



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **AAFP Joins Other Medical Groups in Supporting ACA Contraceptive Mandate**

The American Academy of Family Physicians (AAFP) has joined the American Academy of Pediatrics in signing on to a letter spearheaded by the American Congress of Obstetricians and Gynecologists that expresses support for the Patient Protection and Affordable Care Act's (ACA's) contraceptive coverage requirement. The letter sent to the U.S. Department of Health and Human Services (HHS) responded to a joint request for information from HHS, the Department of Labor, and the Department of the Treasury that was published in the *Federal Register*. Comments in the letter address the departments' questions about whether modifications to the existing procedure could negatively affect women of childbearing age and their families. The request stems from an opinion the Supreme Court handed down in *Zubik v. Burwell*, which explored questions related to whether religious institutions other than churches should be exempt from the ACA's contraceptive mandate requiring these institutions to cover certain contraceptives for their female employees. For more information, go to <http://www.aafp.org/news/health-of-the-public/20160928acabirthcontrol.html>.

## **Check Quality Reports to Avoid Pay Cuts**

To avoid potential cuts in Medicare payments next year, family physicians should take time to review their 2015 Physician Quality Reporting System (PQRS) feedback reports and their 2015 Quality and Resource Use Reports (QRURs). The reports were released by the Centers for Medicare and Medicaid Services (CMS) in late September and contain information that could affect physicians' payments in 2017. The PQRS reports spell out performance details for physicians. Physicians will learn if they satisfactorily reported to PQRS, and those who did not will receive a 2% cut in their 2017 Medicare payments. The 2015 QRURs show how physician groups and solo physicians performed in 2015 on the quality and cost measures used to calculate the 2017 value-based payment modifier. Physicians are encouraged to review their reports as soon as possible. If they spot any irregularities or question a CMS calculation, they have until 11:59 p.m. EST on November 30 to request an informal review of their report. The reports can be accessed through the CMS Enterprise Portal at <http://portal.cms.gov>. For more information, go to <http://www.aafp.org/news/practice-professional-issues/20161005pqrsqrur.html>.

## **Agency Proposes Primary Care Role in Federal Diabetes Program**

A federal agency is heeding a call to consider expanding the pool of clinicians eligible to assess whether a patient who has diabetes mellitus can safely work as a commercial driver. Commercial drivers must apply to the Federal Diabetes Exemption Program to be able to operate a large truck or bus in interstate commerce while they are being treated with insulin. Currently, only board-certified or board-eligible endocrinologists can examine and certify drivers for the program. That would change under a rule proposed by the Federal Motor Carrier Safety Administration, an agency within the U.S. Department of Transportation. The proposed rule would allow a primary care clinician who has prescribed insulin to the applicant and is knowledgeable about the treatment of diabetes to complete and sign the certification form. For more information, go to <http://www.aafp.org/news/government-medicine/20161003dotdiabetes.html>.

## **AAFP Teams Up with CDC, Other Groups to Promote Responsible Antibiotic Use**

Although antibiotics have had a critical role in modern medicine, overuse of the drugs has led to a steady surge in antibiotic-resistant bacteria such as methicillin-resistant *Staphylococcus aureus*. To combat this public health threat, the AAFP has joined the Centers for Disease Control and Prevention (CDC), the Pew Charitable Trusts, and 11 other national health organizations in issuing a joint statement saying that they stand unified in promoting judicious outpatient antibiotic stewardship to suppress the rise of antibiotic resistance. In their statement, the groups note that all antibiotic use can lead to antibiotic resistance, and that although antibiotics are generally safe, they can carry risks for individual patients. In March 2015, the White House announced its goal of reducing inappropriate outpatient antibiotic use by 50% by 2020, which will require that total outpatient antibiotic prescribing in the United States be reduced by 15%. The organizations say they "commit to collective action to address this challenge by ensuring the appropriate use of these critical therapies." For more information, go to <http://www.aafp.org/news/health-of-the-public/20161007antibioticstewards.html>.

— AFP AND AAFP NEWS STAFF

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