Capitol Update
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Get Engaged!

Whether determining eligibility for state programs, prior authorization requirements, the provider tax, or countless other items, the actions of the legislature significantly impact your practice and ability to care for patients. It is critical, therefore, that you get involved for yourself and weigh in with legislators on topics that are important to you.

There are two ways we're making it easy for MAO members to get engaged.

> **Capitol Rounds.** Imagine your own, personalized, Day at the Capitol. Capitol Rounds involves coming to the capitol yourself, either on your own or along with colleagues from your area. You can meet with a legislator in their office and see the capitol. Capitol Rounds only occur when the legislature is in session.
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> **In District Meetings.** Can't make it to the capitol? Meet with your legislator in your home community. Typically these are small group events in a coffee shop, at a restaurant, in your home or in a clinic office. Legislators love to meet their constituents. Legislators are in Saint Paul usually Monday through Thursday during the legislative session, however, so if you live outside the metro area these meetings are scheduled on a weekend. Once the legislature adjourns, legislators tend to have much more flexible availability.

Please contact myself at snoznesky@mnmed.org or Dennis Gerhardstein at dgerhardstein@mnmed.org and we will coordinate all the details!

Legislative Activity Slower Than Usual

The Legislature seems to be in a bit of a holding pattern as they wait for updated estimates on the budget shortfall, released March 3rd. With the passage of the federal stimulus package by Congress providing new money to state governments, there is a lot of behind the scenes work going on to determine the exact impact that will have on Minnesota's budget.

Near the end of last week many hearings at the Capitol were cancelled so Legislators could go on the road and hold "Hearing Sessions" on the Governor's Budget Proposal throughout the state. For the past two weeks these hearings have been held large turnouts of citizens pleading with legislators not to follow the Governor's plan to cut the budget.

Most are expecting the next budget forecast to show that the state deficit has grown. The current $4.8 billion shortfall could be as high as $7 billion in the new forecast. As the economy continues to struggle and employers announce more layoffs, tax revenues decrease and the need for more safety net funding increases.

Federal Stimulus Provides Opportunities for Health Programs

Congress recently passed the American Recovery and Reinvestment Act of 209 (HR1) to address the nationwide economic crisis. A large portion of the new spending will go to states to assist

with health care costs. It is estimated that Minnesota will receive $2.03 billion over the next two years through an increase in the federal Medicaid matching money. Currently in Minnesota the state pays 50% of the Medical Assistance costs and the federal government pays 50%. HR 1 increases the federal match by 6.2%.

HR 1 also provides new money to help providers invest in health information technology (HIT). The Minnesota Department of Health updated the Senate Health and Human Services Finance Division on the Minnesota's investments in HIT and opportunities for federal funding. The state requires all providers, group purchasers, prescribers and dispensers to have an electronic prescription drug program in place by January 2011. In addition, all healthcare providers and hospitals must have interoperable electronic health records (EHR) in place by 2015. The state has already provided $14.6 million in grants and loans to support adoption of EHR with targeted funds to rural and safety net providers. There have been over $27 million in requests.

According to MDH, the federal stimulus package invests $31 billion in HIT and incentives to encourage doctors and hospitals to use HIT to exchange patient's health information. No specifics were provided on what portion of the federal stimulus Minnesota would receive. State match would be required for implementation grants. Assistance would be provided to higher education to expand medical health information programs. Physicians using EHR in 2011 can receive up to $44,000 through increased Medicare payments over 5 years and hospitals can receive up to $16 million over 4 years.

Single Payer Bill Does Not Move in House

Thursday the House Health Policy Committee heard HF 135 (Bly), a bill creating the "Minnesota Health Plan", a state-based single payer system. Proponents argued that savings in administrative expenses and eliminating duplication of health plans would allow the state to provide universal coverage while implementing a complete benefit package. Opponents pointed out the impossibility of implementing a single payer system in only one state and the problems that other single payer systems are having in other countries. The bill was tabled at the end of the hearing without any indication that the committee will revisit the issue before the end of the session.

Practice Environment Issues Emerge

A number of bills that could impact your practice environment are working their way through the legislature.

Physician Assistants

One increases the number of Physician Assistants each physician may supervise by law from two to five and changes PA regulation from registration to licensure. HF240/SF615 (Norton/Higgins) was heard and passed through the full Senate with no opposition.

Advanced Practice Nurses

Legislation is being drafted by the Minnesota Nurses Association (MNA) to implement the recommendations from the Healthcare Workforce Shortage Task Force. This task force was established by the Legislature last year to review state laws or regulations that may be a burden to allowing practitioners to practice at the top of their license. The recommendations related to advance practice nurses included elimination of the current delegated prescribing requirements that include a written prescribing agreement with a physician, and replacing that with a requirement for a written collaboration plan for nurse

practitioners and clinical nurse specialists. The task force report did not include specifics for what should be included in the collaboration plan.

I met with representatives of the MNA last week to review draft legislation on this topic. The plan as drafted by the MNA would include information for patients on whom the nurse would refer to if the needs of the patient exceeded his or her expertise, to what hospital the nurse had privileges, and the type of services the nurse was not qualified to perform.

Committee Schedules for Next Week

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