Minnesota Advocates for Internal Medicine - Here is an update on the Minnesota legislative session as it nears the final days.

Minnesota Legislative Update for MN-ACP

With summaries provided by Eric Dick, Manager, State Legislative Affairs, Minnesota Medical Association Katherine Cairns, Executive Director, MN-ACP and Mark Liebow, MD, MPH, FACP, Legislative and Policy Committee MN-ACP

The last days of the Minnesota legislative session tend to run late into the evening and meetings between legislative leaders and the Governor continue over remaining items. Two major items remain unresolved - a Vikings stadium and a bonding bill. In an unusual twist on the way legislative sessions usually unfold, the HHS budget bill was wrapped up and sent to the Governor relatively early. Stranger still, the bill passed with near-unanimous support. Here is a brief summary with details on each item.

• **HHS Finance Supplemental Sent to Governor; Signature Expected** - the supplemental HHS financing bill will reinstate portions of care for Minnesota’s Emergency Medical Assistance program including dialysis and cancer-related care; add new requirements for auditing the Prepaid Medical Assistance vendors, change prior authorization processing for Medical Assistance-paid therapies (OT, PT, ST); and will not restore a 3% cut to physician reimbursement under the state's fee-for-service Medical Assistance program.

• **Physician Disclosure Bills Near Completion** - Board of Medical Practice disclosures affected

• **Newborn Screening, Genetic Information** - Bills introduced too late in session to have consequences, but highlight need for better definition/storage of biomedical specimens

• **Fireworks Expansion Vetoed** - A proposal to expand the types of fireworks available in Minnesota was vetoed with input from emergency medicine and fire personnel

• **Health Care Compact Heads to Governor** - Bill would add Minnesota to small group of states that seek an 'opt out' on federal Medicaid regulations.

• **One abortion bill vetoed by the Governor and one under consideration** - MMA active in monitoring both bills.

• **PMAP Scrutiny Extends to Washington, DC** – Hearing in Washington DC last week explores finances of Minnesota's Medicaid program.
Important Links -- For additional information on the MN-ACP Policy Committee, email Minnesota.ACP@gmail.com

Minnesota State Senate

Minnesota House of Representatives

Bill Search

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Session Weekly (A non-partisan journal of news from the House)

Please consider attending the ACP Leadership Day in Washington DC on June 6th-7th with the four Minnesotans already registered. We will arrange meetings for you with your legislators. To register contact Shuan Tomlinson at stomlinson@acponline.org or Minnesota.ACP@gmail.com for details.

HHS Finance Supplemental Sent to Governor; Signature Expected
Legislators have sent to Governor Dayton an HHS supplemental finance bill that provides about $18 million in funding to health-care related programs. Approximately $11 million of the total spending comes to the state via money Minnesota HMOs have agreed to pay back to the state as part of an agreement negotiated last year. HF2294 www.revisor.mn.gov/laws/?id=247&doctype=chapter&year=2012&type= was authored by Rep. Jim Abeler (R - Anoka) and Sen. David Hann (R- Eden Prairie), and passed both bodies on a bipartisan, nearly unanimous margin. The bill includes a number of provisions of note to the medical community, including:

- Permit dialysis and cancer-related care under the state's Emergency Medical Assistance program to be restored.
- The bill delays reimbursement for certain individuals who serve as personal care attendants.
- The Senate version of the bill to restore a 3% cut to physician reimbursement in MN fee-for-service Medical Assistance program were not included in the conference committee report.
- A requirement that the Minnesota Department of Health (MDH) implement a "pediatric care coordination" program for children with high-cost medical or psychiatric conditions. The provision states that the new program is not meant to supplant in any way the state's health care home model of care delivery.
- Require audits by third-party firms of the state's PMAP (Prepaid Medical Assistance Program) vendors) to confirm compliance with state and federal law.
- A requirement that PMAP vendors collect data about the extent to which providers are using shared-decision making tools and aides.
- A change in prior authorization processing for Medical Assistance therapies (OT, PT, ST).
- A request that the University of Minnesota included as part of their biennial budget request funding for rural primary care training by family practice residence programs.
- An instruction to health plans to develop a plan to reduce the incidence of low birth weight in at-risk geographic areas of the state.
- A number of provisions related to autism, including a study of autism prevalence within the Somali-American community conducted by the University of Minnesota. Changes to regulations related to residential facilities that serve autistic individuals are also included.
• A number of studies of different state health care programs and elements, including the Emergency Medical Assistance Program, the PMAP program, fraud prevention efforts related to e-health records, and capacity and needs related to radiation therapy facilities.

• The establishment of the "Visible Child Working Group" to study child homelessness.

• An extension of the work of the Maternal and Child Health Advisory Task Force to 2015.

• A requirement that all sites that serve those enrolled in WIC (Women, Infants, and Children) distribute information regarding postpartum depression.

