

## Prior Authorization Reform

**When insurance companies get between patients and physicians, patients get sicker and health care becomes more expensive.**



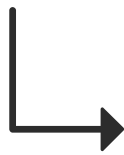
**93%** of physicians report **care delays due to prior authorization (PA)**, with 94% reporting a negative impact on patient outcomes.



**88%** More than 4 in 5 physicians (88%) report PA leads to higher overall use of resources that result in **unnecessary costs and waste**.



**29%** More than 1 in 4 physicians (29%) report that PA has led to a **serious adverse event** for a patient in their care.



- **23%** of physicians report that PA has led to a patient's hospitalization.
- **18%** of physicians report that PA has led to a life-threatening event or required intervention to prevent permanent impairment or damage.
- **8%** of physicians report that PA has led to a patient's disability/permanent bodily damage, congenital anomaly/birth defect or death.

**CMA's legislative package streamlines prior authorization to ensure that patients can get the care they need, when they need it.**

Physicians and patients are all too familiar with the unnecessary delays and frustrations that come with the current prior authorization process. These much-needed reforms aim to eliminate unnecessary delays to medical treatment and keep decisions in the hands of doctors, not insurance companies." - **Shannon Udovic-Constant, M.D., CMA President**

### Background

Health plans' overuse of prior authorization as a blunt cost-control tactic has placed profits over patient safety and intruded on physicians' ability to make health care decisions that best serve their patients' interests. Patients and their physicians are forced to wade through red tape, delays and denials, all while their medical conditions worsen.

More than one in four (29%) of physicians say that prior authorization burdens have led to a serious adverse event – such as hospitalization, permanent bodily damage, and even death – for a patient in their care. Physicians and medical professionals are also spending numerous hours a week on unnecessary paperwork – time they could otherwise be spending with patients. On average, a physician practice completes 43 prior authorizations per week, and physicians and their staff spend nearly two working days out of the week completing prior authorizations.

### Solutions: CMA's Sponsored Prior Authorization Reforms

CMA's legislative prior authorization reform package would implement common-sense reforms to streamline the prior authorization processes, expedite critical care for patients and free up physicians' time to focus on patients, not paperwork. The legislative package includes:

- + **SB 306 (BECKER):** Requires health plans to remove the requirement for prior authorization from any service that they approve more than 90% of the time. This will reduce the overall volume of prior authorization requests and ensure that patients can receive the care they need with minimal delay and physicians can spend more time focusing on patient care.
- + **AB 510 (ADDIS):** Requires that appeals of prior authorization denials be performed by a provider of the same or similar specialty. This will help ensure that providers can discuss prior authorization denials with a professional peer who understands the recommended treatment and underlying condition.
- + **AB 539 (SCHIAVO):** Extends the validity of an approved prior authorization to one year (current industry standard is between 60-90 days). This will provide patients with a longer window of time to receive medically necessary care and avoid cumbersome prior authorization review (and ultimately appeal) processes.
- + **AB 512 (HARABEDIAN):** Requires health plans to respond to urgent prior authorization requests within 24 hours and respond to nonurgent requests within 48 hours. Currently, health plans have 72 hours for urgent and five days for nonurgent requests. This change will ensure more patients can receive care in a timely fashion, consistent with the urgency of their condition or can swiftly appeal any denials, if necessary.

“As physicians, our top priority is patient care—but prior authorization delays too often stand in the way. These reforms are a critical step toward cutting red tape and making sure patients get timely access to the treatments they need.” – **Eric Hansen, D.O., Vice-Chair, CMA Board of Trustees**

(Rev. 04/02/25)

## Talking Points

- + Prior authorization is harming patients and delaying the ability to provide medically necessary care.
- + Patients and physicians are forced to wade through red tape, delays and denials, all while medical conditions worsen.
- + Not only does prior authorization negatively impact patient care and contribute to physician frustration and burnout, it also adds significant costs to the entire health care system.
- + In 2023, nine states and the District of Columbia passed legislation to reform prior authorization in their jurisdictions. And in 2024, state legislatures introduced 90 bills in 30 states to build on those reforms.
- + The package would implement common-sense reforms to streamline the prior authorization processes, expedite critical care for patients and free up physicians' time to focus on patients, not paperwork.
- + Californians deserve to get the care they need when they need it.

## Myth vs. Facts About Prior Authorization

**MYTH: Prior authorization reduces health care costs by limiting “low-value care” (i.e. medical services, procedures, tests and treatments for which there is little benefit for patients).**

**FACT:** In a recent survey by the American Medical Association (AMA) 88% of physicians reported that prior authorization led to higher overall utilization of health care services, resulting in unnecessary spending rather than cost-savings. For example, 77% reported that prior authorization led to ineffective treatments (i.e., step therapy) and 47% reported prior authorization has led to urgent care and/or ER visits, increasing health care costs for the system generally and through increased patient out-of-pocket costs.

**MYTH: Health plans use prior authorization selectively and only for costly procedures and medicines.**

**FACT:** Physicians report spending an average of two business days completing approximately 43 prior authorizations per week. That is wasted time that could be better spent on patient care.

**MYTH: Prior authorization protects patient safety.**

**FACT:** Treating physicians, not health plans, have the most direct knowledge of their patient's health and are most familiar with their medical history. According to a recent AMA survey, 94% of physicians report prior authorization has a negative impact on patient clinical outcomes, with 29% saying that prior authorization led to a serious adverse event — defined as death, hospitalization, disability/permanent damage, or other life-threatening event — for a patient in their care. The current system is not protecting patient safety; it is threatening their lives.

