



California Society of
ANESTHESIOLOGISTS
Physicians for Vital Times

Phone (916) 290 5830

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Address One Capitol Mall, Suite 800
Sacramento, CA 95814

CSA House of Delegates Meeting

June 3-4, 2023

Renaissance Newport Beach Hotel
4500 MacArthur Blvd,
Newport Beach, CA 92660

HOD PACKET



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May 26, 2023

Dear CSA House of Delegates-

This packet contains the 2023 House of Delegates materials for the upcoming leadership and governance meetings at the Renaissance Newport Beach Hotel in Newport Beach, California June 3-4, 2023.

We are grateful that you plan to take time to participate in the 2023 House of Delegates governance meeting. We look forward to the opportunity to connect and hear from you as we review CSA's organizational status, discuss our victories and our challenges, and develop shared plans for the future.

Saturday morning will open with this year's CSA Leadership Program participant's presentations highlighting business and leadership techniques they have learned in this unique partnership program with UC Irvine School of Business. This will be followed by an important legislative affairs advocacy update and status of Truth in Advertising efforts.

The 2nd Annual CSA Foundation Luncheon will follow. Join us for a chance to support and learn more about the efforts of the CSA Foundation from our Project Lead the Way Partnerships around the state, to our History Essay Competition. This is a ticketed event, tickets will be available until Tuesday, May 30th and a few tickets will be available on site, please contact [Megan MacNee](#) for more information.

Starting at 1pm we will hold a full delegation briefing to cover important items for discussion and to be voted on at the House session on Sunday. The all-house briefing is critical for all to attend to learn more about items from this packet that will require your input as well as hear from candidates for a contested election. The full delegation briefing will be followed by caucus meetings. Caucuses are the two subgroups of Districts and Forums with their respective directors and delegates. You will have the opportunity to have question and answer sessions with candidates, resolution authors, and officers as well as discuss shared concerns and new priorities in these smaller groups.

The Reference Committee will follow and is the working session of the House of Delegates to hear testimony for and against items on the agenda, including but not limited to, resolutions, bylaws and candidates for officer positions. All CSA members can provide testimony in this setting before a Reference Committee of leaders who will hear all testimony and meet in closed session to discuss and present the House with recommendations for approval based on full delegation and CSA membership's testimony.

We have attempted to extract all relevant Board and Committee actions to appear on the Reference Committee Hearing Agenda. If you wish to discuss any report with action from the packet it can be extracted to be discussed at the hearing. The remaining reports are informational and provide important background information about the Society.

We hope you will join us Saturday evening, when we will be hosting a Delegation Reception in the Orchid Terrace and Dinner in the Bamboo Garden at the hotel.

On Sunday morning, before the House itself begins, don't miss the chance to hear CSA Communications Updates and have a Professional Communications Training with our partner members from KP Public Affairs.

The House of Delegates sets the agenda and priorities for many of the activities of the upcoming year for CSA and your familiarity and understanding of the issues in this packet will enable you to make well-informed decisions. As daunting as it may appear, the HOD packet provides you with information on the multitude of CSA activities, the status of the organization itself, and will prepare you to actively engage in Caucus Meetings, the Reference Committee, and the House of Delegates.

Thank you again for investing your time this weekend and in the months to come to represent CSA and our members.

Sincerely,

Christina Menor MD, FASA, Speaker
Robin Seaberg MD, FASA, Vice Speaker

Ronald Pearl MD, PhD, FASA, Immediate Past President
Ed Mariano MD, MAS, FASA, President
Antonio Hernandez Conte MD, MBA, FASA, President Elect



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California Society of Anesthesiologists 2023 House of Delegates Meeting

June 3-4, 2023
Renaissance Newport Beach Hotel

Meeting Schedule

Saturday June 3, 2023

9:45 am – 5:30 pm	Registration Open Bay Laurel Ballroom
10:00 am – 12:00 pm	Educational Session 1: <i>CSA Leadership Program Presentations</i> <i>LPAD Update</i> Bay Laurel Ballroom
12:00 pm – 1:00 pm	Foundation Fundraiser Luncheon <i>Ticketed Event</i> Bamboo Garden
1:00 pm – 1:45 pm	Full Delegation Briefing Bay Laurel Ballroom
1:45 pm– 2:00 pm	Break
2:00 pm – 3:30 pm	Caucus Meetings: <i>Geographic District Directors/Delegates – Citrus Room</i> <i>Practice Forum Directors/Delegates – Sequoia Room</i>
3:30 pm – 5:30 pm	CSA Reference Committee Hearing Bay Laurel Ballroom
5:30 pm– 6:30 pm	CSA Reference Committee Meeting <i>(Executive Session – committee members only)</i> Catalina
5:30 pm - 6:30 pm	House of Delegates Cocktail Reception Orchid Terrace
6:30 pm	House of Delegates Dinner Bamboo Garden

Sunday, June 4, 2023

8:30 am – 10:00 am	Registration Opens & HOD Credentialing Begins <i>Bay Laurel Ballroom</i>
8:30 am – 9:30 am	Breakfast Available – Bamboo Garden <i>Bamboo Garden</i>
9:00 am – 10:00 am	Educational Session 2: <i>Professional Communications Training & CSA Communications Update</i> <i>Bay Laurel Ballroom</i>
10:00 am – 10:15 am	Break / HOD Credentialing Completed
10:15 am	Chair calls the HOD to order
12:15 pm (approx.)	HOD Adjourns
12:30 pm – 2:30 pm (or 30 mins after HOD)	Board of Directors Meeting <i>Bay Laurel North</i>

Calendar of Upcoming CSA Meetings

2023-2024

CSA Continuing Medical Education

July 17-21, 2023
Summer Hawaii Seminar
Four Seasons
Ko'Olina, Oahu

April 4 – 7, 2023
CSA Annual Meeting
The Disneyland Hotel
Anaheim, CA

November 6-10, 2023
Fall Hawaii Seminar
Grand Hyatt Kauai Resort & Spa
Koloa, HI

July 15-19, 2024
Summer Hawaii Seminar
Four Seasons
Ko'Olina, Oahu

January 29 – February 4, 2023
Winter Hawaii Seminar
The Grand Wailea
Maui, HI

CSA Board of Directors and House of Delegates Meetings

June 3-4, 2023
House of Delegates Meeting
Renaissance Newport Beach Hotel
Newport Beach, CA

January 13 & 14, 2024
Board of Directors Planning Session
The Westin Sacramento
Sacramento, CA

September 9, 2023
Fall Board of Directors Meeting
Virtual Meeting

April 4 – 7, 2024
Board & Committee at Annual Meeting
The Disneyland Hotel
Anaheim, CA

November 18, 2023
Interim House of Delegates
Virtual Meeting

Anesthesiology 2023 & 2024

October 13-17, 2023
ASA 2023 Anesthesiology Meeting
San Francisco, CA

October 25-29, 2024
ASA 2024 Anesthesiology Meeting
Philadelphia, PA

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**California Society of Anesthesiologists
Reference Committee Hearing Agenda
June 3, 2023
3:30 pm to 5:30 pm**

Members of the Reference Committee: Alyssa Brzenski MD, Chair

Rita Agarwal MD FASA FAAP, Folu Ani MD MBA, Odi Ehie MD and Genevieve D'Souza MD FASA

I. Expenditures

1. \$5000 non-budgeted spend on logo redesign
2. \$3000 non-budgeted spend on AV equipment to save on hotel rental equipment
3. Losses of \$139,270 on the overall operations which include the rising cost of conducting governance meetings and professional management fees.
4. Net loss of \$242k in 2022

II. Administrative Issues

The Board approved the following actions:

- A. CSA formal supporting society for National Latino/Latina Physician Day.
- B. Letter of Support by CSA for Dr. Mary Dale Peterson for the ASA DSA.
- C. Accept CoLDaN report for 2023 HOD with amendment of report to add Dr. Moore as second candidate for Alternate Director to the ASA.
- D. Special Task Forces by Dr. Hernandez Conte
 - a. Reassess governance changes approved June 2018 with formation of Districts and Forums in response to market research study of CSA member goals and values. Goal to have amended proposal for approval at November 2023 Virtual HOD.
 - b. Evaluation of CSA Programs: Early Career Membership category, Leadership Program with UCI, digital ad campaign.

III. Practice Issues

- A. 2023-2024 Strategic Objectives
 - a. Strategy and need to not only provide but capture value.
 - b. Target large practice groups for membership.
 - c. Digital Ad Campaign-approved previously by the HOD; Alison MacLeod of KP Public Affairs continues to head this effort with goals to increase education of policy makers and others in public arena of importance of physician led care and training.
 - d. Early career membership rollout and development of added membership value including but not limited to oral board prep.
 - e. Consideration of further investment into development of value-added programs for members with reserves.
 - f. Mentorship task force efforts with pilot program development.

- g. Educational offerings to continue current Hawaii and annual conference with new destination at Disneyland Resort; consider more webinars, on demand content.

IV. Informational Items

1. CSA was recognized for Component Recognition Award for CSA Leadership Development Program at the August 2022 ASA BOD.
2. First Annual President Impact Awards given at 2023 Annual Conference in San Diego by Dr. Mariano.
3. EPD to form sub-committee to identify and build relationships with industry sponsors.
4. Resident advocacy workshop new format 2023: one day briefing and second day for CSA & CMA lobby day.
5. Inaugural CSA resident legislative fellowship completion by Dr. Smith
6. Re-accreditation for CSA as CME provider by ACCME underway
7. 75th Anniversary Activities: all member reception at ASA on October 14, 2023, CSA Leader Interviews, Anniversary video, History committee content development, new website rollout.
8. Podcast Vital Times hit milestone of over 1000 downloads
9. Workman's comp resolution from 2022 HOD in Practice Management for further research and action; discussed at April 2023 meeting.

V. Proposed Bylaws Changes

Report 502-4

Chapter 11.035 Committee on Leadership Development and Nominations (CoLDaN)

Replace the current **Composition** paragraph with the following (Proposed additions are italicized and bolded):

Composition: The Committee will be composed of seven ***voting*** members. The CSA ***Past President*** shall serve as Chair, ***The Immediate Past President shall serve a one-year term as a non-voting member (before becoming chair the following year)***. The remaining six members will be appointed to staggered terms. Each year two new members will be appointed to terms of three years: one will be a member of the Board of Directors and the other will be a CSA member of five years who is not serving on the Board. A committee member may only serve two consecutive full or partial term.

For reference, the existing paragraph is displayed below.

Composition: The Committee will be composed of seven members. The CSA Immediate Past President shall serve as Chair. The remaining six members will be appointed to staggered terms. Each year two new members will be appointed to terms of three years; one will be a member of the Board of Directors and the other will be a

CSA member of five years who is not serving on the Board. A committee member may only serve two consecutive full or partial terms.

FOR ACTION 709-4

The members of the Task Force therefore formally ask the HOD that the Task Force on Wellness transition to a standing CSA committee as the **Well-being, Work Culture Improvement, and Structural Enhancement - WWISE Committee**

Mission Statement:

Committed to educate, support and empower CSA members to improve, protect and maintain their well-being through development of individual and organizational initiatives to help members thrive clinically, personally and professionally.

Composition:

A chair appointed by the President, a CSA Staff Liaison, minimum of six additional members, appointed by the President, one of whom shall be a member of the Board of Directors.

Duties:

1. To implement well-being initiatives within the CSA across all domains of well-being
2. To provide members with resources on implementing well-being change efforts and also on protecting and identifying one's own needs to better care for patients.
 - a. Specific resource categories will include but not be limited to:
 - i. Strategies to combat burnout for a workforce.
 - ii. Resources for family and personal long-term care planning
 - iii. Diversion and career re-alignment
 - iv. Destigmatization and enhanced availability of mental health care
 - v. Formal resources to develop workplace conflict management and related leadership skills.
 - vi. Resources on how to operationalize peer support after adverse events (e.g. second victim efforts).
3. Collaborate with other standing committees to provide mentoring, sponsorship, coaching opportunities and education.
4. To highlight CSA member well-being activities at the state and national level
5. To provide audio, written and visual resources for CSA members and education through these vehicles.

VI. Resolutions

Resolution 1

Title: Resolution on Gun Safety

Author(s): Rita Agarwal MD FASA FAAP, Christine Jette MD FASA, Mark Singleton MD FASA

1 **WHEREAS** firearm related deaths and mass shootings are a public health epidemic and
2 are increasing annually¹, causing the preventable deaths of thousands of Californians
3 each year.

4
5 **WHEREAS** the effects of firearm violence reach anesthesiologists who care for patients
6 in the OR, ICU and pain management settings.

7
8 **WHEREAS** firearm violence can have a profound impact on anesthesiologists both from
9 the psychological impact that comes from caring for victims, and from the threat of
10 workplace violence.

11
12 **WHEREAS** firearm violence is the number one cause of death in children aged 1-19 in
13 the United States since 2020^{2,3,4} with a disproportionate effect on people of color⁵

14
15 **WHEREAS** the California Society of Anesthesiologists is committed to the best possible
16 health outcomes for our patients, and advocacy for improving all aspects of public
17 health.

18
19 **WHEREAS** improved firearm safety laws have been associated with reduced gun
20 related mortality¹; therefore, be it.

21
22 **RESOLVED**, that the CSA supports efforts by the Governor and
23 State Legislature to improve firearm safety in California⁶.

24
25 **RESOLVED**, that the CSA form a task force to examine steps that the CSA can take as
26 an organization to help reduce firearm related injuries and death in California.

27
28 **RESOLVED**, that the CSA engage with the California Medical Association and other
29 organizations to examine the role of California physicians in eliminating the public health
30 epidemic of firearm violence.

31
32 **RESOLVED**, that the CSA acknowledge National Gun Violence Awareness Day on the
33 first Friday of June with appropriate communications.

34
35 **Resolution 2**

36
37 **Title: Resolution to prepare our members for a diverse patient**
38 **populations**

39
40 **Author(s): Felipe Perez MD FAAP, Cesar Padilla MD, Odi Ehie MD,**
41 **Antonio Hernandez Conte MD, FASA**

42
43 **WHEREAS** the California Society of Anesthesiologists (CSA) recognizes the need to
44 provide our anesthesiologists with education to care for a diverse patient population; and
45

1 **WHEREAS**, the demographic of California consists of 39% Latino, 35% white, 15%
2 Asian American or Pacific Islander, 5% Black, 4% multiracial, and fewer than 1% are
3 Native American or Alaska Natives, according to the 2020 Census:¹ and
4

5 **WHEREAS** more than half of young Californians (ages 24 and under) are Latino and
6 California will continue to become a diverse population²; and
7

8 **WHEREAS** the California Society of Anesthesiologists (CSA) provides continuing
9 medical education and educational programming to advance our anesthesiology
10 specialty, therefore, be it
11

12 **RESOLVED**, The Chair of the Educational Programs Division (EPD) and the Committee
13 will ensure that the CME programming offered by the California Society of
14 Anesthesiologists will have a minimum of one lecture on a topic that advances the
15 knowledge of our members to provide care for a diversifying population, including topics
16 related to healthcare disparities as it pertains to the practice of anesthesiology and
17 anesthesiology subspecialties. Lecture(s) may be delivered in live / in-person or virtual
18 formats.
19

20 **RESOLVED**, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the
21 Committee shall provide the EPD committee with a list of potential speakers that would
22 advance the knowledge of our members to provide care for a diversifying population.
23

24 **RESOLVED**, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the
25 Committee shall create at every annual meeting a calendar of dates throughout the year
26 that the California Society of Anesthesiologists (CSA) will create content to educate its
27 members to help them connect with their patients.
28

29 **RESOLVED**, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the
30 Committee shall work with the media campaign arm of CSA to spotlight health disparities
31 that we as anesthesiologists should be aware of to improve patient outcomes.
32
33

34 **Resolution 3**

35
36 **Title: Resolution for a Sustainable Anesthesia Policy**
37 **Statement**

38
39 **Author(s): Task Force on Environmental Sustainability**
40

41 **WHEREAS** approximately 6 million tons of medical waste is generated by hospitals
42 annually in the United States, and the average U.S. operating room (OR) produces, on
43 average, approximately 30% of a hospital's total waste¹.

¹ <https://www.ppic.org/publication/californias-population/>

² <https://www.ppic.org/publication/californias-population/>

1 **WHEREAS** volatile anesthetics have been identified as potent greenhouse gases
2 contributing to global warming²; and
3

4 **WHEREAS** sustainable methods of anesthesia are capable of lowering the
5 environmental impact of volatile anesthetics and OR-generated medical waste without
6 sacrificing patient care or safety and should now be regarded as standard of care in
7 California; therefore be it
8

9 **RESOLVED** that the California Society of Anesthesiologists (CSA) hereby authorizes the
10 adoption of a Sustainable Anesthesia Policy Statement that outlines clinical strategies as
11 well as specific methods and parameters of sustainable anesthesia for its members, in
12 order to reduce their environmental footprint, as set forth in the attached document
13 regarding Nitrous Oxide Emissions Reduction; and
14

15 **RESOLVED** that the CSA Task Force on Environmental Sustainability draft additional
16 documents referencing OR Medical Waste Reduction and Hazardous Drug Waste
17 Reduction to be included as subsections of the Sustainable Anesthesia Policy
18 Statement.
19

20 **Nitrous Oxide Reduction Policy**

21

22 In their 2022 policy statement on reducing health-care carbon emissions, the US Agency
23 for Healthcare Research and Quality identifies the reduction of inhaled anesthetic gases
24 as a central goal ¹.
25

26 Operating-room nitrous oxide (N₂O) is a significant contributor to US-hospital Scope 1
27 (direct)-greenhouse gas emissions. Additionally, the production and distribution of N₂O is
28 an energy-intensive and inherently polluting process² and therefore also contributes to
29 hospitals' indirect (Scope 3) emissions. National and global experience has shown that
30 occult leaks from centralized cryogenic-tank or compressed-gas manifold systems make
31 up the majority of nitrous oxide emissions; these investigations have concluded that as
32 much as 95% of procured N₂O may never reach the patient due to leaks. ^{3, 4, 5}
33

34 Based on this information,
35

- 36 1. This Task Force recommends that hospital-based anesthesia departments
37 decommission their central supply of nitrous oxide and replace it with E-cylinders
38 at the point of care (i.e., directly connected to the back of the anesthesia machine
39 using the pin-index system).
 - 40 2. The Task Force also recommends that no new nitrous oxide pipeline
41 infrastructure be built into new or remodeled hospital operating rooms.
42
- 43

44 **Institutional Steps:**

45

46 Nitrous oxide pipeline decommissioning requires the engagement of an interdisciplinary
47 team consisting of (for example) an anesthesia team leader, anesthesia technicians, a

1 ventilator representative, a hospital facilities director, a facilities engineer and/or
2 architect, and a medical gas supply-chain or procurement representative. If resources
3 are available, the team can consider analyzing the recorded use of N₂O at the point of
4 care using the hospital's EMR or AIMS. By comparing recorded use to the amount of
5 purchased N₂O, the hospital can estimate the amount of gas wastage and can also
6 estimate the quantity of E-cylinders needed to maintain an uninterrupted supply. All
7 anesthesia department members should be made aware that wastage of N₂O from E-
8 cylinders can still occur if they are opened more than ¼ revolution and left open after
9 use, or if the O-rings are worn. A robust system ensuring that all-E-cylinders are closed
10 at the end of the day should be implemented with full engagement of anesthesia-
11 technician and clinical staff. Periodic departmental educational initiatives and tank
12 inspections are recommended.

13
14 N₂O cylinders should not be sent back to the manufacturer unless completely empty, as
15 any remaining N₂O will have to be vented prior to refill, which would needlessly add to
16 wastage and emissions burden.

17
18 This Task Force agrees with the excellent analysis from the American Society of
19 Anesthesiologists' Guideline on greening the OR⁶ regarding fresh-gas-flow reduction and
20 the use of alternative (non-inhaled) adjunctive agents. Apart from limiting the use of
21 potent volatile agents, reducing fresh gas flows during the maintenance phase of
22 anesthesia will simultaneously reduce the amount of nitrous oxide used per patient.

23
24 Based on multi-institutional clinical experience, the Task Force recommends that
25 anesthesia providers consider using volatile anesthetic agent (Sevoflurane) alone,
26 without nitrous oxide, for inhaled induction of anesthesia in pediatric patients. The Task
27 Force also recommends that anesthesia providers consider substitution of nitrous oxide
28 with an equally effective alternative agent, such as propofol, as part of a balanced
29 anesthetic in addition to volatile agent, after delivery during Caesarean section under
30 general anesthesia.

31
32 The Task Force does not currently recommend the elimination of portable N₂O/oxygen
33 delivery systems (Nitronox, Entonox) from labor and delivery units for labor analgesia.
34 However, anesthesia and L&D staff may consider discussing the environmental impact
35 of N₂O with the parturient as part of an informed consent discussion prior to
36 commencement of this modality of labor analgesia.

37 38 39 **Conclusion**

40
41 The CSA Green Task Force concurs with the recommendations outlined in the American
42 Society of Anesthesiologists' Guideline on greening the OR, specifically regarding
43 reducing the environmental impact of waste anesthesia gases. Eliminating nitrous oxide
44 use and leakage aligns with environmentally conscious practices.

1 The 2022-23 California Society of Anesthesiologists governance year began with the first in-
2 person House of Delegates (HOD) session since 2019. Over the course of the HOD weekend
3 held at the Renaissance Newport Beach Hotel, we held a fundraising luncheon for the CSA
4 Foundation, listened to project presentations from the first cohort of our CSA-UC Irvine
5 Leadership Program launched by Drs. Phillip Richardson and Ron Pearl, were treated to a
6 special guest lecture by Sasha Strauss on how to communicate as leaders and demonstrate
7 value, and I provided an educational session on using social media for advocacy. We hosted
8 Dr. Robert Wailes, President of CMA, for an update on the Medical Injury Compensation Reform
9 Act (MICRA). Last year, we had anticipated a fight to defend MICRA against a ballot measure
10 proposal funded primarily by trial attorney Nick Rowley. However, prior to our HOD session,
11 CMA announced that an agreement had been reached between all parties and with support of
12 Governor Newsom. AB 35 (MICRA Modernization), sponsored by Assembly Majority Leader
13 Eloise Gómez Reyes, (D-Colton) and Senator Tom Umberg, (D-Santa Ana) and co-authored by
14 38 legislators, was signed into law on May 23, 2022. Dr. Wailes answered questions from
15 delegates about the negotiated deal and upcoming changes to MICRA starting in 2023. For
16 more information, see Dr. Wailes' [summary](#).

17
18 During the HOD session, I outlined our leadership priorities for this year: expanding public-
19 facing and internal member communications; continuing leadership development; planning the
20 CSA's 75th anniversary (diamond jubilee); and promoting wellbeing and professional fulfillment
21 within the CSA membership. I discussed the challenges facing anesthesiology and the
22 importance of growing CSA membership. I summarized the value proposition as "Community,
23 Solidarity, and Advocacy" which also happen to have the acronym CSA. The HOD passed the
24 creation of the Early Career Membership category with incentives to grow CSA membership and
25 recruit future leaders. The task force for California Women Anesthesiologists became a
26 standing committee with HOD-approved bylaws changes, and the HOD passed resolutions to
27 explore issues of anesthesiology payment, practice models, and environmental sustainability.

28
29 We followed HOD with our first Board of Directors (BOD) meeting of the governance year. We
30 welcomed new Directors, appointed the CSA delegates and alternate delegates to the ASA
31 HOD and CMA, and approved committee appointments for this governance year including an
32 expanded Committee on Professional and Public Communication (CPPC). This new [CPPC](#)
33 chaired by Dr. Emily Methangkool and staffed by Kate Peyser, and in partnership with Alison
34 MacLeod and Lisa Yarbrough at KP Public Affairs, will be interfacing will all major committees,
35 divisions, and task forces as well as the CSA Foundation to actively promote the great work by
36 CSA members and advance the recognition, social standing, and influence of anesthesiologists.

37
38 Over the summer, I had the privilege of participating in the American Medical Association (AMA)
39 annual meeting as an ASA delegate to the AMA HOD. In this role, I was able to cast my vote
40 for Dr. Jesse Ehrenfeld and witness the first anesthesiologist to become President-Elect of the
41 AMA. I was also impressed with the number of anesthesiologist delegates present,
42 representing other specialty societies and state medical associations, and the collaboration
43 fostered by ASA that led to strong anesthesiologist presence in every reference committee and
44 meeting room. I also welcomed attendees to my first CSA educational event as President: the
45 2022 CSA Summer Anesthesia Conference. This meeting was chaired by Dr. Brendan
46 Carvalho and held at the Four Seasons Resort Oahu at Ko Olina. The educational sessions
47 covered a wide range of topics and featured an expert panel of dynamic speakers: Drs. Dalia
48 Banks, Sapna Kudchadkar, Alana Flexman, BobbieJean Sweitzer, Romy Yun, and Elizabeth
49 Ozery. All week, attendees and speakers engaged in conversations related to the practice of
50 anesthesiology, caught up with old friends, and made new connections within the meeting room

1 and around the resort. It was an amazing week of learning and family time and reinforced the
2 value of CSA and its educational events in fostering community.

3
4 Before leaving Hawaii, I participated in a face-to-face meeting of the Hawaii Safer Care
5 initiative, part of the Improving Surgical Care and Recovery collaborative supported by the
6 Agency for Healthcare Quality and Research, and led by Dr. Della Lin, Senior Fellow in Patient
7 Safety Leadership with the Estes Park Institute and is an inaugural National Patient Safety
8 Foundation/Health Forums Patient Safety Leadership Fellow. Dr. Lin invited me to participate
9 as a virtual coach during the pandemic last year and work with improvement teams focused on
10 implementing multimodal pain management for surgical patients, so this was my first time
11 meeting the group in person. For this meeting, teams from three statewide health systems
12 within Hawaii reported out the results of their projects. The leadership and collaboration among
13 the multidisciplinary teams to implement change despite the challenges of variable resource
14 availability, staffing, and inter-island coordination could serve as a model to inspire our
15 statewide efforts within CSA.

16
17 CSA was well-represented by its delegation at the August ASA BOD meeting at the Loews
18 Chicago O'Hare Hotel. Besides review of the usual reports from finance, scientific affairs,
19 professional affairs, and administrative affairs, the ASA BOD discussed and deliberated on
20 three resolutions authored by CSA members (Drs. Christine Doyle, Christina Menor, and Alyssa
21 Burgart) related to the Supreme Court's decision in Dobbs vs. Jackson Women's Health
22 Organization and the [ASA's comment](#) on June 29, 2022. These resolutions were catalysts for
23 productive conversations among members and delegates present. Despite differing views on
24 some issues, it was clear that everyone present in the room was passionate about protecting
25 the practice of medicine, preserving the physician-patient relationship, and defending physicians
26 in our specialty when they provide medical care. As a result, the ASA BOD passed resolutions
27 to develop a process for issuing timely and relevant statements on current events and to release
28 an updated ASA comment on the Dobbs decision. In addition, the ASA BOD addressed
29 concerns from members about traveling to New Orleans for the Annual Meeting by providing
30 over 40 CME hours of virtual Annual Meeting educational programming and offering full refunds
31 for any registrant who cannot attend for any reason.

32
33 What do we have on deck? At the time of this report, we are receiving applications for the next
34 CSA-UC Irvine Leadership Program cohort. We have appointed the task forces to work on
35 revamping the CSA website and planning activities for the 75th anniversary, including a family-
36 friendly reception at the Annual Meeting in San Diego (April 27-30, 2023) that will be chaired by
37 Dr. Christina Menor. We will soon gather in person in our state capital of Sacramento for our
38 next CSA BOD meeting to be held at the Kimpton Sawyer Hotel and will host a networking
39 reception for residents, local delegates and members along with our CSA leaders. Stay up to
40 date with CSA events through our [online calendar](#). Then in October, our CSA delegation heads
41 to New Orleans for the ASA annual meeting, and CSA members will actively participate in
42 educational programming, committee deliberations, and governance activities. CSA will host a
43 member reception during the conference, and our delegates will stand proudly when CSA's very
44 own Dr. Michael Champeau takes over as President of the ASA at the conclusion of the
45 Wednesday ASA HOD session.

1 As I write this report, we are preparing for our [CSA annual meeting](#) in San Diego. This will be
2 the first live event that will commemorate the Diamond Jubilee 75th anniversary of CSA. Dr.
3 Christina Menor has put together an incredible slate of speakers who will present their expertise
4 in a variety of learning formats: lectures, panel discussions, small group sessions, and
5 workshops. The theme of the meeting is "CSA Connect" and is designed to promote more
6 opportunities for attendees to network, catch up with old friends and colleagues, and meet new
7 people. I will be giving out the first annual [CSA President's Impact Awards](#) to recognize CSA
8 members in the following categories: Educator of the Year; Physician Advocate of the Year;
9 Clinical Innovator of the Year; Rising Star; and In-Training Physician of the Year. Dr. Menor has
10 set up a learning track dedicated to trainees in anesthesiology, including timely topics like
11 alternate career paths for anesthesiologists and financial planning. We are also fortunate to
12 have the California Surgeon General, Dr. Diana Ramos, joining us as our special keynote
13 speaker!

14
15 Following the annual meeting, our Board of Directors will be meeting to advance the mission of
16 the society. CSA is fortunate to have an engaged and talented group of volunteer physician
17 leaders on the Board who represent geographic districts and mode of practice forums across
18 the state. As a result of our most recent [elections](#), we have three new Directors joining the
19 Board: Dr. Justin Calvert, District 5 Director; Dr. Minh Tran, District 8 Director; and Dr. Mariam
20 Sarwary, Early Career Forum Director. Congratulations!

21
22 What has CSA been up to lately? Let me work backwards to my last report in the fall of 2022.

23
24 The CSA website task force has been working closely with the website and brand marketing
25 experts at Position to completely redesign the CSA website to make it faster, reflective of the
26 society, and responsive to member needs. The task force is on track to launch the new website
27 by June.

28
29 The CSA Communications Committee, chaired by Dr. Emily Methangkool and in partnership
30 with KP Public Affairs, has increased its production of high quality content in a variety of
31 formats, from social media to print media, to promote the value of anesthesiologists' work and
32 the profession of anesthesiology. Check out recent [CSA Vital Times podcast](#) episodes on
33 perioperative work culture and a special interview with Dr. Sharon Ashley in honor of Black
34 History Month in February. The [CSA Online First blog](#) posts new content every week! Recent
35 posts have featured CSA members' activities in research, clinical informatics and global health
36 and member profiles of CSA's women leaders during the Women's History Month Spotlight
37 series in March. [The CSA Vital Times magazine](#) under the editorship of Dr. Rita Agarwal has
38 produced another fantastic issue that is full of society updates, highlights from each
39 anesthesiology residency program in California, and special articles by CSA members on
40 artificial intelligence, global engagement, Project Lead the Way and other community outreach
41 programs, and the history of anesthesiology in recognition of the contributions of California's
42 anesthesiologists during this Diamond Jubilee anniversary year.

43
44 Our investment in communications in recent years has been critical to our advocacy efforts. In
45 February, Assemblymember Woods introduced [AB 765](#) into the California legislature. This bill,
46 the California Patient Protection, Safety, Disclosure, and Transparency Act seeks to strengthen
47 title protections in California by amending current business and professions code to include
48 physician-like titles like "anesthesiologist" or "dermatologist" along with the legal restrictions to
49 the use of "doctor" or "physician" already in existence. This bill is sponsored by CMA with strong
50 backing from CSA, with its origin within our own CSA House of Delegates and a CSA-led

coalition of subspecialty societies. This effort has been expertly planned by CSA President-Elect Dr. Tony Hernandez Conte, CSA Legislative and Practice Affairs Division Chair Dr. Todd Primack, and Bryce Docherty from TDG Strategies. Although opposing organizations have been spreading misinformation about this bill, the CSA communications and advocacy teams have been engaged in meetings with legislators and the production of educational materials that clearly explain the intent of the bill as patient/consumer protection and not restriction of scope of practice. Dr. Hernandez Conte has proactively secured support letters from both AMA and ASA. Please refer to Dr. Primack's report for further details.

CSA was well-represented at the March ASA Board of Directors meeting. ASA piloted a new format at this meeting without separate review committee meetings (similar to our reference committee session before CSA House of Delegates). The intent of this new format was to promote more active discussion with the whole Board that was not governed by parliamentary procedure then switch modes into parliamentary procedure when the time came to vote. There was a lot to talk about with ASA initiatives in membership recruitment, revenue growth, workforce, quality and payment, and more. There was a panel discussion involving leaders from ASA and the American Board of Anesthesiology that covered a variety of topics including maintenance of certification requirements, alternate entry, competency-based education, and workforce demands. ASA President Dr. Michael Champeau has appointed two ad hoc committees for CEO search and selection to identify the replacement for ASA CEO Paul Pomerantz who will be retiring next year, and I will be serving on the Ad Hoc Committee on CEO Search. CSA member Dr. Sheela Pai Cole gave an update on the upcoming ASA annual meeting which will be held in San Francisco this October. CSA will be hosting a special 75th anniversary all-member reception during the ASA annual meeting at the [City Club of San Francisco](#), and we hope to see you all there!

The week of January 29 through February 4 was designated [Physician Anesthesiologists Week](#) in California by an unanimous vote in the Assembly. Assemblymember Matt Haney presented Assembly Concurrent Resolution 3 from the floor, stating that "Anesthesiologists are guardians of patient safety in the operating room, in the delivery room, in the intensive care unit, in pain management clinics, and on the frontlines of the COVID-19 pandemic. They are an essential profession in the healthcare industry. For their dedication to their patients, it is our honor to recognize them for the work they do to care for us."

The calendar year began with our CSA Board retreat in Sacramento which was very eventful, to say the least. We started with a panel discussion about large practice group engagement followed by a strategy session expertly led by CSA Past President Dr. Sam Wald and a dinner with special guests Assemblymembers Evan Low and Dr. Jasmeet Bains. Overnight we had a wild wind and rain storm that knocked down trees, taking out all power to the hotel and the surrounding region. This did not stop our ever-resilient CSA Board of Directors, and we continued to do the work of the society in the hotel restaurant fueled by coffee, donuts, and pizza graciously brought in by Deputy Executive Director Megan MacNee and Senior Event Manager Rachel Hickerson. With no electricity to power devices or run PowerPoint, we observed something extraordinary – we had engaging conversation and debate about issues and priorities that really matter. Maybe we will see more Board sessions deliberately designed like this in our future!

I had the honor of representing CSA as President during the CSA Winter Anesthesia Conference, the New York State Society of Anesthesiologists PostGraduate Assembly in Anesthesiology, and the CSA Fall Anesthesia Conference. The Fall seminar was chaired by

1 CSA Past President Dr. Christine Doyle, and the Winter seminar was chaired by CSA Past
2 President Dr. Karen Sibert, and both were incredible educational programs at beautiful resorts
3 in the Hawaiian islands that drew an impressive number of attendees. If you have not yet
4 attended a CSA Hawaiian seminar, make note of the upcoming [event dates](#) and sign up!

5
6 Early in November 2022, I attended my last meeting of the Association of Anesthesiology
7 Subspecialty Program Directors in Chicago as Councilor representing regional anesthesiology
8 and acute pain medicine, my clinical and academic subspecialty. The weekend prior to that, we
9 held our annual CSA virtual House of Delegates session during which we passed the budget for
10 the current fiscal year. Then two weekends before that, in October, CSA was at the ASA annual
11 meeting where CSA Past President Dr. Michael Champeau officially began his term as ASA
12 President at the close of the second session of the ASA House of Delegates.

13
14 It is hard to believe that I am in the last quarter of my year as CSA President. I am so proud of
15 all the work we have accomplished in advancing the mission of the society. We have stayed
16 true to our identity as an organization representing the great specialty of anesthesiology, our
17 colleagues within California, and our patients throughout the COVID-19 pandemic and an
18 uncertain economic climate. I look forward to seeing you at the CSA annual meeting and Board
19 meeting in April, and I thank all of our CSA physician volunteers, association management staff
20 members, and partners at KP Public Affairs and TDG Strategies on behalf of CSA for the
21 tremendous amount of personal effort and dedication that it takes to keep this organization
22 mission-focused and moving forward.

1 It is hard to believe, but this is my last report as CSA President!

2
3 Since I provided a more extensive summary of our CSA activities for my April Board of Directors
4 report, I will keep this brief. We recently held our [CSA annual meeting](#) in San Diego which was
5 organized by annual meeting Chair Dr. Christina Menor. This meeting had a theme of "CSA
6 Connect" and was designed to promote more interactive discussion within committees,
7 opportunities to network and catch up with friends and colleagues, meet new people, and enjoy
8 some time to relax. I think this meeting achieved all of these objectives! I have listed a few of
9 my personal highlights and takeaways below.

10
11 Annual meeting Vice-Chair Dr. Engy Said put together a fantastic point-of-care ultrasound and
12 regional anesthesia workshop on Thursday, which unfortunately was undersubscribed due to
13 timing during an afternoon weekday. We held very active committee meetings from noon until
14 almost 10 pm (for those on the GASPAC Board), and it was great to see so many members
15 participating in person and virtually thanks to the two new Owl Labs meeting cameras that we
16 recently purchased for CSA. We had a number of special guests in attendance at the annual
17 meeting including past CSA Presidents, one of whom is also our current ASA President Dr.
18 Michael Champeau! We also had the President of the New York State Society of
19 Anesthesiologists, Dr. Jason Lok, and Dr. John Fiadjoe, Executive Vice Chair of Anesthesia at
20 Boston Children's Hospital and Director of the American Board of Anesthesiology, joining us at
21 the conference.

22
23 On Friday, Dr. Cesar Padilla from Stanford gave a compelling presentation on his project to
24 develop and promote Spanish language patient educational video content through a joint
25 venture between Stanford and YouTube. He then introduced our keynote speaker, California
26 Surgeon General Dr. Diana Ramos, who discussed the work being done in California to
27 decrease maternal morbidity and mortality and how we as anesthesiologists can be leaders in
28 this domain. We had so many talented speakers from multiple institutions throughout the state
29 who presented on various topics relevant to anesthesiology, critical care and perioperative
30 medicine, and pain management. After the end of the day's programming, we had a fantastic
31 networking reception, which Dr. Ron Pearl kicked off as the first of our 75th Anniversary events.
32 I gave out the first annual [CSA President's Impact Awards](#) to recognize CSA members for the
33 amazing work they are doing. Here are the winners!

- 34
35
 - Educator of the Year: Dr. Sophia Poorsattar, UCLA
 - 36 • Physician Advocate of the Year: Dr. Todd Primack, Vituity
 - 37 • Clinical Innovator of the Year: Dr. Arash Motamed, USC
 - 38 • Rising Star: Dr. John Patton, UCLA
 - 39 • In-Training Physician of the Year: Dr. Abbey Smith, UC Davis

40
41 CSA President-Elect Dr. Tony Hernandez Conte led off the Saturday session with an overview
42 of advocacy efforts by CSA and current legislative issues affecting anesthesiology and pain
43 medicine. Then I had the privilege of introducing our honorary CSA Leffingwell Lecturer, Dr.
44 Linda Mason, who has been one of my most influential mentors and sponsors. She is a true
45 icon in our specialty and a role model. Her advice about a career not being a straight line,
46 "There are squiggly lines too," resonated with so many attendees. She even provided her own
47 assessment of the top 10 challenges facing women in leadership and gave some advice about
48 how to be successful. For anyone interested in hearing more from Dr. Mason as well as some
49 other inspirational anesthesiologists, see these video interviews posted by Dr. Allison

1 Fernandez for the Women of Impact in Anesthesiology project:
2 <https://www.youtube.com/@allisonfernandez1149/videos>.

3
4 Attendees for the annual meeting even stayed until the end on Sunday! We had great talks on
5 patient safety and communications, diversity and inclusion, pain management, and regional
6 anesthesia. Then those of us on the Board of Directors closed out the meeting weekend with a
7 very productive session with a fair amount of debate and discussion that will result in some
8 action items for this June House of Delegates.

9
10 So what's to come between now and the end of my term as President? We continue to work
11 our legislative contacts to advance AB 765 closer to becoming law. We are developing more
12 digital image and video content to highlight the importance of anesthesiologists in improving
13 patient experience and outcomes over the course of history and in the present. We are
14 promoting the next CSA annual meeting to be held at the Disneyland Hotel next April 4-7, 2024.
15 We are preparing for the end of the academic year and are promoting the early career
16 membership program for CSA and ASA to keep our soon-to-be graduates engaged in organized
17 medicine. We will also be unveiling our newly redesigned CSA website, which will offer more
18 features and functionality for members as well as anyone else interested in the medical
19 specialty of anesthesiology.

20
21 I cannot be more excited for upcoming governance year as Dr. Tony Hernandez Conte takes
22 over as President. He has been a fantastic partner this year, and I have learned so much from
23 him. As I wrap up, I will conclude by saying again how proud I am of all the work we have
24 accomplished in advancing the mission of the society this past year. We have stayed true to our
25 identity as an organization representing the great specialty of anesthesiology, anesthesiologists
26 in California, and our patients. I wish to thank to all of our CSA physician volunteers,
27 association management staff members (especially Dave Butler, Megan MacNee, Rachel
28 Hickerson, Dena Silva, Evan Wise, Denise King, Kate Peyser, and Jonathan Flom who got
29 frequent messages from me all year), Alison MacLeod at KP Public Affairs and Bryce Docherty
30 at TDG Strategies on behalf of CSA for the tremendous amount of personal effort and
31 dedication that it takes to keep this organization mission-focused and moving forward.

Member Revenue, Numbers

Below reflects membership revenue received through July 31 and the active member count shown by ASA as of August 30. The good news is that CSA has exceeded its budgeted goal for membership revenue for 2022 and, with 3003 active members as of August 30, CSA is on track to its goal of 3100 active members by December 31.

These numbers are more positive than ASA shared at its August board of directors meeting, where leaders indicated ASA was off approximately 3% in budgeted revenue.

GASPAC and Foundation dues contributions are not included in these numbers. GASPAC and Foundation dues contributions are \$204,875 and \$50,700 through July 31. The GASPAC cash balance continues to exceed \$1 million, and the Foundation is achieving much needed financial sustainability.

	<i>Actual</i>	<i>Budget</i>	<i>Net</i>
Membership Dues Revenue (7.31)	1,444,871	1,417,316	+27,555
GASPAC Contributions	204,875		
Foundation Contributions	50,700		
Current Active Members (8.30)	3003	Dec 31, 2021 = 3080	

Early Career Membership

A significant challenge and opportunity for 2023 will be the introduction of the new Early Career Membership category which is priced at one time payment of \$99 for a three-year membership with a specific set of benefits. This initiative was approved by the board of directors and the House of Delegates and is in response to ASA offering a three-year early career membership for a one-time payment of \$299.

This will result in an initial loss of revenue for at least three years. The keys to success will be in successfully transitioning the early career members into full paying active member status at the end of the term by delivering clear member to both CSA and ASA and engaging in effective communications throughout the term of early career membership.

The membership committee is focused on developing and delivering the “products” CSA has promised including free registration to one annual meeting, discounted MOCA credits and access to online material generated by the CSA/UCI Leadership Program. The membership committee will also work with residency programs and practice groups to promote the availability of the early career membership to graduating residents and new hires.

Kaiser Permanente

The relationship with Kaiser Permanente continues to develop in a positive manner. As many of you recall, what began with conversations at the ASA meeting in San Diego has translated into Kaiser physician leaders soliciting membership to CSA based on member value that they helped identify. This has translated into more Kaiser physicians in CSA’s House of Delegates, on CSA committees and soon, presenters at CSA CME events. Kaiser leaders even enthusiastically promoted the recent GASPAC Day of Contributing Challenge to Kaiser

1 anesthesiologists, encouraging them to make a financial contribution to GASPAC, even if they
2 weren't members of CSA.

3
4 While we are still assessing the net impact to CSA membership numbers, we are convinced this
5 relationship-based approach will continue to produce greater engagement from and increased
6 member value for Kaiser physician anesthesiologists. We also view this relationship-based
7 approach to building relationship as a model for future engagement with large and medium
8 sized practice groups in California. In fact, Dr. Conte, Mr. Butler and I were on a call recently
9 with our peers at ASA so they could learn more about our approach to assist the ASA and other
10 state components in their efforts to increase group dues payments from large private practice
11 groups.

12
13 Respectfully Submitted,

14
15 **Philip R. Levin, MD, FASA**

Membership Renewals/Revenue

Through March, membership renewals are slightly ahead of 2022 with a significant increase in early career membership:

	<i>Active</i>	<i>Early Career</i>	<i>Total</i>
2022	2225	87	2312
2023	2131	254	2385

Net membership revenue is apx. \$1,200,000 against an annual budgeted goal of \$1,450,000.

Early Career Memberships

As you can see from the numbers above, CSA has 254 early career memberships in 2023, v. 87 in 2022, an increase of nearly 300%. In addition to a suite of benefits from ASA, CSA leaders are working to develop a resource to help early career members prepare for their board exams and to provide exclusive video content from the CSA/UC Irvine Leadership Development program. Given low registration numbers for the 2023 Annual Meeting, free registration for early career members was not promoted.

Membership Renewals

District Directors and Practice Forum Directors will be asked to support membership renewal efforts next week, April 24-28 in support of ASA's final renewal push before members are dropped on May 1.

Kaiser Permanente Membership

CSA leaders continue to work with physician leaders at Kaiser Permanente in northern and southern California to connect with and provide value to Kaiser anesthesiologists. While exact membership numbers are still difficult to assess, Kaiser physicians in the CSA House of Delegates have doubled from 2022 to 2023. CSA LPAD leaders have worked to include Kaiser leaders and members in CSA's recent advocacy activities in support of AB 765 and CSA EPD leaders are looking for opportunities to include Kaiser physicians as presenters during the CSA Annual Meeting and Hawaii seminars.