Physician Disclosure Bills Near Completion
With different versions having passed both the House and Senate and the majority of the differences between the two bills already negotiated, the "Sunset Commission" bill is likely to soon head to Governor Dayton for his consideration. This legislation was crafted in response to articles in the Minneapolis Star Tribune critical of the Board of Medical Practice and what they believed was its failure to protect the public. The bills, HF 2555 and SF 2304, are authored by Rep. Mary Kiffmeyer (R - Big Lake) and Sen. Terry Bonoff (DFL - Minnetonka). Late last week, the negotiations between the house and senate versions yielded a final version of the bill that differs significantly from the early bills. MN-ACP and MMA have been active in monitoring this bill. The final language of the bill includes a number of elements of interest to physicians:

• Posted on the web sites of the Board of Medical Practice (BMP) will be information related to any malpractice judgments against a physician. Earlier versions required the web site to post information regarding malpractice settlements.

• Posting of malpractice judgments, criminal convictions, and actions by other licensing boards will not begin until after July 1, 2013.

• While earlier versions of the bill required physicians to undergo criminal background checks, including fingerprinting, the current version of the bill will study the issue to develop recommendations for a standardized approach on such procedures.

• The final version also includes language clarifying that any steps, actions, or interventions taken by the Health Professionals Service Program would not be posted on any health board web site.

• A study of the Board of Medical Practice, conducted by the Office of the Legislative Auditor, will look at how the BMP implements the medical practice act. The practice act itself will come under study via a new advisory committee made up of the Commissioner of Health and others, including two representatives from the Minnesota Medical Association.

• The final version of the bill also includes new language clarifying that any steps, actions, or interventions taken by the Health Professionals Service Program would not be posted on any health board web site.

• The second bill HF 3025 (Rep. Phyllis Kahn) would alter the definition of "genetic information" and add a more accurate definition of "genetic test." Her bill is introduced in response to 2011 the Minnesota Supreme Court's "Bearder vs. Minnesota" decision regarding the state's Newborn Screening Program. While the case and the ruling related to the Newborn Screening Program, the decision has been read by many to
natically alter how MDH may use other genetic material. MDH has warned that without the change sought by Kahn’s bill, they could have difficulty in managing disease outbreaks and analyzing specimens, potentially risking public health. HF 3025 does not have a Senate companion.

Fireworks Expansion Vetoed
A proposal to expand the types of fireworks available for sale in Minnesota has passed both the House and Senate and was vetoed by the Governor over the weekend. The bill, SF 1694, would have allowed the sale of fireworks that explode or become airborne, currently illegal under state law. The bill was opposed by fire departments and emergency department staff.

Health Care Compact Heads to Governor
A proposal to enlist Minnesota in the “Health Care Compact” has passed both the House and Senate, and awaits action by the Governor. The bill, SF 1933, is authored by Sen. David Hann (R - Eden Prairie) and Rep. Steve Gottwalt (R - St. Cloud). Passed on party lines, Governor Dayton is expected to veto the bill. The Health Care Compact is part of a national effort to enroll states in a joint effort to require the federal government to return all federal health care funds back to the states via block grants. In doing so, all federal regulations and rules on the use of the funds would also be waived; states would be free to use the funds for any use (including, potentially, non-health care uses). Compacts are a mechanism provided by the US Constitution by which states can partner or organize around a particular effort. At present, four other states have entered the Health Care Compact. Supporters of the Health Care Compact state that the bill will allow Minnesota to best use federal health care dollars free of burdensome strings and regulations. Opponents, noting that the bill would apply to all federal health care spending including Medicare, believe that without federal guidelines the bill would result in a "race to the bottom" as states work to slash health care coverage.

Abortion Bill vetoed by the Governor and one under consideration
Two proposals related to abortion sent to Governor Dayton have been vetoed. The first, SF 1921, (Rep. Mary Liz Holberg, R - Lakeville; Sen. Claire Robling -Jordan) created a new licensing requirement for clinics and outpatient health centers that performed 10 or more abortions per month. Many, including the Minnesota Medical Association, argued that the physicians, nurses, and staff of these facilities are already subject to licensing, and that the proposal singled out a single procedure for licensure. HF 2341 (Rep. Joyce Peppin, R - Rogers; Sen. Paul Gazelka - Brainerd), was a proposal to require physicians to be physically present when patients take a pregnancy-terminating drug such as RU-486. Proponents of the proposal argued that the drug created a special risk to patients, warranting the additional regulations. Many, including the MMA, argued that the bill did not enhance patient safety in any way, as any of the small risks associated with the drug occur hours and days after ingestion. The bill’s impact on tele-medicine raised further concern amongst health care providers.

PMAP Scrutiny Extends to Washington, DC
The legislative interest in the finances of Minnesota's Medicaid program extended from the Capitol in St. Paul to the Nation’s Capitol this week, as Minnesota Department of Human Services (DHS) Commissioner Lucinda Jesson testified in front of a congressional panel earlier this week. The hearing focused on last year’s “gift” of $30 million to the state from U Care, one of the state’s providers of managed care to low income Minnesotans. The payment from U Care came last year, and was described by Jesson and DHS officials as a "gift" to the state. This payment preceded a recent $73 million payment from U Care and other PMAP providers that is part of a cap on margins negotiated by the plans and the Dayton Administration. The distinction of the U Care payment being a "gift" was an important one, as it may have allowed the state to keep the entirety of the payment, rather than return half to the federal government. In the days prior to the hearing in Washington, DHS announced that they would return half of the $30 million to the federal government. Minnesota's Medicaid program has come under scrutiny in St. Paul this session, with critics stating that the program lacks adequate transparency. Language contained within the HHS finance omnibus will add independent audits of the programs.

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