**MYTH: Health plan prior authorization requests are reviewed by physicians knowledgeable in the treatment/medication being requested.**

**FACT:** California law does not require prior authorization reviewers to be licensed in the same or similar specialty as the requesting physician. In fact, most prior authorization reviewers are not even physicians.

(Rev. 04/02/25)

# Physician Health and Wellness Program

## CMA POSITION: SUPPORT

AB 408 – authored by Assemblymember Marc Berman (D-Menlo Park) – would establish a physician health and wellness program (PHP) that aligns with national best practices. PHPs that incorporate these best practices provide a proactive approach to address mental health and burnout issues. This bill would enable the Medical Board of California to prevent patient harm by connecting impaired or at-risk physicians with treatment.

The California Medical Association (CMA) supports AB 408 because it creates an effective, confidential program – similar to those in other states – that supports physicians' health and wellness and protects patients by allowing physicians to be at their best. CMA is working with the medical board and the author to ensure the bill will be most effective in meeting its goals of ensuring that physicians have access to support when they need it.

## Background

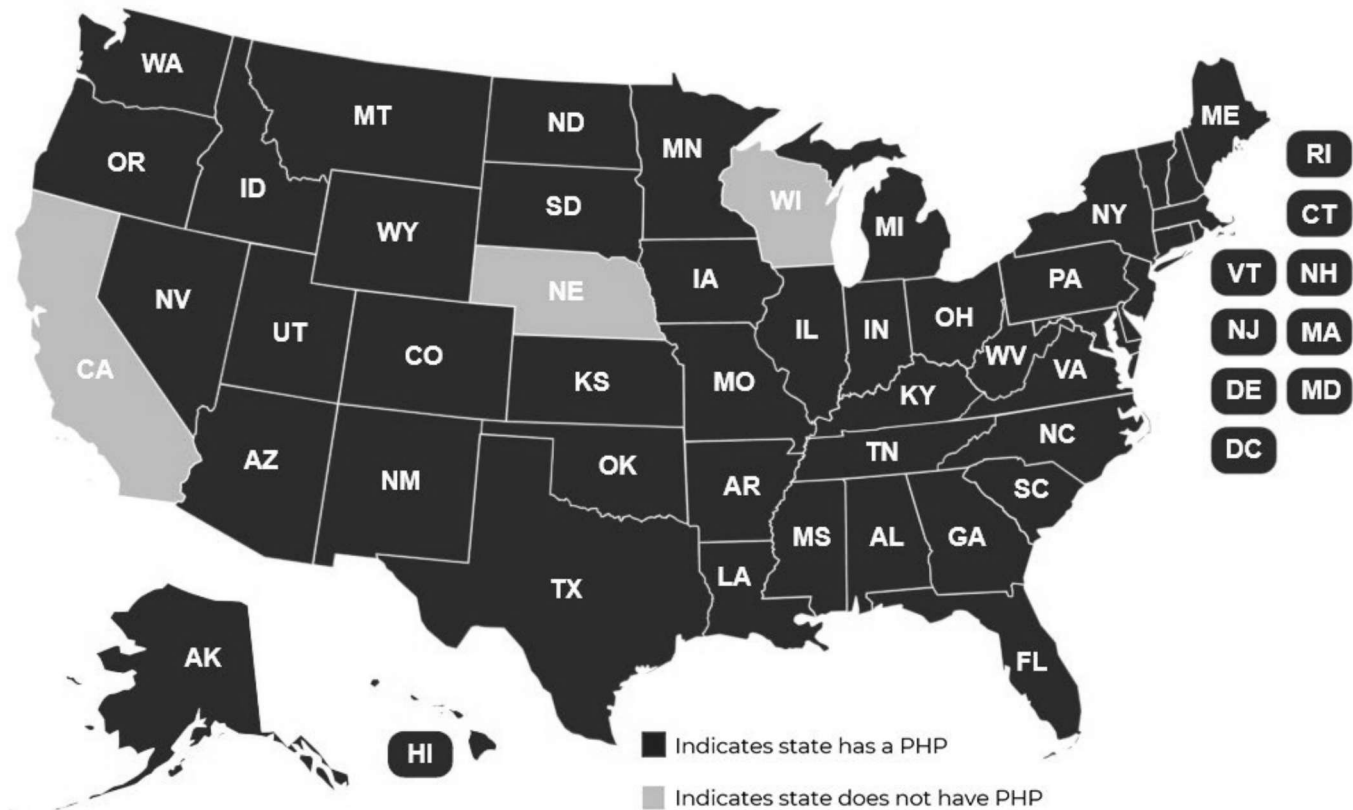
Prior to 2008, the Medical Board of California operated a diversion program entirely managed by its staff. Audits found that program to be ineffective and the program was eliminated. California has not had a program for medical board licensees since then.

Though a bill passed in 2016 that reauthorized a program (SB 1177, Galgiani), it lacked important components, like confidentiality protections and the ability for the medical board to refer licensees to the program in lieu of discipline, which would increase participation. The medical board projected that only about 12 physicians would enroll – far fewer than other states' programs.

The medical board tabled implementing the 2016 bill to instead focus on establishing a program that would meet its intended goal of protecting patient safety. The medical board held multiple public meetings, gathering stakeholder input to shape the program. AB 408 is the result of that collaborative effort.

