California Medical Association
2016 ANNUAL REPORT

PROTECTING THE PRACTICE OF MEDICINE
LETTER FROM OUR PRESIDENT

Serving as a physician isn’t something we do – it’s something we are.

Our proud history, too, binds us together. With its founding 160 years ago, the California Medical Association (CMA) has always fought for physicians and cared for patients.

CMA was founded in 1856 to professionalize the practice of medicine in the face of rampant quackery and to protect public health in the midst of a devastating cholera outbreak. In fact, these pioneering physicians made public health the cornerstone of their mission: “to promote the science and art of medicine, the care and well-being of patients, the protection of the public health and the betterment of the medical profession.”

Although much has changed over the past 160 years, the core of CMA advocacy remains:

• Strengthening public health
• Protecting the practice of medicine
• Ensuring access to quality medical care
• Promoting medical education and developing the physician workforce
• Preserving the physician-patient relationship

Over the years, we’ve fought to gain and keep medical malpractice (MICRA) rules in place, to increase funding for more residency slots and to beat back onerous managed care rules. When the weight of practicing medicine brings us to the point of burnout, together we ameliorate the mental anguish and go directly to federal regulators to ease the burdens of reporting.

CMA is here to stand with you and fight. CMA understands and values the sacrifices you’ve made to get your education, rise through residency and emerge into the world as a physician whose first priority is to heal patients.

Change is happening, and change will always happen. CMA remains focused on the future and will act boldly to shape the world of health care to support physicians and our patients.

Together, we will continue to fight for the practice of medicine and in support of public health – here’s to the next 160 years!

Ruth Haskins, M.D.
President
“Change is happening, and change will always happen. CMA remains focused on the future and will act boldly to shape the world of health care to support physicians and our patients.”

– Ruth Haskins, M.D.
LETTER FROM OUR CEO

2016 wasn’t just a year to celebrate CMA’s illustrious 160-year history – it was also a turning point for the future of health care in California.

Proving once again that CMA can win tough fights on behalf of its members, we won all eight statewide ballot measures that we endorsed, as well as three local initiatives in the Bay Area.

Voters sent a clear signal that they care deeply about the future of public health and that they’re tired of California chronically underfunding health care. Together, California voted to…

• Invest in Medi-Cal, including increased provider rates. (Yes on Propositions 56, 55 and 52)

• Save lives, reduce smoking rates and prevent thousands of children from starting smoking in the first place. (Yes on Prop 56)

• Triple the funding for California’s anti-smoking programs. (Yes on Prop 56)

• Provide more essential services like medical check-ups, immunizations, prescriptions and dental/vision care for 13 million low-income Californians, including seven million children. (Yes on Prop 52)

• Prevent an increase in state prescription drug costs, as well as preserve patient access to medications. (No on Prop 61)

• Protect public health and clarify the role of physicians in controlling and regulating the adult use of cannabis. (Yes on Prop 64)

• Reduce sugar intake to prevent diabetes and obesity. [Yes on Measures V (San Francisco), HH (Oakland) and O1 (Albany)]

• Break down barriers and removed outdated bilingual education mandates to better reflect California’s diverse society. (Yes on Prop 58)

• Ensure critical infrastructure projects – including hospitals and medical facilities – aren’t subject to delays or loss of local control. (No on Prop 53)

• Strengthen California’s ability to prevent gun violence. (Yes on Prop 63)

On the national front, the end of 2016 produced more questions than answers, but one thing is clear: we could be facing a major shake-up. How will Congress and the Trump Administration handle Medicaid expansion and block grants? The rising cost of prescription drugs and access to care? Regulatory burdens and public health concerns? MACRA and payment reforms?

Our past, present and future success is rooted in one principle: CMA is stronger when we stand together. When we focus on evidence-based and peer-reviewed science to herald the next great medical advancement – we win. When we work together to fight for the health of our patients and the vitality of the profession – we win.

I want to thank each of you for your support and dedication to CMA because it’s what drives this organization to excellence. Together, side-by-side, we stand stronger.

