

## **PROCEEDINGS**

### **MINNESOTA MEDICAL ASSOCIATION**

**September 16, 2011**

### **HOUSE OF DELEGATES**

### **158<sup>TH</sup> ANNUAL MEETING**

**Duluth Entertainment Convention Center**

**Duluth, MN**

#### **I. Call to Order**

Mark Liebow, MD, Speaker of the House of Delegates convened the 158<sup>th</sup> Annual Meeting of the Minnesota Medical Association at 1:00 pm.

#### **II. Invocation and In Memoriam**

Dr. Liebow introduced Rev. Marta Maddy who delivered the invocation and in memoriam.

#### **III. Introductions**

Dr. Liebow introduced those seated at the head table: Robert Moravec, MD, vice speaker of the House of Delegates; Blanton Bessinger, MD, parliamentarian; Peter Carmel, MD, president of the American Medical Association; Patricia Lindholm, MD, immediate past president of the MMA; Lyle Swenson, MD, president; and Dave Thorson, MD, chair of the MMA Board of Trustees.

#### **IV. Welcome**

Dr. Liebow introduced Charles R. Wolfe Jr., MD, president, Lake Superior Medical Society, who welcomed delegates to the city of Duluth.

#### **V. AMA Update**

Dr. Liebow introduced Peter W. Carmel, MD, president of the American Medical Association, who provided an update on recent AMA activities, including current efforts to address the Medicare sustainable growth rate.

#### **VI. Report of the Credentials Committee – Statement of Quorum**

Robert Milligan, MD, chair of the Credentials Committee, reported that in accordance with the bylaws of the MMA, 30 or more delegates representing at least

17 component medical societies, specialty societies and sections are present, constituting a quorum.

Dr. Liebow introduced the tellers for the House of Delegates business session: Robert Milligan, MD, Fred Nobrega, MD, and Nicholas Reuter, MD. Dr. Liebow called for the seating of alternate delegates; there were none.

#### **VII. Speaker's Comments**

Dr. Liebow took a moment of personal privilege to announce that George Lang, MD, president of the Wisconsin Medical Society, requested the distribution of an anonymous survey about advanced directive planning among physicians. Surveys were distributed by staff.

#### **VIII. Approval of Proceedings of the September 2010 Meeting**

A MOTION was made, seconded, and ADOPTED to accept the proceedings of the 2010 House of Delegates meeting as recorded.

#### **IX. Report of the President**

Dr. Patricia Lindholm, MMA president, presented the report of the president. Dr. Lindholm shared highlights of her past year as president, acknowledged a recent award presented to *Minnesota Medicine* in honor of its January 2011 issue on physician wellness, and thanked the membership for the opportunity to serve.

#### **X. Commendation Resolutions**

Dr. Liebow requested that delegates take a few moments to refer to their e-handbook and read the commendation resolutions, which outline their colleagues' many accomplishments. The four physicians being commended for their outstanding work are: Anthony Jaspers, MD; Blanton Bessinger, MD; Charles Terzian, MD; and Wade Swenson, MD.

The commendation resolutions were ADOPTED by unanimous consent.

#### **XI. Nominations**

Dr. Liebow announced the following physicians that have been nominated for re-election to the MMA Board of Trustees by their trustee districts:

Twin Cities:	Beth Baker, MD
Twin Cities:	Donald Jacobs, MD
Southeast:	Doug Wood, MD
Northeast:	Michael Heck, MD

Dr. Liebow announced the following physicians that have been nominated for a first term to the MMA Board of Trustees by their trustee districts:

Twin Cities:	Phillip Stoltenberg, MD
North Central:	Marilyn Peitso, MD
Southeast:	Roy Yawn, MD

Dr. Liebow reminded members of the House of the voting procedure, noting that only delegates with a badge are entitled to vote. Nominees were provided an opportunity to make brief remarks; no comments were offered.

A **MOTION** was made, seconded, and **ADOPTED** to close nominations.