“Physicians, like all people, experience mental health struggles, but they often try to navigate these situations on their own due to fear that seeking help will harm them professionally and prevent them from doing what they love as doctors. AB 408 would establish an effective, confidential program that supports physicians' health and wellness and protects patients by allowing physicians to be at their best.” – **Shannon Udovic-Constant, M.D., CMA President**

**States with Physician health and wellness programs**



**Talking Points**

- + Physician health and wellness programs have a nationally proven track record of following evidence-based approaches supporting physician health and safe practice.
- + California is one of the few states without a Physician Health and Wellness Program, leaving the Medical Board of California to manage physician health reactively through discipline.
- + Physicians experience high rates of burnout but often avoid seeking help due to stigma and fear of disciplinary action.
- + Physician health and wellness programs help retain experienced physicians, protecting access to care.
- + Physician health and wellness programs recognize mental health conditions, including substance use disorders, as treatable medical conditions, not moral failings, encouraging recovery without unnecessary penalties.
- + Studies show that Physician health and wellness programs achieve long-term recovery rates of up to 90% for physicians with substance use disorders, demonstrating their effectiveness in ensuring physician wellness and safe patient care.

## Questions and Answers

**1. Why is it important for there to be confidentiality standards with the new physician health and wellness program?**

We want to ensure physicians who are seeking help or treatment are not deterred by inadequate confidentiality standards. Physicians fear that seeking treatment can lead to unnecessary disciplinary actions that have nothing to do with their ability to practice medicine.

**2. Why has it taken so long for the Medical Board of California to reestablish this program?**

Our best presumption is because of the cost of implementation and the dysfunctional operation of the previous program. CMA is committed to partnering with the medical board to ensure this new program helps serve physicians in need.

# Pandemic Exceptions for Medical Liability

## **CMA POSITION: OPPOSE UNLESS AMENDED**

SB 29 (Laird) seeks to permanently extend pandemic-era exceptions in medical malpractice cases, despite the fact such exemptions were intended to be temporary to address the issue of backlogged courts during the pandemic. These exceptions were passed through SB 447 in 2021, in the midst of the pandemic.

CMA is seeking amendments to carve out medical malpractice claims from SB 29 because of the historic reforms to California's Medical Injury Compensation Reform Act, made through AB 35 in 2022, which were implemented with the understanding that the exceptions in SB 447 would sunset.

Under AB 35, pain and suffering awards in cases involving a patient death increased to \$500,000 on the effective date of January 1, 2023, with incremental increases over the next 10 years to \$1 million.

## **Background**

In 2021, SB 447 (Laird) was passed to allow heirs of individuals to recover non-economic damages for pain and suffering if an injured individual passes away before their lawsuit is settled. This law applies in any cause of action where an individual may be eligible to recover damages for pain, suffering, or disfigurement, including medical malpractice cases.

The author and sponsor argued in 2021 that SB 447 was necessary as the courts were slow to settle cases due to the pandemic, which contributed to an increased number of plaintiffs dying before their cases were settled. SB 29 would remove the 2026 sunset from the law and extend it into perpetuity.

## **California's 2022 MICRA Reforms**

In 2022, the Legislature passed AB 35 (with a nearly unanimous vote) to enact significant reforms to California's Medical Injury Compensation Reform Act (MICRA). These monumental reforms – which took effect Jan. 1, 2023 – strike a prudent and patient-focused balance between fair compensation to injured patients and the need for universal, high-quality, and cost-effective health care. These reforms were intended to extend the long-term predictability and affordability of medical professional liability insurance for those providing medical care in California, while implementing a fair and reasonable increase to limits on non-economic damages in medical negligence cases – including those that involve wrongful death – starting January 1, 2023, with gradual increases thereafter.

These reforms, supported by a broad and diverse coalition of physicians, community health centers, dentists, hospitals, nurses and hundreds of other organizations, put an end to a decades-long political battle and ushered in a new era of stability around malpractice liability.

The coalition was keenly aware of SB 447's 2026 sunset and with that understanding agreed to reasonable increases to MICRA's limits on non-economic pain and suffering awards in medical negligence cases.

SB 29 is in direct conflict with the spirit and language of the 2022 MICRA modernization. If the pandemic era exceptions are made permanent, it could result in increased medical malpractice premiums for physicians and higher health care costs for everyone.

### Talking Points for Legislator Meetings

- + SB 447 should sunset for medical malpractice claims because pain and suffering caps were recently raised under AB 35 and failing to carve us out will increase medical malpractice premiums.
- + California is already facing a significant physician shortage. SB 447, as written will exacerbate existing physician workforce issues as it will become less desirable and even more expensive for physicians to work in California.
- + The coalition negotiated the historic MICRA modernization (AB 35) in 2022 with the understanding SB 447 would sunset. The reforms in AB 35 have made the pandemic-era exceptions in SB 447/SB 29 unnecessary.

### Questions and Answers

#### 1. What amendments is CMA seeking?

CMA is seeking amendments that would remove the language that is in direct conflict with the 2022 MICRA Modernization Act and remove the extended sunset on SB 447 specifically for medical malpractice claims.

#### 2. Why is it important to exclude medical malpractice cases from SB 29?

The 2022 MICRA Modernization Act already provides "wrongful death" damages for survivors in cases involving a patient death. Providing both wrongful death damages and pain and suffering damages for heirs is redundant because they serve a similar purpose. Failing to carve out medical malpractice cases from SB 29 will allow excessive double-dipping of damages that will lead to increased medical malpractice premiums for physicians and higher health care costs for everyone.





