



## Elections, budget picture and pandemic set stage for the 2021 legislative session

Three factors have aligned to make the 2021 legislative session one of the more challenging in recent memory—split partisan control of the Legislature, the enormous impact of the ongoing pandemic and a cloudy budget forecast.

Despite protracted legal battles that extended the election season, the November elections are in the rearview mirror. And despite tens of millions of dollars spent on state legislative races to secure control of the House and Senate, Minnesota's voters have kept true to form by once again electing a Legislature divided between the two parties—the only divided Legislature in the nation. The GOP maintains control of the State Senate and the DFL retains control of the House of Representatives.

Further complicating the outlook for the 2021 session is the state's fiscal forecast. This year saw wide swings in the state's budget picture. That volatility will impact how policy makers will approach the work of setting the biennial budget, the session's signature task.

Going into the last session, projections showed a surplus of more than \$1.5 billion, but that surplus quickly morphed into a deficit of almost \$2.5 billion as the pandemic grew in the spring and the economy sputtered. A December 2020 estimate from Minnesota Management and Budget (MMB), the state's fiscal agency, suggests that the state once again has a surplus of slightly more than \$600 million for the remainder of this biennium, thanks to resiliency in the economy and federal and state stimulus spending. The projections for the upcoming biennium still show a \$1.27 billion deficit.

### Virtual Legislature

As it has every element of our society, the COVID-19 pandemic has dramatically changed how the Legislature functions. Once the pandemic arrived in force in March 2020, the Legislature quickly shifted much of its work to online, virtual platforms. The solution was an imperfect one, with many legislators, the media, lobbyists

and the public frustrated by the lack of transparency and ability to impact the legislative process. The 2021 session is certain to at least begin virtually, and it remains unclear how these issues will be addressed. This makes it difficult for the public to engage in the process and for lobbyists and other interest groups to meet the 30 new legislators.

Health care issues again will take center stage. As noted above, setting the biennial budget will be the key task before legislators in 2021, and that process has a large impact on the state's health care programs. More than 30 percent of the state's budget is spent on health and human service programming; the MMA will advocate for protecting our health care safety net programs from any cuts. There is strong bipartisan interest in supporting telehealth and the MMA will be working to maintain the new coverage options for telehealth and telephone services. Proposals to provide needed COVID-19 relief also likely will occupy a significant time for legislators, as they balance the need to provide public health protections such as mask mandates and limits on bars, restaurant and entertainment venues, with calls to “reopen our economy.” Unfortunately, MMA-supported efforts to increase vaccination rates and reduce firearm injury and death face long odds in the divided Legislature.

With access to the Capitol tightly limited, the MMA has had to reconfigure how it approaches its annual Day at the Capitol, the MMA's single most important advocacy event. Like the Legislature, the MMA will move the event online, expanding the content to include several days of informative, exciting content. Despite the unusual nature of the session—or indeed because of it—it will be even more important for physicians, residents and medical students advocate for patients, physicians, and public health. Now dubbed “Advocacy Week at the Capitol,” the events begin on February 8. Stay tuned to *MMA News Now* for more information. You can also visit [www.mnmed.org/advocacyweek](http://www.mnmed.org/advocacyweek) for the latest details. **MM**

## News Briefs



### 5th annual physician well-being conference set for January 28

Given the stresses of 2020, physicians and other clinicians deserve to take some time for self-care and mutual support. Join your colleagues and the MMA for a one-day, virtual

gathering January 28 to learn and deploy strategies to help you reclaim the joy of practicing medicine.

Highlights for the Reclaim the Joy of Medicine: 5th Annual Bounce Back Clinician Resilience Conference include:

- Keynote **Bryan Sexton, PhD**, is an associate professor at Duke University and director of the Duke Center for Healthcare



Safety & Quality. Sexton has captured the wisdom of frontline caregivers through rigorous assessments of safety culture, teamwork and workforce resilience. He has studied teamwork, safety and resilience in high-risk environments such as the commercial aviation cockpit, the operating room and the intensive care unit.

