

2015 MMA OPEN ISSUES FORUM
September 25, 2015
St. Louis Park, MN

The following consent calendar is presented to the MMA Policy Council for adoption:

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

Issue 1: Medical Cannabis Reporting to the Prescription Monitoring Program (PMP)

Issue 3: Vaccine Exemptions*

Issue 4: Medical Cannabis and Intractable Pain

Issue 5: MinnesotaCare Financing

Issue 6: Improving use of the Prescription Monitoring Program (PMP)

Issue 7: Radon Disclosure to Renters

Issue 8: Prescription Drug Fraud

RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES

Issue 2: Physician-Assisted Suicide/Physician Aid-in-Dying*

RECOMMENDATION: ARCHIVE EXISTING MMA POLICY

Issue 2: Physician-Assisted Suicide/Physician Aid-in-Dying*

Issue 3: Vaccine Exemptions*

*Issue includes 2 recommendations

Issue 1: Whether to support a requirement that medical cannabis be reported to the Minnesota Prescription Monitoring Program (PMP) and available to prescribers using the PMP.

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA supports efforts to improve physician access to patients' medical cannabis use in order to improve care and treatment decisions. The MMA will work with the Minnesota Board of Pharmacy and the Minnesota Department of Health Office of Medical Cannabis to explore ways of incorporating medical cannabis dispensing information into the Minnesota Prescription Monitoring Program (PMP).

Recommendation Rationale:

There was fairly uniform support for the idea of having medical cannabis use available to prescribers. Although there may be barriers associated with incorporating this data into the PMP, it is an existing platform that is designed to aid prescribing practices.

Open Issues Forum Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated that physicians would find value in having access to patients' medical cannabis use. The existing infrastructure of the PMP appears to offer the most likely means by which to gain access to that information.

In the polling results, 69% of respondents expressed support for incorporating medical cannabis information in the PMP. In priority issue polling results, this item ranked 4th highest among the eight issues for MMA to address.

Issue 2: Whether to change/revisit MMA policy on physician-assisted suicide

RECOMMENDATION 1: REFER TO MMA BOARD OF TRUSTEES

The issue of physician aid-in-dying/physician-assisted suicide is complex and controversial. The MMA Policy Council urges the MMA Board of Trustees to direct staff to further analyze the proposal before the Minnesota Legislature in order to understand its intent and implications; further consideration of the experiences in other states is also recommended. The MMA Policy Council also urges the Board to convene additional forums on the topic to expand physician understanding of the issues involved and to gather additional input and perspectives prior to developing new or revised MMA policy. Until further analysis, education, and dialogue among physicians can occur, the Policy Council urges the MMA to refrain from taking public positions on the proposed Minnesota legislation.

RECOMMENDATION 2: ARCHIVE STATEMENT #4 OF MMA POLICY 240.21

Decisions Near End of Life

The MMA endorses the AMA Council on Ethical and Judicial Affairs recommendations adopted at the 1991 AMA Annual Meeting as follows:

1. The principle of patient autonomy requires that physicians must respect the decision to forego life-sustaining treatment of a patient who possesses decision-making capacity.

Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics and artificial nutrition and hydration.

2. There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

3. Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death.

~~4. Physicians must not perform euthanasia or participate in assisted suicide. The societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide. (HD-SR30-1992)~~

Note that AMA policy has since been updated on this topic:

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide). It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. (I, IV) Issued June 1994 based on the reports "Decisions Near the End of Life," adopted June 1991, and "Physician-Assisted Suicide," adopted December 1993 (JAMA. 1992; 267: 2229-33); Updated June 1996.

Recommendation Rationale:

This topic is extremely complex and controversial. The MMA has not addressed this topic in any substantive way since 1992. Opinions appear to be changing somewhat throughout the country and legislation introduced in Minnesota may trigger additional discussion within the community. The discussion at the Open Issues Forum was useful to many attendees, but further consideration seems warranted, particularly as the details of proposed legislation in Minnesota were not reviewed. The first recommendation calls for further deliberation on this topic, as well as further analysis of legislative proposals. The second recommendation effectively repeals current MMA policy in opposition to the issue (adopted in 1992) so that MMA's position is effectively silent/neutral while additional discussion ensues.