# Your Voice Is Key to Our Success

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The California Medical Association (CMA) boasts some of the best advocates and lawyers in the Capitol – but YOU are the most powerful advocate. As someone who serves on the front lines of health care delivery, elected officials and policymakers need to hear your voice to make informed policy, legislation and regulations.

## Dos and Don'ts When Meeting with Legislators

Face-to-face meetings with your elected officials can be a powerful way to advance your agenda. The meeting can also position you as a reliable expert on health care issues and an important ally for your local elected official – if it's done right.

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### Follow these tips for a successful visit during your Legislative Advocacy Day meetings:

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**DO: Recognize the value of your perspective.** Hearing from a physician with real world experience can make all the difference for a legislator facing a complicated health care issue.

**DO: Know your audience.** Do a little research about your public official. Find out his or her position on your issues. Understand how each legislator you meet may interact with the bill you are lobbying (through committees, the voting process, as co-authors, etc.).

**DO: Pre-assign speaking roles.** Decide who is going to lead the meeting and what each person will contribute to the discussion. This will help eliminate awkward silences or repetitive messages. And it will ensure that you hit all the key points that you want to cover.

**DO: Be relatable.** Relate your stories back to your community – legislators want to know how issues affect their constituents.

**DO: Stay on message.** Remember, during these lobby visits, you represent CMA. Please stay on topic and limit the discussion to the priority topics we have identified.

**DO: Invite comments and questions.** Engage them in dialogue. Don't worry if you don't have the answer to a question – use it as a chance to get back to them.

**DO: Make the ask!** If you don't ask for action, you won't get any. If they decline, encourage them to think about it, and say you'll keep in touch.

**DON'T: Mention money, fundraising, or elections during lobby visits. This is illegal.**



# Social Media 101

Social media is an essential communication tool for connecting with colleagues, policymakers and the media. Today, with 94% of internet users utilizing social media and the majority of Americans consuming news digitally, engaging on social media is crucial. By participating, you not only stay informed but also contribute to a broader conversation, ensuring your colleagues remain connected, engaged and up-to-date on key developments.

## General Tips/Advice

**SOCIAL MEDIA IS WRITTEN IN STONE** – don't post anything you wouldn't want to be quoted on in The New York Times.

**STAY POSITIVE** – avoid sarcasm and snark.

**BE GENUINE** – robotic messages don't resonate. Let your personality shine.

**MAKE IT PERSONAL** – use suggested messaging, but put it in your own words.

**KEEP IT SHORT AND SWEET.**

**MAKE IT VISUAL** – your own pictures/videos get more engagement than stock photos would.

**DON'T FEED THE TROLLS** – ignore baiting or negative responses.

**WHEN DISCUSSING LEGISLATION**, use #CaLeg and the bill number as hashtags (e.g., #AB510).

**IF YOUR POSTS FEATURE CMA MEMBERS** (including yourself), tag with @CMADocs.

**SHARING CMA CONTENT** is highly recommended (and appreciated). To add your own take on the issue, choose "Quote" instead of "Repost" and then add your own message.

**TAG PEOPLE RELEVANT TO THE POST** – @CMADocs, your local county medical society, colleagues and/or elected officials.

**MESSAGE US LINKS OR TAG US** in your own posts relevant to CMA issues. Sharing goes both ways.



## Become a Social Media Ambassador

Are you active on social media? Brand new and would love more tips and training?

CMA's Social Media Ambassador program provides training, advice and content to help keep your colleagues and other medical professionals informed, connected and engaged. Scan the QR code to learn more.

## CMA Social Media Handles

**California Medical Association:** @CMADocs

**Physicians for a Healthy California:** @PHCDocs

**County Medical Societies:** See list at [x.com/cmadoocs/lists/county-medical-societies](https://x.com/cmadoocs/lists/county-medical-societies)



**CALIFORNIA  
MEDICAL  
ASSOCIATION**



# Stop the Devastating Medicaid Cuts

**Medi-Cal, California's Medicaid program, provides essential health coverage to one in three Californians and is foundational to the state's health care delivery system and economy.**

15 million Californians depend on Medicaid – children, pregnant women, seniors, the disabled, veterans and low-income families.

If Medicaid is cut, patients will lose their coverage, get sicker, crowd emergency rooms and end up in debt. Californians are already waiting weeks or months to see a specialist, particularly in rural parts of the state and these cuts will only exacerbate the problem, driving hospitals, nursing homes and clinics to close.

**We must preserve Medicaid funding for the millions who rely on it.**

## HOW YOU CAN HELP

**Contact Your Members of Congress:** It is extremely urgent that members of Congress hear directly from their constituents about how devastating a potential \$880 billion cut to Medicaid would be. CMA has made it easy and quick, with sample letters written from both the physician and patient perspectives. You are also welcome to add your own details about how the cuts will affect sustainability of your practice and/or your patients' access to care.

**Share Your Story:** Share your experience with Medicaid as a patient, physician or health care professional. Has Medi-Cal been an essential lifeline for you and your family? Has Medi-Cal helped improve the health and lives of your patients? Your story will help shed light on why the Medicaid is vital to every Californian. Your story will remind elected officials of the people who will be impacted.

