

2014 MMA OPEN ISSUES FORUM  
September 19, 2014  
Brainerd, MN

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

**RECOMMENDATION: ADOPT MMA POLICY STATEMENT**

Issue 2: Access to Birth Control; Physician-Patient Relationship  
Issue 5: Climate Change as a Health Concern  
Issue 7: Aligning MMA Policy on Abortion with AMA Policy  
Issue 12: National Practitioner Database Reporting Requirements  
Issue 14: Hospital Privileges for Procedures  
Issue A: Resources for Physicians re: APRNs

**RECOMMENDATION: REAFFIRM EXISTING MMA POLICY**

Issue 9: Tobacco Sales Prohibited for Individuals Under 21

**RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES**

Issue 4: Gestational Carriers & Collaborative Reproduction Agreements  
Issue 8: Prior Authorization for Surgical Procedures  
Issue 16: Comprehensive Eye Exams  
Issue B: Telemedicine and Reproductive Health Informed Consent

**RECOMMENDATION: DO NOT ADOPT**

Issue 1: Pain Management Standards & the Joint Commission  
Issue 6: Expanded Roles for MMA, MHA  
Issue 10: Medicaid Sterilization Barriers  
Issue 11: Review Anti-Marriage Incentives with Means-Tested Welfare Programs  
Issue 13: Physician Input on Candidate Endorsement

**RECOMMENDATION: FURTHER POLICY COUNCIL GUIDANCE IS NEEDED**

Issue 3: Opposition to "Personhood" Proposals  
Issue 15: Medical Liability

## **Issue 1: Pain Management Standards & the Joint Commission**

RECOMMENDATION: DO NOT ADOPT

Original Request:

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.

Recommendation Rationale:

The proposal is nearly identical to policy already adopted by the AMA; therefore, it would be duplicative to submit another resolution.

At the 2013 AMA interim meeting, the AMA House of Delegates adopted policy on this topic as follows (D-220.97):

Our AMA urges The Joint Commission to reevaluate its accreditation standard for pain assessment, including evidence on whether the standard improves pain management practices, in order to ensure that the standard supports physician's abilities to select the most appropriate treatment options for their patients. (Sub. Res. 915, I-13)

Physician Input:

There were approximately 8 physicians who participated in the focused discussions on this topic. Most comments recorded were supportive, although there were some comments suggesting that there may be some confusion as to what the Joint Commission standards specifically address. Of the 18 submitted comment sheets, a total of 11 comments were received on this item – 8 expressed support and 3 were equivocal. In the polling results, this item ranked 5<sup>th</sup> highest among the issues for MMA to advance.

## **Issue 2: Access to Birth Control; Physician-Patient Relationship**

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA supports the Affordable Care Act provisions and related regulations that require all private health plans to cover preventive health services without cost to patients, including all FDA-approved contraceptives for women.

Original Request:

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.

Recommendation Rationale:

The changes recommended are intended to reflect the proposal's primary focus on access to birth control, which is not reflected in the language proposed for MMA action. The language in

the request is quite broad, not clearly defined (what does “access” mean), and includes issues not specifically addressed during introduction and discussion (i.e., asking the MMA to support access to “all FDA-approved medications”).

#### Physician Input:

There were approximately 13 physicians who participated in the focused discussions on this topic. Most comments recorded were supportive. There was a comment that this issue is already regulated at the FDA level and another comment about the need to accommodate religious concerns. Of the 18 submitted comment sheets, a total of 16 comments were received on this item – approximately 15 expressed support, 2 questioned whether the issue was about payment for contraceptives or access to them, and 1 questioned the argument that contraception promotes women’s health. In the polling results, this was the highest rated issue for MMA to advance.

### **Issue 3: Opposition to “Personhood” Proposals**

RECOMMENDATION: FURTHER POLICY COUNCIL GUIDANCE IS NEEDED

#### Original Request:

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.
- 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.

**Recommendation Rationale:**

Ranked relatively low in terms of overall importance for MMA action, this is a complex issue that would benefit from broader discussion and recommendation directly from the Policy Council.

