



Arkansas Medical Society

Priorities for Health System Reform

WHAT WE SUPPORT

Medicare Physician Payment Reform -- A Physician Payment Formula that recognizes increasing costs of medical practice and eliminates geographic disparities in reimbursement.

Health Insurance Market Reform – Market reforms that provide affordable coverage for all that ensures portability and freedom of choice of physician.

Private Contracting – Right of patients to privately contract with their physician of choice.

Medical Liability Reform – Medical liability reform must be considered as a means of reducing defensive medicine, one of the leading drivers of health care costs.

Physician Manpower – Support for increased federal funding to address physician shortages in primary care and other undersupplied specialties through enhanced reimbursements and adequate funding of Graduate Medical Education, but not at the expense of other specialties.

WHAT WE OPPOSE

Determination of Quality of Care by Government – Proposals that would allow the government or other third party payers to make determinations of what constitutes quality medical care are rooted in cost containment, interfere in the patient-physician relationship and are not in the best interests of patients.

Financing Options that Reduce Quality and Access

- Medicare and Medicaid Cuts -- Arkansas has the lowest Medicare reimbursement in the nation. This fact has made it increasingly difficult to recruit physicians to our state and has negatively impacted access to care. Further cuts in Medicare or Medicaid would have a devastating impact on Arkansas' most vulnerable citizens.
- Physician Owned Hospitals – Efforts to reduce spending by prohibiting or limiting physician hospitals are misguided and will only serve to reduce competition, reduce access to high-quality medical care, and harm the communities these hospitals serve.

PUBLIC HEALTH INSURANCE OPTION

- The AMS does not believe a government-run option is the best way to expand coverage or create competition in the marketplace. Any plan of this type should not be federally subsidized or funded and should be subject to the same rules and regulations as private plans. Participation must be voluntary and reimbursement rates should be negotiated, not set by the federal government or tied to Medicare.