Take action at [cmadocs.org/your-story](https://cmadocs.org/your-story)





# Join us in Your White Coats!

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## **PRESS CONFERENCE: Prioritizing Patients, Empowering Physicians**

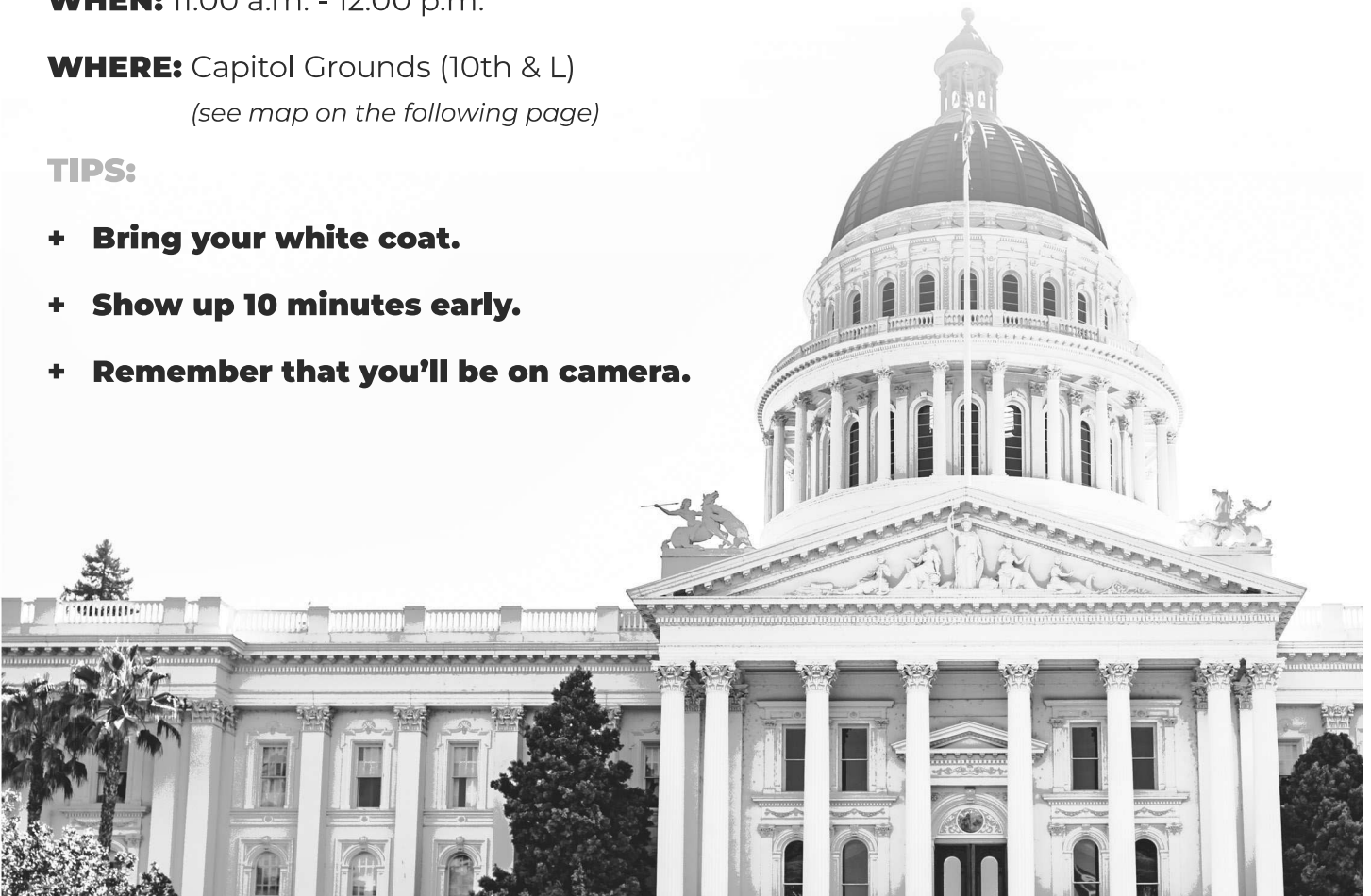
The California Medical Association invites you to attend a press conference on the steps of the Capitol during Legislative Advocacy Day, where we will be introducing our legislative prior authorization reform package. We hope you will join us to stand up for your patients and your profession.

