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2014 Advocacy Agenda

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Sen. Tim Johnson
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Sen. John Thune
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Rep. Kristi Noem
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Washington, DC 20510
www.noem.house.gov

…and in Pierre

Know your state senators and representatives.

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http://legis.state.sd.us/sessions/2013/
membermenu.aspx

Write to:
The Honorable (name)
500 E. Capitol Ave.
Pierre, SD 57501-5070

Improve Public Health
Access to high quality and affordable health care is essential in improving public health. 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, obesity, drug and alcohol abuse, and violence prevention. Further, the SDSMA supports funding, education, state requirements and limited exemptions for vaccines and opposes further exemptions to South Dakota law related to vaccines and immunization requirements. Physicians and other health care workers should set a positive example by assuring that they are completely immunized.

Expand Access to Health Care
The SDSMA believes in a health care system that provides the greatest possible access to basic, quality, and affordable health care. The expanded health care coverage under the Affordable Care Act (ACA) allows opportunities for patients to see their doctors earlier rather than waiting for treatment until they are sicker and care is more expensive. The ACA also protects those in the Medicare “donut hole.” The law represents one step forward on the path toward meaningful reform; however, improvements are needed. The SDSMA remains committed to working on behalf of South Dakota’s physicians and patients to ensure the law is implemented in ways that support and incentivize better health outcomes and improve the state’s and nation’s health care system.

Reform Medicaid
The Supreme Court’s ACA decision leaves Medicaid expansion optional for states. In states that do not expand Medicaid, those with incomes below the federal poverty level (FPL) will be left without coverage while those with incomes above the FPL can access coverage on the exchange. Medicaid expansion would mean better access to health care for low-income families; therefore, the SDSMA supports expanding Medicaid eligibility to 100 percent of the FPL. The SDSMA also supports increased Medicaid payments to physicians, and improvements and innovations in Medicaid that will deliver health care more efficiently. Adequate payment must keep pace with inflation and be based on outcomes and value. Further, the SDSMA supports long-term policies that provide high-quality, cost-effective care, for example, Medicaid’s pilot project to provide health homes for individuals with chronic conditions. The SDSMA believes that all Medicaid recipients should have access to a medical home.

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

Reform Medical Liability
Experts agree that the practice of defensive medicine adds billions of dollars to our health care costs. 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, as well as higher taxes. 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 South Dakota’s reform laws.

Reform Medicare
The SDSMA believes Medicare’s sustainable growth rate (SGR) should be repealed and replaced with a system that promotes sustainable practice environments and allows physician investment in new ways of improving care. Physicians should have the opportunity to lead in the development of alternate payment and delivery models. All new payment methodologies should be evaluated and tested in a variety of practice settings (including large and small practices), geographic locales (including rural and urban), and among different specialties and patient populations. In addition, the SDSMA supports a Medicare payment option for patients and physicians to freely contract, without penalty, for Medicare fee-for-service physician services, while allowing patients to use their Medicare benefits.

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, and to eliminate unnecessary medical liability, the SDSMA will oppose any efforts to allow non-physicians to independently practice medicine beyond the scope of their education and training.

Support Increased Funding for Medical Education
Given the need for more physicians in many areas of the state, the SDSMA strongly supports increased funding for medical education to improve access to care in South Dakota.