

## **Letter Calls for Oversight of Tobacco Products to Include All Types of Cigars**

More than 40 organizations, including the American Academy of Family Physicians (AAFP), have signed a letter opposing proposed legislation that would exempt cigars from regulation by the U.S. Food and Drug Administration (FDA). House bill H.R. 1639 would exempt many types of cigars, including flavored cigarillos and blunts, from the Family Smoking Prevention and Tobacco Control Act of 2009. The new bill would prohibit the FDA from regulating these types of cigars, regardless of the public health benefit. The letter asserts that all products containing tobacco cause health risks and that the FDA should retain the authority to regulate these products. Although the letter acknowledges that the health risks of cigar smoking are different from those of cigarette smoking, cigar smoke contains the same toxic and carcinogenic compounds found in cigarettes. According to the National Cancer Institute, cigar smoking causes cancer of the oral cavity, larynx, esophagus, and lung, and cigar smokers are at increased risk of aortic aneurysm. Cigars are the second most common form of tobacco use among youth, with more than 3,400 teenagers younger than 18 years trying cigar smoking for the first time every day. The 2009 legislation states that tobacco products include any product made or derived from tobacco that is intended for human consumption, including cigars. For information, visit <http://www.aafp.org/news-now/government-medicine/20110920cigarbill.html>.

## **CMS Creates Resources for Clarifying Responsibilities of Contractor Entities**

The list of fraud-fighting entities and programs under the Centers for Medicare and Medicaid Services (CMS) has become so extensive that CMS has published an article to define them for physicians. The article, published in *MLN Matters*, describes the functions of various entities and clarifies why someone from that group may be contacting the physician and what materials may be requested. It includes a description of the new Medicare administrative contractors and their role in processing claims. CMS has also published a quick reference guide for physicians when outside inquiries are made. "Contractor Entities at a Glance: Who May Contact You About Specific CMS Activities" briefly describes the programs that CMS uses and what their acronyms and initialisms stand for. For more information, visit <http://www.aafp.org/news-now/practice-professional->

[issues/20110922cmscontractors.html](http://www.aafp.org/news-now/practice-professional-issues/20110922cmscontractors.html) and <http://www.cms.gov/MLNMattersArticles/Downloads/SE1123.pdf>.

## **Two Doses of HPV Vaccine as Effective as Full Series, According to NIH Study**

According to a recent study by the National Cancer Institute of the National Institutes of Health (NIH), two doses of the human papillomavirus (HPV) vaccine are as effective as the recommended three-dose series after four years of follow-up. Results showed that two doses conferred the same protection against persistent infection with HPV 16 and 18 as the full series, but it is unknown whether the duration of protection is adequate. This study included Cervarix, so it is unknown if the same results would occur with Gardasil, the more commonly administered HPV vaccine in the United States. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110914wklynewsbrfs.html#NewsArticleParsys78019>.

## **AMA, Other Groups Call on Deficit-Reduction Committee to Repeal SGR**

The American Medical Association (AMA) has drafted a letter, signed by numerous other organizations including the AAFP, to the Joint Select Committee on Deficit Reduction calling for the full repeal of the sustainable growth rate (SGR) formula used in calculating Medicare physician payment. If Congress does not repeal the SGR, physicians will face a nearly 30 percent reduction in Medicare payments on January 1, 2012. The letter notes that continued delay in replacing the SGR has escalated the cost of permanent payment reform and that additional short-term interventions are not the solution. The AAFP is also supporting the Web-based advocacy campaign [EveryPatientCounts.org](http://EveryPatientCounts.org), which allows physicians, patients, and health care administrators to sign an online petition calling for the repeal of the SGR. The petition states that the SGR prohibits innovation, contributes to access issues for millions of older patients, and serves as a disincentive to physician participation in the Medicare program. For more information, visit <http://www.aafp.org/news-now/government-medicine/20110922amasgrletter.html>.