Open Issues Forum Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated mixed reactions – some favoring support, others favoring neutrality, others strongly opposed. There were fairly consistent calls for more education and analysis of what is happening/has happened in other states. There were also calls for more discussion about end-of-life resources.

In the polling results, opinions were almost evenly split – 23% urged MMA support; 29% urged MMA opposition; 21% urged further examination/study; 27% urged MMA neutrality. Interestingly, however, in priority issue polling results, this item ranked 3rd highest among the eight issues for MMA to address.

Issue 3: Whether MMA should support a change to Minnesota’s current vaccine exemptions for conscientiously held beliefs

RECOMMENDATION 1: ADOPT MMA POLICY STATEMENT

The MMA supports repeal of the “conscientiously held beliefs” exemption currently available in Minnesota’s school and childcare facility immunization law. Exemptions from vaccines should be limited to medical contraindications only.

RECOMMENDATION 2: ARCHIVE MMA POLICY 110.22

Immunization of Children Against Disease

The MMA supports legislation requiring all children enrolled in public, private and parochial schools and in day care facilities to be immunized against various diseases. Immunizations against red measles should be made after the child is one year of age. Exceptions, based on age and sex, should be made for immunizations against pertussis, mumps, and rubella. Schools should be required to maintain immunization records and make annual reports. Exceptions should also be made for health reasons and conscientious beliefs. (BT-3/80)

Recommendation Rationale:

There was overwhelming support – both in table discussions and written comments – to support repeal of the conscientious beliefs exemption in Minnesota law. The second recommendation would archive current MMA policy that supports the exemption (note that other MMA policy clearly articulates support for the school and daycare vaccination requirements).

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) was nearly universal in support of repealing the exemption in favor of the public health value of vaccinations for all. Some comments urged the need for additional physician education on this issue. Several comments noted the California law as a model law worth adopting in Minnesota (medical contraindications only).

In the polling results, 84% of respondents supported repeal of the current exemption. In the priority issue polling results, this item ranked 1st among the eight issues for MMA to address.

Issue 4: Whether to expand Minnesota’s medical cannabis program to include “intractable pain”

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA reiterates its call for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease. The MMA further reiterates that until such time as marijuana is approved for use by the Food and Drug Administration and is no longer classified in Schedule I by the Drug Enforcement Administration, it cannot support legislation intended to involve physicians in certifying, authorizing, or otherwise directing persons in the area of medicinal marijuana outside of scientific clinical trials. The MMA will not, however, actively oppose expansion of Minnesota’s medical cannabis program to include other qualifying conditions if such expansion is deemed scientifically justifiable by the Commissioner of Health, if such expansion is limited to carefully defined and targeted persons, and if such expansion allows for narrowly defined conditions for which physician certification is clear and objective.

Recommendation Rationale:

The proposed recommendation reiterates existing MMA policy with respect to the need for more studies and with respect to MMA’s official stance not to support legislation that inserts physicians actively in medical marijuana given its current FDA and DEA status. It further clarifies, however, that given Minnesota’s existing medical cannabis program, the MMA will not actively oppose expansion to other conditions if the new conditions meet three criteria – 1) scientific review and rationale from the Commissioner of Health; 2) clearly defined and targeted population of patients; and, 3) conditions for which physician certification is clear and objective.

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated very mixed opinions. Several recorded comments from table discussions indicated a split in support based on age, with younger physicians/students tending to support expansion and older physicians tending to oppose it. Several comments expressed concerns with available data, while others noted that part of Minnesota’s program is aimed at improving data. Several commented that expansion could help with the current opioid problem, while others expressed concern that this would end up similar to the opioid problem.

In the polling results, opinions were very mixed – 33% urged MMA support for expanding the program to include intractable pain; 44% urged MMA opposition; 18% urged MMA neutrality. In the priority issue polling results, however, this issue ranked 2nd highest among the eight issues for MMA to address.

