



WEEKLY SESSION UPDATE

February 24, 2017

Bill introductions at a 10-year high

According to Gary Carlson with the League of MN Cities, between the House and Senate, there have been over 2,500 bills introduced so far during the 2017 session (now up to 1,402 in the Senate, 1,701 in the House). Both are the highest numbers in the last 10 years and far above the 10-year average of 1,677.

SF 300 (Nelson) moves forward

[SF 300](#) (Nelson) was heard in the Senate Judiciary and Public Safety Finance and Policy Committee on Monday. amends the interstate medical licensure compact to allow the Board of Medical Practice to perform a criminal background check for a physician who has designated Minnesota as the state of principal license. The background check must be conducted as provided under the general law governing health-related licensing boards. The board must use the criminal background check to evaluate a physician's eligibility for a letter of qualification and may not disseminate the data except as allowed by law. An exemption is included for a physician seeking expedited licensure who has not designated Minnesota as the state of principal license if the state of principal license has performed a background check within the last 12 months.

The language does not alter the compact, the language is simply a technical fix that is required to permit the system to perform how it was intended. Ruth Martinez, Executive Director of the MN Board of Medical Practice, testified in support of the bill. The bill was passed and re-referred to the Senate Finance committee.

Two new additions to Senate HHS Committee

[Sen. Andrew Mathews](#) (R-Milaca) and [Sen. Matt Klein](#) (DFL-Mendota Heights) were added to the Senate Health and Human Services Finance and Policy committee on Tuesday. Both senators are freshmen for the 2017 session. Sen. Klein will bring a health care background to the committee as he is a physician at Hennepin County Medical Center.

Opioid Awareness Day

Tuesday was Opioid Awareness Day, and the House Health and Human Services Reform Committee focused on opioid-related bills in committee. Bills included:

[HF 770](#) (Baker) allows pharmacies to be paid directly by the MA program for nonscheduled injectable drugs used to treat substance abuse that are administered in an outpatient setting. The bill was passed as amended and re-referred to the Health and Human Services Finance Committee.

[HF 1134](#) (Baker) provides limitations on the dispensing of opioid prescription drug orders by prohibiting a pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule II more than 30 days after the date on which the prescription drug order was issued. It also) Prohibits a

pharmacist or dispenser from filling a prescription drug order for an opioid drug listed in Schedule III through V more than 30 days after the date on which the prescription drug order was issued and prohibits a pharmacist or dispenser from refilling the drug more than 30 days after the previous date on which it was dispensed. The bill was passed and sent to the House floor.

[More dealmaking in ophthalmology as three Twin Cities practices merge](#)

Feb 21, 2017, 2:27pm CST – Minneapolis-St. Paul Business Journal

Three Twin Cities ophthalmology practices have merged, creating a group with 19 locations across the metro area.

The three physician-owned practices — Edina Eye Physicians & Surgeons, North Suburban Eye Specialist and Northwest Eye Clinic — announced the merger Tuesday. The groups are forming a new organization, Twin Cities Eye Consultants. Each practice will remain physician-owned and act as a division within the larger organization, which will be governed by a single board.

The practices were in talks for months and the move isn't a response to [rival Minnesota Eye Consultants' recent sale to a private equity firm](#), said [Joen Condon](#), executive director of Golden Valley-based Northwest Eye Clinic, in an interview.

The three practices merging were each separately approached by private equity firms before deciding to combine, she added. Private equity groups have been pursuing investments in medical groups specializing in areas of care where reimbursement from insurers is high and many procedures are elective.

The merger will let the combined practices remain physician-owned, while also making it easier to pool resources, Condon said. In the future, Twin Cities Eye Consultants may expand by adding more locations.

The organization plans to negotiate contracts with insurers as a single entity. It will employ 39 physicians and doesn't expect layoffs to result from the deal.