

Referred to Reference Committee B

Report # 18, Committee on Legislation

To: Minnesota Medical Association House of Delegates
Convening September 17, 2008

The Committee on Legislation includes the following members: Benjamin Whitten, M.D., chair; V. Stuart Cox, M.D., vice chair; Macaran A. Baird, M.D.; Kristin Benson, M.D.; Brianne C. Barnett (MSS); Kristen A. Benson, M.D.; Cindy Firkins-Smith, M.D.; Thomas Flynn, M.D.; Ronnel Hansen, M.D.; Michael Krowka, M.D.; Daniel Maddox, M.D.; Melissa Mohrenweiser, M.D.; Nadia Sam-Agudu, M.D. (RFS); Paul Sanford, M.D.; Gabriel Sciallis, M.D.; Joseph Sivak, M.D.; Nathan Woltman (MSS); and Patrick Zook, M.D.

The Committee on Legislation met six times since the last House of Delegates meeting and reviewed and assigned priority issues throughout the 2008 legislative session. The committee made recommendations and provided guidance to MMA staff and MMA Trustees on issues that affected physicians and their patients. The MMA 2008 Legislative Report includes a summary of issues that the MMA pursued this past session. The report can be found on the MMA website, www.mmaonline.net.

The 2008 legislative session convened on March 12 and adjourned *sine die* on May 19, 2008. During even-numbered years, the Legislature primarily considers state bonding requests and a small supplemental budget. Because of an estimated \$935 million budget deficit, the scope of budget issues considered was much broader and included budget reductions. Additionally, health care reform was a major focus for legislative leaders starting in July of 2007. However, the budget deficit made it more difficult to reach consensus on reform plans.

Legislative Priorities

The Committee on Legislation recommended to the MMA Board of Trustees three priorities for our legislative efforts. Our priority issues for the 2008 session were the passage of health care reform consistent with *Physicians' Plan for a Healthy Minnesota*, the establishment of a Health Care Access Fund Oversight Commission that would develop criteria for acceptable uses of the money in the Health Care Access Fund, and health plan coverage for medical interpreter services.

Following significant success last session with the Freedom to Breathe Act, the MMA had another very successful session. We were successful on two of our three major priority issues, made progress on the third, and had a positive impact on many other issues that are important to our members and the patients they serve.

The historic health care reform bill that was signed into law this year was based on the MMA's *Physicians' Plan for a Healthy Minnesota*. In fact, at the bill-signing ceremony, Rep. Tom

Huntley (DFL-Duluth), the bill's chief author, credited the MMA for starting the health care reform conversation and being the driving force in getting the reforms passed.

Although an oversight commission was not established for the Health Care Access Fund, the MMA successfully defeated efforts to raid the fund. The governor's budget would have addressed the \$935 million shortfall by transferring \$250 million from the Health Care Access Fund and using \$48 million each year to offset other General Fund spending. The final budget agreement makes a one-time \$50 million loan that will be repaid with savings expected from health care reforms. The MMA also opposed budget proposals that would have had negative consequences for health care in Minnesota. The Senate budget proposal called for a 3 percent cut to physician reimbursement for treating Medical Assistance patients and a \$5 increase in physician license fees. Fortunately, these proposals were not included in the final budget agreement that was signed into law.

Our final priority, legislation to require insurance coverage for medical interpreter services, made progress but did not pass. The MMA supported legislation requiring all health plans to reimburse providers and pay interpreters for medical interpreter services for the hard of hearing, the deaf, and citizens with little or no proficiency in English. The bill did not pass because of continued opposition from the business community and the governor to new insurance mandates. Although the Legislature failed to require private health plans to reimburse for the cost of medical interpreters, they did create a voluntary roster for interpreters to begin ensuring minimal quality standards. They also acknowledged the added cost of serving non-English speaking patients and required that the additional cost of serving those populations be considered by the Department of Health when developing payment reform proposals.

Resolutions

In setting legislative priorities, the committee considered a number of resolutions acted on by the 2007 House of Delegates as they relate to legislative priorities.