There being no opposition to the slate of candidates, Dr. Liebow called for **ADOPTION** by unanimous acclamation. Dr. Liebow congratulated the new and returning MMA Board of Trustee members.

Dr. Liebow announced the following physicians that have been nominated to serve as MMA officers:

President-Elect:	Daniel Maddox, MD
Secretary/Treasurer:	David Westgard, MD
Speaker:	Mark Liebow, MD
Vice Speaker:	Robert Moravec, MD

Dr. Liebow announced the following physician that has been nominated to serve as first-term At-Large Member of the MMA Board of Trustees:

Macaran Baird, MD

Dr. Liebow announced the following physicians that have been nominated as AMA Delegates and Alternate Delegates:

AMA Delegates:	Ray Christensen, MD; Sally Trippel, MD; and Paul Matson, MD
AMA Alternate Delegates:	John Abenstein, MD; David Estrin, MD; Will Nicholson, MD; and Stephen Darrow, MD

A **MOTION** was made, seconded, and **ADOPTED** to close nominations.

There being no opposition to the slate of candidates, Dr. Liebow called for **ADOPTION** of the slate by unanimous acclamation. Dr. Liebow congratulated the MMA officers, At Large Board of Trustees member, AMA delegates and AMA alternate delegates.

## **XII. Consent Calendar**

Mark Liebow, MD, Speaker of the House of Delegates explained the consent calendar process for acting on the recommendations of the reference committees. Dr. Liebow explained that for an item to be discussed or modified on the floor, it must first be extracted from the consent calendar. Any delegate may request to extract an item, no second or vote is necessary. After all extractions have been requested, the remainder of the items will be acted upon by the House with one vote. Following action on the consent calendar, the House will discuss the items that have been extracted in the order they are presented by the reference committee.

## **XIII. Report of Reference Committee B**

Terrence Cahill, MD, Chair

### **RESOLUTION 200, SIMPLIFICATION OF QUALITY MEASURES FOR MINNESOTA PHYSICIANS**

HOUSE ACTION: RESOLUTION 200 was **NOT ADOPTED**.

RESOLVED, that the Minnesota Medical Association continue to advocate for alignment and harmonization of state and federal quality measures, and be it further

RESOLVED, that the Minnesota Medical Association convene public and private sector community stakeholders to identify statewide high-value quality measurement and improvement priorities, and be it further

RESOLVED, that the Minnesota Medical Association evaluate alternatives to standardized statewide quality measurement and reporting, including methods for individual clinics/medical groups to measure and report on clinical topics that address their practice's needs based on their specific patient populations and gaps in care.

Resolution 200 was submitted by the MMA Committee on Quality.

## **RESOLUTION 201, CHLAMYDIA SCREENING**

HOUSE ACTION: RESOLUTION 201 was **NOT ADOPTED**.

RESOLVED, that the Minnesota Medical Association support annual screening for Chlamydia among all males and females in the 15-25 age range with repeat screening at the discretion of the physician.

Resolution 201 was submitted by the MMA Committee on Public Health.

## **RESOLUTION 202, TEN-MINUTE PHYSICAL ACTIVITY BREAKS OFFERED AS PART OF THE WORKDAY**

HOUSE ACTION: RESOLUTION 202 was **ADOPTED AS AMENDED**.

RESOLVED, that the Minnesota Medical Association (MMA) recommend that employers in Minnesota encourage increased physical activity among their employees where appropriate through worksite wellness programs such as exercise breaks, discounted membership to fitness centers, health coaching, and other proven mechanisms.

Resolution 202 was submitted by the MMA Medical Student Section.

## **RESOLUTION 203, MANDATORY ACCURATE DISCLOSURE OF PROVIDER CREDENTIALS TO CURRENT AND POTENTIAL PATIENTS AND THE PUBLIC**

HOUSE ACTION: RESOLUTION 203 was **ADOPTED**.

RESOLVED, that the Minnesota Medical Association support legislation which mandates by law precise and accurate disclosure of specific academic credentials in all patient interactions, advertising/media, and in public/legislative forums; precise verbal disclosure to patients and/or the public in a professional capacity, and visible title accurate provider ID shall be required by statute to identify fully and transparently provider's degree.