**Physician Input:**

There were approximately 7 physicians who participated in the focused discussions on this topic. Recorded comments were limited. Of the 18 submitted comment sheets, a total of 9 comments were received on this item – all but 1 expressed support for this issue. The comment in opposition suggested that this is a moral, not scientific, judgment and an issue on which the MMA should not comment. In the polling results, this was ranked 13<sup>th</sup> among 16 issues for MMA to advance.

**Issue 4: Gestational Carriers & Collaborative Reproduction Agreements**

**RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES**

**Original Request:**

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.

**Recommendation Rationale:**

This is a complex issue that would benefit from broader consideration of the ethical and legal issues, particularly with respect to medical-legal implications and potential commercial practices. Referral to the MMA Board of Trustees could result in consideration of the issue by a standing MMA committee (e.g., Ethics and Medical–Legal Affairs).

**Physician Input:**

There were approximately 3 physicians who participated in the focused discussions on this topic. Recorded comments indicated that the AMA Council on Ethics and Judicial Affairs (CEJA) opinion (noted in the background materials) is quite dated and that the practice has evolved since that time period. The issues involved, however, are nuanced as it relates to the two forms of surrogacy – whether or not the gestational carrier is or is not the egg donor. Of the 18 submitted comment sheets, a total of 12 comments were received on this item. The comments were mostly split between support for the original request and need for more clarification. In the polling results, this was ranked 16<sup>th</sup> among 16 issues for MMA to advance.

## Issue 5: Climate Change as a Health Concern

### RECOMMENDATION: ADOPT MMA POLICY STATEMENT

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.

#### Original Request:

We are asking the MMA to join other major medical organizations such as the American Medical Assn, the American Academy of Pediatrics, and the American Academy of Family Practice in declaring a policy position on Climate Change. This position should include, but not be limited to, the following: that Climate Change or Global Warming:

- i- is causing adverse global climate change and that anthropogenic contributions are significant;
- ii- is and has been adversely affecting the health of Minnesotans;
- iii- that the MMA and its members advocate for measures to reduce fossil fuel use and carbon pollution in Minnesota;
- iv- that the MMA supports statewide efforts to confront and control factors contributing to climate change;
- v- that the MMA supports measures to mitigate the effects of Climate Change on chronic disease outcomes by fostering appropriate Public Health responses to Climate Change;
- vi- that the MMA supports efforts to inform and educate our colleagues and communities at large regarding the consequences of Climate Change.

#### Recommendation Rationale:

The changes recommended are intended to more closely reflect current AMA policy (H-135.938) while also having local (Minnesota) relevance. Some of the more directive elements of the original proposal (e.g., advocate for measures to reduce fossil fuel use and carbon pollution) have been modified in favor of more general policy changes.

#### Physician Input:

There were approximately 12 physicians who participated in the focused discussions on this topic. Recorded comments indicate general support for the premise that climate change is real and that climate change affects health, although there was a question noted as to a link with specific disease. Comments were supportive of physician education and, possibly, patient education. Of the 18 submitted comment sheets, a total of 12 comments were received on this

item. The comments were largely supportive of MMA taking a policy position on this issue, recognizing that the ability of MMA to fundamentally affect climate change is beyond MMA capacity. Two comment sheets urged more discussion and one was opposed suggesting it was too far outside MMA scope. In the polling results, this was ranked 7<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 6: Expanded Roles for MMA, MHA**

RECOMMENDATION: DO NOT ADOPT

Original Request:

- 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 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.

Recommendation Rationale:

The ideas proposed for potential MMA/MHA collaboration are each fairly complex and not yet fully refined for specific MMA action. The Policy Council may want to have further discussion as to which of these ideas might be of greatest benefit to the greatest number of physicians in order to urge further consideration by MMA.

