Final Rules Issued on Mental Health Parity Law

The U.S. Department of Health and Human Services has issued final rules that clarify and implement a law to ensure that mental health and substance use disorders receive insurance coverage that is on par with that for medical and surgical benefits. The rules implementing the Mental Health Parity and Addiction Equity Act of 2008 clarify interim final rules issued in 2010 and include additional consumer protections. Under the law, plans that offer mental health and substance use disorder benefits cannot make financial requirements and treatment limitations for the benefits—including copays, deductibles, and visit limits—that are more restrictive than those for medical and surgical benefits. Some of the changes include elimination of a benefit exception based on clinically appropriate standards of care; clarification that parity applies to all standards, including geographic limits and facility-type limits; clarification of requirements for health plan transparency; and clarification of a provision ensuring that parity applies to intermediate levels of care. The rules implementing the parity statute take effect on January 13, 2014. The final rules apply to individual health insurance coverage for policy years beginning on or after July 1, 2014. For more information, go to http://www.aafp.org/news-now/practice-professional-issues/20131127mentalhlthparity.html.

IOM Report Tallies Incidence and Sequelae of Sports-Related Concussions

A recently issued report on sports-related concussions in young athletes identifies a "culture of resistance" when it comes to reporting such injuries and adhering to treatment. The report by the Institute of Medicine (IOM) and the National Research Council focused on athletes five to 21 years of age. The authors found that overall rates of concussion are highest in football, ice hockey, lacrosse, wrestling, soccer, and women's basketball; that for many sports, concussion rates are higher in high school athletes than in college athletes; and that athletes are more likely to sustain a concussion during competitive events than during practice. The nature of the sports culture "negatively influences athletes' self-reporting of concussion symptoms and their adherence to return-to-play guidance," the report says, noting that athletes who participate—as well as coaches and parents, in some cases—do not fully appreciate the health threats posed by concussions. For more information, go to http://www.aafp.org/news-now/news-in-brief/20131120wklynwsbrfs.html.

Report: More Medical Schools Will Not Solve Problems with Patient Access to Health Care

A new study indicates that increased enrollment in U.S. medical schools may not solve problems with patient access to health care. According to the study, which was published in the December 2013 issue of *Academic Medicine,* enrollment in U.S. medical schools increased nearly 23% between 2000 and 2010, but many of those new physicians will not choose primary care specialties, nor will they settle in states with the most severe primary care shortages. Researchers compared states' population growth and medical school enrollment to determine how many students return to practice in the states where they graduate. Although 63% of medical students enter a medical school in their home state, only 39% who complete an out-of-state residency return to their home state to practice. The authors recommend that states develop and implement policies that make primary care more attractive to students and encourage new physicians to remain in the state in which they train. For more information, go to http://www.aafp.org/news-now/education-professional-development/20131119rgcmedschoolstudy.html.

Proposed FDA Rule Would Speed Dissemination of Safety Information for Generic Drugs

The U.S. Food and Drug Administration (FDA) is seeking public comment on a proposed rule that would speed the dissemination of new safety information about generic drugs to family physicians and other health professionals. The rule would allow generic drug manufacturers to use the same process as brand-name drug manufacturers to update safety information in product labeling. Manufacturers of generic drugs would be able to independently update prescribing information with new safety information before the FDA reviews the change, just as brand-name drug manufacturers do. They also would be required to inform the brand-name manufacturer about the change. The FDA would then evaluate the proposed change and make an approval decision for the generic and corresponding brand-name drug label, allowing both products to have the same prescribing information. For more information, go to http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm374171.htm.

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