Resolution 203

RESOLVED, that the Minnesota Medical Association oppose restrictions on the development and construction of new radiation therapy facilities in Minnesota by physician practices, hospitals, or hospital/physician partnerships.

Resolution 203 called on the MMA to reinforce existing policy related to the supply of such facilities (280.19) by articulating opposition to a specific legislative proposal to limit their construction. As a result of existing policy and Resolution 203, the MMA opposed S.F. 2667/H.F. 3265, which, as originally introduced, would have made the temporary moratorium on building or developing new radiation therapy facilities permanent. The bill did pass; however, it extended the current moratorium for two years from 2009, when it was set to expire, to 2011.

Resolution 212

RESOLVED, that the Minnesota Medical Association advocate for a requirement that health plans or other entities that use tiering products provide transparency in their methodology, and be it further

RESOLVED, that the Minnesota Medical Association advocate for a requirement that health plans or other entities that use tiering products make their methodology for ranking understandable and available to the public.

Resolution 212 called for the MMA to pursue a requirement that health plans make their tiering methodology transparent and publicly available. Although the resolution did not direct the committee to any specific legislative activity, it informed discussions on health care reform and guided MMA input on payment and quality reform during negotiations on the language in S.F.3780/H.F.3924, the health care reform bills. The legislation requires the commissioner of health to develop a uniform method to calculate the relative cost and quality of care that patients and health care consumers can use to compare providers.

Resolution 305

RESOLVED, that the Minnesota Medical Association recognize that universal access, clinic-based chronic disease management, and the concept of a medical home must include adequate funding to be successful.

Resolution 305 directed the MMA to include reimbursement issues among health care reform policies for clinic-based disease management, medical home, and universal access. As legislators considered health care reform and delivery system reform in particular, the MMA successfully advocated for payment for qualifying medical homes (also known as health care homes) from both public and private health care purchasers. The MMA also opposed the proposed Medicare cut and a state-proposed 3 percent Medicaid cut to physician reimbursement because adequate funding is essential to maintaining access to health care programs.

Resolution 309

RESOLVED, that the Minnesota Medical Association support programs that attempt to change behavior to reduce sexually transmitted infection and unwanted pregnancy when such programs are based on scientific demonstration of efficacy.

Resolution 309 called on the MMA to support scientifically proven programs aimed at reducing sexually transmitted infection and pregnancy. The Legislature considered legislation on the topic this session. The MMA supported efforts by the Department of Health and other groups to pass Expedited Partner Therapy, which delivers medications or prescriptions by persons infected with a sexually transmitted infection to their sex partners without direct clinical assessment. In accordance with guidance issued by the Centers for Disease Control and Prevention, the program has been shown to be an effective and cost-effective partner-management strategy. The measure passed as part of H.F.2639/S.F.2941.

Resolution 311

RESOLVED, that the Minnesota Medical Association support legislation to require the Minnesota Department of Public Safety to develop a screening mechanism to identify at-risk drivers.

Resolution 311 directed the MMA to seek a legislative mandate on the Department of Public Safety to invest in a screening program for at-risk drivers. As the committee prioritized legislative issues for the session, we determined that among other traffic-safety issues this was not the highest priority. The MMA has heavily invested in a number of driver and passenger safety efforts with the Department of Public Safety in recent years, and a number of those issues reached near-peak activity (by whom?) this session. One issue, however, was aimed at teenagers. Data showed that no state in the country has a higher percentage than Minnesota of teenagers behind the wheel in deadly crashes. As a result, the MMA worked to create a Graduated Driver's License aimed at reducing the high rate of fatalities during the first six months after obtaining a license. The bill, H.F. 3800/S.F.1520, was passed into law.

Resolution 315

RESOLVED, that the Minnesota Medical Association pursue state legislation to increase payment for vaccine administration under the Minnesota Vaccines for Children Program that would at least take full advantage of the federal dollars available to our state.