**WHEN:** 11:00 a.m. - 12:00 p.m.

**WHERE:** Capitol Grounds (10th & L)  
*(see map on the following page)*

### **TIPS:**

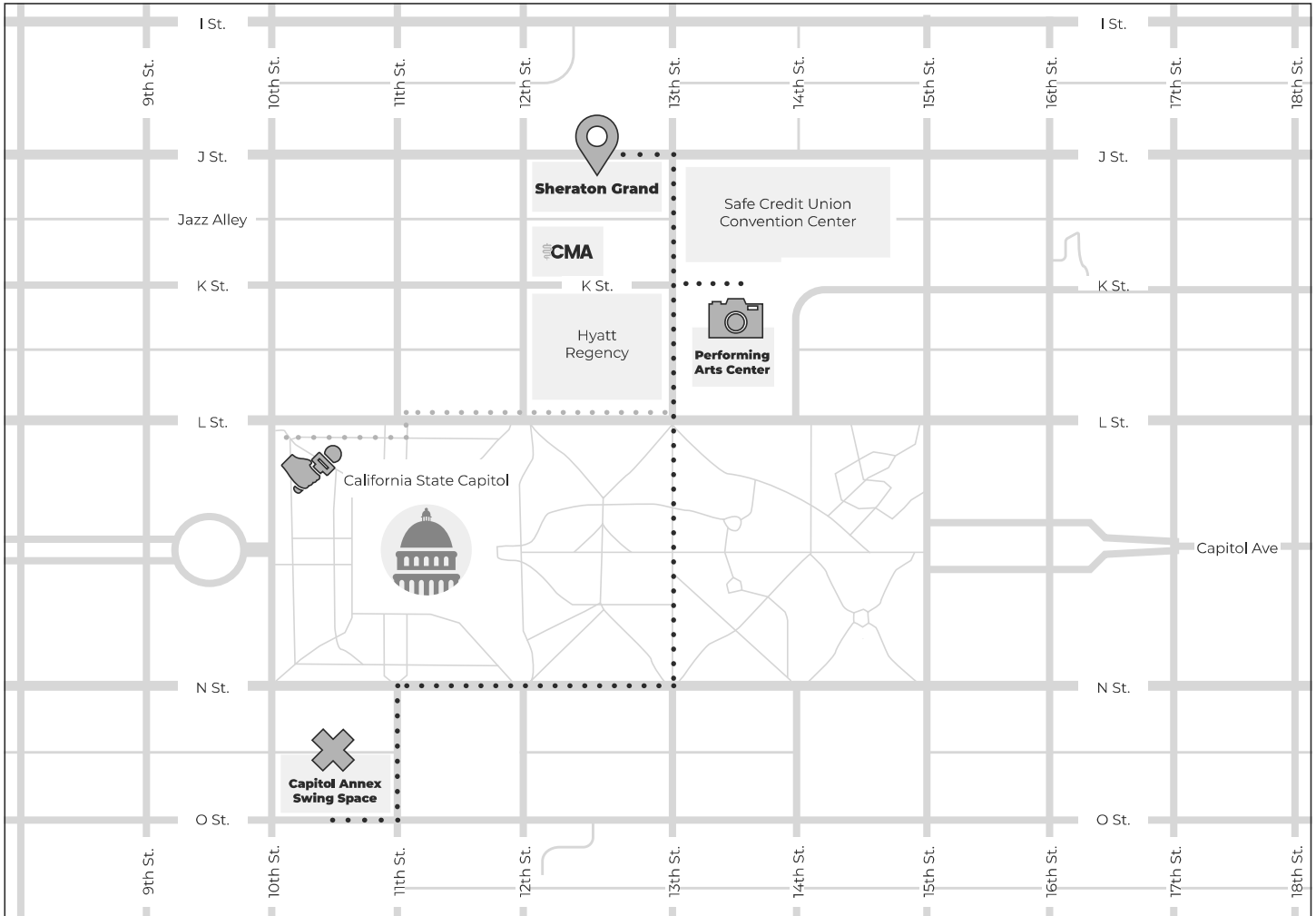
- + **Bring your white coat.**
- + **Show up 10 minutes early.**
- + **Remember that you'll be on camera.**



**CALIFORNIA  
MEDICAL  
ASSOCIATION**



# 51st Annual Legislative Advocacy Day



**Sheraton Grand Hotel** • Grand Nave Ballroom • 1230 J Street



**Group Photo** • SAFE Credit Union Performing Arts Center



**Press Conference** • 10th & L



**Capitol Annex Swing Space** • 1021 O Street



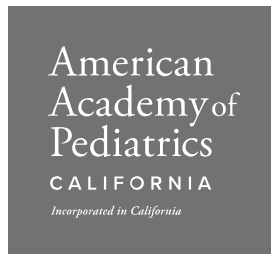
**Walking Route**





# 51st Annual Legislative Advocacy Day

*Special thanks to our sponsors for their generous support!*



Northern California *Chapter*  
San Diego *Chapter*  
Southern California *Chapter*



# CALPAC

## LEGISLATIVE ADVOCACY RECEPTION



**TUESDAY, APRIL 8, 2025 | 5:30PM–7PM**

**MIX DOWNTOWN | 1525 L Street, Sacramento, CA**

Join us the evening before CMA's 51st Annual Legislative Advocacy Day for a valuable opportunity to connect with California state legislators and network with colleagues from across the state.

Enjoy music, conversation and excellent refreshments.

**RSVP by clicking [HERE](#)**

Email questions to [calpac@cmadocs.org](mailto:calpac@cmadocs.org).



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MEDICAL  
ASSOCIATION**

Attendance at this event by a public official may constitute acceptance of a reportable gift from the California Medical Association.



# CALPAC

## GOLDEN GAVEL CONTEST



### **CALPAC HOSTS 5TH ANNUAL GOLDEN GAVEL CONTEST!**

Help your county medical society win by donating to CALPAC by April 9, 2025! The county with the highest average donation total will win bragging rights and a shiny golden gavel engraved with the winning county medical society's name.

Donations made between March 11 and April 9, 2025 are eligible, including increases to a donor's current giving level.

**Please donate now at [CALPAC.org/Donate](https://CALPAC.org/Donate).**

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CALPAC is a voluntary political organization that contributes to candidates for state and federal office who share our philosophy and vision of the future of medicine. Political law and CALPAC policy determines how your contribution to CALPAC is allocated. CMA will not favor or disadvantage anyone based on the amounts of or failure to make PAC contributions, nor will it affect your membership status with the CMA. Contributions to PAC's are voluntary and not limited to the suggested amounts. Contributions are not deductible for state or federal income tax purposes. Contributions made in error may be refunded within thirty (30) days by contacting CALPAC at 1-800-786-4262.