CSA leaders are hoping to apply the same tactics to develop relationships with and provide value to other large practice groups in California. As an example, practice groups leaders from ASMG, UC San Diego, the US Navy and Kaiser San Diego have been invited to participate in a panel discussion during the CSA Board of Directors Meeting Sunday, April 30.

CSA District Directors, Grassroots Advocacy

CSA staff scheduled apx. 20 zoom calls with members of the Assembly Business and Professions Committee in advance of the bill hearing on AB 765 (Wood) re: medical licensure. District Directors recruited delegates and alternates to participate and led the zoom calls in partnership with CSA leadership in the following meetings.

District	Director	Assemblymembers
1	Bohringer	McCarty, Nguyen, Patterson
2	Henke	Bonta, Grayson, Ting
3	Thomson	Berman, Flora, Alanis, Lee

From: Philip R. Levin, MD, FASA
Eugenia Ayrian, MD
Subject: Secretary/Membership Committee Report
Date: April 2023

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1	4	Rusheen	Bains
2	5	Gonzalez	Jackson
3	6	Movahedi	Gipson, McKinnor
4	7	Peng	Chen, Dixon
5	8	Brzenski	Alvarez

6
7 Positioning the District Directors as leaders in CSA grassroots advocacy efforts, taking
8 ownership of relationships with local legislators, was a key element of CSA's organizational
9 restructuring several years ago – and based on the unanimous vote 16-0-2 vote in the B&P
10 Committee, it seems to be bearing fruit.

11
12 Respectfully Submitted,

13
14 **Philip R. Levin, MD, FASA**
15 Secretary

16
17 **Eugenia Ayrian, MD**
18 Assistant Secretary

2022 Financial

See Addendum

2023 Year to Date Financials

See Addendum

YTD Accounts Overview

CSA Assets	Dec-20	Dec-21	Dec-22	Apr-23
Bill.com Money Out Clearing		\$ -		
WF Main Checking	\$ 382,030	\$ 572,432	\$ 482,009	\$ 1,289,562.62
WF Savings	\$ 429,568	\$ 548,832	\$ 584,823	\$ 588,975.29
Schwab Investments	\$ 561,176	\$ 709,526	\$ 593,010	\$ 645,079
MS Retirement-Trust 457(B)	\$ 47,520	\$ 23,712	\$ -	
MS Retirement - FBO	\$ 6,401	\$ 6,352	\$ 6,352	\$ 6,352
WF Mutual Funds/Stocks	\$ 657,909	\$ 763,551	\$ 663,920	\$ 692,738
Wells Fargo Advisor - CDs 3	\$ 385,883	\$ 288,008	\$ 287,631	\$ 288,474
Account Receivable				
Total Cash & Equivalents	\$ 2,470,487	\$ 2,912,413	\$ 2,617,746	\$ 3,511,180

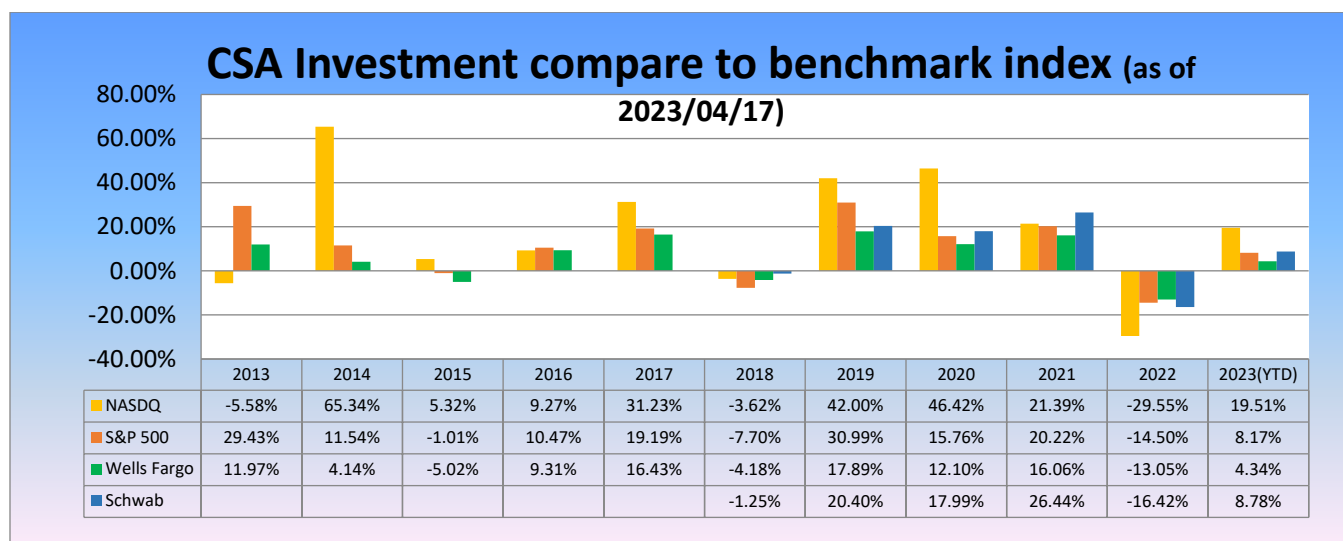
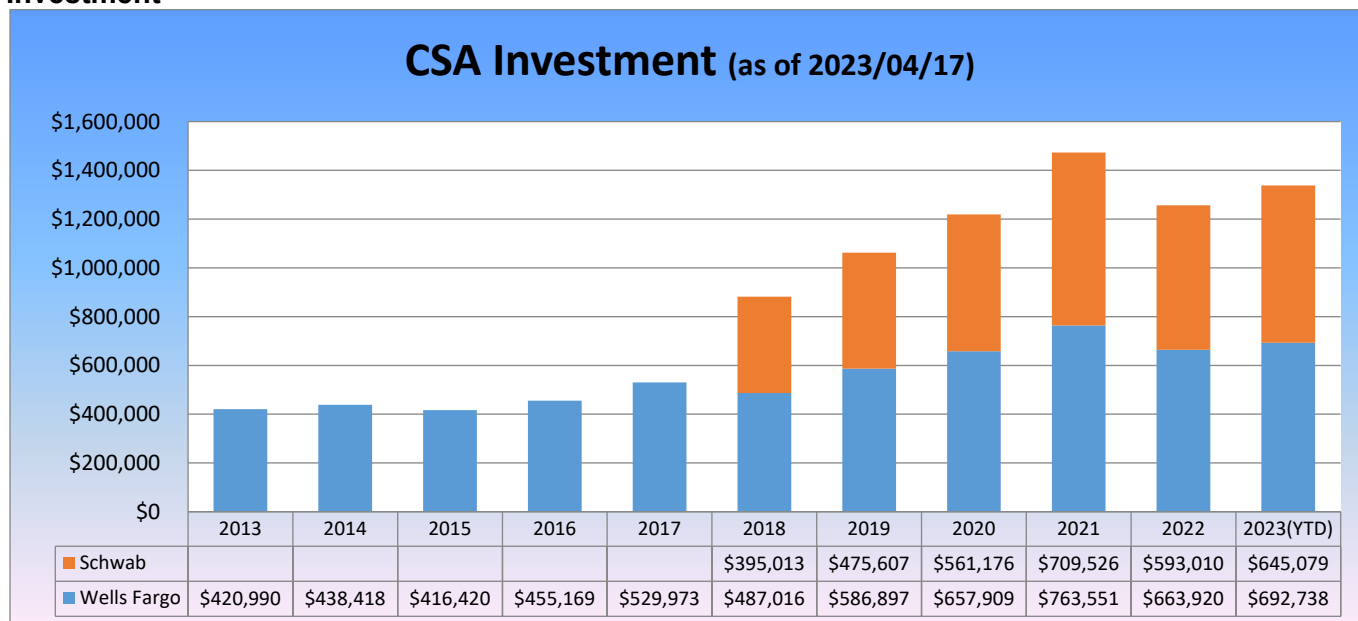
This is a quick overview of our cash at hand. We are in good position to cover unexpected expenses.

Membership Collections (including GASPAC)

Membership Collection Comparison Month to Month								
	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
2019	\$ 16,561.42	\$ 113,655.81	\$ 390,378.60	\$ 618,622.76	\$ 428,566.49	\$ 94,761.12	\$ 75,564.81	\$ 1,738,111.01
2020	\$ 5,750.16	\$ 121,241.92	\$ 467,480.25	\$ 517,776.61	\$ 321,906.09	\$ 90,353.95	\$ 97,098.26	\$ 1,621,607.24
2021	\$ 10,560.39	\$ 170,687.79	\$ 429,251.03	\$ 702,913.18	\$ 165,199.55	\$ 85,341.45	\$ 92,950.27	\$ 1,656,903.66
2022	\$ 18,168.02	\$ 148,481.37	\$ 386,079.77	\$ 479,142.80	\$ 408,161.76	\$ 139,237.52	\$ 61,033.32	\$ 1,640,304.56
2023	\$ 16,130.19	\$ 104,251.24	\$ 502,278.27	\$ 608,377.92	\$ 163,319.53	\$ 81,870.50		\$ 1,476,227.65

Speaking generally, our membership collection has been stable for the last 3 years. There are no major increases in 2023. This may be the result of the new discount provided for the newly graduated anesthesiologists. This is preliminary number based on money received. Final number will be presented once our accountant reconciles and segregates the GASPAC money.

1 Investment



2022 has proven to be a challenge year for our investment portfolio. Both the Schwab and Wells Fargo suffered double digit losses but our losses were less when compared to the S&P 500 index and Nasaq index. In 2023, our portfolio has seen some recoveries and it in the positive territory despite of inflation pressure and high interest rate. I am hopeful that our portfolio will continue to improve despite the current geopolitical uncertainty in both Europe and Asia.

Unbudgeted Expense

We have spent \$5000 that was not budgeted, on redesign our logo based on the web designer's recommendations.

From: T. John Hsieh, MD
Subject: Treasurer's Report
Date: April 2023

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Page 3

\$3000 will spend on purchasing audio visual equipments that can be used for current and future meetings as renting equipments from hotels are prohibitively expense.

Challenges in 2023

The membership revenue has not been growing at the same pace as the inflation on the expense side; this assessment is based on the past four months of membership revenues. However, despite of the challenges, CSA management team has been working hard in curtailing the cost while maintaining the same quality of educational service to our members. Because membership is the major source of CSA's revenue, we are using the 75th year celebration as a major campaign push for memberships. Hopefully, we can reverse the declining membership.

Respectfully Submitted,

T John Hsieh, MD, FASA
Treasurer

Summary: 2022 Financial & 2023 Year to Date Financials

[illegible]

Major causes of losses in 2022 are as follows:

1. Losses of \$139,270 on the overall operations which include the rising cost of conducting governance meetings and professional management fees.
2. Education meetings are not as profitable as the result of rising hotel cost in Hawaii.
3. Investment losses were paper loss as there's no realized sale of securities and expecting gain as market condition improves this year.

We will be discussing this topic at the upcoming the Finance/Administration Committee and Board of Directors meetings.

Summary Financials from 2017 to 2023

SUMMARY

		2017	2018	2019	2020	2021	2022	2022 Budget	2023 (2/28)	2023 Budget (Final)
		Jan - Dec 17	Jan - Dec 18	Jan - Dec 19	Jan - Dec '20	Jan - Dec '21	2022	2022 Budget	2023 (2/28)	2023 Budget (Final)
Summary										
	Revenue									
	Membership Dues	\$1,585,146	\$1,544,523	\$1,524,343	\$1,476,055	\$1,497,553	\$1,485,642	\$1,450,000	\$961,365	\$1,450,000
	Other Income	\$5,525	\$22,521	\$19,440	\$5,231	\$7,753	\$16,611	\$13,500	\$0	\$77,500
	Total General Revenue	\$1,590,671	\$1,567,044	\$1,543,783	\$1,481,286	\$1,505,306	\$1,502,253	\$1,463,500	\$961,365	\$1,527,500
	EPD	\$644,105	\$627,098	\$621,530	\$222,991	\$298,337	\$583,431	\$781,050	\$273,135	\$740,100
	Investment	\$79,773	-\$43,284	\$190,738	\$145,642	\$263,201	-\$224,606	\$50,500	\$38,677	\$50,500
	LPAD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Revenue	\$2,314,549	\$2,160,128	\$2,357,641	\$1,846,419	\$2,066,844	\$1,861,079	\$2,295,050	\$1,273,177	\$2,318,100
	Expense									
	General Expense	\$1,231,365	\$1,133,083	\$1,155,376	\$857,023	\$1,134,703	\$1,455,710	\$1,564,000	\$222,598	\$1,638,050
	EPD	\$486,251	\$469,577	\$734,005	\$335,720	\$394,538	\$699,227	\$769,930	\$219,036	\$784,930
	LPAD	\$206,637	\$208,453	\$229,653	\$219,495	\$165,551	\$185,813	\$203,500	\$33,500	\$236,500
	Total Expense	\$1,924,253	\$1,811,113	\$2,119,034	\$1,412,238	\$1,694,792	\$2,340,750	\$2,537,430	\$475,134	\$2,659,480
	Net Income	\$390,296	\$349,015	\$238,608	\$434,181	\$372,052	(\$479,671)	(\$242,380)	\$798,044	(\$341,380)
	Marginal Contribution									
	General Operation	\$152,669	\$225,508	\$158,755	\$404,768	\$205,052	(\$139,270)	(\$304,000)	\$705,267	(\$347,050)
	Investment	\$79,773	(\$43,284)	\$190,738	\$145,642	\$263,201	(\$224,606)	\$50,500	\$38,677	\$50,500
	EPD	\$157,854	\$157,521	(\$112,475)	(\$112,729)	(\$96,201)	(\$115,796)	\$11,120	\$54,099	(\$44,830)
	Net Income	\$390,296	\$339,745	\$237,018	\$437,681	\$372,052	(\$479,671)	(\$242,380)	\$798,044	(\$341,380)

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1 **Detail Financial Data from 2017 to 2023**

		Jan - Dec '17	Jan - Dec '18	Jan - Dec '19	Jan - Dec '20	Jan - Dec '21	2022	2022 Budget	2023 (2/28)	2023 Budget (Final)
	Income									
	4100 · CSA Membership Dues	1,585,146.00	1,544,523.00	1,524,343.00	1,476,055.00	1,497,553.00	1,485,642.00	1,450,000.00	961,365.00	1,450,000.00
	4102 · 3-Year Early Career									
	4104 · Active Membership									
	4106 · Other Membership									
	4110 · Bulletin Subscribers & Ad Rev	2,425.00	16,650.00	12,650.00	3,150.00	3,150.00	7,900.00	10,000.00		10,000.00
	4120 · Web Advertising	3,000.00	2,400.00	3,200.00		3,000.00	4,800.00	3,000.00		3,000.00
	4125 · EPD Grants & Donations	0.00	600.00	350.00	0.00					
	4130 · Dues Revenue Share-Your Mbrship	0.00	356.00	1,590.49	1,366.00	2,122.30	3,911.45	500.00		500.00
	4150 · Marketing Income	0.00	0.00	0.00	0.00					
	4160 · Commerical Support - Fall	0.00	0.00	0.00	0.00					
	4170 · Commerical Support - Winter	0.00	0.00	0.00	0.00					
	4180 · Commerical Support - Annual	0.00	20,700.00	5,000.00	0.00	0.00				
	4188 · Commerical Support - Summer	0.00	0.00	0.00	0.00					
	4200 · Donations from General Fund	0.00	0.00	0.00	693.00					
	4300 · Webinar Registrations					0.00	325.00			
	4400 · Registration - Fall	204,455.00	130,960.00	208,520.00	0.00	165,535.00	167,250.00	209,300.00	1,209.86	249,000.00
	4405 · Registration - Winter	277,750.00	301,258.00	249,265.00	214,998.00		227,745.00	287,675.00	268,125.00	280,000.00
	4410 · Registration - Annual	94,850.00	79,790.00	71,145.00		25,957.00	55,631.00	33,875.00		57,000.00
	4420 · Registration - Annual Discount				0.00					
	4410 · Registration - Annual - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total 4410 · Registration - Annual	94,850.00	79,790.00	71,145.00	0.00	25,957.00	55,631.00	33,875.00	0.00	57,000.00
	4428 · Registration - Summer	0.00	0.00	0.00	0.00	74,595.00	75,280.00	188,400.00		120,000.00
	4430 · Meeting Workshop - Annual	0.00	0.00	0.00	0.00	0.00		3,900.00	0.00	0.00
	4448 · Exhibitor - Summer	0.00	0.00	0.00	0.00	12,550.00		9,000.00		12,500.00
	4450 · Exhibitor - Fall	10,000.00	11,000.00	19,300.00	0.00	10,700.00	9,000.00	8,000.00		8,000.00
	4455 · Exhibitor - Winter	15,300.00	7,300.00	10,700.00	7,300.00	0.00	5,200.00	8,000.00	3,500.00	5,300.00
	4460 · Exhibitor - Annual	41,750.00	66,440.00	52,950.00	0.00	4,600.00	40,050.00	29,500.00		4,600.00
	4470 · Advertising - Fall	0.00	0.00	0.00	0.00	400.00	700.00	500.00		500.00
	4475 · Advertising - Winter	0.00	0.00	0.00	0.00	0.00		500.00	300.00	0.00
	4480 · Advertising - Annual	0.00	4,200.00	4,300.00	0.00	0.00	2,250.00	1,900.00		2,200.00
	4488 · Advertising - Summer	0.00	0.00	0.00	0.00	2,300.00		500.00		1,000.00
	4490 · Prior Year (PY) Revenue	0.00	1,015.00							
	4491 · Prior Year (PY) Registration				0.00					
	4492 · Prior Year (PY) Exhibitor	0.00	2,100.00	2,000.00	715.00	0.00	0.00	0.00	0.00	0.00
	4493 · Prior Year Dues	0.00				(519.00)	0.00	0.00	0.00	0.00
	Total 4490 · Prior Year (PY) Revenue	0.00	3,115.00	2,000.00	715.00	(519.00)	0.00	0.00	0.00	0.00
	4500 · EPD- Practice management					1,700.00				
	4600 · EPD- Bus of Anesthesiology (i)	0.00	4,850.00							
	4610 · Unrealized Gain/Loss Investment	79,300.00	(44,793.00)	155,351.66	138,390.00	263,164.37	(225,787.84)	50,000.00	37,124.95	50,000.00
	4910 · Interest	473.00	1,509.00	35,385.96	7,252.00	36.57	1,182.33	500.00	1,552.43	500.00
	4920 · LPAD Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	4950 · Legal Defense Fund	100.00								
	4990 · Miscellaneous Income	0.00	9,270.00	1,590.30	(3,500.00)					
	4995 · Reserve Removal									64,000.00
	Total Income	2,314,549.00	2,160,128.00	2,357,641.41	1,846,419.00	2,066,844.24	1,861,078.94	2,295,050.00	1,273,177.24	2,318,100.00
	Gross Profit	2,314,549.00	2,160,128.00	2,357,641.41	1,846,419.00	2,066,844.24	1,861,078.94	2,295,050.00	1,273,177.24	2,318,100.00

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		Jan - Dec 17	Jan - Dec 18	Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	2022	2022 Budget	2023 (2/28)	2023 Budget (Final)
	Expense									
	5100 · EPD - Annual Meeting									
	5105 · Food & Beverage	47,485.00	43,043.00	76,419.95	25,000.00	16,305.00	38,746.13	35,000.00		50,000.00
	5110 · Faculty Honorarium	10,450.00	8,250.00	6,250.00	0.00	2,750.00	1,500.00	3,250.00		3,250.00
	5115 · Faculty Expense	15,449.00	18,599.00	13,595.81	0.00		18,515.54	20,000.00		20,000.00
	5120 · Printing/Design	3,815.00	9,233.00	4,991.01	1,235.00	405.20	3,450.36	3,000.00		3,000.00
	5125 · Postage/Shipping	0.00	3,269.00	2,128.63	0.00					
	5130 · Advertising	1,724.00	1,018.00	3,049.51	835.00					
	5135 · Audio/Visual	29,425.00	25,887.00	32,124.27	2,069.00	9,600.00	29,325.80	22,000.00		22,000.00
	5140 · Staff Expense	8,150.00	9,905.00	6,718.72	1,246.00		10,357.04	10,000.00	613.00	10,000.00
	5145 · CSA President's Expenses	4,757.00	4,996.00	0.00	0.00					
	5150 · Temporary Assistance	2,160.00	1,104.00	1,600.00	0.00					
	5155 · Resident Research Competition	0.00	0.00	0.00	0.00		888.94			
	5160 · EPD Division Meetings	0.00	0.00	0.00	0.00					
	5165 · Supplies	4,523.00	4,063.00	264.88	657.00		282.89	4,700.00		4,700.00
	5166 · Attrition	0.00	0.00	3,916.95	0.00					
	5168 · Exhibitor Booth Expenses	3,102.00	0.00	100.00	0.00					
	5170 · Miscellaneous	0.00	0.00	3,302.56	0.00	80.00	3,085.88		613.00	
	5180 · Annual - Prior Year Expenses	0.00	0.00	(250.00)	0.00	0.00	0.00	0.00	0.00	0.00
	Total 5100 · EPD - Annual Meeting	131,040.00	129,367.00	154,212.29	31,042.00	29,140.20	106,152.58	97,950.00	1,226.00	112,950.00
	5200 · EPD - Fall Conference									
	5205 · Food & Beverage	107,841.00	106,755.00	104,666.12		102,813.28	75,566.90	90,000.00		90,000.00
	5210 · Faculty Honorarium	6,250.00	6,250.00	2,500.00		6,258.85	3,000.00	7,500.00		7,500.00
	5215 · Faculty Expense	13,956.00	8,968.00	11,532.73		6,950.32	10,420.68	25,000.00		25,000.00
	5220 · Printing/Design	2,088.00	1,566.00	2,730.73		2,244.93	2,345.29	2,500.00		2,500.00
	5225 · Postage/Shipping	1,481.00	931.00	393.04						
	5230 · Advertising	730.00	1,978.00	2,946.45				3,500.00		3,500.00
	5235 · Audio/Visual	44,557.00	4,674.00	58,092.98		30,021.88	35,675.80	50,000.00		50,000.00
	5240 · Staff Expense	7,314.00	5,548.00	3,351.91		6,402.84	6,024.84	15,000.00		15,000.00
	5245 · CSA President's Expenses	2,617.00	1,238.00	193.50				2,500.00		2,500.00
	5250 · Temporary Assistance	0.00	0.00	0.00						
	5255 · Resident Research Competition	0.00	0.00	0.00						
	5260 · EPD Division Meetings	0.00	0.00	0.00						
	5265 · Supplies	592.00	20.00	175.14				1,500.00		1,500.00
	5266 · Attrition	0.00	0.00	0.00						
	5268 · Fall Conference-Prior Year Exp	0.00	869.00	0.00	1,480.00					
	5270 · Miscellaneous	0.00	0.00	250.00	1,250.00	0.00	122.02	0.00	0.00	0.00
	Total 5200 · EPD - Fall Conference	187,426.00	138,797.00	186,832.60	2,730.00	154,692.10	133,155.53	197,500.00	0.00	197,500.00
	5300 · EPD - Winter Conference									
	5305 · Food & Beverage	87,971.00	97,495.00	132,609.85	135,934.00	25,000.00	134,696.17	150,000.00	118,875.90	150,000.00
	5310 · Faculty Honorarium	6,000.00	5,000.00	4,250.00	6,000.00		6,250.00	7,500.00	3,000.00	7,500.00
	5315 · Faculty Expense	3,923.00	20,104.00	24,475.16	32,795.00	1,000.00	27,949.87	26,190.00	26,898.76	26,190.00
	5320 · Printing/Design	3,093.00	5,821.00	3,310.08	3,359.00	620.00	1,379.24	2,500.00	2,203.23	2,500.00
	5325 · Postage/Shipping	0.00	1,688.00	968.18	272.00					
	5330 · Advertising	1,955.00	6,073.00	4,859.99	5,160.00			3,500.00	24.50	3,500.00
	5335 · Audio/Visual	46,202.00	39,745.00	46,449.77	63,013.00		45,563.70	50,000.00	47,057.15	50,000.00
	5340 · Staff Expense	8,490.00	4,047.00	14,125.07	15,324.00		12,319.96	14,340.00	16,842.62	14,340.00
	5345 · CSA President's Expenses	1,613.00	1,511.00	3,004.16	0.00		3,950.25	2,100.00		2,100.00
	5350 · Temporary Assistance	0.00	0.00	0.00	0.00					
	5355 · Resident Research Competition	0.00	0.00	0.00	275.00					
	5360 · EPD Division Meetings	(227.00)	0.00	0.00	0.00					
	5365 · Supplies	501.00	0.00	0.00	708.00		33.98	1,500.00	141.64	1,500.00
	5366 · Attrition	0.00	0.00	127,255.27	30,000.00		24,089.69			
	5370 · Miscellaneous	0.00	0.00	0.00	(392.00)	0.00	183.99	0.00	0.00	0.00
	Total 5300 · EPD - Winter Conference	159,521.00	181,484.00	361,307.53	292,448.00	26,620.00	256,416.85	257,630.00	215,043.80	257,630.00

	5400 · Other EPD Expenses									
	5405 · EPD ACCME Expenses	9,188.00	8,819.00	8,424.36	5,900.00	5,900.00	5,900.00	6,000.00	1,083.34	6,000.00
	5410 · ACCME Review	0.00	6,000.00	18,700.00	2,300.00			1,000.00		1,000.00
	5415 · Accreditation Expense	(924.00)	0.00	0.00	0.00			10,000.00		10,000.00
	5420 · Commercial Support Sponsor	0.00	2,223.00	3,550.00	1,300.00	900.00		2,500.00		2,500.00
	Total 5400 · Other EPD Expenses	8,264.00	17,042.00	30,674.36	9,500.00	6,800.00	5,900.00	19,500.00	1,083.34	19,500.00
	5500 · EPD - Practice Affairs Program									
	5515 · Faculty Expense			241.60						
	5520 · Printing/Design						119.99			
	5565 · Supplies						17.73			
	5570 · Miscellaneous					(3.01)				
	Total 5500 · EPD - Practice Affairs Program	0.00	0.00	241.60		(3.01)	137.72			
	5600 · EPD - Bus of Anesthesiology Mtg									
	5610 · Faculty Honorarium		2,750.00							
	5615 · Faculty Expense		137.00							
	5675 · Prior Year Expenses			736.25					1,648.00	
	Total 5600 · EPD - Bus of Anesthesiology Mtg	0.00	2,887.00	736.25					1,648.00	
	5700 · EPD - Summer Conference									
	5705 · Food & Beverage				0.00	48,982.09	56,752.97	108,000.00		108,000.00
	5710 · Faculty Honorarium				0.00	5,550.00	8,330.14	7,500.00		7,500.00
	5715 · Faculty Expense				0.00	58,310.56	72,752.90	20,000.00		20,000.00
	5720 · Printing/Design				0.00	2,940.78	1,335.52	2,000.00		2,000.00
	5725 · Postage/Shipping				0.00	52.88	585.16			
	5730 · Advertising				0.00	835.13				
	5735 · Audio/Visual				0.00	38,542.94	34,211.10	45,000.00		45,000.00
	5740 · Staff Expense				0.00	22,054.80	22,176.35	12,000.00		12,000.00
	5745 · CSA President's Expenses				0.00		1,198.35	2,100.00		2,100.00
	5750 · Temporary Assistance				0.00					
	5755 · Resident Research Competition				0.00					
	5760 · EPD Division Meeting				0.00					
	5765 · Supplies				0.00		122.02	750.00		750.00
	5766 · Attrition				0.00					
	5768 · Summer Conf - Prior Year Exp				0.00				35.00	
	5770 · Miscellaneous				0.00	20.00	0.00	0.00	0.00	0.00
	Total 5700 · EPD - Summer Conference	0.00	0.00	0.00	0.00	177,289.18	197,464.51	197,350.00	35.00	197,350.00
	6000 · CSA Officers									
	6001 · President's Expenses	1,338.00	5,348.00	0.00	0.00	2,013.81	375.00	3,500.00		3,500.00
	6005 · President's Stipend	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00	10,000.00	60,000.00
	6006 · Preident-Elect's Expenses	1,064.00	0.00	1,394.93	0.00	0.00		1,000.00		1,000.00
	6010 · President-Elect's Stipend	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00	2,000.00	12,000.00
	6011 · Editor's Expenses	0.00	0.00	0.00	0.00					
	6015 · Editor Stipend	0.00	0.00	0.00	0.00					
	6016 · Editor Elect Media Stipend	7,500.00	0.00	0.00						
	6070 · Prior Year Exp - CSA Officers	0.00	0.00	851.61	0.00	0.00	0.00	0.00	949.10	0.00
	Total 6000 · CSA Officers	81,902.00	77,348.00	74,246.54	72,000.00	74,013.81	72,375.00	76,500.00	12,949.10	76,500.00
	6300 · External Meeting Expenses									
	6305 · ASA Delegation Expenses/AM	90,280.00	76,613.00	124,557.94	4,117.00	78,424.75	139,546.26	100,000.00		100,000.00
	6310 · ASA Annual Meeting - CSA Suite	22,676.00	28,397.00	0.00	0.00	16,689.38		25,000.00		25,000.00
	6312 · ASA Annual Meeting/Member Rec	0.00	35,000.00	0.00	0.00			25,000.00		20,000.00
	6315 · ASA Annual Meeting/Residents	12,316.00	19,620.00	17,463.82	0.00	13,488.20	28,188.73	15,000.00		15,000.00
	6320 · ASA Board Meeting - Officer Exp	11,036.00	10,830.00	18,488.13	4,430.00	6,270.10	9,385.34	20,000.00		25,000.00
	6325 · ASA Caucus Meeting Expenses	0.00	0.00	0.00	0.00	4,363.15		5,000.00		5,000.00
	6329 · ASA Legislative Conf Residents	0.00	5,892.00	1,628.75	0.00		1,637.20	10,000.00		10,000.00
	6330 · ASA Legislative Conference	35,830.00	32,910.00	34,762.64	0.00		44,403.35	35,000.00		40,000.00
	6331 · ASA Practice Mgmt Conf Res Sup	750.00	4,044.00	3,818.87	2,912.00		4,868.94	4,000.00	2,930.42	4,000.00
	6335 · ASAE Expenses	(1,004.00)	0.00		0.00		4,185.00			
	6336 · ASAE CEO Symposium/Workshop	7,330.00	5,908.00	0.00	0.00			9,000.00	2,957.77	9,000.00
	6337 · ASAE Leadership Dev Workshop	(273.00)	0.00		0.00					
	6350 · CMA Legislative Day	3,697.00	3,704.00	4,457.17	800.00		1,267.60	4,000.00		4,000.00
	6351 · CMA/CSA Legislative Day Resider	0.00	716.00	0.00	0.00			1,600.00		1,600.00
	6355 · CMA Leadership Conference	2,008.00	0.00	2,343.69	0.00					
	6358 · CMA Annual Gala Support	0.00	0.00	1,588.80	0.00			1,500.00		1,500.00
	6360 · CMA Annual Delegation Expenses	3,693.00	1,904.00	1,415.56	0.00		740.94	5,000.00		5,000.00
	6361 · CMA Subspecialty Delegation	3,436.00	1,775.00	121.48	0.00			1,000.00		1,000.00
	6390 · Prior Year External Meetings	0.00	0.00	836.46	5,378.00	0.00	5,526.90	0.00	9,472.03	0.00
	Total 6300 · External Meeting Expenses	191,775.00	227,313.00	211,483.31	17,637.00	119,235.58	239,750.26	261,100.00	15,360.22	266,100.00

	6400 · CSA Meetings									
	6405 · Board of Directors Meetings	75,081.00	96,907.00	67,600.46	79.00	18,096.08	85,065.47	70,000.00	12,277.36	47,000.00
	6410 · House of Delegates Meeting	56,311.00	73,768.00	63,052.71	6,188.00	7,112.50	57,055.71	75,000.00	874.00	75,000.00
	6415 · Committee Meetings	0.00	5,202.00	10,263.08	247.00		5,135.11	12,000.00		12,000.00
	6420 · District Expense	5,404.00	1,250.00	595.85	0.00			14,000.00		15,000.00
	6425 · Residents Annual Meeting	1,009.00	0.00	0.00			16,188.08			
	6430 · BOD Training & Strategic Plan	20,209.00	20,066.00	29,024.55	21,858.00	2,840.71		25,000.00	11,045.00	25,000.00
	6435 · BOD Awards/Gifts	0.00	661.00	1,849.35	0.00	1,830.73	427.17	1,000.00		1,000.00
	6440 · Program Director's Meeting	0.00	1,195.00	612.42	0.00			1,200.00		1,200.00
	6445 · CSA Meeting Prior Year Expenses	0.00	0.00	(304.26)	0.00	0.00	3,417.00	0.00	2,783.37	0.00
	Total 6400 · CSA Meetings	158,014.00	199,049.00	172,694.16	28,372.00	29,880.02	167,288.54	198,200.00	26,979.73	176,200.00
	6500 · CSA Leadership Development									
	6510 · CSA/UCI Leadership program tuition subsidy									60,000.00
	6520 · Meals									1,000.00
	6530 · Speaker Expense									2,500.00
	6590 · Other Expense									
	Total 6500 · CSA Leadership Development	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63,500.00
	7000 · General & Administrative									
	7110 · Office Supplies	1,383.00	616.00	751.35	376.00	13.40		750.00		750.00
	7113 · Equipment/Furniture	0.00	0.00	0.00						
	7114 · Office Rent	0.00	0.00	0.00			517.86			
	7115 · Printing/Repro/Forms (Non EPD)	6,438.00	2,204.00	4,920.22	773.00	316.25		3,000.00	35.90	3,000.00
	7120 · Telephone	2,013.00	1,518.00	1,123.65	1,060.00	660.00	720.02	1,000.00	120.00	1,000.00
	7125 · Postage/Email Broadcasting	1,253.00	1,312.00	3,242.15	1,041.00	1,049.67	747.81	1,500.00	20.00	1,500.00
	7130 · Dues, Subscriptions, Books	408.00	281.00	127.07	1,829.00	7,094.24	11,858.41	10,000.00	2,495.74	10,000.00
	7135 · Insurance - D&O/E&O/GL	1,538.00	6,205.00	6,932.88	7,159.00	7,450.50	7,772.50	7,500.00	1,329.30	7,500.00
	7136 · License & Municipal Taxes	0.00	0.00	0.00	0.00					
	7140 · Bank, CC Fees & Filing Fees	51,115.00	57,249.00	56,190.52	41,858.00	54,337.91	65,500.66	52,000.00	19,862.99	52,000.00
	7145 · Investment Fees	4,496.00	4,018.00	4,148.28	2,636.00	7,048.67	5,082.28	7,000.00	1,675.04	7,000.00
	7150 · Staff Training, Travel & Meals	6,234.00	1,010.00	249.57	869.00	278.17	5,774.88	500.00	1,811.17	500.00
	7151 · On Site Storage	804.00	804.00	804.00	670.00	737.00	804.00	850.00	134.00	850.00
	7152 · Off Site Storage	422.00	321.00	353.54	303.00	331.76	488.46	350.00	86.00	350.00
	7160 · Other Equipment Lease	169.00	200.00	0.00	0.00					
	7165 · Computer Expenses	2,768.00	1,660.00	4,191.27	2,200.00	3,685.00	3,580.52	2,500.00	606.38	2,500.00
	7170 · Depreciation	0.00	0.00	0.00	0.00					
	7175 · Amortization - Software License	57,450.00	19,875.00	21,750.00	(24413.00)	21,000.00	21,375.00	21,750.00	3,720.00	
	7180 · 75th Year Celebration									64,000.00
	7190 · Miscellaneous	170.00	0.00	3,776.92	(22.00)	3,034.08	(78.01)	0.00	0.00	0.00
	7199 · Prior Year Expense					1,599.67	1,014.42	0.00	0.00	0.00
	Total 7000 · General & Administrative	136,661.00	97,273.00	108,561.42	36,339.00	108,636.32	125,158.81	108,700.00	31,896.52	150,950.00
	7200 · General Staffing Expenses									
	7210 · Temporary Help	0.00	721.00							
	7227 · Employee Pension & Fees	90.00	0.00		(48,101.00)	0.00	0.00	0.00	0.00	0.00
	Total 7200 · General Staffing Expenses	90.00	721.00	0.00	(48,101.00)	0.00	0.00	0.00	0.00	0.00

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	7300 · Membership Expenses									
	7301 · Resident Outreach				1,800.00	721.00		10,000.00		10,000.00
	7302 · Early Career Member Benefits				0.00			5,000.00		5,000.00
	7303 · Practice Group Engagement				0.00			10,000.00		
	7304 · Temporary Help-Membership Calls			430.38	0.00	0.00				
	Total 7300 · Membership Expenses	0.00	0.00	430.38	1,800.00	721.00	0.00	25,000.00	0.00	15,000.00
	8000 · Professional Services									
	8120 · Legal Counsel	22,815.00	14,599.00	120.00	19,799.00	10,297.50	2,009.00	20,000.00		20,000.00
	8125 · Members Legal Counsel	0.00	593.00	914.00	1,085.00	4,815.50	148.50	1,000.00		1,000.00
	8130 · Executive/HR Consulting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8140 · Meeting Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8145 · AMG Management Fees	450,000.00	450,000.00	504,000.00	504,000.00	504,000.00	529,200.00	529,200.00	88,200.00	529,200.00
	8190 · Audit & Accounting									
	8195 · Prior Yr Auditing & Accounting			33,653.78	100.00					
	8190 · Audit & Accounting - Other	67,192.00	20,892.00		25,404.00	26,327.99	23,369.34	45,700.00	66.30	25,000.00
	Total 8190 · Audit & Accounting	67,192.00	20,892.00	33,653.78	25,504.00	26,327.99	23,369.34	45,700.00	66.30	25,000.00
	8200 · IT Technology									
	8205 · IT Technology-Email/ElectionS	22,975.00	15,102.00	2,171.31	1,482.00	727.24	2,095.49	3,500.00	1,134.90	3,500.00
	8206 · IT Technology - Maintenance	0.00	0.00	2,099.27	1,900.00	2,150.07	1,544.69	2,100.00	207.94	2,100.00
	8207 · IT Technology - Development	0.00	0.00	14,370.00	0.00		150.00	10,000.00		10,000.00
	8208 · IT Technology - Infrastructure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8209 · IT Technology - Hosting	0.00	0.00	7,096.67	11,079.00	10,543.63	8,656.97	12,000.00	65.16	12,000.00
	8200 · IT Technology - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total 8200 · IT Technology	22,975.00	15,102.00	25,737.25	14,461.00	13,420.94	12,447.15	27,600.00	1,408.00	27,600.00
	8210 · Computer Consulting	33,458.00	28,646.00	23,871.83	0.00			25,000.00		25,000.00
	8220 · Communications Non Web	0.00	0.00	0.00	12,417.00	17,000.02	6,127.59	12,000.00	105.98	12,000.00
	8225 · Communications PR Marketing	2,323.00	1,941.00	15,491.87	0.00	1,760.52		10,000.00	7,575.00	10,000.00
	8230 · Communications - Non Web (KP)	102,042.00	102,013.00	115,500.00	120,000.00	140,978.16	120,000.00	120,000.00	21,000.00	126,000.00
	8235 · Vital Times	24,664.00	25,603.00	26,060.03	27,014.00	27,190.46	31,081.64	28,000.00	16,150.00	28,000.00
	8250 · ASA Grant Expenses	477.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8255 · Investigate Feasibility 501c3	4,830.00	10,423.00	1,463.89	0.00	0.00	0.00	0.00	0.00	0.00
	8260 · Legal Defense Legal Services	0.00	0.00	0.00	0.00	12,494.05	30,592.33	0.00	0.00	0.00
	8265 · Special Project Fund	27,498.00	37,804.00	0.00	0.00	38,368.69	40,409.65	65,000.00	481.31	50,000.00
	8290 · KP Digital Campaign	0.00	0.00	1,500.00	0.00	0.00	51,016.49	0.00	12.00	25,000.00
	Total 8000 · Professional Services	758,274.00	707,616.00	748,312.65	724,280.00	796,653.83	846,401.69	883,500.00	134,998.59	878,800.00
	8300 · LPAD Expenses									
	8305 · TDG Consultants	180,000.00	180,150.00	180,000.00	165,000.00	0.00	156,000.00	156,000.00	31,500.00	189,000.00
	8310 · Legislative Advocacy Expenses	9,143.00	1,018.00	10,748.95	4,660.00	11.71	1,604.11	5,000.00	1,127.95	5,000.00
	8315 · Division Expense	1,418.00	1,071.00	324.99	0.00	0.00		1,500.00		1,500.00
	8320 · Meeting Expense	2,000.00	0.00	107.80	2,822.00	0.00		2,000.00		2,000.00
	8325 · Travel for Chair/Volunteers	2,158.00	951.00	748.61	3,118.00	0.00	4,162.04	3,000.00	871.61	3,000.00
	8330 · LPAD Legal Advocacy	8,453.00	7,821.00	26,440.00	37,629.00	165,539.67	18,186.00	20,000.00		20,000.00
	8331 · CMA Leg Day Sponsorship	0.00	0.00	1,000.00	0.00	0.00		1,000.00		1,000.00
	8335 · LPAD Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
	8340 · Advocacy & Comm Workshop	3,465.00	11,394.00	3,120.89	0.00	0.00				
	8345 · Res Advocacy Wrkshp	0.00	6,048.00	6,161.68	4,766.00	0.00	5,861.05	10,000.00		10,000.00
	8350 · Legislator Meetings	0.00	0.00	0.00	0.00	0.00		3,500.00		3,500.00
	8515 · CAPP Membership	0.00	0.00	1,000.00	1,500.00	0.00		1,500.00		1,500.00
	Total 8300 · LPAD Expenses	206,637.00	208,453.00	229,652.92	219,495.00	165,551.38	185,813.20	203,500.00	33,499.56	236,500.00
	8400 · Project Lead The Way (PLTW)									
	8405 · Project Lead The Way Expenses	3,883.00	0.00	3,816.76	0.00	0.00	978.60	0.00	0.00	0.00
	Total 8400 · Project Lead The Way (PLTW)	3,883.00	0.00	3,816.76	0.00	0.00	978.60	0.00	0.00	0.00
	8500 · Donation Expense									
	8504 · Donation CPPPH	2,500.00	2,500.00	0.00	0.00	0.00				
	8505 · Donation FAER/Anesthesia Found	0.00	0.00	2,500.00	52,500.00	2,500.00	2,500.00	2,500.00		2,500.00
	8510 · Donation APSF & MHAUS	1,000.00	1,000.00	2,500.00	0.00	2,500.00		2,500.00		2,500.00
	8511 · Donation CSA Campaign	0.00	0.00		0.00	0.00				
	8512 · CSA Foundation for Education	5,271.00	10,000.00		0.00		1,104.66	5,000.00		5,000.00
	8520 · CMA Annual Gala	0.00	2,500.00	2,500.00	0.00					
	8525 · WARC Event Sponsorship		5,500.00	1,000.00	0.00			1,000.00		1,000.00
	8530 · GASPAC Transfer	49,999.00								
	Total 8500 · Donation Expense	58,770.00	21,500.00	8,500.00	52,500.00	5,000.00	3,604.66	11,000.00	0.00	11,000.00
	9000 · Taxes	10.00	1,312.00	25.00	570.00	562.00	152.46	0.00	413.86	0.00
	Total Expense	1,924,253.00	1,811,113.00	2,119,033.61	1,412,238.00	1,694,792.41	2,340,750.41	2,537,430.00	475,133.72	2,659,480.00
	Net Income	390,296.00	349,015.00	238,607.80	434,181.00	372,051.83	(479,671.47)	(242,380.00)	798,043.52	(341,380.00)

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Subject: Treasurer's Report
Date: April 24, 2023

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1 Respectfully Submitted by
2
3 T John Hsieh, MD, FASA
4 CSA Treasurer
5

1 ASA Director report for CSA BOD meeting Sept 9-10

2
3 The ASA Board of Directors met in Chicago on August 20-21. CSA was well represented by the
4 following members: Drs. Yost, Pregler, Pearl, Mariano, Conte, Champeau, Ayrian, Menor,
5 Doyle, You, and Mr. Butler. The official report of the meeting is pasted below, however there
6 were some notable events that should be highlighted. This was a very charged meeting given
7 the recent Dobbs decision and the impression from many members that the ASA did not act
8 soon enough nor forcefully enough. There were three resolutions generated by California
9 members in response. The actions upon those resolutions are listed in the official report
10 attached.

11
12 A couple of key points about the meeting and the discussions (From the perspective of two of
13 the authors of resolutions).

- 14 • Although the resolutions were submitted by California members, co-authors were from
15 multiple states including Texas, Louisiana, Utah, and North Carolina.
- 16 • The opportunity for face-to-face discussion was invaluable and ASA BOD members
17 were more engaged than we have seen in years.
- 18 • While we don't agree on everything, we were reminded that we agree on a lot many
19 things and it's important to keep that in mind and not just focus on the ways we differ.

20
21 Many California members testified on these issues with courage, passion, integrity, and
22 empathy. California was heard and very well represented. Thank you to all who proffered
23 resolutions and testified.

24
25 A couple of other notable events:

- 26 • California won the award for best program for Very Large Component society for Dr.
27 Richardson's CSA Leadership Development Program/course.
- 28 • CSA hosted a dinner on Saturday evening, to which we normally invite a few ASA
29 leaders to give CA members a chance to get to know ASA leaders and for ASA leaders
30 to get to know California. This dinner included the immediate past ASA President, the
31 Current ASA President, and the next three ASA leaders in line to become ASA
32 President!

