

MINUTES

MMA POLICY COUNCIL

THURSDAY, OCTOBER 25, 2018

6:00PM – 8:00PM

MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair
Debbie Allert, MD (via phone)
Peter Amadio, MD (via phone)
Amy Boles, MD (via phone)
Christy Boraas, MD
Stuart Cameron, MD
James Dehen, MD (via phone)
Mark Eggen, MD
Suliman EL-Amin, MD (via phone)
Bruce Gregoire
Osama Ibrahim, MD (via phone)
Andrea Joplin, MD
Robert Koshnick, MD

Kathryn Lombardo, MD (via phone)
Thomas Mulrooney, MD (via phone)
Ashok Patel, MD
Anne Pereira, MD (via phone)
Noel Peterson, MD (via phone)
Spencer Pruitt, MD
Douglas Pryce, MD
Christopher Reif, MD
Caleb Schultz, MD
Lynne Steiner, MD (via phone)
Kimberly Tjaden, MD (via phone)
Craig Walvatne, MD (via phone)

Members Absent

Michael Baich, MD
Jennifer Dens Higano
Britt Ehlert, MD
Randy Hemann, MD
Ahmed Pasha, MD

Nathan Ratner
Neel Shah, MBChB
Annabelle Soares
Keith Stelter, MD
Jennifer Tessmer-Tuck, MD
Lauren Williams, MD

Staff Present

Juliana Milhofer

Guests Present

Lisa Erickson, MD
Cresta Jones, MD
Beth Kangas (via phone)
George Schoephoerster, MD
Abby Solom (via phone)

I. Welcome & Introductions

Lisa Mattson, MD, Chair, called the meeting to order at 6:00 pm. All attendees introduced themselves.

II. Approve August 27, 2018 Meeting Minutes

The following motion was made, seconded, and passed unanimously.

MOTION: To approve the minutes of the August 27, 2018 MMA Policy Council meeting.

III. 2018 Open Issues Forum: Recommendations

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

Issue #1: Direct primary care

The Council believed that there was not enough information regarding how a tax credit would facilitate a direct primary care model of practice. 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 and the use of a tax credit.

In addition, the Council felt that support for small primary clinics, in a changing health care environment, was important and connecting with the Minnesota Academy of Family Physicians to learn more about what efforts they are involved with on this topic would be beneficial.

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 #2: Removing non-medical exemptions for vaccinations for those attending public school

The Council noted the strong and positive comments on this issue during the forum. The policy recommendation addresses the gap in MMA's current policy, which does not include postsecondary educational institutions.

In addition to the recommendation to retain current MMA policy as edited, the Council recommended that the MMA Board of Trustees consider having the MMA Public Health Committee examine MMA policy 530.97 (HPV Vaccination) to assess the age recommendation, and to ensure that the focus of HPV vaccination as a cancer prevention tool is emphasized.

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 (110.2795) as edited:

110.2795 Vaccine Exemptions

The MMA supports repeal of the "conscientiously held beliefs" exemption currently available in Minnesota's school and childcare facility immunization law, and for purposes of postsecondary educational institutions. Exemptions from vaccines should be limited to medical contraindications only. In addition, the Council recommends that the MMA Board of Trustees revisit current MMA HPV policy (530.97) to ensure consistency with current guidelines.

Issue #3: Preferred options

Although this issue was presented by the author at the forum, there was no discussion or input provided due to limited time. The Council noted that every insurance plan will handle coverage of preferred options differently. The Council recommended that no additional action on this issue occur at this time, and that the issue of preferred options be part of conversations that the MMA has on the topic of prior authorization and health care costs.

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 #4: Carbon fee and dividend policy

Although this issue was presented by the author at the forum, there was no discussion or input provided due to limited time. The Council noted the overall issue of climate change is something that medical students and young physicians are becoming more aware of as they begin their medical journeys. The Council believes that the issue of carbon fee and dividend is quite complex, as well as broad in its scope, and thus recommends that no additional action on this issue occur at this time, but that staff encourage the author to provide additional information, particularly around what role the MMA could effectively play.

