

# GET INVOLVED

## 2022 Advocacy Agenda

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#### **Sen. John Thune**

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#### **Rep. Dusty Johnson**

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### **...and in Pierre**

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South Dakota LRC's legislator listing: [sdlegislature.gov](http://sdlegislature.gov)

Write to:

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

Email:  
[firstname.lastname@sdlegislature.gov](mailto:firstname.lastname@sdlegislature.gov)

Want to learn more? Contact the SDSMA at 605.336.1965 or visit [www.sdsma.org](http://www.sdsma.org)

### **Ensure Access to High-Quality Health Care – Medicaid Expansion**

The SDSMA supports the 2022 initiated measure expanding Medicaid eligibility. The South Dakota Medicaid program is funded by the state and federal government and is designed to provide medical coverage for low-income people. As proposed, the measure expands Medicaid eligibility to people aged 18-64 whose income is at or below 133 percent of the federal poverty level, plus 5 percent of the federal poverty level for the applicable family size, as provided by federal law. If passed, an additional 42,500 people will be covered by the program, and over a period of five years, would return more than \$1.3 billion in tax dollars to South Dakota from Washington.

### **Ensure Access to High-Quality Health Care – HJR 5003**

The SDSMA opposes South Dakota House Joint Resolution 5003 – which will be placed before voters on the Primary Election ballot in June 2022. If passed, the resolution will amend the South Dakota Constitution to require certain initiated measures, Constitutional amendments and referred laws to receive 60 percent plus one vote to pass – instead of the current requirement of 50 percent plus one. The proposal was introduced by those who oppose the expansion of the South Dakota Medicaid program in hopes of preventing its passage.

### **Ensure Access to High-Quality Health Care – Preserve the Physician-Patient Relationship**

The relationship between a patient and a physician is based on trust, and this relationship gives rise to physicians' ethical

responsibility to place their patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on their patient's behalf, and to advocate for their patient's welfare. The SDSMA will oppose attempts to infringe upon the physician-patient relationship.

### **Ensure Access to High-Quality Health Care – Enforce Scope of Practice**

To protect South Dakota patients and 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.

### **Ensure Access to High-Quality Health 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 promoting healthy lifestyles, eliminating health disparities, and improving 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 – to include COVID-19 vaccination(s).

### **Improve Public Health – Coverage**

As Congress and the Administration work on reforming health care, we believe the following are important:

- Ensure that Medicaid, CHIP and other safety net programs are adequately funded.
- 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.
- Support the advancement of delivery reforms and physician-led payment models to achieve better outcomes, higher quality and lower spending trends.

### **Improve Public Health – Responsible Access to Medical Cannabis**

Patient health and safety is of the utmost importance to the SDSMA and we remain concerned that cannabis is a highly addictive drug of which evidence-based scientific research has documented many negative consequences with both short and long-term use.

While the South Dakota Department of Health works to implement rules in support of SDCL 34-20G, the SDSMA shall oppose attempts to require physician approval for the home cultivation of medical cannabis beyond what is stated in SDCL 34-20G-1(1)(c) which clearly states that a practitioner recommendation is only required for anything more than three cannabis plants.

Further, SDSMA shall strongly advocate for access to the Registry for the purpose of identifying contraindications for other medications that might cause an adverse reaction in a patient who is also using medical cannabis. For example, the use of multiple central nervous system depressants (including medical cannabis), may result in profound sedation, respiratory depression, coma, and death.

Lastly, the SDSMA shall encourage the Legislature to place a limit on the level of THC to that of 15 percent or less. Readily-available research indicates there is no medical benefit from cannabis with a THC level of more than 15 percent and in fact higher THC levels can be detrimental, including the danger of psychosis.

### **Improve Public Health – Access to Mental Health Services**

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 for those with mental illness.

### **Lower the Cost of Health Care Delivery – Prior Authorizations**

Prior authorization is a cost-control process requiring health care providers to qualify for payment by obtaining approval from health insurers before performing a service.

The SDSMA believes that prior authorization is overused and existing processes present significant administrative and clinical concerns.

Physicians want nothing more than to provide the most clinically appropriate care for their patients. Utilization management programs must therefore have a clinically accurate foundation for provider adherence to be feasible. The SDSMA shall oppose cost-containment provisions that do not have proper medical justification and do little more than create administrative burdens that cause delays in patient care.

### **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. 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 state's liability cap.

