

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, October 31, 2016

Congressional Schedule

House and Senate

- Not in session. The House will return on November 14th; the Senate will return on November 15th.

Legislative

- *Hatch, Wyden, Isakson, Warner Release Proposals to Improve Treatment for Chronic Illness.* As you may recall, in late December of 2015, Senators Hatch, Wyden, Isakson and Warner, leading a bipartisan chronic care working group, released a Chronic Care Policy Options Document. The document was intended to identify policies under consideration as the Senate Finance Committee began to draft chronic care legislation. The working group acknowledged that a key factor in process would be the involvement of the Congressional Budget Office in scoring the working group's proposals. However, the immediate next step was to solicit feedback from outside stakeholders on the policies under consideration as well as specific questions laid out in the paper; this feedback would be used to develop legislation. Last week, the chronic care working group convened a stakeholder meeting to notify stakeholders they would be releasing a draft of the legislation and would be soliciting feedback over the next few weeks before introducing the bill sometime in November.
 - The discussion draft policies include:
 - Extending the Independence at Home Demonstration for an additional two years; increase the cap on total beneficiaries to 12,000; allow practices three years to achieve shared savings.
 - Dialysis/telehealth: Legislation would amend the telehealth originating site so the patient's home and dialysis facility could serve as originating site.
 - Remove prohibition of end-stage renal disease (ESRD) patients to enroll in Medicare Advantage (MA) and remove organ acquisition costs from MA benchmarks.

- Supplemental benefits for MA enrollees: Legislation would allow plans to offer benefits that improve health and function, such as nutrition, fitness, and other counseling.
 - MA enrollees/telehealth: Would allow additional telehealth benefits to be included under the MA bid; would remove some telehealth restrictions; beneficiary could still decide if he prefers telehealth or in-person visit.
 - Providing accountable care organizations (ACOs) the ability to expand the utilization of telehealth: Would apply the Next Generation telehealth waiver requirements to MSSP Track 2 and Track 3 ACOs and Pioneer ACOs.
 - Expansion of telehealth for those with stroke. In 2018, would eliminate the geographic restriction for physicians furnishing the service.
 - Eliminate barriers to care coordination for ACOs: Establish an ACO beneficiary incentive program. Allow ACOs to make incentive payments to beneficiaries for qualifying primary care services. Up to \$20. Totally voluntary; ACOs wouldn't get additional Medicare reimbursement to cover this payment.
 - Requires GAO to study the impact of obesity drugs on patient outcomes and spending.
 - To view the discussion draft and section-by-section breakdown, please click here: <http://www.finance.senate.gov/chairmans-news/hatch-wyden-isakson-warner-release-proposals-to-improve-treatment-for-chronic-illness>
- ***Calls to Delay Cures Bill.*** “A coalition of liberal groups is calling for a medical cures bill to be delayed until next year so that solutions for high drug prices can be added into it, a major obstacle for a bill that leadership hoped to pass in the lame-duck session after the election. Thirteen groups, including the Center for American Progress, the AFL-CIO and the American Federation of Teachers, wrote to Democratic leaders in both chambers on Wednesday calling on them to delay the 21st Century Cures Act until next year. The measure is aimed at speeding up the Food and Drug Administration's approval of new drugs and investing new funds in medical research. But the liberal groups argue the measure would be benefiting the drug industry while doing nothing to address uproar over high drug prices -- for example, the recent outrage over price spikes on EpiPens. ‘Moving forward with this legislation now would be a missed opportunity to address unaffordable prescription drug prices,’ the letter states. ‘There is no justification for moving forward with legislation that provides substantial benefits to the drug industry without asking for something in return.’ The groups call for the measure to be dealt with next year, when drug prices could also be addressed as part of it. The coalition's position could be a roadblock for lawmakers who had hoped to pass the legislation in the lame-duck session after the election this year.” (The Hill)
 - Read more here: <http://bit.ly/2ewG5rx>

Regulatory Updates

- ***Centers for Medicare and Medicaid Services (CMS) Announces Changes to Dialysis Facility Compare.*** Last week, “CMS announced changes to the Dialysis Facility Compare (DFC) website on Medicare.gov, which provides information about thousands of Medicare-certified dialysis facilities across the country, including how well those centers deliver care to patients. These changes are in direct response to the important feedback CMS has received from dialysis patients and their caregivers about what is most important to them in selecting their dialysis facility. CMS remains committed to seeking and incorporating input from all stakeholders, but especially patients, on an ongoing basis so that we can continually improve our Compare sites and make health care quality information more transparent and understandable for patients and their caregivers.
 - CMS is also adding two quality measures to Dialysis Facility Compare:
 - The standardized infection ratio (SIR) is a ratio of the number of bloodstream infections that are observed at a facility versus the number of bloodstream infections that are predicted for that facility, based on national baseline data.
 - The pediatric peritoneal dialysis Kt/V measure equals the percent of eligible pediatric peritoneal dialysis patients at the facility who had enough waste removed from their blood during dialysis.” (CMS)
 - For more information, see the fact sheet here:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-28.html>
- ***CMS Releases Calendar Year (CY) 2017 End-Stage Renal Disease (ESRD) Final Rule.*** “On October 28, 2016, CMS issued a final rule that updates payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2017. This rule also finalizes new quality measures to improve the quality of care by dialysis facilities treating patients with ESRD.” (CMS)
 - To view the final rule, please visit: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-26152.pdf>
- ***HHS Announces Meeting of Advisory Committee on Organ Transplantation.*** The Advisory Committee will be meeting on November 22, 2016. “The Committee will hear presentations on topics including public reporting of transplant center outcomes data, updates on activities of the Organ Procurement and Transplantation Network (OPTN)...” (HHS)
 - For more information, please visit: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-25855.pdf>
- ***Medicare Payment Advisory Commission (MedPAC) Upcoming Meeting.*** On November 3-4, MedPAC will meet.
 - To view MedPAC’s meeting agenda, please visit: <http://medpac.gov/-public-meetings-/meeting-details/november-2016-public-meeting>

