Improve Access to Care – Telemedicine
Rural health care is a critical issue to the people of South Dakota, and access to high quality and affordable health care is essential in improving public health. Interactive telemedicine services provide real-time, face-to-face interaction between patient and provider, and have been used as an alternative to traditional in-person health care delivery for some time. And in certain circumstances, telemedicine can be used to deliver such care as the diagnosis, consultation, treatment, education, care management and self-management to patients. The SDSMA will advocate for the passage of legislation to ensure payment for services provided via telemedicine and to establish standards of care using the technology.

Improve Access to Care – Medicaid
Reimbursement levels and access to care are linked – the bottom line is that an overwhelming majority of physicians lose money when providing care for Medicaid patients. As a result, many physicians limit their Medicaid patient load, and the failure to find a solution to adequately fund the Medicaid program will worsen access to care for those on Medicaid. Therefore, the SDSMA calls for reimbursement rates that keep pace with inflation and the utilization of services.

Improve Access to Care – Medical Education
South Dakota is facing a shortage of physicians as more than one in four South Dakota residents live in what has been classified as a “primary care shortage area.” Given the fact that patients prefer a physician for their primary care, the SDSMA strongly supports increased funding for medical student and graduate medical education.

Improve Public Health – Prevention
The SDSMA believes in implementing programs to promote healthy lifestyles, eliminate health disparities, and improve awareness of public health issues such as the harmful effects of tobacco use and secondhand smoke, e-cigarette use, obesity, drug and alcohol abuse, and violence prevention. The SDSMA supports funding, education, and state requirements for vaccines and opposes exemptions related to vaccines and immunization requirements. The SDSMA also supports limiting indoor tanning to individuals 18 years of age and above, and increasing the minimum purchase age for tobacco products to 21.

Improve Public Health – Coverage
As Congress and the Administration work on reforming health care, we believe the following are important:

- Ensure that individuals currently covered do not become uninsured and take steps toward coverage and access for all South Dakotans.
- Maintain key insurance market reforms, such as pre-existing conditions, guaranteed issue and parental coverage for young adults.
- Stabilize and strengthen the individual insurance market.
- Ensure that low/moderate income patients are able to secure affordable and adequate coverage.
- Ensure that Medicaid, CHIP and other safety net programs are adequately funded.

Want to learn more? Contact the SDSMA at 605.336.1965 or visit www.sdsma.org
Improve Public Health – Coverage (continued)

- Continue to financially support the advancement of delivery reforms and new physician-led payment models to achieve better outcomes, higher quality and lower spending trends.

Improve Public Health – Addiction Treatment

Escalating rates of opioid diversion, addiction and abuse have led to an increasing number of overdoses and death. The problem of opioid addiction has become more complicated as those who are addicted turn to heroin, meth and other drugs that are now easier to obtain. Untreated issues related to poor mental health is one of the primary causes of self-medication and addiction. The SDSMA will advocate for improved access and third-party coverage of psychosocial support and services, and opioid maintenance and addiction treatment.

Lower the Cost of Health Care Delivery – Reform Medical Liability

The U.S. Department of Health and Human Services estimates the cost of defensive medicine to be between $70 and $126 billion per year. These costs mean higher health insurance premiums and higher medical costs for all, and it is important to understand that every dollar that goes toward medical liability and defensive medicine is a dollar that does not go to patient care. South Dakota has a $500,000 cap on non-economic damages in medical liability cases. The SDSMA supports federal medical liability reforms and will defend our liability cap.

Lower the Cost of Health Care Delivery – Reduce Regulatory and Administrative Burdens

The SDSMA believes reducing administrative and other nonclinical costs that do not contribute value to patient care should be one of several strategies to address rising health care costs. Such administrative costs and unnecessary burdens are imposed by complex procedures for filing insurance claims and insurance regulations. The SDSMA supports adopting a consistent electronic health record (EHR) format and will advocate for the elimination of administrative waste. The standardization and simplification of technology is critical to improving efficiency and reducing provider frustration and burnout.

Advocate for High-Quality Health Care – Improve Quality and Safety

The SDSMA believes the delivery of safe, efficient and high-quality medical care can be achieved by promoting a robust private health insurance market, using a patient-centered medical home model of care, and by providing continuous and coordinated care over time through physician-directed teams of health care professionals. The SDSMA supports the use technology and data systems, incentivizing providers to identify areas for improvement, and the development of clinical protocols to improve health care quality, safety and value.

Advocate for High-Quality Health Care – Enforce Scope of Practice

To protect South Dakota patients, ensure that patients receive the best medical care from the people best trained to deliver that care, the SDSMA will oppose any efforts to allow non-physicians to independently practice medicine beyond the scope of their education and training.

Advocate for High-Quality Health Care – Preserve the Physician-Patient Relationship

The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering.

The relationship between a patient and a physician is based on trust, which gives rise to physicians’ ethical responsibility to place patients’ welfare above the physician’s own self-interest or obligations to others, to use sound medical judgment on patients’ behalf, and to advocate for their patients’ welfare.

Advocate for High-Quality Health Care – Respect Patient Wishes at End of Life

The SDSMA will work with other stakeholders and state legislators to support the use of MOST - medical orders for scope of treatment. MOST is a document executed by a patient or a patient’s authorized representative that is incorporated into the patient’s medical record and provides direction to health care providers about the patient’s goals and preferences regarding the use of medical interventions, including pulmonary resuscitation and other life-sustaining treatments.