

AAFP News: AFP Edition

Policy and Health Issues in the News

AAFP Backs Ban of Tobacco Sales in Military

The American Academy of Family Physicians (AAFP) has joined more than two dozen health care organizations in asking Congress to reject language in the National Defense Authorization Act that would prevent the Department of Defense (DoD) from banning the sale of tobacco products in military installations. The October 24 letter, written by the Campaign for Tobacco-Free Kids, focuses on an amendment to the House-passed version of the bill that Rep. Duncan Hunter, R-Calif., introduced. The amendment states that the secretary of defense and the secretaries of the individual military departments "may not take any action to implement any new policy that would limit, restrict, or ban the sale of any legal consumer product category" in military commissaries and exchanges. That language seemed to be designed to block policies to reduce tobacco use, the groups observed in the letter. They urged Congress not to limit the ability of the DoD to help tobacco users to quit. Tobacco use in the military is significantly more prevalent than in the civilian population. For more information, go to <http://www.aafp.org/news/health-of-the-public/20141110militarytobacco.html>.

Groups Tell Congress Continued Funding Is a Must to Avoid Primary Care Cliff

The AAFP and more than 100 medical and social service organizations are urging Senate and House leaders to extend federal funding for three programs that enhance access to health care in underserved areas. The groups are asking lawmakers to continue funding for teaching health centers, community health centers, and the National Health Service Corps, all of which received dedicated funding through fiscal year 2015 as part of the Patient Protection and Affordable Care Act (ACA). Because these programs have a role in providing medical care for underserved patients and training for primary care physicians and other health care professionals, the expiration deadline of September 30 has been dubbed the "primary care cliff." Community health centers will retain some federal funding even if no action is taken, but they stand to lose about \$3.6 billion. That scenario would force many of the nation's 1,300 centers to lay off staff or close their doors. Given that these centers now serve an estimated 22 million patients, including 7 million children and 268,000 veterans, that would mean millions of patients would lose access to their integrated health care homes, the groups said. For more information, go to <http://www.aafp.org/news/government-medicine/20141110primcarecliff.html>.

New VA Program Expanding Veterans' Access to Care Up and Running

Veterans who have faced long wait times to receive care at Department of Veterans Affairs (VA) facilities now have the option of meeting with a non-VA physician under a law designed to increase health care access for veterans. The Veteran's Choice Program is a temporary measure to expand access to care until the VA can enhance its own ability to provide care. The program allows veterans greater flexibility to receive care or obtain medications outside of a VA facility. Veterans can obtain care from a physician who is not affiliated with the VA in specific circumstances, such as not being able to schedule an appointment within 30 days from the date an appointment is considered clinically necessary. For more information, go to <http://www.aafp.org/news/government-medicine/20141112vainterimrule.html>.

MedPAC Voices Support for Continuing Primary Care Payment Hike

As the deadline nears for continuing the Medicare primary care bonus program established as part of the ACA, members of the Medicare Payment Advisory Commission (MedPAC) continue to move toward maintaining the increased payment—albeit in a different form. MedPAC first recommended a primary care bonus in 2008 with the goal of directing more resources to primary care and rebalancing the fee schedule, and the Primary Care Incentive Program (PCIP) was created two years later. However, the current PCIP bonus of 10% for primary care services provided by eligible professionals will expire at the end of 2015. Commissioners recently discussed whether the payment should be continued in the same format. The total value of the Medicare bonus payment was \$664 million in 2012, and 170,000 physicians received the payment. Physicians who received the bonus were paid an average of \$3,400 per year. Physicians who treated more Medicare patients received as much as \$9,300 per year. Under the proposed payment model, participating physicians would receive about \$31 per patient per year. The commission is expected to vote on a draft recommendation in January. For more information, go to <http://www.aafp.org/news/government-medicine/20141112medpacbonuspay.html>.

— AAFP AND AAFP NEWS STAFF

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