Physician Input:

There were approximately 10 physicians who participated in the focused discussions on this topic. Recorded comments indicate general support for tackling these complex issues and note the potential value of a broader coalition (i.e., MMA and MHA) working to address them. Of the 18 submitted comment sheets, a total of 8 comments were received on this item. The comments were mostly supportive of the identified, challenging issues, but a couple comments noted that the request of MMA is not yet refined enough for action. In the polling results, this was ranked 6<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 7: Aligning MMA Policy on Abortion with AMA Policy**

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

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.”

**Original Request:**

Be it proposed that the MMA adopt the full AMA position statement on abortion. This supports our premise that protecting the patient physician relationship.

**Recommendation Rationale:**

The recommendation is consistent with the original request to update MMA policy by adding a missing sentence found in current AMA policy. AMA has two relevant policy statements (H-5.993 [Abortion] and H-5.995 [Right to Privacy in Termination of Pregnancy]). MMA policy is currently consistent with H-5.993; it is AMA policy 5.995 that has the additional sentence. To avoid confusion, it is recommended that MMA similarly adopt a standalone policy that includes the issue of privacy.

**Physician Input:**

There were approximately 8 physicians who participated in the focused discussions on this topic. Recorded comments indicate strong support for updating MMA policy to reflect this privacy issue. Of the 18 submitted comment sheets, a total of 10 comments were received on this item. All comments were supportive of adopting this change. In the polling results, this was ranked 12<sup>th</sup> among 16 issues for MMA to advance.

**Issue 8: Prior Authorization for Surgical Procedures**

RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES

**Original Request:**

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.

**Recommendation Rationale:**

Work aimed at alleviating the physician administrative burden and patient health consequences associated with the prescription drug prior authorization process is a current MMA priority. Given the proposal's request to research the burden of prior authorization for surgical

specialties, referral to the MMA Board of Trustees would allow the Board to decide whether to expand its prior authorization efforts concurrently or sequentially.

**Physician Input:**

There were approximately 15 physicians who participated in the focused discussions on this topic. Recorded comments indicate strong interest and acknowledgement of the hassles associated with prior authorization. It was noted that lessons may be learned from current work to address medication prior authorization as well as high-tech diagnostic imaging. It was also noted that prior authorization can be appropriate given some concerns of overuse in areas such as spinal surgery. Of the 18 submitted comment sheets, a total of 9 comments were received on this item. All were supportive of addressing this issue, with one noting that a focus on surgical procedures is less relevant to some physicians. In the polling results, this was ranked 2<sup>nd</sup> among 16 issues for MMA to advance.

**Issue 9: Tobacco Sales Prohibited for Individuals Under 21**

RECOMMENDATION: REAFFIRM EXISTING MMA POLICY 640.05

**Original Request:**

That the MMA support changing the laws in Minnesota to make it illegal to sell tobacco products and electronic cigarettes to persons younger than 21 years of age and that retailers who do should be subject to civil fines.

**Recommendation Rationale:**

The item requested is already current MMA policy. To ensure retention of MMA's position on this issue, it is recommended that current policy be reaffirmed.

640.05 Sale of Tobacco from Vending Machines/Sale of Tobacco to Minors

The MMA supports a total ban on cigarette sales from vending machines. Also, the MMA supports efforts to ban the sale of tobacco to individuals under 21 years of age. (BT-1/90; Retained 2004)

**Physician Input:**

There were approximately 13 physicians who participated in the focused discussions on this topic. Recorded comments were mostly supportive of this position, although some concerns were noted about infringing on the personal rights of legal adults (i.e., age 18 and above). Of the 18 submitted comment sheets, a total of 12 comments were received on this item. All comments were supportive of this proposal. In the polling results, this was ranked 3<sup>rd</sup> among 16 issues for MMA to advance.

## **Issue 10: Medicaid Sterilization Barriers**

RECOMMENDATION: DO NOT ADOPT

### Original Request:

That the MMA forward to the AMA a resolution that urges the AMA to lobby the federal government to eliminate the mandatory 30-day waiting period for Medicaid sterilization procedures.