- **Kristin Neff, PhD**, is recognized as one of the world's leading experts on self-compassion, being the first one to operationally



define and measure the construct more than a decade ago. She has developed Mindful Self-Compassion (MSC), an eight-week program to teach self-compassion skills in daily life, co-created with her colleague Chris Germer, PhD. Her book, *Self-Compassion*, was published by William Morrow in 2011.

The event will cap off with an interactive session on storytelling. For more information and to register, visit [www.mnmed.org/joyofmedicine](http://www.mnmed.org/joyofmedicine).

### MMA files amicus brief on contested flavored tobacco ordinance

In December, the MMA partnered with the AMA and 24 other public health and anti-tobacco organizations on an amicus (“friend of the court”) brief with the Eighth Circuit Court of Appeals in a case that determines a local government’s authority to ban the sale of tobacco or tobacco products.

In the case, tobacco manufacturer R.J. Reynolds has sued the City of Edina for its June 16, 2020, ordinance prohibiting the sale of flavored tobacco products within city limits. This is one of several recent suits that R.J. Reynolds has filed throughout the country against similar local ordinances.

R.J. Reynolds claims that the ordinance is preempted by federal law, specifically by the Tobacco Control Act (TCA), and so cannot be upheld. Earlier this year, the Minnesota District Court found that the ordinance was not preempted by federal law. As a result



of this decision, R.J. Reynolds has taken its case to the Eighth Circuit Court of Appeals.

The Court must determine whether the City of Edina’s ordinance is preempted by the TCA, specifically whether Edina’s ordinance constitutes a “product standard” under the TCA. The TCA gives local governments the authority to regulate or prohibit the sale of tobacco products within their jurisdiction, but not the authority to regulate “product standards,” which is exclusively reserved for regulation by the Food and Drug Administration.

The MMA, AMA, Public Health Law Center and others filed the amicus brief to support the long-standing precedent that a local government can regulate the sale of tobacco products to protect their communities. The brief also illustrates that Edina’s ordinance is not a “product standard” subject to preemption by the TCA.

The MMA advocates for its members and the health of Minnesotans through the court system by filing amicus briefs in cases with the potential to impact physicians or health care in Minnesota. The MMA has a long history of opposing Big Tobacco.

### State adds two more conditions to medical cannabis program

Two more medical conditions will join the state’s medical cannabis program in August 2021. In December, the Minnesota Department of Health (MDH) announced that it will add sickle cell disease and chronic vocal or motor tic disorder to its list of qualifying conditions.

“Giving sickle cell patients a more direct pathway into the medical cannabis program will permit them a non-opioid option to manage their pain,” said Commissioner of Health Jan Malcolm.

Minnesota’s medical cannabis program already has Tourette’s syndrome as one of its qualifying medical conditions. Vocal or motor tic disorder is distinct from Tourette’s syndrome in that patients experience only vocal or motor tics; people with Tourette’s experience both vocal *and* motor tics. Evidence from Tourette’s patients who participate in the program shows that medical cannabis can effectively treat tics.

In addition to the two new conditions, MDH considered but ultimately rejected a petition for anxiety. Malcolm said that the agency will commit to a deeper look at the condition in the first part of 2021.

There were no petitions for new delivery methods this year.

Under state rules, patients certified for sickle cell disease or chronic motor or vocal tic disorder will become eligible to enroll in the state's medical cannabis program on July 1, 2021, and to receive medical cannabis from either of the state's two medical cannabis manufacturers starting August 1, 2021. As with other qualifying conditions, patients need advance certification from a Minnesota health care provider.

State law establishes a system by which individuals may seek to add new qualifying conditions. A panel of patient advocates and health care providers review the submissions and makes recommendations to MDH, although the commissioner has the authority to adopt or reject petitions.



