Given the unexpected November election, there are many unknowns as the 2017 legislative session begins. “With the Republicans now controlling both the House and Senate, it would appear that they wield a lot of power,” says Dave Renner, the MMA’s director of state and legislative affairs. “However, in order to govern effectively, they will still have to work with Gov. Dayton to pass legislation, including a biennial budget that he will be willing to sign into law.”

Whether having a majority in the House and Senate leads to the passage of pro-medicine legislation remains to be seen. What is known is the direction on priorities provided by the Board of Trustees in November. The MMA enters the session, which began January 3, focused on the following key issues:

**Pass Prior Authorization Reform**
A priority in the last two legislative sessions, medication prior authorization (PA) reform remains a top priority for Minnesota’s physician community and, even more so, for patients who depend on critical medications. A coalition of more than 40 patient advocacy groups has formed to support passage of the patient protections included in a bill championed by the MMA the last two years. The legislation has received strong bipartisan support in the past but has been blocked by special interests opposed to reform. The MMA hopes legislators will work to put patients first in 2017.

**Maintain the Provider Tax Repeal**
Thanks to a bipartisan 2011 budget agreement between legislative Republicans and Gov. Mark Dayton, the 2 percent provider tax has been set for repeal on December 31, 2019. The MMA will work to make certain the tax repeal remains on pace for 2019 while continuing to ensure that low-income Minnesotans have access to quality health care.

**Addressing the Opioid Epidemic in Minnesota**
While great progress has been made in addressing inappropriate prescribing of opioids and doctor-shopping by patients, there remains a crisis in Minnesota related to opioid abuse and drug overdoses. The MMA will support efforts to facilitate the use of the Prescription Monitoring Program (PMP) by advocating for funding to integrate the PMP with electronic health records. The MMA will also support efforts to allow greater access to treatment, such as removing PA requirements for buprenorphine, naltrexone and naloxone.

**Alignment of Quality Measures**
The 2015 passage of MACRA by Congress has created strong new incentives for physician clinic quality measurement reporting. The national mea-
News Briefs

PTSD added to qualifying conditions for medical cannabis program

In early December, Health Commissioner Edward Ehlinger, MD, added post-traumatic stress disorder (PTSD) to the growing list of qualifying conditions allowed in the state’s medical cannabis program.

“This decision was made after careful deliberation of available evidence, consultation with experts in the field and public input,” Ehlinger said. “While the process of reviewing these potential additions was difficult due to the relative lack of published scientific evidence, PTSD presented the strongest case for potential benefits. PTSD also has few effective treatment alternatives available for some patients with the condition.”

“The MMA urges restraint in the use of medical cannabis as a treatment for PTSD but is cautiously optimistic that the unique research component of the state’s medical cannabis program may generate data that ultimately could lead to a better understanding of cannabis’ effectiveness,” said MMA President David Agerter, MD, in a statement to the media.

In addition to adding PTSD as a qualifying condition, Ehlinger approved the use of patches, lotions, creams, gels and ointments as application methods. Currently, patients can purchase cannabis in pill, liquid or oil form at any distribution center in the state.

MMA reacts to attorney general’s opioid prescribing recommendations

Minnesota Attorney General Lori Swanson released a comprehensive report in November containing 23 recommendations for addressing the opioid abuse crisis plaguing Minnesota. Some of the recommendations, including a call for mandatory use of the state’s Prescription Monitoring Program (PMP) and required CME for prescribers, are oft-cited ideas that have not been shown to be effective in other states.

The MMA is a strong supporter of the PMP and supported legislation in 2016 requiring all physicians to register for a PMP user account. But mandatory use for every prescription would be a cumbersome administrative requirement, particularly given the PMP’s current limitations, most notably its lack of interoperability with most electronic health record systems.

In September, the Institute for Clinical Systems Improvement (ICSI) unveiled its guidance on opioid prescribing, which addresses the entire continuum for acute, sub-acute and chronic non-cancer pain in adults. The ICSI guideline recommends querying the PMP only in certain circumstances.

The MMA has also opposed mandatory CME for prescribers as an overly blunt requirement that fails to recognize the variable educational needs among physician specialties. The state attempted CME mandates in the past and subsequently repealed the requirements.

The MMA strongly encourages physicians who treat pain and prescribe opioids to address their knowledge gaps with specific and relevant information. To support physician education, the MMA has partnered with the University of Minnesota Medical School and the Steve Rummler Hope Foundation to offer a variety of free webinars, which are available on the MMA website at www.mnmed.org/painseries.

Along with mandatory use of the PMP and required CME for prescribers, Swanson recommended a statewide standing order for naloxone, removing prior authorization requirements on

Republicans appoint chair to influential health care committees

Sen. Jim Abeler (Anoka) will chair the Senate Human Services Reform Finance and Policy Committee. A chiropractor by training, Abeler chaired the HHS finance committee from 2011 to 2012 when he served in the House of Representatives.

The Senate Health and Human Services Finance and Policy Committee will be chaired by Sen. Michelle Benson (Ham Lake).

Sen. Julie Rosen (Vernon Center) has been named chair of the Senate Finance Committee, considered one of the more powerful positions in state government. Rosen has been active on issues related to health care and public health.

Sen. Karin Housley (Saint Mary’s Point) will chair the Senate Aging and Long-Term Care Policy Committee.

Rep. Matt Dean (Dellwood) will continue to chair the House Health and Human Services Finance Committee.

Rep. Joe Schomacker (Luverne) will take over the House Health and Human Services Reform Committee.

Rep. Debra Kiel (Crookston) will hold the gavel in the House Subcommitte on Aging and Long-term Care, a position formerly held by Schomacker.

suress, however, do not align with most of the measures required by Minnesota’s State-wide Quality Reporting and Measurement System. The MMA will support efforts to better align state and federal measures and, where alignment does not exist, lobby for greater flexibility for clinics. While the MMA remains supportive of efforts to measure the quality of health care provided to patients, the existing system is needlessly burdensome and often duplicative.