

## American Nephrology Nurses' Association

Weekly Capitol Hill Update - Wednesday, January 6, 2016

### Congressional Schedule

#### House:

- Reconvened on Tuesday, January 5th at 2:00 p.m.
- Week Ahead: On Wednesday, the House will meet at noon for legislative business and will consider Senate amendments to a budget reconciliation bill (H.R. 3762), as well as a bill to set up a review process for regulations (H.R. 1155). Later in the week the chamber is expected to take up measures regarding class-action suits (H.R. 1927) and settlements (H.R. 712).

#### Senate:

- Not in session. The Senate will return Monday, January 11th.

### Legislative Updates

- **Kidney Caucus Co-Chair Rep. Jim McDermott to retire:** "Longtime Democratic Rep. Jim McDermott of Washington State announced Monday that he will not seek re-election for a 15th time when he completes his term at the end of the year. McDermott is known for his liberal views and criticism of the Iraq war. He is a senior member of the tax-policy-writing House Ways and Means Committee (Ranking Member of the Health Subcommittee). McDermott has drawn attention, not always positive, for sparring with Republicans. He was involved in a long-running legal battle with former Rep. John Boehner, who would go on to become speaker, after leaking an illegally recorded phone call with Boehner and other GOP leaders. McDermott wound up paying Boehner more than \$1 million in damages under a court order, but insisted he was defending the First Amendment." See the following link for the full article:  
[http://www.nytimes.com/aponline/2016/01/04/us/politics/ap-us-mcdermott-retirement.html?\\_r=0](http://www.nytimes.com/aponline/2016/01/04/us/politics/ap-us-mcdermott-retirement.html?_r=0)
- **The House of Representatives will Vote on a Measure this Week to Repeal the Affordable Care Act (ACA):** "The bill would strip key elements from the ACA, including the individual mandate to have insurance or pay a fine and the employer mandate to offer insurance. The measure also contains a provision to eliminate federal funding for Planned Parenthood, a goal of conservative Republicans after secretly

recorded videos surfaced last year that reportedly showed an employee of the organization discussing the sale of fetal tissue. If the bill clears the Republican-controlled House, it would be the first ACA repeal measure to reach Obama's desk." See the following link for the full article: <http://www.mcclatchydc.com/news/politics-government/congress/article53021950.html>

- **Senate Panel to Vote on FDA Nominee Next Week:** "The Senate health (Health, Education, Labor, and Pensions (HELP)) committee will vote next Tuesday on President Obama's nominee to be commissioner of the Food and Drug Administration. The nominee, Dr. Robert Califf, is a cardiologist and longtime Duke University researcher who joined the FDA as a deputy commissioner in February. He has received praise from Chairman Lamar Alexander (R-Tenn.) and is expected to have relatively smooth sailing." See the following link for the full article: <http://thehill.com/policy/healthcare/264688-senate-panel-to-vote-on-fda-nominee-next-week>

### Regulatory Updates

- **CMS has Released the Draft 2017 Letter to Issuers in the Federally-Facilitated Marketplaces** (<http://bit.ly/1OKUPK7>). Comments are due January 17. Sections of this letter reference the "Notice of Benefit and Payment Parameters for 2017," on which kidney groups filed comments at the end of the year, including proposals related to network adequacy. Importantly, the Draft Letter states: "We remind issuers that individuals under age 65, with end stage renal disease (ESRD) are not required to sign up for or enroll in Medicare. Further, individuals who do not have Medicare Part A or Part B are eligible to enroll in individual market coverage, including a QHP, if the individual meets the eligibility requirements for enrollment (i.e., criteria related to citizenship, lawful presence, incarceration, and residency)." (pp. 45-56).
- **Improving the Submission of Quality Data to CMS Quality Reporting Programs:** CMS and the Office of the National Coordinator for Health Information Technology (ONC) issued a Request for Information (RFI) today entitled Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs. The RFI provides CMS and ONC with an opportunity to assess policy options that could improve the effectiveness of the certification of health information technology (IT) and specifically the certification and testing of electronic health record (EHR) products used for the reporting of quality measures. To comment, please see the following link: <https://www.federalregister.gov/articles/2015/12/31/2015-32931/agency-information-collection-activities-proposals-submissions-and-approvals-certification-frequency>.
  - See the following link for CMS's full blog post: <http://blog.cms.gov/2015/12/30/improving-the-submission-of-quality-data-to-cms-quality-reporting-programs/>
- **CMS has Posted the draft Quality Measure Development Plan (Plan) on the CMS website.** The Plan is a framework for the development of clinician quality measures for application under Merit Incentive Payment System (MIPS) and certain Medicare

alternative payment models (APMs). The Quality Measure Development Plan focuses on gaps identified in the quality measure sets currently in use in the physician quality reporting system, the value-based payment modifier, and the electronic health record incentive program, and offers recommendations for filling those gaps. Please see the following link for the full article: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