### AMA adopts Minnesota resolution to stop using race as a proxy for biology

A Minnesota-submitted policy that calls for halting the use of race as a proxy for biology, genetics or heredity when treating patients was adopted by the AMA's Interim House of Delegates (HOD) in November.

The resolution also asked that medical education at all levels recognize the harmful effects of presenting race as biology, while also recognizing that race does have an influence on health outcomes through racism and systemic oppression.

In a related matter, the AMA adopted policy that clearly states that racism is a serious threat to public health and that the AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.

In other action, the HOD passed policy strongly supporting the continued growth of telehealth services, including calling for equitable coverage throughout all parts of the country, appropriate payment for services comparable to in-person and use of telehealth to reduce health disparities and promote access.

The Minnesota AMA delegation was led by **Paul Matson**, MD, an orthopedic surgeon from Mankato who was attending his last

AMA meeting as part of the Minnesota Delegation. Matson has been a member of the delegation for more than 20 years. Other delegation members included: **David Estrin**, MD; **Cindy Firkins Smith**, MD; **J.P. Abenstein**, MD; **David Thorson**, MD; **Andrea Hillerud**, MD; **Laurel Ries**, MD; **Ashok Patel**, MD; **Dennis O'Hare**, MD; and MMA President **Marilyn Peitso**, MD.

Two additional Minnesotans were elected to serve as delegates and will join the Minnesota delegation starting in 2021. **Adrina Kocharian**, a fourth-year MD/PhD student was elected for a Region 2 Delegate position representing the Medical Student Section and **Dan Pfeifle**, MD, an internal medicine resident at Mayo Clinic, was elected a regional delegate representing the Resident and Fellow Section. Regional delegates review MSS-authored resolutions and represent the medical students' and resident and fellows' interests at the AMA HOD as full voting members.

**Dionne Hart**, MD, MMA trustee from the Southeast District, was named the AMA representative to the National Commission on Correctional Health Care (NCCHC). The NCCHC is a voluntary accrediting organization for the nation's correctional facilities, on which the AMA has a liaison seat.

### Tobacco-21 advocate wins TCMS honor

The Twin Cities Medical Society Board of Directors has presented **Caleb Schultz**, MD, MPH, with the 2020 First a Physician Award, which recognizes a member of TCMS who gives their time and energy to improve the health of their patients, has made a positive impact on organized medicine and the medical community's ability to practice quality medicine and has been instrumental in improving the lives of others in our community. Schultz was instrumental to Minnesota's first Tobacco 21 policy and continues to support local and statewide efforts.

### Member receives Rural Health Lifetime Achievement Award

In November, MMA member **Deborah J. Erickson**, MD, received the Rural Health Lifetime Achievement Award as part of the Minnesota Rural Health Awards, which are given to individuals and groups who have made a significant contribution to improving rural health in Minnesota.



Born and raised in Warroad, Erickson, who practices family medicine/obstetrics at the Altru Clinic there, saw firsthand her community's overwhelming health care needs and challenges, and returned to her hometown after medical school to serve as the single longest-term physician in the city.

Erickson passes on her knowledge and her passionate commitment to rural health to medical students from the University of Minnesota Medical School-Duluth's Rural Medical Scholars Program.



### Board approves two new health equity task forces

At its December 7 meeting, the MMA Board of Trustees approved the formation of two new health equity task forces: the MMA Task Force on Barriers to Workforce Diversification in Physician Education, Training & Licensure, and the MMA Racial Healing & Reconciliation Task Force. These two new task forces will help advance the MMA's health equity initiatives.

The purpose of the **MMA Task Force on Barriers to Workforce Diversification in Physician Education, Training and Licensure** is:

- Understand the various drivers in medical education, residency training and the licensure process that affect the supply and distribution of Black men and other underrepresented minorities in medicine.
- Understand the role that discrimination, implicit bias and racism play in medical education, residency training and the licensure process in Minnesota.
- Identify the policies, practices and structures in medical education, residency training and the licensure process that perpetuate racism and/or otherwise limit workforce diversification.
- Determine roles for the MMA, as well as for other potential stakeholders, in advancing specific strategies in medical education, residency training and the licensure process to increase the number of Black men and other underrepresented minorities in medicine.

