When the 2019 legislative session begins January 8, it will include twice as many physician legislators as last year and a shift in power in the House of Representatives.

That doesn’t mean getting pro-physician legislation passed will be easy, though. Although the DFL now controls the House and maintains power in the governor’s office, Republicans still lead the Senate. Optimists hope this will lead to compromise and coalition-building; pessimists see more split government and inaction.

“Our legislative work is always about presenting best-case scenarios on how to make Minnesota the best place to practice medicine and ensuring Minnesotans are the healthiest in the nation, regardless of who is in power,” says Dave Renner, MMA’s director of advocacy.

It should certainly help to have two more physicians at the Capitol.

Kelly Morrison, MD, (DFL-Deephaven), an obstetrician-gynecologist and MMA member, defeated incumbent Cindy Pugh in the western Hennepin County district. Alice Mann, MD, (DFL-Apple Valley), a family physician, defeated incumbent Roz Peterson in the Dakota County district.

“Two new physicians in the Minnesota House is a great addition,” Renner says. “They will bring the perspective of frontline care givers who are focused on ensuring that public policy serves patients.” Morrison and Mann join two other physicians currently serving in the Minnesota Senate: Sen. Scott Jensen, MD, (R-Chaska) and Sen. Matt Klein, MD, (DFL-Mendota Heights).

Hot potato – provider tax

One hot issue during the session likely will be the 2 percent provider tax, which is scheduled to sunset at the end of 2019.

At its November meeting, the MMA Board of Trustees voted to support an alternate funding source to replace the tax to ensure the state’s health care programs remain economically viable. The new funding mechanism, a claims expenditure assessment (CEA), would be applied to adjudicated claims processed by health plans and third-party administrators (TPAs).

Passed in 1992 as the mechanism to fund MinnesotaCare, the provider tax is a levy on the gross revenue generated by various types of providers of health care goods and services. In addition to physician services, revenue from services provided by dentists, chiropractors, physical therapists, optometrists, psychologists and most other health care providers is subject to the tax, as is revenue for health care services provided at hospitals and ambulatory surgery centers. The provider tax raises significant amounts of revenue; in 2019, it will generate more than $690 million.

In response to changes in federal health care financing under the Affordable Care Act, the GOP-controlled Legislature and Gov. Mark Dayton, in a 2011 agreement, set the provider tax’s repeal for December 31, 2019. Absent replacement funding, however, ongoing funding for Minneso-
Supporting dedicated funding to address the opioid crisis, including funds to ensure Prescription Monitoring Program access through the EHR and to address addiction treatment, prevention and education.

Supporting changes to the Minnesota Health Records Act to align with federal HIPAA laws to improve efforts to better coordinate patient care and reduce duplication of services.

In addition to these priorities, the MMA will partner with other health care advocacy organizations on such issues as strengthening the state’s immunization laws, ensuring access to needed mental health services and working to reduce gun violence.

“Many issues affect Minnesota physicians,” Wood says. “Our staff will focus on those that wouldn’t move forward without our leadership and assist on others that already have advocates in place. Doing so allows us to maximize our influence with elected officials.”

Because the proposed CEA is tied directly to health care expenditures, it will be a stable source of needed funds to ensure the vitality of MinnesotaCare, Medical Assistance and the other health care access programs. The CEA is applied only to health care for which there is a claim, so patients who are uninsured or who are paying out of pocket for health care will not be assessed.

The CEA will be easier for the state to administer because there will be fewer entities that pay the assessment, as opposed to thousands of entities that pay the provider tax. The collecting and verification of the CEA will be significantly simpler for the Department of Revenue.

Priorities are set
Preserving MinnesotaCare and Medical Assistance coverage by adopting ongoing, stable funding is just one of the priorities set by the board.

Others include:
• Ensuring continuation of drug therapy for patients with chronic medication needs by limiting the ability of health plans or pharmacy benefit managers to change their formularies or preferred drug lists during a patient’s contract year.
• Supporting legislation that creates a community solution ensuring that prescribers are provided real-time notifications related to formulary changes and alternative covered drugs.

Advocate for medicine at
MMA’s Day at the Capitol!

