

AAFP News: *AFP* Edition

Policy and Health Issues in the News

AAFP Warns Labor Department Against Expanding Association Health Plans

The American Academy of Family Physicians (AAFP) recently warned the U.S. Department of Labor about the pitfalls of a proposal to allow self-employed persons and small businesses to band together to purchase association health plans. In a letter dated March 5, AAFP Board Chair John Meigs, MD, cautioned that the move could lead to health plans that provide fewer benefits at higher costs. Such plans would not have to cover the list of essential health benefits laid out in the Patient Protection and Affordable Care Act, and they would be exempt from the rule that requires insurers to spend at least 80% of premium revenue on medical care. Association health plans would be required to accept all applicants and could not deny persons with preexisting conditions or charge more for persons who are sick. However, they could reduce prescription drug coverage and increase coverage in another category to compensate for the reduction, the effect of which would be to increase costs for patients with chronic conditions. The AAFP also noted its concern with increasing deductibles in employer-sponsored, small group, and individual insurance markets. For more information, go to <https://www.aafp.org/news/government-medicine/20180307assocplans.html>.

AAFP Gives CMS Feedback on Prior Authorizations, Opioid Epidemic

The AAFP recently gave the Centers for Medicare and Medicaid Services (CMS) feedback on the Medicare Advantage and Medicare Part D programs, offering recommendations to improve prior authorization processes and to ensure that family physicians are part of the opioid epidemic solution. The AAFP approved of language in a CMS draft document reminding Medicare Advantage plans about the need for transparency and the importance of giving adequate notice of coverage restrictions. It also called out the lack of standardization among public and private payers, referring to the current regulatory framework as “daunting and often demoralizing.” The AAFP urged CMS to act more boldly by requiring Medicare Advantage and Part D plans to follow specific principles of prior authorization and to eliminate prior authorizations for durable medical equipment, supplies, and generic drugs. The AAFP also agreed with CMS’ concern about the risks of addiction, overdose, and death associated with opioid medications, and called for incentives that would encourage patients to see their primary care physicians to access screening, brief intervention, and referral to treatment. The AAFP suggested that payment

incentives could be used to remove or reduce copays for screening and treatment for opioid use disorder and substance use disorder, and to support coprescribing of naloxone. For more information, go to <https://www.aafp.org/news/government-medicine/20180307medicareadv.html>.

Initial ABFM Certification Window Closing for Some Family Physicians

Physicians who became eligible for initial certification from the American Board of Family Medicine (ABFM) before 2012 but have not completed the certification process have until the end of this year before the seven-year eligibility period ends. According to the ABFM’s current policy, board-eligible physicians are those who have completed residency but have not yet attained initial certification. January 1, 2012, marked the beginning of the seven-year eligibility period for those who became eligible to apply for initial certification before 2012. That eligibility period will end on December 31, 2018. After the seven-year eligibility period expires, physicians may no longer use the board-eligible designation and may not register to take the Family Medicine Certification examination without completing additional requirements. For more information, go to <https://www.aafp.org/news/education-professional-development/20180227boardeligible.html>.

New Tool Guides Family Physicians Looking to Open a Practice

The AAFP has launched a new resource to help physicians who are considering opening their own practice. The Starting a Practice tool is available on the AAFP’s Starting, Closing, or Selling a Practice webpage, and is free for AAFP members. The financial model it provides aims to help physicians determine startup expenses for a traditional practice, as well as track monthly expenses, income, and patient-visit goals. The resource provides a checklist that helps physicians decide when to take necessary steps; a worksheet to track startup expenses; a monthly budget that automatically calculates monthly and year-to-date expenses and income; and an evaluation and management worksheet that calculates the number of patients a practice needs to see from each of its payers to meet revenue goals. For more information, go to <https://www.aafp.org/news/practice-professional-issues/20180305practicetool.html>.

—AAFP and AAFP NEWS STAFF

For more news, visit AAFP News at <http://www.aafp.org/news.html>. ■