



The California Medical Association (CMA) is the largest, most influential medical organization in California and an aggressive advocate for physicians and patients. CMA relies on the involvement of its members and leaders to communicate the physician vision for health care to the public and to the lawmakers and regulators who determine how medicine is practiced.

CMA policies guide its political, legislative, regulatory, legal and economic advocacy. CMA policy is most effective when it is specific enough to stand alone and be understood - and is written such that CMA may use the values and intent for a wide range of advocacy purposes.

CMA policy is set by members elected to represent their colleagues in the House of Delegates (HOD) or on the Board of Trustees (BOT).

Each policy is crafted and considered by physician members and adopted by the BOT or the HOD through one of the following pathways:

- + CMA [Resolution Process](#) (Adoption by CMA BOT)
- + CMA [Major Issue Reports](#) (Adoption by CMA HOD)

Resolutions and Major Issue topics can address any medical practice or health-related topic, as well as policies governing the activities of organized medicine, subject to the limitations of what can be reasonably achieved by CMA. Submitting resolutions and contributing to the Major Issues process is the most direct way for members to influence CMA's advocacy agenda.

In general, suggested policy statements should not:

- + Direct CMA to endorse of policies or documents created by non-CMA parties;
- + Take a position on or direct CMA to sponsor specific state or federal legislation; or
- + Reiterate existing CMA policy.

Once CMA policy is adopted, it is added to CMA's policy compendium and used to guide CMA's legislative, legal, regulatory, economic and social advocacy. CMA advocacy can include activities such as:

- + Sponsoring, taking positions, or offering amendments on state and federal legislation;

- + Engaging in legal action such as litigation and filing amicus curiae briefs on issues that impact the practice of medicine;
- + Monitors the compliance of state agencies and other entities with state laws and assist in crafting remedies;
- + Reviewing and providing input on proposed state and federal regulations regarding the impact on the practice of medicine;
- + Lobbying through the development of relationships with state agencies and boards;
- + Guiding development of talking points, press releases, or other media content;
- + Improving physician impact on the development of health policy by strategically identifying, increasing, and advising CMA leadership regarding the appointment of physician members to external policy, advisory and oversight committees and boards.

Due to constant changes in the political, policy and legal environments, it is critical that CMA policy is sufficiently broad and flexible to allow the organization to implement strategies that will result in positive outcomes for physicians and patients. Once CMA policy is adopted, it remains as part of the body of policy guiding CMA's advocacy until it is affirmatively removed. Therefore, it is crucial that CMA policy does not commit CMA to specific actions that are not relevant or appropriate in a given environment.

FREQUENTLY ASKED QUESTIONS

Q: CMA has adopted policy on a specific issue, but there does not appear to have been any implementing action taken. Should I submit a resolution that reiterates existing CMA policy?

If existing CMA policy exists on an issue, resubmitting a resolution that restates that position is discouraged and CMA leadership retains the authority to not accept the resolution for consideration. When submitting resolutions, members should consider whether the adoption of the resolution would have a meaningful impact on the direction of CMA's advocacy on that issue. Duplicate resolutions will generally be reaffirmed with no further debate or action taken.

Q: How do I ensure that CMA sponsors or takes a specified position on legislation?

CMA policy should not include directives to sponsor or to adopt specific positions regarding legislation. The legislative process is dynamic and decisions regarding amendments and positions are impacted by many factors.

The CMA Council on Legislation (COL), comprised of 50 physician members, formulates policy recommendations to the Board of Trustees regarding positions on legislation pending in the State Legislature that impact physicians and the practice of medicine in California. In the weeks leading up to COL, after the deadline for bill introductions, a list of relevant bills is circulated to COL members with recommended positions. Any questions, points of clarification, need for additional information or suggested changes in bill positions are brought to the floor, where a robust discussion takes place. Adopted positions become CMA's official positions upon approval of the Board of Trustees. Any interim changes in position are reviewed by the Board at their quarterly meetings.

Members interested in legislation are encouraged to apply for appointment to a COL seat and to work with their delegations and COL representatives to advocate that CMA take specified positions.

Q: How do I ensure that CMA prioritizes and takes implementing action on a specific issue?

Members are encouraged to build support for their own priority issues by working with members of their delegations and their elected Trustee(s) to generate discussion and interest in the issue.

Q: How does CMA determine prioritization of advocacy issues?

The CMA Board of Trustees sets CMA priorities each year based on many factors including importance to CMA members, political feasibility, availability of staff and financial resources, alignment with CMA's short and long-term priorities, etc. In any given year, CMA must expend many resources in being reactive to externalities outside of CMA's control, such as introduced legislation or ballot measures that must be supported or opposed, etc.