

AAFP, Other Organizations Support Medical Liability Reform Legislation

The American Academy of Family Physicians (AAFP) and a number of other health care organizations have signed on to a letter supporting medical liability reform legislation introduced by Rep. Phil Gingrey, MD, R-Ga. According to Gingrey, the legislation is designed to lower health care costs while strengthening the physician/patient relationship. The letter says the reforms included in the legislation will help with repairing the medical liability system, reducing the growth of health care costs, and maintaining patients' access to medical care. The bill, H.R. 5, which is known as the Help Efficient Accessible Low-cost Timely Healthcare Act of 2011, is based on California's Medical Injury Compensation Reform Act. It is similar to previous medical liability legislation that was introduced in Congress and supported by the AAFP. Among other things, the bill would cap non-economic damages at \$250,000 per case and ensure that physicians are liable only for the portion of a procedure in which they are at fault. It also would limit the number of years a plaintiff has to file a legal claim against physicians and other health care professionals. The House has passed similar bills in the past, but the legislation has always died in the Senate. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110126liabilityreformleg.html>.

AAFP Joins in Letter to IOM About Practice Scope of APRNs, Criticizes Related Webinar

The AAFP, along with several other medical organizations, have sent a letter that calls on the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation to clarify recommendations appearing in a recent IOM report, "The Future of Nursing: Leading Change, Advancing Health." The IOM report advocates greatly expanding the role of nurses via a variety of mechanisms, including by eliminating scope-of-practice barriers for advanced practice registered nurses (APRNs). The letter urged the IOM and the Robert Wood Johnson Foundation to take several steps, including clarifying that the education and training of physicians and of APRNs is substantially different and in no way equivalent or interchangeable. The AAFP also recently sent a letter to the National Conference of State Legislatures (NCSL) after reviewing the contents of an NCSL webinar that was based on information from the IOM report. According to AAFP Board Chair Lori Heim, MD, of Vass, N.C., the webinar panel called for a much

greater role for nurses in the health care system, including allowing them to expand their scope of practice to equal that of physicians. However, Heim said the panel, which did not include any physicians, failed to note the difference in the amounts of clinical training and education required for APRNs compared with primary care physicians. The NCSL's response to the letter said the webinar's purpose was to share the findings of the IOM report, but that upon further review, NCSL staff thought the webinar would have been improved by including the physician perspective. The AAFP was also one of nearly 80 organizations that signed a letter to the NCSL from the American Medical Association that expressed similar concerns about the webinar. For more information, visit <http://www.aafp.org/news-now/professional-issues/20110209iomscopeltr.html>, and <http://www.aafp.org/news-now/professional-issues/20110201ncslwebinar.html>.

USPSTF Osteoporosis Recommendations Updated to Call for Younger Screening Age

New recommendations from the U.S. Preventive Services Task Force (USPSTF) could significantly lower the age at which physicians begin screening some women for osteoporosis. The recommendations effectively build on those issued in 2002, when the USPSTF and the AAFP recommended routine osteoporosis screening for women 65 years and older, and women 60 years and older who are at increased risk of osteoporotic fractures. The updated recommendations now recommend screening all postmenopausal women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. The USPSTF said a number of factors can put women at increased risk of osteoporosis, including smoking, excessive alcohol use, family history of osteoporosis, and low body mass index. The USPSTF gave the new recommendations a grade B ranking, which means there is "high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial." A provision of the Patient Protection and Affordable Care Act will require new health plans to cover and eliminate copays, deductibles, and coinsurance amounts for preventive services rated A or B by the USPSTF. The AAFP's Commission on Health of the Public and Science is reviewing the guidelines. For more information, visit <http://www.aafp.org/news-now/clinical-care-research/20110201uspstfosteorecs.html>, and <http://www.uspreventiveservicestaskforce.org/uspstf/uspstoste.htm>.

Family Physicians Report Payment Glitch for New Medicare Wellness Visit

The AAFP's coding and compliance specialist, Cynthia Hughes, CPC, has been hearing from AAFP members who say that their claims submitted to Medicare contractors for Medicare's new annual wellness visit are being rejected. Hughes investigated and found that although the new Medicare benefit became available to beneficiaries on January 1, 2011, it was assigned an implementation date of April 4, 2011. Thus, some Medicare contractors were not prepared to pay claims for the benefit. Specifically, some Part B claims submitted between January 1 and January 20, 2011, for the Medicare annual wellness visit, which is covered by new Healthcare Common Procedure Coding System codes G0438 and G0439, were incorrectly denied. Hughes recently contacted the Centers for Medicare and Medicaid Services to be sure they were aware of the problem and to ask for clarification on when family physicians could expect payment for services rendered. Although, Hughes has not received a response, she said that four of the Medicare contractors involved in the claims processing glitch announced that the error has been corrected and physician claims will be reprocessed. Hughes stressed that no action is required of physicians who received claims denials for the annual wellness visit. For more information, visit <http://www.aafp.org/news-now/practice-management/20110209paymentglitch.html>.

Surgeon General Calls for Support of National Breastfeeding Efforts

Surgeon General Regina Benjamin, MD, MBA, is calling on physicians and others to help make breastfeeding easier for mothers who wish to do so. Benjamin announced the release of a new report on this issue, "The Surgeon General's Call to Action to Support Breastfeeding." The report says that 75 percent of U.S. infants begin their lives breastfeeding. However, by the end of six months, breastfeeding rates drop to 43 percent, and only 13 percent of mothers follow recommendations to provide breast milk exclusively for the first six months of their child's life. Benjamin said mothers face a variety of barriers to breastfeeding, including lack of physician training, and community and workplace obstacles. Benjamin's report outlines steps to improve support for breastfeeding. The following steps are aimed specifically at the health care industry: ensure that maternity care practices are fully supportive of breastfeeding; develop systems to guarantee continuity of skilled support for lactation between hospitals and community-based health care settings; provide breastfeeding education and training for health professionals who care for women and children; include basic

support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians; ensure access to services provided by International Board Certified Lactation Consultants; and identify and address obstacles to greater availability of safe banked donor milk for fragile infants. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110116breastfeedingrpt.html>, and <http://www.surgeongeneral.gov/topics/breastfeeding/executivesummary.pdf>.

Congress Working on Repeal of 1099 Tax Reporting Requirement

Congress is moving to repeal a provision in the health care reform law that negatively affects family physicians because it would lead to more paperwork and a significant economic burden, according to AAFP President Roland Goertz, MD, MBA, of Waco, Tex. Beginning in January 2012, The Patient Protection and Affordable Care Act requires that all businesses issue a 1099 tax form to any individual or corporation from which they buy more than \$600 in goods or services in an individual tax year. Goertz says that many AAFP members run small and medium-sized practices, making the reporting requirement an economic hardship for them, and repeal of the measure would eliminate a lot of paperwork and associated costs. The Senate passed an amendment to repeal the 1099 provision on February 2, 2011. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110208irsreportingreq.html>.

AAFP Pledges to Take Up the First Lady's Let's Move! Campaign Challenge

AAFP Board Chair Lori Heim, MD, joined First Lady Michelle Obama and U.S. Surgeon General and family physician Regina Benjamin, MD, MBA, for a White House conference call to mark the one-year anniversary of the launch of the First Lady's Let's Move! campaign against childhood obesity. Last year, the AAFP signed on as a partner in the campaign, which includes encouraging health care professionals to make a commitment to measure body mass index and counsel patients and their families about optimal nutrition and physical activity. Heim also pledged the AAFP's support for the First Lady's latest challenge: to extend the fight against childhood obesity into patients' communities. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110209letsmovecall.html>.

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