

MOS At the Capitol

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As the legislature approaches the first committee deadline on March 29th, things are heating up. Budget proposals are starting to fly and policy bills are being heard at a rapid pace.

Senate Democrats Release Budget Outline

The Senate Democratic Caucus released their outline for solving the budget shortfall on Thursday March 12. Their proposal stresses the need for structural changes to balance the budget for the next four years, not just the two-year period the Governor recommended. They recommend a 7 percent across the board cut to all state agencies, resulting in \$5.1 billion in cuts over four years. This budget includes nearly \$1 billion in cuts to K-12 education, the largest part of the state's budget. The Governor recommended no cuts to education.

Their budget maintains the Health Care Access Fund as a dedicated fund for health care and helps preserve coverage for low-income Minnesotans. They do recommend \$719 million in cuts to the health and human services areas. Their budget document also calls for \$2 billion in new revenues without details on what kind of taxes. When asked, Sen. Tom Baak, chair of the Senate Tax Committee, said he was leaning towards income tax increases, and not expanding the sales tax to clothing or services.

Governor Pawlenty will be releasing supplemental budget recommendations within the next two weeks to incorporate the \$1.8 billion of new federal stimulus money.

Additionally, Senator Berglin introduced today a bill to cur provider reimbursement for all but primary care and mental health providers by 3 percent across the board. We expect to see many more cuts and cost saving efforts as the week moves on.

Patient Centered Decision Making

A bill moving through the legislature would require state employees and all public program patients go through a patient-centered decision making process in order to receive reimbursement for surgery. [SF696](#) requires active patient-centered decision making for certain surgeries, namely: abnormal uterine bleeding; benign prostate enlargement; chronic back pain; early stage of breast and prostate cancers; gastroesophageal reflux disease; hemorrhoids; spinal stenosis; temporomandibular joint dysfunction; ulcerative colitis; urinary incontinence; uterine fibroids; and varicose veins.

Generally, physicians are very supportive of the benefits of patient-centered decision making. However, I see a number of potential concerns and testified about those concerns last week. Those concerns are primarily related to vague definitions in the bill but also that it ties patient-centered decision making to payment. Specifically, this could turn into a new form of prior auth, result in additional health plan intervention in medicine, is not clear about who performs the service of patient-centered decision making (health plan, primary care provider, surgeons), and does not specify whether you would be reimbursed for the additional time spent with the patient. Senator Berglin and Representative Huntley seem to have been told that many patients will refuse surgery and choose less costly options after going through this process, resulting in significant cost savings to the state.

Health plans have offered an amendment to add a number of other conditions and surgeries to the list including total hip replacements. The bill is being heard in both the House and Senate again this week.

Workers Compensation

The Worker's Compensation Advisory Council approved bill language and the bill has been introduced. [HF1476/SF1476](#) is scheduled for a hearing this week. The bill is primarily technical and we are breathing a big sigh as our efforts to have the Exclusive Provider List provision not included in the bill were successful. Representatives from Labor organizations absolutely refused to accept the oversized pilot project. That said, however, the group received a presentation by the Office of the Legislative Auditor which, among other recommendations, specifically recommended the Department of Labor and WCAC research the exclusive provider list idea more thoroughly. As a result, I fully expect this issue to continue to be pursued by the Chamber of Commerce and Commissioner of DLI. I spoke with some of the legislators on the group, letting them know that we were pleased the pilot was not included in the legislation, explaining our concerns. I also spoke with Commissioner Steve Sviggum about the issue. He was visibly displeased with the rebuff by the WCAC of his proposal, and while I could not extend sympathy, I reminded him of our concerns and shared frustration that physician input was not included at any point.

If the MOS can offer suggestions for how an Exclusive Provider List could be successful from your point of view for patients (and from other states' experiences) it would be very useful.

http://www.workdayminnesota.org/index.php?news_6_3956

APN Bill Introduced

Legislation resulting from the Healthcare Work Force Shortage Task Force that met this past summer, to address changes recommend for advance practice nurses (APNs) was introduced this past week. The legislation, drafted by the Minnesota Nurses Association, [HF 1668](#) (Murphy, St. Paul) goes beyond what the task force recommended.

Two primary care physicians participated on the task force. The task force recommended removing the requirement for APNs to have a written delegated prescribing protocol as long as the requirement for APNs to have a collaborative plan is strengthened. The task force envisioned that the collaborative plan be written and articulate practice limitations, referral patterns, and APN and physician roles.

HF 1668 does not require a collaborative plan for all APNs and does not require that the physician have any say in what is included in the plan.

This bill is scheduled for hearing in the House on Tuesday evening.

Bill Introductions

Finally, I am eager to hear your feedback on a number of bills that were recently introduced:

[HF772](#) places a cap on the number of physical examinations a physician can provide for an auto insurer to no more than one every 30 days. Do you know of any situation where this limit would be unreasonable? I'm learning about auto insurers and it appears the bill is intended to respond to physicians that may be working nearly exclusively for insurers. But, would there be any implications for orthopedic surgeons in active practice?

[SF857](#) limits the amount you can charge for providing copies of medical records from the current allowance of 75 cents per page to 5 cents per page or the actual cost to make copies, whichever is *less*. The bill also allows patients to authorize other people to obtain records for them (i.e. attorneys). The bill also amends health records consent statute to state that patient consent to release health records to a patient's legal representative does not expire. We will have a number of partners to help us defeat this bill, but please take a look and provide me with some information as to your experiences. Current indications suggest the bill will not pass but I will continue to raise concerns.

[SF1310/HF1739](#) modifies no fault auto law to prohibit balanced billing of patients whose reparation obligor has rejected medical expenses as medically unnecessary or above usual and customary charges.

Committee Schedules for This Week

Check <http://www.leg.state.mn.us/leg/sched.asp> for the most up-to-date information.