MINUTES

MMA POLICY COUNCIL
TUESDAY, OCTOBER 24, 2017
6:00 – 8:00 PM
MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair
Elisabeth Bilden, MD
Stuart Cameron, MD
Mark Eggen, MD
Elizabeth Fracica (via phone)
Dionne Hart, MD
Daniel Heinemann, MD (via phone)
Christopher Johnson, MD
Kathryn Lombardo, MD
Kimberly McKeon, MD (via phone)
Noel Peterson, MD (via phone)
Christopher Reif, MD
Annabelle Soares (via phone)
Kimberly Tjaden, MD (via phone)
Sally Trippel, MD
Craig Walvatne, MD
Thomas Witt, MD (via phone)

Members Absent

Peter Amadio, MD
Leah Anderson, MD
Michael Baich, MD
Stephen Cragle, MD
James Dehen, MD
Ramnik Dhaliwal, MD
Alexander Feng
Robert Grill, MD
Evan James
Kenneth Kephart, MD
Matthew Kruse, MD
Ernest Lampe, MD
Ahmed Pasha, MBBS
Salma Patel, MD
Douglas Pryce, MD
Erica Sanders
Caleb Schultz, MD
Neil Shah, MD
Lynne Steiner, MD
Jon Van Loon, MD
Robert (Jay) Widmer, MD
Doug Wood, MD

Staff Present

Becca Branum
Juliana Milhofer
Janet Silversmith

Guests Present

Suliman El-Amin, MD, ZVMS 2018 appointee (via phone)
Lisa Erickson, MD
Sangita Goel, MD, RFS Chair (via phone)
Beth Kangas, ZVMS (via phone)
Randy Rice, MD, Chair, MMA Board (via phone)
George Schoephoerster, MD, MMA President
Michael Tedford, MD, MMA board member

I. **Welcome & Introductions**

Lisa Mattson, MD, Chair, called the meeting to order at 6:05 pm. All attendees introduced themselves.

II. **Approve August 16, 2017 Meeting Minutes**

With two changes to the meeting attendance noted (Drs. McKeon and Shah were present), the following motion was made, seconded and adopted:

Motion: that the minutes of the August 16, 2017 meeting be adopted as amended.

In follow up to the discussion on health information exchange at the last meeting, Dr. Trippel urged consideration of an educational session on the topic at a future MMA Annual Conference.

III. **2017 Open Issues Forum Recommendations**

Council members reviewed the recommendations proposed by the open issue forum panelists and discussed each item.

Issue #1: Maintenance of Certification

The Council noted that there are efforts underway nationally to address some MOC issues that have been raised among some, although not all, specialties (e.g., the MMA is attending a national meeting in early December with other state medical associations, national specialty societies, and representatives from the American Board of Medical Specialties). The Council expressed strong support for the importance and value of continuous learning, but agreed that, for some specialties, the current use of MOC as a means to assure competency is of concern. The Council agreed that a national venue was most appropriate to address specific MOC implementation concerns, but that state policy regarding the use of MOC broadly was appropriate for MMA consideration.

The Council shared the concerns reflected in this submission and in some of the forum comments about the impact that mandatory use of MOC may have on physicians' ability to practice. The proposed recommendation would make clear that the MMA opposes the mandatory use of MOC, as it is currently structured, as a requirement for practice. The Council recognized that some states have sought to limit MOC through legislation, but they stopped short of including that in the recommendation given the potential for unintended consequences.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: that the Council recommend to the MMA Board of Trustees adoption of new policy as follows:

> The MMA, consistent with AMA policy, does not support the use of maintenance of certification (MOC), as it is currently structured, as a mandatory requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, employment, or insurance panel participation.

Issue #2: Preferential health plan coverage of controlled vs. non-controlled substances

The author of the submitted issue was unable to attend the open issues forum. Although the issue was introduced at the forum, there was no discussion or input provided. Given the lack of input at the forum, staff sought additional input (via email) from members of the MMA Opioid Task Force and received some limited, but conflicting, information. The Council did not believe they had sufficient information to support the request as submitted and noted some concerns regarding both the cost and effectiveness of some of the non-opioid medications for which the author appears to want preferential coverage. The Council recommends that no additional action on this issue occur at this time, but that staff encourage the author to provide additional information to clarify how the proposal could potentially be drafted to balance access to opioid alternatives with issues of cost and effectiveness.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: That the Council recommend to the MMA Board of Trustees that this open issue not be adopted at this time.