- **Preliminary Recommendations on ESRD QIP Measures:** The National Quality Forum (NQF) Measure Applications Partnership (MAP), a multi-stakeholder partnership that guides the Department of Health and Human Services (HHS) on the selection of performance measures for federal health programs, has reviewed various measures and made preliminary recommendations on ESRD Quality Improvement Program (QIP) measures. The preliminary recommendations (and accompanying draft report) are available for public comment through January 12th. These recommendations, and stakeholder feedback, will be considered and finalized by the MAP Coordinating Committee during their January 26-27 in-person meeting. Within the preliminary recommendations, there are seven measures under consideration related to the ESRD QIP.
  1. Standardized hospitalization ratio - modified - **Conditional support, pending NQF review and endorsement of measure updates and examination of SDS factors.**
  2. Avoidance of utilization of high ultrafiltration rate (greater than 13 ml/kg/hour) - **Support**
  3. ESRD Vaccination - Full-Season Influenza Vaccination - **Do not support**
  4. Measurement of phosphorous concentration - **Support**
  5. Proportion of patients with hypercalcemia (NQF #1454) - **Do not support**
  6. Standardized readmission ratio (SRR) for dialysis facilities - **Conditional support, pending NQF review and endorsement of measure updates and examination of SDS factors.**
  7. Standardized mortality ratio -modified - **Do not support**
- The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), through its contract with CMS, convened a technical expert panel to develop quality access to kidney transplantation measures. Specific objectives included:
  1. Develop quality measures that address important quality gaps across the spectrum of the kidney transplantation process, such as transplant education, referral, waitlisting, and transplant;
  2. Provide input on relevant measures currently used as part of the provider feedback program Dialysis Facility Reports (DFR), including facility waitlisting rate and the Standardized Transplantation Ratio (STR);
  3. Consider the degree to which performance on a potential measure is under the control of the dialysis facility, as well as the strength of the link between performance on a measure and outcomes that are valued by patients;
  4. Consider issues of data element availability and collection; and
  5. Discuss the potential need for exclusion criteria and/or risk adjustment.

The measures under review are:

- **Percentage of prevalent patients waitlisted (PPPW).** This measure tracks the percentage of patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist. Results are averaged across patients prevalent on the last day of each month during the reporting year.
  - Type of measure: Process.
  - Intended objective: Increase access to kidney transplantation among patients on dialysis.
  
- **Standardized first kidney transplant waitlist ratio for incident dialysis patients (SWR).** This measure tracks the number of incident patients at the dialysis facility under the age of 75 listed on the kidney or kidney-pancreas transplant waitlist or who received living donor transplants within the first year of initiating dialysis.
  - Type of measure: Process.
  - Intended objective: To increase access to kidney transplantation among patients on dialysis.
- For more information, please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html>
  
- UM-KECC, through its contract with CMS, convened a technical expert panel to evaluate the existing NQF-endorsed vascular access measures. Specific objectives included:
  1. Review of the current NQF endorsed Vascular Access measures (Minimizing Use of Catheters as Chronic Dialysis Access, and Maximizing Placement of Arterial Venous Fistula);
  2. Consider revisions to the vascular access measure set; and
  3. Consider including potential risk adjustment.

The measures under review are:

- **Hemodialysis vascular access: long-term catheter rate.** Percentage of adult hemodialysis patient-months using a catheter continuously for 90 days or longer for vascular access.
  - Type of measure: Intermediate outcome.
  - The measure focus is the process of calculating long-term catheter use at chronic dialysis facilities. This process leads to improvement in mortality.
  