Dustin Corcoran
CEO
“Our past, present and future success is rooted in one principle: CMA is stronger when we stand together.” – Dustin Corcoran
In 2016, CMA membership grew by 6.2 percent and reached more than 43,000 for the first time in the history of our organization. What’s more, 2016 marks our sixth consecutive year of growth through strategic planning and collaboration with our component medical societies.

We’re proud that members trust and have invested in CMA’s mission – and we’ll continue to identify new and innovative ways to provide even more value to physicians across all modes of practice.

From north to south and east to west, CMA champions physician independence, self-governance, scope of practice and more. Whether you lead a private solo practice or are affiliated with a large physician-led organization, we fight for members at the local, state and federal level so you can provide quality care to patients.

CMA also helps members solve medical practice problems through direct payor intervention and access to the Center for Legal Affairs. Our Member Resource Center connected members to benefits, resources and support at a record rate in 2016. We also expanded educational offerings with new webinars and continuing medical education to connect physicians to the latest information and training.

The Los Angeles County Department of Public Health recognized value in CMA and the Los Angeles County Medical Association by enrolling nearly all of their physicians in 2016. Membership in CMA’s Organized Medical Staff Section increased in 2016 as we took a leadership role in litigation efforts supporting the legal rights of medical staffs. We also joined forces with the California Ambulatory Surgery Association to increase membership and strengthen our collective voice in advocacy. Partnerships will continue to be a priority with a focus on like-minded groups like the California Primary Care Association and schools of medicine throughout the state.

Working in lock step with members and county partner organizations, CMA will continue to protect and promote our members’ use of innovation and contributions to their patients and community. Follow #CMAdocs to learn more.

**10 YEARS OF CMA MEMBERSHIP GROWTH**

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>34,512</td>
</tr>
<tr>
<td>2008</td>
<td>33,801</td>
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<tr>
<td>2009</td>
<td>34,943</td>
</tr>
<tr>
<td>2010</td>
<td>35,266</td>
</tr>
<tr>
<td>2011</td>
<td>35,599</td>
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<td>2012</td>
<td>37,226</td>
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<tr>
<td>2013</td>
<td>39,478</td>
</tr>
<tr>
<td>2014</td>
<td>40,664</td>
</tr>
<tr>
<td>2015</td>
<td>41,425</td>
</tr>
<tr>
<td>2016</td>
<td>43,678</td>
</tr>
</tbody>
</table>
CMA has a long history of fighting for legislation and regulations that establish the right of self-governance for medical staffs. It’s also the only statewide advocacy group dedicated to protecting the professional interests of medical staffs to ensure quality care in California’s hospitals.

To that end, we filed an amicus brief and raised financial support for the medical staff at Tulare Regional Medical Center in its lawsuit against the hospital alleging violations of state laws when the hospital terminated the entire medical staff and its duly elected officers.

CMA was concerned that the hospital’s actions would have created a dangerous precedent if left to stand. Medical staff self-governance would become meaningless if a hospital can pick for itself a replacement medical staff and eschew the large body of laws and regulations that require a truly independent medical staff that is self-governing and democratic. The case is still pending.

Our legal team was also instrumental in securing a victory for physicians in the state’s highest court to hold California’s health plans liable when they negligently delegate payment responsibility to weak risk-bearing organizations (Centinela-Freeman Emergency Medical Services v. Health Net of California et al.). California’s high court unequivocally told health plans they cannot irresponsibly delegate risk and leave physicians unpaid for services provided in good faith to their enrollees.

And, once again, CMA protected patients from undertrained practitioners looking to offer treatment outside of their scope of practice. Nurse practitioners, optometrists, naturopathic doctors and certified nurse midwives - all had their scope expansion efforts decisively defeated.

