A Newsletter for the Members of the Minnesota Chapter

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President's Message
Drew Zinkel, MD, FACEP

The pace of change in medicine will never slow. Your board of directors is very aware of this and we proactively research ways we can not only keep up but to stay ahead of the pace of change. The annual council meeting at ACEP's Scientific Assembly is where we have the opportunity to make changes that affect our specialty and our practice of emergency medicine.

At our last board meeting we had a guest speaker, Dr. Todd Taylor, speak in on two resolutions he was asking the MNACEP board of directors to support in regards to medical marijuana that are being sponsored by the Arizona chapter in addition to five

other states that have already supported them. These resolutions are modeled after the American Medical Association's stance on the topics, which is that more research needs to be done on the medicinal use of cannabis. After a long discussion, the board was unable to come to a consensus on whether or not to support the two resolutions we were being asked to support from the Arizona chapter. However, this generated a large amount of discussion that I'm sure will continue on the council floor and in reference committee at the annual meeting.

There has been no shortage of discussion on a local and national level regarding opioid abuse and overdose deaths. The opioid stewardship fee, a.k.a., penny-a-pill legislation has been a topic of major discussion at the MN state legislature, but this amendment was not adopted in the Senate Finance Omnibus bill. Please see Buck McAlpin's legislative update for more on this topic.

To get more involved, please consider joining us at ACEP's national Leadership and Advocacy Conference May 20-23 in Washington, D.C. At this conference you will have the opportunity to network with colleagues from your home state as well as others from across the country. We will have face-to-face meetings with our federal legislators and their aides on topics important to our specialty.

Our new website is up and running at **www.minnacep.org**. National ACEP is using a new format that will allow us to update this more frequently so check back often and send us your feedback please.

As you can see, the board continues to work hard in support of your membership to further our mission and vision. Please look for ways to get involved on a higher level as there are many possibilities available to you, and we welcome further participation. Thank you again for your membership and involvement.

Legislative Update
Buck McAlpin, Legislative Consultant

This week marks the third and final committee deadline for this legislative session. Bills need to be heard and acted on in finance committees and the week had a mix of individual bills being heard and omnibus bills getting put together and released. Each budget area (transportation, education, higher education, health and human services, etc.) has compiled a package of multiple policy and spending bills into omnibus vehicle bills. Committee chairs released the bills and had hearings to amend the bills this week and each omnibus bill was sent to the Senate Finance committee or the House Ways and Means Committee in their respective bodies. While all bills need to have been heard and acted on in committee, there are still a number of proposals that will continue to be

discussed through omnibus bills and amendments.

Supplemental HHS Budget Proposals
HHS Committees finished hearing individual bills on Monday and Tuesday, released omnibus bills early this week and had hearings to amend their omnibus bills and passed them to their final stops on Thursday before they go to the floor in the coming weeks. After the House and Senate pass their individual HHS supplemental budget proposals off of the floors, they will create a conference committee with 5 members from each body to reconcile the differences. Once the two bodies have agreed on language, the conference reports go back to the bodies to pass identical bills off the floor and that is the language that gets sent to the Governor for a signature or veto. This session has a real focus on cost control and provider transparency.

Provider Price Transparency
The Senate included two price transparency provisions in the HHS omnibus bill. One proposal that requires provider-based clinics to post in the clinic that there may be a facility fee, which may make a patient's bill higher. The second proposal was also included in the House omnibus bill and prohibits Pharmacy Benefit Managers and Health Plans from including language in contracts with pharmacists that says a pharmacist cannot inform a patient when their copay or cost sharing for prescriptions is higher than what a patient would have paid without insurance.

One other price transparency bill that has been moving through the process this session would 1) require providers to disclose facility fees or other fees that consumers may be require to pay within ten days of a request and 2) requires primary care clinics to maintain and post a list of the 25 most common procedures over $25 including the charge, average commercial reimbursement rate, and Medicare and Medical Assistance fee for service rates. This proposal has been traveling alone and has been passed through committees to the floors of both bodies. I have received e-mails and calls from members concerned with these provisions and how they will rollout.

