Action Plan for 2014 Open Issue Submissions

#	Title	Original Request	BOT Action	Implementation Plans	Lead Staff	Status
1	Pain Management Standards & the Joint Commission	TCMS asks the MMA to instruct the AMA delegation to address the concern of the mandatory pain management standard with the Joint Commission and report back to the membership the outcome of their actions. *(Submitted by TCMS, Chris Johnson, MD)*	Referred to the MMA Board of Trustees	Refer to Health Care Access, Financing & Delivery Committee for further deliberation and report back to MMA Board.	JS	
2	Access to Birth Control; Physician-Patient Relationship	Adopt a policy position stating that the MMA is committed to supporting access to all FDA-approved medications and determined to support the sanctity of the patient physician relationship and related evidence-based decision making. *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*	Referred to the MMA Board of Trustees	Refer to Health Care Access, Financing & Delivery Committee for further deliberation and report back to MMA Board.	JS	Recommendation to reaffirm MMA policy will be submitted to January meeting of MMA BOT.
3	Opposition to "Personhood" Proposals	Be it proposed that the MMA adopt the ASRM policy on opposition to personhood measures (*see policy statement that follows*) in anticipation that these issues will be coming to our state soon. The American Society for Reproductive Medicine (ASRM) is strongly opposed to measures granting constitutional rights or protections and "personhood" status to fertilized reproductive tissues. In a growing number of states, vaguely worded and often misleading measures are appearing either in legislation or as proposed constitutional amendments, defining when life begins and granting legal "personhood" status to embryos at varying stages of development. If approved, these measures will have profound consequences for women and their families. The goal of these measures is to make abortion illegal. However, these broadly worded measures will have significant effects on a number of medical treatments available to women of reproductive age. • Personhood measures would make illegal some commonly used birth control methods. • Personhood measures would make illegal a physician's ability to provide medically appropriate care to women experiencing life threatening complications due to a tubal pregnancy. • Personhood measures would consign infertility patients to less effective, less safe treatments for their disease.	Referred to the MMA Board of Trustees	Refer to Ethics and Medical-Legal Affairs Committee for further deliberation and report back to MMA Board.	TK	

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		• Personhood measures would unduly restrict infertile patients' right to make decisions about their own medical treatments, including determining the fate of any embryos created as part of the IVF process. • ASRM will oppose any personhood measure that is unclear, confusing, ambiguous, or not based on sound scientific or medical knowledge, and which threatens the safety and effective treatment of patients. *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*				
4	Gestational Carriers & Collaborative Reproduction Agreements	This proposal is for the MMA to oppose efforts to ban gestational carriers (or surrogacy) and to promote efforts to recognize intended parentage in collaborative reproduction agreements that are conducted in a responsible, legal and ethical manner for all parties involved and are in agreement with national medical practice and professional guidelines. *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*	Referred to the MMA Board of Trustees	Refer to Ethics and Medical-Legal Affairs Committee for further deliberation and report back to MMA Board.	TK	
5	Climate Change as A Health Concern	The MMA concurs with the scientific consensus that climate change is causing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor. The MMA recognizes the importance of physician involvement in public policymaking to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and notes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes. The MMA supports the work of Minnesota's state and local health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently. The MMA will work to inform and educate Minnesota physicians and communities at large regarding the health consequences of climate change. *(Submitted by TCMS; Bruce Snyder, MD)*	Adopted (with Policy Council-recommended amendments)	Adopt as policy statement. Explore potential *Minnesota Medicine* article/coverage to address last sentence of policy.	DH	Potential response: two potential articles from MDH may be submitted in 2015 – one in April on how climate change affects the types of illnesses/conditions doctors will see in their practices; and one in October on health disparities related to climate change. Staff has has contacted the physician who brought the issue to the MMA and are awaiting a reply (may seek a commentary from him).

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7	Aligning MMA Policy on Abortion with AMA Policy	The MMA supports current AMA policy on the right to privacy in termination of pregnancy as follows, "The AMA reaffirms existing policy that (1) abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice and the laws of the state; and (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances good medical practice requires only that the physician or other professional withdraw from the case so long as the withdrawal is consistent with good medical practice. The AMA further supports the position that the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the availability of appropriate facilities." *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*	Adopted (with Policy Council-recommended amendments)	Adopt as policy statement		Completed
8	Prior Authorization for Surgical Procedures	We ask that the MMA take a policy position that states that insurance companies use evidence-based guidelines to provide standardized written prior authorization guidelines and criteria, research the burden of prior authorization on Minnesota physicians, particularly surgical specialties, and encourage Minnesota Health Plans to improve transparency and efficiency of prior authorization process as well as support policies that reduce the turn-around time for pre-approvals, potentially including a default time frame where if no decision is made, the procedure is approved. *(Submitted by TCMS, Matthew Hunt, MD)*	Referred to the MMA Board of Trustees	Defer action on next steps pending review of the recommendations from MMA Prescription Drug Prior Authorization Work Group.	JS/TK/BD	
9	Tobacco Sales Prohibited for Individuals Under 21	640.05 Sale of Tobacco from Vending Machines/Sale of Tobacco to Minors The MMA supports a total ban on cigarette and e-cigarette sales from vending machines. Also, the MMA supports efforts to ban the sale of tobacco and e-cigarettes to individuals under 21 years of age. *(Submitted by Clay-Becker Medical Society; Robert Koshnick, MD)*	Adopted (Board adopted changes in lieu of Policy Council's reaffirmation recommenda-tion)	Adopt as policy statement		Completed