- **Hemodialysis vascular access: Standardized fistula rate.** Adjusted percentage of adult hemodialysis patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access.
  - Type of measure: Intermediate outcome.
  - The measure focus is the process of calculating AV fistula use at chronic dialysis facilities. This process leads to improvement in mortality.
  - For more information, please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html>

- **Technical and Typographical Corrections to ESRD PPS QIP Final Rule:** CMS has issued a document that corrects technical and typographical errors that appeared in the ESRD PPS QIP final rule published on November 6th in the Federal Register. To review the summary of errors and correction of errors, please visit: <https://www.federalregister.gov/articles/2015/12/31/2015-32967/medicare-program-end-stage-renal-disease-prospective-payment-system-and-quality-incentive-program>

### Articles of Interest

- **Scientists Prevent, Reverse Diabetes-Related Kidney Destruction in Animal Model:** Diabetes is the leading cause of kidney failure, and scientists have found that infusing just a small dose of a cytokine, thought to help cause that failure, can instead prevent or reverse it. [http://www.eurekalert.org/pub\\_releases/2015-12/mcog-spr122815.php](http://www.eurekalert.org/pub_releases/2015-12/mcog-spr122815.php)
- **Diabetic Kidney Damage May Start Earlier Than Thought:** Kidney damage from diabetes may begin much sooner than previously thought, according to a new study. Researchers found that higher-than-normal blood sugar levels associated with prediabetes increase the risk of kidney abnormalities that could lead to kidney failure. See the full article here: <http://consumer.healthday.com/diabetes-information-10/diabetes-management-news-180/briefs-emb-12-29-9-00-am-et-nkf-prediabetes-associated-with-early-signs-of-kidney-damage-706566.html>
- **Nurses Offer Solutions to Improving Health – In Every Setting:** “Improving people’s health while simultaneously keeping down costs is one of the great public policy challenges of our time. One underappreciated approach to achieving this goal is to rely more heavily on nurses, who provide cost-effective, holistic care not just in clinics and hospitals, but also in many other places where Americans live, learn, work and play.” For the full article, please see the following link: <http://thehill.com/blogs/congress-blog/healthcare/264199-nurses-offer-solutions-to-improving-health-in-every-setting>
- **Improving Patients’ Experience in One Sentence:** Please see the following link for the full article: [http://www.medpagetoday.com/PracticeManagement/PracticeManagement/55485?xid=nl\\_mpt\\_DHE\\_2016-01-04&eun=g939522d0r](http://www.medpagetoday.com/PracticeManagement/PracticeManagement/55485?xid=nl_mpt_DHE_2016-01-04&eun=g939522d0r)
- **Nurses Rank as Most Honest, Ethical Profession for 14th Straight Year Ranking Reflects High Regard for Nursing Profession:** “Nursing continues to be rated the most trusted profession, according to the annual Gallup poll ranking of honesty and ethics in various fields. For the past 14 years, the public has voted nurses as the most honest and ethical profession in America. This year, 85 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high," tying a nurses' high point on the Gallup poll and 17 percentage points above any other profession. "It's essential that we leverage this trust to lead and implement change in the health care system," said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). "Hospitals, health care systems and other organizations are lacking an important perspective and can't make fully competent decisions if they don't have registered

nurses at the board table or in the C-Suite. That's why ANA is a member of the Nurses on Boards Coalition, working to place 10,000 nurses on boards by 2020." Ethics is an essential part of nursing practice. This includes an ethical responsibility to ensure the safety of patients and the health and wellness of nurses and other health care providers. In 2015, ANA released a revision of its *Code of Ethics for Nurses with Interpretive Statements*, a cornerstone document of the nursing profession that reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice. The release was just one component of the "Year of Ethics," a series of activities emphasizing the importance of ethics in nursing practice. In 2016, ANA will build on this concept of ethical and shared responsibility by launching a year-long "Culture of Safety" campaign to drive changes leading to a safer health care system. The campaign will also highlight how patients, communities and the nursing profession can benefit from efforts to foster a culture of safety in health care." For more information, please visit the following link: <http://www.prnewswire.com/news-releases/nurses-rank-as-most-honest-ethical-profession-for-14th-straight-year-300195781.html>

### **Events**

- **Nurse Education and Practice Meeting:** Health Resources and Services Administration (HRSA) of HHS holds a meeting by web conference of the National Advisory Council on Nurse Education and Practice to form the basis for its mandated 14th Annual Report to the HHS secretary and Congress, January 12-13. The meeting will begin each day at 9:30 am. RSVP here: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/index.html>
- The Nursing Community will hold their monthly meeting on Tuesday, January 5, 2016. A District Policy Group staffer will participate on behalf of ANNA and report back in next week's update.