

AAFP News: *AFP* Edition

Policy and Health Issues in the News

Study Finds Decrease in Opioid Prescriptions

Opioid prescriptions in the United States decreased 22% between 2013 and 2017, according to a new study from the IQVIA Institute for Human Data Science. Researchers found that prescription opioid dosage volume—as measured in morphine milligram equivalents (MMEs)—decreased 12% in 2017, which was the biggest annual decline in more than 25 years. Prescription opioid volume had increased each year since 1992, peaking in 2011. The report said this trend was reversed by a combination of regulatory and legislative restrictions, tighter clinical prescribing guidelines, and greater reimbursement controls, resulting in decreases of about 4% per year from 2012 to 2016. The study found that in addition to decreases in MMEs prescribed, dispensed opioid prescriptions also decreased more than 10% in 2017. High doses of opioids, defined as more than 90 MMEs per day, are associated with greater risk of dependency and overdose. These prescriptions decreased by more than 16% in 2017. For more information, go to <https://www.aafp.org/news/health-of-the-public/20180425opioidstudy.html>.

Delegates Tackle Wide Range of Advocacy Issues for Family Physicians

Delegates to the American Academy of Family Physicians' (AAFP's) National Conference of Constituency Leaders recently adopted resolutions aimed to protect family physicians and their patients on a wide range of issues, including opioid advertising, racism in health care, maternal mortality, disclosure of human immunodeficiency virus (HIV) status, and drug pricing. Their work included adoption of a resolution calling for the AAFP to advocate for research and data collection regarding intimate partner violence related to maternal mortality. Another resolution adopted by delegates calls for the AAFP to recommend decriminalization of the failure to disclose one's HIV status, and to recommend the repeal or reform of such laws, which exist in about one-half of states. Delegates also adopted a resolution for the AAFP to support a bill in Congress that would ban direct-to-consumer advertising of opioids and opioid receptor agonists and to support legislation that would prohibit advertising such medications to clinicians. Another resolution adopted by delegates calls for the AAFP to support legislation barring restrictions on pharmacists that prohibit them from informing patients when the out-of-pocket cost of a drug is less than the copay through their insurance. For more information, go to <https://www.aafp.org/news/inside-aafp/20180502nccl-advocacy.html>.

AAFP Joins Effort to Decrease 2018 MIPS Reporting Period

The AAFP recently joined more than 40 other medical organizations in urging the Centers for Medicare and Medicaid Services (CMS) to make a critical change in the 2018 reporting period for the Merit-based Incentive Payment System (MIPS). In a letter to CMS, the organizations made a case for reducing the MIPS quality measure reporting period to a minimum of 90 consecutive days rather than a full calendar year. They said that despite being held accountable for data tracking and collection from January 1, 2018, physicians were not informed of their eligibility to participate in the program until early April. CMS further complicated the issue by changing the notification process, the organizations pointed out. They argued that implementation of a 90-day minimum reporting period would give physicians and group practices more flexibility to incorporate MIPS feedback into their 2018 performance and focus more on improving patient care. For more information, go to <https://www.aafp.org/news/macra-ready/20180424mipsreporting.html>.

AAFP to HHS: Don't Loosen Short-term Insurance Rules

A proposal to expand the definition of short-term, limited-duration insurance could hurt patients, destabilize the insurance market, and make health insurance more expensive for women and older or sicker individuals, the AAFP warned the U.S. Department of Health and Human Services (HHS). In a recent letter, AAFP Board Chair John Meigs, MD, focused on a proposed rule that would allow short-term insurance to be purchased for less than a year rather than the current limit of less than three months. The proposal would encourage sales of low-value plans that would be exempt from consumer protections, such as the requirement to cover preexisting conditions, and that would have benefit caps. Meigs stated that the proposed rule would further destabilize the insurance market by drawing young, healthy persons away from comprehensive coverage, which would result in higher premiums for persons with Affordable Care Act-compliant plans and make coverage for millions of Americans unaffordable. For more information, go to <https://www.aafp.org/news/government-medicine/20180423shortterms.html>.

—AAFP and AAFP NEWS STAFF

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