



WHERE WE STAND



FMA TALKING POINTS ON H.R. 3200

1. Reforming the SGR System is the Key to Medicare Financing

National health care reform must include replacing the Sustainable Growth Rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice, and is backed by a fair, stable funding formula. If the SGR is not replaced, and the physician payment reduction of 20% scheduled for 2010 are allowed to occur, it will have a devastating impact on access to care. This will result in physicians being forced to restrict the number of Medicare patients they can see due to inadequate payment. In Florida, this access to care problem will be even more dramatic because our state has a disproportionately large Medicare population.

2. Cost Containment & System Reform Measures Must Preserve the Patient-Physician Relationship

The FMA opposes health system reform measures that do not preserve the integrity of the physician-patient relationship and the individual freedoms of both patients and physicians in our health care system. Any delivery system reform proposals, such as Accountable Care Organizations and Medical Home models, should be first tested in pilot programs before being imposed across the entire country. The FMA is particularly concerned with provisions in H.R. 3200 that would allow nurse practitioners to direct "Medical Homes." This inappropriate scope of practice expansion would in effect make nurses the equivalent of Primary Care Physicians.

3. Medical Liability Reform is Critical

H.R. 3200 fails to include an essential cost containment element – medical liability reform. Numerous studies have demonstrated that effective medical liability reform will significantly lower health care costs by reducing the cost of defensive medicine and eliminating unnecessary litigation from the system. By failing to include such reforms, the FMA feels that H.R. 3200 falls far short of genuine reform and will not achieve the cost-savings needed to make health care more affordable in our country.

4. Concerns Over the Impact of the Public Option

The FMA is seriously concerned that the public health insurance option, as outlined in H.R. 3200, will lead to a single-payer, government-run health care system, which is not in the best interest of our country. Under the proposed public health insurance option, the government is empowered to implement rules that would restrict patients' freedom to choose their physician and limit timely access to quality specialty care. We believe this is an expansion of government into medical decision-making and an intrusion in the doctor/patient relationship. Additionally, we fear the result would be the unsustainable government price-setting scheme we now see for Medicare.

5. No Restrictions on Physician Ownership

The limitations on physician ownership of hospitals and health care facilities included in H.R. 3200 would prove counterproductive to the bill's intent to reduce costs and make health care more efficient and effective. Studies of physician-owned hospitals and ambulatory surgery centers have documented high levels of quality care and patient satisfaction; fewer complications, such as infections and hip fractures; and greater net community benefits. The FMA strongly supports responsible physician investment in technology, facilities, services, and equipment. The focus should be not on who owns the medical facility – a physician, a nonprofit entity, or a for-profit company – but on the quality of the facility and appropriateness of patient care.