Physician participation is an integral piece of the MMA’s ability to influence legislators. Why? Because legislators listen to physicians and want your opinion. Plus, the decisions made by legislators at the Capitol affect your practice, profession and patients.

For more information: www.mnmed.org/DAC19
News Briefs

MMA to host workshop on gun violence prevention
January 31

The MMA will host a workshop on gun violence prevention for physicians on Thursday, January 31, from 5 to 8 p.m. at the InterContinental Saint Paul Riverfront (11 Kellogg Boulevard East).

The event will include a 45-minute panel discussion featuring a legislator, a physician and an expert on gun violence data. The panel will discuss: gun violence as a public health issue, how to talk to patients and family about guns in the home and how to be an advocate on gun safety in the community. The panel also will review gun legislation at the Capitol.

The second half of the event will include table discussions in which attendees will have the opportunity to discuss how to talk to legislators about gun violence, the value of physicians sharing their stories and the importance of demonstrating why physician advocacy on this issue is important for patients and the community.

Physicians increasingly are speaking out regarding gun violence as a public health epidemic. In March 2018, the MMA issued a statement calling for: criminal background checks on all purchases and transfers/exchanges of firearms; enforcement of laws that will hold sellers accountable when they sell firearms to prohibited purchasers; investment in improved data collection, analysis, and research on firearm injury prevention; and a renewal and strengthening of the ban on military-style weapons, including banning high-capacity magazines.

In November 2018, the National Rifle Association reacted to a new gun violence study in the Annals of Internal Medicine, tweeting that physicians pushing for gun control should “stay in their lane.” This led to significant push-back by physicians on social media and the creation of the hashtags: #ThisIsOurLane and #ThisIsMyLane.

“This discussion will be an excellent opportunity to engage Minnesota physicians and help teach them how to counsel their patients and advocate with lawmakers,” said MMA President Doug Wood, MD.

Governor declares January 2019 Health Equity Month

In November, outgoing Gov. Mark Dayton proclaimed January 2019 as Health Equity Month in Minnesota. As part of the month, the MMA, the Minnesota Academy of Family Physicians (MAFP) and the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) will host a Facebook Live event on January 22 to raise awareness of health disparities in Minnesota.

The January 22 event will cover health disparities within the Native American community. A second equity event on February 20 will cover structural racism and other barriers to health equity.

Here are details:
Addressing health disparities within the Native American community | January 22, noon–1 p.m.

The event will examine the health disparities that are seen in the Native American community, and how physicians can address these disparities. The speakers will share some practical takeaways that physicians (and other providers) can implement immediately.

On the calendar

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>“Addressing health disparities within the Native American community”</td>
<td>January 22</td>
<td>Facebook Live</td>
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<tr>
<td>Gun Violence Prevention Workshop</td>
<td>January 31</td>
<td>St. Paul</td>
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<td>MMA Day at the Capitol</td>
<td>February 13</td>
<td>St. Paul</td>
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<tr>
<td>“Structural racism and other barriers to health equity”</td>
<td>February 20</td>
<td>Facebook Live</td>
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<tr>
<td>2019 Annual Conference</td>
<td>September 20-21</td>
<td>Duluth</td>
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The event will focus on structural racism, historical trauma and other barriers that stand between our minority communities and their ability to achieve equitable health.

Speakers include:
- Brooke Cunningham, MD, PhD, University of Minnesota, Department of Family Medicine and Community Health.
- Lisa Skjefte, Health Equity Specialist and American Indian Community Liaison, Children's Minnesota.
- Maria Veronica Svetaz, MD, MPH, Hennepin Healthcare.
- Christopher Reif, MD, MPH, Community University Health Care Clinic, will moderate the panel.

Additional partners for January 2019 Health Equity Month and the two events include the Minnesota Chapter of the American Academy of Pediatrics and the Minnesota Academy of Family Physicians.

These activities have been approved for AMA PRA Category 1 Credit™.

