

Medicare payment to be lame-duck issue

Physicians will need to keep the pressure on Congress to stop a cut in Medicare payments when it reconvenes for a lame-duck session in November.

Contact your Congressional representative by sending an e-mail from the MMA's Grassroots Action Center or by calling the AMA Hotline at 800/833-6354.

Congress adjourned in September without stopping a looming 5.1 percent cut in Medicare payments to physicians.

Lobbyists for organized medicine had been pushing Congress to resolve the issue before the November elections. The next chance to stop the cuts will occur when Congress reconvenes on November 13 in a lame-duck session, a meeting of Congress held after elections, but before the newly elected Congress convenes.

Dave Renner, MMA director of state and federal legislation, said it is unclear what will happen during the session regarding this issue, and it is still possible that Congress will allow the cuts to take effect in 2007.

"These cuts could still go through, so we're encouraging our members to keep the pressure on new or returning Congressional members to commit to fixing this problem and stopping the cuts," he said.

There is even disconcerting speculation that Congress might wait for the release of a March 2007 report from the Medicare Payment Advisory Commission before resolving the issue, Renner said.

However, William Hoagland, the top budget aide to Senate Majority Leader Bill Frist, M.D. (R-Tenn.), told health insurance industry officials in September that Congress likely will address the scheduled 5.1 percent reduction in Medicare physician reimbursements this year, according to a report in *Congressional Quarterly HealthBeat*.

The story quoted Hoagland as saying the five-year cost for keeping payments flat would be \$11 billion, \$13 billion to \$15 billion for a 1 percent increase, and \$40 billion for the 3 percent increase sought by physicians. A competing consideration is that Congress is also considering waiving the late penalty for Medicare Part D, which would cost about \$600 million, he said.

It's easy for MMA members to contact their Congressional representatives by sending them an e-mail through the MMA's Grassroots Action Center or by calling the AMA Hotline at 800/833-6354 to be patched through to their representative.

In 2005, Congress failed to stop the cuts and ended up rescinding them retroactively in 2006. This year, the potential cuts have actually deepened. In August, the Center for Medicare and Medicaid Services said the cuts would be 5.1 percent instead of the expected 4.7 percent to offset the cost of greater utilization of physician services by Medicare beneficiaries. ■

Annual meeting sparks new priorities

Resolutions approved at the MMA's 153rd Annual Meeting in September are already affecting the association's priorities for the 2007 legislative session, which starts in January.

Physicians approved about half of the resolutions submitted to the House of Delegates.

For example, in response to R201, which calls for the MMA to support a 10 cents-a-drink increase in the alcohol tax, MMA staff plans to meet with other groups that support such a tax increase, such as Minnesota Join Together, a coalition group, which includes the MMA, that is fighting youth drinking.

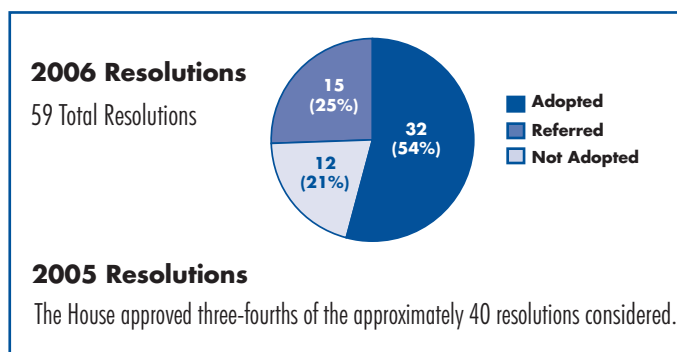


David Strobel, M.D., testifies before the MMA House of Delegates.

The MMA's legislative team is also set to meet with staff from the Minnesota Pharmacists Association to discuss R403 that calls for the MMA to introduce legislation that requires pharmacies to have protocols for immediately fulfilling a request for emergency contraception. Another leg-

islative priority for 2007 will be to lobby for the creation of a Health Care Access Fund committee that would advise the Legislature and strive to ensure that the fund's money is used for health care.

On the national level, House delegates approved four resolutions calling for action from the American Medical Association (AMA). The MMA's AMA delegation will bring these resolutions to the AMA's annual meeting in June. The



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GO ONLINE
www.MMAonline.net

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

Read about the MMA's two-year contract from Blue Cross to help physicians push public smoking bans in their communities.

Visit the MMA's new quality and patient safety Web site that has useful links, info, and the MMA Quality Review.

Learn the latest MN Community Measurement results expected Nov. 1.

See the complete listing of resolutions that passed, failed, or were referred to the MMA board.

Freedom to breathe in Minnesota



rants. A total of 301 Olmsted County registered voters were interviewed by telephone in August. More than eight out of 10 respondents strongly favor the current law. In addition, 85 percent of respondents said that the rights of customers and employees to breathe clean air are more important than the rights of smokers to smoke inside bars and restaurants.

Duluth says no to smoking near medical facilities

The Duluth City Council expanded the city's smoking ordinance to prohibit smoking in outdoor public space within 100 feet of all hospitals and clinics.

