

# AAFP News: *AFP Edition*

## *Policy and Health Issues in the News*

### **CMS Considers Changes to Federal Health Insurance Exchanges**

One year after open enrollment began on the federally facilitated health insurance exchanges established as part of the Patient Protection and Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) is proposing several changes that, if finalized, would take effect during the 2016 coverage year. Some of the proposals would improve patients' ability to make decisions about coverage. A major issue is how many primary care visits would be covered by health plans sold on the federal exchanges during a calendar year. CMS initially proposed that it would encourage insurers to cover three primary care visits before any cost-sharing kicked in. In a December 18, 2014, letter to the agency, the American Academy of Family Physicians wrote that CMS should require so-called "first-dollar" coverage for three visits because many patients who obtain insurance on the exchanges—especially those who were previously uninsured—will have multiple ailments that could necessitate more than one visit. Another proposed change would be a requirement that each marketplace plan establish a pharmacy and therapeutics committee that would be responsible for determining which drugs to include on plan formularies. The committee would set recognized standards for each plan to ensure that a broad array of prescription drugs were available. For more information, go to <http://www.aafp.org/news/government-medicine/20141223cmsltr3visits.html>.

### **Survey: Many Physicians Are Leery of Using Opioids for Noncancer Pain**

Although opioid abuse rates remain high in the United States, progress is being made on the physician end of the supply chain. In a recent survey, 45% of physicians said they are less likely to prescribe opioids than they were one year ago. The survey, which was the basis for a study published online December 8, 2014, in *JAMA Internal Medicine*, examined physicians' beliefs and self-reported practices regarding prescription opioid abuse. Of the physicians who responded to the survey, 90% said prescription drug abuse is a big or moderate problem in their communities, and 85% said opioids were overused in clinical practice. However, 88% expressed confidence in their opioid prescription skills, and about one-half said they were very or moderately comfortable using opioids to manage chronic noncancer pain. For more information, go to <http://www.aafp.org/news/health-of-the-public/20141222opioidsurvey.html>.

### **Groups Urge Restrictions on E-Cigarettes**

The American Society of Clinical Oncology and the American Association for Cancer Research are recommending that electronic cigarettes be subject to the same taxes, marketing restrictions, and limitations on public use that apply to traditional tobacco products. In a joint policy statement published online January 8, 2015, in the *Journal of Clinical Oncology*, the groups acknowledged that e-cigarettes may improve public health by helping smokers quit and by taking market share away from traditional tobacco products. However, they said e-cigarettes may be harmful—particularly to younger persons—if they increase the likelihood that nonsmokers and former smokers will use tobacco products or if they discourage smokers from quitting. The policy statement is available at <http://jco.ascopubs.org/content/early/2015/01/08/JCO.2014.59.4465.full>.

### **AAMC Offers Three Free Publications on Medical School Admissions**

The Association of American Medical Colleges (AAMC) has published three new documents that cover various aspects of medical school admissions. The most recent publication, *Roadmap to Diversity and Educational Excellence: Key Legal and Educational Policy Foundations for Medical Schools* (available at [https://members.aamc.org/eweb/upload/14-050%20Roadmap%20to%20Diversity\\_2nd%20ed\\_FINAL.pdf](https://members.aamc.org/eweb/upload/14-050%20Roadmap%20to%20Diversity_2nd%20ed_FINAL.pdf)), offers guidance—with legal underpinnings—about the development of mission-driven, diversity-related policies and practices. The second document, *Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions* (available at <https://members.aamc.org/eweb/upload/Holistic%20Review%202013.pdf>), focuses on creating a basis for schools to attract, select, and train a diverse student body capable of meeting the aspirations articulated by each institution. The third publication, *Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admission Processes* (available at <https://members.aamc.org/eweb/upload/Roadmap%20to%20Diversity%20Integrating%20Holistic%20Review.pdf>), aims to help medical school admissions personnel incorporate holistic review practices into their student selection process.

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