



## Position Statement Manual

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POSITION STATEMENT OF  
MONTANA MEDICAL ASSOCIATION  
ON  
HEALTH SYSTEM REFORM  
Adopted September 12, 2009

The members of the Montana Medical Association want to assure our patients that we share their concerns about many aspects of health system reform. For many people the system is now broken and is not sustainable. There should be health care for all citizens. The health care system should be quality-based and patient-centered.

Montana Medical Association physicians believe that insurance should be affordable, accessible, and portable. The doctor-patient relationship should stay strong. We believe that insurance should provide a basic benefit package based on best medical evidence. Patients should not be denied coverage based on pre-existing conditions.

Physicians of the Montana Medical Association are committed to excellent patient care. We agree with the need to reduce waste as well as to provide incentives for quality improvement, prevention, and wellness. Legislative reform must emphasize the recruitment, training, and support of primary care physicians. We recognize a critical need for tort reform to help reduce unnecessary costs and continue excellent patient care.

We strongly encourage our patients to empower themselves. Significant incentives should be provided toward healthy behavior. Patients benefit from education and better health choices. More personal responsibility will increase the health of our country's citizens. Ultimately, patients have responsibility for deciding on and paying for their care.

We urge our legislators to keep the following goals in mind:

- Physicians and patients should be the ones to make individual health care decisions;
- Americans deserve to choose their physicians;
- Emphasize recruitment, training, and support of primary care physicians;
- Enact insurance market reforms that expand choice and eliminate exclusions for pre-existing conditions;
- Streamline insurance claim forms and procedures;
- Enact tort reform to reduce the cost of defensive medicine;
- Provide market-based incentives for quality improvement in the provision of care;
- Invest in Health Information Technology to improve quality and safety for patients; and,
- Provide universal coverage to all Americans.

It is important that reforms provide affordable, high-quality care while reducing unnecessary costs. We recognize that the problems in our system are entrenched. It is going to require the combined efforts of physicians and patients to get meaningful change. Remember, we all have the power of the vote.

(20090912, MMABoT, 131<sup>ST</sup> AM)

POSITION STATEMENT  
MONTANA MEDICAL ASSOCIATION  
ON  
MEDICAL MARIJUANA  
Adopted September 11, 2010

Evidence suggests that the use of marijuana has beneficial effects in the treatment of certain intractable medical conditions. Further evidence has also shown significant risks and side effects related to such use. To the extent the law permits use of marijuana for medical indications, marijuana should be used only with proper indication in a safe and effective way.

Like any other plant derivative used in medicine, marijuana, in whatever form, should be subject to the same regulatory scrutiny as any other psychoactive drug with the potential for abuse. More research regarding the safety, dosage, and effectiveness of this treatment is needed. Marijuana is an unregulated product of uncertain quality, quantity, and potency. Marijuana should be regulated in the same manner as other psychoactive medications.

(20100911, MMABoT, 132<sup>nd</sup>AM)

POSITION STATEMENT  
MONTANA MEDICAL ASSOCIATION  
UPON  
PHYSICIAN ASSISTED SUICIDE  
Adopted February 21, 2009

The Montana Medical Association does not condone the deliberate act of precipitating the death of a patient. This does not imply, however, that a physician using his or her best judgment should not allow a patient to die with dignity.

MMA supports and advocates for compassionate and competent palliative care at the end of life and, furthermore, acknowledges that medical efforts to eliminate irreversible and extreme pain and suffering at the end of life are an appropriate medical response that may result in hastening the patient's death. MMA acknowledges the patient's legitimate right to autonomy at the end of life, but does not accept the proposition that death with dignity may be achieved only through physician assisted suicide.

(20090221, MMABoT, 54<sup>th</sup> IM)

2021 Eleventh Avenue  
Suite 1  
Helena, Montana  
59601-4890



1.406.443.4000  
FAX 1.406.443.4042  
Intrastate Toll Free  
1.877.443.4000  
[www.mmaoffice.org](http://www.mmaoffice.org)  
[mma@mmaoffice.org](mailto:mma@mmaoffice.org)

## **Montana physicians urge steps be taken to ensure Montana seniors have ongoing access to health care.**

The Montana Medical Association (MMA) believes it to be critically important that the recommendations of the Joint Select Committee on Deficit Reduction include a full repeal of the flawed payment formula, the Medicare Sustainable Growth Rate (SGR). Only with such a permanent fix can ongoing access to health care for our seniors be appropriately addressed and new payment models be adopted that align payment policies to improve efficiency, quality of care, and care coordination.

Further, the MMA holds the position that the Frontier Amendment be maintained as it allows frontier states to address the unique challenges in serving patients in rural areas. The repeal of this adjusted Medicare reimbursement for Frontier states would weaken the Medicare program for Montana's senior citizens by reinstating an unfair reimbursement policy. The additional revenue has helped facilities to ensure continued access to affordable, quality medical treatment by affording them the chance to take steps to mitigate provider shortages and upgrade medical technology.

MMA takes the above position due to concerns that the ongoing access to health care for our seniors is seriously threatened. Compared to the rest of the country, Montana, at 17 percent, has an above average proportion of Medicare patients. At just 14 practicing physicians per 1,000 Medicare beneficiaries, Montana is well below the national average. The current SGR formula calls for cuts of 29.5% on January 1, 2012 for physician services. Short-term interventions have prevented harmful cuts in the past, but can no longer be the answer. The temporary patches have not kept up with the growth in physician practice costs, have created instability in physician practices and places seniors' access to care in jeopardy. Further, the cost of permanent payment reform escalates with the continued delays. It is estimated that additional short-term interventions will double the cost to approximately \$600 billion by 2016.

The MMA strongly urges the Joint Select Committee on Deficit Reduction to include a provision to permanently reform the Medicare physician payment system. In addition, the MMA is not in support of the repeal of the Frontier Amendment.