It passed an amendment that prohibits smoking on publicly owned streets, sidewalks, parking areas, and in public outdoor areas within 100 feet of hospitals, and medical or dental clinics.

Duluth was the second Minnesota city, after Moose Lake, to ban smoking in restaurants and other indoor public places. According to the American Lung Association of Minnesota, 39.8 percent of Minnesotans are protected by smoke-free ordinances. This includes citizens in the counties of Hennepin, Ramsey, Olmsted, Beltrami, Meeker, and McLeod, and the cities of Cloquet, Duluth, International Falls, Mankato, Moorhead, and Moose Lake.

North Mankato residents support ban

A large majority, 74 percent, of North Mankato residents want to go smoke free, according to a study released by the American Lung Association of Minnesota in September. The issue cuts across party lines with 66 percent of Republicans, 59 percent of Democrats, and 63 percent of independents indicating they were more likely to support candidates who favor a smoke-free ordinance. ■

■ Fast Fact:

Only 39.8 percent of Minnesotans are protected by smoke-free ordinances, according to the American Lung Association of Minnesota.

Local politicians are getting the message that residents strongly support smoking bans in public places. Here's a roundup of some of the recent smoke-free related activities from around the state.

Olmsted County residents want smoking ban expanded

Olmsted County Public Health released survey results showing Olmsted County residents overwhelmingly support the current law that bans smoking in restau-

Colorado smoking ban saved lives

A 2003 smoking ban for workplaces and public buildings in Pueblo, Colo., resulted in a 27 percent decrease in the number of heart attacks, according to a study in *Circulation: Journal of the American Heart Association*.

During 18 months after the ordinance took effect, hospital admissions for heart attacks in Pueblo dropped 27 percent compared with the 18 previous months.

"You can save lives with drugs and expensive, sophisticated devices, but this single community action led to 108 fewer heart attacks in an 18-month period," lead author Carl Bartecchi, M.D., said in an American Heart Association press release about the study. "Each hospital admission for a heart attack costs an average of \$20,000 here in Pueblo, so in addition to saving lives, non-smoking ordinances also save a lot of money," he added. ■

■ ANNUAL MEETING 2006

Annual Meeting continued from page 1

AMA House of Delegates has two meetings a year. The fall meeting is restricted to advocacy topics (for example, those calling for legislation), whereas the summer meeting is more general.

The resolutions that the MMA's AMA Delegation plans to bring forward in June include R204, which asks the AMA to promote the study of insulin-resistant diabetes; R406, which calls for more readable and understandable patient consent forms; R409, which advocates the study of restricting direct-to-consumer ads for sleeping pills; and R411, which calls for a study of the psychiatric bed shortage. ■

■ SAVE KIDS FROM OBESITY

Play character makes marathon appearance

The Food Pyramid Mummy promoted the power of fitness and nutrition during an appearance in the Harry & Shelly's Mascot Invitational, which was part of the Twin Cities Marathon festivities.

The Food Pyramid Mummy is a main character in *The Power of the Pyramid*, a 30-minute play that teaches kids they have the power to eat well and get fit. It is performed by the National Theatre for Children, based in Minneapolis. The Minnesota Medical Association, Allina Hospitals & Clinics, and PreferredOne are co-sponsors of the play and its accompanying education program which has been widely performed and presented in Twin Cities' schools.

The MMA is seeking partners interested in sponsoring performances of



The triumphant mummy character following the Mascot Invitational. Photo courtesy of The National Theater for Children.

The Power of the Pyramid in greater Minnesota. The mummy ended up winning the race by beating fourteen other mascots including the DNR Catfish, the State Fair Gopher, and Hearty from the American Heart Association. ■

Interested in sponsoring *The Power of the Pyramid* play?

Please contact MMA Communications Director Lorrie Holmgren at 800/DIALMMA (800/342-5662) or lholmgrn@mnmed.org.



MMA opposes Rochester train plan

The Minnesota Medical Association (MMA) has asked the Federal Railroad Administration and Congress to halt a scheme that threatens to disrupt emergency services and endanger critically ill patients at Mayo Clinic and two other medical centers in Rochester.

The Dakota, Minnesota & Eastern Railroad (DM&E) proposes to update and extend its central rail from Wyoming to Winona, so it can haul coal from the Powder River Basin to the Mississippi River. It projects that as many as 34 or more mile-long trains carrying unrestricted cargo will be traveling at street level through the heart of Rochester each day.

Here is an excerpt from an op/ed piece the MMA sent to the *Rochester Post Tribune* in October:

“The Dakota, Minnesota and Eastern railroad has such a dismal safety record that increasing the speed of the trains it sends through Rochester raises the possibility of derailments, spills of toxic materials, release of poisonous fumes, fires, and explosions. There would be no way to protect the approximately 1,500 patients close to the rail line in case of a serious emergency. It would be impossible to evacuate a large number of critically ill patients fast enough to ensure their safety and continue their care.

