



Health Care Reform Interim Committee

July 25, 2012

Chairman Keiser and committee members, I'm Courtney Koebele and I serve the North Dakota Medical Association as executive director. On behalf of NDMA, I appreciate the opportunity to provide information to the committee on the Affordable Care Act. NDMA appreciates being a part of this important discussion.

The decision on the Affordable Care Act is not the end of health care reform. Most stakeholders and both political parties agree that change must occur even though there are wide differences of opinion on the best pathway to reform.

There are some aspects that we all can agree are beneficial to North Dakota. The ACA provides that no one can be denied coverage if they have a pre-existing medical condition, and no one can lose their coverage just because they get sick. It extends the solvency of the Medicare program and, through the Frontier Amendment, ensures North Dakota providers receive fairer Medicare payments – bringing an additional \$65 million a year to our physicians and hospitals to ensure that North Dakotans maintain access to high-quality care.

Real health care reform will focus on assuring consistent, high-quality care; improved access; reduced costs; and improved patient and population outcomes.

Healthcare providers and patients must work together toward responsible use of our nation's health care resources. We must find a balance between fiscal prudence and preserving the trusted patient-physician relationship.

NDMA will work with our Congressional delegation to improve upon several deficiencies in this legislation by eliminating the flawed Medicare Sustainable Growth Rate (SGR) formula; implementing cost-saving measures, such as comprehensive liability reform; and finding alternative ways to achieve access to medical care. Because of the flawed SGR, Medicare physicians face a crippling 32 percent cut in pay on Jan. 1, 2013, which – because even more physicians will be forced to opt out of the program as a practical economic matter – means that seniors and young people who have disabilities will struggle to find physicians.

NDMA opposes implementation of the Independent Payment Advisory Board created by the Affordable Care Act. In particular, NDMA opposes the scope and authority of the IPAB and the lack of flexibility in this mandated function.

NDMA is committed to working closely with state and federal legislators to ensure that implementation of the ACA occurs in the best way possible for North Dakota physicians and their patients. It's not a matter of supporting ACA, but a need to work within the law currently in place to determine what's best for the healthcare of North Dakotans.

Mr. Chairman, thank you for the opportunity to provide our perspective on the impacts of federal health care reform. NDMA will continue to work with the committee and the Legislative Assembly to work for broad access to health care for North Dakotans.