### Recommendation Rationale:

The AMA currently has policy (H-290.977, Medicaid Sterilization Services Without Time Constraints) that is consistent with the proposal's request and it was reaffirmed in 2011.

### Physician Input:

There were approximately 3 physicians who participated in the focused discussions on this topic. Recorded comments were quite limited but supportive. Of the 18 submitted comment sheets, a total of 12 comments were received on this item. Although most comments were supportive of this proposal, a couple of the comments were in opposition to a change in the waiting period and one suggested it was too complex for MMA to address. In the polling results, this was ranked 11<sup>th</sup> among 16 issues for MMA to advance.

## **Issue 11: Review Anti-Marriage Incentives with Means-Tested Welfare Programs**

RECOMMENDATION: DO NOT ADOPT

### Original Request:

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.

### Recommendation Rationale:

This issue received very little discussion or comment and did not appear to be a topic of great interest to conference attendees. Given the complexity of this issue and the lack of a clear nexus to medicine, no further action on this item is recommended at this time.

### Physician Input:

There were approximately 1-2 physicians who participated in the focused discussions on this topic. Recorded comments were quite limited. Of the 18 submitted comment sheets, a total of 8 comments were received on this item. Comments were mostly split between those expressing support for the concept of removing barriers to marriage and those expressing confusion about the request. In the polling results, this was ranked 15<sup>th</sup> among 16 issues for MMA to advance.

## Issue 12: National Practitioner Database Reporting Requirements

### RECOMMENDATION: ADOPT MMA POLICY STATEMENT

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."

#### Original Request:

That the MMA support the modification of the national practitioner database reporting requirements to exclude small claims where patients and physicians agree to resolve medical error disputes. That the MMA further refer to the AMA a resolution asking the AMA to seek changes in the federal national practitioner data base reporting requirements to exclude mutually agreed upon settlements below a certain predetermined amount.

#### Recommendation Rationale:

The AMA has existing policy consistent with the request (and somewhat broader). The recommended policy statement establishes clear MMA policy that is consistent with the request and with AMA policy. Submission of a resolution to the AMA is not needed given current policy, which was adopted in 2014.

#### Physician Input:

There were approximately 11 physicians who participated in the focused discussions on this topic. Recorded comments were fairly limited. Of the 18 submitted comment sheets, a total of 8 comments were received on this item. Comments were primarily supportive, with a couple expressing some confusion. In the polling results, this was ranked 9<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 13: Physician Input on Candidate Endorsement**

RECOMMENDATION: DO NOT ADOPT

#### Original Request:

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.

#### Recommendation Rationale:

The proposal seeks to engage MMA members in identifying questions that should be asked of legislative candidates (presumably those seeking MEDPAC [the political action committee of the MMA] endorsement). As a 501c(6), the MMA is precluded by state and federal tax and campaign finance law from making endorsements in political campaigns; MMA risks its non-profit tax classification should it engage in partisan political efforts. MEDPAC can participate in state elections through endorsements and contributions. Current MEDPAC processes allow MEDPAC members the opportunity to provide input on questions asked of legislative candidates, and MMA-defined advocacy priorities also help to guide the development of questions asked of candidates. This request does not appear to be a policy issue, but rather an internal process issue.

#### Physician Input:

There were approximately 4 physicians who participated in the focused discussions on this topic. Recorded comments were fairly limited. Of the 18 submitted comment sheets, a total of 4 comments were received on this item and the comments were supportive. In the polling results, this item was ranked 10<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 14: Hospital Privileges for Procedures**

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

The MMA opposes legislation that requires physicians to have hospital admitting privileges as a condition of performing specific procedures in an outpatient setting.

#### Original Request:

This proposal is for the MMA to oppose requirements or legislation for hospital admitting privileges for a physician's patient to be treated in an outpatient setting.

#### Recommendation Rationale:

The recommendation is consistent with the original request. A bill on this topic has previously been introduced in Minnesota (2009), but it did not receive a hearing. At a national level, the AMA has taken action supportive of the position requested; the AMA joined an amicus brief with the American College of Obstetricians and Gynecologists (ACOG) opposing hospital privileging requirements.

