Policy Issue Ideas Submitted to MMA Policy Council

Line #	THEME	TOPICS	STAFF NOTES/QUESTIONS
1	Performance measurement	Eliminating Provider Peer Grouping	Legislation to indefinitely suspend PPG is moving through Legislature (passed Senate; awaiting floor action in House).
2		Reduce reporting burdens on primary care physicians	Current MMA policy supports limiting the number of measures that a clinic is required to report in a given year, based on factors such as strength of evidence and value for clinical improvement. MNCM has formed a Work Group to look at measure retirement.
3		Improved accuracy of data within MN Community Measurement (e.g., depression)	
4		Quality measures need to be rational and meaningful	
5	Technology	Expansion of telehealth reimbursement / fewer restrictions regarding the use of telehealth	
6		Policy stance on electronic medical treatments. (We are able to utilize our smart phones and bank cards anywhere, yet despite available technology-government seems to hinder the deployment of this technology in the medical arena regardless of the mandate for the "triple aim.")	
7		EHRs – how to influence improvement (x2)	
8	Data	Enhanced clinical data sharing	Consistent with current MMA policy; legislative efforts to align MN data practices act with HIPPA stalled in 2014 legislative session.

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9	Coverage/ Financing	Health coverage for all Minnesotans and how to get there (x3)	Current MMA policy supports individual mandate as mechanism
10		Single payer (x2)	
11		MinnesotaCare tax (provider/sick tax) – repurpose?	Current MMA policy supports repeal of the tax. Under current law, the tax is scheduled to expire at the end of 2019; however, the fund is projected to have a balance of $38 million in FY 2015, and a deficit of $647 million in FY 2017.
12		Maintain "no-fault" car insurance system	
13	Workforce	Physician shortage in rural Minnesota and urban areas (x2)	Primary care physician shortage is current priority in MMA's strategic plan; recommendations from MMA Workforce TF will be considered at May meeting of BOT.
14		Medical student debt	
15		Violence in hospitals (In MN, felony can be charged for injury to staff in ER. Not routine in other areas of hospital outside of ER).	MMA worked with MDH in developing resources/toolkit to support health care organizations (hospitals, clinics) address violence against health care workers. Does not include legislative recommendations.
16	Access to care	Improving reasonable and equitable access to health care for groups of patients who have traditionally found significant barriers. (For example, this may involve supporting efforts to forgive loans to students who are going in to primary care; better use of non-physician providers (if our profession has not increased providers enough to meet patient demand, we cannot simply tell nurses and patients "no, you can't do that, only WE can do that". It is not good patient care, or safe, to make patients drive for 2 or 3 hours because there are no physicians who practice mental health or ENT or other specialty in that area).	Access to care is a strategic priority of the MMA that is being addressed, initially, with a focus on primary care physician capacity.

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17		Ensure continued viability of free-standing radiology practices	
18	Behavioral health	How to strengthen mental health services in Minnesota – for children, teens, and adults, both inpatient and outpatient.	
19		Better access to behavioral health assessment and treatment programs both in hospital, outpatient, programs that address substance abuse etc. (x2)	
20	Public health	Obesity (x2)	
21		Improving the "built environment" to make it easier for people to live healthier lifestyles	
22		Prescription opiate and heroin epidemic	Task Force on this topic was created in November 2012; working with ICSI, DHS, health plans, MDH to address.
23		Health and environmental health impact of the booming silica sand mining industry in MN.	
24		Medical Marijuana (x2)	MMA BOT established policy position at March 2014 meeting – based on input from policy forum, member survey, and MMA Public Health Committee. If not enacted this year, MMA may need to reassess level of legislative involvement.
25		Dietary supplements (Currently many dietary supplements are not tested for safety, purity, and content. There are, however, 3rd party vendors such as the U.S. Pharmacopeia that will test dietary supplements and give their seal of approval. Some US hospitals are starting to only administer dietary supplements (including vitamins, Calcium, Iron, etc.) in hospital that have this USP	

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		verified approval. Would like to see MN take a stance on this since the FDA isn't really moving on the issue. Would like to encourage MN health institutions to adopt similar policies.)	
26		Restoration of Minnesota's newborn screening program	Consistent with current MMA policy; legislation to restore program has passed Senate; awaiting House floor action.
27		Regulation and policy of e-cigarettes	Consistent with current MMA policy; under debate at Legislature – division exists over application of Freedom to Breathe law. FDA recently announced plan to extend its tobacco regulatory authority to e-cigarettes.
28		Making sure that all Minnesotans receive immunizations and other preventive services.	
29		Gun violence	
30	Equity/Disparities	Cross cultural health issues in medicine (x2)	Disparities has recently been articulated in MMA strategic plan; policy forum scheduled for June 17 to help inform next steps for MMA.
31	Scope of practice	Encroachment on the practice of medicine by mid-levels and others (e.g., optometrists, chiropractors). (x2) (Mid-levels provide distinct services that can be even better than that provided by physicians. Those services should be encouraged. They could even be trained to do some technical procedures (e.g., scopes), but in all cases collaboration with physicians is in the best interest of the patients.)	
32		Working collaboratively with NP/PA, RN, and CNA groups to develop optimal team approach to health care.	
33	Health plans	Reign in prior authorizations (x2)	Working to address medication

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			prior authorizations is a priority in MMA's strategic plan.
34	Liability/Patient Safety	Tort reform	
35		Policies that promote patient safety	MMA is a founding member of the MN Alliance for Patient Safety (MAPS).
36		Apology and resolution in the setting of medical error	
37	Physician employment	Non-compete clauses/restrictive covenants	MMA Ethics and Medical-Legal Affairs has wrestled with this topic and requested broader input via Policy Council.
38	Competency	Maintenance of physician competency – roles of licensure, specialty certification, CME	A maintenance of licensure process may be adopted by Board of Medical Practice – what is its relationship to CME, MOC, etc.
39	Payment policy	Payment structures	Somewhat undefined
40		Medicare reform	
41		Physician reimbursement under the ACA	Not clear about specific issues of concern – is it Medicaid payment (due to ACA Medicaid expansion), Medicare payment (due to Medicare shared savings/ACO program changes), other?
42	Voice of MDs	The overall declining role and influence of physicians in Minnesota, which directly and indirectly affects our ability to influence most other policy issues and initiatives.	Policy issue?
43		Improving the voice of physicians within systems of care (and the voice of patients)	Policy issue?
44		Medical student and resident involvement in organized medicine	Policy issue?
45	Other	Maintaining private practice	
46		Formulate standards on statewide issues that seem to be lax, such as coroner requirements and pay scales	Not clear what is meant by "pay scales"
47		Physician burnout (x2)	Policy issue?
48		Impact/effects of ACA	Not clear about specific impacts/effects of greatest concern.

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