Scope bills on nurse practitioners (SB 323 - Hernandez) and optometrists (SB 622 - Hernandez) were not brought up for a vote in the Legislature this year due to overwhelming pressure and negative perception of the proposals in the Capitol. Naturopathic doctors (SB 538 - Hueso) and certified nurse midwives (AB 1306 - Burke) were longer fights, with both lasting up until the final hours of the legislative session. Ultimately, however, both bills were defeated by wide margins.

CMA’s Center for Economic Services empowers physician practices to be more effective advocates by providing resources and guidance to improve practice success. In 2016, we recouped over $2 million from payors on behalf of members for claims that would have gone unpaid without CMA intervention. That brings the total to $14 million over the past eight years. We also helped physicians understand and prepare for the new requirements of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), while working to significantly reduce reporting burdens.

CMA HELPS YOU GET PAID

CMA’s reimbursement experts have recouped more than $14 million from payors on behalf of CMA physicians in the past eight years.
PROTECTING THE PRACTICE
OF MEDICINE

Alexis Lieser, M.D.
Emergency Physician
MEMBER SINCE 2008
EMPOWERING PHYSICIANS

CMA helps physicians not only survive, but thrive, in the rapidly changing health care landscape. CMA provides timely, essential education and resources to empower physicians, residents, and medical students to succeed at every stage of their medical careers. CMA empowers physicians to:

LEAD THE WAY
For 20 years, CMA has been sponsoring the West Coast’s premier health care conference, the Western Health Care Leadership Academy. It’s a must-attend event for physicians who want to stay on top of leading edge trends in the health care industry and prepare for changes that will affect your practice, your profession and your economic future.

LEARN FROM THE EXPERTS
CMA’s webinar series gives physicians and their staff the opportunity to watch live presentations on important health care topics from the comfort of their homes or offices. The webinars are free to members and provide the timely information needed to help run a successful medical practice.

CMA’s legal, health policy and reimbursement experts also travel around the state providing live educational opportunities for physicians. From hands-on seminars to medical staff presentations, CMA’s experts are available to provide critical information when and where it’s needed most.

GET PAID
Whether it’s identifying and fighting unfair payment practices, improving the efficiency of your practice or negotiating payor contracts, CMA has tools and resources to help. CMA also directly intervenes with payors to help members get paid, successfully recouping over $14 million from insurance companies on behalf of our physician members in the past eight years.

STAY IN THE KNOW
CMA produces a number of publications to keep members up-to-date on the latest health care news and information affecting the practice of medicine in California.

MAKE AN IMPACT
CMA prides itself on providing our members the opportunity to establish how medical care is provided in California. We do this by giving our members – from physicians to residents to medical students – direct access to our state’s and nation’s political leaders. Through aggressive legislative and regulatory advocacy, CMA has positioned itself as one of the most vocal stakeholders in the development and implementation of health policy.

“I value membership in CMA due to its direct benefit to my ability to care for my patients. CMA is a vehicle to affect beneficial change for our patients.”

Christina Maser, M.D.
Surgeon
MEMBER SINCE 2008
LEGISLATIVE VICTORIES

The delivery of health care, and its costs, continues to be at the forefront of California politics – and “transition” was the driving factor in 2016.

Dramatic changes, such as the implementation of the Affordable Care Act (ACA), escalating health care premiums, consolidation of health plans, rising drug costs and the implementation of MACRA, created further uncertainty in the marketplace, which caused a relatively new state Legislature to question nearly every aspect of health care delivery in California.

The continuation of the Legislature’s special session on health care provided CMA and the Save Lives Coalition the opportunity to beat Big Tobacco by passing the most expansive package of tobacco reform legislation in the history of the Golden State. Together, we closed loopholes in workplace and school campus smoking laws, brought e-cigarettes under the umbrella of tobacco products, increased licensing fees, and raised the legal purchasing age to 21.

Partnering with Senator Richard Pan, M.D., CMA sponsored SB 563 to ensure the workers’ compensation utilization review program was not providing incentives for denying medically appropriate care. This effort, combined with our continual effort to push for improvements to the system, resulted in our sponsored bill being incorporated into a larger workers’ compensation reform bill, which decreased the usage of prospective utilization review – solidifying the physician’s place in that discussion.

