



OKLAHOMA STATE MEDICAL ASSOCIATION 2011 Federal Legislative Agenda

(Updated 2/9/11)

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

Medicare physician payment reform: Oklahoma seniors can face significant challenges obtaining access to physicians. These challenges will get much worse unless Congress acts very soon to prevent steep cuts in Medicare payment rates. At just 13 practicing physicians per 1,000 Medicare beneficiaries, Oklahoma is well below the national average. Without Congressional action, on January 1, 2012, Oklahoma Medicare physician services face an across-the-board pay cut of 27 percent, due to a flawed payment formula, the Sustainable Growth Rate (SGR), created by Congress. Congress needs to avert these cuts and begin working toward a long-term solution that will eliminate this annual crisis. While the SGR formula (if not fixed) would save \$260 million from Medicare spending in Oklahoma, many physicians will have to stop seeing these patients. These patients will have to seek care in Emergency Departments which will significantly escalate health care costs.

Health System Reform & Access to Care: The physicians and patients within Oklahoma feel that the Affordable Care Act (ACA) which was passed in 2010 is deeply flawed and is not in the best interests of Oklahomans. OSMA fully support the efforts to file suit on behalf of the State of Oklahoma to stop implementation of ACA and urges Congress to continue their efforts to repeal this flawed legislation. 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. We also support the right to privately contract for physician services without third party interference or penalty. We also support initiatives that expand health insurance coverage through tax credits and insurance market reforms and the move toward a system of individually-owned health insurance.

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 had significant success in reforming Oklahoma's lawsuit abuses over the past two years, we also remain committed to reforming our medical liability system at the national level to make it more fair and just for patients, physicians, and other health care providers. OSMA urges support of the "Help Efficient, Accessible, Low-cost, Timely Healthcare Act" (HEALTH) as recently introduced by Representatives Phil Gingrey and Lamar Smith.

Healthcare Truth and Transparency Act of 2011: The OSMA strongly supports the "Healthcare Truth and Transparency Act of 2011" recently introduced by Representatives John Sullivan and David Scott. This legislation is an important step toward ensuring that patients have accurate information regarding the education, training, and qualifications of individuals providing their health care services. This legislation provides much needed resources and clarifications to address patient confusion in the health care marketplace. Also included are provisions that add modest, yet critically important, increases in resources to marketplace regulators, as well as enhanced transparency requirements regarding medical care.

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.

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.

For additional information on federal legislative issues, contact Kathy Musson, CAE, Associate Executive Director
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