33
34 The next ASA event will be the **ASA Annual Meeting in New Orleans October 22-26**. We
35 look forward to seeing you there. One event you should not miss is the California Reception:
36 Saturday October 22, 8-10 pm Westing Ballroom 11th floor. Look for more updates on the
37 Annual Meeting soon!!

38
39 Respectfully submitted,

40
41 Paul Yost, MD FASA ASA Director for California

Financial Update..... 2022

Time passed quickly, we are already eight months into 2022. For the first six months, we have faced inflation pressure with consumer price index rose by 9.1 percent which is the largest increase for the last forty years. Furthermore, major stock index lost more than 20% with some recoveries for the last few weeks. With those economic pressures, they had negatively affected CSA's operating expense. As result, CSA's expense has increased dramatically. The largest increases are the cost of conducting our governance meetings and educational meetings. This trend will continue through the rest of 2022 and also into 2023.

On the revenue side, Membership revenue has been stable. Investment portfolio has been negative as the result of losses in the equity market. Education meeting registration has improved since last year as the result of improved traveling conditions and slow resolution of COVID pandemic.

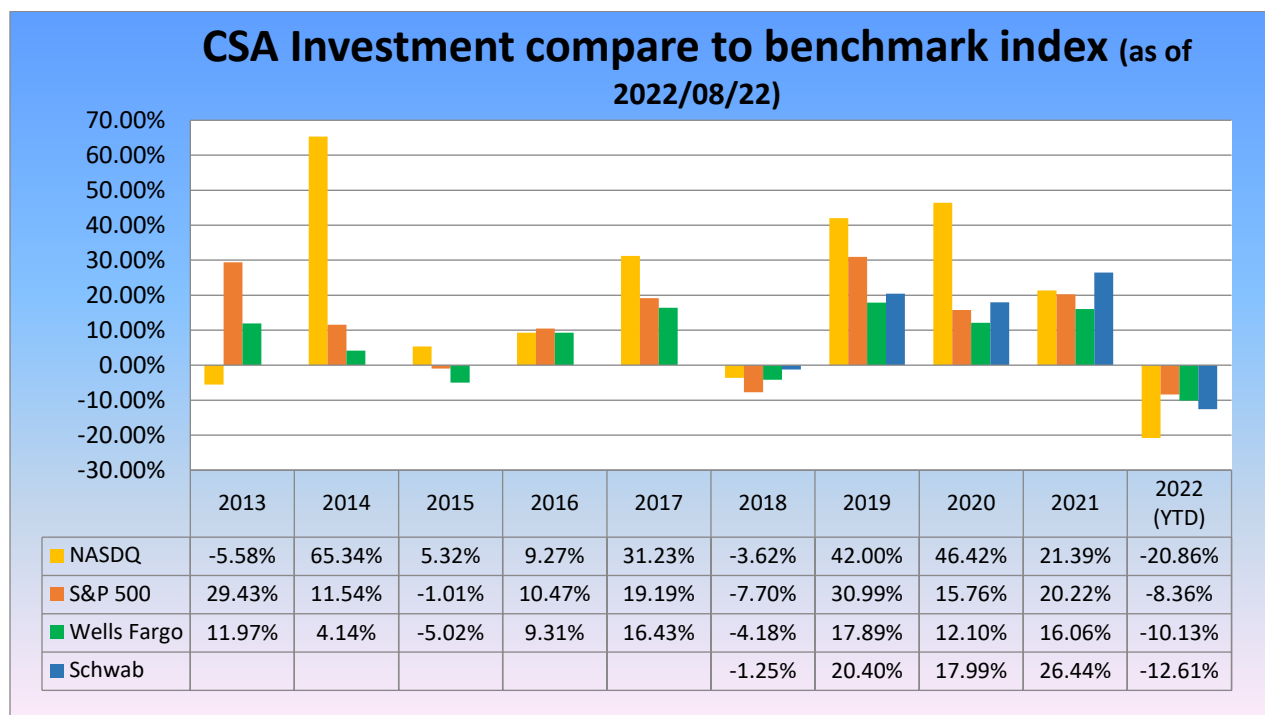
SUMMARY

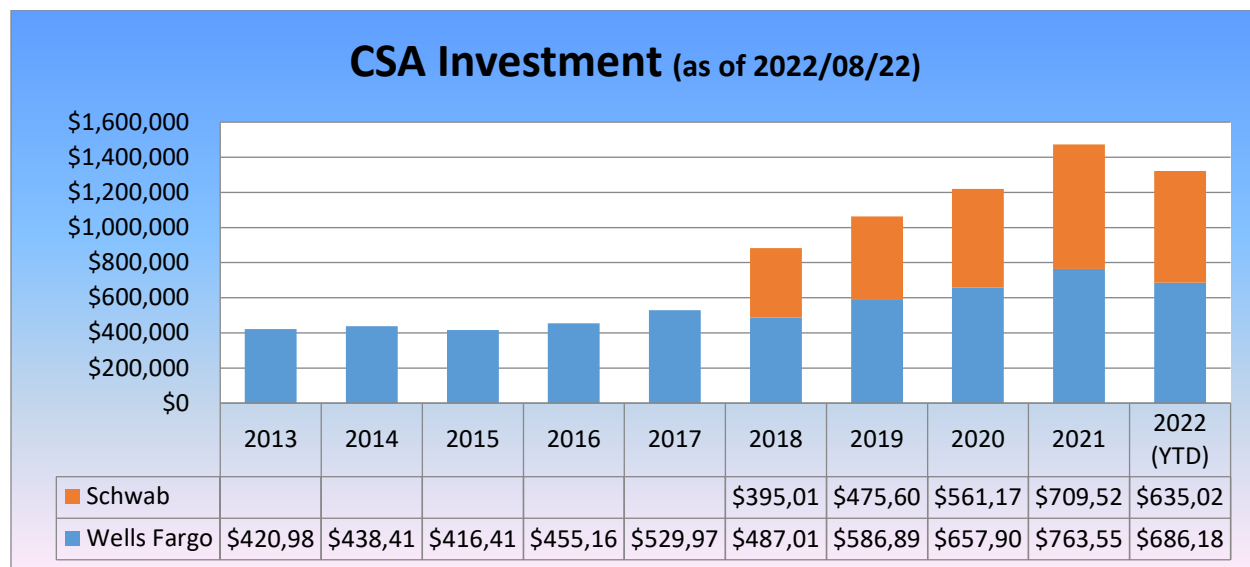
	Jan - Dec 19	Jan - Dec '20	Jan - Dec '21	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
Summary							
Revenue							
Membership Dues	\$1,524,343	\$1,476,055	\$1,497,553	\$1,444,871	\$1,417,316	\$1,450,000	\$1,450,000
Other Income	\$21,031	\$1,731	\$7,753	\$14,955	\$13,292	\$13,500	\$13,500
Total General Revenue	\$1,545,374	\$1,477,786	\$1,505,306	\$1,459,826	\$1,430,608	\$1,463,500	\$1,463,500
EPD	\$621,530	\$222,991	\$298,337	\$406,481	\$563,250	\$781,050	\$620,400
Investment	\$190,738	\$145,642	\$263,201	-\$163,700	\$29,458	\$50,500	\$50,500
LPAD	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$2,357,641	\$1,846,419	\$2,066,844	\$1,702,608	\$2,023,316	\$2,295,050	\$2,134,400
Expense							
General Expense	\$1,155,376	\$857,023	\$1,134,703	\$791,106	\$835,500	\$1,516,550	\$1,735,050
EPD	\$734,005	\$335,720	\$394,538	\$412,218	\$556,430	\$769,930	\$784,930
LPAD	\$229,653	\$219,495	\$165,551	\$107,117	\$115,083	\$203,500	\$203,500
Total Expense	\$2,119,034	\$1,412,238	\$1,694,792	\$1,310,441	\$1,507,013	\$2,489,980	\$2,723,480
Net Income	\$238,608	\$434,181	\$372,052	\$392,167	\$516,303	(\$194,930)	(\$589,080)

Asset & Liability Overview

CSA Assets		Dec-20	Dec-21	Jul-22
	Bill.com Money Out Clearing		\$ -	
	WF Main Checking	\$ 382,030	\$ 572,432	\$ 1,120,605
	WF Savings	\$ 429,568	\$ 548,832	\$ 547,512
	Schwab Investments	\$ 561,176	\$ 709,526	\$ 635,030
	MS Retirement-Trust 457(B)	\$ 47,520	\$ 23,712	\$ -
	MS Retirement - FBO	\$ 6,401	\$ 6,352	\$ 6,352
	WF Mutual Funds/Stocks	\$ 657,909	\$ 763,551	\$ 686,184
	Wells Fargo Advisor - CDs 3	\$ 385,883	\$ 288,008	\$ 287,631
	Account Receivable			\$ 150
	Total Cash & Equivalents	\$ 2,470,487	\$ 2,912,413	\$ 3,283,464
	Total Non-Current Assets (PrePaid Expense)	\$ 426,947	\$ 518,020	\$ 332,509
Total Assets		\$ 2,897,434	\$ 3,430,433	\$ 3,615,974
Liability				
	Total Liability	\$ 288,560	\$ 449,458	\$ 335,064
Equity				
	Opening Balance Equity			\$ (80,887)
	Unrestricted Fund	\$ 1,241,693	\$ 1,241,693	\$ 1,241,693
	Legal Defense Fund	\$ 260,678	\$ 260,678	\$ 260,679
	Unrestricted Net Assets	\$ 722,389	\$ 1,106,794	\$ 1,478,604
	Net Revenue	\$ 384,114	\$ 371,810	\$ 380,823
	Total Equity	\$ 2,224,759	\$ 2,980,975	\$ 3,280,910
Total Liability & Equity		\$ 2,513,319	\$ 3,430,433	\$ 3,615,974

Investment





For the first half of 2022, financial market continues to suffer major losses. This is the results of several conditions that affect current equity market. These factors are the Ukrainian War, Inflation, negative earnings reports, supply chain congestions and ongoing Covid lockdown in Asia. Thus, investors are selling their equity positions and moving into other investment vehicles that could perceive as being safe to their investment. However, there are signs of market recovery for the last several weeks as job market has performed much better than expected and some blue chip companies have provided positive earnings reports and positive future guidance. Therefore, the financial market may recover some during the second half of the 2022. Furthermore, CSA investment portfolio is tracking the S&P 500 index; therefore, it's expected to recover as market continues to recover.

Unbudgeted Expense

At the last quarter of 2021, CSA has experienced a successful and well received advertising campaign. To continue our efforts in advocating our profession and built upon the success, additional \$50,000 was approved for the digital campaign during our last meeting.

Budget 2023 (Table 1)

Factors result in negative budget

1. CSA 75th Anniversary Celebration - \$100,000
2. CSA/UCI Leadership Program -\$50,000
3. Early Career Discount Membership - \$75,000
4. Digital Campaign - \$50,000
5. CSA Governance meetings - \$25,000
6. External Meetings (ASA, CMA) - \$30,000
7. Competition/Increased expense for future educational meetings.
8. Flat membership revenue growth.

Your leadership and management team will continue to work on improving this budget.

Future Projects

75 Years Celebration

We will be celebrating 75th year of the founding of CSA in 2023. Committee is forming in planning the celebration event. Details will come around the fourth quarter of 2022. It is likely that we will be using our reserve for this expenditure.

Early Career Discounted Membership Dues

Both ASA and CSA have recognized the challenges facing early career anesthesiologists; therefore, ASA has devised a reduced membership dues program for early career anesthesiologists. More details including financial impact to CSA will be forthcoming.

Website revamping

For the last few years, we have outgrown our current website and our members desire a website that is robust in exchanging ideas and friendly in searching for anesthesia related topics. With this major redesign, we will be embarking on this project with multi-year budget expenditure. More details will be announced in the fourth quarter of 2022.

Challenges in 2022

With the war in Ukraine and inflation pressure, 2022 will continue to be a challenging year. Membership will continue to be a challenge. Even though we had some success in 2021 but we will continue to recruit new members and creating alliance with groups throughout the state. We will continue to show the value of CSA membership and strong legislative advocacy in Sacramento. Financially, CSA has strong reserve so we should be able to withstand the financial challenges in 2022.

Respectfully Submitted,

T John Hsieh, MD, FASA
Treasurer

1 Table 1 CSA Revenue & Expense with 2023 Budget

		2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
		Jan - Dec '19	Jan - Dec '20	Jan - Dec '21	Jan-Jul '22	2022 YTD Budget	2022 Budget	2023 Budget
	Income							
	4100 · CSA Membership Dues	1,524,343.00	1,476,055.00	1,497,553.00	1,444,871.00	1,417,316.00	1,450,000.00	1,450,000.00
	4102 · 3-Year Early Career							
	4104 · Active Membership							
	4106 · Other Membership							
	4110 · Bulletin Subscribers & Ad Rev	12,650.00	3,150.00	3,150.00	7,900.00	10,000.00	10,000.00	10,000.00
	4120 · Web Advertising	3,200.00		3,000.00	4,800.00	3,000.00	3,000.00	3,000.00
	4125 · EPD Grants & Donations	350.00	0.00					
	4130 · Dues Revenue Share-Your Mbrship	1,590.49	1,366.00	2,122.30	2,255.49	291.65	500.00	500.00
	4150 · Marketing Income	0.00	0.00					
	4160 · Commerical Support - Fall	0.00	0.00					
	4170 · Commerical Support - Winter	0.00	0.00					
	4180 · Commerical Support - Annual	5,000.00	0.00	0.00				
	4188 · Commerical Support - Summer	0.00	0.00					
	4200 · Donations from General Fund	0.00	693.00					
	4300 · Webinar Registrations			0.00	325.00			
	4400 · Registration - Fall	208,520.00	0.00	165,535.00			209,300.00	209,300.00
	4405 · Registration - Winter	249,265.00	214,998.00		227,745.00	287,675.00	287,675.00	240,000.00
	4410 · Registration - Annual	71,145.00		25,957.00	55,631.00	33,875.00	33,875.00	57,000.00
	4420 · Registration - Annual Discount		0.00					
	4410 · Registration - Annual - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total 4410 · Registration - Annual	71,145.00	0.00	25,957.00	55,631.00	33,875.00	33,875.00	57,000.00
	4428 · Registration - Summer	0.00	0.00	74,595.00	75,280.00	188,400.00	188,400.00	80,000.00
	4430 · Meeting Workshop - Annual	0.00	0.00	0.00		3,900.00	3,900.00	0.00
	4448 · Exhibitor - Summer	0.00	0.00	12,550.00		9,000.00	9,000.00	12,500.00
	4450 · Exhibitor - Fall	19,300.00	0.00	10,700.00			8,000.00	8,000.00
	4455 · Exhibitor - Winter	10,700.00	7,300.00	0.00	5,200.00	8,000.00	8,000.00	5,300.00
	4460 · Exhibitor - Annual	52,950.00	0.00	4,600.00	40,050.00	29,500.00	29,500.00	4,600.00
	4470 · Advertising - Fall	0.00	0.00	400.00			500.00	500.00
	4475 · Advertising - Winter	0.00	0.00	0.00		500.00	500.00	0.00
	4480 · Advertising - Annual	4,300.00	0.00	0.00	2,250.00	1,900.00	1,900.00	2,200.00
	4488 · Advertising - Summer	0.00	0.00	2,300.00		500.00	500.00	1,000.00
	4490 · Prior Year (PY) Revenue							
	4491 · Prior Year (PY) Registration		0.00					
	4492 · Prior Year (PY) Exhibitor	2,000.00	715.00	0.00	0.00	0.00	0.00	0.00
	4493 · Prior Year Dues			(519.00)	0.00	0.00	0.00	0.00
	Total 4490 · Prior Year (PY) Revenue	2,000.00	715.00	(519.00)	0.00	0.00	0.00	0.00
	4500 · EPD- Practice management			1,700.00				
	4600 · EPD- Bus of Anesthesiology (i)							
	4610 · Unrealized Gain/Loss Investment	155,351.66	138,390.00	263,164.37	(163,731.16)	29,166.65	50,000.00	50,000.00
	4910 · Interest	35,385.96	7,252.00	36.57	31.59	291.65	500.00	500.00
	4920 · LPAD Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	4950 · Legal Defense Fund							
	4990 · Miscellaneous Income	1,590.30	(3,500.00)					
	Total Income	2,357,641.41	1,846,419.00	2,066,844.24	1,702,607.92	2,023,315.95	2,295,050.00	2,134,400.00
	Gross Profit	2,357,641.41	1,846,419.00	2,066,844.24	1,702,607.92	2,023,315.95	2,295,050.00	2,134,400.00

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		2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
		Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	Jan-Jul 22	2022 YTD Budget	2022 Budget	2023 Budget
Expense								
5100 - EPD - Annual Meeting								
	5105 - Food & Beverage	76,419.95	25,000.00	16,305.00	38,746.13	35,000.00	35,000.00	50,000.00
	5110 - Faculty Honorarium	6,250.00	0.00	2,750.00	1,500.00	3,250.00	3,250.00	3,250.00
	5115 - Faculty Expense	13,595.81	0.00		18,515.54	20,000.00	20,000.00	20,000.00
	5120 - Printing/Design	4,991.01	1,235.00	405.20	3,450.36	3,000.00	3,000.00	3,000.00
	5125 - Postage/Shipping	2,128.63	0.00					
	5130 - Advertising	3,049.51	835.00					
	5135 - Audio/Visual	32,124.27	2,069.00	9,600.00	29,325.80	22,000.00	22,000.00	22,000.00
	5140 - Staff Expense	6,718.72	1,246.00		10,357.04	10,000.00	10,000.00	10,000.00
	5145 - CSA President's Expenses	0.00	0.00		888.94			
	5150 - Temporary Assistance	1,600.00	0.00					
	5155 - Resident Research Competition	0.00	0.00					
	5160 - EPD Division Meetings	0.00	0.00					
	5165 - Supplies	264.88	657.00		282.89	4,700.00	4,700.00	4,700.00
	5166 - Attrition	3,916.95	0.00					
	5168 - Exhibitor Booth Expenses	100.00	0.00					
	5170 - Miscellaneous	3,302.56	0.00	80.00	3,085.88			
	5180 - Annual - Prior Year Expenses	(250.00)	0.00	0.00		0.00	0.00	0.00
	Total 5100 - EPD - Annual Meeting	154,212.29	31,042.00	29,140.20	106,152.58	97,950.00	97,950.00	112,950.00
5200 - EPD - Fall Conference								
	5205 - Food & Beverage	104,666.12		102,813.28			90,000.00	90,000.00
	5210 - Faculty Honorarium	2,500.00		6,258.85			7,500.00	7,500.00
	5215 - Faculty Expense	11,532.73		6,950.32			25,000.00	25,000.00
	5220 - Printing/Design	2,730.73		2,244.93			2,500.00	2,500.00
	5225 - Postage/Shipping	393.04						
	5230 - Advertising	2,946.45					3,500.00	3,500.00
	5235 - Audio/Visual	58,092.98		30,021.88			50,000.00	50,000.00
	5240 - Staff Expense	3,351.91		6,402.84			15,000.00	15,000.00
	5245 - CSA President's Expenses	193.50					2,500.00	2,500.00
	5250 - Temporary Assistance	0.00						
	5255 - Resident Research Competition	0.00						
	5260 - EPD Division Meetings	0.00						
	5265 - Supplies	175.14					1,500.00	1,500.00
	5266 - Attrition	0.00						
	5268 - Fall Conference-Prior Year Exp	0.00	1,480.00					
	5270 - Miscellaneous	250.00	1,250.00	0.00			0.00	0.00
	Total 5200 - EPD - Fall Conference	186,832.60	2,730.00	154,692.10	0.00	0.00	197,500.00	197,500.00
5300 - EPD - Winter Conference								
	5305 - Food & Beverage	132,609.85	135,934.00	25,000.00	134,696.17	150,000.00	150,000.00	150,000.00
	5310 - Faculty Honorarium	4,250.00	6,000.00		6,250.00	7,500.00	7,500.00	7,500.00
	5315 - Faculty Expense	24,475.16	32,795.00	1,000.00	27,949.87	26,190.00	26,190.00	26,190.00
	5320 - Printing/Design	3,310.08	3,359.00	620.00	1,379.24	2,500.00	2,500.00	2,500.00
	5325 - Postage/Shipping	968.18	272.00					
	5330 - Advertising	4,859.99	5,160.00			3,500.00	3,500.00	3,500.00
	5335 - Audio/Visual	46,449.77	63,013.00		45,563.70	50,000.00	50,000.00	50,000.00
	5340 - Staff Expense	14,125.07	15,324.00		12,319.96	14,340.00	14,340.00	14,340.00
	5345 - CSA President's Expenses	3,004.16	0.00		3,950.25	2,100.00	2,100.00	2,100.00
	5350 - Temporary Assistance	0.00	0.00					
	5355 - Resident Research Competition	0.00	275.00					
	5360 - EPD Division Meetings	0.00	0.00					
	5365 - Supplies	0.00	708.00		33.98	1,500.00	1,500.00	1,500.00
	5366 - Attrition	127,255.27	30,000.00		24,089.69			
	5370 - Miscellaneous	0.00	(392.00)	0.00	150.01	0.00	0.00	0.00
	Total 5300 - EPD - Winter Conference	361,307.53	292,448.00	26,620.00	256,382.87	257,630.00	257,630.00	257,630.00

		2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
		Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	Jan-Jul 22	2022 YTD Budget	2022 Budget	2023 Budget
	5400 - Other EPD Expenses							
	5405 - EPD ACCME Expenses	8,424.36	5,900.00	5,900.00	3,441.69	3,500.00	6,000.00	6,000.00
	5410 - ACCME Review	18,700.00	2,300.00				1,000.00	1,000.00
	5415 - Accreditation Expense	0.00	0.00				10,000.00	10,000.00
	5420 - Commercial Support Sponsor	3,550.00	1,300.00	900.00			2,500.00	2,500.00
	Total 5400 - Other EPD Expenses	30,674.36	9,500.00	6,800.00	3,441.69	3,500.00	19,500.00	19,500.00
	5500 - EPD - Practice Affairs Program							
	5515 - Faculty Expense	241.60						
	5570 - Miscellaneous			(3.01)				
	Total 5500 - EPD - Practice Affairs Program	241.60		(3.01)	17.73			
	5600 - EPD - Bus of Anesthesiology Mtg							
	5610 - Faculty Honorarium							
	5615 - Faculty Expense							
	5675 - Prior Year Expenses	736.25						
	Total 5600 - EPD - Bus of Anesthesiology Mtg	736.25						
	5700 - EPD - Summer Conference							
	5705 - Food & Beverage		0.00	48,982.09	25,660.67	108,000.00	108,000.00	108,000.00
	5710 - Faculty Honorarium		0.00	5,550.00	1,250.00	7,500.00	7,500.00	7,500.00
	5715 - Faculty Expense		0.00	58,310.56	3,451.71	20,000.00	20,000.00	20,000.00
	5720 - Printing/Design		0.00	2,940.78	1,168.86	2,000.00	2,000.00	2,000.00
	5725 - Postage/Shipping		0.00	52.88				
	5730 - Advertising		0.00	835.13	585.16	45,000.00		
	5735 - Audio/Visual		0.00	38,542.94	8,700.00	12,000.00	45,000.00	45,000.00
	5740 - Staff Expense		0.00	22,054.80	5,284.46	2,100.00	12,000.00	12,000.00
	5745 - CSA President's Expenses		0.00				2,100.00	2,100.00
	5750 - Temporary Assistance		0.00					
	5755 - Resident Research Competition		0.00					
	5760 - EPD Division Meeting		0.00					
	5765 - Supplies		0.00		122.02	750.00	750.00	750.00
	5766 - Attrition		0.00					
	5768 - Summer Conf - Prior Year Exp		0.00					
	5770 - Miscellaneous		0.00	20.00			0.00	0.00
	Total 5700 - EPD - Summer Conference	0.00	0.00	177,289.18	46,222.88	197,350.00	197,350.00	197,350.00
	6000 - CSA Officers							
	6001 - President's Expenses	0.00	0.00	2,013.81		2,041.65	3,500.00	3,500.00
	6005 - President's Stipend	60,000.00	60,000.00	60,000.00	35,000.00	35,000.00	60,000.00	60,000.00
	6006 - Preident-Elect's Expenses	1,394.93	0.00	0.00		249.99	1,000.00	1,000.00
	6010 - President-Elect's Stipend	12,000.00	12,000.00	12,000.00	7,000.00	7,000.00	12,000.00	12,000.00
	6011 - Editor's Expenses	0.00	0.00					
	6015 - Editor Stipend	0.00	0.00					
	6016 - Editor Elect Media Stipend	0.00						
	6070 - Prior Year Exp - CSA Officers	851.61	0.00	0.00	0.00	0.00	0.00	0.00
	Total 6000 - CSA Officers	74,246.54	72,000.00	74,013.81	42,000.00	44,291.64	76,500.00	76,500.00

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		2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
		Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	Jan-Jul 22	2022 YTD Budget	2022 Budget	2023 Budget
	6300 - External Meeting Expenses							
	6305 - ASA Delegation Expenses/AM	124,557.94	4,117.00	78,424.75	129.30	150.00	100,000.00	100,000.00
	6310 - ASA Annual Meeting - CSA Suite	0.00	0.00	16,689.38			25,000.00	25,000.00
	6312 - ASA Annual Meeting/Member Rec	0.00	0.00				20,000.00	20,000.00
	6315 - ASA Annual Meeting/Residents	17,463.82	0.00	13,488.20			15,000.00	15,000.00
	6320 - ASA Board Meeting - Officer Exp	18,488.13	4,430.00	6,270.10	5,075.89	5,600.00	20,000.00	25,000.00
	6325 - ASA Caucus Meeting Expenses	0.00	0.00	4,363.15			5,000.00	5,000.00
	6329 - ASA Legislative Conf Residents	1,628.75	0.00				10,000.00	10,000.00
	6330 - ASA Legislative Conference	34,762.64	0.00		41,122.46	35,000.00	35,000.00	40,000.00
	6331 - ASA Practice Mgmt Conf Res Supl	3,818.87	2,912.00		4,868.94	4,000.00	4,000.00	4,000.00
	6335 - ASAE Expenses		0.00					
	6336 - ASAE CEO Symposium/Workshop	0.00	0.00				9,000.00	9,000.00
	6337 - ASAE Leadership Dev Workshop		0.00					
	6350 - CMA Legislative Day	4,457.17	800.00		1,267.60	4,000.00	4,000.00	4,000.00
	6351 - CMA/CSA Legislative Day Residen	0.00	0.00			1,600.00	1,600.00	1,600.00
	6355 - CMA Leadership Conference	2,343.69	0.00					
	6358 - CMA Annual Gala Support	1,588.80	0.00				1,500.00	1,500.00
	6360 - CMA Annual Delegation Expenses	1,415.56	0.00				5,000.00	5,000.00
	6361 - CMA Subspecialty Delegation	121.48	0.00				1,000.00	1,000.00
	6390 - Prior Year External Meetings	836.46	5,378.00	0.00	5,526.90	0.00	0.00	0.00
	Total 6300 - External Meeting Expenses	211,483.31	17,637.00	119,235.58	57,991.09	50,350.00	256,100.00	266,100.00
	6400 - CSA Meetings							
	6405 - Board of Directors Meetings	67,600.46	79.00	18,096.08	74,273.87	70,000.00	70,000.00	75,000.00
	6410 - House of Delegates Meeting	63,052.71	6,188.00	7,112.50	49,873.00	75,000.00	75,000.00	75,000.00
	6415 - Committee Meetings	10,263.08	247.00		5,135.11	6,000.00	12,000.00	12,000.00
	6420 - District Expense	595.85	0.00				14,000.00	14,000.00
	6425 - Residents Annual Meeting	0.00						
	6430 - BOD Training & Strategic Plan	29,024.55	21,858.00	2,840.71	16,188.08	25,000.00	25,000.00	25,000.00
	6435 - BOD Awards/Gifts	1,849.35	0.00	1,830.73	427.17	500.00	1,000.00	1,000.00
	6440 - Program Director's Meeting	612.42	0.00				1,200.00	1,200.00
	6445 - CSA Meeting Prior Year Expenses	(304.26)	0.00	0.00	3,417.00	0.00	0.00	0.00
	Total 6400 - CSA Meetings	172,694.16	28,372.00	29,880.02	149,314.23	176,500.00	198,200.00	203,200.00
	6500 - CSA Leadership Development							
	6510 - CSA/UCI Leadership program tuition subsidy							60,000.00
	6520 - Meals							1,000.00
	6530 - Speaker Expense							2,500.00
	6590 - Other Expense							
	Total 6500 - CSA Leadership Development	0.00	0.00	0.00	0.00	0.00	0.00	63,500.00
	7000 - General & Administrative							
	7110 - Office Supplies	751.35	376.00	13.40		437.50	750.00	750.00
	7113 - Equipment/Furniture	0.00						
	7114 - Office Rent	0.00						
	7115 - Printing/Repro/Forms (Non EPD)	4,920.22	773.00	316.25	383.56	1,750.00	3,000.00	3,000.00
	7120 - Telephone	1,123.65	1,060.00	660.00	420.02	583.35	1,000.00	1,000.00
	7125 - Postage/Email Broadcasting	3,242.15	1,041.00	1,049.67	697.81	875.00	1,500.00	1,500.00
	7130 - Dues, Subscriptions, Books	127.07	1,829.00	7,094.24	8,995.71	8,333.34	10,000.00	10,000.00
	7135 - Insurance - D&O/E&O/GL	6,932.88	7,159.00	7,450.50	4,522.90	4,375.00	7,500.00	7,500.00
	7136 - License & Municipal Taxes	0.00	0.00					
	7140 - Bank, CC Fees & Filing Fees	56,190.52	41,858.00	54,337.91	38,709.45	38,333.35	52,000.00	52,000.00
	7145 - Investment Fees	4,148.28	2,636.00	7,048.67	3,508.94	3,500.00	7,000.00	7,000.00
	7150 - Staff Training, Travel & Meals	249.57	869.00	278.17	615.36	458.33	500.00	500.00
	7151 - On Site Storage	804.00	670.00	737.00	469.00	495.85	850.00	850.00
	7152 - Off Site Storage	353.54	303.00	331.76	275.56	204.15	350.00	350.00
	7160 - Other Equipment Lease	0.00	0.00					
	7165 - Computer Expenses	4,191.27	2,200.00	3,685.00	2,064.57	1,458.35	2,500.00	2,500.00
	7170 - Depreciation	0.00	0.00					
	7175 - Amortization - Software License	21,750.00	(24413.00)	21,000.00	12,625.00	12,687.50		
	7180 - 75th Year Celebration							100,000.00
	7190 - Miscellaneous	3,776.92	(22.00)	3,034.08	(100.01)	0.00	0.00	0.00
	7199 - Prior Year Expense			1,599.67	1,014.42	0.00	0.00	0.00
	Total 7000 - General & Administrative	108,561.42	36,339.00	108,636.32	74,202.29	73,491.72	86,950.00	186,950.00

		2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
		Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	Jan-Jul 22	2022 YTD Budget	2022 Budget	2023 Budget
	7200 · General Staffing Expenses							
	7210 · Temporary Help							
	7227 · Employee Pension & Fees		(48,101.00)	0.00	0.00	0.00	0.00	0.00
	Total 7200 · General Staffing Expenses	0.00	(48,101.00)	0.00	0.00	0.00	0.00	0.00
	7300 · Membership Expenses							
	7301 · Resident Outreach		1,800.00	721.00			10,000.00	10,000.00
	7302 · Early Career Member Benefits		0.00				5,000.00	5,000.00
	7303 · Practice Group Engagement		0.00				10,000.00	
	7304 · Temporary Help-Membership Cal	430.38	0.00	0.00				
	Total 7300 · Membership Expenses	430.38	1,800.00	721.00	0.00	0.00	25,000.00	15,000.00
	8000 · Professional Services							
	8120 · Legal Counsel	120.00	19,799.00	10,297.50		11,666.65	20,000.00	20,000.00
	8125 · Members Legal Counsel	914.00	1,085.00	4,815.50		583.35	1,000.00	1,000.00
	8130 · Executive/HR Consulting	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8140 · Meeting Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8145 · AMG Management Fees	504,000.00	504,000.00	504,000.00	308,700.00	308,700.00	529,200.00	529,200.00
	8190 · Audit & Accounting							
	8195 · Prior Yr Auditing & Accounting	33,653.78	100.00					
	8190 · Audit & Accounting - Other		25,404.00	26,327.99	21,079.56	21,066.67	25,000.00	25,000.00
	Total 8190 · Audit & Accounting	33,653.78	25,504.00	26,327.99	21,079.56	21,066.67	25,000.00	25,000.00
	8200 · IT Technology							
	8205 · IT Technology-Email/ElectionS	2,171.31	1,482.00	727.24	1,873.89	2,041.65	3,500.00	3,500.00
	8206 · IT Technology - Maintenance	2,099.27	1,900.00	2,150.07	803.68	1,225.00	2,100.00	2,100.00
	8207 · IT Technology - Development	14,370.00	0.00			1,666.70	10,000.00	10,000.00
	8208 · IT Technology - Infrastructure	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8209 · IT Technology - Hosting	7,096.67	11,079.00	10,543.63	5,562.61	7,000.00	12,000.00	12,000.00
	8200 · IT Technology - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total 8200 · IT Technology	25,737.25	14,461.00	13,420.94	8,240.18	11,933.35	27,600.00	27,600.00
	8210 · Computer Consulting	23,871.83	0.00				25,000.00	25,000.00
	8220 · Communications Non Web	0.00	12,417.00	17,000.02	5,862.64	7,000.00	12,000.00	12,000.00
	8225 · Communications PR Marketing	15,491.87	0.00	1,760.52		3,333.36	10,000.00	10,000.00
	8230 · Communications - Non Web (KP)	115,500.00	120,000.00	140,978.16	60,000.00	70,000.00	120,000.00	120,000.00
	8235 · Vital Times	26,060.03	27,014.00	27,190.46	31,081.64	28,000.00	28,000.00	28,000.00
	8250 · ASA Grant Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8255 · Investigate Feasibility 501c3	1,463.89	0.00	0.00	0.00	0.00	0.00	0.00
	8260 · Legal Defense Legal Services	0.00	0.00	12,494.05	0.00	0.00	0.00	0.00
	8265 · Marketing Research	0.00	0.00	38,368.69		27,083.31	65,000.00	65,000.00
	8290 · KP Digital Campaign	1,500.00	0.00	0.00	30,377.20	0.00	0.00	50,000.00
	Total 8000 · Professional Services	748,312.65	724,280.00	796,653.83	465,341.22	489,366.69	862,800.00	912,800.00
	8300 · LPAD Expenses							
	8305 · LPAD Legislative Advocacy	180,000.00	165,000.00	0.00	91,000.00	91,000.00	156,000.00	156,000.00
	8310 · Legislative Advocacy Expenses	10,748.95	4,660.00	11.71	1,261.47	2,916.65	5,000.00	5,000.00
	8315 · Division Expense	324.99	0.00	0.00			1,500.00	1,500.00
	8320 · Meeting Expense	107.80	2,822.00	0.00		499.97	2,000.00	2,000.00
	8325 · Travel for Chair/Volunteers	748.61	3,118.00	0.00	3,808.50	3,000.00	3,000.00	3,000.00
	8330 · LPAD Legal Advocacy	26,440.00	37,629.00	165,539.67	5,186.00	11,666.65	20,000.00	20,000.00
	8331 · CMA Leg Day Sponsorship	1,000.00	0.00	0.00			1,000.00	1,000.00
	8335 · LPAD Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8340 · Advocacy & Comm Workshop	3,120.89	0.00	0.00				
	8345 · Res Advocacy Wrkshp	6,161.68	4,766.00	0.00	5,861.05	6,000.00	10,000.00	10,000.00
	8350 · Legislator Meetings	0.00	0.00	0.00			3,500.00	3,500.00
	8515 · CAPP Membership	1,000.00	1,500.00	0.00			1,500.00	1,500.00
	Total 8300 · LPAD Expenses	229,652.92	219,495.00	165,551.38	107,117.02	115,083.27	203,500.00	203,500.00

	2019	2020	2021	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
	Jan - Dec 19	Jan - Dec 20	Jan-Dec 21	Jan-Jul 22	2022 YTD Budget	2022 Budget	2023 Budget
8400 - Project Lead The Way (PLTW)							
8405 - Project Lead The Way Expenses	3,816.76	0.00	0.00	0.00	0.00	0.00	0.00
Total 8400 - Project Lead The Way (PLTW)	3,816.76	0.00	0.00	0.00	0.00	0.00	0.00
8500 - Donation Expense							
8504 - Donation CPPPH	0.00	0.00	0.00				
8505 - Donation FAER/Anesthesia Found	2,500.00	52,500.00	2,500.00			2,500.00	2,500.00
8510 - Donation APSF & MHAUS	2,500.00	0.00	2,500.00			2,500.00	2,500.00
8511 - Donation CSA Campaign		0.00	0.00				
8512 - CSA Foundation for Education		0.00		1,104.66	1,500.00	5,000.00	5,000.00
8520 - CMA Annual Gala	2,500.00	0.00					
8525 - WARC Event Sponsorship	1,000.00	0.00				1,000.00	1,000.00
8530 - GASPAC Transfer							
Total 8500 - Donation Expense	8,500.00	52,500.00	5,000.00	1,104.66	1,500.00	11,000.00	11,000.00
9000 - Taxes	25.00	570.00	562.00	1,152.46		0.00	0.00
Total Expense	2,119,033.61	1,412,238.00	1,694,792.41	1,310,440.72	1,507,013.32	2,489,980.00	2,723,480.00
Net Income	238,607.80	434,181.00	372,051.83	392,167.20	516,302.63	-194,930.00	-589,080.00

Table 2 Marginal Contribution of Revenue Sources to Net Income

Marginal Contribution							
Dues	\$139,314	\$399,537	\$197,299	\$546,648	\$466,733	(\$270,050)	(\$488,550)
Other Income	\$21,031	\$1,731	\$7,753	\$14,955	\$13,292	\$13,500	\$13,500
EPD	(\$112,475)	(\$112,729)	(\$96,201)	(\$5,737)	\$6,820	\$11,120	(\$164,530)
Investment	\$190,738	\$145,642	\$263,201	(\$163,700)	\$29,458	\$50,500	\$50,500
General Operation	\$351,082	\$546,910	\$468,253	\$397,904	\$509,483	(\$206,050)	(\$424,550)
Net Income	\$238,608	\$434,181	\$372,052	\$392,167	\$516,303	(\$194,930)	(\$589,080)

1 Thank you for allowing me to serve as your ASA Director for California!

2
3 I would like to highlight a couple of items:

4
5 ASA BOD March 4-5: In the past ASA board meetings consisted of formal introduction of
6 issues via reverence committees. For this meeting ASA unveiled a new parliamentary
7 approach, known as informal consideration, along with a revised schedule of other educational
8 and strategy sessions to allow for increased interaction among participants. In addition to
9 approving a number of committee statements and work products, the board heard reports from
10 leadership recapping recent accomplishments, updates on major and emerging initiatives, as
11 well as the latest on finances and our advocacy work. One of the highlights for me was an
12 informative panel with the American Board of Anesthesiology (ABA) on the future of continuing
13 board certification. ABA Board President Robert Gaiser and ABA Executive Director,
14 Administrative Affairs, Michele Pore, joined Vice President for Scientific Affairs David Martin and
15 ABA workgroup member Christopher Troianos for an hour-long guided discussion. It was an
16 interesting dialogue with the leaders of an organization that has not always been well
17 understood, for a variety of reasons. Both ASA and ABA leaders commented on the emerging
18 opportunities to work together on behalf of ASA members, ABA diplomates, and the specialty at
19 large. The Sunday morning small breakout sessions focused on the strategic issues facing the
20 specialty. There were recurring themes amongst the discussions: workforce challenges and
21 payment issues came up a lot, but in talking about our strengths, members honed in on our
22 unique and valuable position within hospitals – anesthesiologists touch many aspects of the
23 ecosystem and interact with a broad cross section of specialties in a way other specialties do
24 not. All in all, it was a productive weekend, and I sincerely thank our BOD members for sharing
25 their wisdom, concerns, and ideas for improving our society and specialty to better care for our
26 patients.

27
28 ASA CEO Search: As most of you know, our long-standing excellent CEO Paul Pomerantz has
29 announced his retirement in early 2024. ASA has appointed an ad-hoc committee to conduct
30 the CEO search consisting of the following leaders: Ad Hoc Committee on CEO Search: Chair,
31 Mary Dale Peterson, Vice-Chair, Dan Cole, Don Arnold, Lois Connolly, Christian Diez, Kraig de
32 Lanzac, Edward Mariano, Dolores Njoku, Andrew Rosenberg, Erin Sullivan, and Crystal Wright.
33 ASA has also contracted with a professional search firm to aid the process.

34
35 Upcoming ASA events:

36 Legislative Conference May 14-17: This event is always an interesting and impactful
37 conference during which ASA members learn about current legislative issues, the legislative
38 process, and how to advocate for our patients and our specialty. If you are interested in
39 representing California, please let us know.

40
41 ASA Annual Meeting Oct 13-18 in San Francisco CA. The ASA is thrilled to announce very
42 happy to announce Siddhartha Mukherjee, the Pulitzer Prize-winning author of “The Emperor of
43 All Maladies: A Biography of Cancer,” and “The Song of the Cell: An Exploration of Medicine
44 and the New Human” as our ANESTHESIOLOGY 2023 Keynote Speaker. Dr. Mukherjee is an
45 assistant professor of medicine at Columbia University, and a cancer physician and researcher.
46 He will speak on the future of health care.

47
48 Joining him in our lineup of featured speakers are Daniel I. Sessler, who will give the Emery A.
49 Rovenstine Memorial Lecture, and Deborah J. Culley, who will give the John W. Severinghaus
50 Lecture. Dan is currently Michael Cudahy Professor and Chair of the Department of Outcomes

From: Paul Yost, MD, FASA
Subject: ASA Director Report
Date: April 2023

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Page 2

1 Research at Cleveland Clinic. Many of you will recognize him as one of the most extensively
2 published researchers in the specialty. Deb is currently the Robert D. Dripps Chair of
3 Anesthesiology and Critical Care Medicine, Perelman School of Medicine, at the University of
4 Pennsylvania. She is a widely respected neuroscientist, former president of the American Board
5 of Anesthesiology, and, as of recently, co-editor-in-chief of our flagship journal, Anesthesiology,
6 following the conclusion of the distinguished term of Evan Kharasch.

7
8 Respectfully submitted,

9
10 Paul Yost, MD FASA

Member Revenue, Numbers

Below reflects membership revenue received through July 31 and the active member count shown by ASA as of August 30. The good news is that CSA has exceeded its budgeted goal for membership revenue for 2022 and, with 3003 active members as of August 30, CSA is on track to its goal of 3100 active members by December 31.

These numbers are more positive than ASA shared at its August board of directors meeting, where leaders indicated ASA was off approximately 3% in budgeted revenue.

GASPAC and Foundation dues contributions are not included in these numbers. GASPAC and Foundation dues contributions are \$204,875 and \$50,700 through July 31. The GASPAC cash balance continues to exceed \$1 million, and the Foundation is achieving much needed financial sustainability.

	<i>Actual</i>	<i>Budget</i>	<i>Net</i>
Membership Dues Revenue (7.31)	1,444,871	1,417,316	+27,555
GASPAC Contributions	204,875		
Foundation Contributions	50,700		
Current Active Members (8.30)	3003	Dec 31, 2021 = 3080	

Financials

Below are topline from the YTD financials through July 31. Bottom line, through July 31, CSA has positive net revenue of \$392,167 which is \$124,135 below the budgeted net revenue of \$516,302.

Revenue declines are due in large part to lower than budgeted investment income and lower than budgeted revenue from CME events.

	<i>Actual</i>	<i>Budget</i>	<i>Net</i>
Revenue	1,702,609	2,023,315	(-320,708)
Expense	1,310,440	1,507,013	(-196,572)
Net	392,167	516,302	(-124,135)

Early Career Membership

A significant challenge and opportunity for 2023 will be the introduction of the new Early Career Membership category which is priced at one time payment of \$99 for a three-year membership with a specific set of benefits. This initiative was approved by the board of directors and the House of Delegates and is in response to ASA offering a three-year early career membership for a one-time payment of \$299.

1 This will result in an initial loss of revenue for at least three years. The keys to success will be
2 in successfully transitioning the early career members into full paying active member status at
3 the end of the term by delivering clear member to both CSA and ASA and engaging in effective
4 communications throughout the term of early career membership.

5
6 The membership committee is focused on developing and delivering the “products” CSA has
7 promised including free registration to one annual meeting, discounted MOCA credits and
8 access to online material generated by the CSA/UCI Leadership Program. The membership
9 committee will also work with residency programs and practice groups to promote the
10 availability of the early career membership to graduating residents and new hires.

11 12 **ASA Component Recognition Award**

13 For the third time in five years, CSA has received a Component Recognition Award from the
14 ASA. The 2022 Component Recognition Award in the “very large” category was presented to
15 CSA leaders at the August ASA board of directors meeting in recognition of the CSA UCI
16 Leadership for Healthcare Management certificate program. Attached is a copy of the certificate
17 and the winning application.

18
19 Congratulations to Dr. Phillip Richardson for his leadership in getting the program up and
20 running in short order and Dr. Ron Pearl for his vision to position anesthesiologists as “part of
21 the solution.”

