

MINUTES

COMMITTEE ON LEIGISLATION December 9, 2008

Members Present:

Benjamin Whitten, MD, Chair
Kristin Benson, MD (via conf. call)
V. Stuart Cox, MD
Cindy Firkins Smith, MD (via conf. call)
Ronnell Hansen, MD
Daniel Maddox, MD (via conf. call)
Melissa Mohrenweiser, MD (via conf. call)
Gabriel Sciallis, MD (via conf. call)
Patrick Zook, MD (via conf. call)
Gillian Munitz, (MSS) (via conf. call)

Staff Present:

Sara Noznesky
Dave Renner

Guests Present:

Jack Davis, WMMS
Frank Iossi, Mayo Clinic
Walter Rothwell, PA-C, MAPA
Sue Schettle, EMMS
Daron Gersch, MD (2009 Member)

Members Absent:

Macaran Baird, MD
Thomas Flynn, MD
Michael Krowka, MD
Paul Sanford, MD
Joseph Sivak, MD
Vivek Iyer, MD (RFS)

I. Call to Order & Introductions

Benjamin Whitten, M.D., Chair, called the meeting to order at 6:00 p.m.
Attendees introduced themselves.

II. Approval of Minutes of the July 29, 2008 Meeting

The minutes of the July 29, 2008 meeting were reviewed and approved.

III. House of Delegates Resolution Review

Dave Renner, Director of State and Federal Legislation provided an overview of resolutions that were adopted by the MMA House of Delegates in September relating to the work of the committee. The committee reviewed the resolutions and discussed potential implications for legislative actions for new policy.

- **Res. 100 Student Loan Forgiveness Programs for Rural Physicians:** This resolution calls to the MMA to advocate for an expansion in the number of positions available to primary care physicians and to secure an annual funding source for the loan forgiveness program. Currently, the program is funded through the Health Care Access Fund. Gabe Sciallis, M.D. suggested that the MMA via the AMA pursue assistance from the federal government in the form of an interest rate reduction. The committee also discussed whether a portion of the surplus in the Fund could be allocated to loan forgiveness. Cindy Firkins-Smith, M.D. expressed frustration that so much of health care reform will be placed on the backs on primary care providers, yet it is difficult to relieve a portion of the burden of the cost of training.

- **Res. 300 Providing Health Care to Undocumented Residents:** This resolution calls for the MMA to oppose any legislative efforts to require proof of citizenship as a condition of providing care, criminalize or punish physicians for providing care to undocumented immigrants or require physicians to collect and report data on legal resident status.
- **Res. 306 Adequate Access:** This resolution affirms support for enhanced access to medical care. In light of the projected state budget deficit, the committee discussed the ways the MMA could respond to threats to the health care safety net.
- **Res. 401 Requirement of Minnesota School Districts to Provide Physical Education for Grades K-8:** This resolution calls on the MMA to support increased levels of physical activity for students in grades K-8. Mr. Renner explained that previous MMA policy had been focused on high school physical education requirements. V. Stuart Cox, M.D. pointed out that the resolution also expands the focus of the MMA efforts beyond physical education and into other activities that increase physical activity such as recess.
- **Res. 402 Advocate for Strategies to Address Antimicrobial Resistance (STAAR) Act:** This resolution calls for the MMA to support efforts of the AMA to pass the STAAR Act.
- **Res. 404 Reporting All Immunizations to the Minnesota Immunization Information Connection (MIIC):** Although this resolution did not call for the MMA to introduce legislation, the MMA will work with the Minnesota Department of Health to explore what action is necessary to facilitate schools ability to download immunization records to the MIIC.
- **Res. 405 Changing MMA's Policy Statement on Embryonic Stem Cell Research:** In the past the MMA had no position on the issue due to related controversy. The change aligns MMA policy with existing AMA policy on stem cell research. In the event the issue comes up at the capitol, this new policy will inform our response.

IV. Election Recap

Dr. Whitten drew the committee's attention to a handout listing members of the legislature, highlighting new members. Sara Noznesky, Manager of Legislative Affairs explained that all members of the House of Representatives were up for reelection and there were two special elections in the Senate. In the House, 95 percent of incumbents were re-elected. 3 Republican incumbents lost and 3 DFL incumbents lost. There were 13 open seats. Overall, the DFL picked up two additional seats, bringing the total of DFL House members to 87. There will be 47 GOP House members in 2009/2010, still maintaining the ability to uphold a veto from the Governor.

In the Senate, one of the races was won by newcomer Lisa Fobbe (DFL-Princeton), a physician spouse. The committee discussed pleasure at the growing number of physician spouses serving as legislators but disappointment that there are still no physicians in the Legislature.

V. **State Budget Projections**

Dr. Whitten drew the committee's attention to a handout outlining the November 2008 Budget Forecast from the state Department of Management and Budget. There is a projected deficit of \$426 million for the current biennium, ending July 2009. The projected fiscal year 2010-2011 budget shortfall has grown to \$4.8 billion (approximately 14 percent of the state budget) and they are projecting a longer and deeper recession than previously anticipated. The deficit is a result of decreasing state revenue and increasing expenses. A large portion of the growth in government spending during this time is projected to be in the areas of Health and Human Services spending. The committee discussed the immediate and looming deficit at length. Aside from spending on K-12 education, HHS is the next largest area of government spending and is usually one of the primary targets for cuts.