Working closely with our colleagues at the California Academy of Family Physicians, the California Primary Care Association and others, we secured a much-needed investment in our state’s primary care workforce: a $100 million appropriation in the 2016-17 state budget. This appropriation will provide $33 million each year for three years to increase funding for the Song-Brown Program, a competitive grant program that supports primary care residency programs in medically underserved areas. We believe this augmentation represents one of the biggest investments in the primary care physician workforce the state has ever undertaken.

CMA’s advocacy doesn’t stop at passing new legislation or ballot propositions – we work to ensure effective implementation so you’re protected and compliant.

“CMA is the most effective voice in California advocating for access to high-quality health care for all people in our community.”

Aaron Spitz, M.D.
Urologist
MEMBER SINCE 2007
GOVERNANCE REFORM

From diversity in membership to providing leadership opportunities, CMA is proud to be a democratic organization with policy shaped by the myriad perspectives from California’s physicians.

In October 2013, the CMA House of Delegates (HOD) approved an expansive restructuring of our governance system that included refocusing HOD’s role, delegating much of the policy-making responsibilities to the Board of Trustees (outside of key subjects determined to be major issues) and revamping CMA’s council and committee structure to equip these bodies for a greater policy-making role.

2016 marked the first year into the implementation of a year-round resolution process. CMA developed a quarterly process to consider and debate new policy recommendations, which included timelines for submission, testimony, council deliberations, comment on the reports of the councils and decision by the Board.

We expanded the nominations process to promote more leadership opportunities for members and strengthened the council/subcommittee structure to better focus on developing expertise. CMA also launched engagement strategies and educational materials to ensure members understood the new process and how to get involved.

As we transition into a modernized governance system, CMA is committed to making sure that the new governance structure is functional, valuable and provides for robust physician engagement. We’ll continue to improve processes and develop resources, based on member feedback.

“Membership in CMA allows me to make a long lasting difference in the lives of my patients and protect and enhance the practice of medicine in California.”

Bradford Anderson, M.D.
Physical Medicine/Rehabilitation
MEMBER SINCE 1990
“In all my life, I’ve never known a more devoted and passionate group of people than those who belong to our growing association. The ability of CMA physicians to come together for their colleagues and patients is nothing short of admirable, and that altruistic spirit will doubtlessly be relied on in these pivotal months ahead.”

– Dustin Corcoran

SENATOR RICHARD PAN, M.D., TESTIFYING BEFORE CMA’S HOUSE OF DELEGATES
## REVENUES

<table>
<thead>
<tr>
<th>Source</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues (net)</td>
<td>$12,250</td>
<td>$11,691</td>
</tr>
<tr>
<td>Royalties</td>
<td>398</td>
<td>355</td>
</tr>
<tr>
<td>Grants</td>
<td>372</td>
<td>0</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>579</td>
<td>604</td>
</tr>
<tr>
<td>ADF Endowment Fund</td>
<td>887</td>
<td>886</td>
</tr>
<tr>
<td>Advertising (website, CMA Alert, ad sales)</td>
<td>79</td>
<td>63</td>
</tr>
<tr>
<td>CMA Properties, Inc.</td>
<td>470</td>
<td>1,109</td>
</tr>
<tr>
<td>Rental and admin. income</td>
<td>362</td>
<td>338</td>
</tr>
<tr>
<td>Other business activities</td>
<td>691</td>
<td>927</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$16,088</strong></td>
<td><strong>$15,973</strong></td>
</tr>
</tbody>
</table>