22 23 **CSA/PLTW Partnerships**

24 With the successful launch and implementation of the CSA/PLTW Partnership at UC Davis
25 (joining UCLA and Stanford), the CSA Foundation for Education now directs three ongoing
26 partnerships to support the instruction of the Project Lead The Way Biomedical Sciences
27 curriculum at nine California high schools.

28
29 An agreement has been reached with Cedars Sinai to establish a fourth such partnership with
30 three high schools in the mid-Wilshire area of Los Angeles. The Cedars partnership will reflect
31 the first “cost sharing” arrangement by which Cedars and the CSA Foundation will each commit
32 \$7500 per year to support the schools’ teacher training needs.

33
34 I have been working with Paul Pomerantz, ASA’s Executive Director, to explore the opportunity
35 for a national partnership between the ASA and PLTW national to establish similar partnerships
36 in states across the US, working with state component societies and residency programs. Mr.
37 Pomerantz will be joining CSA Foundation board chair Dr. Mark Zakowski and me in Orlando to
38 meet with PLTW leaders at their annual meeting in late October.

39 40 **Inaugural GASPAC Day of Contributing Challenge a Success!!**

41 Thanks in large part to the leadership of Dr. Todd Primack, LPAD/GASPAC Chair and the talent
42 and hard work of CSA staff members Kate Peyser, Megan MacNee and Evan Wise, CSA’s first
43 Day of Contributing Challenge to benefit GASPAC was a great success, raising \$51,365.10
44 from 164 donors – exceeding the revenue goal of \$50,000 but falling significantly short of our
45 participation objective.

46
47 Special recognition should go to East Bay Anesthesia Group and Vituity for each making
48 maximum contributions of \$8100. Other practice groups are encouraged to follow their lead and
49 consider making a corporate contribution to GASPAC in the amount of \$8100 or less.

CSA Staff Members

As always, I am pleased to take this opportunity to recognize the many staff members who work diligently to support CSA volunteer leaders and help advance CSA's organizational objectives.

Advocacy and Management Group

Megan MacNee	Deputy Executive Director
Rachel Hickerson	Events Manager
Dena Silva	CME Manager
Evan Wise	Membership Manager
Kate Peyser	Communications Manager
Jonathan Flom	Communications Coordinator
Denise King	Accounting Manager
Ryan King	IT Manager

TDG Strategies

Bryce Docherty	Lobbyist
----------------	----------

KP Public Affairs

Alison MacLeod	Communications
Lisa Yarbrough	Communications

Respectfully submitted,

David N. Butler, IOM
Executive Director

ASAE CEO Symposium

Dr. Mariano, Dr. Conte and I met in Tucson in February for the American Society of Association Executives' Chief Executive Officer/Chief Elected Officer Symposium, which we haven't been able to attend in person for two years. ASAE is the association for association executives and provide educational programming around best practices of association management, including the relationship between the board of directors, board leadership and the association executive officer. Among the many things we discussed that we'd like to focus on during the balance of the year was establishing clear mission statements for each committee with a defined set of objectives outlined for each year, ratified by the board of directors. This would provide the committees with tangible outcomes that can advance organizational objectives and assist with leadership development and member engagement. In addition, we spent a good deal of time outlining a potential strategy to assist private practice anesthesia groups in developing resident training programs to meet the current workforce shortage most practice groups are experiencing, as discussed by Dr. Brian Jones of CSA/Sutter during the large practice group session at the January Board of Directors' Planning Meeting in Sacramento.

Association Laboratory Meeting – Reimagining the Future of Healthcare Associations

That same week, Dr. Ayrian and I attended a meeting hosted by Association Laboratory, a consulting firm that provides strategic planning and research services to healthcare associations. Association Labs conducted membership research for CSA in 2018. Among the issues impacting health care associations include corporatizing/consolidating practice groups, increased pressure in reimbursement, workforce shortages, lack of organizational loyalty among younger professionals, and the rapid nature of change and content/information distribution. Among the implications to associations and CSA included:

- Positioning CSA as a “professional home” where members feel a sense of personal and professional belonging;
- Leveraging the website as a platform to more rapidly curate best practice information re: clinical practice and practice management;
- Providing more flexible platforms for learning/acquisition of CME (whether owned by CSA or not);
- Developing focused efforts in relationship building with large practice groups to see where CSA could “fill in the gaps” of learning, resource acquisition, professional development.

Support CSA Advocacy Efforts

Each spring, I support CSA's multiple advocacy efforts:

CSA District Zoom Meetings to support AB 765

I scheduled apx. 20 zoom calls with members of the Assembly Business and Professions Committee in advance of the bill hearing on AB 765 (Wood) re: medical licensure. This effort included working with the CSA District Directors to ensure they were able to participate and assist them in recruiting delegate/alternates and CSA leadership to participate in the meetings. Positioning the District Directors as leaders in CSA grassroots advocacy efforts, taking ownership of relationships with local legislators, was a key element of CSA's organizational restructuring several years ago – and based on the unanimous vote 16-0-2 vote in the B&P Committee, it seems to be bearing fruit.

CSA/CMA Legislative Conference in Sacramento

I provide assistance to Bryce and his staff by identifying active member and resident attendees to the legislative conference, while Megan and the KP team develop and coordinate collateral material for the meetings.

ASA Legislative Conference in Washington, DC

I work with CSA leadership to identify 12 active members and four resident members who comprise the CSA Delegation to the ASA Legislative Conference, May 14-17. I work with ASA staff to identify priority issues and priority members of Congress with whom CSA should be meeting. I manage the meeting requests, coordinate communications with member offices and support the delegation while in DC.

75th Anniversary

I have supported the efforts of Dr. Moon and Dr. Pearl, chairs of the 75th Anniversary Task Force, working in partnership with staff from KP and AMG.

Project Lead the Way Partnerships

Working with Dr. Poorsattar at UCLA, Dr. Perez at Stanford and Dr. Forghany at UC Davis, I have supported their efforts, working in partnership with the classroom teachers at the nine participating schools, overseeing the provision of grant funds, supporting communications activities and monitoring changes/transitions with classroom teachers.

Membership Renewals/Revenue

Through March, membership renewals are slightly ahead of 2022 with a significant increase in early career membership:

Active	Early Career	Total	
2022	2225	87	2312
2023	2131	254	2385

Net membership revenue is apx. \$1,200,000 against an annual budgeted goal of \$1,450,000.

CSA Staff Members

As always, I am pleased to take this opportunity to recognize the many staff members who work diligently to support CSA volunteer leaders and help advance CSA's organizational objectives.

Advocacy and Management Group

Megan MacNee	Deputy Executive Director
Rachel Hickerson	Events Manager
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Kate Peyser	Communications Manager
Jonathan Flom	Communications Coordinator
Denise King	Accounting Manager
Ryan King	IT Manager

TDG Strategies

Bryce Docherty	Lobbyist
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From: Dave Butler, IOM
Subject: Executive Director Report
Date: April 2023

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Page 3

1
2 KP Public Affairs
3 Alison MacLeod Communications
4 Lisa Yarbrough Communications
5
6 Respectfully submitted,
7
8 **David N. Butler, IOM**
9 Executive Director

1 On May 2nd we held a CSA District-1 online meeting via Zoom. There was a good attendance
2 and we discussed a number of issues including the MICRA reform and the likely repercussions
3 of this for anesthesiologists in our district.
4

5 On May 24th we held the first in-person District-1 meeting this year. There were
6 anesthesiologists from a number of different hospital systems attending this meeting.
7 A new anesthesia resident training program has been established in Stockton, California. This
8 program will help to increase the number of anesthesiologists in our state and allow for
9 adequate supervision ratios of nurse anesthetists and help hospitals staff their operating rooms.
10

11 Dr. Jesse Dominguez is the program director for this new training program in Stockton and he
12 attended our meeting on the 24th.
13

14 There was general acceptance of the MICRA reform that was signed into law by governor Gavin
15 Newsome only one day prior to our meeting. Even though there will be an adjustment for
16 inflation to the compensation paid for pain and suffering with a resultant increase in malpractice
17 insurance rates, other fundamental protections of MICRA remain intact. MICRA has been
18 responsible for anesthesiologists in California paying considerably lower rates than in most
19 other states.
20

21 Some anesthesiologists would have liked the CSA to try to defeat the proposed Fairness for
22 Injured Patients (FIPA) act proposed by the trial lawyers at the ballot. GASPAC was ready to do
23 this. The biggest share of the money to defeat the FIPA ballot would have had to come from
24 other coalition members like the California Hospital Association, medical malpractice insurance
25 carriers and the California Medical Association. The decision to accept MICRA reform was
26 therefore not primarily up to the doctors because they did not put up the lion share of the money
27 to defeat FIPA. Members understood this issue and the difficulty of trying to defend a cap that
28 has not been adjusted for inflation in over 50 years in the current inflationary environment.
29

30 Overall anesthesiologists were relieved that MICRA is staying in place to prevent the frivolous
31 lawsuits and malicious ambulance chasing by trial lawyers that was common in California prior
32 to the original MICRA legislation.
33

34 On May 26th Dr. Jeffrey Poage delivered a webinar via Zoom on Leadership and Advocacy
35 Opportunities in the ASA, CSA and CMA. This content was well received and attendees learned
36 a lot about the issues. We were also very impressed finding out about Dr. Poage's setup for
37 mobile pediatric dental care. It was inspiring to see how Dr. Poage's passion for advocacy for
38 safe pediatric dental anesthesia care led him to pioneer safe mobile anesthesia care in dental
39 offices.
40

41 Kaiser anesthesiologists in our district have been very concerned about nurse anesthetists
42 misrepresenting themselves as physicians. The CSA has created a toolkit on how to deal with
43 this issue if members encounter this problem in their hospital.
44

45 I had some very positive feedback from members about CSA efforts to defeat single payor
46 legislation, the defense of MICRA and the election of assembly members like Dr. Akilah Weber
47 who understand health care issues and can effectively represent us in the state legislature.
48 Getting effective representation within the California legislature for our specialty seems to be a
49 an important matter of high priority for members in our district.
50

From: Christian Bohringer
Subject: District-1 Report
Date: September 2022

201-2 (22/23)
Page 2

1 Respectfully Submitted,
2
3 Christian Bohringer
4 CSA District-1 Director
5 Professor of Clinical Anesthesiology
6 UC Davis Medical Center
7 Sacramento, CA

1 Things are gradually normalizing after the Corona Pandemic and most hospitals in our area are
2 no longer performing asymptomatic screening for influenza and corona viruses in their elective
3 surgical patients.

4
5 Public health in Sacramento county has lifted the face mask mandates.

6 On March 8th I participated in a meeting of the CSA with Heath Flora, assembly member
7 representing Modesto and Galt. Our lobbyist Bryce Docherty organized this opportunity for
8 anesthesiologists to meet this lawmaker and have some input into the legislative decision
9 process. Todd Primack, Vanessa Henke, Brian Wagner were the other anesthesiologists
10 present at this meeting. We were able to exchange ideas with the legislator and provide some
11 input about ensuring adequate access for patients to anesthesia services.

12
13 Our district-1 members have been very active this year in meeting politicians in support of the
14 CSA supported bill AB765. We had a meeting with assembly member Joe Patterson and his
15 staff member Christina Paxton on March 17th, 2023. Catherine Whang and Ross Bakhtari are
16 two of our members from Kaiser Permanente who participated in the meeting. In my opinion it
17 was very important for the Kaiser members to be involved in this campaign because they had
18 particularly strong views on the necessity for this new legislation. Christopher Muse Fisher, a
19 UC Davis Anesthesiology resident and a constituent of Joe Patterson was also present at the
20 meeting.

21
22 We also met with assembly member Kevin McCarty and his staff member Garret Jensen. Dr. Ed
23 Mariano our CSA president participated in the meeting, and this was very helpful because Kevin
24 McCarty had already been primed by the nurse anesthetist leadership and was very emotional
25 about the bill. Dr. Mariano was, however, very successful in clearing up some of his
26 misconceptions about the bill and the staff recommendation as of now is "Aye" on bill AB765.
27 Deepthi Penta, one of the UC Davis Anesthesiology residents and a constituent of Kevin
28 McCarty also participated in the meeting.

29 .
30 On March 23rd, 2023, we held our in-person CSA District-1 meeting at the Spaghetti Factory in
31 downtown Sacramento. We had members in attendance from UC Davis, Kaiser, Sutter and the
32 Shriner's Hospital. I gave updates on AB 765, the newly created legislative rotation for
33 anesthesiology residents at the state capitol, the 75th CSA Anniversary celebrations, the CSA
34 digital ad campaign as well as CSA's efforts to bolster new member recruitment and retention.
35 Members were very satisfied with the efforts of CSA to get bill AB 765 passed by the legislature.

36
37 On March 24th we met with assembly member Stephanie Nguyen and her staff member .Emily
38 Berry. We were able to have some Kaiser members attend the meeting again. Justin Teng and
39 Daniel Schweissinger had already participated in meeting lawmakers about this issue a couple
40 of years ago and they volunteered again to meet with their representative. Todd Primack from
41 the CSA legislative affairs committee was able to explain to the legislators in simple terms the
42 nature and the necessity for the legislation. Other members that participated were Abby Smith,
43 the CSA in training forum director, Reihaneh Forghany and Matt Malkin.
44 I deliberately tried to recruit Kaiser members in the meetings because they were the ones who
45 were very proactive on this issue and wanted action to be taken. I am happy to report that they
46 stepped up to the plate and donated their time to support this legislation.
47 Stephaine Nguyen has been working a lot with non-governmental organizations prior to
48 becoming an assembly member and she was very happy to hear about my involvement with the
49 Paul Hom Asian Clinic that she was very familiar with.

From: Christian Bohringer
Subject: District-1 Report
Date: April 2023

201-3 (22/23)
Page 2

1 We are patiently awaiting the decision to be made in the legislature on April 11th when AB 765
2 will be heard before the Business and Professions Committee. This is the top legislative priority
3 for the CSA this year and we are all hoping for a favorable outcome.
4

5 Respectfully submitted,
6 Christian Bohringer
7 CSA District-1 Director
8 Professor of Clinical Anesthesiology
9 UC Davis Medical Center
10 Sacramento, CA

1 Things are gradually normalizing after the Corona Pandemic and most hospitals in our area are
2 no longer performing asymptomatic screening for influenza and corona viruses in their elective
3 surgical patients.

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45 I deliberately tried to recruit Kaiser members in the meetings because they were the ones who
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47 stepped up to the plate and donated their time to support this legislation.

Stephaine Nguyen has been working a lot with non-governmental organizations prior to becoming an assembly member and she was very happy to hear about my involvement with the Paul Hom Asian Clinic that she was very familiar with.

The legislature voted on April 11th when AB 765 was heard before the Business and Professions Committee. The vote was 14 for the bill, none against and two abstained. This is the top legislative priority for the CSA this year and we are all hoping for a favorable outcome. The bill now needs to pass through the appropriations committee and then through the senate. On April 19th we had meetings with Deanna LaTour-Jarquin (Senator Glazer), Andrew Aldama (Senator Archuleta), Cassidy Denny (Senator Ashby) and Belle Castro (Senator Wilk) as part of the California Medical Association legislative day. I was accompanying Jeff Poage, Jeffrey Rusheen and two anesthesia residents Oliver Marigold and Olivia Sonderman.

I attended the CSA annual meeting in San Diego and the BOD meeting from April 27th -30th.

On May 1st I participated in the meeting with assembly member and health committee chairman Jim Wood and May 3rd in the meeting with Senator Brain Jones.

Our second in-person District-1 meeting this year will be held at the Firehouse restaurant on May 24th.

Respectfully submitted,

Christian Bohringer
CSA District-1 Director
Professor of Clinical Anesthesiology
UC Davis Medical Center
Sacramento, CA

2023 has been a productive and busy period for District 2, and efforts related to advocating for AB765 will continue to energize members of the district in the coming months, as we meet with a larger pool of legislators concerning AB765, no longer limited to Assemblymembers who serve on the Business and Professions Committee. During the coming months, District 2 members will also be invited to several dinners and cultural events (with special talks and discounted tickets for CSA members) that will hopefully foster greater camaraderie and relationships among CSA members in District 2, now that improving pandemic-related concerns have finally left members willing to gather in person again, with less trepidation.

At the most recent virtual meeting for District 2 delegates and alternate delegates, in March 2023, we welcomed Drs. Matthias Braehler (UCSF), Mark Thoma (Chair of the Permanente Medical Group) and Odie Ehie (UCSF) as new district 2 delegates, and Dr. Jeremy Juang (UCSF) as a new alternate delegate. Dr. Todd Primack, chair of the Legislative and Practice Affairs Division, was our invited guest, and he provided an excellent introduction to AB765 and getting involved in CSA advocacy, which was a wonderful introduction to the group, leading up to our first set of successful meetings with State Assemblymembers and their staffers. During those meetings, I felt that three points resonated particularly strongly: (1) that patients deserve to understand the background and qualifications of their providers, in order to make informed decisions about their healthcare and their selections of healthcare providers, because words matter and patients want to understand their providers' qualifications (2) that legislation is required to ensure truth and transparency, particularly post-AB890, in order to protect patients' safety and autonomy, and (3) that non-English speaking patients are particularly vulnerable to confusion due to title misappropriation, since use physician-equivalent titles by non-physicians easily lead translators to describe non-physician providers as medical doctors.

Many members of district 2 participated along with me in meetings with Assemblymembers and their staff concerning AB765. Specifically, we met with staff for Asm. Timothy Grayson (District 15), Asm. Mia Bonta (District 18) and Asm. Phil Ting (District 19), and with Asm. Josh Lowenthal. CSA District 2 members found the chance to become involved in legislative advocacy to be energizing and rewarding, and I plan to invite members to reach out if they are interested in potentially getting more involved in CSA advocacy, at the next District 2 virtual meeting next month.

We are planning a joint dinner with District 3 (in conjunction with Dr. Sydney Thompson, District 3 Director) later this spring, and a separate District 2 dinner in the East Bay in September (with the locations selected specifically to make dinners easy to attend for members living throughout the District).

To foster new connections and strengthening existing connections among District 2 members, I have arranged for a San Francisco Opera "CSA Night at the Opera" event for CSA members (and their significant others) on June 24, to see Madame Butterfly. Attendees are invited to attend a special complementary pre-opera talk for our group, given by a member of the SF Opera, in a private lounge area within the opera house, and will enjoy significantly discounted tickets. Pending member interest, we can organize similar events during the Fall opera season, as well as at the San Francisco Symphony, which may appeal to a broader audience of CSA members given their varied program, which even includes showings of popular movies, with their scores played live by the SF Symphony. These events could easily be expanded to invite members from the nearby districts in Marin and the Peninsula.

1 I am making arrangements for a similar night (at the Orchestra), with the New Century Chamber
2 Orchestra, starting this fall; an advantage is that they regularly perform in Berkeley (and Marin),
3 in addition to San Francisco, meaning that we can schedule events closer to home for members
4 who reside outside of San Francisco. We are in talks with the Executive Director to possibly
5 have the Music Director give a special (short) pre-show talk to CSA attendees (and their guests)
6 about "Medicine and Music."
7

8 I was honored to be part of the CSA delegation to the State Assembly, when the Assembly
9 recognized, in ACR 3, Physician Anesthesiologist Week, highlighting anesthesiologists'
10 important role in patient safety, and acknowledging the 75th anniversary of the CSA. Asm. Matt
11 Haney (District 17) introduced the legislation, and we were fortunate to spend time with him, as
12 well as a few other Assemblymembers, including Asm. Jasmeet Bains.
13

14 Last August, I was also part of the CSA delegation (organized by Dr. Sydney Thompson) that
15 attended a fundraiser for Rep. Zoe Lofgren (where I briefly met Rep. Lofgren as well as Speaker
16 Pelosi, individually), and in February, I represented District 2 at a fundraiser for Rep. Evan Low,
17 as part of the CSA delegation organized by Dr. Thompson. It has been an honor to meet both
18 Rep. Low and Rep. Lofgren, and to have some meaningful exchanges with each of them at the
19 events, and I look forward to developing relationships further with our elected representatives in
20 the second half of 2023. Last month, I traveled to Sacramento to attend a GASPAC dinner with
21 Asm. Heath Flora, and next month I will return to Sacramento for a GASPAC dinner with State
22 Senator Janet Nguyen.
23

24 Finally, many District 2 members have volunteered to contribute to the CSA's new oral boards
25 preparation project, and some residents and junior attendings within the district have expressed
26 enthusiasm about taking advantage of the program's offerings, once it launches. Members are
27 also enthusiastic about attending the upcoming CSA 75th Anniversary Celebration at the
28 upcoming ASA Annual Meeting.

1 Though hospitalizations and deaths are much lower with the new Omicron Covid strains it is still
2 creating challenges in our health care systems. At one point, a local group reported that half of
3 their anesthesiologists had tested positive for covid and had to quarantine creating scheduling
4 difficulties and needing to require remaining members to work longer hours and cover additional
5 call to meet contractual obligations. Of course, staffing for nurses and other healthcare and
6 support personnel are similarly being impacted. Recent studies suggest that more than 50% of
7 infections are asymptomatic or with such mild cold-like symptoms that subjects are unaware
8 they have Covid and that is playing a role in continued high transmission rates. Newer
9 treatments like Paxlovid have been a game changer for many to avoid serious disease and
10 death, however, the rates for Long Covid syndrome have not changed. The long-term burden of
11 Covid remains to be seen.

12
13 Due to these issues, there was little interest for indoor dinner meetings. Industry
14 representatives were having difficulty getting speakers to attend in person. One did try to
15 organize an event with a virtual speaker but could not find a venue that would satisfy concerns
16 for social distancing, outdoor option, and have the audiovisual abilities to be effective. The rise
17 of MonkeyPox and a recent report that transmission may not be limited to sexual contact but
18 may be contracted by fomites/high-contact surfaces and crowded venues is not reassuring.
19 However, we will continue to work towards a hosted in-person meeting.

20
21 District 3 Delegates have reported general concern with ongoing staffing demands, shortages,
22 and difficulties recruiting across all practice sites and types. In May, the CNA picketed outside of
23 HCA Health care system's Good Samaritan and Regional Hospitals concerning unsafe
24 nurse:patient ratios. GSH reports a 22% decrease in nursing staff and Regional reports a 30%
25 decrease. This contributes to the stress of physicians trying to practice safely.

26
27 In July, the Valley Physicians Group (450 physicians) that provides services for SCVMC/County
28 Health care system reported one suicide and an attempted physician suicide due to chronic
29 short staffing and unsafe physician patient loads. They had been working without a contract for
30 over a year. Burnout and exhaustion are being exacerbated by moral injury with physicians
31 feeling they cannot provide safe patient care.

32
33 O'Connor hospital is undergoing much needed seismic upgrades. Operating rooms are running
34 at full capacity.

35 Dr. John Brock-Utne reports that JCAHO has not yet accepted recent published data (1) that
36 disproves spiked IV fluids must be used within one hour. JCAHO surveyors are still citing
37 hospitals (2). Drs. Brock-Utne and Jaffe's study and subsequent internal confirmatory studies
38 demonstrate that is safe to use IV fluids within 24 hours of spiking and in fact their study showed
39 spiking of commercially prepared IV solution bags *does not* cause time- dependent microbial
40 contamination for at least nine days in normal storage conditions. They have sent a follow-up
41 letter to JCAHO and await their reply. I would like to thank Drs. Brock-Utne and Jaffe for
42 continuing to advocate for sensible evidence-based anesthesiology practice parameters.

- 43
44
45
46
1. (Brock-Utne JG, Smith SC, Banaei N, et al. Spiking of intravenous bags does not cause time- dependent microbial contamination: a preliminary report. *Infect Control Hosp Epidemiol.* 2018;39(9):1029–1030.)
 2. John Brock-Utne, MD, PhD and Richard A. Jaffe MD, PhD. Spiking and the Joint Commission. *AnesthesiologyNews.com.* June 2022 edition

1 On March 27, 2022, CSA sponsored a delegation to attend Evan Low's Lunar New Year's
2 fundraiser event. Asm. Low has long been a friend to CSA. Many local elected officials were in
3 attendance (60+) along with a surprise special guest Congresswoman Anna Eshoo. This large
4 event is always a great opportunity for networking.

5
6 With the surprise MICRA compromise becoming law, efforts have now shifted to monitoring how
7 this will affect malpractice premiums for our specialty and lobbying for fair and just
8 compensation with inflation and the rising costs of doing business in California.

9
10 In May 2022, I joined other CSA members in Washington D.C. for the ASA Legislative
11 Conference. This is a great opportunity to meet and advocate for our profession face to face
12 with both Representatives and their staff. As noted below, we also attend "in-district" events
13 locally. All the people we met with were very receptive to our issues. Many have been
14 impacted by re-districting so they are very keen on making connections with their new
15 constituents.

16
17 On August 27, 2022, ASA has agreed to sponsor a table to support Rep Lofgren and meet with
18 her special guest, Speaker of the House, Rep. Nancy Pelosi.

19
20 I would like to thank my Delegates and Alternates for their contributions and service: Drs.
21 Edward Baer, Pavandeep Bagga, Jennifer Basarab-Tung, Anna Maria Bombardieri, Brendan
22 Carvalho, Harrison Chow, Genevieve D'Souza, Alimorad Djalali, Melanie Henry, Jean-Louis
23 Horn, Kamran Husain, Christine Jette, Perin Kothari, Vivekanand Kulkarni, Carole Lin, Solmaz
24 Nabipour, Sheela Pai Cole, Anil Panigrahi, Muhammad Shaikh, and Ellen Wang.

25
26 Respectfully Submitted,
27 Sydney Thomson, M.D., FASA
28 Director District 3

District 3 has been very active on the advocacy front. Members turned out for numerous meetings and events to advocate for passage of AB 765, our truth in advertising bill. We met with Asm. Berman on March 17th, Asm. Flora March 27th, staff for Asm. Alanis on April 3, and Asm. Lee on April 10th. I am happy to report that AB 765 passed out of the Assembly Business and Professions committee on April 11th with 16 “yes” votes and 0 “no” votes and is now heading to the Assembly Appropriations Committee. We also attended fundraisers for Asm. Alex Lee on Feb. 26th and Asm. Evan Low on March 5th representing CSA. The Asm. Low event was notable because his guests included four (4) members of congress: Reps. Zoe Lofgren, Jimmy Panetta, Anna Eshoo and Ro Khanna. Asm. Evan Low is a rising star and friend to the CSA. I would like to thank our members who participated in our District 3 advocacy efforts:

Rita Agarwal, M.D., FAAP, FASA
Anna Maria Bombardieri, M.D., PhD
Harrison Chow, M.D.
Genevieve D’Souza, M.D., FASA
Vanesa Henke, M.D.
John Hsieh, M.D., FASA
Christina Menor, M.D.
Sheela Pai Cole M.D., FASE, FASA
Felipe Perez, M.D., FAAP
Todd Primack, D.O., FASA
Anthony Sawyer, M.D., MPH
Abby Smith, M.D.
Olivia Sonderman, M.D.
Jennifer Basarab-Tung, M.D.
Ka-Wah Tung, M.D.
Ellen Wang, M.D.
Justin Yuan, M.D.

With the decline of the pandemic, we were able to have our first in-person District 3 dinner meeting in December hosted by Masimo. Dr. Adrian Gelb (UCSF) presented an excellent lecture on Brain Function Monitoring. I gave a presentation summarizing CSA Advocacy activity and the importance of being part of the discussion with our elected leaders. We were honored to have Dr. Michael Champeau, ASA President, join us for this meeting. We had an excellent turnout with ample time for networking.

In follow-up to my last report, District 3 continues to have physician staffing shortages with ongoing recruitment challenges across all practice types. The high cost of living, decreasing reimbursement, short support-staffing and increased electronic documentation burdens are just some of the contributing recruitment factors. There has been a steady rise in demand for health care services and procedures that were delayed during the Pandemic and every practice is extremely busy.

The Valley Physicians Group that provides services for Santa Clara Valley Medical Center (SCVMC) reached a contract agreement just before a planned strike in November. SCVMC is a 731-bed public teaching hospital and one of five Level I trauma centers and one of three pediatric trauma centers in northern California. A strike would have overwhelmed all the hospitals in the area. This agreement came after two years of stalled contract negotiations, during which the doctors said the county failed to address poor working conditions, including

1 high caseloads, reduced resources, delayed patient care impacting patient safety and increased
2 physician burnout. A poll prior to the contract noted that 68% of the physicians were planning to
3 leave SCVMC within the next 3 years. Physician strikes are so rare, that the negotiations made
4 national news. The agreement is being touted as a model for other groups because at its heart
5 it was about improving physician working conditions and advocating for patient safety.
6

7 I am happy to report that the Joint Commission no longer has a one-hour position on the pre-
8 spiking of IV bags. Their focus will be to see if departments are adhering to their hospital's
9 policy. It is important for every practice to review their hospital policy and make any needed
10 revisions. Thank you again to Drs. Brock-Utne and Jaffe for their research and evidence-based
11 arguments to JCAHO on behalf of our profession.

12 I would like to thank my Delegates and Alternate Delegates for their contributions and ongoing
13 service:
14

15 District 3 Delegates: Drs. Anna Maria Bombardieri, Brendan Carvalho, Alimorad Djalali,
16 Genevieve D'Souza, Christine Jette, Sheela Pai Cole, Anil Panigrahi, Jennifer Basarab-Tung,
17 Harrison Chow, and Ellen Wang.
18

19 District 3 Alternate Delegates: Drs. Kamran Husain, Melanie Henry, Pavandeep Bagga,
20 Muhammad Shaikh, Vivekanand Kulkarni, Perin Kothari, Edward Baer, Jean-Louis Horn and
21 Carole Lin.
22

23 I would like to put forth Dr. Andrea Murray to fill the one vacant spot for District 3 Alternate
24 Delegate.
25

26 Respectfully Submitted,
27 Sydney Thomson, M.D., FASA
28 Director District 3

1 U.S. News & World Report recently published their annual Best Hospitals rankings. Many of the
2 hospitals in our district were mentioned in one or more category of exceptional care. Thank you
3 to all our members. Our members overcame the many disruptions caused by COVID over the
4 last 2 1/2 years and demonstrated their ongoing dedication and commitment to our patients.
5

6 "Shortages": Members in our district have reported a multitude of shortages. There are
7 shortages of Anesthesiologists, with the result that many of our members are working longer
8 hours (and therefore reporting burnout). There are shortages of supplies, (some reportedly due
9 to supply chain issues) including epidural trays. There are shortages of medications, which
10 affect the safe provision of patient care.
11

12 A member in our district was called in the middle of the night to the Emergency room to assist
13 with a difficult intubation. He was wearing a surgical mask and assisted in the intubation, during
14 which time the patient coughed. The next day, the patient started to have lesions consistent with
15 Monkeypox, which was confirmed by the department of public health. This was a considered a
16 high-risk exposure. Our member was provided the vaccine. With the COVID pandemic and now
17 the public health emergency of Monkeypox, this is a reminder to always use full and appropriate
18 PPE.

From: Henry J Gonzalez, M.D.
Subject: District 5 Report
Date: September 2022

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1 Our main goal for having changed our house of delegates structure a few years ago was to
2 increase our ability to advocate for our specialty at the local, state, and federal elective office
3 level.
4

5 I've spoken to many in our district 5 area on a face to face basis. Despite my reassurances,
6 many are a bit reluctant to meet with our respective elected leaders. I have sent out a number
7 of requests to our district members, inviting them to join me in my discussions with elected
8 leaders. I have yet to receive any confirmations within the last 3 months.
9

10 However, during the last 3 months, I've spoken with representative Holden's office twice, I've
11 had two meetings with state senator Anthony J Porlantino's staff via phone calls, went well.
12 Along with his office, we have a phone meeting with Congresswoman Judy Chu's office staff
13 scheduled for August 23rd.
14

15 Over the last 3 months, I've spoken with various mayoral candidates in my community, along
16 with two county supervisor candidates. All in all, these meetings were more along the lines of
17 introducing myself to them and informing them of what we do as Anesthesiologists in the
18 state.
19

20 We had a zoom meeting scheduled for May 3rd, but I got caught in a case and could not
21 attend, so we are having a district meeting scheduled for late September (summer vacations
22 put a "pause" on many folks' responses to meetings). Before that meeting, I'll schedule a
23 delegate/ alternate delegate zoom meeting to update them on the September board meeting.
24

25 Besides the usual "call to action" sent out by our ASA and CSA leadership from time to time,
26 I encourage all members I come in contact with to donate to our PAC's (both the CSA and
27 ASA PAC's) to help us advocate for our specialty.
28

29 Hopefully, we'll be able to have a few more productive meetings within our district to help recruit
30 members of our society in our quest to improve our advocacy.
31

32 Respectfully submitted,
33

34 Henry J Gonzalez, M.D., District 5 Director
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From: Rana Movahedi, MD, FASA
Subject: District 6 Report
Date: September 2022

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1 During our house of delegates meeting in June I met with district 6 delegates who were present.
2 We has great discussions specially about the new MICRA initiative and the CMA deal. After the
3 meeting I sent a brief summary to district 6 members to share the CSA efforts with our
4 members. This report was well received and I've got great feed back communications from my
5 district.
6

7 Rana Movahedi, MD, FASA
8 District 6 director

From: Rana Movahedi, MD, FASA
Subject: District 6 Report
Date: April 2023

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1 I feel we were more productive during this time. I was able to arrange a dinner meeting for
2 district 6 in February. Dr Conte-Hernandez attended our meeting and talked about advocacy
3 and various ways CSA is contributing to our cause. We had great discussions about AB765 and
4 other issues concerning our specialty. I look forward to having more meeting like that to
5 increase the moral and talk about CSA advocacy.
6

7 We also had several zoom calls with Assembly Business and Profession Committee Members
8 regarding AB 765 bill and the importance of this bill. These efforts were instrumental in providing
9 them with the background they needed to understand our bill and see through the opposition's
10 arguments against. We were notified by Dr Primack the bill passed 16/0.
11

12 Rana Movahedi, MD, FASA
13 District 6 director

1 CSA District 7,
2

3 With COVID numbers and severity decreasing, there has been much discussion on the need of
4 preoperative testing for COVID patients and wait times for asymptomatic patients. Through an
5 informal poll of our District, some centers continue to test all patients, while some have stopped
6 testing asymptomatic vaccinated patients. Additionally, there is also variability of when to do
7 elective surgery after a positive test - this has ranged from waiting 10 – 14 days.

8 There has also been an acute shortage of anesthesia providers due to an increase of NORA
9 cases, retirements and surgeries in general. Paralleling the recent nursing shortage, this has
10 resulted in offerings of large stipends and pay for anesthesia at many institutions. Like the
11 temporary surge in travel nurse payments, the anesthesia payments may decrease in the near
12 future, but hopefully not before hospital administration sees the need to stabilize anesthesia
13 services with additional support and stipends.

14 The CSA has been developing a Job Board for its members to match members who are seeking
15 a new or different job, with practices that have openings. The Job Board is still in its early stages
16 but continues to collect information if you want to post.

17 <https://csahq.org/membership/csa-job-board>
18

19 We are also planning to have a District Dinner with more current updates in October in the
20 Costa Mesa Area. Last year's District Dinner at Maestros was very well attended with members
21 from multiple practices and universities.
22

23 See you soon,
24 Lynnus Peng, MD
25 CSA District 7 Director

1 Dear CSA Members,

2
3 I would like to express my gratitude for your unwavering support in championing the passage of
4 AB 765, the "California Patient Protection, Safety, Disclosure and Transparency Act." Your
5 advocacy in contacting your representatives to back the bill has been instrumental in securing
6 its approval by the Assembly Business and Profession Committee with a resounding 16 to 0
7 vote. With this new law in place, we can now eliminate confusing and misleading healthcare
8 advertising and communications that could potentially compromise patient safety and uphold the
9 physician title of Anesthesiologist.

10
11 As part of our ongoing efforts to promote awareness of critical legislative issues, we held a
12 successful District Dinner last fall at the Water Grill in Costa Mesa. It was heartening to see so
13 many private and academic physicians as well as residents from District 8 in attendance. During
14 the event, we reviewed the results of MICRA Modernization and other current legislative issues.

15
16 Furthermore, we are aware of the scarcity of anesthesiologists and are committed to helping
17 those who are seeking jobs. We encourage you to review our current job listings or post on our
18 CSA job board, where we provide contact details of physicians who can discuss job
19 opportunities.

20 <https://csahq.org/membership/csa-job-board>

21
22 Lastly, I would like to remind you to register for our annual CSA meeting in San Diego at the end
23 of this month from April 27th to 30th. We are excited to bring together experts and leaders in the
24 field to share insights and network.

25 <https://csahq.org/docs/default-source/cme-event-brochures/final-program.pdf>

26
27 Thank you for your continued support, and we look forward to seeing you soon.

28
29 Sincerely,

30
31 Lynnus Peng, MD
32 CSA District 7 Director

District 8 is the southern-most of the 8 CSA geographic districts. It includes all of San Diego and Imperial Counties, as well as parts of Riverside and Orange Counties (CA Senate Districts 28, 36, 38, 39, 40).

Congratulations to the following who were elected to **District 8** leadership positions in the **Spring 2022 CSA elections**:

Delegate:	Ben Beal MD
	Minh Tran MD (re-elected)
Alternate Delegate	Ryan Field MD
	Liora Yehushua MD

Congratulations also to Carlos Pino MD who was approved for appointment to an open **Alternate Delegate** position at the 4/10/22 Board of Directors meeting.

The 2022 CSA Annual meeting took place in District 8 at the popular San Diego Hyatt Regency Mission Bay. **Faculty** included District 8 members Engy Said (Associate Program Chair), Alyssa Brzenski, Rodney Gabriel, Carlos Pino, and Sheila Rajashekra.

We were saddened to learn this spring of the death of long time District 8 member Thomas Joas MD at the age of 86. He was very active in CSA and ASA and held many leadership positions in organized medicine, including CSA President, San Diego County Medical Society President, Anesthesia Services Medical Group President, and President of the Medical Board of California. He was a recipient of the CSA Distinguished Service Award. Please see the April 11, 2022 CSA Online First for Dr. Thomas Cromwell's tribute to this remarkable man.

<https://csahq.org/news/blog/detail/csa-online-first/2022/04/11/a-tribute-to-thomas-joas-md-friend-and-colleague>

On May 9, 2022, I hosted a **Virtual District 8 meeting** with co-host Megan MacNee, Deputy Executive Director of AMG. We discussed the resolutions and bylaws changes that would be acted upon at the June House of Delegates, as well as current and pending legislation in Sacramento including AB 35 (Micra Modernization). I also shared information regarding CSA's digital ad campaign and TIA (Truth in Advertising) initiatives.

District 8 had a full delegation at the **CSA House of Delegates** meeting in Newport Beach on June 4 and 5, 2022. Many thanks to Ben Beal, Alyssa Brzenski, Chien Chow, Ryan Field, Junichi Naganuma, and Nick Wasson for their valuable contributions to both the Reference Committee Discussions and full HOD proceedings.

The position of **District 8 Director** became vacant when I was elected to the position of Vice-Speaker at the House of Delegates Meeting in June.

CSA's **special election** process was initiated to fill the vacancy and I am happy to report that **Alyssa Brzenski MD will be the new District 8 Director. Congratulations!** Dr. Brzenski is an accomplished and distinguished pediatric anesthesiologist and has been a valuable member of the District 8 leadership team for several years.

As this is my last report as District 8 Director, I would like to take this opportunity to thank the members of the Former District 1 and current District 8 for their support and engagement during my time as Director. I would also like to thank CSA leadership, including officers and BOD members past and present for welcoming me to the fold and encouraging me, even when I had

From: Robin Seaberg MD FASA
Subject: District 8 Report
Date: September 2022

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no idea what I was doing! Also, none of the work of the District Directors would be possible without the outstanding support and contributions of the officers and staff of AMG and KP. Your collegiality and friendship mean the world to me. I leave this position with a light heart, knowing that the district will be in the extremely capable hands of Dr. Alyssa Brzenski.

Respectfully Submitted
Robin Seaberg MD FASA
Former District 8 Director

1 District 8 is the southern-most of the 8 CSA geographic districts. It includes all of San Diego
2 and Imperial Counties, as well as parts of Riverside and Orange Counties (CA Senate Districts
3 28, 36, 38, 39, 40).
4

5 District 8 was excited to host its first in-person gathering since before the COVID pandemic this
6 past November. This networking and community time allowed the anesthesiologists from
7 multiple different practice types across District 8 to share some of their concerns. During this
8 meeting, we were glad to have an increased representation of the anesthesiologists at the San
9 Diego Kaiser group. Additionally, there were individuals from the private practice at ASMG, the
10 academic group at UCSD, the Navy, solo practice in southern Orange County, and
11 anesthesiologists with their pain practices. Although each of these anesthesiology practices
12 differs in structure, there were common concerns among all who attended. Some top priorities
13 amongst attendees include recruiting new anesthesiologists in our region, the high cost of living,
14 and the difficulty for recent graduates out in practice. There is a strong desire to continue
15 advocating for all these anesthesiologists within our district.
16

17 The past month gave District 8 the opportunity to interact with one of our newest
18 Assemblymembers, Assemblymember David Alvarez. We were very pleased to learn that he
19 voted in favor of AB 765.
20

21 Our recent elections will lead to some additional changes within District 8. Dr. Minh Tran ran
22 unopposed for the District 8 Director position. Following the April CSA meeting Dr. Tran will be
23 leading District 8. The District is very lucky to have someone who is so passionate about
24 supporting anesthesiologists and ensuring our continued success. I will be stepping back into
25 the District Delegate role, along with Drs Field and Naganuma who were re-elected as District
26 Delegates during the recent CSA elections. District 8 is looking forward to the passionate and
27 committed leadership in the upcoming months!
28

29 It has been a sincere privilege to be the District 8 Director for the past 9 months!
30

31 Respectfully,
32 Alyssa Brzenski MD

1 In July, Early Career (EC) Delegates discussed the fall CMA HOD meeting and the desire for an
2 EC member to serve as delegate with the plan to groom into further roles moving forward. Dr.
3 Jay Rajan volunteered and was agreed upon.
4

5 A newsletter was sent out to EC members in August. This newsletter served to introduce
6 members to their representative delegates and new director as well as inform them about 3 key
7 topics: the EC Membership Program, with details on program benefits and the planned
8 implementation date and process; the Certificate in Leadership for Healthcare Management
9 Program, with information on program benefits, cost, and how to apply; and the planned
10 September board meeting, with a call for volunteers to attend and share their insight on how the
11 CSA could better meet EC member needs.
12

13 Following the EC Membership program initiation in October, delegates were informed, and
14 asked to encourage their local members to apply. I have not seen data yet on how many EC
15 memberships have been achieved.
16

17 A winter newsletter was sent out to members in December. This newsletter provided details on
18 the ASAs FAER's Grant application process and desire for EC member representation. It also
19 provided a legislative update to members with calls to action on both the No Surprises Act as
20 well as the planned Medicare Cuts. Lastly, in this article, we urged members to share what the
21 CSA meant to them by volunteering to be a part of CSA's 75th Anniversary Video.
22

23 In March, Dr. Miriam Sarwary, was elected as the incoming EC Forum Director. She has served
24 many roles within the CSA including In-Training Forum Director and EC Delegate.

From: Manuel Pardo, Jr. MD FASA
Subject: Academic Practice Forum Report
Date: September 2022

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Page 1

1 The Academic Practice Forum was created in 2019 as part of the CSA's change in the structure
2 of representation to include both geographic districts (corresponding to California legislative
3 districts) and mode of practice forums.

4
5 Since the last report in April 2022, academic departments have seen an increase in COVID-19
6 infections related to the BA.5 omicron subvariant. Confirmed infections in anesthesia personnel
7 have contributed to staff shortages. The months of July and August are busy time periods with
8 onboarding of new interns, CA-1 residents and fellows. Residency programs are preparing for
9 the upcoming recruitment season, which will again be virtual. For the second year in a row, CSA
10 has partnered with the University of California, Irvine to sponsor a Certificate in Leadership for
11 Healthcare Management. This is an excellent faculty development opportunity for academic
12 anesthesiologists in the CSA.

13
14 Respectfully submitted,
15 Manuel Pardo, Jr. MD FASA
16 University of California, San Francisco
17 CSA Academic Practice Forum Director
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1 The Academic Practice Forum was created in 2019 as part of the CSA's change in the structure
2 of representation to include both geographic districts (corresponding to California legislative
3 districts) and mode of practice forums.

4
5 Since the last report in September 2022, academic departments and health systems are still
6 dealing with staff shortages including anesthesia personnel and registered nurses, with OR
7 staffing high on the list of concerns.

8
9 California's COVID-19 State of Emergency ended on February 28, 2023. For employees, most
10 systems are ending mandatory COVID symptom screening and testing. For patients, mandatory
11 preoperative testing for COVID is largely being phased out, though symptomatic testing with a
12 positive COVID test may still result in case postponements.

13
14 Departments with residency programs recently had Match Day. In the 2023 Match, there were
15 only 3 unfilled PGY-1 or PGY-2 anesthesiology residency positions in the entire country. Since
16 2020, the number of unfilled anesthesiology PGY-1/PGY-2 positions has been in the single
17 digits. In the last several years, several new residency programs in California received initial
18 accreditation from the ACGME: HCA Healthcare/Los Robles Regional Medical Center
19 (Thousand Oaks), Kaweah Delta Health Care District (Visalia), St Joseph's Medical Center
20 (Stockton).

