California Academy of Preventive Medicine
Report from the CAPM Delegate to CMA House of Delegates
October 14-17, 2011 *(For Annual Meeting, 10/20/11)*

Ronald P. Hattis

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 (HOD), 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. Representation at the CMA House of Delegates allows our voice and effectiveness to be amplified. Our own positions frequently become those adopted by organized medicine in California. Thus, our small organization has year after year influenced the scientific and political positions of CMA in support of prevention and public health, which in turn has helped get legislation passed and public policies changed in positive ways. In order to maintain our representation, it is important for a high proportion of CAPM members also to be members of CMA.

As one of the smallest specialties, we are entitled to one delegate and one alternate, but this year the Board was not able to find an eligible and available alternate, so I was the sole representative. However, on the most crucial day of proceedings, October 15 when testimony on the resolutions was presented to the Reference Committees, any CMA member was entitled to testify, and we had four able representatives. Don Lyman, Portia Choi, and resident member Heather Readhead joined me, and each of us testified on several resolutions, allowing us to present the positions of CAPM at multiple hearings going on at the same time. Hundreds of physicians from other specialties heard the name of the California Academy of Preventive Medicine announced time after time, often accompanied by sound arguments, and I think we made quite an impression.

I recommend that we attempt similar strong representation in the future on the day of the Reference Committee hearings. For the rest of the meeting, having one experienced delegate is critical. If we can recruit an alternate who is a CMA member, it is good experience for second CAPM member and does enhance our strength during the remainder of the conclave, but it adds at least an additional $800 in costs not including possible reimbursement of travel expenses (which this year would frankly have been difficult to afford).

Our positions on resolutions involving key prevention issues were determined by the CAPM Board at a conference call on October 6. Two resolutions had already been agreed on by the Board on August 15 and had been submitted officially on behalf of CAPM. We selected 14 additional resolutions to support; 5 to support conditionally or if amended, and 2 to oppose. **Since many resolutions introduced by physicians from other specialties were excellent and dealt with important prevention and public health issues, the question comes to mind whether CAPM or some of its individual members active in CMA should be introducing more such resolutions ourselves in the future.**

The CAPM Board recognized that most resolutions are amended by reference committees, so the delegate 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. On October 15, our four members present decided to support one more resolution that had not been discussed by the Board, calling for all health plans to cover contraception.

The first step at the CMA House of Delegates is to influence one's own delegation. CAPM positions were persuasive on most issues in winning the support of the Specialty Delegation. Testimony representing the full delegation (which is the largest at the House) was especially influential both at the Reference Committees and on the floor of the full House of Delegates.

The Reference Committees, as in past years, recommended editing of most of the resolutions, but they left both CAPM-introduced resolutions untouched. The Reference Committee reports were in turn presented to the full House of Delegates on October 16 and 17. Most of their recommendations were adopted without extraction or debate, including all but 4 of those that CAPM had supported. The remainder were debated before final votes. Two resolutions on physician participation in disaster response and as volunteers for indigent care, on which the Board had taken a "watch" position, were combined into one by the Reference Committee, but the wording was inadequate in my opinion and public health seemed involved. Therefore, I drafted a total substitution for the Reference Committee's proposal, which was supported by the Specialty Delegation and won the approval of the full House (see first resolution listed below).

Prior to the formal start of HOD deliberations, Don Lyman, as head of the Technical Advisory Committee on Cannabis, reported to the Board of Trustees and presented a White Paper recommending a change in scheduling and legal treatment of marijuana at the federal level. This was adopted by the Board (thought never debated by the delegates), and achieved more publicity and notoriety than the rest of the decisions combined. Don was not representing CAPM, but can report separately on this if there is interest.

Following are the resolutions approved by the House of Delegates which the Board had supported in their original form (the wording below was amended in most cases from what had been approved by our Board). Also listed first (it was item #1 before the House) is the disaster/indigent care resolution that I as Delegate crafted to replace two original resolutions. The last resolution listed is the one on contraception coverage, which the four CAPM members testifying on October 15 decided to support on behalf of CAPM. The two resolutions opposed by CAPM were amended to eliminate the original objections, but are not presented here. One resolution on medical screening and disease prevention policies, which the CAPM Board had voted to support if amended to eliminate letting national specialty society recommendations supersede all others, was instead killed and is also not listed here.

