

**The following reflects the existing policies of the Louisiana State Medical Society regarding national health system reform.**

**The LSMS supports:**

The concept of health care coverage for all Americans.

Strengthening of a pluralistic delivery system in the public and private sectors and the adoption of reform measures that build on the strengths of these separate but inter-related delivery systems.

Patients having multiple choices of health care financing mechanisms in an open market setting free of government approved advantages created to favor any one or more mechanisms.

Value and cost effectiveness instead of draconian cost containment, making our health care delivery system accountable to patients instead of to government, insurance companies, employers, or health care providers.

Giving the individual the opportunity and the responsibility to choose and own his/her insurance with the periodic right to change if dissatisfied with their previous choice, perhaps through a system modeled after the Federal Employees Health Benefit Program.

Creation of a health insurance risk pool to offer coverage for the medically uninsured and those who are above the poverty level and are Medicaid ineligible who cannot afford rates for individual coverage but could buy coverage as a group.

Creation of a market mechanism for making health insurance truly personal and portable for all residents, and more readily available to workers in non-traditional employment situations.

Creation of mechanisms for aggregating premium payments from multiple funding sources to pay for coverage offered through a Health Insurance Exchange.

Redirecting existing federal and state government subsidies to cover more low income uninsured.

Employers in the private sector who wish to offer health care coverage to their employees, or the government in the public sector, put up the same defined contribution for each employee, no matter the choice of health care coverage by the employee.

The option of a mandate that would require individuals to have health care coverage as part of a market oriented approach to health system reform.

The option of Health Savings Accounts (HSAs) for individual health care coverage

The use of a voucher system to allow Medicaid recipients to choose private insurance coverage.

The concept of a total restructuring of Medicare to establish a new program for the health care needs of the elderly.

The development of quality review initiatives that respect patient choice, use accurate data and fair reporting to produce evidence based guidelines and provide meaningful information for patients to use in their health care decisions. Quality review programs should not impose financial requirements that interfere with the clinical decisions made between a patient and his or her physician and used to educate and assist physicians in providing the most effective care to their patients.

The right of citizens to enter into private contracts, such as between physician and patient, and the right of the parties to determine the arrangements under which services are rendered.

Meaningful and constructive legislation that will foster needed tort reforms to address the impact of defensive medicine and other rising costs on the professional liability system.

Freedom of choice of health and medical care delivery settings for patients and physicians.

The annual Medicare physician payment update be revised by eliminating the use of the sustainable growth rate (SGR) spending target to adjust the Medicare Economic Index (MEI) in order to determine the annual payment update. Replace the SGR with a more realistic formula that utilizes accurate physician practice costs that reflect inflationary trends over which the physician has no control.

The following patients' rights and responsibilities:

- The right to receive complete and easily understood information from a treating physician about his or her medical care and to have his/her questions answered;
- The right to make decisions regarding the health care recommended by a treating physician including the right to accept or refuse any recommended medical treatment;
- The right to be advised of any potential conflicts of interests their treating physician may have involving care to be provided or recommended;
- The right to select the physician of his or her choice, to change physicians as warranted, to request second opinions and to expect the physician to function as the primary advocate for his or her health and well being;
- The right to confidentiality of medical records, communications, and information shared with his or her physicians, which should not be revealed to any third party without current consent of the patient unless otherwise provided for by law or by the need to protect the welfare of the individual or the public interest;

- The responsibility to be a partner in his or her health care by maintaining a healthy lifestyle and avoiding behaviors that are detrimental to good health;
- The responsibility to establish a relationship with a physician of his or her choice and to provide accurate information regarding personal and health histories essential to the evaluation of their care;
- The responsibility to actively participate in decisions about his or her health care, to ask questions and seek information about his or her medical condition and the treatment recommended, and to cooperate on mutually accepted courses of treatment;
- Patients should seek a clear understanding of the costs of their care by talking to their physician, discussing possible financial hardships, and becoming knowledgeable about the terms, coverage provisions, rules and restrictions of their health care plans.

### **The LSMS opposes:**

The establishment of a single-payer health care system and supports a pluralistic, market based approach to the provision of health care services.

Any legislation that (1) interferes with the right of private contract between citizens; (2) prohibits a physician from directly billing a private patient; (3) mandates physician acceptance of patient coverage benefits.

The imposition of price controls in our health care delivery system whether through fee controls, global budgets, expenditure targets, premium caps, percentage of payroll caps or any other method of price controls and supports the establishment of a more effective medical market to achieve cost effectiveness in our health care delivery system.

Efforts by private payers, hospitals, Congress, state legislatures, and federal and state agencies to impose policies designed to control utilization and costs of medical services unless those policies can be proven to achieve cost savings and improve quality without curtailing needed growth and compromising patient access.

The LSMS recognizes employer provided insurance as one of the important options for financing health care coverage but it should not be mandated.

Government and insurance efforts to control quality assurance programs and minimize the role of physicians in the development, review and implementation of quality standards.

The use of payment and coverage decisions of governmental and commercial health insurance entities as evidence in determining the standard of care for medical practice.

Any attempt to bundle payment to hospitals (Part A) and payment to physicians (Part B) in the Medicare program.