

## Report to Council

Government Affairs Committee

December 8, 2022

### GAC meeting of December 6, 2022

1. **Welcome and Introductions:** The Co-chair welcomed members and observers to the committee, including new member Heather Silverman, senior SCPS Assembly Representative, pursuant to the Council resolution passed last month.
2. **Federal and APA Issues:** The committee briefly discussed the status of HR 8800 (Supporting Medicare Providers Act of 2022). This critical legislation mitigates a scheduled 8.7% by providing a 4.42% positive adjustment to the Medicare Physician Fee Schedule (MPFS) conversion factor (CF) for CY2023. The committee also briefly discussed that status of federal legislation sets out to expedite prior authorization requests and quickly clear care and services that are routinely approved for patients covered under a Medicare Advantage (MA) plan. APA continues to prioritize advocacy in this area.
3. **CSAP GAC (CGAC) Meetings of November 17 and December 1, 2022:** SCPS GAC (SGAC) reps to CSAP GAC (CGAC) (Reba Bindra, Laura Halpin, Zeb Little, Rod Shaner, and Emily Wood) and gave report to SGAC. Key parts of the CGAC agendas were:
  1. **Legislation ideas collected from membership by CSAP thus far:** The Committee some of the more detailed advocacy ideas collected thus far by CSAP from Area 6 DBs, including those submitted by SCPS Council. Will CGAC continues to refine the ideas using a new structured submission form, SGAC discussed potential next steps for on of the SCPS proposals, stopping the requirement for multiple Riese hearings in some California District Courts, including Los Angeles and Riverside. It was proposed that CGAC consider determining the extent of these peculiar local rules, before determining whether the remedy is a change in relevant LPS language that would newly preclude such a local rule, or more local discussions with judicial officials. Ideas from OCPS and SDPS were also discussed. Committee members underscored the advantages of inter-DB communication on these ideas, and CGAC chair Dr. Wood strongly agreed. More detail on advocacy proposals and ultimate selection of advocacy priorities by CGAC will follow.
  2. **Update on new CSAP Policy Platform:** Dr. Wood indicated that NCPS is the one remaining DB that has not yet approved the policy platform. Some NCPS members have continued concerns with the balance of focus of the CSAP policy platform between purely psychiatric practice issues and broader behavioral health issues. Dr. Woods and Paul Yoder are scheduled to meet with the NCPS Council in the near future to further discuss.

3. **Update on Status of Area 6 Council/CSAP joint committee on advocacy framework:** Dr Silverman, as senior SCPS Area 6 Assembly Rep, indicated the Area 6 Assembly has agendized the proposal from CSAP to jointly establish a framework for cooperation to ensure effective statewide advocacy and smooth coordination of the advocacy activities of SCPS, CSAP, and the Area 6 Council.
  
4. **CSAP Board Meetings of November 17 and December 1, 2022:** SCPS CSAP Board members (Zeb Little, Rod Shaner) reported that the CSAP budget for next year looks strong and that dues rates for the DBs will be lower than last year, as all California DBs are now members, and committed to participation in the coming year. They also gave an update regarding the status of CSAP communication with CMA requesting that CMA restore determinative representation by the great majority of APA psychiatrists in California in the CMA Council on Legislation by approving the CSAP voting representation to the CMA Legislative Council. CMA has reportedly invited a senior representative from CSAP to discuss the issue at a coming CMA meeting. There are several candidates for this, and one will be selected shortly. Board members indicated that a set of talking points should be developed, including that 1) CSAP is the only statewide psychiatric organization with determinative representation by APA psychiatrists and affiliation with APA; 2) CMA membership by CSAP Psychiatrists is significant and far larger than that of any other statewide group of psychiatrists; 3) CSAP appears to meet either all or almost all criteria for representation at CMA of statewide psychiatrists; and 4) CMA must provide a clear on-record explanation of the process by which CMA determined current statewide psychiatric organization representation on CMA. SGAC members emphasized the importance of CSAP representation in CMA to forward medical and psychiatric advocacy on a broad range of issues and to encourage psychiatrists to join CMA.
  