## **Partnership Expands Reach, Scope of Patient-Centered Medical Home**

In North Carolina, a public/private partnership has been created that allows the state's largest employers to access the networks of patient-centered medical home (PCMH)

practices created for the state's Medicaid population. The First in Health partnership uses a statewide infrastructure of physician-led networks and PCMHs created by Community Care of North Carolina. Members are a mix of public and private entities, including Glaxo-SmithKline, the state health plan of North Carolina, and Blue Cross and Blue Shield. In January 2012, Glaxo-SmithKline will offer employees the option of joining a PCMH and will waive copayments for primary care physician visits for those choosing this option. They will also pay participating physicians a per-member, per-month fee for each employee assigned to a PCMH. North Carolina will start offering this benefit to state employees this fall. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110914wklynewsbrfs.html#NewsArticleParsys79618>.

### **Study Shows Health Care Costs Lessen Income Gains for the Average U.S. Family**

According to a recent study published in the September issue of *Health Affairs*, rising health care costs have left families with diminishing incomes while adding to the federal budget deficit. The average American family of four experienced an annual increase in income from \$76,000 to \$99,000 from 1999 to 2009, but these gains were lessened by higher health care spending. The typical median-income family of four with employer-based health insurance would have made \$545 more per month in 2009 compared with 1999 if medical inflation had not outpaced general inflation. When actual increases in health insurance premiums, out-of-pocket health spending, and taxes for health care are taken into consideration, that same family had only \$495 more per month in available income. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110921wklynewsbrfs.html#NewsArticleParsys76903>.

### **HHS Awards Grants to Help States Fight Unreasonable Premium Rate Increases**

The U.S. Department of Health and Human Services (HHS) has awarded grants of \$109 million to 28 states and the District of Columbia to help fight health care premium rate increases that are considered to be unreasonable. HHS has released the report "Rate Review Works" to detail how previous rate review grants are being used to oppose premium increases. According to the Patient Protection and Affordable Care Act, health insurers wanting to raise their rates by 10 percent or more in the individual and small group market are required to submit their requests to experts to determine if the increases are unreasonable. The statute also requires insurance companies to

publicly justify unreasonable premium rate increases. The grant money is to help states review proposed health insurance rates and hold insurance companies accountable for disclosing information about unjustified rate increases. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20110921wklynewsbrfs.html#NewsArticleParsys31580>.

### **AHRQ Promotes Two-Way Communication Between Physicians and Patients**

The Agency for Healthcare Research and Quality (AHRQ), with the Ad Council, has launched a communication initiative that encourages physicians and patients to engage in effective dialogue to ensure better health outcomes and safer care. Research shows that better communication correlates with higher rates of patient compliance to treatment plans. A series of videos on the AHRQ Web site features patients and physicians discussing the importance of asking questions and sharing information. The site also includes resources for patients, such as a Question Builder tool that lets patients create, prioritize, and print a personalized list of questions based on their health concerns; a brochure, "Be More Involved in Your Health Care: Tips for Patients," that offers suggestions for before, during, and after an office visit; and notepads designed to use in physician offices to help patients prioritize their top three questions for the visit. For more information, visit <http://www.ahrq.gov/news/press/pr2011/questionspr.htm>.

### **MEDWATCH: Error Leads to Recall of Multiple Lots of Oral Contraceptives**

During the manufacturing process, blister packs of several brands of oral contraceptives were rotated 180 degrees, reversing the weekly tablet orientation and hiding the lot number and expiration date. The daily dosing regimen may be incorrect, leaving patients who use these contraceptives at risk of unwanted pregnancy. Physicians should inform their patients to immediately begin using a supplemental, nonhormonal form of birth control. Pharmacies have been instructed to contact patients who have received any of these products: Cyclofem 7/7/7, Cyclofem 1/35, Emoquette, Gildess FE 1.5/30, Gildess FE 1/20, Orsythia, Previfem, and Tri-Previfem. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20110920birthcontrolrecall.html>.

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