

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, October 30, 2017

Congressional Schedule

**Senate**

- Senate convenes 3 pm; will vote on confirmation of Trevor McFadden to be a U.S. district judge, followed by a cloture vote on Amy Barrett to be a judge on the 7th Circuit U.S. Court of Appeals.

**House**

- House returns Tuesday.

Legislative Update

• **Week in Review**

- *House Conservatives Say Bipartisan Obamacare Fix Is Dead On Arrival.* "As a popular bipartisan bill to stabilize Obamacare's individual insurance market stalls in the Senate, far-right members of the House told reporters Tuesday that it would be dead on arrival if it ever made it to the lower chamber. Asked if they would consider supporting a far more conservative version of the bill, which halts enforcement of the individual and employer mandates, the lawmakers remained opposed, voicing hostility to any legislation that funds or stabilizes the Affordable Care Act."
  - To read more: <http://talkingpointsmemo.com/dc/freedom-caucus-csrs-dead-on-arrival>
- *Frustrated with Trump, Dems introduce drug pricing bill.* "Several high-profile Democrats on Wednesday introduced a bill to let Medicare negotiate drug prices, saying they are frustrated the measure hasn't received a full-throated endorsement from Trump. "Well, the campaign is over," Sen. Bernie Sanders (I-Vt.) said at a press conference. "He's president now. We need him to join us in taking on the pharmaceutical industry." The new legislation, introduced in both the House and the Senate, would allow the Department of Health and Human Services secretary to negotiate directly with drug companies in an effort to lower prices for those in Medicare's prescription drug program — and release a public report after each negotiation period."

- To read more: <http://thehill.com/policy/healthcare/357099-frustrated-with-trump-dems-introduce-drug-pricing-bill>
  - *Federal judge refuses to order the Trump administration to resume ACA payments.* “A federal judge in California on Wednesday denied a request from 19 attorneys general across the country to force the Trump administration to resume funding of cost-sharing payments under the Affordable Care Act. The ruling leaves intact President Trump’s decision earlier this month to immediately end the payments that reimburse insurers for discounts the law requires them to give lower-income customers with health plans through ACA marketplaces. The attorneys general, from 18 states and the District, were seeking a temporary order that would have maintained the funding while the rest of the case is decided. The court ruling was one of several developments related to the health-care law on Wednesday. It coincided with a review by the internal watchdog for the Health and Human Services Department of one of the administration’s first actions on the law, as well as a forecast by Congress’s budget analysts of the effects of a bipartisan Senate plan to try to stabilize the ACA’s marketplaces.”
    - To read more: [https://www.washingtonpost.com/national/health-science/cbo-forecasts-that-alexander-murray-health-care-plan-would-slightly-lower-deficit/2017/10/25/8f8fd8c2-b998-11e7-be94-fabb0f1e9ffb\\_story.html?utm\\_term=.5987b38aacf7](https://www.washingtonpost.com/national/health-science/cbo-forecasts-that-alexander-murray-health-care-plan-would-slightly-lower-deficit/2017/10/25/8f8fd8c2-b998-11e7-be94-fabb0f1e9ffb_story.html?utm_term=.5987b38aacf7)
  - *ACA Round-Up: CBO Sees Small Savings, No Significant Coverage Effects From Alexander-Murray.* “On October 25, 2017, the Congressional Budget Office and Joint Committee on Taxation (collectively referred to here as CBO) released their cost estimate for the Alexander-Murray Bipartisan Health Care Stabilization Act of 2017. The CBO projects that the legislation would reduce the deficit by \$3.8 billion over the 2018-2027 budget window and would not substantially change the number of people with health insurance coverage.”
    - To read more: <http://www.healthaffairs.org/doi/10.1377/hblog20171025.352950/full/>
- **Week Ahead**
  - *ObamaCare sign-up drive kicks off.* “The first ObamaCare open enrollment of the Trump administration begins on Wednesday, Nov. 1, a crucial test for officials. While the administration has been focused on trying to dismantle the law, officials have said they still want the signup period to run smoothly. The administration opened healthcare.gov for "window shopping" on Wednesday Oct. 25, allowing people to browse plans ahead of the actual enrollment period.”
    - To read more: <http://thehill.com/policy/healthcare/357578-week-ahead-obamacare-sign-up-drive-kicks-off>
  - *Christie: Expect Trump to ask for 'billions' to fight opioid epidemic.* “New Jersey Gov. Chris Christie (R) said in a Sunday interview that he expects President Trump to first ask for “billions” of dollars to fight the opioid epidemic. “I think

it's going to be the subject of negotiation with Congress," Christie told ABC's "This Week."

- To read more: <http://thehill.com/policy/healthcare/357699-christie-expect-trump-to-ask-for-billions-to-fight-opioid-epidemic>
- ***Bipartisan lawmakers urge health center funding reauthorization.*** "A bipartisan group of more than 150 lawmakers is calling for Congress to reauthorize critical funding for community health centers, which care for some of the nation's most vulnerable patients. A non-controversial part of ObamaCare was the creation of a special trust fund for community health centers, serving more than 25 million people regardless of whether they can pay for their medical services. The money accounts for 70 percent of federal grant funding for community health centers, and the dollars – reauthorized in 2015 – expired at the end of September."
  - To read more: <http://thehill.com/policy/healthcare/357814-bipartisan-lawmakers-urge-health-center-funding-reauthorization>

