Members present
• Augustin Joseph
• Gretchen Colbenson
• Risa Visina
• Abby Solom
• Ben Harris
• Elizabeth Fairbairn
• Erica Sanders
• Annabelle Soares
• Alex Feng
• Nathan Ratner (phone)

I. MMA Board of Trustees Report – Risa Visina and Erica Sanders
   a. Last meeting November 19.
      i. Discussed priorities for the legislative session
         1. Pass prior authorization reform
         2. Maintain provider tax repeal
            a. Discussion that some members do not agree with this.
         3. Opioid epidemic
         4. Alignment of quality measures
            a. There are many inconsistencies in how physicians are graded on quality. Interested in standardizing how quality is measured so physicians are able to effectively direct goals to achieve clinical quality in their practice.
      ii. Approved opioid management advisory taskforce.
         1. Improve access to treatment for methadone, naloxone, etc.
         2. Opposing needing to go through prior auth to use these medications in treatment.
      iii. Policy council measures supported by the MMA
         1. MMA supports HPV minor consent
         2. Substance use disorders as chronic conditions
         3. OCPs to over the counter status. Benefits of preventing unplanned pregnancy outweigh risks.
         4. Responsible firearm ownership.
         5. Increasing patient access to their medical records
         6. Pornography discussion: policy council will continue to research the effect of pornography on violence against women. Will revisit in the future.
   b. In the future, MMA-MSS should ensure to send out surveys to the full student body to capture the opinions of all medical students and communicate those through the medical students
   Minutes from Risa Visina BoT meeting:
   c. “The MMA MARCH Steering Committee recommends that the MMA Board of Trustees adopt the following framework and support advancement of the following recommendations to address the unsustainable growth in prescription drug spending:
      i. Increase appropriate prescribing
         1. Pursue evidence-based, point-of-order prescribing decision support tools
2. Work to expand the availability of independent, comparative evidence to support appropriate prescribing (i.e., academic detailing)

ii. Ensure supportive laws and policies

1. Pursue improvements to prescription drug market
   a. Prohibit drug coupons
   b. Support adoption of biosimilar and interchangeable substitution law
   c. Support improved transparency – by manufacturers of patient assistance programs; and, by health plans of drug benefits and formulary design (currently part of MMA’s PA legislation)

2. Add patient protections
   a. Support a monthly cap on patients’ out-of-pocket prescription drug costs

3. Improve accountability
   a. Explore strategies to improve pharmaceutical benefit manager (PBM) accountability and oversight (e.g., conflicts of interest, rebate pass through, price spread)

4. Reduce administrative burdens
   a. Support adoption of a common managed care Medical Assistance/MinnesotaCare (PMAP) formulary.
   b. Support reform of medication prior authorization processes (current)

iii. Promote complementary education & information

1. Partner with other prescribers, employers/purchasers, and patient groups to develop information and resources to support improved prescribing and medication usage.

d. The MMA Prescription Opioid Management Advisory Task Force recommends that the MMA Board of Trustees adopt the following policy positions:

i. **MN Prescription Monitoring Program Use**

1. The MMA is committed to appropriate physician use of the Minnesota Prescription Monitoring Program (PMP). To help address current barriers to its use, the MMA will support a legislative appropriation aimed at integrating the PMP into electronic health record and pharmacy operations software across the state. The MMA will also monitor trends in the use of the PMP and reconsider additional actions if rates do not increase.

ii. **Improved Access to Treatment**

1. The MMA opposes unnecessary financial and administrative barriers to opioid addiction treatment, including the use of prior authorization for buprenorphine and naltrexone.

2. The MMA opposes the application of prior authorization requirements on naloxone. Such policies unnecessarily delay access to a life-saving intervention and threaten efforts to expand its availability.

3. In an effort to increase the number of Drug Addiction Treatment Act (DATA) waived physicians, the MMA will provide information to physicians on (1) the importance of obtaining a DATA waiver, and (2) the waiver application and management process to prescribe or dispense buprenorphine for opioid dependency treatment. In addition, to help address the concerns associated with becoming a DATA-waived physician, the MMA will work to connect physicians with supportive
iii. **Education**

1. The MMA encourages physicians to obtain education on pain management, opioid prescribing and addiction – education that is specific and relevant to a physician’s specialty and practice. This education is particularly important for physicians that are prescribing long-acting opioids for chronic pain.

2. The MMA reaffirms existing MMA Policy (380.22), opposing any legislation or government regulation that defines the subject matter or content of continuing medical education required for physician relicensure in Minnesota.

3. The MMA will support efforts to incorporate information on pain management, opioid prescribing and addiction into the undergraduate and graduate medical education curricula of the University of Minnesota Medical School and Mayo Medical School.

e. **POLICY COUNCIL RECOMMENDATIONS TO ADOPT AS OFFICIAL MMA POLICY**

i. The MMA supports legislation that would add HPV vaccination to the list of health services to which minors can consent.

ii. The MMA identifies substance use disorders as chronic conditions that are both preventable and treatable. Greater attention and increased resources are needed for substance use disorder prevention, treatment, and recovery services in Minnesota.

iii. Consistent with the position of the American College of Obstetricians and Gynecologists, the MMA supports efforts to move oral contraceptives to over-the-counter (OTC) status, noting that the benefits in terms of unintended pregnancy outweigh the risks of OTC access and broader use.

iv. The MMA will promote conversations between providers and patients on responsible firearm ownership and safe storage in the home (much like current conversations on the use of child-restraint systems in the car).