PHYSICIAN DISASTER PREPAREDNESS AND RESPONSE FORCE/PHYSICIAN VOLUNTEERING:
(Reference Committee combined two resolutions; Ron Hattis rewrote and substitute text below passed.)
RESOLVED: That CMA form a TAC (Technical Advisory Committee) to collect information about and address coordination issues among existing medical disaster response teams and plans, including

those of component medical societies, hospitals, the Medical Reserve, and federal and state-sponsored disaster medical assistance teams; and be it further
RESOLVED: That this TAC work to define the roles of the CMA's and component medical societies' roles in response to a disaster; that it prepare recommendations for improved coordination among the various teams and plans that involve physician participation; and that it investigate liability coverage issues for participating physicians; and be it further
RESOLVED: That this TAC also address the separate issue of physician volunteering to fill unmet medical needs of indigent persons, including liability coverage for physician volunteers.

LEGAL PROHIBITION OF CIRCUMCISION:
RESOLVED: That CMA oppose any attempt to legally prohibit male infant circumcision; and be it further
RESOLVED: That this be referred for national action.

MEDICAL VS. LEGAL SOLUTIONS TO DRUG ABUSE:
(The Board had wished to eliminate reference to the War on Drugs; instead we got it placed in parentheses.)
RESOLVED: That CMA encourage the federal government to re-examine the enforcement-based approach to illicit drug issues ("War on Drugs") and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease; and be it further
RESOLVED: That this be referred for national action.

CAPM Resolution: LEGAL REQUIREMENTS FOR HIV PARTNER NOTIFICATION:
Author: Ronald P. Hattis, MD, MPH
RESOLVED: That CMA work with the California Medical Board and the California Department of Public Health to assure that all California physicians are provided information about how to legally perform HIV partner notification, or how to refer HIV partner services to local public health agency staff following changes in the law effective at the beginning of 2012; and be it further
RESOLVED: That CMA work with the California Medical Board and the California Department of Public Health to assure that information on legal requirements for HIV partner notification is posted on the Internet in a manner easily accessible to all California physicians.

PHYSICIAN LEADERSHIP IN STD/HIV CONTROL: (Note: the original resolution was sticky for CAPM because it was inspired by a reorganization in L.A. county that involved CAPM members on both sides of the issue. The Reference Committee amended it to be more generic and applicable to small counties. Final wording did not come from CAPM.)
RESOLVED: That CMA urge and assist state and local health departments in the recruitment of qualified physicians to fulfill the legal mandate to develop state and local STD/HIV control plans under Health & Safety Code Section 120505.

HEALTHY FAST FOOD CHILDREN'S MEALS:
RESOLVED: That CMA recommend chain restaurant adherence to appropriate nutritional standards for their meals that are marketed specifically to children, especially those that include a toy or promotional item; and be it further
RESOLVED: That CMA support that meals marketed to children should adhere to healthy guidelines for total calories, fat calories, saturated fat, trans fat, sodium, and fruit and vegetable content in accordance with the best available evidence and/or well-researched national nutrition standards such as the USDA Dietary Guidelines for Americans.

HEALTHY FOOD MARKETING FOR CHILDREN:
RESOLVED: That CMA support efforts to regulate the advertising and marketing of unhealthy food and beverages to children; and be it further
RESOLVED: That CMA discourage the advertising and marketing of unhealthy food and beverages in public places frequently visited by children or adolescents, such as schools and be it further
RESOLVED That CMA encourage media education programs to reduce harmful health influences of food and beverage marketing to children and to promote the consumption of healthy foods; and be it further
RESOLVED: That this be referred for national action.

HEALTHY AGRICULTURAL PRACTICES:
RESOLVED: That CMA support the development of healthier food systems through federal farm subsidies and legislation; and be it further
RESOLVED: That CMA support healthy agricultural practices including, but not limited to, improved food safety, sustainable production methods, reduction of pesticide use, regulation of confined animal feeding operations (CAFOs) and support for local/regional food systems.

REGULATION OF ELECTRONIC CIGARETEES:
RESOLVED: That CMA support prohibition of the use of electronic cigarettes and other nicotine delivery devices not approved by the FDA as smoking cessation aids in those places where smoking is prohibited by law, and support requiring a tobacco permit for the sale or furnishing of electronic cigarettes and other nicotine delivery devices not approved by the FDA as smoking cessation aids.

EXPOSURE TO AND SUBSIDY OF FILMS DEPICTING TOBACCO:
RESOLVED: That CMA urge that no tax credits be given for any motion picture production that depicts any tobacco product or non-pharmaceutical nicotine delivery device or its use, associated paraphernalia, related trademarks or promotional material, unless the film depicts the tobacco use of historical persons or unambiguously portrays the dire health consequences of tobacco use; and be it further
RESOLVED: That this matter be referred for national action.

