**MINUTES**

**MMA POLICY COUNCIL**
**MONDAY, MAY 1, 2017**
**6:00 – 8:00 PM**
**MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM**

**Members Present**

Lisa Mattson, MD, Chair
Peter Amadio, MD (via phone)
Elisabeth Bilden, MD
Stuart Cameron, MD (via phone)
Alexander Feng
Elizabeth Fracica (via phone)
Dionne Hart, MD
Daniel Heinemann, MD (via phone)
Kenneth Kephart, MD
Matthew Kruse, MD
Ernest Lampe, MD
Kathryn Lombardo, MD
Kimberly McKeon, MD (via phone)
Salma Patel, MD (via phone)
Noel Peterson, MD (via phone)
Douglas Pryce, MD
Christopher Reif, MD
Erica Sanders
George Schoephoerster, MD
Caleb Schultz, MD (via phone)
Lynne Steiner, MD (via phone)
Kimberly Tjaden, MD
Sally Trippel, MD (via phone)
Jon Van Loon, MD (via phone)
Craig Walvatne, MD
Thomas Witt, MD (via phone)

**Members Absent**

Leah Anderson, MD
Michael Baich, MD
Stephen Cragle, MD
James Dehen, MD
Ramnik Dhaliwal, MD
Mark Eggen, MD
Robert Grill, MD
Evan James
Christopher Johnson, MD
Ahmed Pasha, MBBS
Neil Shah, MD
Annabelle Soares
Robert (Jay) Widmer, MD

**Guests Present**

Beth Kangas, ZVMS (via phone)

**Staff Present**

Juliana Milhofer
Dave Renner
Janet Silversmith

**I. Welcome & Introductions**

Lisa Mattson, MD, Policy Council Chair, called the meeting to order at 6:00 pm.

**II. Approve Minutes of February 18, 2017**

With no changes noted, the following motion was made, seconded and adopted:

**Motion:** that the minutes of the February 18, 2017 meeting be adopted.

III. **MMA Committee Reports &Updates**

Per the Council's request, Janet Silversmith reviewed the list of agenda topics planned by other MMA committees and/or task forces. She also reviewed the recommendations from the MARCH Steering Committee, which includes reaffirmation of prescription drug prior authorization as an area of focus. A question was asked regarding the release of the results from the physician aid-in-dying member survey; it was noted that results will be shared with the MMA Board in May and, following board action, the board's decision and survey results will be communicated to members.

IV. **2017 Legislative Session Status Report**

Dave Renner, MMA Director of State and Federal Legislation, provided an overview of MMA priorities for the 2017 legislative session, including health reform; medication prior authorization reform; quality measurement alignment; maintaining the provider tax repeal; and, opioids. He commented on the timeline for the remainder of the session and noted that the health and human services conference committee bill had just been released. This bill will serve as the point of negotiation with the Governor – changes are expected. The bill does include payment cuts for physician services (MA/MNCare programs). Other issues noted were vaccinations (a somewhat surprising focus but the result of the recent measles outbreak), plans to prop up the individual market with premium support (2017) and reinsurance (2018-19), and the MinnesotaCare buy-in idea proposed by Gov. Dayton.

A lengthy discussion followed regarding access to care, particularly in the face of already low Medicaid payments, further payment cuts, benefit cuts, and the interplay with still-to-be-determined federal changes.

The discussion provided a good reminder about the May 20 board strategic planning session, to which all Council members are invited.

V. **Prescription Drug Importation & Re-Importation**

The MMA delegation to the AMA requested that the MMA Policy Council explore the issue of prescription drug importation as one potential strategy to reduce the cost of prescription drugs.

The Council reviewed an informational memo provided by staff. Prescription drug importation would permit the importation of drugs manufactured in other countries for sale and use in the US. One of the most significant arguments against this policy is the potential for less rigorous oversight than that provided by the US Food and Drug Administration (FDA).

It was noted that drug importation and re-importation reflects discontent with the relatively higher prescription drug prices in the US, which can be particularly evident in US communities near international borders (especially Canada). Interest in importation and re-importation was somewhat higher prior to the adoption of the Medicare prescription drug benefit (Part D).

Current laws and policies appear to provide some ability, though no guarantee of immunity, for individuals to import drugs into the US for personal use.