The task force will deliver the following:

- Inventory of the policies, practices and structures in medical education, residency training and licensure that perpetuate racism and/or otherwise limit Minnesota physician workforce diversification.
- Recommendations to reduce or eliminate those policies, practices and structures.

It will be made up of 15 to 20 physicians and physicians-in-training and consist of medical school leadership, residency program leadership and other relevant stakeholders. In addition, membership will include medical students, residents and physicians from BIPOC (Black, Indigenous and People of Color) communities.

The Task Force will convene for its first meeting during the second quarter of 2021 and is expected to work through 2021 (with four to five meetings expected to take place during that time).

The **MMA Racial Healing & Reconciliation Task Force's** charge is to advise the MMA's Board of Trustees on recommendations to promote racial healing between the MMA and physicians and others from BIPOC communities.

The Task Force is charged with:

- Documenting racial and/or ethnic discriminatory actions by the MMA toward BIPOC physicians and physicians-in-training.
- Facilitating conversations to confront and understand the truth of how MMA's racist and/or ethnic discriminatory actions have shaped BIPOC physicians' experiences.
- Articulating recommendations on ways to heal from the wounds of the past and build mutually respectful relationships across racial and ethnic lines.

The task force will deliver the following:

- An inventory of racial and/or ethnic discriminatory actions by the MMA toward BIPOC physicians.
- Recommendations about how to acknowledge and facilitate the healing needed as a result of MMA's past racial and/or ethnic discriminatory actions.
- Recommendations about whether the MMA should seek to address racial and/or ethnic discriminatory policies or practices perpetuated by Minnesota's medical community on Minnesota's BIPOC communities.

The task force will be made up of 15 to 20 physicians and physicians-in-training, and will include medical students, residents, and physicians from BIPOC communities.

The group will convene for its first meeting during the second quarter of 2021 and meet for approximately 12 to 18 months (with six to eight meetings expected to take place during that time).



# FROM THE CEO

## Welcome, 2021!

Like all of you, I am excited to replace the 2020 calendar with a new one that holds the promise of better days ahead. I've always visualized the start of a new year as the summit of a big hill—a place of clear skies, fresh air, open space, with boundless views to the horizon. The summit is also the starting point for the pathway that leads down the hill and down through the months of the year. The new path is partially clouded by uncertainty, but also guaranteed to offer new adventures and probably more than a few bumps and detours along the way. This is also the time of year for new resolutions—a commitment to

change poor habits, accomplish a specific goal, embrace a new experience and document your progress. One of my 2020 resolutions was a plan for a June trip to visit family in Sweden. You can guess the outcome of that resolution—postponed because of the major bump and detour that was COVID-19.

The MMA, too, begins 2021 with new resolve to press forward with its commitment to make Minnesota the healthiest state and the best place to practice medicine. There is plenty of work to be done to achieve those goals, among the most urgent of which is reducing racial disparities and achieving health equity.

In the wake of the killing of George Floyd, the MMA, like many other organizations, took a hard pause to listen and reflect. Was our work to achieve health equity making a difference? Were our plans realistic? Was our rhetoric greater than our commitment? Were our resources focused to yield progress? Based on input captured through polling and through several large convenings over the summer, I believe that MMA's health equity initiatives are now more focused and stronger than ever. Those initiatives are focused on diversifying the physician workforce, addressing social determinants of health and reducing structural racism and implicit bias in health care.

As we work to reduce bias and racism in health care, the first place we plan to look is inward to understand our role and the role of organized medicine in Minnesota in ignoring, abetting or perpetuating racism. To that end, the MMA Board of Trustees in December authorized the formation of a new MMA Racial Reconciliation Task Force. This group is tasked with 1) documenting racial and/or ethnic discriminatory actions by the MMA toward BIPOC physicians and physicians-in-training; 2) facilitating conversations to confront and understand the truth of how MMA's racist and/or ethnic discriminatory actions have shaped BIPOC physicians' experiences; 3) articulating recommendations on ways

to heal from the wounds of the past and build mutually respectful relationships across racial and ethnic lines. I am hopeful that this work can expand into a broader reconciliation effort by all health care organizations in Minnesota.

