From the President
David Milbrandt, MD, FACEP

It’s that time of year that we try to squeeze in a year of summer fun into 3 months, and my hope is that you have time to enjoy it amongst the chaos.

There is currently a fair amount of uncertainty in the world of health care and payment reform. The only constant is change…..and hopefully things get changed for the better. We have been involved in conversations with legislators in regards to topics that may affect our practice. It does feel good to come from a position of being on the moral high ground when we have discussions. I know sometimes we feel like we are the dumping ground for a lot of the societal woes, but we are also available for everyone, all hours of the day, during their time of greatest need. Emergency Medicine holds an important place in Health Care, and I believe legislators understand this and want to partner.
We continue to have discussions on mental health boarding and the opioid crisis. It will take a village to improve upon these issues, and I believe we are an important citizen of that village. We will have a voice on decisions that will improve the care of our patients and the functioning of our departments.

Ricky Dhaliwal, Lane Patten, and I recently met with the emergency medicine interest group at the University of Minnesota Medical School. I had forgotten how young I used to be. They asked a lot of great questions. They were interested in education and some formal mentoring, and I am excited to see how we can help them in their career journey.

We hope everyone will mark their calendars to attend the third Emergency Medicine Leadership Summit on Monday, November 13, 2017 at the Westin Edina Galleria. It looks like another great conference with something for everyone. Be sure to invite your nurse managers, NP’s, and PA’s as well. Watch for more information coming in the very near future.

Thanks again for the difference you make on a daily basis in the care of our patients.

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**Legislative Update**

**May, 2017**

**Buck McAlpin, Legislative Consultant**

As we approach the end of May, the legislature is scheduled to adjourn for the year at midnight on May 22nd. As we approach the last week of session the Governor and House and Senate leaders are far apart on a “global” budget deal. The House and Senate conference committees finished up their budgets a few weeks ago and left them open for negotiations with the Governor. After a week or so of negotiations and little movement the House and Senate decided to close up all the Omnibus budget bills. As of the writing of this newsletter the budget bills have all been passed on party lines and sent to the Governor for review. The Governor can either veto them or sign the bills to become law. I would guess that he will veto many of the Omnibus bills as we approach the last week of session, and force fast-passed negotiations to finish the budgets by May 22nd.

The gap in the negotiations will focus on the best way to spend the $1.65 billion state surplus. The Republicans in control of the House and Senate would like to provide nearly a $1-billion-dollar tax bill containing numerous tax breaks and cuts. The Governor proposes a tax bill with
only $300 million refunded or spent on new programs and the remaining surplus spent in other budget areas.

**PMP/EMR Integration**
The MNACEP Policy and Advocacy Chair, Dr. Tom Wyatt, and I have been in discussions with the State Pharmacy Board and key legislators regarding the PMP program. MNACEP would like to take the lead from a legislative and policy perspective on integrating the state’s PMP program into the health care systems’ current EMR’s. Mayo has just completed the process in Rochester with some grant funding from the State Pharmacy Board.

The MNACEP Board commented on the ease of accessing the tool and checking the PMP as part of the patient care process. Currently we are working with the Pharmacy Board and looking at other state legislation for ideas.

**MEPAC**
The MNACEP Board discussed how to best utilize your contributions to the MN Emergency Physician Action Fund (MEPAC) of MNACEP. Over the past few years we have been attending and supporting all levels of candidates from both political parties. Although we have focused primarily on Caucus events, a discussion took place on how the MEPAC Board would select other candidates based on set criteria. We will be discussing this at the May Policy and Advocacy meeting to bring back a policy recommendation to the full MNACEP Board.

At the writing of this update, the ball is still up in the air if the legislature will finish their work by May 22nd. If they do not finish, the Governor can call them back immediately into a Special Session to continue the budget negotiations. Keep in mind that without a budget agreement by June 30th the state will begin to shut down non-essential services.

The next update will contain a more detailed look at what was in the final Health and Human Services budget bill.

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**2017 Legislative Overview**

**Opioid Issues this session:** The House Omnibus HHS bill contains numerous provisions related to Opioids.
- Limit on Opioids for dental care,
- Safety label on all prescriptions outlining hazards,
All prescribers must provide written details of side effects,
Development of bundled payments for Chronic pain for Medicaid,
Grants to support the Dr. Devine Opioid care model across the state,
Grants to support non-profits for prescriber, first responder, and the public.

**Mental Health Initiatives: Both the House and Senate support numerous provisions.**
Grants to provide and establish alternative MH services. Also allows the establishment of stand-alone Urgency Centers for MH.

**Health Care Issues: The House and the Senate differ greatly on how they accomplish reform and savings.**
The House proposes to repeal MNSURE and go to the Federal Health Care Exchange. The Governor will not support this proposal.
The House and Senate also refuse to eliminate the repeal of the 2% provider tax. The tax is currently repealed in law to sunset in 2019. The provider tax repeal would leave a large hole in the HHS budget in 2020 of nearly a $1 billion dollars.
The House proposes implementing an audit system to assure enrollees on Medicaid meet the current criteria. A recent audit showed that many enrollees had not been vetted and continue to be “auto-enrolled” this cost the state large amounts of money.
The House is very aggressive around payment reform for management of the states nearly 1.2 million Medicaid enrollees. Chairman Dean is working on options to respond to any changes to Medicaid funding from the Federal Government. Those include competitive bidding reform, direct contracting, and better care coordination.
The Senate proposes delaying payments to managed care health plans, delays hospital rebasing, certain Medicaid budget cuts to certain patient services.
The House would allow the DHS Commissioner to implement Medicaid rate cuts if the above reform initiatives did not capture savings.

**Other topics of interest in HHS bill:**
$200,000 of additional funding for the Comprehensive Advanced Life Support program.
Fully fund operations and IT infrastructure of the State Emergency Medical Services Regulatory Board.

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**Clinical News**

Antibiotic Therapy for Abscesses Medical Dogma Challenged by Evidence-Based Research,
Outcomes
Have you wondered when you’d start to routinely confront superbugs resistant to multiple antibiotics in your emergency…

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Should Emergency Departments Do Fewer Red Cell Transfusions, More IV Iron?
You might be surprised to learn that many of the patients who receive red cell transfusions in…

Read more...

Treatment for Acute Gastroenteritis, Acute Epididymitis in Pediatric Patients
The best questions often stem from the inquisitive learner. As educators, we love, and are always humbled…

Read more...

New! "ACEP Trauma, Stroke, and Cardiovascular CME Collection"

The "ACEP Trauma, Stroke, and Cardiovascular CME Collection" includes 48 lectures with downloadable syllabi that will help you meet your requirements.

Group pricing available.
Learn More...

Welcome New Members

Jaremy Joy