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Today's Debate: Single-payer Health Care – Don't use Medicare as model

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America is at a pivotal moment in its history. With Congress prepared to fast-track health system reform bills, and a new and powerful administration determined to pass legislation in its first year, the deck is stacked in favor of some form of health reform legislation passing during this session of Congress.

Physicians, who are on the front lines of health care, are part of this transformation process, and we see some incredible opportunities to improve health care in the United States.

Although there are deep philosophical differences between parties in this debate, we share one critical common goal: providing coverage to all Americans. We need to stay constructively engaged in discussions and open to solutions now being considered by Congress and the Obama administration.

The idea of a public option for health insurance for Americans has been proposed, but we haven't yet seen a firm plan on what a public option would look like. But access to coverage does not guarantee access to health care services. We would oppose any public option that would propose to base payments off Medicare or essentially expand Medicare.

The Medicare and Medicaid payment methodology has resulted in payments being substantially less than the actual cost of providing medical services to our Medicare and Medicaid patients. The system results in a constant balancing act, especially in the rural areas of our state.

It results in problems with access to care, as doctors must make tough choices to limit the number of Medicare and Medicaid patients they see in order to keep their doors open.

Until the federal reimbursement system is fixed, we do not favor more public-payer options that would only exacerbate the problems seen in both Medicare and Medicaid.

The South Dakota State Medical Association supports improving access to health care coverage by:

- Eliminating restrictions on pre-existing conditions so no one is denied health insurance.
- Requiring individuals to have insurance coverage or pay a penalty based on premium cost.
- Increasing payments for physician primary care specialties. However, they should be financed by savings rather than through across-the-board payment reductions in other physician services.
- Reducing inappropriate health spending variations, but only if based on sound evidence and not just fiscal objectives.
- Improving the efficiency and quality of health care by investing in electronic health records (EHRs).
- Using evidence-based quality measures.
- Making greater investments in wellness and prevention.

- Improving care coordination by promoting medical homes.
- Addressing doctor shortages, especially in rural areas, by providing more support for medical education and residency training programs.

The SDSMA supports the achievement of meaningful health system reform – health system changes that hold promise for improving the health status and quality of care delivered to patients and are achieved in a fiscally responsible manner in order to maintain a sustainable health care delivery system.

We commend President Obama and members of Congress for their leadership in developing proposals to transform our nation's health care system and for inviting input from diverse groups.

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