

MMA president meets with governor



MMA CEO Robert Meiches, M.D., (left) Gov. Tim Pawlenty, and MMA President G. Richard Geier, M.D., met to discuss a smoking ban in public places and health care reform.

MMA President G. Richard Geier, M.D., met with Gov. Tim Pawlenty on the opening day of the 85th legislative session to discuss the state's need for health care reform and a ban on smoking in public places.

Geier, MMA CEO Robert Meiches, M.D., and MMA staff met with the governor in his office at the Capitol for about 30 minutes.

Geier spoke with the governor about the dangers of second-hand smoke and in particular side-stream smoke—the smoke

from the burning end of the cigarette that is even more toxic than the smoke inhaled by smokers. Additionally, Geier said that research shows smoking bans in Minnesota communities have not caused liquor and food sales to drop.

Geier said he was pleased Pawlenty expressed a willingness to support a statewide smoking ban in bars and restaurants. "He's willing to be more visible on the issue and provide more support than in the past."

During previous sessions, Pawlenty said he would sign a bill banning smoking in bars and restaurants but not actively work to pass it.

On the downside, Geier was disappointed the governor did not seem to support a ban that would also include private clubs, such as country clubs or VFW halls.

Geier also thanked the governor for his administration's participation in Healthy Minnesota: A Partnership for Reform, which is a health care reform project that includes government, business, and health care leaders.

Two of Pawlenty's cabinet members, Cal Ludeman, commissioner of the Minnesota Department of Employee Relations, and Dianne Mandernach, commissioner of the Minnesota Department of Health, serve on the project's steering committee, which has been meeting for about a year.

Geier said the governor did not make any concrete commitments regarding health care reform, but added "He seems to be going in the right direction and there are a lot of overlaps and compatibilities with the MMA's position." ■

DFL and Governor put forward health reform plans

During the first few weeks of the legislative session, DFL Senate leaders and the Gov. Tim Pawlenty put forward health care reform plans. The DFL has proposed achieving universal coverage by expanding state programs. Gov. Pawlenty wants to cover 23,000 more Minnesotans and create a nonprofit, The Minnesota Health Insurance Exchange, that would help individuals buy insurance.

Here's a look at the DFL and Pawlenty proposals.

DFL Senate proposal

State Sen. Linda Berglin, DFL Minneapolis, chair of the Senate Health and Human Services Budget Committee, introduced S.F. 2, the "2007 Health Care Package." She promised it could benefit as many as 40,000 uninsured Minnesotans by enrolling them in the state's safety net health insurance programs, MinnesotaCare, General Assistance Medical Care (GAMC), and Medical Assistance (MA), according to a press release from Berglin. Her plan also calls for a 6 percent annual cap on premiums and a constitutional amendment.

The proposal would allow more farmers, low-income single adults, and employees of small businesses (2 to 50 employees) to enroll in MinnesotaCare.

To make joining a state plan easier, the bill cuts the enrollment application from 26 to four pages. Berglin wants to elimi-

nate copayments for GAMC and MA enrollees. She estimates that about one-third of the people who qualify for state programs don't enroll.

The package would also create a prescription-drug discount program for low- to middle-income earners.

The DFL plan lacked a price tag, but Berglin's similar bill last year would have cost about \$120 million. To fund the measure, the state would tap the Health Care Access Fund, which has a surplus of \$188 million.

Pawlenty offers small-step, market-based approach

The day after Berglin's announcement, Gov. Pawlenty put forward a plan that would cover 23,000 more adults and children and create a nonprofit that would help individuals get more affordable health insurance.

Pawlenty said his proposal was an incremental step toward achieving universal coverage.

In his view, now is not the right time for universal coverage. It's a worthy goal, but added, "Providing more access to a broken system is not the complete solution."

Under the banner of more access, Pawlenty proposed increasing the eligibility of children for MinnesotaCare by

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The MMA is committed to providing members with timely health care news online. Visit www.MMAonline.net to read the latest news and member benefits.

Get "My Medicine List," a handy form patients can use to track their medications.

Learn new poll results about how many Minnesotans support a statewide smoking ban in bars and restaurants.

Register for MMA Day at the Capitol, March 1.

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changing the age limit from 18 to 21 for a family of four making less than \$60,000 or an increase from the current cutoff of 275 percent of the poverty line to 300 percent.

In total, the eligibility changes would result in 13,000 more children and 10,000 more adults being eligible for the program. This falls short of his earlier call to cover all of the state's 80,000 uninsured children. His plan would cost about \$88 million for two years.

Pawlenty also put forward ideas for updating MinnesotaCare by creating MinnesotaCare II, an alternative set of private market plans that would have lower premiums and higher deductibles and copays. He proposes rewarding enrollees for healthy behaviors by providing them with bonuses.

