
 **AAFP News: AAFP Edition***Policy and Health Issues in the News***State Regulations Target Opioid Abuse**

Increasing concern about opioid abuse has led to new state and federal regulations that affect the delivery of patient care nationwide. Prescription drug experts at the American Academy of Family Physicians (AAFP) State Legislative Conference recently discussed specific moves Congress and states are taking to address the issue of opioid abuse. On the national level, Congress this year passed the Comprehensive Addiction and Recovery Act, which increased to 275 the maximum number of patients for whom a physician can provide medication-assisted treatment for opioid dependence. In a provision aimed at controlling usage and reducing diversion, the law allows prescribers or patients to request partial prescription refills and then opt to have the remainder filled within 30 days. Despite legislators' urgency to pass the bill, lack of funding may limit its impact. Thirty-seven states and the District of Columbia have enacted laws that give individuals some legal immunity for calling 911 or otherwise seeking medical attention for themselves or someone else who is experiencing an opioid-related overdose. In addition, 47 states and the District of Columbia have laws to protect individuals who prescribe or dispense naloxone, most of them passed within the past five years. For more information, go to <http://www.aafp.org/news/government-medicine/20161109stateconfopioids.html>.

New Research Finds Mismatch Between GME, U.S. Population Needs

The careers chosen by U.S. medical students, as well as the decisions of institutions sponsoring residency programs, have created an unbalanced physician workforce that is short on primary care physicians, according to an article examining how family medicine and other primary care specialties perform in the annual National Resident Matching Program. The authors of the article, which was published in the November/December 2016 issue of *Family Medicine*, analyzed Match data from a 30-year time span and compared the number of positions offered and filled in primary care specialties (family medicine, general internal medicine, general pediatrics, and medicine-pediatrics), and subspecialties such as emergency medicine, diagnostic radiology, ophthalmology, anesthesiology, and dermatology. They noted a disproportionate growth in subspecialty positions offered in the Match on an annual basis, with only modest growth in the number of primary care positions. For more information, go to <http://www.aafp.org/news/education-professional-development/20161118matchrate.html>.

AAFP Puts Family Medicine on President-Elect's Agenda

As President-elect Donald Trump begins working on the important issues of his administration, the AAFP wants to ensure that recognizing family medicine's value to the health care system is high on the agenda. AAFP President John Meigs, MD, recently sent Trump a letter with specific recommendations about what his incoming administration can do to help family physicians better care for their patients. Meigs grouped the AAFP's priorities into five categories: expanding access to care, ensuring delivery and payment reform, improving affordability, building the primary care workforce, and promoting wellness and prevention. Expanding Medicaid in all 50 states and reauthorizing the Children's Health Insurance Program (CHIP) are two important steps toward ensuring access for Americans with low incomes, he wrote. He also noted that national health care policy should reflect the value of the initial and comprehensive care that family physicians continue to provide their patients as they adjust to new payment models under the Medicare Access and CHIP Reauthorization Act. For more information, go to <http://www.aafp.org/news/government-medicine/20161109presidentelectletter.html>.

Action Network Helps Physicians Campaign for Family Medicine

The AAFP recently unveiled the Family Physician Action Network to help members participate in advocacy efforts and connect with legislators about issues that affect their practices. The network provides members with tools to speak effectively about important issues. Other resources include webcasts, infographics, and one-page primers on specific issues so members can get up to speed on health policy. A bill-tracking tool details issues affecting family physicians. An online community platform is open for members to discuss issues and organize advocacy efforts. The site can also help members who need advice on how to coordinate a legislative office visit or write an editorial. Individuals can join the Key Contacts program to build and maintain relationships with members of Congress, even if they do not know any legislators. For more information, go to <http://www.aafp.org/news/government-medicine/20161116grassrootsnetwork.html>.

— AFP AND AAFP NEWS STAFF

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