#### Physician Input:

There were approximately 7 physicians who participated in the focused discussions on this topic. Recorded comments were limited, but very supportive. The issue of whether this policy would also apply to more questionable outpatient procedures (e.g., abdominal surgery, joint replacement, etc.) was noted as a topic for possible future consideration. Of the 18 submitted comment sheets, a total of 9 comments were received on this item and the comments were nearly all supportive. In the polling results, this item was ranked 8<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 15: Medical Liability**

RECOMMENDATION: FURTHER POLICY COUNCIL GUIDANCE IS NEEDED

#### Original Request:

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.

#### Recommendation Rationale:

Further Policy Council input is needed to guide next steps on this issue. The proposal seeks two somewhat separate items – 1) implementation of tort reform within Minnesota (consistent with AMA policies), a topic that has not previously been identified as an MMA advocacy priority given political realities and the relatively positive malpractice environment and premium rates in Minnesota; and, 2) MMA advocacy for creation of a specialty court system to hear medical liability cases, a position that is not reflected in current AMA or MMA policy. Given the complexity of this issue, and questions as to the relative importance of this topic at this point in time, MMA staff urges further deliberation by the Policy Council as to how best to proceed.

#### Physician Input:

There were approximately 11 physicians who participated in the focused discussions on this topic. Recorded comments were all quite supportive, with particular interest in trying to reframe the issue as one about health care costs. Of the 18 submitted comment sheets, a total of 8 comments were received on this item; these comments were fairly evenly divided between those in support and those questioning the feasibility, need, or unintended consequences of

seeking change. In the polling results, this item was ranked 4<sup>th</sup> among 16 issues for MMA to advance.

### **Issue 16: Comprehensive Eye Exams**

RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES

#### Original Request:

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.

#### Recommendation Rationale:

There was very limited discussion and input on this topic and there was no spokesperson or advocate for the proposal present at the meeting. Although it may not be particularly controversial, this issue would benefit from a broader discussion and an understanding of the impact of adopting such a position. Referral to the MMA Board of Trustees could result in consideration of the issue by a standing MMA committee (e.g., Access, Financing & Delivery).

#### Physician Input:

There were approximately 3 physicians who participated in the focused discussions on this topic. Recorded comments were limited, but supportive. Of the 18 submitted comment sheets, a total of 3 comments were received on this item – one was in support, one indicated it was too self-serving, and one found it too narrowly drafted. In the polling results, this item was ranked 14<sup>th</sup> among 16 issues for MMA to advance.

### **Issue A: Resources for Physicians re: APRNs**

RECOMMENDATION: ADOPT MMA POLICY STATEMENT

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.

#### Original Request:

Educate Minnesota physicians about the new law by creating a toolkit and/or resources for physicians to help them understand the implications of the new law on their individual practice type. Issues to be included in the toolkit should include information about malpractice liability. There should also be a clear understanding of the intent behind the legislation.

#### Recommendation Rationale:

The recommended changes are aimed at clarifying and simplifying the language while retaining the original intent.

Physician Input:

This issue was raised as part of the Future of the Healthcare Workforce Policy Forum. It was presented, but generated little specific input or reaction. The proposal is consistent with current staff plans to develop resources to support physician understanding of the legislative changes to APRN scope of practice and regulation.

**Issue B: Telemedicine and Reproductive Health Informed Consent**

RECOMMENDATION: REFER TO MMA BOARD OF TRUSTEES

Original Request:

MMA oppose efforts to restrict the content of the physician/patient relationship performed via telemedicine.

Recommendation Rationale:

Due to the limited opportunity for discussion and input, it is recommended that more focused discussions occur prior to adopting policy. Referral to the MMA Board of Trustees could result in consideration of the issue by a standing MMA committee (e.g., Ethics and Medical-Legal Affairs).

Physician Input:

This issue was raised as part of the Telehealth Expansion Policy Forum. It was presented at the end of the forum, but generated no specific input or reaction.

