



Minnesota Academy of Otolaryngology

Capitol Update

March 5, 2010

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GAMC Override Attempt Fails

Legislators continue to work to find a solution to retain health care coverage for the enrollees of the General Assistance Medical Care program that does not transfer the population into MinnesotaCare. Last week, [S.F.2168](#) (Berglin, DFL-Minneapolis and Murphy, E., DFL-St. Paul) passed both chambers with bi-partisan support. The House supported passage 135-9. The bill would have extended GAMC as a separate program, leveraged some additional federal funding, and significantly reduced payments to hospitals and providers. (Hospitals with GAMC receipts of over \$1 million were ratably reduced by either 30% with others by 60%; outpatient provider's payments were reduced by 50%.)

Less than 24 hours after the bill was passed, the Governor vetoed the bill and sent frustrated legislators back to the drawing board. Monday the House failed to override Governor Pawlenty's veto with a strict party-line vote (to override, three Republican members would have had to cross party lines).

Disenrollment notices are now being sent to enrollees, though legislators are still working to find a solution the Governor will sign. The authority of the Governor to automatically transfer enrollment is being called into question, though it is a separate legal issue from his unallotment authority already being reviewed by the state Supreme Court. The Governor has expressed a desire to see more "reform" included in a proposal and has said he wanted to have the GAMC discussion only as part of the broader budget negotiations, implying it be done later in session.

In the mean time, the House has considered bills by GOP Representatives Dean, Brod and Gottwalt that do a number of things to reduce health care costs to government programs, including reducing fraud, moving MinnesotaCare and GAMC patients into the private market, using the state high risk pool (MCHA) as the safety net, and also allow for insurers from out of state including those that are for-profit companies to sell products in Minnesota.

Senator Berglin and other DFL members are unwilling to wait until later in session to resolve the issue. Just Thursday evening they presented a new GAMC proposal. Included are several provisions that are the same as the earlier bill with one significant change: the 12 hospitals that have the highest volume of GAMC revenue must establish a Coordinated Care Delivery System (CCDS) to provide health care services to individuals that are now eligible for GAMC. CCDS seems very similar to state and federal proposals to create Accountable Care Organizations (ACOs). An enrollee would choose which CCDS they would receive care from, though the State would assign a CCDS if an enrollee does not make a selection. Only care - inpatient, outpatient, preventative, etc - provided at the assigned hospital or system would be covered. Payment reductions are less in the bill as a result of the restricted access. Services other than inpatient and outpatient hospitals and outpatient drugs will be paid at 63%. Hospitals with GAMC patient

volumes under 1% of their revenue or not one of the 12 CCDS would not eligible for reimbursement for GAMC.

State Budget Forecast Slightly Improves Outlook

The state's February economic forecast was released earlier this week and showed a \$209 million improvement from the December forecast. The current deficit legislators will have to budget for is \$994 million in the red, down from \$1.2 billion. While the state may have a slightly smaller budget problem to fix this session, the deficit for the future was projected to be even greater.

Minnesota Management and Budget Director Tom Hanson said that most of the improvement is related to increase federal Medicaid matching dollars for health care reimbursements. Unfortunately, legislator leaders have been unwilling to commit to allow he cuts to health and human service programs to be \$209 million less as a result. Many legislators have their fingers crossed waiting for additional funds that could come as part of federal health care reform but time is running out.

Many Scope of Practice and Licensing Provisions Considered

A number of licensing and scope of practice bills have been heard in the House Licensing Subcommittee over the past two weeks. Bills to change licensing requirements for massage therapists, laboratory technicians, genetic counselors, athletic trainers, psychologists and tattoo parlors have been considered. Many have been tabled and will be worked on over the course of the next twelve months before they are considered again next session.

One bill of particular interest is chiropractic. [H.F.3167](#) would dramatically expand the scope of practice of chiropractors and allow use of the term "chiropractic physician," currently prohibited by law. The bill uses vague language to define chiropractors' scope of practice, saying chiropractors could perform clinical, physical, laboratory, and other diagnostic measures, including all types of diagnostic imaging. Chiropractors could also perform rehabilitative therapies, conduct health screenings, physical examinations, and counseling. The bill does limit chiropractors from performing surgery and dispensing or administering medications. The bill has not yet received a hearing.

Creation of HIT Interchange on the Horizon

The Department of Health is pursuing legislation to establish statewide standards for electronic medical record information exchange. The bill would create an oversight board and certification process for organizations acting as health data exchanges in Minnesota. All exchange vendors would be required to be certified.

The purpose of the bill is to facilitate the creation of the infrastructure needed to meet the Legislature's mandate that Minnesota have a statewide system for electronically exchanging medical information by 2015 and federal requirements for "meaningful use" of EHR. The bill would also require providers to use electronic health record (EHR) systems certified by the Office of the National Coordinator pursuant to the federal HITECH Act.

[H.F.3279/S.F.2974](#) authored by Rep. Tom Huntley (DFL-Duluth) and Sen. Tony Loury (DFL-Kerrick) passed the respective Healthy Policy Committees but has a number of other committees to pass before the deadline.

Lyme Disease Bill No Longer Advancing

Following a hearing last week, a bill to limit the Board of Medical Practice's (BMP) authority to discipline a physician was laid on the table and it is unlikely the bill will advance. The measure,

[S.F.1631/H.F.2597](#) would prohibit the BMP from disciplining a physician for prescribing long-term antibiotics for the treatment of Lyme disease. A number of physician groups raised concerns that the bill essentially placed a standard of care into statute by implying approval that treatment. Although the treatment of Lyme is not within the scope of practice of MAO members, the bill would have set a dangerous precedent for placing standards of care into statute.

While no complaints on the topic have been filed against physicians in Minnesota, the Board of Medical Practice has agreed to discuss the issue with concerned physicians and pursue additional information related to treatment guidelines.

Laser Bill May Not Meet Deadline

The Minnesota Dermatological Society is working to advance [H.F. 1860/S.F. 1793](#) to establish minimum guidelines for the use of lasers by non-physician practitioners. Drs. Joe Campanelli and Chris Tolan visited the capitol earlier this week to talk with legislators about the patient safety implications of inadequately trained users of lasers. At this time it is unclear whether there will be another hearing of the House Licensing Subcommittee or if the bill can be revised in time.

Thank You

Finally, I wanted to thank you all. It has been a pleasure working with you these past four years and representing your issues at the state capitol. My responsibilities will be assumed by Dave Renner. Watch for updates from him as session progresses. Continue the good work!