

**OKLAHOMA STATE MEDICAL ASSOCIATION  
COUNCIL ON FEDERAL GOVERNMENTAL ACTIVITIES**

**2/9/11**

**THE ROLE OF FEDERAL GOVERNMENT IN HEALTH SYSTEM REFORM**

We are in agreement that the federal government cannot be trusted to intrude into the intimate space between physicians and patients, because we believe that it does not have a good track record of either compassion (e.g. the IRS) or expertise in areas outside of health care, or in bringing projects in on budget. Additionally, we don't trust the federal government to wisely manage our hard earned tax dollars (e.g. pork projects, or creating layers of needless bureaucracy, red tape and misguided regulations).

Nonetheless, we believe that there is a role for the federal government in financing health care and regulating its delivery to protect patients from critical bad outcomes.

1. Portable mandatory health insurance is not a bad idea; it just means that the government has to buy health insurance policies for selected people with tax dollars or tax credits; since we are in a deficit mode, this means that Congress and the President must make tough choices when allocating federal dollars. We believe that it is Congress' role to do just that and convince Americans your government decisions are wise.
2. The insurance companies will delight at the prospect of taking in more premiums to cover the currently uninsured. However we believe that they need closer scrutiny and better regulation by the state and federal governments in order to abolish current predatory practices that often force US citizens into bankruptcy or to forgo needed health care resulting in premature death or disability.
3. The federal government has another critical role in health care: creating and maintaining an adequate work force to meet the healthcare needs of its citizens. It is currently failing in its mission to fund adequate medical residencies and fellowships in our state to meet the growing demands for primary and specialty medical care.
4. The federal government also has a role in promoting and maintaining quality of care through funding of research (i.e., comparative effectiveness research) and the timely sharing of such information, i.e., via the internet, on untainted websites for use by both physicians and patients.
5. The federal government also has a duty to protect its citizens from unsafe pharmaceuticals, biological agents, and devices by insisting that manufacturers provide convincing pre-release data on these agents.
6. The federal government must also pass legislation to protect physicians from frivolous lawsuits and to hold physicians harmless when they follow evidence-based clinical guidelines in the care of their patients. This is the only true solution to the high cost of defensive medicine.
7. The federal government must also allow physicians and patients to privately contract to allow doctors to practice medicine without the need for third party payers or the government interfering with the doctor-patient relationship.
8. Reimbursement for federal health programs must reflect reality. This means that the flawed Sustainable Growth Rate (SGR) formula must be replaced by a formula that reflects the true cost of rendering high quality personalized care to our patients.