Mr. Renner reported rumors that legislators are considering a number of options including reimbursement cuts, an expansion of the sales tax to all services, cuts to eligibility or programs along side other revenue raisers and program cuts. He encouraged the committee to consider what other options the MMA could suggest to legislators to help them close the budget gap. A representative from the Hospital Association was recently quoted as being willing to consider an increase in the provider tax. The committee quickly rejected that idea due to a lack of trust that an increase would be spent properly given the state's history with the HCAF. Staff also reported that some advocacy groups are considering suggesting that the state consolidate all health care taxes (including the premium tax, indemnity tax, MCHA assessment, hospital surcharge and provider tax) into a higher provider tax. Though indirect, past experience with eligibility cuts, increased co pays and other "cost saving" techniques is that they essentially amount to cuts to physician providers. The MMA will poll its members in the New Year to guide decision making related to the budget.

VI. **State Health Care Program Reimbursement Campaign**

Related to the state budget, Mr. Renner provided an overview of physician reimbursement in the Fee for Service Medicaid program. The MMA Board of Trustees has approved a long-term campaign to obtain a payment increase for providers who care for patients covered by Minnesota's Medicaid programs: MinnesotaCare, Medical Assistance (MA) and General Adult Medical Care (GAMC). Physician reimbursement under these safety net programs is the lowest among all public and private payers. With the exception of mental health providers, Minnesota physicians have received only one 3 percent increase during the last 16 years, though practice costs have escalated dramatically during that time period.

Since the last 3 percent bump in 1999, the consumer price index has increased by more than 21 percent. Minnesota's reimbursements for office visits, evaluation and management services, for example, are considerably lower than in its

neighboring states – Iowa, North Dakota, South Dakota and Wisconsin. This is largely due to the fact the DHS never implemented an RVU-based system for reimbursement.

Though the campaign's long-term goal is a payment increase, Mr. Renner explained that this year's short-term goal is to avoid a cut that could threaten physicians' ability to continue to treat this patient population as earlier discussed.

Committee members expressed frustration with reimbursement for these state programs and speculated as to why their colleagues have not been more vocal about the low rates. They speculated as to how long physicians in Minnesota will continue to accept patients enrolled in these programs.

VII. Health Care Reform Update

Although health care reform has moved from the spotlight of the legislature with passage of legislation in 2008, efforts to implement reform are in full force and are being coordinated by the Department of Health. Ms. Noznesky said that the MMA has transitioned monitoring of the reforms to a special Health Care Oversight Task Force to monitor and track progress of implementation activities, identify issues and recommend policy positions in response to topics under consideration at MDH. Dr. Whitten as President-Elect and Dr. Cox as Chair of the Legislative Committee in 2009 have both been appointed to the Task Force. Committee member Dr. Firkins-Smith is also a member of the Task Force.

VIII. 2009 Priority Setting

Committee members reviewed the internal priorities grid and discussed a number of issues:

1. **Physicians Assistants:** At the last meeting of the committee, Walter Rothwell, PA presented draft legislation to change their regulatory title to licensure and remove the cap on the number of PAs a physician may supervise. The Minnesota Society of Physician Assistants has since modified their proposal to raise the cap from 2 to 5 rather than eliminate a cap altogether. The MMA Medical Practice and Planning Committee reviewed the information and was not concerned with the legislation in light of the changes. Dr. Cox made a motion to support the PA bill which was seconded and unanimously supported by the committee.
2. **Newborn Screening:** Ms. Noznesky briefed the committee on recent activity related to the newborn screening issue. The MMA supports the newborn screening program and will wait to articulate whether we support or oppose any legislation until we see bill language.
3. **Nurse Practitioners:** Dave Renner described the recent work of the Health Care Reform Workforce Shortage Work Group to committee

members. Along with the PA language previously discussed, the work group may make a recommendation related to independent prescribing authority for nurse practitioners. Two MMA members are serving on the work group: Randy Rice, M.D. from Moose Lake and Dave Thorson, M.D. from White Bear Lake (representing MAFP). The committee raised concern over allowing full prescribing authority without written collaborative agreements resulting in Nurse Practitioners practicing as physicians. The issue was discussed at the November meeting of the Board of Trustees and similar concerns were raised. Drs. Thorson and Rice are working on a compromise with MDH and the Minnesota Nurses Association.

4. Perfusionists: Perfusionists are planning to seek legislative approval to create licensure status for the profession and have approached the MMA for support of their bill. Committee members discussed the issue and decided they needed to seek input from their colleagues in anesthesiology and other specialties prior to making a decision on support of the legislation.

The committee also discussed whether medical liability reform and repeal of the provider tax should remain as priority issues for the MMA in 2009 in light of the political and budget environment. Committee members agreed that since MMA policy and members still support the issues, the issues should remain as legislative priorities, albeit at a lower priority.

IX. 2009 Meeting Dates

The committee approved the following meeting dates for 2009: Tuesday, January 20th, Monday, February 23rd, Wednesday, June 24th, and Tuesday, October 13th. Staff will work to resolve conflicts with the proposed April meeting date and send an announcement to committee members via email.

X. Other Business

Dr. Whitten reminded committee members about the 2009 MMA Day at the Capitol scheduled for Thursday, February 5th, 2009 and encouraged committee members to attend.

Committee members, guests and staff thanked Dr. Whitten for his service as Chair of the committee as he transitions into a new role as President-elect of the MMA. Dr. Whitten thanked committee members for their participation as well. V. Stuart Cox, MD will be chair of the committee beginning in January.

XI. Adjournment

There being no further business, the meeting was adjourned at 7:55 p.m.