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 #5: Health care reform/Universal health care

This issue received a lot of discussion and input at the forum, along with varied support and opinions for how to address health care reform. The Council reviewed current related MMA policy and felt that the MMA Principles for Health Care Reform are comprehensive and capture a lot of what are considered the goals of health care reform.

The Council recommended that no additional action on this issue occur at this time, but that staff encourage the author to provide additional information, particularly around what is needed to strengthen MMA's current policies on health care reform (*i.e.*, MMA Principles for Health Care Reform).

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 #6: Health care reform options

This issue received a lot of discussion and input at the forum, along with varied support and opinions for how to address health care reform.

The Council considered the complexity of the issue and took time to review relevant MMA policy at their October 25, 2018 meeting. The Council highlighted the MMA's current policy (290.67 MMA Principles for Health Care Reform), and made specific reference to MMA policy regarding financing models:

- "Broad-based, stable and adequate financing –
 - Ensure adequate investment in system
 - Financing systems should reflect broad social benefit of care"

The Council members felt strongly that MMA policy 290.67 encompasses the MMA's position on health care financing. Nevertheless, the Council felt that MMA's policy would be strengthened by the addition of language that acknowledges that all types of financing models should be taken into consideration when assessing which one would best meet the needs of physicians and patients in Minnesota

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 (290.67) as edited:

290.67 MMA Principles for Health Care Reform

1. Insurance coverage for all Minnesotans
 - Individual mandate for essential health benefits
 - Fair spreading of risk (guaranteed issue, community rating)
 - Subsidies/tax incentives
2. Preserve patient-physician relationship
 - Guard the trust and ethical foundations of the physician-patient relationship
 - Recognize need for patient and public accountability
 - Oppose third-party interference in personal care decisions
3. Ensure access to appropriate care for all Minnesotans
 - Insurance coverage, alone, does not guarantee that patients will have access to physicians and other providers of care that they need
 - Reasonable payment rates are necessary to ensure access to care and viability of physician practices
 - Invest in health care workforce – education and training
4. Improved affordability of care
 - Support evidence-based, effective care
 - Promote continuous healing relationships and a "medical home" for every Minnesotan
 - Work to reduce administrative waste and low-value or unnecessary care
 - Changes to the ACA must strive to improve affordability and should not result in greater financial barriers to care and coverage.
5. Invest in public health and prevention
 - Recognize the significant influence of social determinants of health on health care costs and utilization
 - Support payment and coverage policies that can limit development/exacerbation of chronic conditions

– Preventive care must continue to be covered as part of any insurance coverage

6. Health equity

– Recognize that structural and institutional racism that exists in hospitals and health care systems in Minnesota has contributed to current racial and ethnic health disparities

– Support policies that will improve health for all Minnesotans, acknowledging the impact of housing, transportation, education, economic opportunity and criminal justice policies in pursuit of that goal

7. Support innovation in care delivery and payment

– Recognize challenges and limitations of a predominantly fee-for-service based payment system

– Support experimentation with value-based payment models – no one-size-fits-all method is appropriate

8. Broad-based, stable and adequate financing

– Ensure adequate investment in system

– Financing systems should reflect broad social benefit of care

– **That doesn't outright exclude consideration of any one financing model**

Confirmed by BT 01-17

Issues #7 - 10: Advocating for schools as gun-free zones, firearms and high-risk individuals, gun safety, and oppose federal concealed carry reciprocity (four issues combined into one issue)

The Council noted the strong and positive comments provided on the overall gun safety issue during the forum. The panelists noted that the AMA policies presented in the submission would strengthen MMA's current policies related to firearms. The Council also recognized that the topic of guns is a divisive one, and there is opposition and support for certain policies among MMA membership. Nevertheless, the Council felt that the gun safety policy recommendations before them were all important in addressing firearm-related injuries and fatalities, and thus voiced strong support for them all moving forward.

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 adopts AMA policy H-145.983 as follows: School Violence H-145.983 –

Our AMA: (1) encourages states to adopt legislation enabling schools to limit and control the possession and storage of weapons or potential weapons on school property; (2) advocates for schools to remain gun-free zones except for school-sanctioned activities and professional law enforcement officers; and (3) opposes requirements or incentives of teachers to carry weapons.