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12	National Practitioner Database Reporting Requirements	The MMA supports AMA policy H-355.976 regarding the National Practitioner Data Bank as follows, "1. Our AMA believes that (A) the National Practitioner Data Bank requirements should be modified so that settlements and judgments of less than $30,000 are not reported or recorded; (B) reports, other than licensure revocation, in the Data Bank should be purged after five years; (C) proctoring of physicians for the purpose of investigation should not be reportable; (D) physicians should not be required to turn over copies of their Data Bank file to anyone not authorized direct access to the Data Bank; and (E) any physician's statement included in the Data Bank file should automatically accompany any adverse report about that physician in distributions from the Data Bank. 2. Our AMA will (a) work with HHS to establish a mechanism to inform physicians when an inquiry to the Data Bank has been made; and (b) support efforts to require the same Data Bank reporting requirements for physicians, dentists and other licensed health care practitioners. 3. Our AMA: (a) opposes all efforts to open the National Practitioner Data Bank to public access; (b) strongly opposes public access to medical malpractice payment information in the National Practitioner Data Bank; and (c) opposes the implementation by the National Practitioner Data Bank of a self-query user fee. 4. Our AMA supports using all necessary efforts to direct the National Practitioner Data Bank to send all notifications to physicians by certified mail return receipt requested, and supports using all necessary efforts at the federal level to direct the National Practitioner Data Bank to begin the sixty day appeal process from the date the physician receives notification. 5. Our AMA will work with the appropriate federal agencies to ensure that the National Practitioner Data Bank reflects all disciplinary actions on appeal, and to remove from the physician's record reported decisions which have been overruled. 6. Our AMA will continue to monitor the issue of reporting impaired physicians to the National Practitioner Data Bank and will seek further clarification of ambiguities or misinterpretations of the reporting requirements for impaired physicians." *(Submitted by Robert Koshnick, MD)*	Adopted (with Policy Council-recommended amendments)	Adopt as policy statement		Completed

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14	Hospital Privileges for Procedures	The MMA opposes legislation that requires physicians to have hospital admitting privileges as a condition of performing specific procedures in an outpatient setting. *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*	Adopted (with Policy Council-recommended amendments)	Adopt as policy statement		Completed
15	Medical Liability	TCMS recommends that the MMA craft and sponsor legislation to reduce health care costs by implementing tort reform measures consistent with AMA policy. TCMS recommends the MMA advocate for a specialty court system to hear medical liability cases. *(Submitted by TCMS; Michael Tedford, MD)*	N/A	Retained by Policy Council for further deliberation within the next year.	JS	
16	Comprehensive Eye Exams	We would encourage MMA to oppose any efforts in the future to mandate comprehensive eye examinations for children. Such a mandate would impose a significant and unnecessary cost on the already burdened health care system. *(Submitted by MN Academy of Ophthalmology)*	Referred to the MMA Board of Trustees	Refer to Health Care Access, Financing & Delivery Committee for further deliberation and report back to MMA Board.	JS	
A	Resources for Physicians re: APRNs	The MMA will work to educate Minnesota physicians about recent changes to APRN scope of practice. Such education should address the origin and evolution of the legislation, the effect of the law in terms of physician employment of APRNs, and the implications on medical liability. *(Submitted by TCMS; Lisa Mattson, MD)*	Adopted (with Policy Council-recommended amendments)	Online resource guide/FAQ in development.	TK/DR	Completed
B	Telemedicine and Reproductive Health Informed Consent	MMA oppose efforts to restrict the content of the physician/patient relationship performed via telemedicine. *(Submitted by TCMS, Lisa Erickson, MD and Jan Strathy, MD)*	Referred to the MMA Board of Trustees	Refer to Ethics and Medical-Legal Affairs Committee for further deliberation and report back to MMA Board.	TK	Recommendation for policy position to be submitted to January meeting of MMA BOT.
OPEN ISSUES NOT ADOPTED						
6	Expanded Roles for MMA, MHA	1) Creation of a Regional/Statewide Central Credentialing function. Past attempts at this have not succeeded. Systems have evolved now may be the time for this. 2) Creation of a State-Wide formulary with robust exception process. This could be built into EPIC and ideally incorporate cost transparency at point of order entry. There is no reason why this could not become a reality. Cost saving and quality would be enhanced. 3) Assisting in the creation of a data warehousing platform to	Not adopted			

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		assist in retrieval of information from EPIC (essentially present across the entire state). Physicians and hospitals are uniformly frustrated at the inability to extract useful timely data from our EHR. 4) Assistance in selection and implementation of technologies to communicate between providers about patients using HIPPA compliant ways. Currently use of texts, cellphone pics, and countless other non-secure methods of communication occur regularly. *(Submitted by TCMS; John Hitt, MD)*				
10	Medicaid Sterilization Barriers	Medicaid Sterilization Barriers *(Submitted by Clay-Becker Medical Society; Robert Koshnick, MD)*	Not adopted			
11	Review Anti-Marriage Incentives with Means-Tested Welfare Programs	That the MMA forward a resolution to the AMA House of Delegates asking that the AMA request the federal government to review the anti-marriage incentives present in federal welfare programs and determine whether these programs can be revised to remove disincentives to marriage *(Submitted by Robert Koshnick, MD)*	Not adopted			
13	Physician Input on Candidate Endorsement	TCMS recommends that MMA create an outreach tool to seek input from all members on questions they would like to see asked of legislators; tool needs to be easily accessible and promoted broadly to membership; and outcome of survey (what questions were asked) shall be reported to the full membership. *(Submitted by TCMS; Michael Tedford, MD)*	Not adopted			