Statewide Tobacco Cessation Services
This provision was included in both the House and the Senate and transfers the operations and administration of statewide tobacco cessation services to the state, which is currently operated by ClearWay Minnesota. ClearWay was funded by 3% of the tobacco settlement as a life limited organization to address tobacco utilization rates in the state and the organization is set to sunset in 2022. This bill begins the transfer of these important cessation services to ensure a smooth transition prior to the sunset of ClearWay. Notably, while the House funded this program out of the general fund, the Senate decided to take money out of the Statewide Health Improvement Program (SHIP) to fund this initiative and the SHIP program is funded through the Health Care Access Fund that runs out of money in the next few years.

Additional Provisions in the House HHS Omnibus

Amendments in Response to the Next Generation IHP Proposal
Two amendments were offered in response to the Next Generation IHP proposal in the House HHS Committee.

- Removing authority for PMAP carve-outs: This provision was not adopted in the House. The amendment author, Rep Albright (R- Prior Lake) drafted this amendment in response to the DHS Next Generation IHP proposal. The amendment would direct the department to study and seek legislative approval for health care services that are carved out of PMAPs. Rep Albright voiced concerns that the department needs to have greater involvement from the legislature and community when making major changes to payment models, but had some comfort in the changes being pushed back one year. He withdrew the amendment.
- Single Formulary for MA and MinnesotaCare: This amendment was adopted in the House language. The amendment was also in response to the Next Generation IHP proposal and had similar language directing the department to study and seek legislative approval before implementing a single formulary for public programs.

Surprise and Balanced Billing
An amendment offered by Rep Loonan (R- Shakopee) puts regulations on the health plans to work with providers when an enrollee gets emergency care out of network. This amendment requires the providers and plans to go into arbitration and prohibits billing the enrollee for these services.

Rep Halverson (D- Eagan) also offered an amendment that deals with balance billing that would jeopardize a providers license if an out of network or fraudulent bill gets sent. This amendment was met with strong resistance, including the impact this would have on rural providers. This amendment was withdrawn by the author with the intention to continue working on surprise and balance billing.

One Health Provision of interest in the House Public Safety Bill:
Medical Personnel Assaulted in Hospitals
Included in the public safety bill, a provision to expand the current statute that has strict penalties for individuals who assault firefighters and emergency medical personnel to include all medical personnel in an emergency room or hospital. The changes in the provision make a physical assault a gross misdemeanor and adds language that outlines if physical assault inflicts demonstrable bodily harm or the individual throws or transfers bodily fluid, they would be guilty of a felony.

Additional Provisions in the Senate HHS Omnibus
Health Policy Commission
The language creates a Health Policy Commission to make recommendations to the legislature on changes in health care policy and financing. The commission is required to

1) compare private market health care costs and public health care program spending to other states, 2) compare the private health care market costs and public health care programs spending in any given year to its costs and spending in previous years, 3) identify factors that influence and contribute to Minnesota's ranking for private market health care costs and public health care program spending, 4) monitor efforts to reform the health care delivery and payment system to understand emerging trends in the health insurance market, 5) make recommendations for health care reform, 6) conduct any additional reviews as required by the legislature.

Mandatory Prescription Monitoring Program
During committee on Thursday, the Senate HHS Committee had a lengthy discussion around an amendment to mandate providers to utilize the Prescription Monitoring Program (PMP) and pay for ongoing maintenance of the PMP at $50 per prescriber per year. The way this language is currently drafted, providers would be responsible to utilize the PMP without supplemental funding or grants to integrate the PMP into provider EHR systems. This portion of the amendment was adopted into the HHS omnibus bill.

The amendment also had a provision to impose a surcharge on providers to fund an opioid education pilot program with a $2 million investment. After a lengthy discussion, the provider surcharge was **not** adopted. Many in opposition raised concern on the state requiring providers to raise additional funding for the opioid epidemic, when pharmaceutical manufacturers and distributors are not being held accountable or paying into the state for these interventions. Although the PMP/EMR Integration is a high priority for MNACEP its clear that big Pharma is working hard to direct the fee towards providers. The conversation in the hearing turned towards prescriber responsibility. We will need to work the House version of the bill to use general fund money to pay for the PMP work.

Low Value Health Services Study
This provision requires the Department of Health to conduct a low-value health services study that analyzes 1) the alignment of health care delivery with specific best practices guidelines and 2) health care services and procedures for the purposes of identifying, measuring and potentially eliminating those services and procedures with low-value and little benefit to patients.