Issue #3: Direct Primary Care

The Council believed that this issue was quite complex and would benefit from more specific analysis and deliberation to determine what, if any, role the MMA should play with respect to the direct primary care model of practice. The Council believed that greater understanding of the advantages, disadvantages, and specific barriers is needed before the MMA decides whether or not to facilitate the growth and/or adoption of the model in Minnesota.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: That the issue of direct primary care be referred to the MMA Board of Trustees for further deliberation.

Issue #4: Behavioral health care in medical settings

The Council noted the strong and positive comments provided on this issue during the forum. The recommendation is similar to the original submission, but without a specific timeline for implementation.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: That the Council recommend to the MMA Board of Trustees that the board adopt new policy as follows:

> The MMA will support legislative efforts to transition payment for behavioral health services from standalone payment to integrated payment models covering all other health benefits.

Issue #5: Access to no-cost contraception

The Council noted the strong and positive testimony in support of the submitted issue and acknowledged the value of no-cost contraceptive coverage, as well as the demonstrated benefits in terms of lower mortality that is associated with planned pregnancies. The edits to current MMA policy are intended to reflect the clarifying guidance issued by HHS in 2015 (see below), and also to encourage physicians to consider the cost of the various contraceptive options as they work with patients to choose a method that is most effective for them.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: That the Council recommend to the MMA Board of Trustees that the board retain current policy (630.394) as edited:

> The MMA supports insurance coverage for all FDA-approved contraceptive medications and devices, which require prescriptions, as they would for other prescription medications. The MMA supports the continuation of policies that require all-FDA approved contraception methods to be available to patients free of cost sharing. The MMA encourages appropriate prescribing of contraceptive medications/devices to acknowledge the cost of the relevant medication or device.

Issue #6: Tobacco sales to members of the US military under age 21

The Council noted that the bulk of the testimony and input provided at the Open Issues Forum supported restricting tobacco sales to individuals under 21 years of age, without specific reference to members of the military. The Council acknowledged the language in California's recent statewide law (increasing minimum age from 18 to 21), which exempts active-duty members of the military and gives military base commanders the option to enforce the law on their bases. But the Council agreed that a unique policy for the military would be less effective than a comprehensive message for the full population. The Council also confirmed that restricting sales of tobacco to those under 21 is existing AMA policy.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: That the Council recommend to the MMA Board of Trustees that the board retain current MMA policy (110.17) as edited:

> **110.17 Sale of Tobacco from Vending Machines/Sale of Tobacco to Minors**
> The MMA supports a total ban on cigarette sales from vending machines. Also, the MMA supports ~~efforts to ban~~ banning the sale of tobacco to individuals under 21 years of age. (BT-1/90) (Retained 2004)

Issue #7: Audio recordings of patient visits

The Council noted that there was significant interest and discussion on this issue during the Open Issues Forum. Conflicting input was provided, with some urging a change to an all-party consent standard, and

others encouraging physicians instead to embrace recordings as a way of improving communication and patient care. Given the complexity of the issue and similar questions regarding the use of video recordings, the Council recommends that the issue be referred to the MMA Board of Trustees so that an MMA committee can consider the ethical, legal, and practical aspects of the topic in greater detail.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: that the issue of recordings of patient visits be referred to the MMA Board of Trustees for further deliberation.

Issue #8: State X-Ray Rule Revisions

The author of this open issue was unable to attend the Open Issues Forum and no specific input or comments were provided by attendees at the forum. The Council noted that the MMA has a representative on the health department's x-ray rules advisory committee and the rules are a work in progress (a final draft isn't expected until spring or summer 2018). As a result, the Council recommends that the MMA continue to monitor the proposed rule changes and that this issue be referred to the MMA Board of Trustees so that further input and discussion on the changes of concern can be identified.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: that the issue of state x-ray rule revisions be referred to the MMA Board of Trustees for further deliberation.

Issue #9: Cost sharing for preventive services

Although there was very limited discussion and input on this item during the forum, the Council expressed support for the goal of eliminating financial barriers to the use of preventive services. There was some discussion about adding a specific reference to USPSTF recommended preventive services, but a proposed motion to that effect did not receive a second.

The submitted issue suggested a change to the MMA's Physicians' Plan for a Healthy Minnesota policy, but the Council noted that other MMA policy is more explicit on this topic and appears to sufficiently address the issues raised by the submitters.