The MMA adopts AMA policy H-145.972 as follows: Firearms and High-Risk Individuals H-145.972 –

Our AMA supports: (1) the establishment of laws allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence; (2) prohibiting persons who are under domestic violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking, from possessing or purchasing firearms; (3) expanding domestic violence restraining orders to include dating partners; (4) requiring states to have protocols or processes in place for requiring the removal of firearms by prohibited persons; (5) requiring domestic violence restraining orders and gun violence restraining orders to be entered into

the National Instant Criminal Background Check System; and (6) efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals.

The MMA adopts the following AMA policy on gun safety: It is the policy of the AMA to support (a) mandatory inclusion of safety devices on all firearms, whether manufactured or imported into the United States, including built-in locks, loading indicators, safety locks on triggers, and increases in the minimum pressure required to pull triggers; (b) bans on the possession and use of firearms and ammunition by unsupervised youths under the age of 21; (c) bans of sales of firearms and ammunition from licensed and unlicensed dealers to those under the age of 21 (excluding certain categories of individuals, such as military and law enforcement personnel).

The MMA adopts the following AMA policy on federal concealed carry reciprocity: It is the policy of the AMA to oppose “concealed carry reciprocity” federal legislation that would require all states to recognize concealed carry firearm permits granted by other states and that would allow citizens with concealed gun carry permits in one state to carry guns across state lines into states that have stricter laws. The AMA supports the right of local jurisdictions to enact firearm regulations that are stricter than those that exist in state statutes and encourages state and local medical societies to evaluate and support local efforts to enact useful controls.

Issue #11: Conversion therapy

The Council noted the strong support and positive comments provided on this issue at the forum. The recommendation is similar to the original submission, with an edit made to direct the prohibition to all in Minnesota, rather than focus on children, adolescents, or vulnerable adults in the state. The Council felt that conversion therapy should not be provided to anyone in Minnesota and identifying specific populations in the policy would not be sufficient.

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 should draft, advocate, and endorse legislation that broadly: (1) prohibits licensed mental health and medical professionals from providing, referring, or billing medical assistance for conversion therapy in Minnesota; and (2) sanctions offending licensed mental health and medical professionals, requiring disciplinary action determined by a state licensing board or other agency.

Issue #12: Improving outcomes for those with maternal opioid use disorder

The Council noted the strong support and positive comments provided on this issue at the forum. The Council, in their deliberation as to whether to modify the recommendation so that it refers to substance use disorders, rather than only opioid use disorders, connected with the author for input and guidance on broadening the scope of the issue submission. After further discussion, the Council felt strongly that there should be no barriers for women accessing appropriate care and ensuring that a harm reduction approach is taken for all substances of abuse would be beneficial, and thus, MMA policy should reflect this.

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 appropriate efforts to improve outcomes for maternal substance use disorder that include the following: (1) promoting public health efforts to improve outcomes with maternal substance use disorder; (2) oppose punitive legislation against pregnant women with substance use disorder; (3) support implementation of laws to ensure access to appropriate care for pregnant women with substance use disorder and babies born with NAS.; (4) protect against mandatory prenatal reporting to local welfare agencies; and (5) maintain protections for women undergoing medically assisted treatment (MAT).

IV. **Updates**

Ms. Milhofer provided the Council members with brief updates regarding the following:

- (1) Noted was that at the 2018 MMA House of Delegates (HOD), the sunset of the HOD was approved. The role of the Council will be modified as a result of the resolution that was passed, and more information will be provided in 2019 regarding the modifications.
- (2) Noted was that mental health care and rural health care will continue to be examined by the Council in 2019. In addition, the scope and charge of a mental health task force will need to be refined before it is brought before the MMA Board of Trustees.

V. **Election: 2019 Policy Council Chair**

Introduced was the one nomination for 2019 Policy Council Chair – Lisa Mattson, MD.

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 2019.

VI. **New Business**

A. **Recognitions**

Lisa Mattson, MD thanked those members of the Council whose terms expire at the end of 2018 for their service and support. Juliana Milhofer distributed certificates of appreciation to departing Council members.

VII. **Adjourn**

The following motion was made, seconded, and adopted:

MOTION: That the meeting be adjourned at 8:10 pm.