5. **SCPS advocacy issues:** The committee reviewed the two items submitted by SCPS GAC to the CSAP GAC list of potential advocacy projects for the next legislative session. While both projects involve legislation changing WIC sections, there was discussion about a need to address larger policy implications in the developing CSAP policy platform.
  1. **Update on SCPS Townhall Meeting 12/01/2022 (Dr. Little et al.)**  
 Dr. Little discussed the recent webinar based SCPS Townhall meeting. He noted that the level of expertise of presenting Councilors and committee chairs was impressive and those attending general members gave favorable reviews. However, the turnout was less than expected. The Committee discussed other ideas for involving members in SCPS activities on an ongoing basis. One suggestion that was developed in discussion was to present a weekly or monthly list of 3-5 items briefly highlighting SCPS issues and actions and presenting this as a weekly email update and/or along with the SCPS email newsletter notification. Dr. Goldenberg, Newsletter Editor and President-Elect, planned to follow up on publication suggestions.

2. **AB 1278 (Nazarian) Physicians and surgeons: payments: disclosure: notice. ([Bill Text - AB-1278 Physicians and surgeons: payments: disclosure: notice. \(ca.gov\)](#)) (Dr. Goldenberg)** Dr. Goldenberg presented concerns about recently based AB 1278, which creates an unprecedented burden physicians to posting required material on their websites that is otherwise already regularly available on other governmental websites. He suggested advocacy for follow up legislation to make this burden more manageable and consistent with other regulations concerning physician disclosures. The Committee voted to make a Council motion to adopt a resolution to pursue this. The Committee also discussed its insufficient awareness of this bill before it was passed, and suggested future efforts to ensure that we work with CSAP to flag such legislation more effectively in the future.

**Motion 1: That the GAC recommend adoption of Council Resolution (See attachment 1)**

3. **Medical Board and DOJ issues regarding physician discipline and transparency, physician prescribing practices:** The Committee discussed ongoing issues regarding the transparency of Medical Board and DOJ collaboration regarding policies and practices regarding monitoring of physician prescribing practices and resultant investigatory action. It also discussed the impact of these actions on policies of national pharmacy chains and individual pharmacists concerning criteria for dispensing physician prescriptions, including factors such as physician and patient addresses and the nature and quantity of prescriptions. Drs. Friedman, ACR chair, and Dr. Woods noted that a web-based survey to better identify prescription issues faced by California physicians is being prepared for CSAP.
4. **Advocacy coordination between GAC and Access to Care, Private Practice, and Managed Care Committee (GAC Co-chairs, Dr. Goldenberg (Chair, PPPC), Dr. Friedman (Chair, ACC):** Dr. Goldenberg presented a brief update on planning for the upcoming SCPS townhall meeting concerning private, noting that the planning committee was meeting next week. The Committee discussed the possible role of the GAC in helping to translate membership concerns and ideas that might arise at the townhall into actionable legislative and regulatory advocacy.
5. **LPS issues (Co-chair):** The committee discussed the recent local interest in LPS related actions by local agencies, related to the highly publicized New York City initiative to reinterpret state regulations regarding involuntary detention of mentally ill individuals at high risk for harm. Suggestions developed to include this and other LPS issues on the agenda for the upcoming annual SCPS/NAMI meeting early next year.
6. **Next GAC Meeting:** January 10, 2022

**Attachment I: Motion 1:**

**That Council shall adopt the following resolution regarding regulations enacted by AB 1278**

**Whereas,**

There is no precedent for this type of requirement that a physician's website be required to share or post specific text or links; and

**Whereas,**

The state government has the means, obligation, and tools to publicly market and distribute their own website link and notices; and

**Whereas,**

This places an unfair and unnecessary burden on small businesses and in particular private practice psychiatrists; and

**Whereas,**

Under this law, a violation of these requirements constitutes unprofessional conduct and this would have detrimental impacts on both physicians and their patients; and

**Whereas,**

The California Medical Board currently requires that physicians use one of several methods to communicate important consumer rights information to their patients;

**Therefore, be it resolved that:**

The SCPS Council shall have its representatives to the CSAP GAC and/or CSAP Board make a motion(s) that CSAP and its lobbyist work to have this law amended to align with current MBC consumer protection regulations such that:

1. The required notice be provided by one of the following methods:
  1. Prominently posting the notice in an area visible to patients on the premises where the licensee provides the licensed services, in which case the notice shall be in at least 48-point type in Arial font,

2. Including the notice in a written statement, signed and dated by the patient or the patient's representative and retained in that patient's medical records, stating the patient understands the physician is licensed and regulated by the board,
  3. Including the notice in a statement on letterhead, discharge instructions, electronic notice, or other document given to a patient or the patient's representative, or
  4. Including the notice on the medical practice website.
2. Failure to comply is managed by the MBC and could result in citation-and-fine.