21
22 Respectfully submitted,
23 Manuel Pardo, Jr. MD FASA
24 University of California, San Francisco
25 CSA Academic Practice Forum Director

Medium Practice Forum

The Medium Practice Forum consists of one Director and members belonging to California's Society of Anesthesiologists (CSA) anesthesiology groups of 15-60 people, typically with some division of labor, centralized professional practice management, and local decision-making ability. The Medium Practice Forum strategic initiatives generally focus on addressing physician practice concerns.

The 2022-2023 Medium Practices Forum strategic initiatives focus on the following but not limited to: practice compliance, regulatory, policy, and practice management that align with the CSA leadership initiatives and board directors.

The 2022-2023 Medium Practice Forum strategic initiatives include the following matters:

1. Physician Leadership Development

- The Medium Practice Forum collaborates and coordinates with several non-profits, academic organizations and strategic partners to advocate for physician leadership and health policy matters.
- The Medium Practice Forum board director is actively collaborating with the National Academies of Sciences, World Economic Forum, Milken Institute, the National Quality Forum, and the National Academies of Practice on public and global health leadership including CSA leadership initiatives.
- The Medium Practice Forum continues to support public health matters in collaboration with non-profits including Healthy Women coordinating a panel session on telemedicine use on 4/27/2022 and the Harvard Business School Healthcare Association coordinating multiple panel sessions on healthcare business held on 12/2/2022, 2/16/2022, and 6/1/2022.
- The Medium Practice Forum held a physician networking event for women in anesthesia and business on 8/24/2022.

2. Economic Sustainability and Business Development

- The Medium Practice Forum collaborates and coordinates with organizations to advocate for anesthesia physician workforce, economic sustainability and business development.
- The Medium Practice Forum board director attended the Goldman Sachs Small Business Summit in Washington DC on 7/18/2022-7/20/2022 meeting with business and congressional leaders to advocate on health business policy matters focused physician workforce, business development, and financial support.

3. Best Practices and General Business Management

- The Medium Practice Forum encourages all members to participate in business and practice management education.
- In 2022, most physician practices have noted a reactivation of best practice protocols, with continued focus on economic and workforce sustainability and increasing care volumes.
- The 2022-2023 UCI leadership and practice management course was encouraged to join by all Medium Practice Forum members. Information regarding open enrollment was sent to forum members on 7/10/2022.

4. **Workforce Sustainability and Diversity, Equity and Inclusion Initiatives**

- The Medium Practice Forum supports memberships initiatives that are focused on professional development and matters involving diversity, equity and inclusion initiatives to enhance group dynamics, culture and behaviors, and operational performance, and productivity.
- Beginning with the 2023 membership year, which launches in November 2022, ASA is planning to offer a three-year Early Career membership with an associated set of benefits.
- The CSA Board of Directors agreed to similarly develop an early career membership offer with a complementary set of benefits.

5. **Health Policy Legislation and Public Health Advocacy**

- The Medium Practice Forum advocates on CSA focused health policy matters including the opioid crisis, financial support for businesses, and building a sustainable physician workforce.
- The Medium Practice Forum was represented at the ASA Legislative Conference 5/9/2022 to 5/11/2022.
- Policy matters that are the focus of the Medium Practice Forum include the following:
 - Medical Injury Compensation Reform Act (MICRA): MICRA of 1975 (also known as “tort reform”), was enacted by the CA legislature to lower medical malpractice liability insurance premiums for healthcare providers, primarily by limiting non-economic damages to \$250,000.
 - i. The main provisions of AB 35 will increase the existing cap on a patient’s non-economic damages from \$250,000 to \$350,000 for non-death cases and \$500,000 for wrongful death cases on the effective date January 1, 2023, followed by incremental increases over 10 years to \$750,000 for non-death cases and \$1,000,000 for wrongful death cases, after which a 2.0% annual inflationary adjustment will apply.
 - ii. The other provisions (advance notice of claim, statute of limitations, limits on attorney’s fees) will be maintained. New protections for allowing expressions of sympathy, apologies, and statements of fault will likely lead to more full and open conversations after an unforeseen outcome, which may decrease the likelihood of a lawsuit. CMA has described the provisions in more detail [here](#).
 - Additional state and federal policies reviewed and engaged by the CSA and the Medium Practice Forum include:
 - i. AB (3260): Medical Board of CA – proposal reducing physicians from 8 to 7 out of 15 on the Board. CMA and CSA disagree.
 - ii. AB 2246 (Petrie-Norris): Fentanyl Bill
 - iii. AB 1130 (Wood): Office of Health Care Affordability – details still evolving, overall goal to increase transparency and set cost targets for the system (including MDs).
 - iv. Medi-Cal: CSA requested (with other medical specialties and CMA) to restore the 10% Medi-Cal provider rate cut for physicians. (For reference, in 2009, Gov. Jerry Brown cut Medi-

From: Anita Gupta, DO, MPP, PharmD, FASA
Subject: Medium Practice Forum
Date: September 2022

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1 Cal provider rates for anesthesiologists and all other Medi-Cal
2 providers by 10%)
3 v. Additional Policies: CSA Truth-in-Advertising campaign, Federal
4 Out-of-Network Billing “No Surprises Act”, Safe VA Care
5

6 **Respectfully Submitted,**
7 **Anita Gupta, D.O., M.P.P., Pharm.D., FASA**

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The 2023-2024 Medium Practice Forum strategic initiatives include the following matters:

1. Physician Leadership Development

- The Medium Practice Forum collaborates and coordinates with several non-profits, academic organizations and strategic partners to advocate for physician leadership and health policy matters.
- The Medium Practice Forum board director has worked on strategic public health collaborations focused on advancing opportunities for leadership for CSA membership by collaborating with the National Academies of Sciences, World Economic Forum, Milken Institute, the National Quality Forum, and the National Academies of Practice aligned with the CSA goals.
- The Medium Practice Forum continues to support public health matters in collaboration with non-profits including Healthy Women, Harvard Business School Alumni Healthcare Association.

2. Economic Sustainability and Business Development

- The Medium Practice Forum collaborates and coordinates with organizations to advocate for anesthesia physician workforce, economic sustainability and business development.
- The Medium Practice Forum board director attended the Goldman Sachs Small Business Summit in Washington DC on 7/18/2022-7/20/2022 meeting and additionally has met with regional Small Business Association (SBA) to advocate on health business policy matters focused physician workforce, business development, and financial support.

3. Best Practices and General Business Management

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- In 2022-2023, most physician practices have noted a reactivation of best practice protocols, with continued focus on economic and workforce sustainability and increasing care volumes.

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 - iv. Medi-Cal: CSA requested (with other medical specialties and CMA) to restore the 10% Medi-Cal provider rate cut for physicians. (For reference, in 2009, Gov. Jerry Brown cut Medi-Cal provider rates for anesthesiologists and all other Medi-Cal providers by 10%)
 - v. Additional Policies: CSA Truth-in-Advertising campaign, Federal Out-of-Network Billing “No Surprises Act”, Safe VA Care

From: Anita Gupta, DO, M.P.P., PharmD
Subject: Medium Sized Practice Forum Report
Date: April 2023

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Page 3

- 1 **Respectfully Submitted,**
- 2 **Anita Gupta, D.O., M.P.P., Pharm.D., FASA**

CSA Large Group Practice Forum Report, Summer 2022

As the deadline came and went for this report, I took advantage of the likelihood that people might be vacationing and not available for a Zoom meeting. So I sent a survey to the Forum about issues they thought should be investigated and addressed by our Forum and in some cases by the CSA Board and the CSA.

While my responses were few, I believe they are very significant. To begin, I listed areas that our group practice has recently faced as suggested areas for others to evaluate in the hope of stimulating their views or their additional concerns.

These are the areas of concern:

Increased in-house call responsibilities, Production pressure, and an inadequate applicant pool. One view commented that the recent decreased opportunity for case volume due to limited surgery schedules while the current applicant pool were in training, was affecting the experience and skills they entered practice with. Not that they did not have the knowledge, they just needed more cases to hone their skills.

This decreased applicant pool is coming at a time when the population of practicing Anesthesiologists is aging and leaving practice. (See the Wall Street Journal report on a retired Anesthesiologist's new work, August 28)

With more anesthesia required throughout the hospital, the physicians in one practice are working 1.25—1.75 FTE just to cover their contracted and newly added obligations.

Essential anesthesia medication shortages are another issue which affect large groups. Prior to the pandemic there were plenty of "shortages" at hospitals which were not necessarily affecting drug availability at other hospitals in the same geographic area. While there is speculation as to the root causes the exact root cause needs to be identified and the problems need to be solved. I am referring to problems other than supply chain, staffing, and raw materials but specifically to group purchasing plans and how their negotiations affect our practices. Specifically sole-source contracts with group purchasing organizations for vital anesthesia medications.

Dr Brock-Utne sent an email to all the CSA regarding spiking IV sets and how JCAHO has attempted to disregard the research supporting most current practices which have the IVs ready to go each day, including the monitoring transducer sets. This issue adds costs beyond the supplies themselves but involves building separate "clean" rooms beyond the OR for maintaining needed supplies.

Lastly there were equipment concerns about air-aspirating catheters for the current use of surgical positions which have the operating field above the heart. Once neurological surgeons stopped the majority of sitting position cases, hospitals seemed to have ignored the issues related to VAE and it's treatment and prevention. At my own institution, they finally obtained an appropriate pre-cordial doppler set for these cases. As the sole neuroanesthesia educated partner in our 70 person practice, I spend significant time educating and re-educating about the risks, diagnosis, and treatment of VAE. Sadly, due to a tragedy, this issue has become more important.

From: Stephen J Skahen, M.D.
Subject: Large Group Practice Forum Report
Date: September 2022

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Page 2

- 1 Naturally these concerns will take time to evaluate and make suggestions for solutions that our
- 2 Forum can use. We have a list that is a good start for this year's work.
- 3
- 4 This report is respectfully submitted to the CSA Board for our Fall Meeting, September 10,
- 5 2022.
- 6
- 7 Stephen J. Skahen, M.D.

1 This has been a learning year for the Large Group Practice Forum.

2
3 We started by supporting CSA's winning effort to support ASAPAC.

4 Our members contributed significantly to the Alabama Cup victory and we continued that work in
5 supporting GASPAC in August. While making extra effort to contribute that day, the monthly
6 donation system seems to work best for GASPAC and our forum has been encouraged to adopt
7 that method.

8
9 Our forum responded to an August survey by mentioning several concerns which affect our
10 work. Recruiting, retention, and the anticipated change in MICRA were of special concern. The
11 influence of Venture Capital owning and operating Anesthesia practices and the fallout from
12 these ventures was also mentioned

13
14 The winter board meeting brought a special session about Large Group Practice Forum issues.
15 Large group members include academic practices, Staff model HMO practices, and fee for
16 service private practices. As disparate as these three groups might appear, their shared values
17 and similarities were emphasized at the January special session. Recruitment, reimbursement,
18 and leadership issues were discussed.

19
20 One gentleman explained how his group grew through incorporating various smaller practices
21 by careful analysis of the economic as well as the personnel factors involved. His analytics have
22 been most valuable to his anesthesia group. His expertise would be valuable to all members of
23 the CSA.

24
25 The roll of Anesthesiologists in leadership in Staff model HMOs was discussed extensively. The
26 challenges of physicians in these practices to joining and participating in the CSA and how to
27 meet those challenges were highlighted by a department chairman from San Rafael Kaiser. The
28 two gentlemen who were the panel at the January meeting offered excellent insights into our
29 current and future practices here in the CSA.

30
31 I am grateful that the CSA is so supportive of the Large Group Practice Forum.

1 As I reflect on my experience during the inaugural two-week CSA resident legislative fellowship,
2 one thing I can say for sure is this: we don't give enough credit to Megan, Alison and Bryce.
3 There is so much that goes on behind the scenes to make the CSA run as smoothly as it does,
4 and they certainly make it look easy! CSA's resident rotation marks the start of improving
5 resident advocacy not only in the state of California, but across the nation. I was fortunate
6 enough to follow Bryce Docherty to learn the ins and outs of "how the sausage is made" and
7 what really is required to go from an idea, to a bill, to law. I saw AB 765 pass out of Assembly
8 B&P 16-0-2 with bipartisan support. I also learned the two most important rules of Lobbying:
9 Don't fall in love with your bill and never let anyone know how you lobby. Many thanks to
10 everyone at AMG, KPPA and TDG. More to come on my experience in an upcoming webinar.

11
12 During the 2 week fellowship, I was fortunate enough to attend the CSA resident advocacy
13 workshop along with 6 other residents from across the state. We learned all about practice
14 management thanks to Dr. Primack and then learned about *how* to lobby, thanks to Bryce. The
15 workshop was followed by CMA's 49th legislative day on April 19th, which was also a success,
16 and very informative. We met with a number of senators and assemblypeople advocating for AB
17 765.

18
19 All-in-all, these last few weeks have been a fantastic insight into how CSA does what it does
20 best, advocate for us.

21
22
23 Respectfully submitted,
24 Abigail Smith, MD
25 University of California Davis
26 CSA In-Training Forum Director

House of Delegates Meeting

June 5, 2022

Renaissance Newport Beach Hotel
Newport Beach, CA

Call to Order

Dr. Ron Pearl called the meeting to order at 10:20 am and turned the meeting over to Dr. Cristina Menor, Speaker

Welcome

Dr. Menor review rules of the house.

Special Guests

Dr. Menor welcomed CSA Past Presidents, Dr. Christine Doyle, Dr. James Moore, Dr. Jeffrey Poage, Dr. Paul Yost and Dr. Mark Zakowski.

Quorum

CSA Secretary Dr. Philip Levin reported that 70 delegates have been seated and a quorum established. Dr. Menor thanked the members of the Credentials Committee, Dr. Rana Movahedi and Dr. Tara Humphrey.

Tellers

Dr. Menor introduced the tellers, Dr. Jonathan Jahr and Dr. Arash Motamed.

Minutes

Minutes for the June 2021 CSA House of Delegates Meeting were approved w/o objection.

President Remarks

Dr. Pearl made his remarks as President, noting that circumstances are returning to a "better normal" post COVID. The pandemic affected everyone and health care providers were especially impacted. Dr. Pearl cited a John Hopkins Medical Journal article, "Dedication: Medicine in the Days of Medical Giants."

Dr. Pearl noted that CSA has thrived this year: educational programs are back; progress is being made in advocacy with increased recognition in Sacramento and Washington, DC; advances are being made in practice management; the digital media campaign has been received positively; membership has grown incrementally; and member communications have improved.

Dr. Pearl noted what he believed were the Keys to CSA's success: Diversity of people and passion with shared purpose, guided by CSA's Guiding Principles. He said that CSA's Strategic Objectives have been consistent over time while nimble enough to respond to challenges, communications and transparency.

Dr. Pearl expressed personal thanks to delegates and alternates, committee chairs and members, board of directors, and the members themselves. He also thanked the staff members at AMG, TGS Strategies and KP Public Affairs.

Looking ahead, Dr. Pearl noted opportunities to serve more anesthesiologists, work with the CMA, the House of Medicine, and with organizations beyond.

Dr. Pearl noted that he was fortunate to have followed a succession of talented leaders and concluded by referencing the power of servant leadership.

President Elect Remarks

Dr. Mariano opened his remarks as CSA President-Elect, citing his personal story as the son of parents who immigrated from the Philippines, a graduate of UC Davis, Georgetown Medical School, a residency at Stanford where he trained under Dr. Pearl, his early career at UC San Diego, where he founded the practice of regional anesthesia and now, as Chief of Anesthesiology at the Palo Alto VA.

Dr. Mariano noted that CSA was a large part of his formative years as a physician. In CSA, he found an accessible platform to show leadership and gain access to mentors. He said CSA is where he has learned the most, noting "if you're the smartest person in the room, you're in the wrong room."

Dr. Mariano reviewed the board of directors' priorities for 2022-23:

- CSA 75th anniversary
- Improved communications
- Leadership Development
- Wellbeing and Professional Fulfillment

Finally, he outlined what the letters C, S and A mean to him: Community, Solidarity and Advocacy.

Secretary Report

Dr. Levin reported on the three-year, discounted Early Career Membership for both CSA and ASA, suggesting this was an investment in the future of CSA. He discussed the importance of serving early career members and transitioning them into active membership.

Distinguished Service Award (DSA)

Dr. Doyle, Chair of the DSA Committee, announced 2023 DSA Nominee, Dr. Linda Hertzberg. The House will vote on the nomination and a 2/3 majority is required for approval.

Reference Committee Report

Dr. Menor presented the Reference Committee Report as a consent item to be considered in one motion, unless any item is extracted.

Motion to accept: Menor, Ashley second. Motion was approved without objection.

Bylaws

The Bylaws Committee Report was presented by Dr. Menor.

Motion to approve: Telesz, Thomson second. Motion approved without objection.

Reference Committee Chair, Dr. Jennifer Telesz, thanked the members who testified, and the members of the committee: Dr. John Patton, Dr. Robin Seaberg, Dr. Abigail Smith, and Dr. Myriam Sarwary.

1 ASA Director Report

2 ASA Director Dr. Paul Yost presented the following items:

- 3 • Invited members to attend ASA Annual Meeting where Dr. Champeau will become
- 4 President.
- 5 • Recounted the recent ASA Leg Conference in Washington, DC where priority issues
- 6 were VA Anesthesia Care, Medicare rates, REDI Act (student loan interest)
- 7 • CSA has performed well in recent years with ASAPAC. Dr. Yost encouraged members
- 8 to help win Alabama Cup in 2022 to coincide with Dr. Champeau's presidency. Dr. Yost
- 9 noted that contributions are down and reminded members to participate in the ASAPAC
- 10 Day of Contributing Challenge on June 21st.

11 LPAD Update

12 Dr. Antonio Hernandez Conte, Chair of the Legislative and Practice Affairs Division, provided
13 the "LPAD Report. Dr. Conte recognized the contributions of volunteer leaders and staff at
14 AMG, TDG, KP and reviewed CSA's Policy Principles.
15

16 State Legislative Activities

17 Physician Anesthesiologist Week Resolution sponsored by Dr. Akilah Weber (D-San Diego)
18 Defeat of AB 1400 (Kalra) which would create single payer health care
19 AB 2360 re: composition of CA Medical Board. CSA now opposed
20 AB 2246 (Petrie-Norris) re: fentanyl restrictions. Reviewed by ad hoc task force chaired by Dr.
21 Shah. CSA negotiated amendments to exclude drugs used in hospitals
22 AB 1130 (Wood) re: Office of Health Care Affordability. Goals to increase transparency in
23 health care costs, identify cost targets, promote quality and equity through performance
24 reporting. CSA in watch position.
25 Dental Anesthesia – legislation authored to allow CRNAs to provide dental anesthesia w/dental
26 supervision
27 Restoring 10% MediCal rate reductions. CSA and specialty delegations insert budget line-item
28 pending budget approval June 15.
29 Truth in Advertising and Transparency: initiated as a resolution in the 2021 HOD. Topic is now
30 being managed by Legislative Affairs, which has reviewed draft legislation.
31

32 Federal Issues

33 No Surprises Act – DHS is implementing inconsistent with law
34

35 Political Action Committees

36 Dr. Conte encouraged members to participate in both Day of Contributing Challenges:
37 ASAPAC – June 21, 2022
38 GASPAC – August 17, 2022
39

40 EPD Report

41 Neither Dr. Appelgate nor Dr. Shah were able to attend and report in person
42

43 DSA Election

44 Dr. Hertzberg was approved as 2023 DSA Recipient
45

46 In Memoria

47 James Cage, MD
48 Tom Joas, MD
49

1 Norm Levin, MD
2 Douglas Newcomb, MD, FACA
3 Jacob Pletcher, MD
4 Allan Ross, MD
5 John Severinghaus, MD, FRCA
6 Lisa Wise-Faberowski, MD, MS
7 Robert Mellishenko (Dr. Gonzalez)

8
9 Members were invited to make comments in recognition of members.

10
11 Dr. Raney suggest members make contributions to CSA Foundation in memory of members
12 who have passed.

13
14 **New Business**

15 A delegate expressed disappointment in the process of distributing invitations for resolutions
16 and suggested CSA should open up the process to all members with ample opportunity to
17 review, comment and engage.

18
19 **COLDAN Report**

20 Dr. Jeffrey Poage, Chair of the Committee on leadership Development and Nominations
21 (COLDAN) recognized committee members for their participation in meetings throughout the
22 year..

23
24 Dr. Poage reviewed dialogue the committee has had over the last year since meeting in San
25 Diego at the ASA. Members suggest CSA be a bit more disruptive and give opportunities for
26 younger members to move into leadership positions more quickly, noting COLDAN's role is also
27 collaborative, mentoring and coaching. Dr. Poage invited members to meet with COLDAN who
28 haven't already done so.

29
30 Nominations for officers:

31 President elect: Conte
32 LPAD Chair: Primack
33 Speaker: Menor
34 Vice Speaker: Seaberg
35 Treasurer: Hsieh
36 Asst Treasurer: Richardson

37
38 Move by acclamation: Dr. Raney, Ashley second

39
40 **Life Membership**

41 Dr. Poage nominated Dr. Pearl for Life Membership. Thomson second. Approved without
42 objection.

43
44 **Adjourn**

45 The meeting weas adjourned at 12:15 pm

46
47 Respectfully Submitted,

48
49 **Philip R. Levin, MD, FASA**
50 Secretary

CSA Interim House of Delegates Meeting

Saturday, November 5, 2022

Via Zoom

Education Session

Dr. Zakowski and Mr. Butler provided the attendees with an update on the CSA Foundation and the Project Lead the Way Partnerships.

Welcome

Dr. Mariano called the meeting to order and welcomed the delegates and alternates on the call at 9:05 am.

Dr. Mariano noted that the primary purpose of the interim House of delegates meeting is to approve the operational budget for the upcoming year. In addition, CSA leaders take the opportunity to inform and update delegates and alternates about CSA about CSA organizational objectives and activities.

Quorum

Deputy Executive Director Megan MacNee reported that a quorum had been established with 85 delegates and alternates credentialed.

CSA Leadership Development Program

Dr. Richardson informed the delegates that the second class of the CSA Leadership Development program in partnership with the UC Irvine has been formed and begins meeting this month. Participants receive information on a variety of subjects from UCI faculty, invited speakers and CSA leadership. Program graduates receive a certificate Healthcare Leadership and Management.

Treasurer Report

Dr. Hsieh presented the Treasurer's Report.

2022 YTD Finances, Year End Projection

Dr. Hsieh projected a modest net surplus for the end of the year against a budgeted deficit of \$194,000.

2023 Budget

Dr. Hsieh reviewed a number of expenditures, many of them one-time, that will contribute to a projected budget deficit for 2023 of approx.. \$340,000.

- 75 Year Anniversary Celebration
- CSA/UCI Leadership Program member subsidy
- Early Career Membership, Discounted three year membership
- Rising Cost of Conducting Governances Meetings
- Digital Media Campaign
- Rising Expense for External Meetings (ASA, ASA-BOD, CMA, Legislative meetings)
- Continued Losses in Educating Meetings
- Market Research Fund

Dr. Hsieh noted that CSA's reserves would more than cover this projected deficit, after several consecutive years of budget surpluses. Dr. Hsieh noted that the CSA Board of Directors would be tasked with developing a set of strategies to bring the budget back in line for 2024.

Motion: To approve the 2023 Budget (Levin, Gonzalez second). Motion was approved by electronic ballot.

Legislative and Professional Affairs Division

Dr. Primack provided the delegates with an LPAD update.

Dr. Primack acknowledged the staff, consultants, and volunteers who all work together to develop and implement CSA's advocacy activities at the state level.

Dr. Primack informed the group that CSA was prepared to sponsor legislation in 2023 to address concerns relative to medical title misappropriation, which was first identified as a concern by the CSA House of Delegates in 2021.

Dr. Primack outlined other LPAD activities anticipated in 2023:

- Assembly Select Committee on Fentanyl, Opioid Addiction, Overdose Prevention (Asm. Haney)
 - Dr. Shah to lead a CSA Fentanyl Task Force
- Evaluate Discrepancy Between Commercial and Workman's Compensation and Compare to Other States
 - Referred to Legislative Affairs
- Develop a Toolkit of Future Practice Models
 - Referred to Practice Management

75th Anniversary Task Force

Dr. Jane Moon, Co-Chair of the CSA 75th Anniversary Task Force provided delegates with an update on CSA's 75th Anniversary celebration in 2023.

- Historical Context of CSA's 75th Anniversary
- Celebrating at Existing CSA Events
- Culminating Event at ASA Annual Meeting
- CSA History Committee Anniversary Projects (2 videos + text)
- Budget of \$65,000 (one time)

Committee on Professional & Public Communications

Dr. Elizabeth Methangkool provided delegates with an update on CPPC activities.

CSA Digital Media Campaign – received 14.2 million impressions from Feb-Nov, 2022

Secretary Report

Dr. Phillip Levin presented the Secretary Report

ASA/CSA Early Career Membership Program will launch in November. Dr. Levin urged delegates to inform their peers about the opportunity.

1 CSA leaders have continued discussions with Kaiser leadership which has resulted in additional
2 membership, increased participation of Kaiser anesthesiologists in committees and the House
3 of Delegates, increase membership, and opportunities for Kaiser physicians to present at CSA's
4 Annual Meeting.

5 6 **Educational Program Division Report**

7 Dr. Richard Applegate presented the EPD Report.

- 8
- 9 • Demand for CSA's Hawaii meetings was returning to pre-COVID levels.
 - 10 • EPD and staff have developed and approved EPD programs in a timelier manner
11 resulting in earlier promotion of meetings, up to one year out, which is enhancing
12 attendance.
 - 13 • EPD continues to work to increase attendance at CSA's Annual Meeting in San Diego,
14 consistent with the Sun, Sand and CME theme.
- 15

16 **ASA Director Report**

17 Dr. Paul Yost presented the ASA Director Report.

- 18
- 19 • Thanked CSA leaders who participated in the recent ASA House of Delegates meeting
20 discussing issues of concern relative to the Dobbs decision.
 - 21 • Dr. Michael Champeau, CSA Past President, was elected ASA President at the ASA
22 House of Delegates
 - 23 • For the third time in five years, CSA was awarded the Alabama Cup as the state society
24 that contributed the most dollars to the ASAPAC.
 - 25 • That said, contributions for ASAPAC have fallen and need to be replenished.
- 26

27 **Additional Discussion**

28 There was no additional discussion.

29 30 **Adjourn**

31 The meeting was adjourned at 11:15 am.

32
33 Respectfully Submitted,

34
35 **Philip R. Levin**

36 CSA Secretary

Consent

Motion: (Levin, Telesz second) to approve Consent Calendar/April 2022 Board of Directors meeting minutes.
Motion approved without objection

Welcome

CSA President Ed Mariano, MD, MAS, FASA welcomed members and guests to the board of directors meeting. Dr. Mariano congratulated and thanked Past CSA President Ron Pearl for a successful year including the establishment of the CSA/UCI Leadership in Healthcare Management certificate program, which will be a lasting legacy to Dr. Pearl's vision and leadership.

Welcome New Officers/Newly Elected Directors

Dr. Mariano welcomed new officers and newly elected directors:

Antonio Hernandez Conte, MD, MBA< FASA	President Elect
Robin Seaberg, MD, FASA	Vice Speaker
Todd Primack, DO, FASA	Chair, LPAD
Vanessa Henke, MD	Director, District 2
Justin Calvert, MD	Director, Early Career Forum
Stephen Skahen, MD	Director, Large Practice Forum
Abbey Smith, MD	Director, In Training Forum

Dr. Mariano noted that Dr. Seaberg's election as Vice Speaker creates a vacancy in the District 8 Director position, which will be filled via special election.

COLDAN Recommendations/Board Appointments

Jeffrey Poage, MD, FASA, CSA Past President and Chair of COLDAN presented the committee's nominations:

ASA Delegates and Alternates

Richard Applegate
Eugenia Ayrian
Lee-Lynn Chen
Neal Cohen
Gerard Dang
Antonio Conte
Phillip Richardson
Jeffrey Rusheen
Robin Seaberg
Sydney Thomson
Todd Primack
Rita Agarwal
Henry Gonzalez
Odi Ehie

Alternate Delegates

Fiyinfoluwa Ani
Christian Bohringer

1 Anna Maria Bombardieri
2 John Brock-Utne
3 Justin Calvert
4 Jennifer Engstrom
5 Mark Gjolaj
6 Anita Gupta
7 Steven Haddy
8 Vanessa Henke
9 Jan Hirsch
10 Tara Humphrey
11 Uday Jain
12 Rondall Lane
13 Rima Matevosian
14 Debra Morrison
15 Rana Movahedi
16 Solmaz Nabipour
17 Lawrence Ong
18 Manuel Pardo
19 John Patton
20 Lynnus Peng
21 Jonathan Pregler
22 Michelle Raney
23 Mariam Sarwary
24 Stephen Skahen
25 Elizabeth Tsai
26 Jeffrey Uppington
27 Sam Wald
28 Michael Wangler
29 De-An Zhang

30
31 **Motion:** (Conte, Seaberg second) to approved nominations as presented.
32 Motion was approved without objection.

33
34 **CMA Delegates/Alternates**

35 Dr. Poage also presented nominations for three out of the four CMA Delegate and alternate
36 positions.

37
38 Delegate Michele Raney
39 Delegate Vivian Tanaka
40 Alternate Delegate Jenni Barlotti-Telesz
41 Alternate Delegate TBD
42 YP Delegate TBD

43
44 **Discussion:** members agreed to approve the three nominees and allow Dr. Poage to seek a
45 second alternate delegate and the early career delegate position previously held by Dr. Telesz.

46
47 **Motion** (Levin, Conte second) to approve three of the nominees to the CMA Delegation.

48
49 Motion approved without objection.

50

2022-23 Committee Assignments

As President, Dr. Mariano presented nominations for 2022-23 Committee Assignments.

Motion: (Seaberg, Poage second) to approve 2022-23 committee assignments as presented.

Motion was approved without objection.

2023 Early Career Membership

Dr. Levin requested board approval for Early Career membership benefits and cost (\$99 for three years), to be included in 2023 budget proposal.

Motion (Conte, Ayrian second) to approve benefits and cost of the CSA Early Career membership.

Motion was approved without objection.

Presentation: CSA Digital Advertising Campaign

Alison McLeod of KP Public Affairs provided the board with an update of CSA's digital media campaign, which launched in February.

Campaign Objectives

- Position CSA as an active promoter of the value of anesthesiologists, CSA to members
- Educate hospital administrators/ healthcare audiences about the value of anesthesiologists
- Increase awareness about anesthesiologist skills/training/capabilities/diversity of practice
- Educate the public that anesthesiologists' involvement is essential for patient safety, patient care

The campaign is performing very well, exceeding results from similar campaign of other health related organizations. In summary, the campaign has received:

9.2 million impressions; 25,229 clicks; 736,085 video views.

Adjourn

Meeting was adjourned at 1:40 pm.

Respectfully submitted,

Philip R. Levin, MD, FASA
CSA Secretary

1 CSA Board of Directors Meeting
2 September 10, 2022
3 Sawyer Hotel
4 Sacramento, CA
5

6 **Present**

7 President
8 President-Elect
9 Immediate Past President
10 Past President
11 President Emeritus
12 Secretary
13 Assistant Secretary
14 Treasurer
15 Assistant Treasurer
16 Speaker of the House of Delegates
17 Vice Speaker of the House of Delegates
18 ASA Director for California
19 ASA Alternate Director for California
20 Chair, Educational Programs Division
21 Chair, Legislative and Practice Affairs Division
22 Director, District 1
23 Director, District 2
24 Director, District 3
25 Director, District 4
26 Director, District 5
27 Director, District 6
28 Director, District 7
29 Director, District 8
30 Director, Early Career Practice Forum
31 Director, Academic Practice Forum
32 Director, Small & Solo Practice Forum
33 Director, Medium Size Practice Forum
34 Director, Large Practice Forum
35 Director, In-Training Practice Forum
36

Edward R. Mariano, MD, MAS
Antonio Hernandez Conte, MD, MBA, FASA
Ronald Pearl, MD, PhD, FASA
Jeffrey A. Poage, MD
James Moore, MD
Philip Levin, MD, FASA
Eugenia Ayrian, MD, FASA
John Hsieh, MD, FASA
Phillip Richardson, MD, MBA, FASA
Christina M. Menor, MD
Robin Seaberg, MD, FASA
Paul Yost, MD, FASA
Johnathan L. Pregler, MD, FASA
Richard Applegate, MD, FASA
Todd Primack, DO, FASA
Christian Bohringer, MBBS
Vanessa Henke, MD
Sydney Thomson, MD, FASA
Jeffrey Rusheen, MD
Henry Gonzalez, MD
Rana Movahedi, MD, FASA
Lynnus Peng, MD
Alyssa Brzenski, MD
Justin Calvert, MD
Manuel Pardo, MD, FASA
Jenni Bartlotti Telesz, MD, MBA, FASA
Anita Gupta, DO, MPP, PharmD, FASA
Stephen Skahen, MD
Abbey Smith, MD

37 **Guests**

38 Jane Moon, MD, Chair, Committee on History of Anesthesia in CA; Ellen Wang, MD, Co-Chair,
39 Taskforce on Environmental Sustainability; Michele Raney, Chair, CMA Delegation; Odi Ehie,
40 MD, Chair, Committee on Justice, Equality, Diversity & Inclusion; Emily Methangkool, MD, Chair
41 Committee of Professional and Public Communications; Mark Zakowski, MD, Chair, CSA
42 Foundation for Education; Mark Singleton, CSA Past President.
43

44 **Staff**

45 Dave Butler, Executive Director; Megan MacNee, Deputy Executive Director; Rachel Hickerson,
46 Events Manager; Bryce Docherty, TDG Strategies; Alison McLeod, KP Public Affairs.
47

48 Meeting was convened at 9:07 am.
49
50

Welcome

Dr. Mariano welcomed members to the meeting and reviewed CSA's Guiding Principles.

Dr. Mariano turned over the meeting to Dr. Menor, CSA Speaker of the House.

CSA Policy Principles

Dr. Primack reviewed CSA's Policy Principles.

Comment: Mr. Butler noted that the policy principles provide "goalposts" for Mr. Docherty to evaluate advocacy activities in Sacramento.

Consent Calendar

Extractions: District 3, Global Health

Motion to approve: Levin, Ayrian second. Motion was approved without objection

Treasurer's Report

Dr. Hsieh presented the Treasurer's Report

Review 2022 YTD

Dr. Hsieh noted that overall CSA was doing well. Membership revenue exceeding budgeted goal, but \$50,000 shy of 2021 (apx. 50 members); investment revenue is tracking lower than budget; EPD net revenue behind goal by apx. \$5,000. Dr. Hsieh estimated that the year-end would be close to meeting budget.

Dr. Hsieh noted that CSA's assets are robust but growth is slowing. A potential net deficit in 2023 will provide a good opportunity to evaluate expenses.

Draft 2023 Budget

Dr. Hsieh noted that the budget process includes revenue projections and estimated expenses for the upcoming year.

Dr. Hsieh reviewed several expense projections and recommendations from the Finance and Administration Committee:

- 75th Anniversary budget: \$100,000, celebration tie-in to member value/recruitment
- CSA/UCI Leadership Program: \$50,000, to subsidize registration of participating members
- Early Career Membership, \$75,000, projected annual lost revenue
- Increased costs of CSA meetings: 10-20% (apx. \$60,000)
- Digital Media campaign: \$50,000 (F&A suggest reduce to \$25,000)
- Increased cost of external meetings: 10-20% increase (\$35-70,000)
- Loss in Educational Meetings: evaluate summer meeting, increase registration fees
- Marketing research: reduce from \$65,000 to 50,000

Discussion: Demand for Hawaii has increased post COVID, but registration is limited by the room block. The budget committee is confident demand will continue for Hawaii meetings and suggests staff address the room block and also consider moving to Waikiki with more affordable room rates. CSA leadership does not foresee future support/partnership from the Hawaii Society for the summer meeting. Now that the summer meeting is approaching its third year,

1 EPD will meet to evaluate future summer meetings, present a recommendation to F&A and the
2 board of directors.

3
4 **Motion** to increase Hawaii registration \$200 (F&A, Thomson second). Motion approved w/o
5 objection.

6
7 Discussion: Butler suggested taking time before adjournment to allow board to discuss what
8 they would like to prioritize.

9
10 Meal reimbursement policy: when food events are part of the meeting, members will not be
11 reimbursed for meals at that time.

12
13 **Motion**: Pregler, Levin second), approved without objection.

14
15 **Action**: Board recommended staff develop proposal for 10 % and 20% reduction in
16 reimbursement costs and present as part of revised budget to F&A.

17
18 **Legislative and Practice Affairs Division**

19 Dr. Primack presented the LPAD Report

20
21 **Overview of Leg Activities in 2022**

22 MICRA deal done, which removed requirement for \$100,000 GASPAC contribution to MICRA
23 campaign

24 AB 2060 (Quirk) re: Medical Board composition, died in Assembly

25 AB 2246 (Petrie Norris) re: fentanyl died in Assembly

26 AB 1130 (Wood) re: Office of Health Care Affordability, required additional reporting
27 requirements for medium/large practice groups. Held in Senate Health. Some elements
28 included in budget. CSA will continue to track.

29 Physician Anesthesiologists Week resolution (Asm. Weber)

30 AB 1636 (Weber) revoke medical license for sexual misconduct. CSA support

31 AB 516 (Low, Flora) CSA sponsored bill re: COVID 19 mental health. Held in Approps

32 AB 1400 (Kalra) re: single payer health system. Did not come up for vote on Assembly floor.

33 SB 250 (Pan) re: prior authorization. Held in Asm Approps.

34 10% Medical reimbursement rate cut restoration. Physicians excluded in final budget
35 appropriation.

36
37 **Dental Legislation**

38 SB 652 (Bates)

39 SB 889 (Ochoa Bough) CRNA general dental use permit. Held in Senate B&P

40
41 **Misc.**

42 AB 2236 (Low) Optometrists scope expansion. CSA held off engaging on bill.

43 AB 2098 (Low) would suspend an MDs license for "misinformation."? CMA sponsored. CSA
44 took no position. Expected to be signed.

45
46 **Truth in Advertising legislation**

47 Dr. Primack informed the board he is seeking input concerning next steps on proposed "Truth in
48 Advertising" legislation.

Direction: The board authorized Mr. Docherty to form coalition among specialty societies to develop support for TIA legislation in 2023.

Committee on Public and Professional Communications

Dr. Methangkool provided the CPPC report.

Public Statement Policy

Dr. Methangkool reviewed the policy recommended by the CPPC for public comments: A subcommittee to be tasked for developing statements; submit a draft to the Executive Committee for comment, to the Board of Directors for information, and authorize distribution in the most appropriate format.

Revise structural organization

CPPC has been divided into subcommittees: Print Media, Social Media, Website/e-media, Member Relations, Public Relations
Committee members will be assigned to the areas of most interest to them.

Next Steps:

Better connect to other committees – encourage at least one CSAOF from each committee.
Refine current communications products
Conduct regular meetings

Digital Ad Campaign Update

Alison McLeod of KP Public Affairs provide an update on CSA's digital media campaign.

Review campaign objectives – education and awareness
Targets: Healthcare, Policymakers, Public
Seven static ads, two video ads
Campaign goal: engagement (clicks, likes, etc.)
Reviewed overall numbers

Discussion: Members asked about statements re: cost of care, suggested ads emphasize anesthesiologists' strengths...patient safety, education/training, and focus on value v cost.

ASA Directors Report

Dr. Yost provided the ASA Directors Report

ASA BOD Meeting

Discussed resolutions at the ASA House of Delegates re: the Dobbs Decision.
CSA was recognized for Component Recognition Award for CSA Leadership Development program.
CSA Delegation Dinner included most of the current and future complete line of ASA leadership and was very impactful.
ASAPAC: Members are encouraged to make additional contributions through Sep. 30.

GASPAC Update

In his role as GASPAC Chair, Dr. Primack presented an update on CSA's political action committee, GASPAC.

1 GASPAC DoC Challenge – now \$59,000, three practice groups made large contributions, the
2 CSA board of directors as 100%, the campaign received over 150 individual contributions
3 GASPAC has a current balance of \$1.1 million
4 24 legislators received total of \$81,000
5 GASPAC participated in four small group dinners and co-sponsored an event for Dave Jones for
6 Senate
7

8 **Membership Report**

9 Dr. Levin and Dr. Ayrian presented the Membership Report

10
11 Currently meeting the annual membership revenue goal; membership numbers are a little short
12 of 2021 numbers (3080)
13

14 Early Career Membership program

15 The Membership Committee discussed how to communicate program

16 Letter to program chairs (Dr. Pearl)

17 Letter to program directors

18 Engage resident delegates, alternates

19 Committee oversee development, deliver of “products”

- 20 • Annual meeting (1x free registration) – must have early career focus during AM
- 21 • Oral Board prep
- 22 • MOCA – negotiate discounted rate
- 23 • Leverage leadership development content
- 24 • Encourage Kaiser to promote early career membership

25 26 Kaiser Permanente Update

27 CSA recruited Kaiser members for the House of Delegates and Committees

28 Kaiser leaders promoted the GASPAC DoC Challenge

29 EPD is seeking to showcase Kaiser speakers at the Annual Meeting
30

31 Update on CSA Jobs Board

32 Thank Dr. Peng for his efforts

33 Board members should encourage practice group leaders to use
34

35 Member Recognition Awards

36 CSA will host the first ever membership recognition awards

37 Presented at the Annual Meeting as a tip off for CSA's 75th Anniversary

38 Nominees recognized at annual meeting – help drive registration to the meeting

39 Recommendation for CSA products (swag)
40

41 Discussion: Members were encouraged to think about “pain points” of early career members, to
42 ID products and services that could benefit, develop non-dues revenue. Member recognition
43 awards becomes way to develop membership and belonging.
44

45 **CSA Foundation**

46 Dr. Zakowski presented the CSO Foundation Report
47

48 PLTW Partnerships

49 Cedars committed to cost share agreement for new PLTW Partnership

Dr. Zakowski and Mr. Butler to attend PLTW national meeting with ASA Executive Director Paul Pomerantz

75th Anniversary Celebration

Dr. Moon, co-chair of the CSA 75th Anniversary Task Force provided an update on the plans for CSA's 75th Anniversary Celebration

- Dr. Moon recognized the 75th Anniversary Task Force Members
- The task force recommended recognizing the anniversary within existing CSA events, culminating event with the CSA All Member Reception at ASA Annual Meeting in SF
- Background – 1947 = new ASA constitution and bylaws, authorize state component societies, 1948 CSA established, Dr. McCusky = CSA and ASA President concurrently (2023 = Former CSA President Mike Champeau will be ASA Presidents at Annual Meeting in SF)
- Review events and platforms
- Review themes of proposed videos, with assistance from History Committee

Motion: (Poage, Levin second) to approve direction with specific budget to include revenue opportunities (sponsorship and grant opportunities). Motion approved w/o objection.

Additional Discussion

Consent Calendar

District 3 Report

RE: Dr. Brock Utne's efforts to address regulation of IV bag spiking. Dr. Pregler wanted group to know the ASA has submitted a statement on IV fluid bag spiking, which quotes Dr. Brock Utne's research, and concludes it's a safe practice.

Committee on Global Health

Dr. Singleton asked to highlight the work of the committee:

- Reaching out to anesthesia training programs to connect global health initiatives.
- Work with EPD to include presentation on global health
- Recognize that global health issues occur on our own communities
- Global health has always meant equity

National Latino/Latina Physician Day

Dr. Conte request CSA to be listed in formal support, assist with communications

Motion: (Yost, Levin second) Approved without objection.

Dates for F&A, BOD to consider final budget proposal

Wednesday, October 12, 6:30 to 7:30 pm

Adjourn

Meeting was adjourned at 2:15 pm

Respectfully Submitted,

Philip Levin, MD, FASA
CSA Secretary

1 The Educational Programs Division (EPD) continues to present high quality, well regarded
2 continuing education. While we've faced serious challenges, we are seeing encouraging trends.
3 For example, despite rising costs we are ahead of registration numbers for our upcoming
4 meetings when compared to the same time frames last year. There appears to be an appetite
5 for travel and in person meetings as reflected in sold out hotels around our meeting sites. EPD
6 is carefully evaluating meeting locations, timing, and costs to reasonably estimate the number of
7 registrants needed to reach a break even for the meeting. We are optimistic that future meetings
8 will return to generating a net positive margin as we acknowledge the importance of that for our
9 members as well as for CSA missions.

10
11 As part of these evaluations, EPD has considered the financial performance of our meetings.
12 Over the past 6 years the Fall meeting has been net positive with one loss in 2020 due to
13 COVID cancellation. The Annual Meeting has been viewed as a member benefit and had a net
14 positive margin in 2018, lost money in 2019 and 2020 due to COVID cancellations, was slightly
15 positive in 2021 and slightly negative in 2022. The Summer meeting has been very well
16 received but challenged by room availability and travel restrictions leading to financial loss in
17 2021 and 2022. The Winter meeting had been a top performer, several times crossing 500
18 attendees, but has been more challenged in the past few years. The losses in 2019 and 2020
19 are attributable to late advertising and room attrition costs; low registration impacted 2021 and
20 2022 as travel restrictions were gradually lifting.

21
22 To better position our meetings for financial success, EPD has implemented a planning timeline
23 that includes intervention points at which the program planning committee, EPD chair or full
24 EPD intervene. This is leading to earlier advertising of our programs: as shown on the CSAHQ
25 website, we have "save the date" links through the Fall 2023 meeting, and full agendas through
26 Winter 2023. The summer 2023 meeting has speakers identified pending COI disclosures and
27 should be fully advertised by mid-September this year. The Annual Meeting 2023 is also nearing
28 readiness to advertise. These earlier advertising pushes should help improve attendance – we
29 are getting requests for registration for the Fall 2023 meeting already for example.