Medical students, residents and fellows: shine a spotlight on your research

Minnesota Medicine is inviting medical students, residents and fellows to submit abstracts of original research or clinical vignettes by February 28, 2019. The submissions demonstrating appropriate quality will be selected for publication in this magazine and authors will be invited to present their work in a poster session at the MMA's 2019 Annual Conference in Duluth in September. Submissions should be no longer than 500 words plus references. Research abstracts should include a brief description of the research problem, methodology and results, and a discussion of the findings. Clinical vignettes should include a description of the case, the diagnosis and treatment approach, and a discussion of the implications of the case. Submit your abstracts and vignettes at www.mnmed.org/posterprogram.

Minnesota POLST program receives national recognition

The National POLST Paradigm, which endorses programs that demonstrate development of a form and program that meet national standards, has endorsed Minnesota’s program. Minnesota joins 23 other endorsed states.

The Provider Orders for Life Sustaining Treatment (POLST) form is a portable medical order that gives patients with advanced serious illness the option to exercise increased control over the treatment they do and do not want to receive at the end of life. It helps ensure a patient’s wishes are conveyed to emergency services and other medical providers. The POLST form is used and recognized by hospital systems, long-term care facilities, medical professionals and emergency medical services throughout Minnesota.

The MMA first developed a standardized POLST form in 2010 and it has since been widely adopted across Minnesota. The POLST Minnesota Steering Committee, led by co-Chairs Vic Sandler, MD, and Thaddeus Pope, MD, provides overall management and direction of POLST Minnesota, including POLST form maintenance, implementation, education and outreach.

AMA supports drug importation resolution originated by MN delegates

At its interim meeting of the House of Delegates (HOD) in Maryland in November, the AMA voted to support a measure on drug importation that originated as a Minnesota resolution. In 2017, Minnesota introduced a resolution asking that the AMA support the importation of drugs for patients who purchase directly from Canadian pharmacies for personal use, as one way to provide more affordable medications. At that time, the resolution was referred to the AMA board for more study.

In mid-November, the report of that study was presented with a recommendation that the AMA change its position to support this limited importation of Canadian drugs. That recommendation was adopted with overwhelming support.

The HOD reviewed and acted on 41 different board and counsel reports and more than 110 resolutions introduced by state and specialty societies. The AMA strengthened its position on gun violence by opposing the manufacture and importation of 3D printed firearms; strongly opposed laws that lead to the detention or separation of immigrant children entering the country; supported adequate Medicare payments that don’t differentiate based on the site of the service; and more.

Members of the Minnesota delegation included: Paul Matson, MD; David Estrin, MD; David Luehr, MD; Cindy Firkins Smith, MD; Andrea Hillerud, MD; Kathryn Lombardo, MD; David
Thorson, MD; Mike Tedford, MD; and MMA President Doug Wood, MD. Other Minnesota physicians in attendance were: Courtney Moors, MD; Peter Amadio, MD; Dionne Hart, MD; and Gary Bryant, MD, as well as medical students Abby Solom, David Finkel and Nathan Rockey.

During the opening session of the HOD, former MMA Board Chair and CEO Paul Sanders, MD, received one of six AMA Medical Executive Lifetime Achievement Awards. Sanders has been involved in organized medicine for more than 45 years, serving as MMA CEO for 13 years. He retired as the executive director of the North Central Medical Conference last year.

At the meeting of the AMA Medical Student Section, held in conjunction with the HOD, third-year medical student Abby Solom was elected as a regional delegate to the AMA House of Delegates and will serve with the Minnesota delegation in 2019.

**Minnesota Medicine wins two excellence awards**

*Minnesota Medicine* won two awards at the 22nd annual Minnesota Publishing Excellence Awards in November in Minneapolis:

- **Gold – Feature Article – Association, Under 30,000.** This was for the “Think Big” story by Howard Bell in the November/December 2017 issue, about the changing practice landscape in health care.
- **Silver – Use of Data Visualization/Infographic – Association.** This was for an infographic comparing data from 1918 and 2018 in the January/February 2018 issue on the magazine’s 100th anniversary.

**MN Community Measurement releases study on depression in state**

MN Community Measurement (MNCM) released a report in late October that highlights progress that has been made in identifying and caring for depression among adults and adolescents in Minnesota.

The outcome measures in the report, “Depression Care in Minnesota,” reflect more than 110,000 adult patients in Minnesota whose depression screening indicated the need for treatment.