1. The MMA supports the growing movement for common-sense changes to gun laws to promote responsible gun ownership and supports efforts in Minnesota to require criminal background checks on all purchases and transfers/exchanges of firearms, with reasonable exceptions for immediate family and law enforcement and military acting in an official capacity.

2. The MMA urges elected leaders to ensure that law enforcement officials have adequate resources to enforce the laws that hold sellers accountable when they sell firearms to prohibited purchasers.

3. The MMA supports state investment in Minnesota’s firearm surveillance system to improve data collection, analysis, and research on firearm injury prevention.

v. The MMA supports voluntary efforts to increase patient access to clinical notes and other medical record information as a means to improve patient engagement in care, health literacy, and communication between patients and physicians.

f. The MMA Public Health Committee recommends that the MMA Board of Trustees adopt the following update to current MMA policy:

i. 530.97 HPV Vaccination
1. *The Minnesota Medical Association supports immunization of all adolescents against human papillomavirus (HPV) in accordance with current ACIP recommendations.*

II. MEDPAC –Alex Feng and Elizabeth Fairbairn
   a. Campaign funds are in the positive.
      i. Will be used for MMA lobbyists to gain access to leadership meetings.
   b. Endorsed 19 state candidates, 18 were elected.
      i. 2 physicians in the state legislature now.

III. MMA Foundation Report
   a. November 10th last meeting
      i. Donations are down this year
      ii. Made 53,000 in investments this year
      iii. Elected new vice chair
      iv. New bylaws: Foundation board must have at least one medical student on the board. This means the student can be from any school. Students can serve up to 3 years on the board or until they graduate.

IV. MMA Committee Reports
   a. Health care access finance meeting next week. Combined with quality committee. Discuss electronic medical record sharing. There is federal funding to implement this.
      i. Ohio has implemented this and the government has supplied funds for implementation.
      ii. In other states, this is an “opt in” system by health care systems.
   b. No other updates

V. MMA Business
   a. MSS Elections for 2017
      i. Chair: Gretchen Colbenson
      ii. Vice Chair: Annabelle Soares
      iii. Delegate: Abby Solom
      iv. Alt Delegate: Ben Harris
      v. Secretary: Nathan Ratner
      vi. Member at large: Augustin Joseph interim (Will seek out Mayo student)
   vii. Board of Trustees: Risa Visina
      1. Contact Risa Visina if you are interested in becoming involved with Board of Trustees next year. It will be voted on by the general MMA for the next term.
      2. As MSS, we would like to put forward an amendment that the BoT student member must attend and communicate with the MSS to effectively represent MSS.
   viii. MMA Foundation: Risa Visina.
      1. If other students would like to run for this position, contact Risa Visina.
      2. Risa will email out an information flyer to Annabelle and Ben to disperse this information to all of the schools.
      3. Description of positions: (please submit your descriptions by December 10th):
         https://docs.google.com/spreadsheets/d/18akas4JpyK7tJALf5fbaPm6m7dLcawLLdxRoNOEaHo/edit#gid=0
   ix. Policy council
      1. Representative: Annabelle Soares
      2. Alternative Representative: Nathan Ratner
   b. Prep for meeting with Dr. Meiches
      i. What Brian did well, and what we would like:
         1. Meeting organization:
a. Opening the office  
b. Technical support.  
c. Reimbursement organization.  
d. Ordering Food  
2. Liason between MSS and other staff.  
3. Scheduling: knowing when committee meetings are.  
4. Continuity between multiple years and knowing the student bylaws well.  
5. Representing and prioritizing med student interest.  

ii. What Brian did, and we roles we could take over:  
1. Orientation  
2. Agenda  
3. Maintaining listserv  
c. Physician aid in dying  
i. MMA’s current stance is to oppose physician aid in dying. It was recently discussed to take a neutral stance as the MMA.  
1. This will be voted on by survey soon by the entire MMA membership  
2. MSS will provide an information email to all medical students immediately after the general survey to describe physician aid in dying and encourage them to fill out the survey with their opinions.  

VI. Component Society Updates  
a. No updates  

VII. AMA Chapter/School Specific updates  
a. Hands on advocacy committee will start lunch lectures in January. More information to come from Elizabeth and Erica.  
b. Mayo AMA: Board transition at last meeting. Annabelle is new president.  
c. AMA standing committee applications are open in January. Gus will send out more info.  

VIII. Adjourn: 1:27pm  
IX. Next Meeting: Doodle poll  

To do:  
• Submit descriptions of the roles for MMA Foundation, BoT, Member at Large (mayo only), MEDPAC.  
• Fill out doodle poll to choose a date for January MMA meeting (will send out in late December).  
• AMA standing committee applications due in January. Gus will send out more information.  
• Send out associated information email with physician aid in dying survey.