
 **AAFP News: AAFP Edition**

Policy and Health Issues in the News

CMS Reverses Decision on Changes to Medicare Part D Prescription Rules

Protests from family physicians and others have led the Centers for Medicare and Medicaid Services (CMS) to reverse its decision on proposed changes to the Medicare Part D prescription drug program. The CMS proposal would have removed antidepressants and antipsychotics from the list of medications that are required to be included in all Part D formularies. Since 2005, Medicare formularies have included six protected drug classes (anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants for the treatment of transplant rejection), and the American Academy of Family Physicians (AAFP) opposed changes to their status that could limit a patient's access to physician-prescribed medications. While acknowledging that the CMS proposal was made based on the cost of drugs and their usage rates, the AAFP argued that limiting some prescription drugs that were part of regular treatment could end up increasing the cost of care. In response to criticism regarding the proposed changes to Part D drug classifications, CMS announced on March 10 that it was dropping that change. For more information, go to <http://www.aafp.org/news/government-medicine/20140319partDwithdraw.html>.

Medical Groups Ask the HHS to Clarify Tobacco-Cessation Benefits Under the ACA

More than 30 health care organizations, including the AAFP, have asked the U.S. Department of Health and Human Services (HHS) for guidance on tobacco-cessation benefits offered in accordance with the Patient Protection and Affordable Care Act (ACA). In a letter to HHS Secretary Kathleen Sebelius, the groups noted that a recent U.S. surgeon general's report on the health consequences of smoking called for a number of specific actions, including access to barrier-free proven tobacco-cessation treatment, such as counseling and medication. The groups expressed concern that although the ACA requires insurance companies to provide tobacco-cessation services to beneficiaries, those who are ready to quit do not have access to free cessation services. For example, a 2012 study by Georgetown University's Health Policy Institute found that only four of the 39 private health plans analyzed clearly covered a full range of evidence-based tobacco-cessation services. For more information, go to <http://www.aafp.org/news/health-of-the-public/20140331tobacco-cessationltr.html>.

Family Medicine Residency Match Rate Increases for Fifth Consecutive Year

For the fifth straight year, the number of medical students choosing family medicine is up slightly from the previous year. In the 2014 National Resident Matching Program, 3,000 U.S. medical school graduates and international medical graduates chose family medicine; that figure represents a 2% increase (62 more positions filled) compared with the 2,938 family medicine spots filled in 2013. Moreover, of this year's total, 1,416 U.S. seniors matched to family medicine, 42 (3%) more than in 2013. A total of 70 more family medicine residency positions were offered in 2014 compared with 2013, but the higher number of students matching into the specialty maintained the same fill rate of 96%. AAFP President Reid Blackwelder, MD, suggested that increased media attention on primary care as a result of the ACA likely had some impact on match rates. For more information, go to <http://www.aafp.org/news/education-professional-development/20140321match.html>.

Free HHS Software Helps Physicians Maintain HIPAA Compliance

HHS is offering a security risk-assessment (SRA) software tool that allows physicians to evaluate the security of patient data as required by the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA regulations, medical organizations that handle personal health information are required to conduct regular risk assessments to determine whether their data are vulnerable to any kind of breach. The new software is not required by HIPAA, but it is intended to help physician practices analyze their data systems. The program includes a set of 156 questions about practice activities that address all HIPAA requirements. Based on their answers to these questions, physicians are advised whether corrective action is needed. The program also allows physician practices to produce a report that can be distributed to auditors. The tool is available for Windows operating systems and iOS iPads. The Windows version is available at <http://www.healthit.gov/providers-professionals/security-risk-assessment>. The iPad version is available in the App Store; search for HHS SRA tool.

— AAFP AND AAFP NEWS STAFF

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