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April 6, 2018



COA Report

California Orthopaedic Association

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TOP NEWS

BREAKING NEWS

The California Medical Association (CMA) has announced that Assembly Member Ash Kalra (Defense Attorney - San Jose) will be amending his bill, AB 3087 to create a government commission to set the prices a physician, physician group, hospital, or health plan can charge. The Assembly Member will be publicly announcing the bill on Monday, April 9.

Janus Norman, Senior Vice President for CMA has indicated that this bill is an unacceptable attack on physicians and has become CMA's #1 priority to oppose. The bill has a lot of terrible aspects, but below are the main points.

1. The bill labels physicians as major drivers to the ever-increasing cost of health care, devastates the state's ability to attract physicians, and significantly depresses the economic viability of practicing physicians.
2. The bill establishes a commission to set the prices a physician can charge for their services.
3. The commission will consist of nine members. Practicing physicians are prohibited from serving on the commission. The funding to support the administration of the commission includes physician licensing fees.
4. The commission has the authority to only set price in the commercial market; both Medi-Cal and Medicare are excluded. The commission will annually base prices on Medicare rates.
5. The bill also allows for intervenor fees to support so-called consumer advocates to lobby the commission.
6. The bill contains a blanket prohibition on balance billing.

Here is also a summary of the bill provided by Mr. Kalra's office:

file:///C:/Users/coa3/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/CDTMDEW8/SKM_C454e_N18040412141.pdf

The California Orthopaedic Association will join CMA in vigorously opposing this bill.

ACTION REQUESTED

1. If you are acquainted with Assembly Member Kalra, please let us know asap – admin@coa.org
2. If you have not yet renewed your COA membership, please do so asap – <https://coa.org/members/>
3. Be on the lookout for updated information on AB 3087 as the bill is set for hearing. We will need you to urge Committee members to vote "No" on the bill.

It's not too late Early Bird Registration Extended!



COA



[Register today](#) for the 2018 COA Annual Meeting/QME Course/CBones Annual Meeting before time runs out!

Join us for an information-packed meeting that will help you learn about the:

- Latest hot topics within orthopedics
- Best practices in contracting and other practice efficiencies, and
- Be updated on the 2017 Workers' Compensation changes and regulatory changes expected in 2018. [REGISTER HERE](#)



Christine Baker resigns

Workers Zone

Christine Baker, the Director of the California Department of Industrial Relations, has resigned as of Friday, March 30. In an email to DIR employees, Baker announced that she is retiring. The note does not address whether her retirement is effective immediately nor the factors that led to the decision, be they personal or political. [READ MORE](#)



HOPD to ASC conversion: Now or later with transition to value-based care

Regent

Hospital systems at the forefront of the dramatic change in healthcare are rethinking how and where care is delivered – and innovating to improve both the quality of care and the bottom line. A prime example is the reversal of a trend that, only a few years ago, saw hospitals buying ambulatory surgery centers outright and converting them to hospital outpatient departments. Today, the trend is just the opposite: hospital systems are increasingly converting HOPDs to ASCs in joint ventures with physicians in their markets. [READ MORE](#)



State files antitrust suit against Sutter Health

Sacramento Business Journal

The state attorney general's office filed an antitrust suit against Sutter Health, accusing the Sacramento-based health system of contracting practices that have driven up the cost of care in northern California. Sutter is accused of preventing insurance companies from negotiating with the health system on anything but an all-or-nothing basis, which requires insurers to contract with the entire health system and not just parts of it. [READ MORE](#)



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