



OKLAHOMA STATE MEDICAL ASSOCIATION 2010 Federal Legislative Agenda

At the federal level, the Oklahoma State Medical Association (OSMA), in conjunction with the American Medical Association (AMA), is aggressively involved in advocacy efforts related to the most vital issues in medicine today, including the following:

Medicare physician payment reform: Unless Congressional action is taken, Oklahoma physicians face an across-the-board cut of 21.2%, with more cuts likely to follow over the next few years due to a flawed payment update formula, the Sustainable Growth Rate or SGR Repeal of the SGR flawed formula would prevent a loss of over \$150 million a year for the care of elderly and disabled patients in Oklahoma. On average, legislation to repeal the SGR would prevent cuts of \$19,000 per year to each Oklahoma physician. Compared to the rest of the country, Oklahoma, at 15 percent, has an above-average proportion of Medicare patients. Legislation is also needed to reinstate a temporary increase in Medicare geographic adjustments for certain rural and underserved areas which expired at the end of 2009. In 2010, therefore, the legislation would prevent an additional 2.1% cut in payment rates for Oklahoma physicians' Medicare services in these areas on top of the 21.2% cuts across the country.

Clinical Quality Improvement and Patient Safety: The OSMA supports efforts to measurably improve patient safety and quality of care by working to ensure the law's implementation and to advance other measures, including voluntary reporting systems with strong confidentiality protections. We also support the patient-centered medical home model and development of evidence-based performance measures to improve the quality of care.

Medical liability reform: Our nation's medical liability system is broken. Skyrocketing medical liability premiums — \$200,000 a year or more in some high-risk specialties — are forcing physicians to limit services, retire early, or move to a state with reforms where premiums are more stable. While Oklahoma enacted sweeping and meaningful lawsuit reform in 2009, the crisis is threatening access to care for patients in states without meaningful liability reforms. The OSMA supports efforts to lead an aggressive, national campaign to reduce medical malpractice premiums and the multi-billion dollar cost of defensive medicine practices nationwide.

Health System Reform & Access to Care: The OSMA supports reforms to make a more efficient, effective and accountable health care system for Oklahoma patients and efforts to solve the health coverage crisis for all uninsured patients. In the short term, we strongly advocate for incremental measures to expand coverage for children and lower income families and individuals, and further working towards building political pressure for action on both coverage and access to care. We support the right to privately contract for physician services which is a touchstone of American freedom and liberty. Patients and physicians must be allowed to freely exercise this right without third party interference or penalty. We also support efforts to build public and political support for initiatives that expand health insurance coverage through tax credits and insurance market reforms and the move toward a system of individually-owned health insurance.

Improving the health of the public: The Physicians Campaign for a Healthier Oklahoma (PCHO), sponsored by the OSMA, continues to provide tools for Oklahoma physicians to improve healthy patient behaviors. The AMA launched the Healthier Life Steps™ Program which offers physicians and their patients tools to create a partnership for making changes in an integrated fashion in four key health behaviors: diet, physical activity, alcohol consumption and tobacco use. The OSMA also supports efforts to develop training programs to help physicians and their communities prepare for disasters and to equip them to provide an effective emergency and disaster medical response.

Managed care reform: The OSMA supports efforts to combat third-party interference with the physician-patient relationship, including advancing antitrust reform, eliminating unnecessary hassles and unfair payment practices; and fighting for reimbursement decisions that are based on optimal patient care, not economics.

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