- **AHRQ Developing New Safety Tool.** "A new online patient safety tool being developed by AHRQ is intended to track adverse events in hospitals by capturing data from Medicare patients' electronic health records," the Agency for Healthcare Research and Quality says. "The [Quality and Safety Review System \(QSRS\)](#) will be tested by Johns Hopkins University and MedStar Health Research Institute as a replacement for the current Medicare Patient Safety Monitoring System (MPSMS). While substantial progress has been made in monitoring and measuring patient harms, MPSMS has approached its useful limits because it relies on outdated software, can't identify rare or unusual events and is unable to measure adverse events not currently defined by one of the system's 21 measures, according to a recent article in the *Journal of Patient Safety*." (AHRQ)
 - Read the [abstract](#) and a AHRQ blog post, "[New System Aims To Improve Patient Safety Monitoring](#)."
- **Home Dialysis Nurses Helping Patients Win Back Their Freedom.**
<http://www.portagelife.com/health/specialty/62168-nwi-nephrology-home-dialysis-nurses-helping-patients-win-back-their-freedom>
- **VA Office of Research Oversight Finds Clinical Study Involving Kidney Transplant Patients Violated Human Research Subject Protection Rules.**
 - To view the VA's letter to Public Citizen, please visit:
http://www.citizen.org/documents/2315_VA-ORO-Final-Response-Letter_October%2026,2016.pdf

Articles of Interest

- **How the Doc Fix Will Affect Nurses, Other Providers.** "Sometimes called the 'doc fix,' the Medicare Access and CHIP Reauthorization Act (MACRA) will affect other healthcare providers as well, including advance practice nurses, physician assistants, and physical therapists. While many nursing organizations are still reviewing the 2,400-page final rule, several have issued comments.
 - [The American Association of Nurse Practitioners](#) officials noted the MACRA rule is approximately 2,400 pages long, and is still being reviewed by the association's Federal Government Affairs team. "We are unable to provide a comment at this time," the AANP stated.
 - [The American Nurses Association](#) submitted [comments](#) on the proposed rule in June. "While we continue reviewing the 2,398-page document, it appears that many of the concerns articulated in ANA's comment letter did not result in corresponding changes from the proposed to final regulation," the organization stated. ANA raised issues related to restrictions on non-physician data input observed in some certified electronic health records, attribution of the services of advanced practice registered nurses billed "incident to," and restrictive APRN credentialing practices observed in many health plans and anticipated with respect to some Alternative Payment Model plans, the group stated. "ANA looks forward to an ongoing ... dialog with CMS regarding the concerns of APRNs enrolled as Part B providers as well as the important role registered nurses

provide to Medicare beneficiaries as well all of patients these front line providers care for."

- [The American Organization of Nurse Executives](#) (AONE) did not issue a separate comment on the final rule but referred to the American Hospital Association's [statement](#) by Tom Nickels, Executive Vice president, Government Relations and Public Policy at AHA. AONE is a subsidiary of AHA." (HealthLeaders Media)
 - To read more: <http://www.healthleadersmedia.com/nurse-leaders/how-doc-fix-will-affect-nurses-other-providers#>
- **MACRA: Down The Rabbit Hole.** "MACRA -- the Medicare Access and Chip Reauthorization Act of 2015 -- is a disaster. It will take the joy out of practicing medicine without significantly improving patient outcomes (except in a circular way) or reducing cost, by moving medical decisions from the bedside to the C-suite. It benefits primarily the health policy community -- consultants, academics, executives -- who designed it. Ironically, MACRA was one of the few major pieces of legislation in the last few years to pass Congress with bipartisan support." (MedPage Today)
 - To read the article:
http://www.medpagetoday.com/PublicHealthPolicy/Medicare/61023?xid=nl_mpt_SRPrimaryCare2016-10-26&eun=g939522d0r
- **Poll: Top Healthcare Priority is Drug Prices, Not Obamacare.**
<http://thehill.com/policy/healthcare/303048-poll-drug-prices-not-obamacare-top-priority>