

OPEN ISSUES AND MINNESOTACARE BUY-IN: UPDATES

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~~ banning 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:
 - o Improving the experience of individuals with the health care system
eliminating confusion about coverage and benefits
 - o Improving the health of individuals and the population by improving access to care and assuring coverage for essential services
 - o 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.

January 17, 2018 MMA Board of Trustees Meeting: Issue – Audio Recordings of Patient Visits

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.