# CALIFORNIA MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

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## PARTICIPATION LEVEL INFORMATION

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### **DIAMOND | \$6500 ANNUALLY OR \$541.67 MONTHLY**

- Exclusive membership pin
- VIP invitation to CALPAC's major events and events in your area
- Invitation to meet with CMA's Government Relations Team
- Name recognition at major events and on the CMA website
- 1 year online subscription to the California Physician's Legal Handbook (CPLH)



### **PLATINUM | \$2500 ANNUALLY OR \$208.34 MONTHLY**

- Exclusive membership pin
- VIP invitation to CALPAC's major events and events in your area
- Name recognition at major events and on the CMA website
- 1 year online subscription to the California Physician's Legal Handbook (CPLH)



### **PRESIDENT'S CIRCLE | \$1000 ANNUALLY OR \$83.34 MONTHLY**

- Exclusive membership pin
- VIP invitation to CALPAC's major events
- Name recognition at major events and on the CMA website



### **CONGRESSIONAL | \$500 ANNUALLY OR \$41.67 MONTHLY**

- Exclusive membership pin
- Invitation to CALPAC's major events
- Name recognition at major events



### **300 CLUB | \$300 ANNUALLY OR \$25.00 MONTHLY**

- Exclusive membership pin
- Name recognition at major events



### **SUSTAINING MEMBER | \$150 ANNUALLY**

- Exclusive membership pin



# CALPAC

**CALIFORNIA MEDICAL ASSOCIATION  
POLITICAL ACTION COMMITTEE**

## MEMBERSHIP FORM

### PARTICIPATION LEVEL:

- Diamond**             \$6500 or  \$541.67 per month
- Platinum**          \$2500 or  \$208.34 per month
- President's Circle**  \$1000 or  \$83.34 per month
- Congressional**     \$500 or  \$41.67 per month
- 300 Club**          \$300 or  \$25.00 per month
- Sustaining Member**  \$150 or  \$12.50 per month

Monthly payments will automatically renew on a yearly basis.

To cancel your monthly payment plan at any time, please contact CALPAC at 1 (800) 786-4262.

Name: \_\_\_\_\_

CMA ID (Optional): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amex/Mastercard/Visa #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Check: Please make check payable to CALPAC  
Mail to: 1201 K Street, Suite 800,  
Sacramento, CA 95814

**Self Employed / Employer:** \_\_\_\_\_

**Physician**     **Alliance Member**     **Other:** \_\_\_\_\_

### YOUR POLITICAL VOICE!

CALPAC, the California Medical Association (CMA) Political Action Committee, supports candidates and legislators who understand and embrace medicine's agenda. Health care in California is highly regulated and legislated. As government and the insurance industry continue their quest to control health care, your clinical autonomy is in great jeopardy. Now, more than ever, you need to fight to keep medical decisions in your well-trained hands.

#### **FORTUNATELY, YOU DO NOT HAVE TO WAGE THE FIGHT ALONE.**

Successful legislative advocacy depends upon an integrated approach, consisting of lobbying, continuing grassroots activity and political action through CALPAC. CALPAC is operated by physicians, for physicians. By focusing physician resources, CALPAC supports hundreds of candidates for state and federal office who share our philosophy and vision of the future of health care and medical practice.

CALPAC is a voluntary political organization that contributes to physician-friendly candidates for state and federal office. Political law and CALPAC policy determine how your contribution to CALPAC is allocated. CMA will not favor or disadvantage anyone based on the amounts of or failure to make CALPAC contributions, nor will it affect your membership status with the CMA. Contributions to CALPAC are voluntary and not limited to the suggested amounts. Contributions are not deductible for state or federal income tax purposes.

# CMA Wants to Share YOUR Story!

**The California Medical Association (CMA) is recruiting physicians to share their experiences and expertise with media and on social media.**

Why is this important? No one understands the complexity of the health care ecosystem, or what patients need, better than physicians. We provide you with training, messaging and resources. Share your story to create meaningful change toward public health and advocacy.



## HOW IT WORKS: MEDIA SURROGATES



From interviews to op-eds to speaking engagements, you'll receive training to share your story with media.



We'll work to determine your schedule and interest level – and plug you in accordingly. For example, early morning the only time you have? Then maybe you become specialized in morning talk radio. Have zero time for media interviews in the middle of the day? Then perhaps you focus on op-eds.



CMA will vet and facilitate all media requests. We handle the scheduling on your behalf, and once confirmed, we'll walk you through the context, messaging and logistics so that you feel 110% prepared and comfortable.



Once the article/interview/op-ed is "live," we'll make sure you have a copy and provide any constructive feedback.

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Visit [cmadocs.org/media-surrogate](https://cmadocs.org/media-surrogate) to learn more!

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## Policies on Professionalism

The following is a non-exhaustive summary of CMA's policies that concern the professional conduct of members and attendees at CMA functions.

**The California Medical Association (CMA) is committed to providing an inclusive, and harassment-free environment for all attendees, including members, staff, venue personnel and invited guests in order to facilitate constructive, thoughtful, unbiased, useful, and relevant dialogue, debate, education, networking, and the exchange of information in a respectful, professional manner.**

Some behaviors are, therefore, specifically prohibited:

1. Harassment or intimidation based on race, religion, language, gender, sexual orientation, gender identity, gender expression, disability, appearance, or other protected group status per applicable local, state, and federal law;
2. Sexual harassment or intimidation, including unwelcome sexual attention, stalking (physical or virtual), or unsolicited physical contact;
3. Using defamatory, or profane language against other attendees;
4. Engaging in or threatening violence against other attendees;
5. Disrupting any portion of the event;
6. Breaking confidentiality where required;
7. Engaging in disorderly conduct, including but not limited to, overconsumption of alcohol; and
8. Engaging in other unlawful activity.