## EXPENSES

### MEMBER SERVICES:

<table>
<thead>
<tr>
<th>Department</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership, marketing and communications</td>
<td>1,401</td>
<td>1,345</td>
</tr>
<tr>
<td>Government Relations</td>
<td>2,234</td>
<td>2,232</td>
</tr>
<tr>
<td>Legal affairs</td>
<td>1,679</td>
<td>1,495</td>
</tr>
<tr>
<td>Economic services</td>
<td>697</td>
<td>726</td>
</tr>
<tr>
<td>Policy and analysis</td>
<td>563</td>
<td>567</td>
</tr>
<tr>
<td>Component medical society services</td>
<td>610</td>
<td>1,104</td>
</tr>
<tr>
<td><strong>TOTAL MEMBER SERVICES</strong></td>
<td><strong>7,184</strong></td>
<td><strong>7,469</strong></td>
</tr>
</tbody>
</table>

### SUPPORTING SERVICES:

<table>
<thead>
<tr>
<th>Department</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational support</td>
<td>2,433</td>
<td>3,511</td>
</tr>
<tr>
<td>Physician governance</td>
<td>2,981</td>
<td>2,963</td>
</tr>
<tr>
<td>Executive management</td>
<td>1,404</td>
<td>1,443</td>
</tr>
<tr>
<td>Finance and administration</td>
<td>1,263</td>
<td>1,133</td>
</tr>
<tr>
<td><strong>TOTAL SUPPORTING SERVICES</strong></td>
<td><strong>8,081</strong></td>
<td><strong>9,050</strong></td>
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**TOTAL EXPENSES** $15,265  $16,519

## INCOME (LOSS) FROM OPERATIONS

<table>
<thead>
<tr>
<th>Source</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMA Properties, Inc. (non-operating revenue)</td>
<td>201</td>
<td>475</td>
</tr>
<tr>
<td>ADF Endowment</td>
<td>(110)</td>
<td>397</td>
</tr>
<tr>
<td>Unrealized gain(loss) on all investments</td>
<td>1,273</td>
<td>(3,161)</td>
</tr>
<tr>
<td>Proposition 46 (MICRA) Debt Relief</td>
<td>0</td>
<td>(4,171)</td>
</tr>
<tr>
<td>Proposition 56 (Tobacco) Debt Relief</td>
<td>0</td>
<td>(1,000)</td>
</tr>
<tr>
<td>CMA Holdings gain(loss)</td>
<td>(136)</td>
<td>0</td>
</tr>
<tr>
<td>Other funds - Income (loss)</td>
<td>204</td>
<td>5,146</td>
</tr>
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**CHANGE IN NET ASSETS** $2,255  $(2,860)

Above and on the following pages are the 2016 unaudited financial statements for California Medical Association (CMA) and California Medical Association Properties, Inc. These financial statements were prepared in advance of the annual California Medical Association consolidated audit. The statements included are the Statement of Financial Position, the Statement of Activities and the Statement of Cash Flows. These financial statements have been compiled by CMA staff and reviewed by the Chief Operating Officer. They are certified to be an accurate depiction of CMA’s financial stance and activities for 2016.

Audited financial statements are available upon written request. Upon such request, the most current available audit report will be provided.
## CALIFORNIA MEDICAL ASSOCIATION AND CMA PROPERTIES, INC.
### CONSOLIDATED STATEMENT OF FINANCIAL POSITION (UNAUDITED)
### DECEMBER 31, 2016 AND 2015 (000’s OMITTED)

### ASSETS
#### CURRENT ASSETS
- Cash and cash equivalents: $2,405, $3,862
- Accounts receivable: 315, 497
- Prepaid expenses: 192, 251
- Inventory: 37, 26

**TOTAL CURRENT ASSETS**: 2,949, 4,636

#### INVESTMENTS
- Marketable securities: 23,713, 23,755
- CA Health Property Associates, Inc.: 1,410, 1,410
- PSO Services: 198, 0

**TOTAL INVESTMENTS**: 25,321, 25,165

#### OTHER ASSETS
- Interest rate swap derivative: 907, 937
- Deferred compensation plan assets: 1,397, 0

**TOTAL OTHER ASSETS**: 2,304, 937

#### PROPERTY AND EQUIPMENT, NET
- Land and buildings: 8,813, 8,802
- Leasehold improvements: 114, 305
- Furniture and equipment: 4,485, 4,340
- Less: Accumulated depreciation: (6,459), (6,003)