As we look ahead at the Capitol the next few weeks will be focused on passing the House and Senate budget bills and getting them to conference committee for reconciliation. At that point we will need to see how the Governor responds to the bills. The legislature is scheduled to adjourn on May 21st.

Preparing to Give Testimony before State Legislators
Harry J. Monroe, Jr.
Director, Chapter and State Relations, ACEP

Over the years, I have worked with many lobbyists preparing for upcoming meetings. In some of those instances, the lobbyist would be gathering information to represent us himself in meetings of stakeholders or legislators or staff. In other instances, the legislator was preparing the client to give testimony at a legislative hearing.

In all of these circumstances, every good lobbyist I have worked with has required an answer to this question: what is the argument of the other side? What will our opponent say?

If you do not have a fair answer to that question, then you are not yet prepared to provide your testimony.

Because we tend to live in an environment in which we share our views with people who agree with them, too often we fail to think through the alternative point of view. Thus, insurers are against us, we often state, for example, because they are only in this for the money. They don't care about their "customers," our patients. The bottom line for their shareholders is their only concern.

My point is not that there is not a point to this. However, no insurer is going to arrive at a hearing to explain that, you know, we caught him. He doesn't care about anything but making a buck.

There are no Perry Mason endings at legislative hearings. Insurers don't confess.

The truth is that insurers, wrongly I think most of the time, have their own story, their own rationale, for their policy. We have to understand that story so that we are sure to be able to counter it – and to avoid walking into traps as we tell our own story.

None of this to say that we should have a need to fully explain or defend the insurer's point of view. Quite the contrary, a more typical approach, as appropriate, would be to briefly summarize the opposition's position before pivoting to an explanation as to why it is wrong and how we have a better solution to the problem that the policy maker wants to solve.

That sort of response is a way of showing ourselves to be fair minded and solutions oriented. It is a crucial part of effective state advocacy.

Articles of Interest in *Annals of Emergency Medicine*

Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles in ***Annals of Emergency Medicine***. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population.

Kellogg K, Fairbanks RJ.
Approaching Fatigue and Error in Emergency Medicine: Narrowing the Gap Between Work as Imagined and Work as Really Done.
Annals of Emergency Medicine – April 2018 (**Epub ahead of print**)

This is an editorial commenting on an article by Nicolas Perisco and colleagues, "Influence of Shift Duration on Cognitive Performances of Emergency Physicians: A Prospective Cross-Sectional Study." The article reports that there was significant cognitive decline after a 24 hour emergency shift, though not one after a 14 hour shift. The editorial goes on to describe some of the consequences of their finding, for example the fact that any cognitive decline likely also occurs in all emergency workers. They suggest we repeat the study using 8 and 12 hours shifts which are more common in the US.

Hall MK, Burns K, Carius M, Erickson M, Hall J, Venkatesh A.
State of the National Emergency Department Workforce: Who Provides Care Where?

This is a cross-sectional study that analyzed the Centers for Medicare and Medicaid Services' (CMS) 2014 Provider Utilization and Payment Data Physician and Other Supplier Public Use Files and found that of 58,641 unique EM clinicians, 61.1% were classified as EM physicians, 14.3% as non-EM physicians, and 24.5% as advanced practice providers. Among non-EM physicians categorized as EM clinicians, Family Practice and Internal Medicine predominated. They also found that urban counties had a higher portion of EM physicians compared to rural counties.

Stiell IG, Clement C M, Lowe M, Sheehan C, Miller J, Armstrong S, Bailey B, Posselwhite K, Langlais J, Ruddy K, Thorne S, Armstrong A, Dain C, Perry JJ, Vaillancourt C.
Multicentre Program to Implement the Canadian C-Spine Rule by Emergency Department Triage Nurses.

This multicentre two-phase study demonstrated that with training and certification, ED triage nurses can successfully implement the Canadian C-Spine Rule, as reflected by more rapid management of patients, and no missed clinically important spinal injuries.

Lumba-Brown A, Wright DW, Sarmiento K, Houry D.
Emergency Department Implementation of the Centers for Disease Control and Prevention Pediatric Mild Traumatic Brain Injury Guideline Recommendations.