THIRD HAND SMOKE:
RESOLVED: That CMA support research regarding the possible negative health impacts of third hand smoke.

CALIFORNIA CANCER RESEARCH ACT:
RESOLVED: That CMA support the concept of increasing cigarette taxes to raise revenues to support research focused on detecting, preventing, treating and curing cancer, heart disease, emphysema and other tobacco related diseases and to finance prevention programs.

VISION SCREENING FOR PRE-SCHOOL CHILDREN:
RESOLVED: That CMA support a statewide effort to ensure that all California pre-school children be screened for vision problems in accordance with applicable American Academy of Pediatrics guidelines; and be it further
RESOLVED: That CMA encourage parents of children who fail a vision screening to seek a comprehensive eye examination for their child.

CENSORSHIP OF PHYSICIAN DISCUSSION OF FIREARM RISK:

RESOLVED: That CMA oppose any restrictions on physicians being able to inquire and talk about firearm safety issues and risks with their patients, and be it further
RESOLVED: That CMA oppose any law restricting physicians' discussions with patients and their families about guns as an intrusion into medical privacy; and be it further
RESOLVED: That this matter be referred for national action.

PNEUMOCOCCAL DISEASE VACCINATION:
RESOLVED: That CMA support a public health campaign that encourages and enables all at-risk Californians to become fully vaccinated against pneumococcal disease.

NANOPARTICLE TESTING, MONITORING, AND REGULATION:
RESOLVED: That CMA recognize both the benefits and the potential risks to public health and the environment from the widespread use of nanoparticles; and be it further
RESOLVED: That CMA endorse responsible regulation of existing or new nanoparticles prior to their introduction in industrial or consumer products, such as, but not limited to, standardized research, toxological testing, biomonitoring and product labeling; and be it further
RESOLVED: That this matter be referred for national action.

TRICLOSAN ANTIMICROBIAL SOAP:
RESOLVED: That CMA recognize the toxicity and potential adverse health and environmental effects of triclosan-containing products and endorse efforts to eliminate this chemical from consumer and health care products; and be it further
RESOLVED: That CMA encourage the Food and Drug Administration to finalize the antimicrobial monograph first drafted in 1978 and updated in 1994 which found evidence for the safety and effectiveness of only alcohol and iodine-based topical products in health care use; and be it further
RESOLVED: That CMA encourage the education of members on the issue of the importance of proper hand hygiene and the preferential use of plain soap and water or alcohol-based hand sanitizers in health care settings, consistent with the recommendations of the Centers for Disease Control; and be it further
RESOLVED: That this matter be referred for national action.

MILD TRAUMATIC BRAIN INJURY AWARENESS:
RESOLVED: That CMA promote awareness that even minor cases of traumatic brain injury have serious and prolonged consequences; and be it further
RESOLVED: That this matter be referred for national action.

MEDI-CAL ENROLLMENT AT POINT OF CARE:
RESOLVED: That the California Medical Association support allowing eligible uninsured patients to enroll in public health programs at the time that they receive care.

EFFECT OF MEDI-CAL FUNDING CUTS ON ACCESS TO CARE:
RESOLVED: That CMA shall request that the Centers for Medicare and Medicaid Services require the California Department of Health Care Services to provide independently verified studies and data comparing access to physicians services by Medicaid and commercially insured patients in California; and be it further
RESOLVED: That CMA request that CMS require the Department of Health Care Services to make this information available to the public.

CAPM Resolution: PREVENTIVE HEALTH AND HEALTH SERVICES GRANT FUNDING:
Author: California Academy of Preventive Medicine
(Jillian Martin was the actual author, but not a CMA member so could not be acknowledged)
RESOLVED: That CMA support the continuation of the Preventive Health and Health Services Block Grant, or the securing of adequate alternative funding, in order to assure preservation of many critical public health programs for chronic disease prevention and health promotion in California and 8 nationwide, and to maintain training of the public health physician workforce; and be it further
RESOLVED: That this matter be referred for national action and communicated to California's congressional delegation.

COVERAGE OF CONTRACEPTION AS HEALTH INSURANCE BENEFIT:
(This was the resolution not reviewed by our Board but selected for CAPM support by the four members attending the Reference Committee hearings. The copayment issue was hotly debated on the floor of the full HOD.)
RESOLVED: That CMA support the coverage, without copayments, of all FDA-approved contraception methods and sterilization as a mandated health benefit of all health plans.

POLICY REVIEW:
10-year-old policies from 2001, relating to public health and prevention, would have sunsetted unless renewed. The ones that were still valid as issues were generally renewed as CMA policy.