"We made some good progress last session," says Dave Renner, the MMA's director of state and federal legislation. "But we can't let up. We need to continue pushing for change. Legislators have a lot on their plates so it's crucial for us to keep up our momentum."

Last year, the MMA helped write legislation to transform prescription drug PA in Minnesota. The association also created a coalition of more than 40 partners representing both patient and physician groups to support this effort to change the process. (For more information, visit www.FixPANow.com.)

Bipartisan bills were introduced in both the House and Senate. The bill passed through four committees in the Senate with overwhelming backing. However, it never received a hearing in the House because of concerns that it would significantly hamper health plans' and pharmacy benefit managers' ability to control costs.

Since last session, MMA staff members have spent considerable time working with key lawmakers and coalition members to maintain and build support for passage in 2016.

However, the 2016 session will be short (it begins March 8 and concludes around May 20). That's only 10 weeks and heavy lifting in the form of tax, transportation and bonding bills stands in the way. "As a result of the short session, it's possible further concessions will need to be made to neutralize opposition and costs," Renner says.

MMA staff organized receptions with several key legislators last fall. The first included Rep. Tony Albright (R-Prior Lake), the chief author of the House bill. At the reception, several physicians related stories about how PA has hurt their patients and cost their practice money and time.

"Prior authorization calls and follow up cost the average physician $68,000 each year," says Phil Raines, MMA manager of grassroots and political development. "That adds up to more than $800 million

ROUND TWO:
MMA gears up for another prior auth legislative push

BY DAN HAUSER

Since the 2015 legislative session ended in May, the MMA has been hard at work preparing for the next one, which begins March 8. Again, the top priority is prior authorization (PA) reform.

ICSI findings align with MMA bill

Minnesota's health plans have acknowledged that the current PA processes need fixing through their participation in an Institute for Clinical Systems Improvement-convened group that studied medication prior authorization. The recommendations from the group mirror many of the components of the legislation drafted by the MMA. The MMA now needs to convince the health plans that a legislative solution is necessary to ensure patients access to needed medications.
for Minnesota clinics alone. It needlessly postpones and degrades patient care.”

Another event included Rep. Tara Mack (R-Apple Valley), chair of the House Health and Human Services reform committee. Afterward, Mack expressed her interest in working with the MMA on changes to the bill to remove some of the opposition.

The MMA’s push continued in early December with a reception for Sen. Melisa Franzen (DFL-Edina), the author of the Senate bill. MEDPAC, the MMA’s political action committee, continued the campaign with an event with Rep. Matt Dean (R-Dellwood), an influential leader on health care matters at the Capitol.

In addition, the MMA is tapping the Fix PA Now coalition to find patients who are willing to share their stories and testify at the Capitol about how the current process for medication prior authorization is getting in the way of their needed care and is adversely affecting them.

“To make a significant difference, we need patients to tell lawmakers in their own words how the process impacts their lives and that it needs to be fixed now,” Renner says. “They can do this by testifying in legislative hearings, writing letters and emails to their legislators, authoring op-eds for their local paper and agreeing to be featured in newspaper articles on prior auth.”

If you have a patient who has been adversely affected by prior authorization and is willing to tell their story publicly, please email Dan Hauser, dhauser@mnmed.org or Dave Renner, drenner@mnmed.org.

News Briefs

Intractable pain added to list of qualifying conditions for medical cannabis
In early December, Health Commissioner Edward Ehlinger, MD, added intractable pain to the nine qualifying conditions already allowed in the state’s medical cannabis program. Patients certified as having intractable pain will be eligible to receive medical cannabis from the state’s two manufacturers starting August 1, 2016.

In a statement to the media, MMA President Dave Thorson, MD, said: “The MMA remains concerned about the expanded use of medical cannabis, particularly for conditions such as intractable pain that are difficult to objectively certify. Treatment of severe and chronic pain deserves careful consideration and medical cannabis should never be a first-line therapy. Significant questions about the efficacy of medical cannabis remain and we continue to call for additional well-controlled studies. The MMA looks forward to further guidance from the health department regarding how intractable pain will be added to the state’s medical cannabis program, and we will continue to provide education and information to Minnesota physicians who may be interested in participating in the program.” (See “Viewpoint,” p. 28.)

Five MMA members take part in opioid prescribing work group
The Minnesota Department of Human Services’ opioid prescribing work group began meeting in November in an effort to improve prescribing and monitoring the use of these drugs in Minnesota. The group plans to meet through 2017. MMA members on the team include: Chris Johnson, MD, Emergency Physicians Professional Association; Ernest Lampe, MD, Minnesota Department of Labor and Industry; Charles Reznikoff, MD, Hennepin County Medical Center; Jeffrey Schiff, MD, MBA, Minnesota Department of Human Services; and Lindsey Thomas, MD, Hennepin County Medical Examiner’s Office.

The work group is tasked with:
• Recommending protocols that address all phases of the opioid prescribing cycle
• Overseeing development of educational resources and messages for providers about communicating with patients about pain and the use of opioids to treat pain