



SDSMA Health Reform Update

January 21, 2010

Colleagues,

As chair of the South Dakota State Medical Association's (SDSMA) Health System Reform Task Force — which is comprised of 40 members of the SDSMA leadership and focuses on developments in health system reform legislation — I am writing to inform you on the latest on the debate in Washington, D.C.

Now, just after the start of the new year, Congress has before it two health system reform bills: HR 3590, the “Patient Protection and Affordable Care Act,” and HR 3962, the “Affordable Health Care for America Act.” Each bill has been passed once in the House and Senate, and soon the legislation will be combined in conference committee for another vote. The attached PDF documents will help explain the similarities and differences between the two bills.

As we wait for the bills to be reconciled, the SDSMA and the American Medical Association (AMA) are working on a pressing issue for every physician: The permanent repeal of Medicare sustainable growth rate (SGR) payment structure that unfairly targets South Dakota physicians.

In late December, Congress passed a bill that averted the 21 percent Medicare physician payment cut that was scheduled to take effect January 1, 2010, and delayed it until March 1, 2010, to provide a window of opportunity for passing a permanent solution to the SGR problem. The AMA strongly communicated to the U.S. House of Representatives and the Senate its opposition to another one- or two-year temporary Band-Aid that produces deeper cuts in future years and grows the cost of a permanent solution.

When the Senate resumes floor action this week, it will take up legislation dealing with the federal debt limit extension and other issues. This will provide a window of opportunity to get Congress to pass a permanent repeal of the SGR. We may not ever get another opportunity like this to deal with the SGR. If you haven't weighed in yet on the debate occurring in Congress on Medicare physician payments, you need to do so now.

The physician-shortage crisis is currently at a critical point in South Dakota, and addressing the SGR issue would go a long way toward the future recruitment and retention of physicians in rural areas such as South Dakota. Failure to do so would only add to the physician-shortage crisis that threatens South Dakotans' access to health care services.

Permanent repeal of the SGR is vital to the success of any health reform initiative. I ask you to [please click here](#) to visit the AMA's Legislative Action Center, where you can encourage all of members of our Congressional delegation to support an SGR fix.

When SGR legislation is introduced, the SDSMA will inform you of additional ways to reach out to our Congressional delegation through www.sdsma.org, where you can always learn more about the latest in health system reform legislation.

Thank you very much for your membership in the SDSMA.

Sincerely,

Maria Bell, MD

Chair, SDSMA Health System Reform Task Force