November 18, 2017 MMA Board of Trustees Meeting: Policy Council
Recommendations for Open Issues 1-9 were unanimously adopted by MMA Board of Trustees.

Issue 1 - Maintenance of Certification (MOC)
New Policy: 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, privileging, reimbursement, network participation, employment, or insurance panel participation.

Issue 2 - Preferential Health Plan Coverage of Controlled vs. Non-Controlled Substances
Do not adopt at this time.

Issue 3 - Direct Primary Care
Refer the issue of direct primary care to the MMA Board of Trustees for further deliberation.

Issue 4 - Behavioral Health Care in Medical Settings
New Policy: 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
Retain current policy as edited (630.394, Fair Coverage for Contraceptive Medications and Devices) for Open Issue on Access to No-Cost Contraception
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
Retain current policy as edited (110.17, Sale of Tobacco from Vending Machines/Sale of Tobacco to Minors) for Open Issue on Tobacco Sales to Members of the US Military Under Age 21
The MMA supports a total ban on cigarette sales from vending machines. Also, the MMA supports efforts to ban the sale of tobacco to individuals under 21 years of age.

**Issue 7 - Audio Recordings of Patient Visits**

Refer the issue of recordings of patient visits to the MMA Board of Trustees for further deliberation.

**Issue 8 - State X-Ray Rule Revisions**

Refer the issue of revisions to the state x-ray rules to the MMA Board of Trustees for further deliberation.

**Issue 9 - Cost sharing for preventive services**

Reaffirm current MMA policy (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)
November 18, 2017 MMA Board of Trustees Meeting: MinnesotaCare Buy-In/Public Option

MinnesotaCare Buy-In
The Board unanimously adopted the recommendation of the Policy Council regarding the MinnesotaCare Buy-In/Public Option 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.

Note to Policy Council from MMA Board of Trustees: Board’s identification of the potential impact this position could have on clinics seeing a significant portion of public program enrollees to determine if consideration of a disproportionate share-type policy is worth consideration.
On December 6, 2017, a quorum of the MMA Ethics & Medical-Legal Affairs Committee met and recommended that the following policy be adopted: “In recognition that the physician-patient relationship is unique and requires openness and trust, the MMA supports an all-party consent law for electronic audio and visual recordings of physician-patient encounters.” The Committee considered the issue of the recording of physician-patient encounters after the MMA Board referred the issue to the Committee for consideration. The issue was first brought to the MMA during the Annual Conference Open Issues Forum.

**New Policy:** In recognition that the physician-patient relationship is unique and requires openness and trust, the MMA supports an all-party consent law for electronic audio and visual recordings of physician-patient encounters.