



Minnesota Academy  
of Family Physicians

# MAFP Legislative Priorities

## Where are we with 6 weeks left?

Dave Renner

MAFP Legislative Representative

# 2017 Legislature

- \* Convened: Jan. 3, 2017
- \* Adjourns: No later than May 22, 2017—maybe earlier
- \* Gov. Mark Dayton—Democrat
- \* House of Representatives
  - \* 76 Republicans—57 Democrats—1 open seat
- \* Senate
  - \* 34 Republicans—33 Democrats
    - \* Republican control for only 2<sup>nd</sup> time in state history

# 2017 Legislature

- \* Two physicians in the Senate
  - \* Sen. Scott Jensen, MD—R Chaska
    - \* MAFP Member
  - \* Sen. Matt Klein, MD—D Mendota Heights
    - \* IM, Hospitalist, HCMC

# 2017 Legislature

- \* Budget Year

- \* Approve the state budget for FY 2018-2019

- \* July 1, 2017 through June 30, 2019

- \* Surplus of \$1.64B

- \* HHS Budget

- \* Senate—(\$335M) proposed

- \* House—(\$599M) proposed

# MAFP Legislative Committee

- \* Sam Hanson Willis, MD
  - Chair
- \* Dave Bucher, MD
- \* Renee Crichlow, MD
- \* Bis Fekadu, MD
- \* Pat Fontaine, MD
- \* Daron Gersch, MD
- \* Alex Gits, MD
- \* Dania Kamp, MD
- \* Bob Koshnick, MD
- \* Jeremy Springer, MD
- \* Phil Stoyke, MD
- \* Jeffery Taber, MD
- \* Lauren Williams, MD

# MAFP Priorities

- \* Medication Prior Authorization
- \* Quality Measurement Alignment
- \* Health Care Workforce
- \* Tobacco 21
- \* Ensuring affordable care for all

# Medication Prior Authorization

- \* [fixPAnow.com](http://fixPAnow.com)
- \* Over 45 physician, patient, pharmacy groups
- \* Support in Senate in '15, 16, and '17; no House hearing-YET
  - \* 60-day notice prior to any formulary change
  - \* No formulary changes during enrollment contract once started therapy
  - \* Patient disclosure prior to open-enrollment
  - \* PA lasts entire year
- \* Impact on prescription costs??

# Quality Measurement Alignment

- \* Burden on primary care
- \* Federal MACRA different from MN requirement
- \* Sen. Jensen/Rep. Dean bill
  - \* Caps measures at 6 for single-specialty;  
10 for multi-specialty
  - \* Must align with the 271 MIPS measures for Medicare
- \* Included in the Senate HHS budget bill



# Primary Care Workforce

- \* Preceptor incentives
- \* Residency funding
- \* MAFP letter supporting UM request
- \* Dr. Lauren Williams testimony
  - \* \$5.25M 2018
  - \* \$7.25 M 2019



MINNESOTA ACADEMY OF  
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*"Family Medicine physicians are the foundation of primary care in Minnesota, and the University of Minnesota Department of Family Medicine is one of the bedrocks of training Minnesota's Family Physicians."*

Family Medicine physician  
Minnesota Department of Family Medicine  
Physician

*"The University of Minnesota Department of Family Medicine has trained over 1,900 Family Medicine doctors in the last 45 years and over 70% of the doctors have stayed in Minnesota. In fact some of the University of Minnesota residency programs have over 90% of their graduates stay in Minnesota to practice in both rural and urban communities across the state."*

President

# Tobacco 21

- \* Raise the age to purchase tobacco to 21
  - \* 2 states—Hawaii and California
  - \* 125 cities—including Chicago, New York, St. Louis, Kansas City
- \* AAFP Grant for Tobacco and Nicotine Advocacy
- \* Focus on local efforts
  - \* Dr. Julie Anderson, St. Cloud City Council
  - \* Edina City Council

# Affordable Health for All

- \* Future of ACA? AHCA?
- \* All reform must ensure patients have access to affordable coverage
- \* Letter to MN Congressional Delegation Dec. 2
  - \* *“Our health care system is not perfect and there are areas that require additional reform. We urge you to take advantage of this opportunity to advocate for improvements to our current health system that will benefit citizens of our state.”*

1. Currently insured individuals should not lose public or private health insurance.

county in Minnesota. I am writing in support of HF889 and SF715 to provide funding for the University of Minnesota Department of Family Medicine to continue fulfilling its mission of training doctors that care for Minnesotans. It is ranked number one in America for training Family Medicine doctors, and it now

2. Under current law, individuals and families benefit from protections against discrimination in all health insurance marketplaces and in other insurance products. These patient-centered protections must be maintained and are essential to ensuring that all individuals, regardless of their age, race, gender, or medical history, can obtain quality affordable health insurance.

The University of Minnesota Department of Family Medicine has trained over 1,900 Family Medicine

3. Individuals and families should not lose Medicaid coverage. In addition, the functions of Medicaid should be universal, meaning regardless of one's state of residency, individuals enrolled in Medicaid must be guaranteed health care coverage that is equitable to coverage in any of the other states.

Sincerely,

4. Primary care is and must remain a critical and foundational component of any health care system.

# HHS Budget Bills

## Senate

### \$335M Cut

- \* Physician cut: 2.3% in 2018, 3% in 2019: (\$28.3M)
- \* Delay hospital rebasing: (\$15.4M)
- \* Delay HP payments: (\$227.9M)
- \* Q measure language
- \* Any willing HCH
- \* Opioid grants and pilots

## House

### \$599M Cut

- \* Remove MA inflation: (\$150.9M)
- \* Hospital outcome pilot: (\$10M)
- \* HC Delivery pilot: (\$141.8M)
- \* PMAP competitive bidding: (\$50M)
- \* Integrated health partn. pilot: (\$9M)
- \* Residency programs: \$3M
- \* Opioid pilot
- \* Contingent provider cut: (\$204.9M)

# Other Issues

- \* Opioid abuse
- \* Future funding of healthcare—2% provider tax
- \* Stabilizing the individual insurance market
- \* Future of MNSure
- \* Network adequacy for health plans



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# Questions & Discussion

Dave Renner

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