Issue 5: What are viable alternative funding sources that could replace the provider tax, which is used to finance MinnesotaCare and part of Minnesota’s Medical Assistance (MA) program.

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA continues to support the repeal of the provider tax and reiterates its position that broad-based, general fund revenues should support public health care programs that benefit all Minnesotans.

Recommendation Rationale:

The recommendation is consistent with existing MMA policy calling for broad-based taxes to support Minnesota's health care programs.

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated that most support repeal of the provider tax but also support continuation of the MinnesotaCare program. Several ideas for alternative sources of revenue were suggested, including income taxes, tobacco tax, alcohol tax, premium tax.

In the polling results, 56% of respondents said it was very important to identify alternatives to the provider tax to finance MNCare; 26% said it was somewhat important; and, 10% said it was not important. In the priority issue polling results, this item ranked 5th highest among the eight issues for MMA to address.

Issue 6: Whether the Prescription Monitoring Program (PMP) should be modified to increase its use by prescribers – require PMP registration by prescribers; require use in defined situations.

ADOPT MMA POLICY STATEMENT

The Prescription Monitoring Program (PMP) is an effective tool for physicians to use when confronted with patients for whom there are concerns about diversion, abuse and/or misuse of prescriptions for controlled substances. The MMA will support efforts to increase prescriber use of the PMP that are focused on education/awareness, best practice dissemination, improved functionality, integration with e-prescribing systems, and a requirement for PMP registration for relevant prescribers. Until there is greater experience with the impact and utility of the PMP's unsolicited reporting functionality, the MMA will continue to oppose mandates for PMP use.

Recommendation Rationale:

The value of the PMP is fairly well acknowledged, but the use of it suffers for a variety of reasons, including lack of EHR integration and prescriber awareness. The recommendation acknowledges that PMP use is challenged by a number of issues and increasing use can be accomplished through continued education, awareness-raising, and sharing of best practices. The recommendation also includes MMA support of a requirement for PMP registration among relevant prescribers (i.e., not all licensed physicians need register if they do not prescribe scheduled medications); this was a means of increasing PMP use that was supported by a majority of forum attendees. The PMP's new unsolicited reporting function, which will alert prescribers about potential concerning patterns of use among patients, is still in its pilot phase.

Until more is known about the impact of this function on PMP use, the MMA will continue to oppose other mandates for using the PMP.

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated support for a requirement to register with the PMP, but little agreement on PMP use requirements. Several comments noted that limited use of PMP is multifactorial.

In the polling results, 56% of respondents said the MMA should support a requirement that all prescribers be required to register to use the Prescription Monitoring Program (PMP); 18% urged opposition; 16% urged neutrality; and, 10% said they didn't know. In the priority issue polling results, this item ranked 6th highest among the eight issues for MMA to address.

Issue 7: Whether to expand Minnesota's current radon disclosure requirements for real estate transactions to include rental properties.

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA supports the extension of Minnesota's current radon disclosure requirements for real estate transactions to also apply to rental agreements.

Recommendation Rationale:

The recommendation reflects fairly consistent support for extending the current disclosure requirements that are afforded to home purchasers to renters.

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated consistent support for this proposal. Most, but not all, comments did not support further requirements for either testing or mitigation of radon.

In the polling results, 75% of respondents said the MMA should support expanding the current disclosure to include prospective renters; 5% urged opposition; and 20% didn't know. In the priority issue polling results, this item ranked last among the eight issues for MMA to address.

Issue 8: Work to mitigate the problem of prescription drug fraud and help improve communication/coordination when a suspected case of DEA number theft occurs.

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA will work with the Minnesota Board of Pharmacy, Minnesota Pharmacists Association, and other relevant stakeholders to consider strategies to reduce prescription drug fraud, including consideration of expanded use of e-prescribing for controlled substances, and the use of photo identification for controlled substance pick up.

Recommendation Rationale:

The recommendation calls for MMA to work with relevant stakeholders to further examine ways of addressing the impact of stolen DEA numbers and prescription fraud. A couple of the ideas offered during the forum (e.g., photo ID for controlled substance pick up at pharmacy) are included in the recommendation as specific topics that would benefit from broader discussion with affected parties.