The MMA has a 168-year history and this magazine has been published for 103 years. That is a lot of history and documentation to wade through. We also know that what is written rarely tells the full story. This effort will also include conversations with Minnesota physicians who can supplement what has been written and recorded on paper.

I expect that this work will be difficult and potentially painful. It would be naïve to think the MMA was somehow immune to the discrimination and racism prevalent throughout the United States during the past 168 years. With uncertainty about what we will discover as we start down this path, the MMA owes it to past, current and future Minnesota physicians to confront its history so it can more effectively move forward. In the words of Bryan Stevenson, JD, founder/executive director of Equal Justice Initiative and author of *Just Mercy: A Story of Justice and Redemption*, "You can't demand truth and reconciliation. You have to demand truth—people have to hear it, and then they have to want to reconcile themselves to that truth." The MMA is ready to hear its truth. I hope you will join us in this important work to share your experiences and your stories and to open your hearts to the truth.

A handwritten signature in black ink that reads "Janet Silversmith".

Janet Silversmith  
JSilversmith@mnmed.org

## VIEWPOINT

# Check in on a colleague

Fellow physicians, we have all been through the wringer this past year experiencing an unprecedented pandemic. Our colleagues on the frontlines are receiving the brunt of it with some paying the ultimate price. With every shift, emergency department physicians and those working in the ICU are seeing patients die in unfathomable numbers. They are further stressed by the fear that they might catch COVID-19 and bring it home to their families, and by seeing some of their colleagues contract the virus. The cases appear endless, even as news of a vaccine offers real hope.

2020 has tested us in so many ways—the capacity of our health care systems, the leadership of our public officials, the preparedness of our public health infrastructure, the patience and cooperation of the public and our own resilience. Many have called us heroes and applauded our efforts. After all, we became physicians to help others; this is what we signed up for, right? Some of us are able to generate our own self-motivation to persevere, but others are struggling. We are not receiving as much support as we'd expect.

“It’s heartbreaking for health care workers to finish an exhausting workday only to stop at the grocery store and see people not wearing a mask,” former MMA president and now co-CEO of Carris Health, Cindy Firkins Smith, MD, told reporters at a press conference before Thanksgiving. “Don’t call health workers heroes if you can’t put a piece of cloth or paper over your face to protect them.”

Physicians and other health care workers are tired and frustrated. More than ever before, we need to come together and invest time and resources to take care of each other. Let’s make sure we show them that they are supported. Check in on a colleague and ask them how they’re doing, whether it’s by text, email or phone call.

Let them know where they can seek help if needed. Remind them that they can always contact Physicians Serving Physicians at 612-362-3747 for independent, confidential counseling and peer-support resources.

Tell them to visit the MMA website (<https://www.mnmed.org/advocacy/Key-Issues/Physician-Well-being>) where they can find well-being resources.

Let them know about our upcoming conference at the end of January. The Reclaim the Joy of Medicine: The 5th Annual Bounce Back Clinician Resilience Conference has been created to support physician well-being by providing resources and support to individuals and advocating for changes to the stressful and administratively complex environments in which physicians work.

On this day, join me in resolving to take care of yourself and your colleagues. Eat healthy and get out to enjoy nature for the benefit of the mind, body and spirit. The MMA is here to have the back of medicine, it’s up to each of us to reach out and have the backs of our colleagues. MM



Edwin Bogonko, MD, MBA  
MMA Board Chair

PHOTO BY KATHRYN FORBES

Physicians and other  
health care workers are  
tired and frustrated.  
More than ever before,  
we need to come  
together and invest time  
and resources to take  
care of each other.