Role Profile for California Medical/Dental/Hospital/Nurses Association

Part 1 - Organization Profile

- Name of organizations
    - California Medical Association (CMA)
    - California Dental Association (CDA)
    - California Hospital Association (CHA)
    - California Nurses Association (CNA)
- Lobbying expenses over the past 3 years

Association	2023	2024	2025
California Medical Association	$2,104,912	$2,442,109	$2,310,885
California Dental Association	$884,910	$1,120,440	$1,045,615
California Hospital Association	$2,657,301	$3,114,812	$2,954,410
California Nurses Association	$1,080,248	$1,481,250	$1,340,920

- General positions on economic, social, and environmental issues (as applicable)
    - CMA:
        - Economic: CMA supports increased Medi-Cal and Medicare reimbursements, funding for residency slots, and policies that stabilize physicians, practices, and hospitals.
        - Social: CMA advocates for access to care, public health funding, behavioral health integration, and equity in underserved communities.
        - Environmental: CMA engages when environmental issues affect public health, such as air quality and climate-related health impacts, but it is secondary to core health-finance and workforce issues.
    - CDA:
        - Economic: Advocates for higher Denti-Cal reimbursement, support for safety-net dental clinics, and policies that make dental practice financially viable in underserved areas.
        - Social: Focuses on access to oral health care, reducing dental deserts, and integrating dental care into broader health-equity efforts.

        - Environmental: Occasionally engages on issues like fluoridation, infection-control standards, and environmental regulations affecting dental materials and waste.
    - CHA:
        - Economic: Focus on higher Medicare/Medi-Cal payments, relief from sequestration cuts, and funding to prevent rural hospital closures.
        - Social: Emphasis on preserving access to hospital care, emergency services, and safety-net capacity for low-income and rural populations.
        - Environmental: Engages when environmental regulations affect hospital operations or patient safety, such as disaster preparedness.
    - CNA:
        - Economic: Strongly supports safe staffing ratios, higher wages, robust public funding for hospitals and clinics, and opposes privatization that reduces care quality.
        - Social: Emphasizes patient safety, universal access to care, labor rights, and protections for frontline workers.
        - Environmental: Supports environmental health measures, like pollution reduction and climate resilience, when they affect patient and worker health.
- Identify Constituents
    - CMA:
        - Constituency is primarily physicians (MDs/DOs), medical groups, and some academic medical centers across California.
        - Highest concentrations seen in coastal urban regions like Los Angeles County, San Diego area, and the Bay Area, due to large physician density and major health systems.
    - CDA:
        - Constituency is primarily dentists, dental specialists, group practices, and community dental clinics.
        - Highest concentrations seen in urban regions, but great focus on policy to support Central Valley, Inland Empire, and other rural areas and counties.
    - CHA:
        - Constituency is primarily acute-care hospitals, critical access hospitals, health systems, and specialty hospitals.
        - Highest concentrations are seen in urban regions, but policy is focused on critical regions like the rural areas of the Central Valley, Inland Empire, and the North State.
    - CNA:

        - Constituency is primarily registered nurses, some advanced practice nurses, and allied nursing staff in hospitals, clinics, and public health settings.
        - Highest concentrations seen in urban and suburban hospital centers throughout LA County, Bay Area, Sacramento, and San Diego. Also high-need regions: Central Valley and Inland Empire, where nurse shortages and hospital strain are severe.

Part 2 - Constituent Profiles

- Economics
    - Prominent industries
        - CMA: Healthcare delivery like hospitals, clinics, FQHCs, and specialty practices, and academic medicine like UC medical centers and other teaching hospitals.
        - CDA: Private dental practices, community dental clinics, dental specialty services, which includes: orthodontics, oral surgery, and pediatric dentistry.
        - CHA: Hospital care, emergency services, specialty inpatient care, and associated support services.
        - CNA: Hospital care, acute care, long-term care, home health, and public health nursing.
    - Unemployment rate, income levels, poverty rate, etc.
        - CMA has a focus on higher poverty and lower income in the Inland Empire and Central Valley due to physician shortages and Medi-Cal reliance rates being the greatest. These regions have higher unemployment and poverty rates than the coastal urban centers.
        - CDA emphasizes high-poverty, low-income regions, which are the Central Valley, Inland Empire, rural North State, and others, where Denti-Cal patients struggle to find providers and coverage.
        - CHA has the greatest focus on high poverty and lower incomes in rural counties, where hospitals operate at losses and depend heavily on Medi-Cal and Medicare.
        - CNA focuses on high-unemployment and high-poverty regions, like the Inland Empire, Central Valley, and the rural North State, as nursing jobs can be a major path from poverty to middle-income stability.
- Demographics
    - Population, and population breakdowns by race, ethnicity, age, income, etc.
        - CMA:
            - Serves majorly Hispanic/Latino, White, Asian, Black, and multiracial residents, all age groups with a focus on older adults