### **Regulatory and Administration Update**

- ***CMS Updates to Policies and Payment Rates for End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury.*** "On October 27, 2017, the Centers for Medicare & Medicaid Services (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, 2018. In addition, this rule finalizes updates to the acute kidney injury (AKI) dialysis payment rate for renal dialysis services furnished by ESRD facilities to individuals with AKI, as well as updates to the ESRD Quality Incentive Program (ESRD QIP), including for payment years (PYs) 2019, 2020, and 2021, under which payment incentives are made to dialysis facilities to improve the quality of care that they provide."
  - To read more: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-10-27.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
- ***Trump health official Seema Verma has a plan to slash Medicaid rolls. Here's how.*** "With a broad overhaul of Obamacare stalled in Washington, one of President Trump's top health care leaders is drawing the outlines of sweeping changes to Medicaid that could pare enrollments and cut costs without congressional approval. Seema Verma, director of the federal Centers for Medicare and Medicaid Services, is promising to give states an "unprecedented level of flexibility" to design their Medicaid programs as they see fit."
  - For more information: <https://www.statnews.com/2017/10/26/seema-verma-medicaid-plan/>
- ***Proposed MAC policy undermines value of more frequent dialysis.*** "Last month, seven Medicare Administrative Contractors (MACs) simultaneously released proposed Local Coverage Determinations (LCDs), or payment policy rules, on how they would be covering more frequent hemodialysis (defined as beyond the standard three times/week

covered in the bundled payment rate)... The proposed policy from the seven MACs is nearly identical in language. They propose to restrict coverage of dialysis to three treatments per week unless a nephrologist and the care team can document acute events that medically justified more treatments. That documentation and the request for more frequent dialysis needs to be in the patient's monthly Plan of Care (POC). Once the acute event is resolved, however, the MAC will terminate coverage for additional treatments."

- For more information: <https://www.nephrologynews.com/proposed-policy-undermines-value-of-more-frequent-dialysis/>

### **Articles of Interest**

- ***Nurse depression can lead to medical errors, study finds.*** "New research from Ohio State University reveals more than half of nurses across the country are depressed, which makes them prone to medical errors. More than half of nurses who participated in the national survey - 54 percent - reported poor physical and mental health. Nurses in poorer health had a 26 to 71 percent higher likelihood of reporting medical errors than their healthier peers. The survey showed that for 1,790 U.S. nurses, depression was a major concern - and also the key predictor of medical errors. About a third said they had some degree of depression, anxiety or stress. Less than half said they had a good professional quality of life. Self-reported medical errors were common. About half the nurses reported medical errors in the past five years."
  - To read more: <http://www.healthcarefinancenews.com/news/nurse-depression-can-lead-medical-errors-study-finds>
- ***Lack of Obamacare payments will hike prices up to 38 percent.*** "President Trump's decision to end Obamacare insurer payments will raise premiums for the average Obamacare silver plans by up to 38 percent, a new analysis finds. The analysis from the Kaiser Family Foundation comes as Congress is wrestling with whether to fund the payments in exchange for reforms to Obamacare. President Trump announced earlier this month that he would stop making the payments through the executive branch, a strategy that created legal problems for President Obama because Congress never appropriated the money."
  - To read more: <http://www.washingtonexaminer.com/lack-of-obamacare-payments-will-hike-prices-up-to-38-percent/article/2638767>
- ***Nephrology Workforce: Report on the Survey of 2017 Nephrology Fellows.*** "The new Report on the Survey of 2017 Nephrology Fellows details a stronger job market for recent nephrology fellowship graduates. Produced in collaboration with researchers from the George Washington University Health Workforce Institute (GW-HWI), the report evaluates leading employment indicators, characteristics of nephrology fellows in training, and future practice plans for the next generation of kidney health specialists. "The job opportunities for new nephrologists have definitely improved over the past 4 years. This is good news for the current fellows and for residents considering the specialty," said Edward Salsberg, MPA, lead GW-HWI researcher. "However, the 2017 survey also affirms the importance of lifestyle concerns for the fellows completing training, both in terms of nephrology training and post training practice," added

Salsberg. "The long-term attractiveness of the specialty may depend on addressing these concerns."

- To read more: <https://www.asn-online.org/education/training/workforce/>
- ***Motivating nephrologists to lead infection prevention.*** "Infection rates among dialysis patients will change when our community recognizes that reducing infections is a national priority, and when medical directors make reducing infections a priority for their facility. Nephrology news interviewed Leslie P. Wong, MD, MBA, chair of Quality, Assessment, Improvement and Education for the project, and Alan S. Kliger, MD, the chair of the project, about how nephrologists can lead infection prevention efforts in dialysis clinics."
  - To read the full interview: <https://www.nephrologynews.com/motivating-nephrologists-lead-infection-prevention/>
- ***Medicare patients in poorest US counties more likely to incur higher out-of-pocket hospitalization expenses.*** "When Medicare beneficiaries are admitted to the hospital, their care is normally covered by Part A benefits with a fixed deductible. However, when the hospital stay is "for observation," Part B benefits take over, bringing with them cost-sharing and potentially large out-of-pocket expenses. In a study published in The American Journal of Medicine, researchers found that patients in low-income U.S. counties utilized observation care more commonly than those of wealthier counties, potentially exposing them to high out-of-pocket expenses."
  - To read more: [https://www.eurekalert.org/pub\\_releases/2017-10/e-mpi102517.php](https://www.eurekalert.org/pub_releases/2017-10/e-mpi102517.php)