Resolution 203 was submitted by the Twin Cities Medical Society.

**RESOLUTION 204, TREATMENT OF MENTAL AND SUBSTANCE-RELATED DISORDERS IN MINNESOTA**

HOUSE ACTION: RESOLUTION 204 was **ADOPTED AS AMENDED**.

RESOLVED, that the MMA develop and appoint a task force of primary care physicians and psychiatrists to recommend and to oversee the development of good/best direct care and consultation practices consistent with the aims and architecture of the medical home, that meet a reasonable standard of individualized comprehensive evaluation and direct treatment of mental and substance-related disorders.

Resolution 204 was submitted by the Twin Cities Medical Society.

**RESOLUTION 205, RESOLUTION REGARDING DISCONTINUING THE SECURE EXAMINATION AS PART OF THE ABMS MOC PROGRAM**

HOUSE ACTION: RESOLUTION 205 was **ADOPTED**.

RESOLVED, that the Minnesota Medical Association delegation to the American Medical Association direct the AMA to work with the American Board of Medical Specialties to discontinue the requirement for a secure examination as part of their Maintenance of Certification program.

Resolution 205 was submitted by the Lake Superior Medical Society.

**RESOLUTION 206, VACCINATIONS GIVEN IN HEALTHCARE SETTINGS AND IN FOR PROFIT PHARMACIES**

HOUSE ACTION: RESOLUTION 206 was **ADOPTED**.

RESOLVED, that the Minnesota Medical Association work with the Minnesota Department of Health and the Minnesota Legislature to pass legislation requiring that any entity providing vaccines to patients enter the data into the Minnesota Immunization Information Connection registry.

Resolution 206 was submitted by the Lake Superior Medical Society.

## **RESOLUTION 207: PROHIBITING LOW-COST MEDICATION PRIOR AUTHORIZATION**

HOUSE ACTION: RESOLUTION 207 was **ADOPTED AS AMENDED**.

RESOLVED, that the Minnesota Medical Association support prohibiting requirements for prior authorization for medications that are administered for costs less than \$25.00, and be it further

RESOLVED, that the Minnesota Medical Association work with the Minnesota Academy of Family Physicians to meet with the Minnesota Council of Health Plans to institute this prohibition as soon as possible, and be it further

RESOLVED, that if the health plans refuse to abide by this prohibition, that the MMA ask the Minnesota Department of Health to take action as the means to help control health care costs.

Resolution 207 was submitted by the Minnesota Academy of Family Physicians.

## **RESOLUTION 208, REGULATION OF PHARMACY BENEFIT MANAGERS**

HOUSE ACTION: RESOLUTION 208 was **REFERRED TO THE MMA BOARD OF TRUSTEES**.

RESOLVED, that the MMA pursue legislation to regulate Pharmacy Benefit Managers (PBMs) in Minnesota to:

1. require their personnel, especially those making coverage or denial decisions, to be medically knowledgeable and have basic information about the patient's medical status and diagnoses, as supplied by the insurer (a parallel to utilization review protections), especially as there is a pending requirement to have all prior authorizations done electronically;
2. exempt other well-proven and effective medications from prior authorization requirements after they have been reviewed and approved by an appropriate multi-disciplinary formulary oversight group; and,
3. require connectivity and information exchange between insurers and PBMs so that medication coverage decisions are not made without knowledge and understanding of the patient's condition.

Resolution 208 was submitted by the Minnesota Academy of Family Physicians.

#### **RESOLUTION 209, INDOOR TANNING**

HOUSE ACTION: RESOLUTION 209 was **ADOPTED AS AMENDED.**

RESOLVED, that the Minnesota Medical Association (MMA) actively support legislation developed by the Minnesota Dermatological Society with support from the American Academy of Dermatology, the American Society of Dermatological Surgeons, the Minnesota Academy of Family Physicians, and the American Cancer Society, that would prohibit those under 18 years of age from using tanning beds, and be it further

RESOLVED, that the MMA encourage the Minnesota Department of Health and the Minnesota Legislature to establish stronger requirements for the education, training, testing, and re-certification of tanning bed employees and for the posting of warning requirements for customers on the risks of usage.

