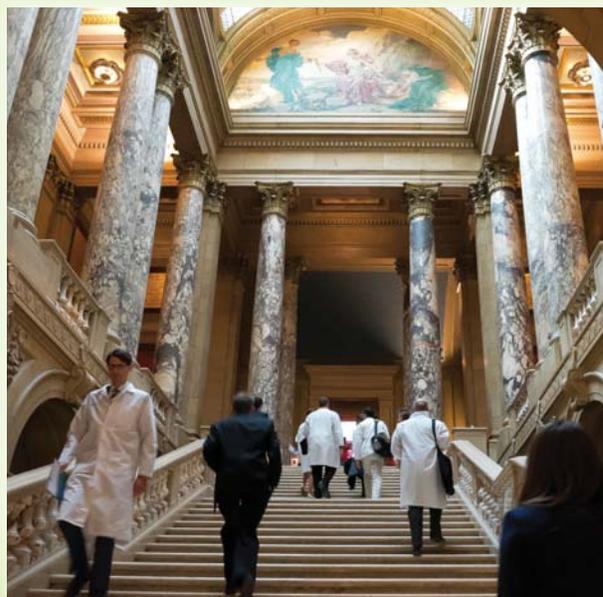




2015 Legislative Session in Review

A challenging session for physicians and patients

With the House and Senate split between Republicans and Democrats, the 2015 legislative session turned out to be a challenging one for Minnesota physicians and their patients. The MMA was able to get a couple of its priorities passed but faced stiff opposition elsewhere.



Here's a review of the 2015 session including reports on MMA priorities as well as other health care-oriented legislation that matters:

MMA priority issues at the Legislature:

Interstate compact for physician licensure

Passed

This allows for a voluntary accelerated process for physicians to become licensed in multiple states.

Increasingly, many physicians need to be licensed in multiple states. The compact will establish expedited licensure mechanisms for physicians without sacrificing state oversight.

Increased funding for loan forgiveness

Passed

Legislators approved an increase of \$2.6 million per year for loan forgiveness programs for physicians and other health care providers who serve in rural and underserved urban settings.

The high cost of medical school, and the resulting debt many physicians have when they graduate, can be a barrier to choosing primary care as a specialty. Loan forgiveness provides an incentive for physicians to practice in rural and underserved areas.

Ensuring the repeal of the provider tax

Success

The 2 percent tax is still scheduled to be repealed at the end of 2019.

A repeal of the provider tax was enacted by the 2011 Legislature in anticipation of new federal financing mechanisms for low-income health insurance programs included in the ACA. The provider tax adds to the cost of health care, falls disproportionately on the sick, and its revenue is too often used for non-health care purposes.

Prior authorization (PA) reform

Stalled

PA reform progressed through three Senate committees but was never heard in the House. Representatives believed the opposition's claims that it would increase health care costs. The MMA intends to aggressively pursue passage in 2016.

Medication PA is an inefficient and potentially dangerous process that delays care, interferes with the physician-patient relationship, and is extremely costly in terms of the time physicians spend on it – approaching \$68,274 per physician per year, on average.

Protecting indoor air quality

Stalled

The MMA worked to add e-cigarettes to the Freedom to Breathe law to prohibit their use in bars and restaurants, but the effort never gained traction.

Little is known about the health risks of the secondhand vapor emitted by e-cigarettes, and some studies have detected the presence of carcinogens and heavy metals in e-cigarette vapor. Until more is known about the risks of e-cigarettes, legislators should preserve clean indoor air.

Continuing the Medicaid primary care payment bump

Failed

The MMA sought to extend the 2013-2014 ACA provision that increased Minnesota's Medicaid payment rates to Medicare levels for certain primary care services. Given the price tag of this provision, a more modest proposal was also considered. Neither proposal was included in the final HHS budget.

Minnesota ranks 47th for Medicaid physician payment rates. The impact of inadequate Medicaid payment rates falls disproportionately on rural and urban clinics serving large numbers of Medical Assistance and MinnesotaCare enrollees. Plus, higher rates are strongly associated with improved access to care for Medicaid patients.

Other legislative issues:

Advance care planning

Funding allocated

\$250,000 was allocated to a "statewide advance care planning resource organization" to develop community-based strategies to encourage conversations on end-of-life choices expressed by patients.

Advance care planning is a powerful tool that supports patients' wishes and improves physicians' ability to deliver care at the end of life. This investment is intended to build on the successful work of the Honoring Choices Minnesota initiative led by the Twin Cities Medical Society.

All-payer claims database (APCD)

Passed

Lawmakers authorized public use files of summary data from the all-payer claims database. Now, the Department of Health is required to make available to the public de-identified summary data or tables on health care use and spending patterns.

Improving public access to the rich data contained within the APCD will help to

improve understanding of health care utilization across Minnesota, while also supporting quality-improvement and patient-safety efforts.

Autopsies

Passed

If a family objects for religious reasons, an autopsy may be performed only if the coroner or medical examiner determines there is a compelling state interest.

This legislation resulted from concerns within the Native American community.

Health Care Access Fund (HCAF) Funding allocated

\$76.7 million was allocated from the HCAF to pay for a portion of the Medical Assistance program's costs – a program that historically has been paid for from the general fund.

Legislators have again raided the HCAF to support efforts different from the fund's original intent (i.e., MinnesotaCare). Budgeting gimmicks such as this have served to block reductions in the provider tax and will make it that much harder to wean the Legislature off the revenue generated by the provider tax.

