referred for national action.

Resolution 611-10

### **PHYSICIAN ATTIRE AND HOSPITAL INFECTION RATES**

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This resolution, which called for a study of scientific evidence that white lab coats, inadequately cleaned, might be fomites for hospital infections, was the only one that had been supported by CAPM, that was totally disapproved by the Reference Committee and the full House of Delegates. The general attitude was that maintaining clean clothing was a personal responsibility.