

GET INVOLVED

2016 Advocacy Agenda

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Expand Access to Health Care

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) are left without coverage while those with incomes above the FPL can access coverage on the exchange. Medicaid expansion would mean better access to 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 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, and state requirements for vaccines and opposes exemptions related to vaccines and immunization requirements. Physicians and other health care workers should set a positive example by assuring that they are completely immunized.

Improve Quality & 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. The SDSMA further advocates for the ongoing development of a health information exchange to aid in the sharing of patient information.

Reduce Regulatory & Administrative Burdens

The SDSMA believes reducing administrative and

other nonclinical costs that do not contribute value to patient care should be one of several broad strategies to address rising health care costs. Such administrative costs and unnecessary burdens are imposed by complex procedures for filing insurance claims and countless Medicare, Medicaid and insurance regulations. The SDSMA believes in the benefits of electronic medical records (EHRs); however, current EHR systems are problematic. The SDSMA supports adopting a consistent format and will advocate for the elimination of administrative waste and the simplification and standardization of technology to improve the affordability of health care EHR functionality.

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.

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

South Dakota is facing a critical 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 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. The SDSMA further supports the need for need for additional funding to support graduate medical education. Currently, South Dakota has 225 medical students and only 134 residency training slots – South Dakota is ranked sixth worst in the nation for residency slots for the population.

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