Health Care Workplace Violence

Passed

To address violence in health care settings hospitals will be required to design and implement preparedness and incident response action plans to address acts of violence against employees. The new law also requires hospitals to provide training to all staff on violence prevention and de-escalation.

Several high profile cases of violent acts at Minnesota hospitals led legislators to seek ways to reduce the incidence of violence in health care settings.

International medical graduates

Funding allocated

\$1 million per year was allocated to fund programs to prepare foreign-trained physicians for residency programs or to practice in another health care profession. An additional \$1.5 million was allocated for additional residency programs. Also included was language and funding intended to better utilize the skills of foreign-trained immigrant and asylee physicians.

Foreign-born physicians could prove a valuable resource for assisting with the physician workforce shortage in the state, particularly in underserved communities. The legislation maintains minimum quality standards for all training programs.

Medical cannabis modifications

Passed

Physicians and other health care employees who handle a patient's medical cannabis as part of their employment duty now have legal protection. This legislation was intended to address gaps in the original medical cannabis law with respect to the use and distribution of medical cannabis in hospitals by physicians, nurses and other health care employees. Legislation also accelerates the date (from July 1, 2016, to Jan. 1, 2016) by which the Department of Health must make a decision about allowing the use of medical cannabis for the treatment of intractable pain.

The timeline for a decision on medical cannabis use for intractable pain was changed to potentially allow action by the 2016 Legislature on further recommendations.

Mental Health Services

Funding allocated

\$46 million in new funding was allocated for mental health services, including funding for Behavioral Health Homes, suicide prevention grants and new beds at the Anoka Regional Treatment Center.

The investments are aimed at expanding capacity within the system and at targeting services and expertise to patients in need of help.

MinnesotaCare

Task force formed

The House proposal, known as MinnesotaCare II, that would have repealed MinnesotaCare and had enrollees purchase private coverage on MNsure, failed. Instead, the future of MinnesotaCare, MNsure, the provider tax and other strategies to improve Minnesota's public insurance programs will be discussed by a new 29-member Task Force on Health Care Financing.

The task force will look at many issues related to coverage and financing of the state public safety net programs and the type of coverage provided to needy patients.

MNsure

To be studied

Legislators spent many hours discussing how to change or repeal MNsure, the state's health insurance exchange, but no major revisions were made.

The future of MNsure will be discussed by the 29-member Task Force on Health Care Financing.

Opioid Prescribing

Work group formed

The Department of Human Services will convene a 14-member opioid prescribing work group to develop criteria for opioid prescribing protocols; sentinel measures; educational resources for prescribers; and general parameters that define community standards for opioid prescribing.

Prescription opioid abuse continues to be a problem in Minnesota. Physicians are continuing to support development of tools to address the problem.

Right to try

Passed

Terminally ill patients now will have access to pharmaceuticals, biological products and devices that have successfully completed Phase 1 FDA trials, but have not yet cleared final approval.

The MMA did not take a position on the bill, but we did work with the bill's authors on an amendment to provide liability protection for physicians who choose to participate. Physicians do not have to participate in providing these non-approved therapies.

Statewide Health Improvement Program (SHIP)

Expanded

Efforts to eliminate SHIP grants failed and funding will continue. Legislators expanded its focus to provide grants to improve the health status of targeted populations at risk for dementia. Lawmakers also approved language to transfer savings from SHIP activities to health care programs.

SHIP has been a successful program for funding local public health efforts. Now, there is language to capture savings due to SHIP and allocate them to safety net health care programs.

Survivorship

Stalled

Surviving family members would have been allowed to pursue medical malpractice actions that would "stack" damages for both pain and suffering as well as wrongful death in cases where a plaintiff died prior to judgement.

The MMA joined with a broad coalition of health care interests, the Chamber of Commerce and others to oppose an effort to broaden the ability to continue a case.

Trisomy Testing

Passed

Physicians are now required to direct patients to specific information on the Minnesota Department of Health website if a prenatal diagnostic test shows that a fetus has a trisomy condition. The Health Department will ensure the information is current and evidence-based, and include data on life expectancy; expected physical, developmental, and social outcomes; treatment options; contact information for support groups; and other items.

The MMA sent a letter to legislators urging caution in adopting bills such as this, as they interfere with the physician-patient relationship by mandating the specific information that must be provided to patients.

Telemedicine

Funding allocated

Effective January 2017, services delivered via telemedicine must be covered by insurance, Medical Assistance and MinnesotaCare, and must be paid on par with services delivered in person.

Lack of payment for telemedicine services has been a barrier to its use and expansion.

Vaccinations - Schools

Stalled

Exemptions to childhood vaccinations prior to enrollment in public schools would only have been provided following consultation with a physician to understand the benefits and risks of that decision. This failed to pass.

The MMA supported this legislation. Minnesota allows exemptions if a parent has a notarized statement expressing their opposition to vaccines, without any need to meet with a physician.

Vaccinations - Pharmacies

Passed

Pharmacists will be able to administer flu vaccinations to children as young as 6 years of age and all other vaccines to those ages 13 years and older.

The MMA testified that the bill would pose risks to continuity of care and the health care home. The MMA also argued that an office visit is critical to monitoring all aspects of a young person's health.



How does an issue become an MMA priority?

The MMA Board of Trustees defines MMA priorities based on the input of our physician members through their participation in committees, task forces, policy forums, the Policy Council, listening sessions, member events, surveys and online discussions. MMA policies serve as the foundation for our legislative, regulatory and administrative advocacy efforts during the legislative session and throughout the year.

To get involved in MMA legislative and grassroots efforts, contact our legislative team or someone from our member relations team.

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