2018 Legislative session in review

Some are describing the 2018 session as one of the least productive sessions in Minnesota history. It began with animosity between legislative leaders and Gov. Mark Dayton, and only got worse as the 13-week session progressed.

As the end of session approached, the Legislature rushed to combine several bills into a single omnibus package. Dayton had warned that he wanted to see single-item bills and that he’d veto any large proposals. And that’s what he did two days after the session ended, thus nullifying much of the work that took place at the Capitol.

“This session turned out to be quite disappointing,” says Dave Renner, MMA’s director of state and federal legislation. “We had a chance to address the opioid epidemic, patient access to needed medication, and administrative burdens associated with the state’s onerous medical records law, and it ended with none of that getting done.”

Following is a review of the 2018 session, including reports on MMA priorities as well as other health care-related legislation.
The MMA’s Priority issues at the Legislature

Step Therapy PASSED
The MMA supported legislation to ensure patients have access to needed medication in a timely manner. This included continuing efforts to pass medication prior authorization reforms, supporting legislation that limits the use of step therapy, limiting the number of formulary changes during a patient’s contract year and opposing limits on practitioners’ and pharmacists’ ability to ensure patients get the most cost-effective therapies available.
RESULT: One bright spot from the session included the passage of step therapy reform. The new law limits pharmacy benefit managers’ (PBMs) and health plans’ use of step therapy or “fail first” requirements. When a patient is on a stable therapy, has tried the recommended drug once, or there are clinical reasons not to use the recommended drug, prescribers now have enhanced authority to override step requirements.

Opioid Crisis STALLED
The MMA worked to reduce the harm of opioid use by supporting investments in patient and prescriber education programs, expanded addiction treatment programs, and the embedding of the Prescription Monitoring Program (PMP) into EHRs.
RESULT: Despite bipartisan support to address the opioid epidemic, efforts to pass legislation failed. The opioid stewardship bill, which would have assessed a fee on opioid manufacturers, faced stiff opposition by House leaders, PhRMA, the Minnesota Chamber of Commerce and other stakeholders. The assessment would have funded the MMA-defined goals for addiction treatment programs, integration of the state’s PMP into the medical record, increased education for prescribers and patients, and would have also placed limits on opioid prescribing.

Distracted Driving
With growing concern about the number of accidents and deaths caused by distracted drivers using mobile devices, this bill would have prohibited the use of handheld phones while driving. It would have allowed the use of hands-free devices.
LEGISLATIVE ACTION: Stalled
MMA POSITION: Support

Fetal Ultrasound
This bill would have stated in law that a physician must make ultrasound images available to the patient prior to an abortion. The MMA opposed this bill as an interference in the patient-physician relationship.
LEGISLATIVE ACTION: Passed but vetoed by governor
MMA POSITION: Oppose

Health Care Price Transparency
In attempt to empower health-care consumers, this law provides more cost information to consumers prior to receiving health services. It requires primary care clinics to post information for their top 25 services, including charges, average payments from commercial payers and payments from Medicare and Medical Assistance. It also sets a 10-day timeframe for providers to generate the good-faith payment estimate, if requested, that is required under current law and requires disclosure of any facility fees that may be charged.
LEGISLATIVE ACTION: Passed
MMA POSITION: Neutral

Medicaid Work Requirements
This legislation would have implemented a work requirement for “able bodied” Minnesotans to qualify for Medical Assistance coverage. This would have...
created a burden for many who need MA coverage and would have increased administrative costs for counties, clinics, and hospitals to verify the work requirement.

**LEGISLATIVE ACTION:** Stalled  
**MMA POSITION:** Oppose

### Mental Health Crisis Facilities
To address the significant need for mental health services, the MMA supported a successful effort to invest new resources into the creation of regional mental health crisis facilities. The law makes available to municipalities, housing authorities, publicly owned hospitals and other groups $30 million to establish behavioral health crisis facilities. In addition, the law includes funding for a new 16-bed intensive mental health crisis residential treatment center in Scott County.

**LEGISLATIVE ACTION:** Passed  
**MMA POSITION:** Support

### MinnesotaCare Buy-in
To ensure all Minnesotans have options for obtaining health coverage, this legislation would have allowed individuals to purchase coverage from MinnesotaCare, regardless of income.

**LEGISLATIVE ACTION:** Stalled  
**MMA POSITION:** Support with conditions

### Minnesota Health Records Act
Minnesota is one of only two states that has a privacy standard different than HIPAA. Managing Minnesota’s unique law results in increased administrative burdens and challenges care coordination. The bill would have aligned Minnesota law with HIPAA for issues related to treatment, payment and administration.

**LEGISLATIVE ACTION:** Stalled  
**MMA POSITION:** Support

### Physician Compact Background Checks
Minnesota passed the compact three years ago but needs legislation to clarify criminal background check requirements to make the compact fully functional. This change is needed because of a restrictive ruling of Minnesota law by the FBI, which performs the background checks.

**LEGISLATIVE ACTION:** Stalled  
**MMA POSITION:** Support

### Provider Tax
The provider tax is scheduled to be repealed at the end of 2019. The MMA does not support the provider tax as the way to fund Minnesota’s health care programs.

**LEGISLATIVE ACTION:** Untouched  
**MMA POSITION:** Support replacement of the provider tax to fund health care safety net programs

### Tobacco 21
As more local communities raise the age to purchase tobacco products to 21 years, bipartisan legislation was introduced to make T21 statewide. It did not receive a hearing this year.

**LEGISLATIVE ACTION:** Stalled  
**MMA POSITION:** Support
How does an issue become an MMA priority?

The MMA Board of Trustees defines MMA priorities based on the input from 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.

We need to hear from you. To get involved in MMA legislative and grassroots efforts, contact our legislative team or someone from our member relations team.

The MMA legislative team

Dave Renner
Director of State and Federal Legislation
EMAIL: drenner@mnmed.org
OFFICE: 612-362-3750
MOBILE: 612-518-3437

Eric Dick
Manager of State Legislative Affairs
EMAIL: edick@mnmed.org
OFFICE: 612-362-3732
MOBILE: 612-747-3683

MMA member relations

Elizabeth Anderson
Membership Director
EMAIL: eanderson@mnmed.org
OFFICE: 612-362-3740
MOBILE: 651-398-9904

Scott Wilson
Membership Manager
EMAIL: swilson@mnmed.org
OFFICE: 612-362-3748
MOBILE: 612-205-6426

Minnesota Medical Association
1300 Godward Street NE
Minneapolis, MN 55413