**TOTAL PROPERTY AND EQUIPMENT, NET**: 6,953, 7,444

**TOTAL ASSETS**: $37,527, $38,182

### LIABILITIES
#### CURRENT LIABILITIES
- Accounts payable: 487, 862
- Accrued expenses: 999, 1,161
- Deferred income: 8,258, 5,224
- Current portion of loan payable/margin loan: 2,978, 9,641

**TOTAL CURRENT LIABILITIES**: 12,722, 16,888

#### LONG TERM LIABILITIES
- Notes payable: 4,293, 4,437
- Deferred compensation plan liability: 1,397, 0

**TOTAL LONG TERM LIABILITIES**: 5,690, 4,437

### NET ASSETS
- Unrestricted: 18,996, 16,878
- Temporarily restricted: 9, (124)
- Permanently restricted: 110, 103

**TOTAL NET ASSETS**: 19,115, 16,857

**TOTAL LIABILITIES AND NET ASSETS**: $37,527, $38,182
CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$2,255</td>
<td>$(2,860)</td>
</tr>
</tbody>
</table>

ADJUSTMENTS TO RECONCILE CHANGES IN NET ASSETS TO CASH

by operating activities:
- Depreciation expense  
- Realized and unrealized (gain) / loss on investments  
- Swap liability adjustment  
- Derivative hedge valuation  

Changes in operating assets and liabilities:
- Accounts receivable  
- Dues receivable  
- Inventory  
- Prepaid expenses  
- Accounts payable  
- Accrued vacation  
- Pension accrual - former employees  
- Pension accrual - 401k  
- Accrued expenses - other  
- Deferred income - dues  
- Deferred income - other  

Net cash provided by (used in) operating activities  

CASH FLOWS FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Purchase of property and equipment</td>
<td>(157)</td>
<td>(426)</td>
</tr>
<tr>
<td>Proceeds on sales of investments</td>
<td>3,015</td>
<td>16,383</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(1,249)</td>
<td>(16,631)</td>
</tr>
</tbody>
</table>

Net cash provided by (used in) investing activities  

CASH FLOWS FROM FINANCING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuance of note receivable</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Principal payments on loan payable and margin account</td>
<td>(9,957)</td>
<td>(1,586)</td>
</tr>
<tr>
<td>Proceeds from margin account</td>
<td>3,150</td>
<td>4,320</td>
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</table>

Net cash provided by (used in) financing activities  

CHANGE IN CASH AND CASH EQUIVALENTS  

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in cash and cash equivalents</td>
<td>(1,457)</td>
<td>548</td>
</tr>
</tbody>
</table>

CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR  

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents, beginning of year</td>
<td>3,862</td>
<td>3,314</td>
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</tbody>
</table>

CASH AND CASH EQUIVALENTS, END OF YEAR  

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents, end of year</td>
<td>$2,405</td>
<td>$3,862</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL CASH FLOW INFORMATION

As of December 31, 2016 total cash paid for interest was $271.  
As of December 31, 2016 $0 has been paid towards taxes.
CALIFORNIA MEDICAL ASSOCIATION:
BOARD OF TRUSTEES

The CMA Board of Trustees is a democratically elected group, representing all geographic areas and modes of practice. They are your voice at the state level and ensure the opinions of California’s diverse physicians are represented in CMA’s governance and policy-making processes.

The board includes CMA’s seven elected officers, elected trustees from CMA’s 11 districts, as well as elected representatives from the Council on Scientific Affairs, Specialty Delegation, Medical Student Section, Resident and Fellow Section, Young Physician Section, Organized Medical Staff Section, Ethnic Medical Organization Section and Mode of Practice Forums.
CMA serves our members through a comprehensive program of legislative, legal, regulatory, economic and social advocacy. We understand that in today’s economic and political climate, physicians are assailed from many directions. Our goal is to strengthen the profession so members can continue to care for their patients and communities.