These are the Centers for Disease Control and Prevention's (CDC) 2018 "Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children," published in JAMA Pediatrics. As the Emergency Department clinicians may be the first healthcare provider to evaluate an injured child they play an important role in the recognition and management of mild traumatic brain injury. The key practice-changing takeaways in these new guidelines include: using validated and age-appropriate post-concussion symptom rating scales to aid in diagnosis and prognosis; and incorporating specific recommendations for counseling at the time of ED discharge.

New Resources from ACEP

The following **policy statements** were recently revised and approved by the ACEP Board of Directors:

- Alcohol Advertising
- Trauma Care Systems

Four **information papers and one resource** were recently created by several ACEP committees:

- Disparities in Emergency Care – Public Health and Injury Prevention Committee
- Empiric and Descriptive Analysis of ACEP Charges of Ethical Violations and Other Misconduct – Ethics Committee
- Fostering Diversity in Emergency Medicine through Mentorship, Sponsorship, and Coaching – Academic Affairs Committee
- The Single Accreditation System – Academic Affairs Committee
- Resources: Opioid Counseling in the Emergency Department – Emergency Medicine Practice Committee

These resources will be available on the new ACEP website when it launches later this month. In the meantime, for a copy of any of the above, please contact **Julie Wassom**, ACEP's Policy and Practice Coordinator.

Help Fight to Protect Our Patients Against Anthem's Unlawful Practices

ACEP continues to keep the pressure on Anthem Blue Cross Blue Shield for denying coverage to emergency patients in six states with a **new video campaign**. More will follow if this effort isn't stopped. Anthem's policy violates the prudent layperson standard, as well as 47 state laws.**Spread the word!** #FairCoverage #StopAnthemBCBS

Graduating Residents: Renew your Membership Today!

Take advantage of huge discounts and freebies!

ACEP is offering $20 off national dues, PEER for $50 and a free 2018 Graduating Resident Education Collection of 25 courses specifically for emergency physicians in their first year out.**Click here** to take advantage. Those who renew also get a cool ER/DR T-Shirt and Critical Decisions in Emergency Medicine online free for one year. **Renew now** using Promo Code FOCUS2018. Check it off the list!

Don't Miss the Premiere Event for Emergency Medicine Advocates and Leaders!

Attendees at the annual **Leadership & Advocacy Conference** will advocate for improvements in the practice environment for our specialty and access for our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections. A new "**Solutions Summit**" has been added on May 23 where attendees will discover innovative solutions on key topics such as opioids and end-of-life issues that demonstrate emergency medicine's value and leadership. CME credit will be given for the Summit.

Confirmed Speakers Include:

- U.S. Surgeon General Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H.
- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD will be presenting during the Public Policy Town Hall on Emergency Preparedness.
- Amy Walter, National Editor for The Cook Political Report, will offer her predictions for the mid-term elections.
- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)

REGISTER TODAY!

Not able to attend the LAC18? Now is not the time to sit on the sidelines.

Join the **ACEP 911 Grassroots Legislative Network** today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts. With the mid-term elections coming up in November and party control of the House and Senate hanging in the balance, now is the perfect time to reach out on the local level to educate your legislators about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter. Visit the **ACEP Grassroots Advocacy Center** for detailed information on how to join the program and start engaging with legislators today!

Free Training on Medication-Assisted Treatment

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. **Providers Clinical Support System (PCSS)offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder.**

PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar (Provided twice a month by PCSS partner organization American Osteopathic Academy of Addiction Medicine)

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the **MAT Waiver Training Calendar**. For more More information on PCSS, **click here**.

Become an Accredited Geriatric Emergency Department Today

Recognizing that one size ED care does not fit all, **The Geriatric Emergency Department Accreditation Program** (GEDA), was developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter. Become accredited and show the public that your institution is focused on the highest standards of care for your community’s older citizens.

Make Change Happen in ACEP

The Council meeting is YOUR opportunity to influence the ACEP agenda. If you have a hot topic that you believe ACEP should address, write that resolution! It only takes two members to submit a resolution. **Click here** to learn the ins-and-outs of Council Resolutions, and **click here** to see submission guidelines. **Deadline is July 1, 2018.** Be the change - submit your resolution today.

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