

SEPTEMBER 2, 2009

The South Dakota State Medical Association's eNews is your direct link to the most important health care issues and activities affecting organized medicine.

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## Upcoming Events/Meetings:

- ▶ Committee on Medical Practice  
– Noon, Sept. 9, SDSMA Conference Room
- ▶ SDSMA Health System Reform Task Force  
– Noon, Sept. 14, SDSMA Conference Room
- ▶ SDSMA Annual Meeting  
– Oct. 1 & 2, Ramkota Hotel, Sioux Falls
- ▶ SDSMA/SDMGMA Joint Meeting  
– Noon, Oct. 21, SDSMA Conference Room
- ▶ Committee on Medical Practice  
– Noon, Nov. 4, SDSMA Conference Room
- ▶ [Click here](#) to view full calendar

## SDSMA Leadership Meets with Representative Stephanie Herseth Sandlin on Health System Reform

On Friday, August 28, SDSMA leadership sat down with Representative Stephanie Herseth Sandlin in Flandreau to discuss health system reform legislation currently in Congress.

SDSMA leadership included President-elect Tom Huber, MD, Vice President Karla Murphy, MD, and SDSMA CEO Barb Smith.



Photo: Andrew Johnson

From left: Representative Stephanie Herseth Sandlin, SDSMA Vice President Karla Murphy, MD, SDSMA President-elect Tom Huber, MD, and SDSMA CEO Barb Smith.

The conversation lasted well over an hour, and throughout the discussion, Representative Herseth Sandlin reiterated the fact that reform was necessary, but that radical reform was not the answer.

The SDSMA thanked the Congresswoman for her support of greater equity for rural patients and providers and working to resolve disparity issues in Medicare reimbursement, a component of health care reform that she considers a “threshold issue.”

Medical liability reform was also discussed. Although Representative Herseth Sandlin said that a national punitive damages “cap” would not be a part of any bill, she assured the SDSMA delegation there are many other discussions revolving around tort reform regarding medical courts and frivolous lawsuits.

She also is confident that a public option would not find its way into a final bill.

“You have to remember that three bills will have to be merged and then go to a conference committee,” she said. “There will be many opportunities to influence and change legislation to level the playing field, and I don’t see the public option surviving this process.”

For more on Representative Herseth Sandlin’s visit with SDSMA leadership, look for the article in the forthcoming October issue of *South Dakota Medicine*.

For more information and the latest health system reform news, [please click here](#) to visit the SDSMA Health System Reform page.

– Source: SDSMA Staff

## Health System Reform Roundup

### *Senate negotiations continue*

The U.S. Senate Finance Committee has been continuing bipartisan negotiations during the August congressional recess in an attempt to reach an agreement on health system reform legislation. Committee Chair Senator Max Baucus (D-Mont.) has publicly stated his hope of reaching consensus on the legislation by Sept. 15, though there are signs this goal may slip. It's unclear how Baucus and the Democratic leadership will proceed if an agreement is not reached by then.

Potentially complicating those negotiations, Senator Jon Kyl (R-Ariz.), the minority whip, recently spoke out against the idea of nonprofit insurance cooperatives, which some committee members favor as an alternative to establishing a public plan to compete with private health insurers.

### *Availability of health IT funds announced*

The Department of Health and Human Services (HHS) made an announcement last week regarding the availability of \$1.2 billion in Health Information Technology for Economic and Clinical Health (HITECH) Act funding to help physicians and hospitals implement and use electronic health records. During a roundtable discussion on health system reform, HHS provided details about two grant programs: the Health IT Regional Extension Program and the State Health Information Exchange Program.

Under the Health IT Regional Extension Program, HHS will award \$598 million in fiscal year 2010 to support the creation of 70 Health IT Regional Extension Centers. These centers will help support physicians and hospitals in their adoption of systems which allow them to become meaningful users of health IT. Learn more about the program. Meanwhile, the State Health Information Exchange Program will award \$564 million to states and qualified "state designated entities" to develop and advance mechanisms for information sharing. [Please click here](#) to learn more about this program.

### *HHS highlights health reform's benefits for seniors and Medicare*

A new report issued by the Department of Health and Human Services (HHS) highlights the benefits that health reform legislation would have for seniors and the Medicare program. The report points out that pending legislation would preserve seniors' access to care by erasing a 21 percent cut in 2010 Medicare physician payments that is required by the sustainable growth rate (SGR) formula. And reform would significantly extend the solvency of the Medicare Trust Fund by eliminating overpayments to Medicare managed care plans. In addition, the report notes that a typical couple on Medicare spends \$90 a year in higher Part B premiums to subsidize overpayment to Medicare Advantage plans, and health reform would address these out-of-pocket costs. Seniors also would pay less for prescription drugs as health reform would provide for a 50 percent discount on drug prices in the Medicare coverage gap, also known as the "doughnut hole." "The status quo is unsustainable and unacceptable for seniors," Sebelius said. "Health insurance reform will ensure our seniors have the quality, affordable coverage they deserve." [Please click here](#) to view the impact in your state of including a repeal of the SGR formula in health reform legislation.

— Source: SDSMA and AMA Staff

Thank you for your membership in the SDSMA. If you have comments regarding *eNews*, please send feedback through the "Contact Us" link on the SDSMA's Web site, [www.sdsma.org](http://www.sdsma.org), or contact Megan Myers at [mmyers@sdsma.org](mailto:mmyers@sdsma.org).

## Register NOW for AMA Physicians Forum

AMA leaders continue to conduct a series of regional tele-town hall Physicians' Forums to respond to members' questions about health system reform legislation and the AMA's advocacy efforts.

AMA members in South Dakota are encouraged to participate in the Physicians' Forum with AMA immediate past President Nancy H. Nielsen, MD, PhD, scheduled for **TODAY (Wednesday), September 2**. It will be a great opportunity for you to ask AMA leadership questions about health system reform legislation.

The forum will be held at 5 p.m. Central, 4 p.m. Mountain. [Please click here](#) to register for the event.

There will be a limited number of open lines on the call. SDSMA staff also will be listening in and will report back for those who cannot participate.

— Source: SDSMA and AMA Staff

## Department of Health Warns of Increasing Cases of A-H1N1 Influenza

H1N1 cases continue to be reported in South Dakota, and those numbers will only increase this fall as school resumes.

National clinical trials are now underway on an H1N1 vaccine. Federal officials indicate there will be an ample supply of vaccine. However, it will come in waves, so the South Dakota Department of Health (DOH) will be prioritizing to make sure those at high risk for H1N1 receive the first doses. As health care providers with direct patient contact, physicians should be among the first to be vaccinated. The DOH is working with hospitals statewide to make the vaccine available to health care providers. Physicians can expect to hear more about this as the DOH receives additional detail from the federal government about when our vaccine will be shipped. The vaccination is voluntary but is strongly encouraged for the protection of physicians and patients.

Other high risk groups that should be vaccinated with the first wave of vaccine include:

- \* Pregnant women;
- \* People who live with or care for children younger than 6 months of age;
- \* Children 6 months through 4 years of age; and
- \* Children 5 through 18 years of age who have chronic medical conditions.

As pregnant women can be hesitant to receive the flu vaccine, we would also ask that you make sure your pregnant patients are aware that they are at high risk for the H1N1 virus and that a vaccine will be available.

[Please click here](#) to find detailed clinical information about pregnant women and H1N1 from the CDC. [Please click here](#) for other resources and information about H1N1 in South Dakota.

The DOH will also continue to promote the importance of good personal hygiene in preventing disease transmission, and resources for patient education may be found [by clicking here](#).

— Source: SDSMA Staff