Key report findings were:

- Depression remission and response rates remain relatively low, and improvement has been slow. Analysts point out that one reason for this is that many patients with depression aren’t receiving the necessary follow-up assessment; missed follow-up affects the rates for all outcome measures.
- For adolescents, mental health and/or depression screening rates have significantly improved since 2015 and have shown considerable improvement every year. Most medical groups in Minnesota are now administering a depression screening tool to their adolescent patients at well-child visits.

The report shines a light on the work that is being done to identify and treat depression, and illustrates the need for improvement in care. The full report can be viewed at www.mncm.org/depressionreport2018.

**MMA in Action**

In late November, CEO Janet Silver-smith and Dave Renner, director of advocacy, met with Governor-elect Tim Walz's transition team to discuss potential commissioner candidates for the departments of health and human services. Renner and Eric Dick, manager of state legislative affairs, also met with the transition team to discuss MMA's legislative priorities.

In early December, Renner met with Representative-elect Alice Mann, MD, to discuss the MMA's provider tax alternative proposal.

Renner and Dick addressed a meeting of state health care lobbyists and policy analysts organized by the American Cancer Society Cancer Action Network (ACS CAN) to discuss health care financing issues. Dick and Renner presented the MMA's proposal to ensure stable financing for critical programs that provide health care to low-income Minnesotans once the provider tax is repealed at the end of 2019.

Scott Wilson, manager of physician outreach, Annie Krapek of the Twin Cities Medical Society, and Pete Dehn, MD, conducted a presentation on vaping at the University of Minnesota Medical School-Duluth campus. The trio also presented at HealthPartners Family Medicine in Inver Grove Heights and HealthPartners Family Medicine in Woodbury.

Wilson, Juliana Milhofer, policy analyst, and Lindsey Schneider, education and events coordinator, attended Resilience Conference 2018: Moving from Surviving to Thriving in Plymouth in December.
VIEWPOINT

It’s go time

The physicians of Minnesota have been waiting a long time for 2019, the year the provider tax will be repealed. Assuming legislators don’t vote to rescind the repeal, physicians across the state will finally be done with the regressive tax. While this is good news, it’s also a bit concerning because the Legislature has not succeeded in identifying replacement funds for the nearly $600 million needed to fund critical health care programs.

Since the tax was enacted in 1992, the MMA has consistently made the repeal of it a high priority on our legislative agenda. We led the call for its repeal, which legislators passed in 2011 (with a Dec. 31, 2019, effective date) in a bipartisan fashion.

While we have opposed the tax, we have supported the safety net programs it funds. MinnesotaCare, Medical Assistance, SHIP, rural health and primary care initiatives, and more are all important programs that impact thousands of Minnesotans and need financial support. That’s why this summer the MMA worked with SHADAC, a health policy research center affiliated with the University of Minnesota School of Public Health, and Harbage Consulting, a Sacramento, Calif.-based health policy and communications consulting firm, to scrutinize several options that could aptly serve as replacements for the provider tax.

After analysis and financial modeling, we arrived on an alternative funding mechanism, a claims expenditure assessment (CEA), that would be applied to adjudicated claims processed by health plans and third-party administrators (TPAs).

This will be an improvement for several reasons: It is fairer and less regressive because it would not apply to patient out-of-pocket spending, patients who pay cash or charity care; it’s modernized to reflect current (post-ACA) federal and state health care financing realities; it improves the competitive advantage of the state’s health care providers who serve patients from out of state by removing the provider tax from the cost of their care; and it reduces administrative costs for both the state and all providers of care. Our plan also provides support for public health-related activities currently funded out of the Health Care Access Fund, including programs to support rural health care, smoking cessation, obesity prevention and health data analytics.

Convincing legislators to adopt this new form of financing won’t be easy. The MMA’s legislative team has already held several meetings with potential allies. They’ve been receptive, but they’ve also said that it will be a tough sell, if for no other reason than that change is hard. There are many legislators who believe the easy, and more viable, option is to just rescind the provider tax repeal. Other legislators are certain to insist that the provider tax be repealed without replacing the revenue. In that case, these programs may simply cease to exist as we currently know them.

That’s where you come in. We need an army of physicians calling, writing and meeting one-on-one with their legislators.