## Informational Item: Open Issues Forum Summary Report

Q #	Choice	Choice Text	Count	Response Pct
<b>Issue #1: Pain Mgmt. Standards &amp; Joint Commission</b>				
<b>1</b>	<b>One of your top 3 issues for MMA to advance?</b>			
1	Yes		22	33.8%
2	No		43	66.2%
			N	65
<b>Issue #2: Access to Birth Control Meds; MD-Patient Relationship</b>				
<b>2</b>	<b>One of your top 3 issues for MMA to advance?</b>			
1	Yes		26	38.8%
2	No		41	61.2%
			N	67
<b>Issue #3: Opposition to "Personhood" Proposals</b>				
<b>3</b>	<b>One of your top 3 issues for MMA to advance?</b>			
1	Yes		10	14.9%
2	No		57	85.1%
			N	67
<b>Issue #4: Gestational Carriers &amp; Collaborative Reprod. Agreements</b>				
<b>4</b>	<b>One of your top 3 issues for MMA to advance?</b>			
1	Yes		4	6.1%
2	No		62	93.9%
			N	66
<b>Issue #5: Climate Change as a Health Concern</b>				
<b>5</b>	<b>One of your top 3 issues for MMA to advance?</b>			
1	Yes		15	23.1%
2	No		50	76.9%
			N	65

<b>Issue #6: Expanded Roles for MMA/MHA</b>			
<b>6</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	21	30.9%
2	No	47	69.1%
		N	68
<b>Issue #7: Aligning MMA Abortion Policy with AMA</b>			
<b>7</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	11	15.7%
2	No	59	84.3%
		N	70
<b>Issue #8: Prior Authorization for Surgical Procedures</b>			
<b>8</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	25	37.9%
2	No	41	62.1%
		N	66
<b>Issue #9: Tobacco Sales Prohibited for &lt; 21</b>			
<b>9</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	24	34.3%
2	No	46	65.7%
		N	70
<b>Issue #10: Medicaid Sterilization Barriers</b>			
<b>10</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	11	16.2%
2	No	57	83.8%
		N	68
<b>Issue #11: Review Anti-Marriage Incentives in Welfare</b>			
<b>11</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	5	7.5%
2	No	62	92.5%
		N	67
<b>Issue #12: National Practitioner Database Reporting</b>			
<b>12</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	13	19.1%
2	No	55	80.9%
		N	68

<b>Issue #13: Member Input on Candidate Endorsement</b>			
<b>13</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	12	17.6%
2	No	56	82.4%
		N	68
<b>Issue #14: Hospital Privileges for Procedures</b>			
<b>14</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	13	19.4%
2	No	54	80.6%
		N	67
<b>Issue #15: Medical Liability</b>			
<b>15</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	22	34.4%
2	No	42	65.6%
		N	64
<b>Issue #16: Comprehensive Eye Exams</b>			
<b>16</b>	<b>One of your top 3 issues for MMA to advance?</b>		
1	Yes	5	7.6%
2	No	61	92.4%
		N	66
<b>Forum Evaluation:</b>			
<b>17</b>	<b>Overall, the submitted issues reflect important or new issues that the MMA should be tackling on behalf of MN physicians.</b>		
1	Strongly disagree	8	11.9%
2	Disagree	8	11.9%
3	Agree	33	49.3%
4	Strongly agree	18	26.9%
		N	67
<b>Forum Evaluation:</b>			
<b>18</b>	<b>The forum allowed various voices/perspectives to be heard.</b>		
1	Strongly disagree	1	1.5%
2	Disagree	11	16.4%
3	Agree	30	44.8%
4	Strongly agree	25	37.3%
		N	67

<b>Forum Evaluation:</b>			
<b>Overall, how satisfied are you with the</b>			
<b>19</b>	<b>Open Issues Forum?</b>		
1	Very dissatisfied	1	1.5%
2	Dissatisfied	11	16.7%
3	Satisfied	40	60.6%
4	Very satisfied	14	21.2%
		N	66