First, the Homeland Security Appropriations Act of 2007 includes language that prohibits customs and border security funding to be used to prevent a person from importing a prescription drug from Canada that would otherwise comply with FDA standards – if individuals are transporting the drugs "on their person," for personal-use only, and if the quantity does not exceed a 90-day supply. In practice, however, the language, "otherwise comply with FDA standards" effectively renders the provision irrelevant, because most prescription drugs from Canada do not comply with the FDA standards (such as being approved by the FDA).

Second, determining whether an imported drug meets FDA standards is up to the FDA. As a result, the FDA has issued enforcement guidelines that allow FDA staff (who receive referrals of cases from customs and border personnel) to "use their discretion" and on a case-by-case basis to allow entry of otherwise illegal FDA-regulated products when the quantity and purpose are clearly for personal use, and the product does not present an unreasonable risk to the user. In practice, this provision allows some individuals to import medications, but the practice remains illegal and discretionary.

Finally, the 2003 Medicare Modernization Act, which created Part D, authorized the development of regulations that would permit pharmacists and drug wholesalers to import prescription drugs from Canada (and also allow waivers for individual importation), contingent upon the Secretary of Health and Human Services certifying that adoption of such regulations will 1) pose no additional risk to the public's health and safety; and, 2) result in a significant reduction in the cost of covered products to the American consumer. To date, no HHS Secretary has issued such certifications.

There are currently no specific exceptions to the regulatory authority of the FDA with respect to the importation of foreign-manufactured drugs for commercial use. In order to accommodate such exceptions, the FDA would need to effectively cede all of its current regulatory authority to ensure the safety and accuracy of foreign-made drugs to foreign governments or agencies – something that policymakers have, to date, been unlikely to permit.

With respect to re-importation, which involves the purchase of American-made prescription drugs from countries to which US pharmaceutical companies have exported their products, the legal climate is similar. Current law prohibits re-importation of a drug unless done by the manufacturer of the drug, with one exception – the Secretary of HHS does have authority to permit re-importation if a drug is required for emergency medical care.

It was noted that Sen. Klobuchar (with Sen. McCain) has sponsored a bill to allow personal importation of drugs from Canada.

Existing AMA policy was also reviewed.

A lengthy discussion followed. Some Council members questioned whether this is a worthwhile pursuit, given that its impact on prescription drug costs would likely be negligible; others expressed a desire to support Sen. Klobuchar's efforts and the incremental benefit that could be provided to individuals, particularly those in Canadian border states. Concerns about purchases via the internet were raised, but several expressed support for personal importation of medication for personal use. A concern regarding

antibiotic importation was raised as a potential contributor to antibiotic resistance. Ultimately, the Council concluded that supporting policies to allow personal importation of prescription drugs from Canada for personal use, as generally consistent with enforcement practices already in place, was worth supporting. Although the overall impact of such a policy in improving the affordability of prescription drugs is likely to be quite limited, the Council believed it would send a signal to policymakers (including Sen. Klobuchar and others who have introduced legislation to this effect) and the public that greater attention to prescription drug affordability is needed.

A motion was made, seconded and adopted (with at least a 2/3 majority):

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| **Motion:** The MMA supports legislation that would allow for the personal purchase and importation of prescription drugs obtained directly from a licensed Canadian pharmacy, provided such drugs are for personal use and of a limited quantity. The MMA delegation to the AMA will submit a resolution to the AMA urging adoption of AMA policy consistent with this position. |

VI. **2017 Annual Conference Policy Forums**

Current education topics planned for the conference include opioids and pain management, health disparities, and prescription drug spending. Council members brainstormed potential policy forum topics. Among ideas suggested were the following:

- Health care reform
- Healthy living as you age
- Vaccines
- Distrust in the health care system

The topics receiving the greatest support were health care reform and distrust in the health care system. Additional planning work will occur to refine the goals and structures for the forums. The Open Issues Forum will also be held – further refinement of the format for that forum will also occur, given that the meeting is limited to a single day this year.

VII. **New Business**

Council members expressed support for adding an additional meeting before August.

VIII. **Adjourn**

With no time remaining, the following motion was made, seconded, and adopted:

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| **Motion:** that the meeting be adjourned at 8:00 pm |