Nonprofit insurance exchange

Pawlenty proposed establishing a nonprofit entity called the Minnesota Health Insurance Exchange to help individuals buy insurance that he estimates would help as many as 35,000 Minnesotans.

This entity would be a one-stop shop that would help individuals compare policies available in the private market from insurers such as HealthPartners, Medica, and others.

The state would prohibit these insurers from selling individual policies outside of the exchange.

The exchange would also administer accounts that would allow individuals to use pretax dollars to pay their premiums, which is the same advantage enjoyed by people who have their coverage provided by their employer.

The governor's plan would require all employers with more than 10 employees to set up such accounts by creating Section 125 plans at the exchange. Pawlenty said the exchange would help relieve employers of the burden of administering these accounts. The governor would not require employers to contribute to the accounts.

Copying Utah

His plan also calls for Minnesota health insurers to emu-

late those in Utah and agree upon and adopt uniform billing standards. Pawlenty said he had met with the state's largest insurers and that they agreed to work toward the goal.

Pawlenty also sees a need for common standards that would allow exchanges of information between the electronic medical record systems of different providers. Pawlenty plans to push for a set of Minnesota standards if the U.S. Congress fails to adopt national standards within the next year.

Individual coverage mandate

At the press conference, Pawlenty commented on whether the state should pass an individual mandate that all Minnesotans have health insurance. Massachusetts has such a requirement, and the MMA has recommended one be adopted here.

Pawlenty said he was not completely closed to the idea, but that he had concerns about mandating that more people join a broken system. He also wondered whether it would actually increase coverage rates, since about 18 percent of drivers disobey the state's law requiring car insurance.

MMA response

Dave Renner, MMA director of state and federal legislation, said each proposal has its merits.

The MMA supports the goal of universal coverage but would have some concerns about shifting people from the private market to MinnesotaCare, which is already an underfunded program, Renner said.

As for the governor's proposal, he said, "We're glad to see something on the table and it is moving in the right direction, but it doesn't go far enough. It doesn't achieve universal coverage."

Healthy Minnesota: A Partnership for Reform is also considering introducing a bill. Renner says this proposal may serve as middle ground and bridge the gap between

Republicans and DFLers, because it is a market-based approach for achieving universal coverage.

Healthy Minnesota: A Partnership for Reform, was sparked by MMA reform ideas and is led by a 26-member steering committee includes leaders from government, industry, and health care.

Its plan will likely be the only comprehensive plan that would attempt to affect the problem areas of health care including rising costs, lack of access, and inconsistent quality, he said. ■

■ PREVENT INJURIES

Seat belt law passes committee



The Senate Transportation Committee approved a bill in January that would allow police to stop and ticket motorists simply for not wearing their seat belts.

The MMA has long supported this measure, which has passed the Senate three other times but suffered defeats in the House. Gov. Tim Pawlenty has said he would sign the bill.

Alan Beal, M.D., a trauma surgeon at North Memorial Medical Center, testified in favor of S.F. 16 on behalf of the MMA. Beal told the committee that traffic crashes kill more children each year than all other childhood diseases and that wearing a seat belt reduces the risk of death and severe injury by more than 50 percent.

Beal said he frequently cares for crash victims.

"The impact on a body from a crash at 35 mph while not wearing a seat belt is the equivalent of falling from a third-story window," Beal said.

Minnesota has had a "secondary" seat belt law since 1986 that allows an officer to ticket motorists after stopping them for another traffic violation. Today, about 80 percent of Minnesotans comply with the law. It's estimated that changing the law would result in a 90 percent compliance rate.

Passing the stricter seat belt requirement won't put North Memorial's trauma unit out of business, Beal said, but it would reduce the number of times he must be the "bearer of bad news" and tell loved ones that a family member has died.

"The worst part of my job is dealing with family and friends of those who have been injured or have died," Beal said. "It's particularly frustrating when seat belts were not used and I know that 50 percent or more of the injuries and deaths could have been prevented." ■

■ STAY POLITICALLY ACTIVE

Spend a day at the Capitol March 1

For the third year in a row, the MMA's Day at the Capitol will also include a grassroots advocacy training session. Texas health care lobbyist Joe Gagen will lead the morning session. The day's schedule will include advocacy training, lunch, a rally, and meetings with lawmakers. Physicians can receive three continuing medical education credits for the event. Member and nonmember physicians are welcome to attend, as are partners, medical students and residents.

Partial day attendance is OK, though the \$30 attendance fee still applies.