CMA reserves the right to immediately address any disorderly conduct of attendees; including warning, expelling, and calling security or law enforcement as it deems appropriate.

Full copies of CMA's policies are available on the CMA website for your review. Policies may be updated and new policies concerning professionalism may be created in the future.

- + **[Prohibition of Harassment](#)**
- + **[Conflict of Interest Policy](#)**
- + **[Antitrust Compliance Program](#)**
- + **[Forum Guidelines](#)**
- + **[Terms of Use](#)**
- + **[Privacy Policy](#)**

Members have a Duty of Loyalty to act in the best interest of CMA, its mission and its members. We appreciate your adherence to these policies

### **REAL TALK ON DECENCY, KINDNESS AND BEING RESPECTFUL**

California Medical Association (CMA) members hail from all corners of the state, represent every medical specialty, span all generations, and hold diverse viewpoints and social expectations reflecting their myriad of backgrounds, cultures and lived experiences.

When physician, resident and medical student members come together to support CMA's common mission, it is expected that we will encounter differences in opinion – sometimes passionate ones. In order to arrive at informed consensus, we ask all participants to remember the value of respectful communication, and to be courteous and patient with democratic decision-making. We also encourage participants to err on the side of civility, grace, kindness and patience.

Regardless of our many differences, everyone is capable of respecting personal boundaries and comporting themselves with decency. Some basics:

- + Generally, avoid or else save provocative, edgy, inflammatory, aggressive, or sarcastic remarks for close personal acquaintances, who know you well and understand your intent.
- + It is disrespectful to invalidate the experiences of others. If you don't share or haven't witnessed those experiences communicated by others, it's probably a time for listening instead of speculation, playing devil's advocate or one-upmanship.
- + Please refrain from remarks of a sexual nature or any potential unwelcome commentary on people's bodies or appearances, including, but not restricted to, clothing, age, hair, jewelry, etc. Take care to make sure that any physical touch is consensual.
- + You are expected to self-regulate your own behavior, as every individual is the best judge of their limits on socializing, hours worked or awake, alcohol consumed, or any other stressor that may impact a person's disposition or behavior.
- + If you make an error in social judgement, apologize and then leave the other party alone.

### **CMA DOESN'T NEED POLICY ON KINDNESS TO EXPECT CIVIL CONDUCT FROM ALL ATTENDEES.**

Those lacking the ability to navigate these common social expectations should consider alternative ways of engagement within our organization.

We are all human and mistakes or miscommunications can be expected. There is no policy that will prevent misunderstandings or rude incidents from occurring or eliminate the inevitable discomfort that can arise when you bring large, diverse groups of people together.

If you feel safe doing so, you are encouraged to communicate directly with the other party when someone offends or is flatly inappropriate. CMA is committed to providing an inclusive and harassment-free environment, and we believe that creating an ongoing dialogue is a key tenet to supporting that goal. Not every incident described above may rise to the level of a formal complaint or disciplinary action, but we would still like to hear from you so that we are able to have important conversations and be aware of those behaviors for the future.

## **HOW TO COMMUNICATE A CONCERN OR FILE A COMPLAINT**

Concerns can be discussed informally or a *complaint* can be formally registered by contacting any of the following groups of individuals.

- + CMA Chief Executive Officer: **Dustin Corcoran**
- + CMA Chief Legal Officer: **Jamie Ostroff, Esq.**
- + CMA elected physician leaders:
  - For events related to the Board of Trustees: Sergio Flores, M.D., or Eric Hansen, D.O.
  - For events related to the House of Delegates: Jack Chou, M..D, or George Fouras, M.D.

CMA reviews every complaint brought to our attention. A group of Association leaders and appropriate staff will meet to review the incident. In order to help us understand and respond to the complaint, please include as much of the following information as possible:

- + Your name\* (and contact information)
- + The name of the person experiencing the harassment (*if not you*) (and their contact info, if available)
- + The name of the person who is alleged to have committed the harassment
- + A brief description of what happened or of the concern\*
- + The general circumstances of the incident
- + When and where the incident occurred
- + Other people who were involved or who may have witnessed it
- + If you are seeking to convey a concern informally or a formal complaint

*\*Please note that anonymous or non-descriptive complaints may be submitted but may reduce or eliminate the ability for CMA to conduct a formal investigation or make recommendations for further action.*

## **WHAT HAPPENS AFTER YOU MAKE A REPORT**

Once we receive a report, we will contact the individual who experienced the harassment. We will invite them to meet with us to discuss the situation so that we can conduct an initial assessment. Depending on the circumstances and information available, we might conduct a formal investigation, embark down a path of conflict resolution, or close the report.

Should a formal investigation be undertaken, a notice of the allegation will be sent to all parties, a report will be created, and the leadership team will determine appropriate discipline if applicable. Complainants and respondents will both be afforded the opportunity to speak with the investigators, and to provide evidence, testimony or materials, as applicable.

The leadership team may request any or all of affected parties take steps to help facilitate a safe, peaceful and impartial investigation.

## **WHAT TO DO WHEN YOU DON'T FEEL SAFE**

Please know that we are not crisis responders and do not provide emergency services. If you are experiencing an emergency or need immediate assistance with a violent or threatening matter, please dial 9-1-1 for all emergencies.