Resolution 209 was submitted by the Zumbro Valley Medical Society.

#### **RESOLUTION 210, COMMUNITY MEASUREMENT WAIVER FOR QUALITY RESEARCH**

HOUSE ACTION: RESOLUTION 210 was **ADOPTED AS AMENDED.**

RESOLVED, that the Minnesota Medical Association work with Minnesota Community Measurement, through its role on the Minnesota Community Measurement Board of Directors and its work groups and committees, to develop policies that allow for waivers from public reporting of quality data for Minnesota researchers and physicians who are participating in clinical research studies. These policies should consider criteria including but not limited to funding source, topic of research, study registration status, and the degree to which there is conflict with current measure specifications.

Resolution 210 was submitted by the Zumbro Valley Medical Society.

#### **XIV. Report of Reference Committee C**

Marilyn Peitso, MD, Chair

HOUSE ACTION: Reports C-1 and C-2 were **FILED.**

Report C-1, HOD-10 Resolution 301: Disparities between Hospital-Based and Office-Based Reimbursement for Physician Services Committee on Medical Practice and Planning

Report C-2, MEDPAC Report

### **RESOLUTION 300, HEALTH INSURANCE EXCHANGE STUDY**

HOUSE ACTION: Resolution 300 was **ADOPTED AS AMENDED.**

RESOLVED, that the Minnesota Medical Association work with the Minnesota Department of Commerce to ensure physicians are involved in the development of Minnesota's health insurance exchange, and be it further

RESOLVED, that the Minnesota Medical Association study the ramifications of all the options relevant to physician practices and patient care that might be brought forward as part of the implementation of Minnesota's health insurance exchange.

Resolution 300 was submitted by the Twin Cities Medical Society.

### **SUBSTITUTE RESOLUTION 301, GREATER PMAP TRANSPARENCY TO ACHIEVE THE TRIPLE AIM**

HOUSE ACTION: Substitute Resolution 301 was **ADOPTED IN LIEU OF RESOLUTION 301 AND RESOLUTION 303.**

RESOLVED, that the Minnesota Medical Association continue to support transparency of quality of care, cost of care, and physician payment data in the Prepaid Medical Assistance Program and other state-supported medical plans to ensure efficient use of state dollars, quality care delivery, and access to care by patients.

Resolution 301 was submitted by the Twin Cities Medical Society.

Resolution 303 was submitted by the Lake Superior Medical Society.

### **RESOLUTION 302, RESTORE REIMBURSEMENT FOR CONSULTATION CODES**

HOUSE ACTION: Resolution 302 was **REFERRED TO THE MMA BOARD OF TRUSTEES AS AMENDED.**

RESOLVED, that the Minnesota Medical Association adopt as policy that reimbursement for consultation codes should be restored by all payers.

Resolution 302 was submitted by the Twin Cities Medical Society.

#### **RESOLUTION 304, WELLNESS INCENTIVES**

HOUSE ACTION: Resolution 304 was NOT ADOPTED.

RESOLVED, that the Minnesota Medical Association support legislation to provide wellness incentives for all Medical Assistance recipients.

Resolution 304 was submitted by the Range Medical Society.

#### **SUBSTITUTE RESOLUTION 305, AFFORDABLE ASTHMA MEDICATIONS**

HOUSE ACTION: Substitute Resolution 305 was ADOPTED IN LIEU OF RESOLUTION 305 AND RESOLUTION 306.

RESOLVED, that the MMA work with public and private payers to ensure lowest co-pays for at least one inhaled steroid and one short acting beta adrenergic inhaler in their formularies, and be it further

RESOLVED, that the MMA work with public and private payers to ensure coverage for at least one nebulizer and one asthma inhaler spacer, and that any co-pays be at their lowest tier level.

