



# FloridaMedical ASSOCIATION

Helping Physicians Practice Medicine

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As you know, the last few days have seen the issue of Health System Reform being debated both in the Halls of our nation's Capitol and at the Interim Meeting of the American Medical Association (AMA) in Houston, TX. With the issue of HR 3961 on all of our hearts and minds, your Florida Delegation to the AMA worked tirelessly to advance your concerns and made your voices heard before the AMA Board of Trustees and House of Delegates. Along with our partners and friends in the Southeastern Caucus, we joined hundreds of your fellow physicians from across the country in advocating for meaningful guidelines for the AMA Board of Governor's to bring to the table as they engage in the legislative process.

While not perfect, Substitute Resolution 203 (below) was passed by the AMA House of Delegates November 9. This resolution gives the AMA a list of critical issues to bring before Congress in order to enact meaningful reform. It again stresses the concerns of Physicians as we deal with the problems and the future of our Health Care System. The resolution below outlines the policies which the AMA Board must follow as they work in congress to help get the best reform possible for our patients and Physicians.

## SUBSTITUTE RESOLUTION 203: HEALTH SYSTEM REFORM LEGISLATION

RESOLVED, That our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy: Health insurance coverage for all Americans;

Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps;

Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials;

Investments and incentives for quality improvement and prevention and wellness initiatives;

Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care;

Implementation of medical liability reforms to reduce the cost of defensive medicine; and

Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens; and be it further

RESOLVED, That our American Medical Association advocate that elimination of denials due to pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation; and be it further

RESOLVED, That our American Medical Association House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States; and be it further

RESOLVED, That our American Medical Association support health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of

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choice, freedom of practice, and universal access for patients; and be it further

RESOLVED, That it is American Medical Association policy that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians; and be it further

RESOLVED, That our AMA actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician; and be it further

RESOLVED, That our AMA actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals; and be it further

RESOLVED, That our AMA actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:

Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services;

Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system;

Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted;

Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate;

Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another; and

Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest; and be it further

RESOLVED, That our American Medical Association continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy; and be it further

RESOLVED, That our American Medical Association use the most effective media event or campaign to outline what physicians and patients need from health system reform; and be it further

RESOLVED, That national health system 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, and that the AMA initiate a "call to action" with the Federation to advance this goal; and be it further

RESOLVED, That creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform; and be it further

RESOLVED, That effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform; and be it further

RESOLVED, That our American Medical Association reaffirm AMA policy H-460.909 Comparative Effectiveness Research.

These principles will guide our lobbyist as they work with our congress. They also spell out what is not acceptable to our member physicians and what we will not negotiate.

All of your FMA delegates are available to answer any questions you have about this complicated and difficult process.

E. Coy Irvin, MD, MBA  
Chair FMA/AMA Delegation