30
31 Challenges faced by EPD are related to the intertwined issues of rising costs, travel restrictions
32 and registration fees. Particularly harmful are the increases experienced for food and beverage.
33 These costs have risen to the point that for some registration categories, CSA was paying for
34 the attendee to get 20 to 25 CME credits as food cost per person was higher than several of our
35 categories of registration fees. After careful consideration and with input from the Finance and
36 Accounting committee and the Executive Committee, EPD has moved to increase registration
37 fees across all categories. This should provide some improvement in the financial performance
38 of our meetings.

39
40 The California Society of Anesthesiologists has an admirable reputation as a provider of high
41 quality continuing medical education and in providing experiences that prove the value of in
42 person meetings. EPD Vice Chair Shalini Shah and I along with EPD members and staff remain
43 committed to advancing our educational mission in honor of our traditions.

44
45 Respectfully submitted,
46 Richard L. Applegate II MD, FASA
47
48
49
50

1 The Educational Programs Division (EPD) is encouraged by trends in meeting attendance and
2 registration. The EPD push for earlier completion of required program planning and CME
3 approval has resulted in earlier marketing. Our assessment is this earlier marketing has positive
4 registration results as all our planned Hawaii meetings are showing registration numbers higher
5 than at the same times last year.

6
7 More evidence of solid demand for our meetings and locations exists. For example, our
8 Summer Hawaii meeting already has more registered attendees than last year. Our room blocks
9 as of last week were 102% booked at the host Four Seasons hotel and 92% at the overflow
10 adjacent Disney Aulani hotel. Based on this we do not expect any room attrition costs for this
11 meeting. Our excellent meeting planning and management partners are keeping us informed
12 about alternatives with some rooms still available at the nearby Marriott property and a few
13 rooms left at the host hotels, although at much higher rates than our negotiated room rates for
14 the meetings. The Fall Hawaii meeting on Kauai had 76 registrants as of last week, compared to
15 34 at the end of April last year. The Winter 2024 Hawaii meeting is planned, marketing will go
16 out soon, and we already have over a dozen registrants.

17
18 However, our programs do face ongoing challenges related to rising costs. With input from the
19 Finance and Accounting committee and the Executive Committee EPD voted to increase
20 registration fees to avoid the situations we faced in which attendees were paying less in
21 registration than we were paying for per person food and beverage while the attendee earned
22 20 to 25 CME hours credit. This increase has just gone into effect. We will continue to closely
23 watch financial performance of our meetings and reconsider registration fees as indicated.

24
25 The EPD is weighing alternatives for the Annual Meeting. Our Annual Meeting has been seen
26 as a member benefit and despite excellent programs in a desirable location we have struggled
27 to reach the break-even point for this meeting. Alternatives are being evaluated and will be
28 discussed in our EPD meeting scheduled 4/27/23.

29
30 The EPD is considering several alternative types of educational programming. These include
31 partnerships with training programs, electronic formats, and enduring electronic content. We are
32 evaluating ways to address the continuing medical education needs of our members as well as
33 opportunities to serve the broader healthcare community need for medical education.

34
35 Finally, we are up for reaccreditation with the Accreditation Council for Continuing Medical
36 Education. Staff and EPD leadership have begun working on this large task. We expect to attain
37 reaccreditation based on the quality of our programs and the attention to detail EPD committee
38 members, leadership and CSA Staff have paid to accreditation requirements for all of our
39 programs.

40
41 EPD Vice Chair Shalini Shah and I are proud of the excellent contributions made by the
42 members of EPD. We are grateful for the superb support we get from Staff in these efforts. CSA
43 is well positioned to be a leader in providing relevant, compelling programming and offerings in
44 honor of our educational mission.

45
46 Respectfully Submitted
47 Richard L. Applegate II MD, FASA
48 Chair CSA EPD

1 The Educational Programs Division (EPD) is encouraged by trends in meeting attendance and
2 registration. The EPD push for earlier completion of required program planning and CME
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14 the meetings. The Fall Hawaii meeting on Kauai had 76 registrants as of last week, compared to
15 34 at the end of April last year. The Winter 2024 Hawaii meeting is planned, marketing will go
16 out soon, and we already have over a dozen registrants.

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20 registration fees to avoid the situations we faced in which attendees were paying less in
21 registration than we were paying for per person food and beverage while the attendee earned
22 20 to 25 CME hours credit. This increase has just gone into effect. We will continue to closely
23 watch financial performance of our meetings and reconsider registration fees as indicated.

24
25 The EPD weighed alternatives for the Annual Meeting. Our Annual Meeting has been seen as a
26 member benefit and despite excellent programs in a desirable location we have struggled to
27 reach the break-even point for this meeting. Based on productive discussions in our recent EPD
28 meeting and with excellent contracting effort from staff we have decided to move the CSA
29 Annual Meeting to the Disneyland Hotel April 4 to 7, 2024. We are evaluating the registration
30 fee since even though in line with the prior venue, food and beverage costs continue to
31 increase. EPD has identified areas we need members of the HOD to help. We need every
32 delegate to spread the word and encourage anesthesiologists and others to consider attending
33 our Annual Meeting whether in their practices or through contacts in practices at other hospitals
34 or ASCs. This personal touch advertising can have a major positive impact on success of our
35 Annual Meeting.

36
37 The EPD is considering several alternative types of educational programming. These include
38 partnerships with training programs, electronic formats, and enduring electronic content. We are
39 evaluating ways to address the continuing medical education needs of our members as well as
40 opportunities to serve the broader healthcare community need for medical education. As an
41 example, the Global Health Committee communicated an interest in a webinar series that EPD
42 would help coordinate and obtain CME credit for appropriate sessions.

43
44 The CSA is up for reaccreditation with the Accreditation Council for Continuing Medical
45 Education. Staff and EPD leadership have begun working on this large task which has a
46 submission date of July 12, 2023. We expect to attain reaccreditation based on the quality of
47 our programs and the attention to detail EPD committee members, leadership and CSA Staff
48 have paid to accreditation requirements for all of our programs.

From: Richard L. Applegate II MD, FASA
Subject: EPD Committee Report
Date: June 2023

401-4 (22/23)
Page 2

1 EPD Vice Chair Shalini Shah and I are proud of the excellent contributions made by the
2 members of EPD. We are grateful for the superb support we get from Staff in these efforts. CSA
3 is well positioned to be a leader in providing relevant, compelling programming and offerings in
4 honor of our educational mission.
5

6
7 Respectfully submitted
8 Richard L. Applegate II MD, FASA
9 Chair CSA EPD

From: Todd Primack, DO, FASA
Subject: Legislative & Practice Affairs Division Report
Date: September 2022

402-2 (22/23)
Page 1

2022 was to be the year of the great MICRA battle. With the negotiated compromise, signed into law by Governor Newsom on May 23, 2022, the rest of the calendar was anti-climactic. With the COVID pandemic still driving a smaller legislative docket, the team consisting of the CSA Executive Committee, Dr. Antonio Hernandez Conte (former LPAD Chair), Dr. Christopher Tirce (Chair – Practice Affairs Committee), Dr. Felipe Perez (Chair – Legislative Affairs Committee), the AMG Team (Dave Butler, Megan MacNee), CSA Lobbyist Bryce Docherty and KP Affairs Team (Lisa Yarbrough, Allison MacLeod) worked diligently on CSA's behalf.

GASPAC

August 17th, the First Annual GASPAC Day of Contributing raised over \$50,000. Thank you to the over 150 individual donors, as well as East Bay Anesthesia Medical Group and Vituity for their corporate donations.

With COVID restriction loosening, in-person meals with legislators have resumed on a smaller scale. Bryce was able to assemble a group of his healthcare clients for an evening to establish working relationships and develop communication channels. This year, we had 4 dinners, meeting Asm. Heath Flora, Asm. Jim Wood, Asm. Joaquim Arambula, and Sen. Susan Eggman. Bryce and I were joined by Dr. Brian Jones and Dr. Brian Wagner.

Bryce prepares potential participants by teaching the rules of lobbying. Attending a CMA Legislative Day is another way to become acquainted with the intricacies of what is allowed. Breaking bread together allows attendees to better understand each other and learn what motivates each person. Remarkably, no matter which side of the political spectrum you reside, you will find common ground to build upon. I've been impressed how forthright our guests have been, giving direct answers to our questions without the equivocation that you see on display with politicians in DC. California politicians that I have met have been focused on the needs of the citizens of California.

Lobbyist's Report

I am attaching a copy of Bryce's summary of all bills large and small for your review.

Respectfully submitted,

Todd Primack, DO, FASA
Chair, Legislative & Practice Affairs Division

TO: CSA Board of Directors
FROM: Bryce W.A. Docherty
DATE: Thursday, August 25, 2022
RE: Advocacy Report

Below is a summary and update of specific bills and GASPAC events of interest.

LEGISLATIVE UPDATE

AB 35 (Reyes-Umberg): MICRA Modernization Act

The California MICRA Modernization Act was signed into law by Governor Newsom on May 23, 2022. This compromise agreement among the California Medical Association (CMA), California Hospital Association (CHA), several medical malpractice insurers, among many others, and the Consumer Attorneys of California, incrementally increases the cap on non-economic damages, while also providing additional protections for physicians. **AB 35 (Reyes-Umberg)** was the legislative vehicle for the compromise on the Medical Injury Compensation Reform Act (MICRA) of 1974, which avoids an expensive statewide ballot measure fight in November 2022.

CSA POSITION: WATCH

STATUS: Signed into law by Governor Newsom on May 23, 2022

AB 562 (Low): Frontline COVID-19 Provider Mental Health Resiliency Act of 2021

This CSA Co-Sponsored bill alongside the United Nurses Association of California (UNAC) would have established mental health resiliency programs that would have provided critical wellness, mental health, and substance abuse services to COVID-19 frontline health care providers. Then CSA LPAD Chair Antonio Hernandez Conte, MD, provided the lead witness testimony in the Assembly Business and Professions Committee, Senate Business and Professions Committee and the Senate Judiciary Committee.

AB 562 (Low) would have required specific healing arts boards under the Department of Consumer Affairs (DCA), including the Medical Board of California (MBC), to work with relevant third-party vendors to provide free wellness services to qualifying licensees. This would have included in-person and telehealth counseling and wellness coaching, psychological distress self-assessments and other mental and behavioral health services and tools. The bill also included important privacy protections for program participants, ensuring they would not be penalized simply for signing up and seeking help.

CSA POSITION: CO-SPONSOR

STATUS: Held on the Senate Appropriations Committee Suspense File – DEAD

AB 1400 (Kalra): Health Care Coverage – Single Payer

This bill would have created a “single-payer,” government-run health care delivery system (CalCares) in California. AB 1400 (Kalra) did not ensure physician-led care and lacked the policy and constitutional protections necessary to ensure an efficient, physician-led health care delivery system, which is a fundamental principle for CSA and other physician-led organizations. CSA pushed out an aggressive grassroots campaign in opposition and delivered an Assembly Floor Alert outlining the following arguments:

This bill would have transformed the practice of medicine in unforeseen ways, without any input from those who practice medicine and would completely upend the existing health care delivery system and replace it with a single health plan governed by a board of nine unelected individuals, which would be granted complete authority to administer the program. AB 1400 (Kalra) would have made it more difficult to recruit and retain physicians in California and given the number of patients with chronic conditions and those needing physician anesthesiologist services, this bill lacked investments in workforce development programs and does not contemplate serious mechanisms/incentives that would drive physicians to low-income and underserved communities.

The Legislature should focus on building upon the work it has already done to increase patient access to care and strengthen provisions of the Affordable Care Act. Proposals to achieve these goals include expanding Medi-Cal to include the entire undocumented population, reducing delays in patient access to care, utilizing technology and data to streamline or eliminate administrative processes, transitioning to value-based payment arrangements, and continuing to invest in health care workforce programs that directly increase access to care for low-income and underserved communities.

CSA POSITION: OPPOSE

STATUS: Held on the Assembly Floor Third Reading File – DEAD (NOTE: Asm. Kalra never brought the bill up for a vote due to the opposition and lack of Assembly majority vote support.)

AB 1130 (Wood): Office of Health Care Affordability

This bill establishes the Office of Health Care Affordability (OHCA) to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. According to the author, this bill establishes the office to develop statewide and sector benchmarks, analyze health care market for cost trends and drivers of spending, developing policies and strategies for lowering health care costs, and ensuring affordability for consumers and purchasers, and enforcing cost targets.

CHA, Dignity Health, and several other hospitals and health systems took an Oppose Unless Amended position and stated, among various arguments, that this bill must be amended to establish a public commission comprised of experts who can take on key issues and advise the Legislature and the administration on developing a framework and process that will address health care affordability in California. CMA states that this bill fails to take into account the nuances and trends of the current health care landscape and is not targeted at those entities that have been shown to be responsible for the most significant cost increases; would fortify the imbalances and inequities that exist within our health care delivery system and drive consolidation; the broad definition of provider does not take into account the corporate structures and operations which can create significant variances in cost; and, the entity responsible for setting cost targets must be able to be held accountable by the people of California. Kaiser Permanente stated that this bill does not fully recognize the value and structure of integrated delivery systems and requests deleting the requirement that it submits audited financial statements.

Governor Newsom has already provided \$64 million over the next five-years to fund the office activities. Final bill language was negotiated between Assembly Member Wood and the governor's office and included in the Budget Trailer Bill SB 184 that was signed by Governor Newsom on June 30, 2022. CSA will continue to work with Asm. Wood and other stakeholders and the OHCA as they begin to implement the bill.

CSA POSITION: OPPOSE UNLESS AMENDED

STATUS: Held in the Senate Health Committee – DEAD (NOTE: Contents of AB 1130 amended into Budget Trailer Bill on Health SB 184 – Chapter 47, Statutes of 2022)

AB 1636 (Weber): Physician and Surgeon Licensure – Registered Sex Offenders

This CMA-Sponsored bill requires the MBC to deny, revoke, or prohibit reinstatement of a physicians and surgeons license to a person who has been convicted of sexual assault or misconduct in connection to actions with a patient or client or is currently or has previously been required to register as a sex offender.

In December 2021, the Los Angeles Times [reported](#) instances where physicians committed acts of sexual misconduct against their patients. In all of the reported instances, the physician either had their license revoked or the physician surrendered their license. These physicians subsequently petitioned the MBC for license reinstatement. According to the report, the MBC reinstated 10 of 17 (59%) of the petitioning physicians. The MBC board president, in response to the article, suggested there were impediments in state law and regulations that prevented the MBC from revoking licenses for such misconduct.

CSA POSITION: SUPPORT

STATUS: On Governor Newsom's Desk

AB 2080 (Wood): Health Care Consolidation and Contracting Fairness Act of 2022

Current law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would have prohibited a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would have authorized the appropriate regulating department to refer a plan or insurer contract to the California Attorney General and would have authorized the Attorney General or state entity charged with reviewing health care market competition.

This bill only applied to an Ambulatory Surgery Center (ASC) affiliated or owned by a hospital and/or health system and excluded Attorney General review of ASC/hospital/health system transaction of \$15 million or more. The bill also required a 90-day transaction notice to the California Attorney General and requires the California Attorney General to conduct a public hearing per transaction. Amendments would increase the transaction exemption amount to at least \$50 million and delete the California Attorney General consent requirement.

NOTE: This is a reintroduction of similar legislation from last year, AB 1132 (Wood) that was later amended to address a completely different topic, and like SB 977 (Monning) from 2020, that CSA was able to defeat along with an impressive oppose coalition.

CSA POSITION: OPPOSE UNLESS AMENDED

STATUS: Held in the Senate Health Committee – DEAD (NOTE: Double referred to the Senate Judiciary Committee)

AB 2246 (Petrie-Norris): Controlled Substances – Fentanyl

CSA has been closely monitoring nearly a dozen bills related to the fentanyl abuse epidemic. One of those bills [AB 2246 \(Petrie-Norris\)](#) would have added fentanyl analogs to the California Schedule I controlled substances list. CSA was able to amend the bill to only include “illicit fentanyl analogs that are not approved by the United State Food and Drug Administration.” These amendments will still allow the efficacious use of fentanyl analogs approved by the FDA, while still helping to curb illicit non-FDA approved fentanyl abuse. This bill has stalled in the Assembly Public Safety Committee.

CSA POSITION: OPPOSE UNLESS AMENDED to WATCH

STATUS: Held in the Assembly Public Safety Committee – DEAD

ACR 127 (Weber): Physician Anesthesiologist Week

For the eighth year in a row, CSA sponsored legislation recognizing Physician Anesthesiologist Week. [ACR 127 \(Weber\)](#) designated January 30, 2022, to February 5, 2022, as Physician Anesthesiologist Week. Author Assemblymember Akilah Weber, MD, presented the resolution to CSA Leadership at the Capitol on January 31, 2022.

CSA POSITION: SPONSOR

STATUS: Chaptered by Secretary of State on March 8, 2022

SB 250 (Pan): Health Care Coverage – Prior Authorization

CSA is also strongly supporting [SB 250 \(Pan\)](#) which will improve the efficiency and effectiveness of physician practices and help to protect patient access to care by reforming the prior authorization process and reduce/eliminate practice time and resources devoted to coordinating patient care, while also improving quality outcomes and increasing patient access to care. Authored by Senate Health Committee Chair Richard Pan, MD, and sponsored by the California Medical Association, this bill is currently pending before the Assembly Appropriations Committee.

CSA POSITION: SUPPORT

STATUS: Held on the Assembly Appropriations Committee Suspense File – DEAD

Record Breaking State Budget: 10% Medi-Cal Provider Rate Cut Restoration

On Thursday, June 30, 2022, Governor Gavin Newsom, signed the 2022-2023 State Budget that took effect on Friday, July 1, 2022. This budget is historic for two reasons. First, it's the largest State Budget in history at just north of \$300 billion and takes into consideration a budget surplus of about \$60 billion. Health care took center stage in the budget as proposed by Governor Newsom in January and the final agreement made between Newsom and the Legislature. Most notably was a restoration of the 10% Medi-Cal provider rate cut implemented by then Governor Brown in 2011 by way of AB 97.

AB 97 (Chapter 3, Statutes of 2011) required the California Department of Health Care Services to reduce most Medi-Cal provider payments by 10%, with limited exceptions. Since that time, certain AB 97 provider payment reductions have been restored.

Governor Newsom's 2022 State Budget proposal in January restored the Medi-Cal 10% provider rate reductions for eight provider types based on COVID-19 Pandemic impacts and the DHCS quality and equity goals—nurses of all types, alternative birthing centers, audiologists and hearing aid dispensers, respiratory care providers, select durable medical equipment providers, chronic dialysis clinics, non-emergency medical transportation providers, and emergency medical air transportation providers.

The Budget proposal included fee-for-service costs of \$20.2 million (\$9 million General Fund) in 2022-23 and \$24 million (\$10.7 million General Fund) annually thereafter for elimination of these rate reductions.

CSA Co-Sponsored, along with CMA and approximately 10 other medical specialty societies, a Senate Budget Subcommittee on Health stakeholder proposal that would have also included physicians of all types in the 10% Medi-Cal rate restoration. Due to the work of CSA and other coalition partners, the Joint Legislative Budget agreement between the Assembly and Senate included a proposed restoration for all Medi-Cal providers at a State Fund cost of \$200 million. Of that total, \$78 million would have restored the 10% Medi-Cal provider rate cut for physicians of all types.

At the end of the day, Governor Newsom was only willing to fund an additional ongoing state budget obligation of \$5 million for the Medi-Cal restoration. Therefore, the final agreement between the Newsom and the Legislature on the 10% Medi-Cal rate restoration only included 31 different provider types, but ultimately did not include physicians. According to the Chief Consultant for the Sem. Budget Subcommittee on Health:

“Yes, scaled back significantly, to only \$5m GF. Mostly smaller providers exempted, but the bigger ones (including docs) still subject. Admin was really opposed to ongoing spending increases, including this one.”

CSA will continue to work with Governor Newsom and the Legislature to increase anesthesiologist reimbursement rates, particularly for Medi-Cal. Access to physician services is frequently cited as an issue for Medi-Cal beneficiaries. Increasing reimbursement rates to reflect the increased costs to providers for staff, equipment and supplies is long overdue.

GASPAC UPDATE

GASPAC has had another productive year. The Cash on Hand (COH) remain slightly north of \$1 million. The MICRA campaign allocation of \$100,000 did not need to be spent due to AB 35 (Reyes-Umberg). GASPAC participated in four private in-person fundraising dinner events. These are unique opportunities to spend three hours of undivided attention with mission critical legislators to the CSA advocacy agenda. Details of those events are below:

LEGISLATOR	DATE	AMOUNT	ATTENDEES
Asm. Heath Flora (R-Ripon)	May 31, 2022	\$4,900	Drs. Todd Primack; Brian Jones
Sen. Susan Eggman (D-Stockton)	June 20, 2022	\$4,900	Drs. Todd Primack; Brian Jones
Asm. Jim Wood (D-Santa Rosa)	August 10, 2022	\$4,900	Drs. Todd Primack; Brian Wagner
Asm. Joaquin Arambula, MD (D-Fresno)	August 16, 2022	\$4,900	Drs. Todd Primack; Brian Wagner

In addition to these private dinner events, GASPAC participated in CMA-sponsored House of Medicine private dinner event for [Assembly Business and Professions Committee Chair Marc Berman \(D-Palo Alto\)](#). GASPAC also strongly supported the Special Election this year of [Asm. Matt Haney \(D-San Francisco\)](#) who was running to replace CSA good friend former Asm. David Chiu (D-San Francisco) who resigned from the Legislature after being appointed San Francisco City Attorney by Mayor London Breed. Asm. Haney is a former San Francisco County Board of Supervisor and son of

long-time American Academy of Pediatrics – California Chapter Executive Director Kris Calvin. GASPAC interviewed both candidates in this race and Asm. Haney’s opponent David Campos was a strong advocate for single-payer and was not a strong advocate for MICRA.

CSA Past President Jeff Poage, MD, graciously opened his home to host a fundraising event for California Insurance Commissioner Emeritus and State Senate candidate [Dave Jones \(D-Sacramento\)](#) on Saturday, April 30, 2022. This event was co-hosted by CSA, Vituity and the California Ambulatory Surgery Association. This small and intimate event was also attended by CSA Past President Christine Doyle, MD and CSA LPAD Chair Todd Primack, MD. This successful event raised an additional \$10,000 for Dave Jones.

GASPAC also participated in two fundraising events for [Assembly Speaker Anthony Rendon \(D-Los Angeles\)](#). CSA Lobbyist Bryce Docherty attended a multi-day event in Sonoma for newly appointed [Assembly Appropriations Committee Chair Chris Holden \(D-Pasadena\)](#).

The remaining allocations by GASPAC for specific legislators were smaller amounts intended for CSA Lobbyist Bryce Docherty to attend the “cattle call” fundraising events in Sacramento.

Of note and for consideration by the GASPAC Board going forward will be the annual maximum contribution to the Californians Allied for Patient Protection (CAPP) PAC of \$8,100. This contribution allows specific CSA input into which current legislators and/or candidates CAPP will support and/or oppose and how much CAPP will be contributing. CSA also regularly attends CAPPAC hosted events at an additional cost to GASPAC. With the passage of the MICRA Modernization Act, GASPAC may wish to reconsider the need to continue supporting CAPPAC activities.

GASPAC also allocates political resources toward the various legislative caucuses (i.e., API/Black/Latino/LGBTQ/Mod/Women’s). Going forward GASPAC may want to consider connecting specific CSA members, based on interest, to attend some of these caucus events to elevate the CSA profile related to equity, diversion, and social justice issues.

“If you miss a day ‘Under the Dome,’ you miss a lot!”

Please contact me directly with any questions at bdocherty@tdgstrategies.com or (916) 769-0573.

1 In 2020, Assemblyman Dr. James Wood, DDS authored AB 890, giving Advanced Practice
2 Nurses the ability to practice independently. Assemblymember Wood's district, which stretches
3 from Santa Rosa to the Oregon border suffered from a shortage of healthcare providers. The bill
4 created a 3-year glidepath for full implementation allowing for Advanced Practice Nurses to
5 receive extra training.

6
7 During the last three years, Anesthesiologists began noting changes which coincided with the
8 passage of this law. The Doctor of Nursing Practice (DNP) degree was created as an academic
9 degree to develop nursing leaders over an 8-semester time frame. In the last 3 years, programs
10 have emerged to award a Doctorate degree with anywhere from one to two years of online
11 study. Certified Registered Nurse Anesthetist programs are evolving from a 23-month Master's
12 degree program into a 35-month Doctorate of Nursing Anesthesia Practice (DNAP) degree.
13 Coincidentally, some national nursing and physician extender organizations are changing their
14 names, from the *American Association of Nurse Anesthetists* to the *American Association*
15 *of Nurse Anesthesiology* and from the *American Academy of Physician Assistants* to the
16 *American Academy of Physician Associates*. Additionally, there has been increased scrutiny
17 from patients and consumers, and an Advanced Practice Nurse was recently prosecuted in
18 California for misuse of the term "Doctor" and not identifying her actual credentials and
19 supervising physician.

20
21 The CSA House of Delegates and Executive Board noticed this trend and asked for CSA to take
22 action. In 2021, Dr. Christopher Tirce, MD led the development of a "Truth-in-Advertising" toolkit
23 for physician leaders to use at the hospital level to guide processes to provide clarity for patients
24 when health care providers interact with them. This effort formed the basis of the effort to
25 update the law in California.

26
27 Current California law allows all Physicians and Surgeons to use the "Doctor/Dr." title without
28 further detail. Other professions in a healthcare setting need modifiers (ie. I'm Dr. Jill Biden, I
29 have a Ph.D. in Education; I'm Dr. Benjamin Franklin, I'm a Doctor of Pharmacy, or I'm Dr.
30 Daniel Palmer, I'm a Doctor of Chiropractic Medicine). This can be confusing if the practitioner
31 has a non-medical doctorate, such as an Advanced Practice Nurse with a Ph.D. in Nutrition.
32 California also has well developed badging identification laws to provide patients with the ability
33 to differentiate who their caregivers are. However, badge implementation at the local medical
34 center/facility level is highly variable and may not require the degree or licensure status on their
35 badge.

36
37 Other states (Indiana, Washington D.C.) have "ologist" laws, Medical Board Advisory
38 Statements (Texas), or Supreme Court rulings (New Hampshire) that reserve physician-
39 equivalent titles for physicians only. In South Carolina, the Board of Nursing made an advisory
40 statement that CRNAs should adhere to their licensed titles and not use the "nurse
41 anesthesiologist" title. Patients get confused when a Physician Assistants introduce themselves
42 as a Physician Associates because it sounds like they are a Physician or junior partner
43 physician. The same can be true for a Nurse Dermatologist, Nurse Anesthesiologist or Nurse
44 Emergency Provider. It is especially problematic for the elderly, medicated or non-primary
45 English speaking patients.

46
47 In 2022, Dr. Michele Raney, M.D. brought our idea for legislation to the California Medical
48 Association (CMA) Specialty Delegation. It was moved to the Board of Directors, but it did not
49 move forward as CMA felt that there was already rules covering this issue.

1 This was brought back to the CSA Board of Directors in September 2022. After lengthy
2 discussion, it was decided to move forward on building a possible bill, building a coalition of
3 specialty organizations (which had lobbyists to support the effort) and create momentum for
4 others to join us. Our lobbyist, Bryce Docherty started working to see the interest locally, while
5 President-Elect Dr. Antonio Hernandez-Conte, M.D. reached out to the American Medical
6 Association Leadership (including Dr. Jesse Ehrenfeld, MD – an Anesthesiologist) and
7 members of the successful effort in Indiana. The American Society of Anesthesiologists (ASA)
8 brought their resources to us, including the expertise, perspective, and experience of Jason
9 Hansen, JD and Allison Kronback.

10
11 We then spoke with CMA legislative staff who felt that there would be support for this type of bill,
12 then scheduled a compressed series of Zoom meetings with interested specialty societies to
13 determined who would join us. The core team was Mr. Docherty, Dr. Hernandez Conte and Dr.
14 Todd Primack, D.O., with other CSA leaders attending when they were able. Our efforts were
15 met with strong support. We then circled back to the CMA leadership, meeting with President
16 Dr. Donald Hernandez, M.D. and Dr. Robert Wailes, M.D., Sr. Vice President Stuart
17 Thompson, JD. and Sr. Legislative Advocate Brandon Marchy.

18
19 Mr. Thompson suggested that we contact Dr. James Wood D.D.S., Chairman of the Assembly
20 Health Committee, to discuss our bill and vet its feasibility. We spent 90 minutes on the phone
21 with Liz Snow, the Assemblyman's Chief of Staff. We were excited when we heard back a few
22 days later that Assm. Wood wanted to author the bill. Our bill was given the title of **AB 765**
23 **(Wood, D-Santa Rosa) California Patient Protection, Safety, Disclosure, and**
24 **Transparency Act.**

25
26 Feeling encouraged, we enlisted the help of Dr. Michele Raney to lobby CMA Board members.
27 In January we received the news that CMA would Sponsor the bill. We joined the California
28 Society of Dermatology & Dermatologic Surgery as co-Sponsors of the bill.

29
30 During the last 6 weeks, CSA District Directors, Delegates and CSA leaders have been doing
31 zoom calls with members of the Assembly Business and Professions (B&P) Committee, where
32 AB 765 was heard on April 11. We have emphasized that we are not presenting a bill to change
33 scope of practice, we want to create an atmosphere of transparency and truth-in-advertising.
34 There are no changes in anyone's ability to practice their trade nor removing the ability to call
35 oneself a "Dr." if the degree is obtained. We are not taking titles away from anyone. AB 765
36 passed out of Committee on a 15-0-2 vote. We are off to the Senate B&P Committee next.
37 CSA has continued to provide issue expertise for our legislators. This year, there have been
38 nearly 50 Fentanyl and Opioid related bills. A sub-group, including Drs. Michael Leong, MD,
39 Shalini Shah, MD, Ed Mariano, MD, Jenni Bartlotti-Telesz, MD Anita Gupta, DO, and Todd
40 Primack, DO, joined Bryce Docherty to review bills to determine CSA's stance, and to offer
41 guidance to improve the language the author is using to minimize unintended consequences.
42 We are grateful for their expertise and involvement.

43
44 We would like to thank everyone that has touched this project, including those of you who have
45 contacted your legislator in response to CSA's Advocacy Alerts. By supporting AB 765, we have
46 the opportunity and the obligation to be the patient's advocate.

47 Respectfully,

48
49 **Dr. Todd Primack, DO, FASA**

50 Chair, Legislative & Practice Affairs Division

REPORT OF THE CSA DELEGATION TO THE CMA SPECIALTY DELEGATION

The California Society of Anesthesiologists (CSA) is a highly-regarded medical organization in California, largely because of its legislative leadership but also because of the participation of its members in the various California Medical Association (CMA) geographic delegations, practice forums, Council on Legislation, and Specialty Delegation. These efforts greatly contribute to CSA's ability to protect patients and promote the interests of California's practicing anesthesiologists.

During the past year, the preeminent issue for the CSA has been combating professional title misappropriation by physician extenders. Through the leadership of CSA, a diverse group of medical specialties obtained the sponsorship of CMA for the recently introduced AB 765, Medical Specialty Titles or "Truth in Advertising". This bill, AB 765, "Truth in Advertising" – , is discussed elsewhere in the CSA Presidents' and Legislative Affairs reports; while the outcome is far from certain, this could not have been imagined without CSA's initiative or the coalition building that took place within the Specialty Delegation.

A valid question during these uncertain times is how does any medical society identify and address problems. As with all medical associations, a nimble response to dynamic practice challenges demands a flexible governance system. Currently, this is achieved in the CMA House of Delegates by a system that analyzes and processes issues – presented as "resolutions" – on a quarterly, not just annual, basis; resolutions are the fundamental "first step" that any single physician can use to establish or change state and national policy, and through this process, problems suggest possibilities, and possibilities develop into well-considered policies.

Meanwhile, an effective organization may recognize when a more comprehensive or deeper analysis is necessary. In recent years, the CMA has used the Annual Meeting to focus on two or three "major issues". In 2022 topics were "Addressing the Cost and Affordability of Health Care: Enhancing Competitiveness in the Health Care Market" and "Health Care Reform". The former addressed issues related to medical licensure, postgraduate education, geriatric care specialists, and telehealth implementation (technology, licensure, and payment). Also adopted were a number of policies related to the Dobbs Decision – establishing safeguards for physicians providing reproductive services to those who have come to California for care not allowed in their home state, addressing postgraduate training needs for full spectrum reproductive services when such training is prohibited in at the home institution in another state, and establishing protections against out-of-state subpoenas. Adding to existing policy, 2022 "Health Care Reform" recommendations focused on MediCal – provider reimbursement, rates, access, prescription drug costs, eligibility, intermediaries' governance, payments, and grievance processes, and appropriate use of physician time and services. A supplemental report, "Mental Health" was also provided. "Major Issues" topics for the 2023 House of Delegates are under consideration but have not been published.

At a recent CMA Board of Trustees meeting, CMA CEO Dustin Corcoran reported on current CMA priorities. Now that the MICRA agreement has been accepted (impact still to be determined), CMA is focusing on measures to improve healthcare for all Californians and, specifically, to strengthen the MediCal system. MediCal serves approximately one-third of the population; reimbursement (payment), access, and implementation are a few of the key priorities. Finally, a governance overhaul is anticipated given that the costs of governance currently exceed the amount CMA spends on advocacy.

From: Michelle Raney, MD
Subject: CMA Delegate Report
Date: April 2023

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1 Meanwhile, CSA members are active and respected in the CMA House of Delegates. Although
2 the CMA House of Delegates Annual Meeting often coincides with our ASA Annual Meeting,
3 CMA members are active year-round. Within the Specialty Delegation, CSA is represented by
4 C.K. Park, MD, Vivian Tanaka, MD, Jenni Bartolotti-Telesz and Michele E. Raney, MD (past-
5 chair and former CMA Board of Trustees member). Although not a complete list (my apologies),
6 CSA members in other delegations and forums include Drs. Perry Chu, Antonio Hernandez-
7 Conte, Roberta Doucet, Christine Doyle, Gary Goldman, James Halderman, Bruce Holmblad,
8 Thelma Korpman, Sean Mackey, Jeffrey Poage, Todd Primack, Alexander Quick, Theodore
9 Quilligan, Lawrence Robinson, Stephen Skahen, Lee Snook, Sydney Thompson, Samuel Wald,
10 Ken Yew, and Paul Yost, and outgoing CMA President, Robert Wailes, MD, is a pain
11 management specialist.
12

13 As always, it has been a pleasure to represent CSA in the CMA Specialty Delegation. Thank
14 you.
15

16 Respectfully submitted,
17
18

19 Michele E. Raney, MD
20 CSA Delegate to the CMA

The following Bylaws changes were approved at the June 2022 House of Delegates Meeting.

1. **Addition** of Early Membership Category.

The categories of membership in this society are: Honorary, Active, Affiliate, Resident & Fellow, Retired, Life, Student, Anesthesiologist Assistant, Anesthesia Practice Administrators and **Early Career**.

3.040 Early Career

An anesthesiologist in years 1-3 immediately following completion of post-graduate training shall be granted the rights of active membership with the addition to the following benefits: a single membership dues fee for the first 3 years (years 1-3) immediately following completion of postgraduate training.

2. **Modification** of Committee on Distinguished Service Award duties.

11.036 Committee on Distinguished Service Award

... Letters of recommendation are to be submitted directly to the chair of this committee by the District **or Forum Directors** of the CSA at least ninety (90) days prior to the Annual Meeting of this Society. If no recommendation(s) by District **or Forum** directors are received by 90 days prior to the next Annual Meeting, the committee members may then, and only then, submit nominations(s) for consideration by the committee....

3. **Addition** of new Standing Committee (transition from Task Force)

11.044 Committee for California Women Anesthesiologists.

Composition: A chair appointed by President, a CSA Staff liaison, minimum of six additional members appointed by the President, one of whom shall be a member of the Board of Directors.

Duties:

Develop and maintain leadership and mentoring opportunities for women within and in conjunction with CSA.

Provide virtual and in-person mentoring and networking forum(s).

Provide resources for women in anesthesiology regarding CSA and other leadership opportunities as well as ASA committees, state component societies, academic and private practice leadership.

Monitor and provide curriculum pertinent to CSA women members' practice and professional interests for the CSA annual meetings, virtual, online and/or live conferences, and CSA division and committee activities.

4. **Replacement** of current **section 15.01** Educational Programs Division Mission statement with the following:

The mission of the Educational Programs Division of the California Society of Anesthesiologists is to provide relevant, timely, high-quality education to anesthesia professionals from California and all over the world. Through a strategic partnership with American Board of Anesthesiologists, CSA provides education that fulfills maintenance of certification requirements for our physician learners. CSA expects that our participants will improve their competence by increasing knowledge and skill sets, and/or improve

From: Robin Seaberg MD FASA
Subject: Bylaws Committee Report
Date: September 2022

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1 *their performance by applying their newly acquired knowledge and skill sets in their*
2 *practice. Our goal is to enhance our participants' ability to provide quality and safe*
3 *patient care. It is the belief of the CSA that by improving competence and performance,*
4 *ultimately patient outcomes will be improved.*
5
6

7 Respectfully submitted,
8 Robin Seaberg MD FASA
9 Vice Speaker House of Delegates
10 Chair, Bylaws Committee

1 The Committee on Bylaws met on May 11, 2023 to discuss various issues before the Board of
2 Directors that could require a Bylaws Change.

3
4 After extensive discussion, the Committee recommends a Change to the Bylaws as Follows.

5
6 **Chapter 11.035 Committee on Leadership Development and Nominations (CoLDaN)**

7
8 **Replace** the current **Composition** paragraph with the following (Proposed additions are
9 italicized and bolded):

10
11 **Composition:** The Committee will be composed of seven ***voting*** members. The CSA ***Past***
12 ***President*** shall serve as Chair, ***The Immediate Past President shall serve a one-year term***
13 ***as a non-voting member (before becoming chair the following year)***. The remaining six
14 members will be appointed to staggered terms. Each year two new members will be appointed
15 to terms of three years: one will be a member of the Board of Directors and the other will be a
16 CSA member of five years who is not serving on the Board. A committee member may only
17 serve two consecutive full or partial term.

18
19
20
21 For reference, the existing paragraph is displayed below

22
23 **Composition:** The Committee will be composed of seven members. The CSA Immediate Past
24 President shall serve as Chair. The remaining six members will be appointed to staggered
25 terms. Each year two new members will be appointed to terms of three years; one will be a
26 member of the Board of Directors and the other will be a CSA member of five years who is not
27 serving on the Board. A committee member may only serve two consecutive full or partial
28 terms.

29
30
31 Respectfully submitted,
32 Robin Seaberg MD FASA
33 Chair, The Committee on Bylaws

The Committee on Leadership Development and Nominations (CoLDaN) has two major responsibilities. The first responsibility is to assist with the development of leaders in anesthesiology from California. The second is to nominate officers for specific positions as described in the CSA by-laws. The committee considers these two responsibilities to be overlapping. During the past year, we met 9 times and interviewed over 25 individuals to determine their interests and qualifications in current and future CSA and ASA leadership roles. We provided our input into how they can maximize their success. As immediate past-president, I served as chair of the CoLDaN committee. The other six members of the committee this year were Drs. Jenni Bartlotti Telesz, Lee-lynn Chen, Linda Hertzberg, Christina Menor, Sydney Thomson, and Mark Zakowski.

In choosing our nominations, the committee considered multiple factors, including not only the ability of the individual to perform the proposed role but also whether this year was the best timing for the individual and for the society. In many cases, there were multiple exceptional candidates, and the committee anticipates that many of them will be nominated for office in subsequent years.

The committee recommends the following nominations:

President	Antonio Hernandez Conte, MD, MBA, FASA
President-Elect	Philip Levin, MD, FASA
Immediate Past President	Edward R. Mariano, MD, MAS
Past President	Ronald Pearl, MD, PhD, FASA
Secretary	Eugenia Ayrian, MD, FASA
Assistant Secretary	Rana Movahedi, MD, FASA
Treasurer	John Hsieh, MD, FASA
Assistant Treasurer	Phillip Richardson, MD, MBA, FASA
Speaker of the House of Delegates	Christina M. Menor, MD, MS, FASA
Vice Speaker of the House of Delegates	Robin Seaberg, MD, FASA
ASA Director for California	Christine Doyle, MD, FASA
ASA Alternate Director for California	Mark Zakowski, MD, FASA
Chair, Educational Programs Division	Richard Applegate, MD, FASA
Chair, Legislative and Practice Affairs Division	Todd Primack, DO, FASA

The committee chose not to provide a recommendation for President Emeritus. In contrast to the other officer positions, President Emeritus is elected by a vote of the Board of Directors rather than the House of Delegates. We currently have three CSA members who have expressed an interest in the position of President Emeritus, namely Linda Mason, Jim Moore, and Jeff Poage. CoLDaN believes all three of these former CSA presidents are superbly qualified for the President Emeritus position and that the Board of Directors should vote without a specific recommendation from CoLDaN. Members interested in the President Emeritus position will have an opportunity to address the Board of Directors in June before their vote.

Finally, CoLDaN is still finalizing our recommendations for the open positions for the delegate and alternate delegate members of the CSA delegation to the ASA House of Delegates. We will

From: Ronald Pearl MD, PhD, FASA
Subject: COLDAN Report
Date: April 2023

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1 provide our recommendations significantly in advance of the CSA annual meeting in June when
2 that election occurs.

3

4 Thank you for the privilege of serving as Chair of the CSA Committee on Leadership
5 Development and Nominations (CoLDaN) this year.

6

The Committee on Leadership Development and Nominations (CoLDaN) has two major responsibilities. The first responsibility is to assist with the development of leaders in anesthesiology from California. The second is to nominate officers for specific positions as described in the CSA by-laws. The committee considers these two responsibilities to be overlapping. During the past year, we met 9 times and interviewed over 25 individuals to determine their interests and qualifications in current and future CSA and ASA leadership roles. We provided our input into how they can maximize their success. As immediate past-president, I served as chair of the CoLDaN committee. The other six members of the committee this year were Drs. Jenni Bartlotti Telesz, Lee-lynn Chen, Linda Hertzberg, Christina Menor, Sydney Thomson, and Mark Zakowski.

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ASA Director for California	Christine Doyle, MD, FASA
ASA Alternate Director for California	Mark Zakowski, MD, FASA / James Moore, MD, FASA
Chair, Educational Programs Division	Richard Applegate, MD, FASA
Chair, Legislative and Practice Affairs Division	Todd Primack, DO, FASA

The initial COLDAN committee report nominated only Mark Zakowski for ASA Alternate Director for California. At the April 30 Board of Directors meeting, Jim Moore made a motion to have him included as a candidate for the position. The motion was seconded and approved, so there will be a House of Delegates vote for the position in a contested election.

The committee chose not to provide a recommendation for President Emeritus. In contrast to the other officer positions, President Emeritus is elected by a vote of the Board of Directors rather than the House of Delegates. We currently have two CSA members who have expressed an interest in the position of President Emeritus, namely Linda Mason and Jim Moore. CoLDaN believes both of these former CSA presidents are superbly qualified for the President Emeritus position and that the Board of Directors should vote without a specific recommendation from

- 1 CoLDaN. Members interested in the President Emeritus position will have an opportunity to
- 2 address the Board of Directors in June before their vote.
- 3
- 4 Finally, CoLDaN recommends the following slate for the California delegation to the ASA:

	Position	First Name	Term End Date
	ASA Director	Paul Yost	Oct-23
	ASA Alternate Director	Jonathan Pregler	Oct-23
1	ASA Delegate	Philip Levin	2026
2	ASA Delegate	Ed Mariano	2026
3	ASA Delegate	James Moore	2026
4	ASA Delegate	Rana Movahedi	2026
5	ASA Delegate	Jeff Poage	2026
6	ASA Delegate	Jonathan Pregler	2026
7	ASA Delegate	Shalini Shah	2026
8	ASA Delegate	Mark Zakowski	2026
9	ASA Delegate	Jenni Barlotti Telesz	2024
10	ASA Delegate	Christine Doyle	2024
11	ASA Delegate	Linda Hertzberg	2024
12	ASA Delegate	John Hsieh	2024
13	ASA Delegate	Christina Menor	2024
14	ASA Delegate	Manuel Pardo	2024
15	ASA Delegate	Ronald Pearl	2024
16	ASA Delegate	Felipe Perez	2024
17	ASA Delegate	Mark Singleton	2024
18	ASA Delegate	Richard	2025
19	ASA Delegate	Eugenia	2025
20	ASA Delegate	Lee-Lynn	2025
21	ASA Delegate	Neal Cohen	2025
22	ASA Delegate	Gerard Dang	2025
23	ASA Delegate	Antonio Hernandez Conte	2025
24	ASA Delegate	Phillip Richardson	2025
25	ASA Delegate	Jeff Rusheen	2025
26	ASA Delegate	Robin Seaberg	2025
27	ASA Delegate	Sydney	2025
28	ASA Delegate	Todd Primack	2025
29	ASA Delegate	Rita Agarwal	2025
30	ASA Delegate	Henry Gonzalez	2025
31	ASA Delegate	Odi Ehie	2025
1	ASA Alternate Delegate	Fiyinfoluwa Ani	2024
2	ASA Alternate Delegate	Christian Bohringer	2024

3	ASA Alternate Delegate	Anna Maria Bombardieri	2024
4	ASA Alternate Delegate	Justin Calvert	2024
5	ASA Alternate Delegate	Jason Cheng	2024
6	ASA Alternate Delegate	Jennifer Engstrom	2024
7	ASA Alternate Delegate	Mark Gjolaj	2024
8	ASA Alternate Delegate	Steven Haddy	2024
9	ASA Alternate Delegate	Vanessa Henke	2024
10	ASA Alternate Delegate	Jan Hirsch	2024
11	ASA Alternate Delegate	Tara Humphrey	2024
12	ASA Alternate Delegate	Uday Jain	2024
13	ASA Alternate Delegate	Jeffrey Kwok	2024
14	ASA Alternate Delegate	Rondall Lane	2024
15	ASA Alternate Delegate	Rima Matevosian	2024
16	ASA Alternate Delegate	Debra Morrison	2024
17	ASA Alternate Delegate	Jennifer Noerenberg	2024
18	ASA Alternate Delegate	Lawerence Ong	2024
19	ASA Alternate Delegate	John Patton	2024
20	ASA Alternate Delegate	Lynnus Peng	2024
21	ASA Alternate Delegate	Michelle Raney	2024
22	ASA Alternate Delegate	Engy Said	2024
23	ASA Alternate Delegate	Mariam Sarwary	2024
24	ASA Alternate Delegate	Stephen Skahen	2024
25	ASA Alternate Delegate	Mihn Tran	2024
26	ASA Alternate Delegate	Puja Trivedi	2024
27	ASA Alternate Delegate	Elizabeth Tsai	2024
28	ASA Alternate Delegate	Jeffrey Uppington	2024
29	ASA Alternate Delegate	Sam Wald	2024
30	ASA Alternate Delegate	Michael Wangler	2024
31	ASA Alternate Delegate	De-An Zhang	2024

Thank you for the privilege of serving as Chair of the CSA Committee on Leadership
Development and Nominations (CoLDaN) this year.