Resolution 305 was submitted by the Minnesota Academy of Family Physicians.  
Resolution 306 was submitted by the Minnesota Academy of Family Physicians.

#### **RESOLUTION 307, HEALTH CARE HOME CERTIFICATION**

HOUSE ACTION: Resolution 307 was ADOPTED AS AMENDED.

RESOLVED, that the Minnesota Medical Association work with the Minnesota Department of Health to evaluate the complexity and administrative burden of the health care home certification and recertification criteria, and be it further

RESOLVED, that the MMA work to extend the time period between health care home certification and recertification.

Resolution 307 was submitted by the Minnesota Academy of Family Physicians.

**RESOLUTION 308, SUPPORT THE MINNESOTA HEALTH PLAN**

HOUSE ACTION: Resolution 308 was NOT ADOPTED.

RESOLVED, that the Minnesota Medical Association support the Minnesota Health Plan that provides universal, publicly-funded health care for all Minnesotans.

Resolution 308 was submitted by Elizabeth Frost, MD.

**XV. Report of Reference Committee A**

John P. Abenstein, MD, Chair

HOUSE ACTION: Reports 01, 02, 03, 04, 05, 06, 07, 08, and 09 were FILED.

Report 01, 2011 Treasure's Report

Report 02, Minnesota Medical Association Foundation (MMAF)

Report 03, MMIC Report

Report 04, HOD-10 Resolution 106: MMA Annual Meeting Executive Committee/Bylaws Committee Report

Report 05, HOD-09 Resolution 101: Non-Staffed Component Medical Societies

Report 06, Health Professionals Services Program (HPSP) Report

Report 07, MMA Annual Report

Report 08, MMA Committee on Leadership Effectiveness and Development-House of Delegates Survey Presentation

Report 09, Board of Medical Practice (BMP) Report

**RESOLUTION 100, MMA BYLAWS CHANGES RELATED TO MMA ANNUAL MEETING**

HOUSE ACTION: Resolution 100 was ADOPTED AS AMENDED.

RESOLVED, the component medical society may authorize MMA to appoint Delegates and Alternate Delegates on behalf of the component medical society. The MMA may appoint delegates for unfilled positions for non-staffed component medical societies no sooner than 75 days before the House of Delegates meeting, and be it further

RESOLVED, that the bylaws changes contained in Exhibit A be adopted.

Resolution 100 was submitted by the MMA Executive Committee/Bylaws Committee.

### **RESOLUTION 101, SUNSET POLICY REVIEW**

HOUSE ACTION: Resolution 101 was **ADOPTED**.

RESOLVED, that the three “questionable” policies identified during the 2011 sunset policy review process be subject to further review by Minnesota Medical Association staff and leadership and recommended action on them be brought to a future meeting of the MMA House of Delegates, and be it further

RESOLVED, that the MMA compendium of archived MMA policies, which contains MMA polices that are no longer relevant but can be consulted for historical or informational reasons, include the attached recommended “archive” policies (39), and be it further

RESOLVED, that the MMA reaffirm support for the attached recommended “retain” polices (8), and be it further

RESOLVED, that the MMA approve and reaffirm support for the attached recommended “retain as edited” policies (9).

Resolution 101 was submitted by the MMA Executive Committee.

### **RESOLUTION 102, THE DEMOCRATIC PROCESS: A) FOR A MORATORIUM ON IMPLEMENTATION OF R106-2010 AND B) FOR FORMATION OF A NEW BYLAWS WORK GROUP**

HOUSE ACTION: Resolution 102 was **ADOPTED AS AMENDED**.

RESOLVED, that the Minnesota Medical Association continue to refine the resolution review process and report back to the 2013 House of Delegates meeting with an evaluation and recommendations for modifications with proposed bylaws changes, if appropriate, consistent with MMA Policy 420.78, and be it further

RESOLVED, that the MMA continue to explore, through the Governance Task Force, the governance responsibilities of the House of Delegates and the Board of Trustees.