Resolution 315 called for the MMA to work with the Department of Health for a state appropriation to increase the vaccine administration fee. Currently, the Minnesota Vaccines for Children program reimburses \$8.50 per vaccine, while the federal program allows up to \$14.69 in reimbursement. The MMA worked with the Department of Health to pursue an increase, and the department agreed an increase was warranted. To raise reimbursement to the amount allowed by the federal government, a state budgetary fiscal note of \$1.2 million was created. Unfortunately, because of the state budget deficit, the increase was not included in the department's requested budget. The committee considered the budget deficit and the fact that the department did not seek an increase when prioritizing this issue. The MMA will continue to pursue the increase and work to have it included in the Department of Health's budget next session.

Resolution 316

RESOLVED, that the Minnesota Medical Association support the development of a work group that will develop legislation that will define accessible, affordable, financially viable health care that will benefit all Minnesotans, and be it further

RESOLVED, that the Minnesota Medical Association will develop the work group by the end of 2007 and hold at least one meeting by then, and be it further

RESOLVED, that the Minnesota Medical Association actively oppose the constitutional amendment until the work group makes its recommendation.

The House of Delegates referred Resolution 316 to the Board of Trustees for review. The Board of Trustees adopted a statement on the proposed constitutional amendment to make health care a

right for all Minnesotans. As a result, the MMA expressed concerns about the proposed amendment with legislative leaders. The language approved by the Board of Trustees read:

The Minnesota Medical Association supports current efforts to advance meaningful and timely health care reform, including efforts to achieve universal health insurance coverage. Adoption of a constitutional amendment of any type, at this time, will only serve to derail current cooperation and to distract policymakers and other stakeholders from implementing and advancing reforms during the 2008 legislative session. The MMA, therefore, will continue to provide leadership to advance health care reform and will oppose efforts that serve to distract attention from that important work, including passage of any constitutional amendment, such as the amendment proposed in 2007/2008 (HF683/SF2097).

Resolution 408

RESOLVED, that the Minnesota Medical Association support adequate access to health care for the homebound and/or disabled, and be it further

RESOLVED, that the Minnesota Medical Association advocate that third-party payers ensure access for medical home visits, including covering and providing adequate physician reimbursement for the medical home visit, and be it further

RESOLVED, that the Minnesota Medical Association encourage medical schools and residency programs in the state to include training in home care, and be it further

RESOLVED, that the Minnesota Medical Association educate state legislators and state agencies on the issue of health care access for the homebound and disabled as part of our work toward universal health care access, including pursuing different strategies for ensuring access for our homebound and/or disabled population.

The fourth statement in Resolution 408 directed the MMA to include consideration for the homebound and disabled as part of health care reform proposals and to educate state officials to that end. The MMA's work to pass medical home legislation and influence payment reform proposals will help ensure that quality measures and reimbursement reflect the unique health care needs of this population.

Grassroots Involvement

The MMA hosted its Day at the Capitol on March 6, 2008. The half-day event was a tremendous success. Nearly 140 physician, medical students, and physician assistants came to the Capitol to speak with their legislators and rally for organized medicine and patients. Commissioner of Health Sanne Magnan, M.D., along with Rep. Tom Huntley (DFL-Duluth), Rep. Matt Dean (R-Stillwater), and Sen. Ann Lynch (DFL-Rochester) addressed rally participants. For those that were unable to attend Day at the Capitol, the MMA continues Capitol Rounds, a program started in 2007. Capitol Rounds provides physicians with a personalized Day at the Capitol to meet directly with their representatives. On more than one occasion, a physician's presence at the Capitol swayed their representative's decision on a pending vote.

The MMA continues to give guidance to physicians on how to establish relationships with their local elected officials by conducting District Dialogue meetings as well. These meetings are now coordinated by Mandy Rubenstein and Dennis Gerhardstein, MMA managers of physician advocacy and outreach. These meetings give participating physicians the opportunity to voice their concerns and educate elected officials on policy issues that can affect the delivery of health care.

Conclusion

I am proud of the efforts put forward by the MMA leadership, MMA staff, and members of the MMA Committee on Legislation over the last year. You are well represented by all of these individuals. I would like to thank the staff of the committee—Andrea Munsey, Sara Noznesky, and Dave Renner—for their work during the previous year. Without the efforts of all of our dedicated staff and the active participation of the MMA membership, none of the MMA's legislative successes would be possible.

Benjamin H. Whitten, M.D.
Chair