Policy 165.966 was extracted from Appendix 1 of the Policy Sunset and Reaffirmation Report and was referred to Reference Committee C.

165.966 Principles of Health Care
HD 10/17/2015
Physicians are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship. MAG believes that health care reform in American is founded on three core principles: 1) The right of patients and physicians to privately contract without third party interference or penalty is a touchstone of American freedom and liberty and is integral to the patient physician relationship; 2) Patients are best served when the determination of quality of medical care is made by the profession of medicine—not by the government or other third party payers; 3) Enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients' access to quality health care. We believe that the health reform law enacted in 2010 fails to adhere to these fundamental principles, despite the fact that they may significantly lower our federal government's expenditures for medical care. As one considers the financial "costs" of the new health reform law, one must also consider the "costs" to patients in terms of their access to care and the quality of care they can expect to receive in the future; In addition to the several positive elements of the Patient Protection and Affordable Care Act that we support--expanded health insurance coverage, insurance market reforms, coverage for prevention and wellness initiatives--we believe that the following elements are essential to arriving at an acceptable form of health care reform legislation and should replace all other provisions: 1) In general, the U.S. health care system should be based on principles which support a private, free market economic system without mandatory participation by government. Funding for expanded government health care (i.e., Medicaid) should only occur based on a sound, financially stable and sustainable funding source which is not based on reductions in Medicare or other programs or further contributes to the U.S. National Debt; 2) The replacement of Medicare's sustainable growth rate (SGR) should be monitored for appropriate criteria for quality care; 3) Proven medical liability reform measures should be constitutionally protected, including a cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to collaborate on cost, quality, care coordination, and other ways to improve their practices, should be enacted; 5) Employers should not be required to provide health insurance, but should do so voluntarily; 6) Medicare, Medicaid and other payment advisory boards should not be given unprecedented authority to make sweeping changes; such changes should be decided by Congress only; 7)Patients should have the right to choose their physician; 8) Patients should have the right to choose their own form of health insurance; 9) All quality determinations which are made of medical care should be made by physicians; 10) Physician should have the right to have ownership in a specialty hospital, as long as it is fully disclosed to patients or other effected people; 11) Medicaid's eligibility requirements should not be open to additional categories of recipients unless the federal government can do so with a balanced budget; the fee schedule is calibrated to \the actual cost of care; and the additional cost does not add to the national debt; 12) Employees should be allowed the same tax deduction for health insurance premiums as their employers; 13) The method of including consumer co-payments as a part of health insurance coverage should be continued in order to allow some level of responsibility to the consumer; 14) The government should consider the use of tax-free vouchers as a method of payment for the indigent; 15) The government should consider allowing "Means Testing" as a method for determining Medicare patient coverage or use of a stratified tax deduction/voucher system for the elderly population, in place of Medicare; 16) All patients, regardless of the presence of any third party payer, including Medicare recipients, should be able to privately contract with their doctor for medical care, without penalty to either party; 17)Physicians should be allowed to participate in health plan quality reporting mechanisms, including Medicare and Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should be allowed to establish quality/cost payment bonuses for physicians, without penalty to other participating physicians; 19) Health plans should eliminate the use of physician performance and "Profiling Episode Grouper" systems and other public reporting of physicians' claims data, as they are presently designed, due to their widespread

1 inaccuracies and lack of scientific validity; 20) Federal payment system reform pilot projects should
2 include strong representation from the private physician community and include direct Congressional
3 oversight; 21) The federal government and private health plans should narrow the scope of their audit and
4 payment recoupment programs to true fraud and abuse violators, not to personnel committing innocent
5 administrative errors; 22) Government and other Relative Value Current Procedural Terminology (CPT)
6 Coding system committees should be predominately composed of private practice physicians, who most
7 often perform those procedures, i.e., members of organized medicine and medical specialty societies.
8 (Special Report 04.15, Appendix III).