Ultimately, the following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: that the Council recommend to the MMA Board of Trustees that the board reaffirm current MMA policy (290.51):

290.51 Essential Benefit Set
The MMA adopts the following policies and principles to guide development of an essential benefit set:

Purpose of an Essential Benefit Set:

- To determine what "insured" means for purposes of Minnesota health care coverage.
- To encourage access to care, including early diagnosis and routine care, as opposed to merely asset protection (i.e., financial protection for severe illness or catastrophic event)

Essential Benefit Set Definition: A set of services that is sufficiently comprehensive to sustain the health of an individual.

Principles:

- The essential benefit set is the minimum level of coverage that would be guaranteed for every Minnesotan.
- The essential benefit set will be comprehensive and adequate to maximize the health of every Minnesotan through all phases of life and health.
- Behavioral health services will be covered in the same way as care for other illnesses.
- The essential benefit set will be standardized across insurers and buyers (public, private and self-insured).
- The essential benefit set should facilitate the development of health care homes.
- The essential benefit set should have standardized copays and deductibles.
- The essential benefit set should be affordable.
- The essential benefit set should facilitate achievement of the "Triple Aim" for health reform in Minnesota by:
    - Improving the experience of individuals with the health care system eliminating confusion about coverage and benefits
    - Improving the health of individuals and the population by improving access to care and assuring coverage for essential services
    - Reducing the cost of health care by reducing dependence on emergency department care and reducing preventable hospitalizations

Other Recommendations:

- There should be no co-pays for primary care visits, immunizations and covered preventive services.
- There should be no need to have mandated covered services when the essential benefit set is established
- There should be coverage for clinical trials for patients for whom there are no available therapeutic options.
- There should be no coverage for services that have a class III recommendation (contraindicated) in clinical guidelines. (BT-05/09)

IV. **MMA Annual Conference Policy Forums**

A. Health Care Reform

Council members reviewed background material provided at the forum and also reviewed the forum polling data. A lengthy discussion on the issue of a MinnesotaCare buy-in followed. There was broad support for the concept of providing more affordable options for those purchasing coverage in the individual market, but risks were also noted. The Council spent significant time trying to address these issues and landed on lack of "affordable" coverage and lack of sufficient choice as important ways of moderating those risks. There was initial discussion about defining in the policy the current affordability threshold in the ACA (9.69%), but that level of detail was ultimately rejected. The Council also felt strongly that many medical practices could be harmed by broader coverage at Medicaid payment levels and that further state subsidies should remain focused on those currently eligible (those between 138-200% of poverty); both of these issues are included in the other conditions on a buy-in option. Ultimately, the Council supported placing conditions on MMA support of a MinnesotaCare public option in order to preserve some individual market plan options and to limit small group market erosion.

The following motion was made, seconded, and adopted (with at least a 2/3 majority):

MOTION: that the Council recommend to the MMA Board of Trustees adoption of new policy as follows:

> In order to add stability and provide affordable options in the individual insurance market, the MMA will support inclusion of MinnesotaCare as a product offering if structured as follows: 1) available as an option to those without access to affordable coverage; 2) available as an option in counties with one or fewer products; 3) minimum payment rates are set at no less than Medicare levels; and, 4) premiums cover the full cost of enrollment in the program.

B. Patient Trust in the Health Care System

A brief summary on the forum was provided to Council members, but due to a lack of time no discussion occurred.

V. **Election: 2018 Policy Council Chair**

George Schoephoerster, MD introduced the one nomination received for 2018 Policy Council Chair – Dr. Lisa Mattson.

With no other nominations offered, the following motion was made, seconded and unanimously adopted

MOTION: that Lisa Mattson, MD be elected to serve as Council chair for 2018.

VI. **New Business**

A. Recognitions

Lisa Mattson, MD thanked those members of the Council whose terms expire at the end of 2017 for their service and support. Janet Silversmith distributed certificates of appreciation to departing Council

members.

B. Other

Lisa Mattson, MD, Chair, noted that the health department is seeking public comment on their health information exchange study, a preview of which they shared with the Council in August. The MMA will be submitting comments and any Council members with input should contact Janet Silversmith.

VII. **Adjourn**

With no time remaining, the following motion was made, seconded, and adopted:

Motion: that the meeting be adjourned at 8:10 pm