To add a bit of fun, the local medical society with the highest percentage of members will be awarded a trophy. ■

Schedule

8:30 a.m. Registration begins

9 - 12 p.m. Joe Gagen, Legislative Grassroots Trainer

12 - 12:30 p.m. Session for MEDPAC members: The Inside Scoop

12 - 1:30 p.m. Lunch/break time

1:30 - 2 p.m. Walk to the Capitol (transportation will be available)

2 p.m. Group photo (Capitol steps, weather permitting; otherwise in Rotunda)

2-2:30 p.m. Physician rally in the rotunda

2:30-5 p.m. Legislator visits and guided tours



Imaging debate heats up

Controversy is heating up over Medica's new requirement for a consultation before doctors can order high-tech imaging. Park Nicollet Health Services has sent a letter to Medica informing them that they are opting out of the program and, instead, will implement a computer-based system to assist doctors with imaging decisions that should be available by summer.

Park Nicollet's letter asks for patience while they implement "an efficient and proven tool" for ordering and reviewing high-tech images. "We are not willing to waste valuable clinical and administrative resources to comply with an administrative process that is woefully inefficient and has not been shown to add value to the patient or payer of services," Park Nicollet CEO David Wessner said in the letter to Medica, as reported in the *Star Tribune*.

The Institute for Clinical Systems Improvement (ICSI) has established a working group of doctors and insurers to develop a uniform process for ordering evidence-based high-end imaging. It is hoped this would eliminate the consultation requirement.

The MMA Board of Trustees was reviewing the situation in January. The MMA is interested in your experiences: How long does the process take? How much of a hassle has it been? How has it affected your ability to help your patients? Send an e-mail to MMA CEO Robert Meiches, M.D., at rmeiches@mnmed.org. ■



Visit www.MMAonline.net to learn the MMA's stand on insurer's new imaging policies.

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■ CARE FOR SENIORS

Bush signs bill stopping Medicare pay cut

President Bush signed a tax, trade and health care bill, HR 6111, in January that includes a provision to reverse a 5.1 percent reduction in Medicare physician reimbursements scheduled for 2007.

Congress passed the measure at the end of December.

The measure offsets the cost of the 2007 freeze by using money from the Medicare stabilization fund, which was created to encourage private health plans to participate in the Medicare program. There was speculation earlier in the year that Congress would pay for this year's freeze with deeper cuts in the future.

The law also keeps a change in the way Medicare adjusts for geographic differences that benefited Minnesota, which was expected to sunset at the end of this year.

The law also includes funding for pilot

projects in eight states that would test the "medical home" approach to treating patients.

The law also moves forward Congress's and the administration's agenda to insert pay-for-performance concepts into the Medicare program. The law proposes adding a 1.5 percent payment incentive for some Medicare payments for physicians who voluntarily report their performance on certain quality measures.

The law seems to limit the 1.5 percent bonus to payments for treatments for which the physician provides quality reports.

It also uses a complicated formula to cap the total bonus payments physicians can receive, which may act as a disincentive to voluntary participation. ■

■ SUPPORT PUBLIC HEALTH

Minnesota anti-smoking efforts lag behind other states

Minnesota is falling behind other states in tobacco control, according to a report in January by the American Lung Association (ALA). The association measured states' performance in four areas: tobacco program funding, a statewide smoke-free law, youth access policies and cigarette excise taxes.

For the fifth consecutive year, Minnesota's lack of a statewide tobacco control law earned the state an "F" for smoke-free air despite the state's six county and 11 municipal smoking ordinances. The ALA only examines state-wide laws regulating indoor smoking.

"It's a disgrace that Minnesota, the leading state in health and health care is so far behind the curve in banning smoking in all public places. I am optimistic that the legislature is getting the message from all the local initiatives and will finally pass a ban this year," said MMA President G. Richard Geier, M.D. Minnesota scored a "C" in tobacco program funding, down from a "B" grade last year. Currently, Minnesota earmarks \$22,821,282 for tobacco programs. The Centers for Disease Control recommend a best practices range of \$28,624,000 to \$74,013,000 for funding. Minnesota received a "C" for laws restricting youth access and for its cigarette excise tax rate. Both grades were unchanged from last year's report. ■

■ **FAST FACT:** Currently, Minnesota earmarks \$22.8 million for tobacco programs, which is less than the CDC recommends.

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■ SUPPORT THE MMA

Are your dues late?

It's time to renew your membership in the Minnesota Medical Association (MMA). Don't be late. Please send in your MMA dues. The deadline was January 31.

Membership in the MMA is an investment in your professional future. United, physicians can promote excellence in health care, ensure a healthy practice environment and preserve professionalism in medicine. There's much work to be done in 2007 such as passing a statewide smoking ban and continuing to push for health care reform.

The MMA member relations staff can be reached at 612/378-1875 or 800/DIAL-MMA (ext.747) or duesprocessing@mmed.org. ■

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2007 MID-WINTER FAMILY GATHERING

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