How serious is the danger? The DM&E has a higher-than-average accident rate and the problem is not just caused by inadequate tracks. There have been numerous Code of Federal Regulation infractions regarding hazardous materials, leaking tank cars, and unsecured boxcars.

Even under normal circumstances, sick people will be put at unnecessary risk. The DM&E plans to send 34 one-mile-long freight trains by the Mayo Clinic. There



The path of the Dakota, Minnesota & Eastern Railroad through Rochester. Image courtesy Google Maps.

are about 22,550 emergency calls every year that requiring crossing the tracks to get to Mayo. If an ambulance is on the wrong side of the tracks, it could mean the difference between life and death for some patients.

Rochester physicians have been warning about these dangers for some time. Now their colleagues throughout the state are adding their voices, opposing more and faster trains running by medical centers including the world-class Mayo Clinic. Patients from all parts of the United States and from other countries as well come to Mayo to be cured. It doesn't make sense to put them at unnecessary risk.

The MMA strongly recommends finding another solution such as routing the freight trains around Rochester. There has to be a better way — one that doesn't put people in danger.” ■

■ **Fast fact:**
In recent years, Rochester physicians have effectively weighed in on key issues such as proposals for a nearby tire burning plant and an expansion of the Silver Lake power plant.

Few doctors opt into military health plan

Concerned that soldiers returning from Iraq might not have access to doctors, the Minnesota Commissioner of Health is urging physicians to join TRICARE, the health care plan for the U.S. Uniformed Services personnel, retirees, and their families.

Fewer physicians in Minnesota have signed up for the network than in nearby states with smaller populations. Minnesota has only about 1,500 physicians in the plan compared to the 3,689 physicians who belong to the plan in Iowa, which is the only other state in the region without an active duty military base.

The relatively low number of Minnesota physicians in TRICARE reflects the fact that there aren't many soldiers in the state.

Until last year, the only reserve and National Guard members eligible for TRICARE were those who had served on active duty for 30 days or more after Sept. 11, 2001. However, Congress has extended coverage to all qualified members of the Selected Reserve. Minnesota Commissioner of Health Dianne Mandernach is urging physicians to join the network as the state currently has more than 3,000 service members serving overseas.

The TRICARE plan, which includes 9.2 million members worldwide, pays Medicare rates, which Congress plans to cut by 5.1 percent next year. The MMA is joining with the AMA and other medical societies to oppose these cuts to ensure that seniors and returning soldiers, and their families have access to the health care they need.

Physicians interested in joining the network can contact Sgt. Sarah Carlson at the Minnesota Department of Military Affairs at 651/268-8848. ■

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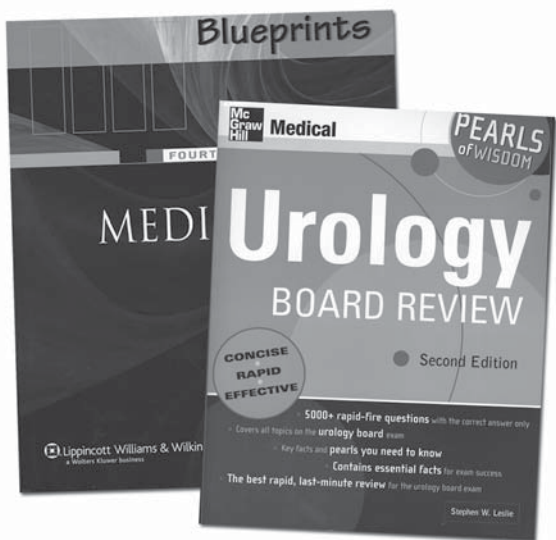
Photo by Scott Walker

MMA Board of Trustees Chair Michael Ainslie, M.D., was quoted in the October 8, 2006, *Star Tribune* article, "Insurers buying into e-visits by doctors."

The article reported that some of Minnesota's largest health insurers, including HealthPartners and Blue Cross and Blue Shield, are beginning to cover patients' e-visits, an unusual step nationally and an attempt in part to contain rising health care costs. Doctors would get about \$35 for an e-visit.

"It certainly is very helpful," said Ainslie who practices as a pediatric endocrinologist at Park Nicollet Clinic in St. Louis Park. "I don't think it will ever take the place of a one-on-one interview, but I think it will be a useful tool." ■

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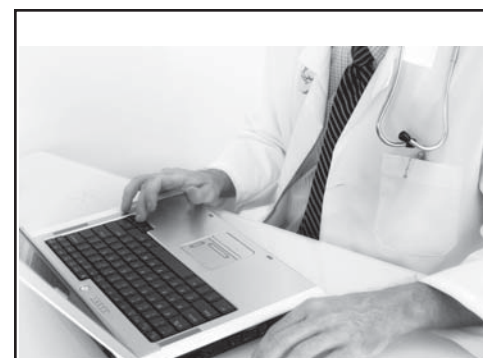
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MMA opposes Rochester train plan

The MMA sent a letter to the Federal Railroad Administration calling for the federal government to stop a proposal to greatly increase the number freight trains traveling through Rochester. Page 3.



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