

2015 MMA Open Issues Forum

Submitted Issues:

Topic: Including Medical Cannabis Distribution in Prescription Monitoring Program.

Request: MMA is invited to join the MAFP in advocating to have medical cannabis dispensaries be required to report distributions to the Minnesota Prescription Monitoring Program for inclusion in the database.

Rationale: At this time, the PMP can only include Schedule II medications. In 2015, the state of Minnesota is opening medical dispensaries for medical cannabis under a new state law. By doing so, Minnesota has essentially reclassified cannabis to a Schedule II classification within the state. Also, medical cannabis may have clinically significant interactions with other medications, so physicians should be informed about the substances their patients are currently taking. The best way to do this would be that they be reported for tracking in the Prescription Monitoring Program.

Submitted by: MAFP

Expected Issues from TCMS

- Prescription drug fraud
- Resources/information to members on under-represented specialties in MN

Potential Issues for Open Issues Forum:

- Whether to change/revisit MMA policy on physician-assisted suicide (current MMA policy is in opposition; outstanding issue from April conference. Legislation has been introduced and there is some growing advocacy on this issue.)
- Whether MMA should support a change to Minnesota's current vaccine exemptions (current Minnesota law, 121A.15, allows a parent/guardian to avoid vaccinating a child for "the conscientiously held beliefs of the parent or guardian of the minor child or of the emancipated person.")
- Whether to expand Minnesota's medical cannabis program to include "intractable pain" (defined in law as a pain state in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and in which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts. Reasonable efforts for relieving or curing the cause of the pain may be determined on the basis of, but are not limited to, the following: (1) when treating a nonterminally ill patient for intractable pain, evaluation by the attending physician and one or more physicians specializing in pain medicine or the treatment of the area, system, or organ of the body perceived as the source of the

pain; or (2) when treating a terminally ill patient, evaluation by the attending physician who does so in accordance with the level of care, skill, and treatment that would be recognized by a reasonably prudent physician under similar conditions and circumstances.). Note that this is currently being considered by a MDH advisory task force; MMA EC recently voted to voice opposition to expansion to MDH).

- Paid sick leave (retained by Council for further deliberation; would it be useful to gather attendee input?)
- New MinnesotaCare financing – revenue sources other than provider tax (scheduled for repeal in 2019)
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