The Committee on Finance and Administration has met several times since the HOD meeting in June.

Executive summary of recommendations to the board:

1. Regarding Early Career Membership Dues: It was recommended that CSA match ASA in adopting a tiered pricing structure.

CA-3 -> 1st year: \$99 (member or non-member - 3 year membership)

1st year -> 2nd year: \$99 for non-members (2 year membership)

\$49 for members (2 year membership)

2nd year -> 3rd year \$99 for non-members (1 year membership)

\$0 for membership (1 year membership)

3rd year -> 4th year normal rate

2. Regarding Flight Reimbursement: It was recommended that the current reimbursement policy should be maintained, but that any individual outlier should have a discussion with the Treasurer or Assistant Treasurer.

3. Regarding reimbursement of meals: It was recommended to update the APM such that section 1.5.5 should read:

Daily Meal Expense/Misc. costs: *Actual costs of meals not provided and miscellaneous costs associated with meeting attendance (wifi, tips, use of business center, etc.) will be reimbursed **up to** \$100 per day. **When food events are available during a meeting, members will not be reimbursed for meals at that time.***

4. Regarding the draft 2023 budget, F&A recommends to the board:

- a. Defer the 100k 75th anniversary expense until we have a balanced budget
- b. Recommend adjusting the digital ad campaign to 25k, and adjust as we see the impact
- c. Decrease District / Forum funding from 25k to 15k.
- d. Re-label "Marketing Research" (expense #8265) to "Special Project Fund"
- e. Consider moving Bryce's expense to GASPAC
- f. Recommend increasing the Hawaii meeting registrations by \$200

Details of topics discussed:

1. Proposal from Membership Committee

In brief summary:

CA-3 -> 1st year: \$299 (member or non-member - - 3 year membership)
1st year -> 2nd year: \$299 for non members (2 year membership)
\$196 for members (2 yr membership)
2nd year -> 3rd year: \$299 for non-members (1 year membership)
\$0 for members (1 year membership)
3rd year -> 4th year: normal rate

If we were to "match" ASA: it could be:

CA-3 -> 1st year: \$99 (member or non-member - 3 year membership)
1st year -> 2nd year: \$99 for non-members (2 year membership)
\$49 for members (2 year membership)
2nd year -> 3rd year \$99 for non-members (1 year membership)
\$0 for membership (1 year membership)
3rd year -> 4th year normal rate

There was much discussion regarding the value of membership, and that it should not be devalued by being underpriced. It was also mentioned that given ASA has tiered pricing, it might be seen negatively if CSA did not have tiered pricing. Some mentioned that it might create ill will to have members that have paid full dues be 'ignored' while others are able to simply pay \$99.

After robust discussion it was proposed that F&A recommend to the board that CSA adopt tiered pricing, in line with ASA. This passed unanimously.

2. Airline Reimbursement

It was noted that some flights can cost much more than Southwest flights, and maybe CSA should consider moving to a flat reimbursement mirroring the cost of a Southwest flight. Some mentioned that this might be hard to implement given Southwest has 4 rate tiers. It was also mentioned during the meeting that current rates between Southern California and Northern California are less expensive if using United (~\$150) vs Southwest (~\$250-\$350) for the Sept board meeting. Others mentioned that various airports will have different pricing (Ontario vs LAX vs Long Beach) and that we have people coming from all over the state.

It was asked if this proposal should cover only travel within the state of California or be extended to all travel. It was noted that flying Southwest outside of California can result in multiple layovers, and a much longer flight time. It was quickly decided to limit the discussion to only flights within California.

1 It was noted that some institutions simply reimburse a set fee (eg: 1,000 euro for a flight
2 to Europe). It was debated if a set fee would work, given the multitude of travel plans,
3 and the variable cost of flights throughout the year.

4
5 After much discussion it was **proposed** that the current reimbursement policy should be
6 maintained, but that any individual outlier should have a discussion with the Treasurer or
7 Assistant Treasurer. This was unanimously approved.

8 9 3. Food Reimbursement

10
11 The question of if CSA should reimburse for meals if there is already a meal provided
12 was raised. It was generally felt that if a meal is already being paid by CSA, CSA should
13 not pay for a second meal, unless there is some CSA business related justification. (eg:
14 CSA leadership meeting with ASA/vendors/contractors during the same time.)

15
16 It was felt that this was already in the Administrative manual. It was found in the APM
17 that, *"Staff will be reimbursed for direct, out-of-pocket expenses and will not receive a*
18 *per diem. Food costs over \$100 per day will not be reimbursed without prior approval.*
19 *When food events are available during a meeting an employee may not charge the*
20 *organization separately for the same meal.*" It was felt that the same rule should be
21 applied to membership.

22
23 Thus, it was **proposed** to update the APM such that section 1.5.5 should read:
24 *Daily Meal Expense/Misc. costs: Actual costs of meals not provided and miscellaneous*
25 *costs associated with meeting attendance (wifi, tips, use of business center, etc.) will be*
26 *reimbursed up to \$100 per day. **When food events are available during a meeting,***
27 ***members will not be reimbursed for meals at that time.***

28 29 30 31 4. Draft Budget Review

32
33 The draft 2023 budget was reviewed, including current and past assets, 2023 draft
34 budget vs prior year budgets as well as key sources of expenses in the 2023 budget.

Asset & Liability Overview

CSA Assets		Dec-20	Dec-21	Jul-22
	Bill.com Money Out Clearing		\$ -	
	WF Main Checking	\$ 382,030	\$ 572,432	\$ 1,120,605
	WF Savings	\$ 429,568	\$ 548,832	\$ 547,512
	Schwab Investments	\$ 561,176	\$ 709,526	\$ 635,030
	MS Retirement-Trust 457(B)	\$ 47,520	\$ 23,712	\$ -
	MS Retirement - FBO	\$ 6,401	\$ 6,352	\$ 6,352
	WF Mutual Funds/Stocks	\$ 657,909	\$ 763,551	\$ 686,184
	Wells Fargo Advisor - CDs 3	\$ 385,883	\$ 288,008	\$ 287,631
	Account Receivable			\$ 150
	Total Cash & Equivalents	\$ 2,470,487	\$ 2,912,413	\$ 3,283,464
	Total Non-Current Assets (PrePaid Expense)	\$ 426,947	\$ 518,020	\$ 332,509
Total Assets		\$ 2,897,434	\$ 3,430,433	\$ 3,615,974
Liability				
	Total Liability	\$ 288,560	\$ 449,458	\$ 335,064
Equity				
	Opening Balance Equity			\$ (80,887)
	Unrestricted Fund	\$ 1,241,693	\$ 1,241,693	\$ 1,241,693
	Legal Defense Fund	\$ 260,678	\$ 260,678	\$ 260,679
	Unrestricted Net Assets	\$ 722,389	\$ 1,106,794	\$ 1,478,604
	Net Revenue	\$ 384,114	\$ 371,810	\$ 380,823
	Total Equity	\$ 2,224,759	\$ 2,980,975	\$ 3,280,910
Total Liability & Equity		\$ 2,513,319	\$ 3,430,433	\$ 3,615,974

1
2
3

SUMMARY

	Jan - Dec 19	Jan - Dec '20	Jan - Dec '21	2022 (7/31)	2022 YTD Budget	2022 Budget	2023 Budget
Summary							
Revenue							
Membership Dues	\$1,524,343	\$1,476,055	\$1,497,553	\$1,444,871	\$1,417,316	\$1,450,000	\$1,450,000
Other Income	\$21,031	\$1,731	\$7,753	\$14,955	\$13,292	\$13,500	\$13,500
Total General Revenue	\$1,545,374	\$1,477,786	\$1,505,306	\$1,459,826	\$1,430,608	\$1,463,500	\$1,463,500
EPD	\$621,530	\$222,991	\$298,337	\$406,481	\$563,250	\$781,050	\$620,400
Investment	\$190,738	\$145,642	\$263,201	-\$163,700	\$29,458	\$50,500	\$50,500
LPAD	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$2,357,641	\$1,846,419	\$2,066,844	\$1,702,608	\$2,023,316	\$2,295,050	\$2,134,400
Expense							
General Expense	\$1,155,376	\$857,023	\$1,134,703	\$791,106	\$835,500	\$1,516,550	\$1,735,050
EPD	\$734,005	\$335,720	\$394,538	\$412,218	\$556,430	\$769,930	\$784,930
LPAD	\$229,653	\$219,495	\$165,551	\$107,117	\$115,083	\$203,500	\$203,500
Total Expense	\$2,119,034	\$1,412,238	\$1,694,792	\$1,310,441	\$1,507,013	\$2,489,980	\$2,723,480
Net Income	\$238,608	\$434,181	\$372,052	\$392,167	\$516,303	(\$194,930)	(\$589,080)

Contributing factors:

1. CSA 75th anniversary Celebration – 100k
2. CSA/UCI Leadership Program – 50k
3. Early Career Discount Membership – 75k
4. Digital Campaign – 50k
5. CSA Governance Meetings – 25k
6. External Meetings (ASA / CMA) – 30k
7. District / Forum meetings – 25k
8. Member's Receptions for 75th year: 20k
9. Decreased membership: 50k

Total 425k

Some key points were raised during the vigorous discussion.

- 1- it was noted by some members that a draft budget of -589k is completely unacceptable. It was felt that everything should be on the table to reduce expenses to bring forth a balanced budget.
- 2- Others reminded the group that our audit firm had mentioned that our reserves are much larger than one would expect, and that we should be giving back member benefits.

- 3- It was also noted that we have had the "GAS PAC fix", which now has a portion going to the foundation. Potentially some of those funds could be diverted from the foundation / GAS PAC in order to maintain a balanced budget.
- 4- It was noted that our expenses have increased with flat to decreasing membership and that we need a sustainable budget.
- 5- EPD revenue / expenses were reviewed and discussed noting several unique situations over the past years causing the negative results recently, but we hope these will return positive soon. However, if people post COVID prefer remote meetings (or mixed format), we might need to change our programming to adjust. Will defer to EPD on how best to tailor. How long would we allow a negative budget before we change?
- 6- We should be focusing our budget on our priorities / mission of CSA. Generally, that should focus on advocacy & education.
- 7- CSA UCI Leadership program was recognized as currently being an economic loss, but an excellent investment for developing future leaders with CSA as well as California. Ideally, we want this to be self-sustaining in the future.
- 8- We are potentially losing by keeping money in reserves instead of making wise investments today. With inflation we might be better off investing in the future than holding cash that is being devalued.
- 9- It was noted that in-person district and forum meetings are valuable for networking and building a community. It was noted that funding for these meetings has not really happened in the past, but would be beneficial in the future. However, maybe the quantity should be decreased while we are running a deficit budget.
- 10- We should be evaluating the impact of our money spent on the various programs and know that we are receiving the value that we indent for our various projects.

Motions / Recommendations to the board:

1. Defer the 100k 75th anniversary expense until we have a balanced budget
2. Recommend adjusting the digital ad campaign to 25k, and adjust as we see the impact
3. Decrease District / Forum funding from 25k to 15k.
4. Re-label "Marketing Research" (8265) to "Special Project Fund"
5. Consider moving some of Bryce's expense to GASPAC
6. Recommend increasing the Hawaii meeting registrations by \$200

Respectfully Submitted,
Phillip J. Richardson, MD, MBA,
FASA, CPE, FAACD, FACHE
Assistant Treasurer
Chair, Committee on Finance and Administration

1 Committee on Finance and Administration has had all actions discussed and shared with the
2 house of delegates.

3
4 Current topics of discussion for the annual meeting include:

- 5 1. Timeliness of reimbursement requests. Per the AP it is currently 2 weeks, however, it is
6 noted that ASA has 30 days and some believe we should mirror the ASA policy.
- 7 2. Phillip Goldberg has changed law firms and it will be discussed if we should follow Phillip
8 Goldberg, who we have had a positive relationship with for years, or maintain our
9 relationship with the law firm Kessenick Gama, LLP. This move does not change his
10 rates, and really has no financial impact either way, in the short term. Of course,
11 changing lawyers will cause the new lawyer to learn what has been done in the past,
12 and might increase costs.
- 13 3. Subaccounts. During the BOD meeting in January there was a question regarding
14 subaccounts and what the reserves are for each subaccount. The answer is that
15 subaccounts do not have reserves, only the entire account has reserves.
- 16 4. Unbudgeted expenses:
 - 17 a. Logo redesign - \$5k was approved by the EC for an updated logo to be used with
18 the website refresh.
 - 19 b. Owl – It was also noted that we purchased a two “owl” systems so we can more
20 easily have hybrid meetings. This was a cost of \$3k. However, AMG is able to
21 rent this to other associations when not in use by CSA for a positive revenue of
22 \$2,500 per year. Thus the cost for the first year is only \$500, and might be
23 positive over subsequent years.

24
25 Respectfully Submitted,
26 Phillip J. Richardson, MD, MBA,
27 FASA, CPE, FAACD, FACHE
28 Assistant Treasurer
29 Chair, Committee on Finance and Administration

The CSA's Committee on Professional and Public Communication continues to have a productive year, with members contributing to CSA Online First Columns, communicating to its members via social media, newsletters, and working with KP Public Affairs as they promote our profession to the public. We are excited about the launch of CSA's Podcast – Vital Times and look forward to continuing to expand CSA communications.

1. *Vital Times 2022*

The latest edition of our annual report is in the beginning stages. Since we are getting a head start this year, the deadline was moved up. November 11 is the hard deadline for article submission, with November 30 as the last day for articles to be turned in. Any article received after that date will not be accepted. All copy will be sent to the designer by December 1. It takes four weeks for the layout to be completed and one week for all editing to be completed. We expect to send it to the printer by the second week of January. Printing and mailing can take two weeks, so the distribution date will be the first week of February.

2. *CSA Online First Column*

The committee continues to welcome and encourage its committee members, and non-committee members, to submit CSAOF articles for consideration. The weekly blog continues to have the highest open rates on Constant Contact with an average of 33 percent. The interview with Edna Ma, MD, and the physician experience with long COVID had over a 40 percent open rate and were the most popular over the last few months.

3. *Social Media*

I'm happy to report that the CSA Twitter account now has over 4,000 followers and continues to grow! We have a group of ten CSA leaders that makeup the social media Ambassadors on Twitter. They are tasked with retweeting and tagging CSA in relevant posts and spreading the word on different initiatives.

Our Instagram continues to also grow with more resident involvement by either tagging CSA in posts or reposting CSA stories. We still encourage the Board of Directors and committee members to follow, share, and like social media posts to further boost CSA's visibility.

4. *Podcast*

We are excited to announce the launch of CSA's Podcast – Vital Times. Thank you to Ludwig Lin, MD, and Ron George, MD, for agreeing to be the hosts and bringing this idea to life. The first two episodes featured Merlin Larson, MD, History of Anesthesia, and Jina Sinskey, MD, on physician well-being. Both have been well-received with over 200 downloads to date! We have received a lot of positive feedback and look forward to recording more episodes that come out the second Tuesday of every month. You can listen to the podcast on Spotify, Apple Podcasts, and Amazon music.

5. *CSA Policy: Public Statements on Current Issues*

A new policy for public statements on current issues was reviewed by the committee during our July meeting. The committee agreed there should be a standardized process on issuing public statements to ensure it aligns with CSA's mission statement and guiding principles.

Respectfully submitted,

Emily Methangkool, MD, MPH
Chair, Committee on Professional and Public Communication

The CSA's Committee on Professional and Public Communication has enjoyed a productive year so far, with members contributing to CSA Online First Columns and to *Vital Times 2022*, which reached mailboxes the last week of March. The committee remains committed to communicating the work of CSA to its members via social media, CSAOFs, newsletters, podcast, and working with KP Public Affairs as they promote our profession to the public. We are also excited to promote CSA's 75th Anniversary and the upcoming new website.

1. *Vital Times 2022*

The latest edition of our annual report hit mailboxes the last week of March. We are delighted with the many informative contributions from CSA members and feel it encompasses the successes of 2022. This year our sections included advocacy, global health, special features, engineering and technology, history of anesthesia, and of course highlights from the residency programs. We hope you enjoy it! We have already received excellent feedback. We want to give special recognition to our Section Editors: Drs. Sawyer, Moon, Singleton, and Crawford, as well as Editor-in-Chief Dr. Agarwal. Many thanks to CSA Communications and Publications Manager Kate Peyser of AMG for all her hard work on this project.

2. *CSA Online First Column*

The committee continues to welcome and encourage its committee members, and non-committee members, to submit CSAOF articles for consideration. The weekly blog continues to have the highest open rates on Constant Contact with an average of 38 percent. Popular CSAOFs include "The Open Oximetry Project," by Dr. Kelvin Moore and Dr. Odi Ehie and the Global Health Spotlights written by Dr. Ana Crawford.

3. *Social Media*

CSA's social media presence continues to grow. Since September 2022, we have gained 308 new followers on Twitter bringing the total to 4,306, and 254 new likes on the Facebook page bringing the total to 6,100. While Instagram has 1,442 followers. A social media promotional campaign for Physician Anesthesiologists week was developed and disseminated to CSA members. This included graphics and different posts promoting the week. Most of our posts on Twitter received almost 3,000 impressions while posts on Facebook received almost 700 impressions. My CSAOF on Physician Anesthesiologists Week received 10 retweets and 3,100 impressions on Twitter. Short clips were also made that featured Drs. Poage, Mariano, and Bartlotti Telesz.

4. *Newsletter*

We continue to have a quarterly newsletter to ensure members are up to date on CSA's recent activities. The most recent one was published in February and sent out via Constant Contact. The newsletter is published four times a year and includes legislative updates, activities, member spotlight, and resident news.

5. *New Website*

The website is coming along nicely and will feature a new CSA logo, a more functional job board, and an overall new and refreshed look. It is still on track to be presented at the CSA HOD in June.

From: Emily Methangkool, MD, MPH
Subject: CPPC Report
Date: April 2023

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1 **6. Podcast**

2 The podcast hit a milestone with over 1,000 downloads! Dr. Lin Ludwig continues to host the
3 CSA Podcast with a variety of guests. The latest episode on Perioperative Work Culture was
4 extremely popular and one of our most downloaded episodes.
5

6 Respectfully submitted,

7
8 Emily Methangkool, MD, MPH
9 Chair, Committee on Professional and Public Communication



California Society of
ANESTHESIOLOGISTS
Physicians for Vital Times

Phone (916) 290 5830

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Address One Capitol Mall, Suite 800
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CSA Communications Update April 2023

KP Public Affairs

Anniversary Campaign

KP has provided support for the communications and content aimed at celebrating CSA's 75th anniversary. We have developed logos, graphics, social media imagery, and videos to create a visual and messaging theme that can be executed across different communication channels. We conducted more than 20 interviews with CSA leaders who represent different time periods and roles within the association.

We have been working through all the anniversary video interview footage to create a series of video assets for CSA. We are pursuing three different tracks for this:

1. Video compilation that is overarching where the video tells a full story about CSA's value/impact – while keeping it to a manageable length: video [here](#) that is about 4 minutes
2. Themed video on a topic that pulls together quotes from many people but keeps it focused on one aspect of the CSA story: video [here](#) on legislative advocacy that is about 4 minutes
3. Short single person/single topic video hits – where we show an intro question and include an answer by one person – samples include:
 - Reihaneh Forghany, MD – video clip [here](#)
 - Jeff Poage, MD – video clip [here](#)
 - Ed Mariano, MD – video clip [here](#)

Digital Ad Campaign

CSA plans to run paid digital ads in the second half of the year – to follow on the successful digital ad campaigns from 2022. The pro-physician content will be oriented based on how AB 765 moves through the legislative cycle. Additionally, we plan to run another ad campaign track that is oriented more toward celebration of the anniversary and membership – timed to run through the summer and culminating around the ASA meeting in San Francisco.

- Ad Campaign Track A: We will plan to run ads oriented toward advocacy/pro-physician messaging for 6 months from July – December (tracking the outcome of AB 765 and overlaying appropriately)
- Ad Campaign Track B: We will plan to run ads oriented toward anniversary/membership for 3 months from August through October (using ASA in SF as a concentration point)



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Public Affairs Support

CSA is pursuing legislation to promote title protection as it relates to 'physician-like terms, through AB 765. KP has provided support through the development and revision of collateral materials for use in outreach, including a general issue fact sheet, a fact sheet that illustrates the problem with abuse of the term 'anesthesiologist,' and a Q&A document. We will continue to track the progress and outcomes of AB 765 and determine the next steps for external communications as appropriate.

Media Relations

We provide proactive and reactive media relations for CSA to shape coverage of key topics related to patient care and anesthesiology, as well as highlight the leadership role of the anesthesia specialty in improving patient outcomes and enhancing health care system efficiencies. Recent media pitching topics include Cesar Padilla MD's research on inequities in maternal health, and Emily Methangkool, MD's research on patient safety considerations for anesthesia in non-operating room settings (interview cited in MedPage Today story [here](#)).

Association Communications

KP provides support for message and materials development for CSA to communicate with internal and external audiences. In January we created content to promote the passage of [Assembly Concurrent Resolution 3](#), which officially marked the week of January 29 – February 4, 2023 as "Physician Anesthesiologist Week." We drafted and distributed a press release, and created a series of graphics and social media content for use in CSA's communication channels. The folder of graphics and videos is [here](#):

- Jennifer Bartlotti Telesz, MD [video](#)
- Reihaneh Forghany, MD [video](#)
- Jeff Poage, MD [video](#)
- Ed Mariano, MD [video 1](#) and [video 2](#) and [video 3](#)
- Paul Yost, MD [video](#)

Chair

Michael Leong, MD

President

Edward Mariano, MD

Committee Members who attended:

Rita Agarwal, Seetal Preet Cheema, Pamela Chia, Lynn Cintron, Jason Daughety, Genevieve D'souza, Kenneth Furukawa, Jean-Louis Horn, Eric Hsu, Peter Jin, Michael Jung, Edward Mariano, Benjamin Maslin, Rana Movahedi, Carlos Pino, Jay Rajan, Mohammad Rasouli, Engy Said, Ann Shah, Shalini Shah

This was our Pain Committee Meeting. We are all in general support. Below are our Plans for the rest of the year.

1. Medical Board of California recommendations for Opioids (attachments included)
2. One Key item to advocate for year 2023: Possibly Interdisciplinary Pain Management with Physician led teams; 2 recent Medicare issues: coverage for Verteflex and decreased approved indication for Spinal Cord Stimulation
3. Three hot topics for the Pain Medicine section for upcoming CSA Annual meeting 2023
4. Pain Awareness Month
5. Meet with Alison MacLeod to discuss additional communication across the blog, social media and additional articles for Pain month.

Thank you for joining me on this Pain Medicine Committee and I look forward to working with you all this year.

Michael S. Leong, MD Director of Neuromodulation Clinical Professor
Stanford Pain Management Center

1 The GASPAC Board met on April 2022 at the CSA Annual meeting and set forth a plan to
2 create the first ever GASPAC Day of Contribution (DoC Challenge) . We set a goal of \$50,000
3 worth of contributions from our membership. In anticipation we had a message go out from our
4 CSA President Ed Mariano. Each of the CSA Committee Chairs and Forum Delegate Directors
5 were encouraged to share the president's message about the DoC Challenge. On Wednesday,
6 August 17 we encouraged everyone to start to contribute. As CSA Legislative Affairs Committee
7 Chair we set an expectation of our committee members to contribute to GASPAC. With about
8 150 participants the goal of \$50,000 was surpassed.

9
10 CSA has been closely monitoring nearly a dozen bills related to the fentanyl abuse epidemic.
11 One of those bills [AB 2246 \(Petrie-Norris\)](#) would have added fentanyl analogs to the California
12 Schedule I controlled substances list. CSA was able to amend the bill to only include "illicit
13 fentanyl analogs that are not approved by the United State Food and Drug Administration."
14 These amendments will still allow the efficacious use of fentanyl analogs approved by the FDA,
15 while still helping to curb illicit non-FDA approved fentanyl abuse. This bill failed passage in the
16 Assembly Public Safety Committee April 2022.

17
18 The main opponents of AB 2246, California Public Defenders Association, stated "AB 2246
19 relies on outdated War on Drugs mentality and would end up creating more harm than it would
20 prevent. Relying on ever increasing penalties for drug offenses has been extensively
21 researched, and we can therefore make some educated predictions about the outcome of bills
22 like AB 2246: it would neither reduce the distribution of fentanyl, nor would it prevent overdoses;
23 it would reduce neither the supply of drugs nor the demand for them; and worse, it could
24 actually discourage effective methods of dealing with the opioid crisis."

25
26 CSA is also strongly supporting [SB 250 \(Pan\)](#) which will improve the efficiency and
27 effectiveness of physician practices and help to protect patient access to care by reforming the
28 prior authorization process and reduce/eliminate practice time and resources devoted to
29 coordinating patient care, while also improving quality outcomes and increasing patient access
30 to care. Authored by Senate Health Committee Chair Richard Pan, MD, and sponsored by the
31 California Medical Association, this bill is was held in the Assembly Appropriations Committee.
32 The cost estimates by Department of Managed Health Care (DMHC) were approximately \$14
33 Million per year. The health insurance plans, in opposition to the bill, argued that SB 250 could
34 lead to over-prescribing and inefficient care that would result in higher costs. Of note, Senator
35 Pan terms out this year.

36
37 This year we introduced a resolution through the California Medical Association (CMA) in
38 attempt to encourage CMA delegates to vote on a resolution in regard to Truth-in-Advertising
39 (TIA). The resolution was deemed by CMA to be a legislative recommendation instead of a
40 policy statement and therefore the resolution was not voted on. At the CSA Board of Directors
41 Meeting in Sacramento the LPAD team will be discussing next steps to take.

42
43 Felipe D. Perez MD FAAP
44 Chair of Legislative Affairs Committee
45
46

From: Christopher G. Tirce, MD, FASA
Subject: Practice Management Committee Report
Date: September 2022

516-2 (22/23)
Page 1

1 With the new leadership year beginning in June 2022, our previous Vice Chair, Dr. Todd
2 Primack, has moved to Chair of Legislative and Practice Affairs (LPAD). It gives me great
3 pleasure to announce that Dr. Puja Trivedi has agreed to take on the role of new Vice Chair of
4 Practice Management this year. Congratulations to both Dr.'s Primack and Trivedi.
5

6 Earlier this year, the Committee released the Truth in Advertising and Inappropriate Scope
7 Expansion Toolkit, with a formal presentation at the CSA Annual Meeting in April 2022. For the
8 coming year, LPAD plans to pursue legislation based on thins and in conjunction with the
9 California Medical Association to strengthen California laws relating to mid-level practitioner
10 titling and inappropriate scope expansion. Much of the strategic planning for this will take place
11 at this September CSA Board Meeting.
12
13
14

15 Thank you,
16 Christopher G. Tirce, MD, FASA

The Practice Management Committee will meet at the CSA Annual Meeting on 4/27/2023.

Dr. Trivedi and Dr. Cheng have spent the last few months getting briefed on the current strategic initiatives, prioritizing and identifying key steps so that once we are provided with a new committee member list we can expeditiously assign tasks based on member passion and interests.

Last year the Practice Management Committee worked on the development of two major strategic initiatives:

1. Helping Anesthesiologists/Groups Add Value to Facilities
2. Addressing Mid-Level Practitioners and Scope of Practice Creep

1.Helping Anesthesiologists/Groups Add Value to Facilities

During the fall of 2021, the Practice Management committee began the process to develop tool kits for anesthesia groups to facilitate value related quality measures. A survey was released in December 2021 with good response. The next step was to reach out to membership for stories of how these processes were identified, studied, implemented and refined. Unfortunately, we only received one response from Dr. Primack.

During the interim, members reached out to ASA/CSA leadership and our committee to inform us that hospital systems have began requesting Request for Proposals for Anesthesia Services. Members have expressed there is a real fear of hospital administration replacing their established anesthesia groups with a track record of consistent high quality patient care. The need for guidance on how to write a comprehensive value proposition during contract negotiations became evident. Dr. Richardson, who also serves on the ASA Practice Management committee, shared a powerful negotiation tool (ASA: Creating and Communicating Your Value Proposition) that can be used strategically during contract renewal, stipend discussions or as a response to RFP. We reviewed the tool kit virtually as a group and determined that this would effectively address the initiative to develop a value based toolkit. There were some California specific caveats that needed to be mentioned that were relevant for our members so we decided a CSAOF highlighting these areas in conjunction with a link to the ASA from our PM website section would be the fastest way to get our members this valuable information (attached, in queue for CSAOF) and increase website traffic.

2. Addressing Mid-Level Practitioners and Scope of Practice Creep

A. AB 765 (Wood) California Patient Protection, Safety, Disclosure and Transparency Act

- We will continue to support the committee/LPAD (assist with any future senate calls, articles, webinars, information distribution)
- Develop hospital policy templates
- Develop recommendations on a reporting system
- Develop a communication board to collect member experiences (in anticipation to future challenges to the bill)

B. AB890

During the February Strategic Leadership Call, Dr. Pearl posed the question to the group of how institutions were addressing the law and if they planned on allowing NP's to work independently without physician oversight. Dr. Conte followed up with reassurance that Kaiser SCPMG did not have plans to expand ARNP scope but we will need to monitor the situation closely.

- Create a survey on institutional practices

- 1 -Talking points/guidance for members in hospital leadership positions
- 2 -Truth in advertising reinforcement
- 3 -Develop a communication board to collect member experiences

3. Evidence Based Practice Advisory Statement with Recommended Case Staffing and Staffing Ratios (Govind)

7 A. Additionally at the June 2022 HOD meeting, the House passed a resolution proposed by Dr. Govind:
8 “establish an ad hoc task force on California’s Future of Anesthesiology Care to redefine various
9 supervision models and medical direction, evaluate the staffing and malpractice implications of evolving
10 supervision models, define recommended staffing ratios based on surgical and patient complexity,
11 consider the effects of the workforce shortage, and develop a toolkit for institutions to implement site-
12 specific safe practice models.”

13 The ultimate end goal is to create a toolkit to guide future practice models for anesthesiologists in
14 California which would include the following steps:

- 15 -Creation and approval of a survey of current practice model trends primarily focusing on the type of
- 16 institution, type of surgical case and patient complexity
- 17 -Development of an online toolkit
- 18 -Webinar
- 19 -Complimentary discussion board augmentation
- 20 -Possible meeting presentation in 2023/2024

B. Cigna lowering reimbursements for non-medically directed procedures performed by certified registered nurse anesthetists by 15%

- 24 -CSAOF written by Dr. Tirce discussing the issue
- 25 -will need to monitor

C.AB72

- 28 -monitoring impact on insurance contracts, impact on the ability to provide care, recruit/retain
29 anesthesiologists

4. General member feedback

- 32 A. Substance Use Disorder: Although it is estimated that physician SUD rates parallel the general
33 population, intuitively given the current rates of burn out coupled with the stress caused by the
34 pandemic and high stakes legal ramifications, physician SUD rates are likely under reported. As a high
35 risk for profession for SUD, the CSA must have an area on our site dedicated to resources and help to
36 support members.
- 37 -Effective June 2023, as part of the DEA renewal process members will be required to complete 8 hours
38 of Substance Use Disorder training
 - 39 -Dr. Trivedi will release a CSAOF full of SUD resources and support for addicted physicians
 - 40 - California Public Protection & Physician Health Director Gail Jara available to speak to our group at any
41 future meeting

5.Physican Contract Law

- 44 A. few members were interested learning more from a physician contract lawyer.
- 45 -Consider either a lecture, podcast QA or webinar from Resolve.com (I have personal experience with
46 their group but I am sure there are others as well)

5.Practice Management Speaker Recommendations

Dr. Eric Sun (PhD in economics from University of Chicago, research with Rand Corporation, senior economist on the National Council of Economic Advisors/Health affairs, Stanford Anesthesiologist well published):

- he can present on several areas of interest related to NP/CRNA care
- ideally Dr. Sun can summarize the findings of Dr. Chan (NP independent practice increased cost burden while reducing patient outcomes), present his own data on impact of opt out CRNA care in rural settings/elective and urgent case burden or even his personal experience serving the President's economic task force

CSA Committee on the History of Anesthesia

The CSA History Committee met for the first time during the 2022-23 year over Zoom on the evening of July 12, 2022. Our main topics of discussion were the launch of the 2023 History of Anesthesia Essay contest and the upcoming 75th anniversary of CSA in 2023.

First, we celebrated some recent achievements from our committee:

- Merlin Larson, MD (UCSF), was the first guest to be featured on CSA's new podcast "Vital Times," hosted by Ludwig Lin: <https://www.buzzsprout.com/2009442>
- Helen Heymann, MD (Stanford resident, prior essay contestant) published her article on Cronutt the sea lion in early July on CSA Online First: <https://www.csahq.org/news/blog/detail/csa-online-first/2022/07/11/cronutt-s-case-california-anesthesiologists-in-the-care-of-iconic-fauna>. The initial version had originally been submitted as an entry for our essay contest.
- Jane Ahn, MD (committee member, UC Irvine), gave our History of Anesthesia lecture, which was created by several committee members, to her residents -- it was well received!
- Jay Brodsky, MD, finished writing an excellent early history of Stanford Anesthesia and uncovered many interesting stories through the process.

Second, our 3rd Annual CSA History of Anesthesia Essay Contest was launched in August.

- We eliminated the reference limit and broadened the range of allowable topics to anything related to anesthesia history (not just limited to the history of anesthesia in California).
- The deadline, as usual, will be in early January (2023). This is to minimize conflict with the annual ITE exam for residents in February.
- Committee members were encouraged to reach out to colleagues at institutions that have had a lower number of entries in previous years to encourage greater resident participation.
- To recruit interest, we have found it helpful to suggest topics based on residents' unique interests/personalities and to ask program directors if contest participation could count towards the ACGME scholarly activity requirement.
- We appreciate your help in spreading the word about the essay contest!

Third, a subset of us has been working on a short animated video with a voiceover narrative that follows the theme "Anesthesia: Past and Present" and celebrates the scientific contributions of physician anesthesiologists in advancing our specialty and improving patient safety over the past 200 years.

- The purpose of the film would be to highlight the same surgery performed in 1822, 1922, and 2022.
- Alison MacLeod at KP Public Affairs has been enormously helpful. We have also met with representatives of World Wise, the Los Angeles-based video production company that worked with the CSA Pain Medicine Committee to create their phenomenal opioid education video.
- We ask the CSA Board of Directors to consider funding this video, which would help celebrate the achievements of physician anesthesiologists during the year of CSA's 75th Anniversary. We have also proposed the idea of co-funding this project to the Board of the Wood Library-Museum of Anesthesiology.

1 Fourth, our committee has begun to prepare for CSA's upcoming 75th anniversary in 2023.

- 2 • One of our main projects is another short video that would feature clips and photos of
3 CSA leaders/members over the past 75 years to commemorate CSA's upcoming 75th
4 anniversary in 2023. The purpose of the film would be to celebrate the value of CSA In
5 the past, present, and future.
- 6 • Again, Alison MacLeod has been enormously helpful. At her direction, KP Public Affairs
7 will coordinate and conduct interviews and craft the video using the best sound bites.
8 The CSA History Committee would provide guidance with key milestones in the history
9 of CSA.
- 10 • I also visited the Wood Library-Museum in Schaumburg in August to glance through their
11 large collection of past CSA Bulletins from c. 1954 to the late 1980s. It would be a
12 daunting task to go through all of this material, but I have requested scanned copies of
13 the opening "President's Pages" of each past issue of the CSA Bulletin. These would
14 help us to obtain a bird's-eye view of major events in CSA history to create the
15 commemorative video and to record a brief written timeline of major events.
- 16 • We propose that the CSA Board consider funding this project as well.
- 17 • And we welcome everyone's photographs from past CSA events!

18
19 Respectfully submitted,

20
21
22 Jane Moon, MD
23 Chair, Committee on the History of Anesthesia

1 Since the last Board of Directors meeting, the CSA History Committee has announced the
2 winners of our 2023 CSA History of Anesthesia Essay Contest:

- 3
- 4 • 1st place: Jordan Francke, MD, MPH (UCLA CA-2).
5 "The danger of using a medical eponym: missing the point of the 'Tuohy' needle"
- 6 • 2nd place: Hayk Manuk, MD (Cedars-Sinai CA-1).
7 "Difficult airway made easier: how Dr. Jonathan Benumof pioneered airway management
8 with the first Difficult Airway Algorithm".
- 9 • All six contest participants received an original historical book from the Guedel
10 Collection. The CSA Foundation for Education awarded \$1,000 to the first-place winner
11 and \$500 to the second-place runner-up. After incorporating feedback from the judges,
12 the winner and runner-up will submit their essays for publication in CSA Online First
13 and *Vital Times*. The first-place winner will also receive the honor of presenting during
14 the oral abstract presentation session of the 2023 CSA Annual Meeting, with
15 complimentary conference registration and up to \$500 for travel expenses.
16

17 The CSA History of Anesthesia Essay Contest was also featured in the March 2023 issue of the
18 ASA Monitor by Stanford anesthesiologist Todsaporn "Bob" Rodbumrung, MD, the 1st place
19 winner of our 2022 contest: [https://pubs.asahq.org/monitor/article/87/3/23/137811/My-
20 Experience-Writing-the-CSA-History-of](https://pubs.asahq.org/monitor/article/87/3/23/137811/My-Experience-Writing-the-CSA-History-of). In it, Dr. Rodbumrung describes the joy of participating
21 in the contest and interviewing Jay Brodsky, MD, Emeritus Professor of Anesthesiology at
22 Stanford and a CSA History Committee member, about his own experience being the first to
23 administer dantrolene successfully to a patient with malignant hyperthermia.
24

25 Mark Singleton, MD, Jay Brodsky, MD, Merlin Larson, MD, and I have also been working closely
26 with WorldWise, a Los Angeles-based video production company, to produce a short, animated
27 video on the history of anesthetic developments over the past 200 years. The video is nearing
28 completion. Thank you very much to the CSA Board of Directors for your generous support of
29 this project, which is being co-funded by the Wood Library-Museum of Anesthesiology
30 (Schaumburg, IL).
31

32 Finally, our committee is preparing a timeline and narrative of CSA's history for the upcoming
33 75th anniversary All-Member Reception and for the 2023 issue of *Vital Times*. Committee
34 members who are involved with this project include Anuj Aggarwal, MD, Jane Ahn, MD, Mark
35 Singleton, MD, and me.
36

37 Respectfully submitted,
38

39 Jane Moon, MD
40 Chair, Committee on the History of Anesthesia

1 Thank you again for your time.

2
3 I am incredibly proud of what the CSA Committee of Justice, Equity, Diversity, and Inclusion has
4 been able to accomplish thus far. Since our last meeting in April 2022, we have had three
5 additional meetings roughly every six weeks in order to move our agendas forward in a time-
6 efficient manner.

7
8 For the CSA Spring meeting, Dr. Ehie presented a talk on “How to Recognize and Combat Bias
9 and Microaggression” on April 9th along with four other panelists sponsored by the Women in
10 Anesthesia Committee.

11
12 Since Dr. Cesar Padilla was elected as Vice-Chair to promote leadership, the committee has
13 worked with him in his secured funding through the ASA Committee on Professional Diversity
14 (ASA Mentor Grant) to create a nationally sponsored “Anesthesiology Mentorship Curriculum”,
15 aimed towards increasing awareness of our field to underrepresented pre-medical students.
16 This curriculum was sponsored by widely recognized non-profit organizations, such as the
17 National Hispanic Medical Association and Alliance in Mentorship/Mimmentor. Featured guests
18 included several CSA leaders, such as myself, Dr. Antonio Conte, Dr. Felipe Perez, and Dr.
19 Odmara Barreto Chang. This initiative was led by Dr. Mark Zakowski, highlighting the support of
20 our committee’s vision by established CSA leaders.

21
22 This committee continues to organize a network of pipeline programs given our new virtual
23 platform to expand our reach in the recruitment and retention of diverse anesthesia providers.
24 On June 7th, 2022 members of this committee participated in the second virtual ASA Doctors
25 Back to School program (with over 300 high school students) led by Dr. Odmara Barreto Chang,
26 who was recently appointed as the incoming Vice Chair for the ASA Committee for Professional
27 Diversity. The CSA JEDI Committee continues to have a national presence in this realm further
28 demonstrated by Dr. Barreto Chang’s recent appointment and my recent election as the Vice
29 Chair of the Society of Pediatric Anesthesia DEI Committee.

30
31 Finally, we plan to continue to collaborate with other committees to promote DEI initiatives and
32 communication, especially with the recent overruling of Roe v. Wade as it pertains to health
33 disparities among women of color. Our most recent agenda included inviting Dr. Michael
34 Champeau as a guest at our last meeting on August 4th to discuss potential resolutions that
35 could be presented at the ASA House of Delegates.

1 Thank you again for your time.

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3 I am incredibly proud of what the CSA Committee of Justice, Equity, Diversity, and Inclusion has
4 been able to accomplish thus far. Since our last report in August 2022, we have had three
5 additional meetings roughly every six weeks in order to move our agendas forward in a time-
6 efficient manner, respectively on August 4th, 2022, December 6th, 2022, January 31st, 2023, and
7 our next scheduled meeting on April 27th, 2023.

8
9 For the 2022 CSA Spring meeting, Dr. Ehie presented a talk on “How to Recognize and Combat
10 Bias and Microaggression” on April 9th along with four other panelists sponsored by the Women
11 in Anesthesia Committee. In the upcoming meeting for the 2023 CSA Annual Meeting on April
12 28th, Dr. Cesar Padilla will be presenting on “Language Disparities in Obstetric Anesthesiology
13 and the Role of Anesthesiologists in Addressing Maternal Disparities.” In addition, Dr. Travis
14 Reece-Nguyen will be presenting on “Gender-Affirming Care” on April 29th. At this same
15 meeting, Dr. Diana Ramos, California Surgeon General, has also been invited to speak on “A
16 Call to Action: The Opportunity for Anesthesiologists to Help Improve the Maternal Morbidity
17 and Mortality in California.” The JEDI committee was instrumental in securing Dr. Ramos’
18 invitation at CSA this year.

19
20 Since Dr. Cesar Padilla was elected as Vice-Chair to promote leadership, the committee has
21 worked with him in his secured funding through the ASA Committee on Professional Diversity
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28 our committee’s vision by established CSA leaders.

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31 platform to expand our reach in the recruitment and retention of diverse anesthesia providers.
32 On June 7th, 2022 members of this committee participated in the second virtual ASA Doctors
33 Back to School program (with over 300 high school students) led by Dr. Odmara Barreto Chang,
34 who was recently appointed as the incoming Vice Chair for the ASA Committee for Professional
35 Diversity. Given that the next ASA meeting will take place in San Francisco, Dr. Barreto Chang
36 is currently planning an in-person Doctors Back to School event where the CSA committee can
37 be quite representative. The CSA JEDI Committee continues to have a national presence in this
38 realm further demonstrated by Dr. Barreto Chang’s recent appointment and my recent election
39 as the Vice Chair of the Society of Pediatric Anesthesia DEI Committee. In addition, Dr. Antonio
40 Conte has been elected as Chair of the new ASA Committee on LGBTQ+ Affairs, and Dr. Travis
41 Reece-Nguyen is the co-Vice Chair.

42
43 Finally, we collaborated with other committees to promote DEI initiatives and communication,
44 especially with the past overruling of Roe v. Wade as it pertains to health disparities among
45 women of color. On August 4th, 2022, we also invited Dr. Michael Champeau as a guest at our
46 meeting to discuss potential resolutions that could be presented at the ASA House of
47 Delegates. For Black History Month, JEDI leadership published an article that features in CSA’s
48 Online First section, honoring the contributions of Black physician anesthesiology leaders such
49 as Dr. Sharon Ashley, Pediatric Anesthesiologist.

The formation of the Global Health committee occurred in 2021. The committee has now held its 4th meeting and welcomed new members for the 2022-2023 year.

Mission Statement:

"To promote equitable access to and delivery of safe, perioperative and critical care regardless of geography by fostering bidirectional partnerships focusing on capacity building through training and education, service frameworks, research methodologies, and mentorship to those facing resource constraints."