Physician Input:

Recorded input shared on this topic (either from the table discussions or from submitted comment sheets) indicated interest in this topic and possible ideas for addressing it. Improved ability to e-prescribe controlled substances, requiring photo ID for prescription pick up, and approaches similar to that used for ephedrine/pseudoephedrine were suggested.

In the polling results, 88% of respondents agreed that MMA should work on the problem of prescription drug fraud; 3% disagreed; and 9% didn't know. In the priority issue polling results, this item ranked 7th highest among the eight issues for MMA to address.

Informational Item: Open Issues Forum Summary Report

Q #	Choice	Choice Text	Response Count	Response Pct
1	Issue #1: Regarding whether a patient’s medical cannabis use should be available to prescribers using the Prescription Monitoring Program (PMP), the MMA should			
	1	Support it	42	68.9%
	2	Oppose it	9	14.8%
	3	Seek ways outside of PMP to access information	3	4.9%
	4	Don’t know	7	11.5%
	N		61	
2	Issue #2: Regarding legislative proposals to allow physician-assisted suicide in Minnesota, MMA should...			
	1	Support it	14	22.6%
	2	Oppose it	18	29.0%
	3	Further examine it	13	21.0%
	4	Stay neutral	17	27.4%
	5	Don’t know	0	0.0%
N		62		
3	Issue #3: MMA should support removal of the “conscientious beliefs” exemption in Minnesota’s vaccination law			
	1	Agree	52	83.9%
	2	Disagree	8	12.9%
	3	Don’t know	2	3.2%
N		62		
4	Issue #4: Regarding potential expansion of Minnesota’s medical cannabis program to include “intractable pain” MMA should...			
	1	Support it	20	32.8%
	2	Oppose it	27	44.3%
	3	Stay neutral	11	18.0%

4	Don't know	3	4.9%
N		61	
Issue #5: Identifying alternatives to the provider tax to finance MinnesotaCare is...			
5			
1	Very important	34	55.7%
2	Somewhat important	16	26.2%
3	Not important	6	9.8%
4	Don't know	5	8.2%
N		61	
Issue #6: Regarding a requirement that all prescribers be required to register to use the Prescription Monitoring Program (PMP), the MMA should			
6			
1	Support it	34	55.7%
2	Oppose it	11	18.0%
3	Stay neutral	10	16.4%
4	Don't know	6	9.8%
N		61	
Issue #7: MMA should support efforts to expand Minnesota's current radon disclosure requirements for real estate transactions to include disclosure to prospective renters			
7			
1	Agree	46	75.4%
2	Disagree	3	4.9%
3	Don't know	12	19.7%
N		61	
Issue #8: MMA should work on the problem of prescription drug fraud and help improve communication/coordination when a suspected case of DEA number theft occurs			
8			
1	Agree	52	88.1%
2	Disagree	2	3.4%
3	Don't know	5	8.5%
N		59	

Your top 3 priority issues for MMA to address (Enter the numbers of your top 3 issues, then hit SEND)			
9			
1	Vaccine exemption for “conscientious beliefs”	89	
2	Intractable pain for medical cannabis	61	
3	Physician-assisted suicide	51	
4	Medical cannabis reporting to PMP	39	
5	Alternative financing for MNCare (provider tax)	31	
6	Changes to increase prescriber use of PMP	26	
7	DEA theft and prescription fraud	20	
8	Radon disclosure in rental properties	16	
	N	59	
1	Forum Evaluation: The forum allowed various voices/perspectives to be heard.		
0			
1	Strongly agree	37	61.7%
2	Agree	21	35.0%
3	Disagree	2	3.3%
4	Strongly disagree	0	0.0%
	N	60	
1	Forum Evaluation: Overall, how satisfied are you with the Open Issues Forum?		
1			
1	Very satisfied	32	54.2%
2	Satisfied	23	39.0%
3	Dissatisfied	3	5.1%
4	Very dissatisfied	1	1.7%
	N	59	