Resolution 102 was submitted by Michael Ainslie, MD; Richard Baron, MD; Lee Beecher, MD; Peter Dehnel, MD; Robert Geist, MD; Ron Hansen, MD; Richard Morris, MD; and Thomas Siefferman, MD.

### **RESOLUTION 103, PROHIBIT CMS WAIVERS OF ANTI-FEE SPLITTING LAWS**

HOUSE ACTION: Resolution 103 was **NOT ADOPTED**.

RESOLVED, that the Minnesota Medical Association request that Congress and the Administration prohibit federal officers from giving waivers that would repeal patient protection laws including anti-fee splitting laws, civil monetary penalties laws, Stark anti-self referral law, and anti-kickback laws, and be it further

RESOLVED, that the Minnesota Medical Association implement this resolution by addressing it to the United States Congress, the appropriate congressional committees, the Minnesota members of Congress, appropriate officers in the executive branch of the US government, the Minnesota Legislature, and appropriate Minnesota state officers in the executive branch.

Resolution 103 was submitted by the Twin Cities Medical Society.

### **RESOLUTION 104, INDEPENDENT PRACTICE**

HOUSE ACTION: Resolution 104 was **NOT ADOPTED**.

RESOLVED, that the Minnesota Medical Association assess the prevalence of, location, and identified special needs of independent physician practices in Minnesota, and be it further

RESOLVED, that the Minnesota Medical Association hold as a priority, in its state and federal policy and advocacy activities, the survival and success of Minnesota independent physician practices.

Resolution 104 was submitted by the Twin Cities Medical Society.

### **RESOLUTION 105, EMPLOYMENT OF PHYSICIANS BY ORGANIZATIONS WHO PROVIDE DIRECT PATIENT CARE**

HOUSE ACTION: Resolution 105 was **ADOPTED AS AMENDED**.

RESOLVED, that the Minnesota Medical Association amend current policy 470.04 (Minnesota Professional Firms Act) to reflect current Minnesota law. The amended policy will read as follows: The MMA opposes any amendments to the Minnesota Professional Firms Act that would further erode the corporate practice of medicine doctrine or reduce physician autonomy.

Resolution 105 was submitted by the Twin Cities Medical Society.

#### **RESOLUTION 106, VALUING, TRACKING AND COMMUNICATING RESOLUTIONS PASSED BY THE MMA HOUSE OF DELEGATES**

HOUSE ACTION: Resolution 106 was **ADOPTED AS AMENDED.**

RESOLVED, that the Minnesota Medical Association attach the names of all individual authors and appropriate component medical society authors to all resolutions submitted to the House of Delegates, and be it further

RESOLVED, that MMA ask resolution authors, or their designee, to testify, if necessary, on their proposals at meetings of the MMA Board of Trustees and MMA committees, and be it further

RESOLVED, that MMA continue to improve communications to members and delegates on resolutions passed by the House of Delegates.

Resolution 106 was submitted by the Twin Cities Medical Society.

#### **RESOLUTION 107, COLLABORATIVE LEGAL REFORM FOR MALPRACTICE REFORM IN MINNESOTA**

HOUSE ACTION: Resolution 107 was **REFERRED TO THE MMA BOARD OF TRUSTEES.**

RESOLVED, that the Minnesota Medical Association support medical malpractice reform that investigates the possibility of enacting the collaborative law participation agreement as drafted by the National Conference of Commissioners on Uniform State Laws as part of the Uniform Collaborative Law Act in Minnesota.

Resolution 107 was submitted by the Minnesota Academy of Family Physicians.

## **RESOLUTION 108, MCLEOD-SIBLEY MEDICAL SOCIETY MERGER**

HOUSE ACTION: Resolution 108 was **ADOPTED**.

RESOLVED, that the McLeod County Medical Society and the Sibley County Medical Society merge to become the McLeod-Sibley Medical Society.

Resolution 108 was submitted by the Non-Staffed Component Medical Society Workgroup.

### **XVI. Adjournment**

Dr. Mark Liebow expressed his thanks to the members of the House of Delegates. There being no further business, the meeting was adjourned at approximately 3:15 pm.