due to physician shortages for geriatric and chronic disease care, with a great range of low- to high-income individuals.
        - CDA:
            - Serves California for the greater purpose of dental coverage, with significant focus on communities with larger Latino and other historically underserved racial and ethnic groups, as well as low-income families that rely on Denti-Cal for coverage.
        - CHA:
            - Serves California for the purpose of improvement of hospital services. Serves all racial and ethnic groups, all age groups with an increased demand for older groups in rural counties, and a majority of Medicare and Medi-Cal patients.
        - CNA:
            - Serves all of California's nurses, with a female, Latino, Black, and Filipino majority, focusing on a large proportion of low-income patients in rural areas.
    - Urban/rural breakdown
        - CMA:
        - CDA: Strongest concerns in rural and semi-rural counties that face the epidemic of no dentists or dental assistants throughout entire regions.
        - CHA: Wide focus on both urban and rural systems, but policy leans towards supporting rural hospitals and clinics for sustainability.
        - CNA: Most members work in urban and suburban hospitals. CNA emphasizes rural hospitals and clinics, where shortages exist.
- Politics
    - Partisan voter registration
        - CMA membership spans Democratic-leaning urban counties, like LA, SF, Alameda, and San Diego, but also Republican-leaning rural counties like Kern, Tulare, Shasta, and Placer.
        - CDA membership has both Democratic and Republican individuals, but the CDA lobbies in a nonpartisan manner to emphasize children's oral health and safety-net access.
        - CHA membership spans both Democratic and Republican-leaning counties, but focuses on nonpartisan lobbying for payment and access.
        - CNA membership is strongest among Democratic-leaning counties, like the Bay Area, LA, and Sacramento, but is still organized in Republican-leaning counties.
    - % voted Democrat/Republican in 2020, 2016, 2012
        - CMA: Generally bipartisan and works with both parties for policy issues.

        - CDA: Generally bipartisan, explicitly stating it supports candidates on a bipartisan basis.
        - CHA: Generally bipartisan. Focuses on hospital financing, Medi-Cal reimbursements, and other regulatory issues.
        - CNA: Generally progressive and labor-aligned. Frequently endorses Democratic and pro-labor candidates and ballot measures.
    - 3 specific issues that are important to your constituents
        - CMA: Medi-Cal reimbursement and access, residency slot and workforce expansion, and regulatory and malpractice environment issues.
        - CDA: Denti-Cal reimbursement and access, dental assistant and hygienist workforce shortages, and the expansion of safety-net dental clinics in underserved regions.
        - CHA: Rural hospital sustainability, Medicare/Medi-Cal payment reform, and workforce expansions.
        - CNA: Safe staffing ratios, wage and benefit protections, and universal access to quality healthcare.
    - Constituents' general positions on economic, social, and environmental issues
        - CMA:
            - Economic: pro-funding for health systems, cautious about unfunded mandates.
            - Social: strong emphasis on access, equity, public health.
            - Environmental: supportive when framed as public-health protection.
        - CDA:
            - Economic: pro-funding for dental safety-net, pro-reimbursement increases.
            - Social: strong emphasis on children's oral health, equity, and rural access.
            - Environmental: focused on clinical standards and materials regulation when relevant.
        - CHA:
            - Economic: pro-funding, anti-cuts, focused on financial sustainability.
            - Social: preserving access to inpatient and emergency care.
            - Environmental: focused on resilience and regulatory compliance.
        - CNA:
            - Economic: pro-labor, pro-public investment, skeptical of strict economics.
            - Social: strong emphasis on equity, worker rights, and patient safety.

- Environmental: supportive when tied to health impacts.