Global Health Education Access:

The committee overwhelmingly supports the idea of cross-institutional collaboration to increase didactic and experiential education access for residents, fellows and faculty in Global Health (GH). The committee is continuing its work to survey the 13 residency programs across the state to determine the best way to represent and support their needs. Additionally, the committee is committed to finding ways to support and represent the interests of CSA members in private practice and highlight opportunities for involvement from residency to retirement.

The committee would like to reassert its interest in greater contribution to the CSA educational initiatives through panels at meetings and workshops. Several committee members also participate with the Educational Programs Division.

Advocacy for Global Health Issues:

The committee is determined to advocate for the needs of vulnerable populations both near and far. As such the committee perceives global including local and global health as public health. Our committee feels that it can lend a voice to issues affecting our communities where they intersect with peri-operative health and be a vehicle of information dissemination for our CSA members.

- Dobbs Decision: The committee has outlined multiple ways members can advocate for evidence-based medicine and access to safe and effective women's healthcare. Recommended actions included:
 - o Reaching out to ASA and CSA leadership asking them to consider the evidence when they vote on resolutions at the ASA BOD meeting.
 - o Sign a petition created by a large group of Anesthesiologists asking the ASA to revise its statement on the Dobbs decision to better represent evidence-based medicine, to consider the very real implications the decision has on the patient-physician relationship and the medicolegal landscape, and to advocate for women's health: <https://forms.gle/zjZmkNvXBYZTzqur6>
 - o To consider their vote regarding Proposition 1 this November on their California ballots: <https://calmatters.org/explainers/california-ballot-measures-2022/>
- The committee has been encouraged to submit other issues affecting our patients and our practice and to develop ways to advocate for global access to safe, high quality, and effective healthcare.

New CSA Webpage - Global Health Engagement Opportunities:

Global Health is not only for residents or academics. Global Health can be embraced from residency to retirement and in all practice settings. This committee is working with leadership to create a page on the CSA website listing opportunities in Global Health for all CSA members. Volunteer opportunities can be service-based, education-oriented, global, or local.

Global Health Promotion and Publications:

- **Member Spotlight - CSA Online First:** The Committee is planning to spotlight CSA members who have done great work in GH. With an ongoing series on CSAOF, members will be asked a standard 5 questions designed to highlight their GH work but also share lessons and perspectives about the field and its overlap with the work of anesthesiologists. Again, work can be local or global as long as it improves healthcare access, quality of care, resource constraints or assists vulnerable populations.
- **Vital Times:** The committee is again working on a contribution to the next version of this publication.

Upcoming Meetings: The committee is planning to attend in-person at the next annual meeting but will hold another virtual meeting before then.

Respectfully submitted,

Ana Maria Crawford, MD
Global Health Committee

Mission Statement:

"To promote equitable access to and delivery of safe, perioperative and critical care regardless of geography by fostering bidirectional partnerships focusing on capacity building through training and education, service frameworks, research methodologies, and mentorship to those facing resource constraints."

Access to Global Health Activities:

The committee remains committed to highlight opportunities for involvement from residency to retirement. The committee supports cross-institutional collaboration to increase didactic and experiential education access for residents, fellows and faculty in Global Health (GH). The committee continues to work with the 13 residency programs across the state to represent and support their needs through open invitations to lectures, journal clubs and events related to Global Health. The committee remains open to input on ways to support and represent the interests of CSA members in private practice. The committee would like to reassert its interest in greater contribution to the CSA educational initiatives through panels at meetings and workshops. Several committee members also participate with the Educational Programs Division.

Advocacy for Global Health Issues:

Global Engagement and patient advocacy demonstrate the value and values unique to perioperative physicians. As such the committee perceives global including local and global health as public health. Our committee feels that it can lend a voice to issues affecting our communities where they intersect with peri-operative health and be a vehicle of information dissemination for our CSA members.

Global Health Engagement Opportunities on the Job Board:

This committee is working to include opportunities in Global Health for all CSA members through postings on the CSA Job Board. Volunteer opportunities can be service-based, education-oriented, global, or local. Members are encouraged to check for postings and share with others.

Global Health Promotion and Publications:

- **Member Spotlight - CSA Online First:** The Committee is has now successfully launched a regular spotlight on CSA members who have done great work in GH. Through this ongoing series, members are asked a standard 5 questions designed to highlight their GH work but also share lessons and perspectives about the field and its overlap with the work of anesthesiologists. Again, work can be local or global as long as it improves healthcare access, quality of care, resource constraints or assists vulnerable populations. Members thus far included in queue: Genevieve De'Souza, Fred Mihm, Reema Sanghvi, Mark Singleton, Beti Asnake, Odi Ehie
- **Vital Times:** The committee again submitted a contribution to the CSA Vital Times publication.
- **ASA Monitor:** Several CSA-GH committee members were involved in the April 2023 issue of the ASA Monitor issue on Global Engagement. We would like to thank and congratulate committee members: Cynthia Khoo, Mark Singleton, Reema Sanghvi.

Respectfully submitted,

Ana Maria Crawford, MD
Global Health Committee

1 Many women leaders in the CSA and ASA were appalled that ASA had not made a statement
2 after the Supreme Court (SCOTUS) Dobbs decision was released. Our June 27th Committee
3 meeting featured the current ASA President, Dr. Randall Clark, to discuss our concerns. Our
4 guests included multiple members of the ASA Women's Committee, Dr. Paul Yost, Dr. Antonio
5 Conte, and Dr. Michael Champeau. Dr. Clark insisted that no statement was necessary
6 because "nothing had really changed" because of the Dobbs decision. During this meeting, the
7 tone of Dr. Clark's interaction with our group was belittling and dismissive. He was oblivious to
8 the damage that was being done to the ASA's reputation by failing to make a statement. He
9 freely admitted that he did not query any pertinent committee leaders for their perspectives or
10 concerns such as the Ethics Committee, the Women's Committee, the Committee on Obstetric
11 Anesthesia etc.

12
13 He decided silence was best. It was after an hour of attendees pointing out how the Dobbs
14 decision was a direct assault on women's health, the sanctity of the patient/physician
15 relationship, and the criminalization of evidence-based medical practice that he agreed to
16 "consider" publishing a statement. Dr. Clark's subsequent statement and two-page presidential
17 letter to the membership was an embarrassment. ASA talks about embracing inclusion and
18 diversity, but their initial silence and subsequent failure to publish a compelling statement
19 highlighted ASA leadership's hypocrisy. No one person should be able to force their individual
20 beliefs upon an entire professional society. Speaking for myself, this was one of the most
21 disturbing and disappointing lapses in leadership I have witnessed in my 30 years of ASA and
22 CSA membership.

23
24 Many women anesthesiologists and members in early practice are calling for a boycott of the
25 upcoming ASA Annual meeting in New Orleans, others will not renew their ASA membership
26 over this issue, and many have already cancelled their ASAPAC contributions. Since the CSA
27 and the ASA memberships are linked, those who resign from or decline ASA membership will
28 not be able to join or renew membership with CSA. This is going to further damage CSA's goals
29 to increase membership unless there is a way to separate from mandatory ASA membership.

30
31 As a result of this debacle, a group of women leaders from the CSA and across the nation have
32 mobilized and authored resolutions for the upcoming ASA Board of Directors meeting (Aug 19-
33 21) and the ASA House of Delegates (Oct 22-26) to address several process issues identified,
34 including future selection of meeting venues and a transparent inclusive process to craft
35 statements. They have also authored an excellent opinion article which was published on
36 MedPageToday. The five primary authors (a limit set by MPT) were joined by over 80 co-
37 signers, men and women from across the country.

38 <https://www.medpagetoday.com/opinion/second-opinions/99727>

39
40 In addition, we have increased engagement with peers, made new connections across the
41 country, and started to identify the next generation of women leaders in anesthesiology,
42 irrespective of their membership in the ASA and sadly, by default, the CSA.

43
44 I would like to thank our CSA Committee members for their dedication and service: Drs. Rita
45 Agarwal, Susan Alaei, Sharon Ashley, Eugenia Ayrian, Dalia Banks, Anna Maria Bombardieri,
46 Ashley Broussard, Jody Chou, Christine Doyle, Genevieve D'Souza, Linda Hertzberg, Tara
47 Humphrey, Cathy Lammers, Stephanie Lim, Carole Lin, Christina Menor, Jane Moon, Solmaz
48 Nabipour, Jennifer Noerenberg, Ioana Pasca, Engy Said, Sara Strowd, Ellen Wang and
49 Catherine Whang.

From: Sydney Thomson, M.D., FASA, Chair
Subject: Committee on Women Anesthesiologists
Date: September 2022

520-2 (22/23)
Page 2

1 Respectfully Submitted,
2 Sydney Thomson, M.D., FASA
3 Chair CSA Committee on Women Anesthesiologists
4

1 Original committee report was submitted on 8/16/22 prior to deadline for reports for the CSA
2 BOD.

3
4 After the deadline, the ASA BOD occurred on 8/19-8/21/22 and two members of the committee,
5 Dr. Christine Doyle and Dr. Christina Menor, attended the ASA BOD. Three resolutions were
6 considered by the board that came from the committee's meetings' discussions. There was an
7 enthusiastic discussion at the ASA BOD Review Committee and BOD Meeting about these
8 resolutions. One was approved as submitted and will move forward to the HOD. One was
9 approved as amended and will move forward to the HOD as amended. One was disapproved,
10 however, changes to the upcoming ASA Annual meeting were included in this resolution,
11 including additional virtual CME hours and ability to get a full refund if do not feel safe to attend
12 the meeting in person but had already registered, and have already been implemented by ASA.

A. In light of the June 2022 report from the American Academy of Medical Colleges (AAMC) that found that the highest rate of sexual harassment was experienced by anesthesiologists, among all the specialties. 52.6% of female anesthesiologists and 21.3% of male anesthesiologists reported at least one episode of harassment in the 12 months prior to the survey. We know that harassment has many forms leading to decreased job satisfaction, increased stress, and burnout, leaving practice prematurely, and not pursuing a career in anesthesiology, all of which weakens our profession and places the very survival of our physician specialty at risk. We need to make ethical and respectful behavior the norm to recruit and retain anesthesiologists.

1. Our committee proposes creating episodes for our CSA Podcast on harassment and toxic work environments, with the goal of educating, informing and empowering physicians to advocate for themselves and their colleagues. The plan is to engage experts in the field of harassment to collaborate on this project and provide practical advice on the best way to manage various scenarios. Dr. Rita Agarwal is collaborating with Dr. Ludwig Lin to collect member harassment stories, de-identify them and use them as teaching moments.

2. We are researching whether we can obtain funding to produce this series of podcasts that can become an enduring educational product as a benefit of membership with possible CME credits. We hope to collaborate with the ASA Ad Hoc Committee on Harassment on future projects based on their recommendations.

3. Mentorship and sponsorship are vital to workplace cultural change. A Women's community forum on the CSA website would be a benefit for members allowing for crowd mentoring and support in a safe space.

B. A total of 6 resolutions were proposed by members of the CSA Women's Committee and others from across the country last year for the ASA House of Delegates. Updates about the status of these, as well as ongoing discussions follow courtesy of Dr. Doyle:

1. The recommendation for accommodation at the 2022 meeting (New Orleans) was voted down at the August BOD, but most of our requests were implemented between the time of submitting the resolution and that meeting. Closed last year.

2. The recommendation for a revised statement re Dobbs was approved by the HOD in October. Closed last year.

3. The resolution about requests for Statements, Comments, etc (675-4 for the 2022 House, 675-1 for March BOD) was presented by the Workgroup with some fairly significant changes since the HOD, reflecting several of our suggestions. It's clearly a work in progress, and although not everyone agrees with the changes, the BOD members agreed that this is going in the correct direction. Of note, the WG went through several scenarios to test the functioning, although the BOD members were not privy to the details of those exercises. We expect additional reporting in August. This is in the Administrative Affairs division.

4. Two resolutions about the ASA Meetings, HOD 675-9 (facilitating virtual presentations) and HOD 675-10 (site selection), were both referred to the Annual Meeting Oversight Committee (AMOC). Neither of these is limited to the Annual Meeting, but as it's the largest meeting we have, that was the initial focus. Both were briefly discussed at the

1 Board meeting, and there is more work being done and another report back to the BOD
2 is expected for the August meeting. This is in the Scientific Affairs division.
3

- 4 5. The Ad Hoc Committee on Harassment (which came from the Committee on Academic
5 Anesthesiology along with the Committee on Physician Well-Being and Committee on
6 Women Anesthesiologists) has begun its work, meeting twice monthly since early
7 March. CSA is represented by Drs. Jina Sinskey, Christine Doyle, and Robert
8 Whittington.
9

10 C. Our committee joins with the Women in Anesthesiology (WIA) to support the nomination of
11 Mary Dale Peterson, M.D., MSHCA for the ASA's Distinguished Service Award. Dr. Peterson's
12 lifetime of service culminated in her unprecedented leadership on the national stage as ASA
13 President during the Pandemic. Her leadership was exemplary fulfilling her duties to our
14 profession while also meeting the demands of her position as Executive Vice President and
15 COO of Driscoll Health System in Texas. She continues to be an active ASA leader, mentor,
16 and positive role model for all anesthesiologists. We respectfully ask for formal endorsement of
17 Dr. Peterson's nomination by the CSA.
18

19 D. International Women's Day was celebrated on March 8, 2023. Alison MacLeod sent out
20 images and texts using the biographies, interviews, and pictures we have been collecting of our
21 women members with international roots. We shared this project with the ASA women's
22 committee for consideration on a national level for next year.

23 E. I would like to thank our CSA Committee members for their dedication and service: Drs.
24 Rita Agarwal, Susan Alaei, Sharon Ashley, Eugenia Ayrian, Dalia Banks, Anna Maria
25 Bombardieri, Ashley Broussard, Jody Chou, Christine Doyle, Genevieve D'Souza, Linda
26 Hertzberg, Tara Humphrey, Cathy Lammers, Stephanie Lim, Carole Lin, Christina Menor, Jane
27 Moon, Jennifer Noerenberg, Ioana Pasca, Engy Said, Sara Strowd, Ellen Wang and Catherine
28 Whang.

1 The CSA Foundation for Education Board of Directors

2 Chair: Mark Zakowski, MD; Members: David Drover, MD, Edgar Canada, MD, Amanda
3 Darling, MD, John Shin, MD, Karen Sibert, MD, Linda Hertzberg, MD, Jane Moon, MD, Sophia
4 Poorsattar, MD, Amanda Darling, MD.

5
6 Project Lead the Way (PLTW) Partnerships

7 The UCLA and Stanford PLTW Partnerships are well established under the leadership of Dr.
8 Sophia Poorsattar at UCLA and Dr. Felipe Perez at Stanford. Classroom visits were
9 reestablished this spring and student visits to the respective medical centers are planned before
10 the end of the academic year. The UC Davis PLTW Partnership are underway with the
11 leadership of Dr. Reihaneh Forghany at three schools (Antelope HS in Antelope, Pleasant
12 Grove HS in Elk Grove and River City HS in West Sacramento) after a successful launch event
13 April 21 at River City HS, featuring representatives from local elected officials.

14
15 The Cedars-Sinai PLTW partnership begins this academic year under the leadership of Dr.
16 DeSean Thom and three local high schools. This partnership begins the cost-sharing expansion
17 for new partnerships.

18
19 Other Anesthesiology Residency Programs and hospitals have expressed interest in
20 establishing similar partnerships.

21
22 Mr. Butler and myself, on behalf of CSA Foundation for Education, have had discussions with
23 national PLTW leaders and ASA Leadership Paul Pomeranz, about creating Anesthesiology -
24 PLTW partnerships nationally with the ASA. Mr. Butler and I will further explore this possibility
25 with Mr. Pomerantz while attending the national PLTW Conference in Orlando, October 28-30.

26
27 History of Anesthesia in CA Essay Contest

28 The History of Anesthesia Essay Contest will continue this year, under the leadership of Jane
29 Moon MD.

30
31 Resident research grants

32 Resident research grants relevant to the mission of the foundation for education and the criteria,
33 albeit with limited funding, are continuing to be considered.

34
35 **Finances**

36 Appreciation to the Board of Directors and House of Delegates for approving the Foundation for
37 Education request, aka the "Foundation Fix", to establish a source of long-term financial
38 sustainability. Through July 31, the Foundation has received \$50,700 via member dues
39 contributions.

40
41 The model going forward will be new Project Lead The Way programs be jointly co-sponsored
42 by the participating residency programs, i.e. \$7500/\$7500 joint commitments.

43
44 Fundraising Luncheon was held during the June House of Delegates, with over 20 attendees.
45 We will continue having a fundraiser event at the annual CSA House of Delegates.

46
47 Respectfully submitted,

48
49
50 Mark Zakowski MD FASA, Chair

Report on the finances and activities of the CSA Foundation for Education:

Finances

As of March 31, 2023, balance is \$93,044.50 v. balance on March 31, 2022 of \$49,571. This balance reflects dues contributions through January 31, 2023 only.

Revenues for 2022 totaled \$53,700.

Expenditures in 2022 included \$7638 in program expenses (PLTW: \$4800; History of Anesthesia: \$2838) and \$7890 in expense for G&A and professional services.

Contribution from LASA

In March, the CSA Foundation received a contribution of \$1904 from the Los Angeles Society of Anesthesiologists. Dr. Michelle Raney, LASA President, said the society was recently dissolved and authorized its fund balance to be donated to the CCSA Foundation for Education. We hope to acknowledge this contribution at the CSA Foundation for Education fundraising luncheon in June at the CSA House of Delegates. A special thank you to Dr. Raney, who has been an active CSA contributor for many years.

CSA Foundation Fundraising Luncheon June 3rd

An all-member communication has been sent announcing the second annual CSA Foundation for Education Fundraising Lunch, Saturday, June 3 from Noon to 1 pm at the Renaissance Newport Beach Hotel, in conjunction with CSA's annual House of Delegates meeting.

Ticket options include (a portion of your ticket is considered a charitable contribution):

- Individual ticket: \$150
- Supporting sponsor (table of 8): \$2500
- Presenting sponsor (table of 8): \$5000

To reserve your tickets or to learn more about sponsorship opportunities contact CSA's Deputy Executive Director at mmacnee@csahq.org.

PLTW Partnerships

Expansion

A new PLTW Partnership at Cedars Sinai, which was previously approved, was delayed until Fall 2023, the new 2023-24 school year. UC San Diego and Kaiser Permanente in the San Joaquin Valley have both expressed interest in adding partnerships.

Stanford: Dr. Felipe Perez

Dr. Jessica Dawson, CA-1 at Stanford, presented our Project Lead The Way work at the annual Western Anesthesia Resident Conference (WARC) and received 3rd place amongst all the abstracts presented at the conference. This recognition from all the western United States residency programs present represents a huge achievement.

May 3: Palo Alto High School

Will host student experience at the Palo Alto VA and Assemblymember Berman has been invited to recognize Teacher Liz Brimhall with an CA State Assembly Certificate of Recognition.

May 10: Willow Glen High School
Hosting student experience at the Palo Alto VA at the Palo Alto VA.

UCLA – Dr. Sophia Poorsattar

March 22: Da Vinci High School
UCLA residents visited 12th graders in the Medical Interventions year of their PLTW Biomedical Curriculum. The students are working on a Grand Rounds project which involves getting feedback from medical professionals as well as presenting to a panel of physicians. They will produce a fictitious patient with a common chief complaint and create a diagnosis and treatment plan for this patient.

March 30: El Segundo High School Career Day
Residents represented our field and shared career expertise to high school students of all grades.

January 18: Venice High School
Classroom visit demonstrating the perioperative use of ultrasounds. We welcomed a new PLTW teacher to Venice HS and the UCLA PLTW partnership, Mr. Ryan Welch. Mr. Welch is a former journalist and is excited about the PLTW Biomedical Sciences curriculum as an engaging, interactive academic platform to not only teach students “what” but also to teach them “why.”

An example of a student experience:
I learned so much. I learned all about the technique used to perform intubation, the challenges that may come up, alternatives intubation methods. Very engaging and very open and informative doctors. I definitely do not regret it. Thank you for organizing this workshop. I’m sure most students, if not all, feel the same way. :))”

UC Davis – Dr. Reihan Forghany

Photos from recent visits to Antelope High School and River City High School.



History of Anesthesia

History of Anesthesia in California Essay Contest – Dr. Jane Moon

I am happy to share the results of the 2023 CSA History of Anesthesia Essay Contest:

1st place:

Jordan Francke, MD, MPH (UCLA CA-2)

"The danger of using a medical eponym: Missing the point of the 'Tuohy' needle"

2nd place:

Hayk Manuk, MD (Cedars-Sinai CA-1)

"Difficult airway made easier: How Dr. Jonathan Benumof pioneered airway management with the first Difficult Airway Algorithm"

All six contest participants will receive an original historical book from the Guedel Collection. The CSA Foundation for Education will award \$1,000 to the first-place winner and \$500 to the second- place runner-up. After incorporating feedback from the judges, the winner and runner-up will submit their essays for publication in CSA Online First and Vital Times. The first-place winner will also receive the honor of presenting during the oral abstract presentation session of the 2023 CSA Annual Meeting, with complimentary conference registration and up to \$500 for travel expenses.

Thank you to Megan MacNee for coordinating the evaluation of the entries!

And thank you to the wonderful judges from the CSA History Committee: Anuj Aggarwal, Mark Singleton, Seetal Cheema, Gerard Dang, Ryan Field, Jane Ahn, Victor Ng, and Merlin Larson.

Respectfully Submitted,

Mark Zakowski, MD, FASA

Chair, CSA Foundation for Education Board of Directors

The Task Force on Environmental Sustainability (“Task Force”) was created by the CSA House of Delegates at its 2020 annual meeting and is currently in its third year of operation, and now has 22 active members including co-chairs Dr. Ellen Wang and Dr. Victoria Fahrenbach. With membership and interest continuously growing, the Task Force will submit a proposal to become an official CSA committee at the next House of Delegates meeting.

The mission of the Task Force is to evaluate current sustainability efforts in California, make recommendations for members to adopt evidence-based best practices for environmental protection and sustainability, and identify and advance legislative, educational, and other opportunities to promote “green anesthesia” and other methods by which ORs may reduce their environmental footprint.

Specifically, the Task Force has identified the following key sustainability priorities:

- Volatile anesthetics – reducing greenhouse gases, practicing low flow anesthesia
- Reducing the use of disposable equipment
- Recycling and repurposing medical equipment
- Reducing hazardous drug waste
- Resident education and member outreach

2022-2023 Task Force Updates

During the 2022 House of Delegates meeting, the Task Force was granted approval of its *Resolution for a Sustainable Anesthesia Policy Statement*, authorizing the CSA to adopt a Sustainable Anesthesia Policy Statement outlining clinical strategies as well as specific methods and parameters of sustainable anesthesia for CSA members to adopt to reduce their environmental footprint.

Since its renewal in 2022, the Task Force has met regularly over Zoom to draft this policy statement with plans to submit a final version to the 2023 House of Delegates meeting. This evidence-based statement will examine the detrimental impact inhalational compounds have on our environment as greenhouse gases and recommend the use of alternative anesthetics. It will also address methods for reducing OR-generated medical waste and hazardous drug waste. An Environmental Sustainability section on the official CSA website will provide members access to guidelines, resources, and references for practicing green anesthesia.

We look forward to continuing our work with CSA leadership in promoting green anesthesia. By offering resources and guides for practicing sustainable anesthesia at the state level, we can decrease the environmental footprint of anesthesia groups across California and establish a sustainability model for other state anesthesia associations.

We would like to thank our Task Force members for their participation: Dr. Christina Menor, Dr. Mark Singleton, Dr. Eva Hughes, Dr. Nina Schloemerkemper, Dr. Carole Lin, Dr. Veronica Zoghbi, Dr. Seema Ghandi, Dr. Praveen Kalra, Dr. Lee-lynn Chen, Dr. Jean-Louis Horn, Dr. RJ Ramamurthi, Dr. Clarity Coffman, Dr. Ryan Field, Dr. Raina Khan, Dr. Rondall Lane, Dr. Kate McCartney, Dr. Arash Motamed, Dr. Lawrence Ong, Dr. Anil Tiwari, and Dr. Leila Hebshi; and also offer special thanks to Megan MacNee and Lisa Schulz for their exceptional support and assistance over the past year.

From: Ellen Wang, MD
Subject: Task Force on Environmental Sustainability
Date: April 2023

708-3 (22/23)
Page 2

- 1 Respectfully submitted,
- 2 Ellen Wang, MD
- 3 Victoria Fahrenbach, MD
- 4 Co-Chairs, Task Force on Environmental Sustainability

August 24, 2022

Report of the CSA Task Force on Environmental Sustainability

The Task Force on Environmental Sustainability (Task Force) was created by the CSA House of Delegates at its 2020 annual meeting and is in its third year of operation, with 19 active members including co-chairs Dr. Ellen Wang and Dr. Victoria Fahrenbach. The mission of the Task Force is to evaluate current sustainability efforts in California, make recommendations for members to adopt evidence-based best practices for environmental protection and sustainability, and identify and advance legislative, educational, and other opportunities to promote “green anesthesia” and other methods by which ORs may reduce their environmental footprint.

Specifically, the Task Force has identified the following key sustainability priorities:

- Volatile anesthetics – reducing greenhouse gases, practicing low flow anesthesia
- Reducing the use of disposable equipment
- Recycling and repurposing medical equipment
- Reducing hazardous drug waste
- Resident education and member outreach

Task Force members met regularly over the past year and accomplished the following goals.

1. We published our first blog article for the CSA publication *Online First* in May 2022. This article, “Rethinking Desflurane,” focused on Desflurane’s impact on the environment as a potent greenhouse gas and called for CSA members to use alternative methods of anesthesia. Results from an online poll showed strong support from CSA members in eliminating the use of desflurane. Going forward, we will continue to publish CSA Online First articles to educate CSA members on OR sustainability.
2. With the positive feedback we received from our Online First article, we submitted a sustainability resolution which was approved at the June 2022 House of Delegates meeting. This resolution requires CSA to adopt an official policy statement advising members to practice sustainable methods of anesthesia.

The Task Force will meet on a regular basis this year to draft this policy statement with plans to submit a final version to the 2023 House of Delegates meeting for approval by the Executive Board. This evidence-based statement will examine the detrimental impact inhalational compounds have on our environment as greenhouse gases and recommend the use of alternative anesthetics. It will also address methods for reducing OR-generated medical waste and hazardous drug waste. An Environmental Sustainability section on the official CSA website will provide members access to guidelines, resources, and references for practicing green anesthesia.

We would like to thank our current and past task force members (listed below) for their participation in these projects and look forward to continuing our work with CSA leadership in promoting green anesthesia. By offering resources and guides for practicing sustainable anesthesia at the state level, we can decrease the environmental footprint of anesthesia groups across California and establish a sustainability model for other state anesthesia associations.

From: Ellen Wang, MD & Victoria Fahrenbach, MD
Subject: Task Force on Environmental Sustainability
Date: September 2022

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Page 2

Respectfully submitted,

Ellen Wang, MD
Victoria Fahrenbach, MD
Co-Chairs, Task Force on Environmental Sustainability

Members of the 2021 Task Force on Environmental Sustainability

Dr. Rakhi Dayal, Dr. Linda Li, Dr. Angela Wight, Dr. Debra Morrison, Dr. Brita Mittal

Members of the 2022 Task Force on Environmental Sustainability (New & Continuing Members)

Dr. Christina Menor, Dr. Mark Singleton, Dr. Eva Hughes, Dr. Nina Schloemerkemper, Dr. Carole Lin, Dr. Veronica Zoghbi, Dr. Seema Ghandi, Dr. Praveen Kalra, Dr. Lee-lynn Chen, Dr. Jean-Louis Horn, Dr. RJ Ramamurth, Dr. Clarity Coffman, Dr. Ryan Field, Dr. Raina Khan, Dr. Rondall Lane, Dr. Kate McCartney, Dr. Arash Motamed, Dr. Lawrence Ong, Dr. Anil Tiwari

Special thanks to Megan MacNee for her exceptional support and assistance over the past year.

Historically for the CSA, “wellness” has fallen under the responsibility of several committees including but not limited to Practice Management, Women in Anesthesia, and the JEDI committee. Now we find ourselves on the heels of years of efforts clearly documenting physician burnout (including robust anesthesiology-specific burnout research). The aggregate threat to well-being is intricate. It has become clear that there is no single, easy solution to enhancing perioperative physician well-being. It is due to the gravity and complexity of this task that we believe an expert-driven standing committee explicitly dedicated to this crucial work is the best path forward to emboldening support for our anesthesiologists in California.

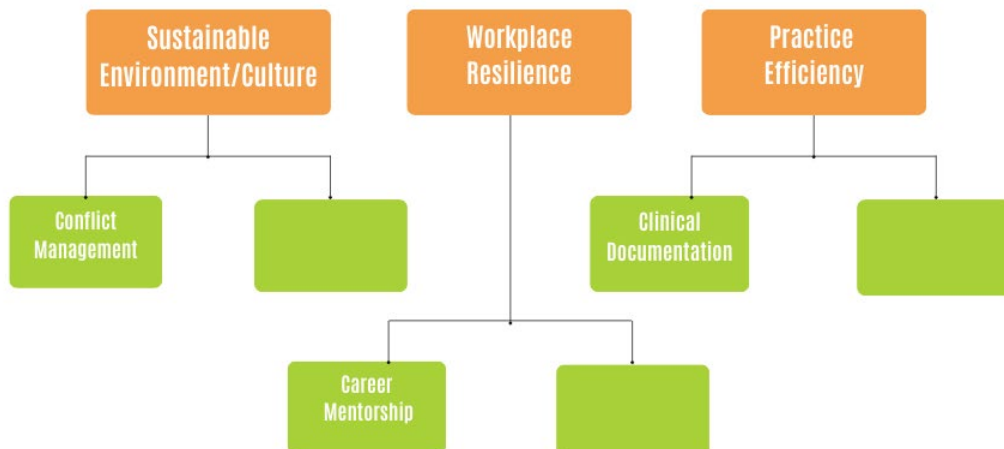
The preservation of professional satisfaction and engagement within our careers is of critical importance. Numerous pressures -- including those from billing and reimbursement, practice efficiency, leadership turnover, clinician shortages and more, all exacerbated by a global pandemic -- have placed our mental health and well-being under chronic threat. In the face of these difficulties we must be proactive in demonstrating and communicating best practices that promote cultures of support to preserve our profession. In 2022, CSA President, Dr. Ed Mariano, recognized the need for fresh perspective for our membership and called for a renewed effort with the reinvigoration of the Task Force on Wellness.

The Task Force on Wellness has met both virtually and in person over this year to collaboratively design an infrastructure that can work over time to promote and protect the well-being of our CSA members.

Summary of Projects to Date:

- Identified volunteer members and met to discuss goals.
- Developed a mission statement
- Developed a 3-Tiered Framework for subgroups, based on well-being research, within the larger structure to organize efforts

PILLARS OF WELLNESS



- In collaboration with the WIA Committee and Practice Management Committee, Dr. Cheng as ASA Wellness Liaison and Dr. Lin as the Vital Times Podcast organizer, we identified primary vehicles of deliverables:
 - Audio - such as podcasts
 - Written - white papers, CSAOF entries
 - Visual - webinars and in person events
 - Website- archive of links to written, audio, and video resources
- On Thursday, April 27, 2023, we held our first in person committee meeting and identified members, selected sub-committee leaders and established framework to build a resource library
- On Saturday, April 29, 2023, at the CSA annual meeting in San Diego, our chair gave a lecture about the current state of well-being and proposed the staying power in the CSA.
- On Wednesday, May 17, 2023, Dr. Cheng and Dr. Noerenberg participated in ASA's S+P Quarterly meeting to listen and share progress of various group's success with implementation of programs, such as Massachusetts General Hospital. After the meeting, Dr. Noerenberg made with Dr. Steffen Meiler to obtain their templates.

Well-being is a vast subject that necessitates collaboration and coordination (e.g. with existing CSA committees and other organizations such as the ASA, state societies, and professional groups). We have critical work ahead of us. This dynamic work will be iterative in nature and require ongoing, indefinite effort.

FOR ACTION

The members of the Task Force therefore formally ask the HOD that the Task Force on Wellness transition to a standing CSA committee as the **Well-being, Work Culture Improvement, and Structural Enhancement - WWISE** Committee

Mission Statement:

Committed to educate, support and empower CSA members to improve, protect and maintain their well-being through development of individual and organizational initiatives to help members thrive clinically, personally and professionally.

Composition:

A chair appointed by the President, a CSA Staff Liaison, minimum of six additional members, appointed by the President, one of whom shall be a member of the Board of Directors.

Duties:

1. To implement well-being initiatives within the CSA across all domains of well-being
2. To provide members with resources on implementing well-being change efforts and also on protecting and identifying one's own needs to better care for patients
 - a. Specific resource categories will include but not be limited to:
 - i. Strategies to combat burnout for a workforce
 - ii. Resources for family and personal long-term care planning
 - iii. Diversion and career re-alignment
 - iv. Destigmatization and enhanced availability of mental health care
 - v. Formal resources to develop workplace conflict management and related leadership skills

- vi. Resources on how to operationalize peer support after adverse events (e.g. second victim efforts).
3. Collaborate with other standing committees to provide mentoring, sponsorship, coaching opportunities and education
4. To highlight CSA member well-being activities at the state and national level
5. To provide audio, written and visual resources for CSA members and education through these vehicles.

I would like to thank this year's committee members (Jason Cheng, Christina Menor, Ioana Pasca, Cathy Lammers, Lynn Cintron, Clarity Coffman, Ludwig Lin, Justin Libaw, Alex Ruan, Ali Salehi, Ann Shah, Natacha Telusca, Sydney Thomson, Romy Yun, Zhe Chen, Lee-Lynn Chen, Jennifer Basarab-Tung, Radhamangalan Ramamurthi, Byron Ferguson, Stephanie Lim, Rodney McKeever, and Elliott Higgins)

Respectfully Submitted,

Jennifer Noerenberg, MD
Chair, Task Force on Wellness



**Resolution for Gun Safety
CSA House of Delegates June 2023
Rita Agarwal, MD FASA FAAP, Christine Jette, MD, FASA. Mark Singleton MD,
FASA**

Whereas, firearm related deaths and mass shootings are a public health epidemic and are increasing annually¹, causing the preventable deaths of thousands of Californians each year.

Whereas, the effects of firearm violence reach anesthesiologists who care for patients in the OR, ICU and pain management settings.

Whereas, firearm violence can have a profound impact on anesthesiologists both from the psychological impact that comes from caring for victims, and from the threat of workplace violence.

Whereas, firearm violence is the number one cause of death in children aged 1-19 in the United States since 2020^{2,3,4} with a disproportionate effect on people of color⁵

Whereas, the California Society of Anesthesiologists is committed to the best possible health outcomes for our patients, and advocacy for improving all aspects of public health.

Whereas, improved firearm safety laws have been associated with reduced gun related mortality¹; therefore be it

Resolved, that the CSA supports efforts by the Governor and State Legislature to improve firearm safety in California⁶.

Resolved, that the CSA form a task force to examine steps that the CSA can take as an organization to help reduce firearm related injuries and death in California.

Resolved, that the CSA engage with the California Medical Association and other organizations to examine the role of California physicians in eliminating the public health epidemic of firearm violence.

Resolved, that the CSA acknowledge National Gun Violence Awareness Day on the first Friday of June with appropriate communications.

References

1. <https://www.pewresearch.org/short-reads/2023/04/26/what-the-data-says-about-gun-deaths-in-the-u-s/>, accessed May 7, 2023.

2. Youth Firearm Injury: A Review for Pediatric Critical Care Clinicians. Kaufman EJ, Richmond TS, Hoskins K. Crit Care Clin. 2023 Apr;39(2):357-371. doi: 10.1016/j.ccc.2022.09.010. Epub 2022
3. National trends in pediatric firearm and automobile fatalities. Stevens J, Pickett K, Reppucci ML, Nolan M, Moulton SL. J Pediatr Surg. 2023 Jan;58(1):130-135. doi: 10.1016/j.jpedsurg.2022.09.028. Epub 2022 Sep 26.
4. Current Causes of Death in Children and Adolescents in the United States. Goldstick JE, et al. N Engl J Med. 2022.
5. Inequalities in Exposure to Firearm Violence by Race, Sex, and Birth Cohort From Childhood to Age 40 Years, 1995-2021. Lanfear CC, Bucci R, Kirk DS, et al. JAMA. E-pub May 9th 2023.
6. <https://www.gov.ca.gov/2023/02/01/governor-newsom-takes-action-to-strengthen-californias-gun-safety-laws/>, accessed May 7 2023.



Resolution to prepare our members for a diverse patient population
CSA House of Delegates June 2023
Submitted by Felipe Perez, MD FAAP (Past Legislative Affairs Chair)
Cesar Padilla, MD (Vice-Chair JEDI Committee)
Odi Ehie, MD (Chair of JEDI Committee)
Antonio Conte, MD (President Elect)

WHEREAS, the California Society of Anesthesiologists (CSA) recognizes the need to provide our anesthesiologists with education to care for a diverse patient population; and

WHEREAS, the demographic of California consists of 39% Latino, 35% white, 15% Asian American or Pacific Islander, 5% Black, 4% multiracial, and fewer than 1% are Native American or Alaska Natives, according to the 2020 Census;¹ and

WHEREAS, more than half of young Californians (ages 24 and under) are Latino and California will continue to become a diverse population²; and

WHEREAS, the California Society of Anesthesiologists (CSA) provides continuing medical education and educational programming to advance our anesthesiology specialty, therefore, be it

RESOLVED, The Chair of the Educational Programs Division (EPD) and the Committee will ensure that the CME programming offered by the California Society of Anesthesiologists will have a minimum of one lecture on a topic that advances the knowledge of our members to provide care for a diversifying population, including topics related to healthcare disparities as it pertains to the practice of anesthesiology and anesthesiology subspecialties. Lecture(s) may be delivered in live / in-person or virtual formats.

RESOLVED, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the Committee shall provide the EPD committee with a list of potential speakers that would advance the knowledge of our members to provide care for a diversifying population.

RESOLVED, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the Committee shall create at every annual meeting a calendar of dates throughout the year that the California Society of Anesthesiologists (CSA) will create content to educate its members to help them connect with their patients.

RESOLVED, The Chair of the Justice, Equity, Diversity, and Inclusion (JEDI) and the Committee shall work with the media campaign arm of CSA to spotlight health disparities that we as anesthesiologists should be aware of to improve patient outcomes.

¹ <https://www.ppic.org/publication/californias-population/>

² <https://www.ppic.org/publication/californias-population/>



**Resolution for a Sustainable Anesthesia Policy Statement
CSA House of Delegates June 2023
Submitted by CSA Task Force on Environmental Sustainability**

WHEREAS, approximately 6 million tons of medical waste is generated by hospitals annually in the United States, and the average U.S. operating room (OR) produces, on average, approximately 30% of a hospital's total waste¹;

WHEREAS, volatile anesthetics have been identified as potent greenhouse gases contributing to global warming²; and

WHEREAS, sustainable methods of anesthesia are capable of lowering the environmental impact of volatile anesthetics and OR-generated medical waste without sacrificing patient care or safety and should now be regarded as standard of care in California; therefore be it

RESOLVED that the California Society of Anesthesiologists (CSA) hereby authorizes the adoption of a Sustainable Anesthesia Policy Statement that outlines clinical strategies as well as specific methods and parameters of sustainable anesthesia for its members, in order to reduce their environmental footprint, as set forth in the attached document regarding Nitrous Oxide Emissions Reduction; and

FURTHER RESOLVED that the CSA Task Force on Environmental Sustainability draft additional documents referencing OR Medical Waste Reduction and Hazardous Drug Waste Reduction to be included as subsections of the Sustainable Anesthesia Policy Statement.

Reference:

1. <https://www.asahq.org/about-asahq/governance-and-committees/asa-committees/committee-on-equipment-and-facilities/environmental-sustainability/greening-the-operating-room>
2. Ryan, Susan M., MD, PhD; Nielsen, Claus J., Global Warming Potential of Inhaled Anesthetics, *Anesthesia & Analgesia*: July 2010 - Volume 111 - Issue 1 - p 92-98

Nitrous Oxide Reduction Policy

In their 2022 policy statement on reducing health-care carbon emissions, the US Agency for Healthcare Research and Quality identifies the reduction of inhaled anesthetic gases as a central goal ¹.

Operating-room nitrous oxide (N₂O) is a significant contributor to US-hospital Scope 1 (direct)-greenhouse gas emissions. Additionally, the production and distribution of N₂O is an energy-intensive and inherently polluting process² and therefore also contributes to hospitals' indirect (Scope 3) emissions. National and global experience has shown that occult leaks from centralized cryogenic-tank or compressed-gas manifold systems make up the majority of nitrous oxide emissions; these investigations have concluded that as much as 95% of procured N₂O may never reach the patient due to leaks. ^{3, 4, 5}

Based on this information,

1. This Task Force recommends that hospital-based anesthesia departments decommission their central supply of nitrous oxide and replace it with E-cylinders at the point of care (i.e., directly connected to the back of the anesthesia machine using the pin-index system).
2. The Task Force also recommends that no new nitrous oxide pipeline infrastructure be built into new or remodeled hospital operating rooms.

Institutional Steps:

Nitrous oxide pipeline decommissioning requires the engagement of an interdisciplinary team consisting of (for example) an anesthesia team leader, anesthesia technicians, a ventilator representative, a hospital facilities director, a facilities engineer and/or architect, and a medical gas supply-chain or procurement representative. If resources are available, the team can consider analyzing the recorded use of N₂O at the point of care using the hospital's EMR or AIMS. By comparing recorded use to the amount of purchased N₂O, the hospital can estimate the amount of gas wastage and can also estimate the quantity of E-cylinders needed to maintain an uninterrupted supply. All anesthesia department members should be made aware that wastage of N₂O from E-cylinders can still occur if they are opened more than ¼ revolution and left open after use, or if the O-rings are worn. A robust system ensuring that all-E-cylinders are closed at the end of the day should be implemented with full engagement of anesthesia-technician and clinical staff. Periodic departmental educational initiatives and tank inspections are recommended.

N₂O cylinders should not be sent back to the manufacturer unless completely empty, as any remaining N₂O will have to be vented prior to refill, which would needlessly add to wastage and emissions burden.

This Task Force agrees with the excellent analysis from the American Society of Anesthesiologists' Guideline on greening the OR⁶ regarding fresh-gas-flow reduction and

the use of alternative (non-inhaled) adjunctive agents. Apart from limiting the use of potent volatile agents, reducing fresh gas flows during the maintenance phase of anesthesia will simultaneously reduce the amount of nitrous oxide used per patient.

Based on multi-institutional clinical experience, the Task Force recommends that anesthesia providers consider using volatile anesthetic agent (Sevoflurane) alone, without nitrous oxide, for inhaled induction of anesthesia in pediatric patients. The Task Force also recommends that anesthesia providers consider substitution of nitrous oxide with an equally effective alternative agent, such as propofol, as part of a balanced anesthetic in addition to volatile agent, after delivery during Cesarean section under general anesthesia.

The Task Force does not currently recommend the elimination of portable N₂O/oxygen delivery systems (Nitronox, Entonox) from labor and delivery units for labor analgesia. However, anesthesia and L&D staff may consider discussing the environmental impact of N₂O with the parturient as part of an informed consent discussion prior to commencement of this modality of labor analgesia.

Conclusion

The CSA Green Task Force concurs with the recommendations outlined in the American Society of Anesthesiologists' Guideline on greening the OR, specifically regarding reducing the environmental impact of waste anesthesia gases. Eliminating nitrous oxide use and leakage aligns with environmentally conscious practices.

Reference:

1. Sampath B, Jensen M, Lenoci-Edwards J, Little K, Singh H, Sherman JD. *Reducing Healthcare Carbon Emissions: A Primer on Measures and Actions for Healthcare Organizations to Mitigate Climate Change*. (Prepared by Institute for Healthcare Improvement under Contract No. 75Q80122P00007.) AHRQ Publication No. 22-M011. Rockville, MD: Agency for Healthcare Research and Quality; September 2022.
2. Sherman J, Le C, Lamers V, Eckelman M. Life cycle greenhouse gas emissions of anesthetic drugs. *Anesth Analg*. 2012 May;114(5):1086-90. doi: 10.1213/ANE.0b013e31824f6940. Epub 2012 Apr 4. PMID: 22492186
3. Seglenieks R, Wong A, Pearson F, McGain F. Discrepancy between procurement and clinical use of nitrous oxide: waste not, want not. *Br J Anaesth*. 2022 Jan;128(1):e32-e34. doi: 10.1016/j.bja.2021.10.021. Epub 2021 Nov 19. PMID: 34802695.
4. Chakera A. Driving down embedded emissions from medical nitrous oxide. *BMJ*. 2021 Nov 26;375:n2922. doi: 10.1136/bmj.n2922. PMID: 34836914.
5. Chesebro, B. MD and Mason, A., "Climate-Smart Anesthesia", presentation given at CleanMed, May 2022: <https://www.youtube.com/watch?v=KRBajNxKo4A> last accessed May 2, 2023
6. Greening the Operating Room and Perioperative Arena: Environmental Sustainability for Anesthesia Practice Guidance document produced by the ASA Environmental Task Force Task Force Co-Chairs: Tessa K. Hunke, M.D., and Jodi Sherman, M.D. Revised October 2014. www.asahq.org/resources/resources-from-asa-committees/greening-the-operating-room. Last accessed May 2, 2023