

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, November 14, 2016

Congressional Schedule

*House*

- Convenes at 2 p.m. for the consideration of eight bills under suspension of the rules.
- Week Ahead: On Tuesday the House will take up four bills under suspension of the rules. Later this week, it will consider a measure (H.R. 5711) that would prohibit the Treasury Department from allowing any U.S. financial institution from participating in an aircraft sale to Iran and a bill (H.R. 5982) that would allow an incoming Congress to consider a resolution to disapprove of multiple rules submitted during the final year of an outgoing administration.
- Three members-elect will be sworn in this week, ahead of their colleagues in the 115th Congress.

*Senate*

- Not in session. Convenes Tuesday.

Legislative Updates

- ***Vote on Title VIII Nursing Workforce Reauthorization Bill.*** On Monday, November 14, 2016, the House of Representatives will consider the Title VIII Nursing Workforce Reauthorization Act of 2016 (H.R. 2713) under suspension of the rules. The bill was introduced on June 10, 2015 by Rep. Lois Capps (D-CA) and Rep. David Joyce (R-OH), and it extends advanced education nursing grants to support clinical nurse specialist programs, among other purposes. The bill was previously ordered to be reported by voice vote out of the House Energy and Commerce Committee on September 21, 2016.
- ***The Future of Obamacare Looks Bleak.*** “Republicans in Congress have been calling for the repeal of Obamacare since it passed in 2010. With control of both houses of Congress and the presidency, they may finally get their chance to undo huge, consequential parts of the health law next year. If they succeed, about 22 million fewer Americans would

have health insurance, according to an estimate from the nonpartisan Congressional Budget Office. Without a 60-vote supermajority in the Senate, Republicans can't repeal the entire *Affordable Care Act*. But they can eliminate several consequential provisions through a special budgetary process called reconciliation. We have a pretty good idea of what such legislation would look like. Last year, the Senate passed a reconciliation bill that undid large portions of the health bill. The House passed it. And President Obama vetoed it."

- Read more here: [http://www.nytimes.com/2016/11/10/upshot/the-future-of-obamacare-looks-bleak.html?\\_r=1](http://www.nytimes.com/2016/11/10/upshot/the-future-of-obamacare-looks-bleak.html?_r=1)

### Regulatory Updates

- ***CMS Provides Quality Resources for MACRA:*** CMS has provided several new links on its website to webinars and materials about the MACRA physician quality program. These materials are now available at:
  - Slides from CMS' recent October 26th Presentation on the Quality Payment Program: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Quality-Payment-Program-webinar-slides-10-26-16.pdf>
  - The webinar recording of the same presentation: [https://www.youtube.com/watch?v=x3cAXhP\\_OL8&feature=youtu.be](https://www.youtube.com/watch?v=x3cAXhP_OL8&feature=youtu.be)
  - An extended version of the October 26th power point presentation: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Long-Version-Executive-Deck.pdf>
  - Additionally, slides from CMS' recent November 1st presentation on Medicaid in the Quality Payment program are now available here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Medicaid-in-the-Quality-Payment-Program.pdf>
- ***The OIG Has Released Their 2017 Work Plan.*** It includes the following projects related to ESRD/dialysis:
  - **REVISED - FDA Response Planning for a Networked Medical Device Compromise:** Networked medical devices, including dialysis machines, pacemakers, radiology systems, and medication dispensing systems pose a growing threat to the security and privacy of personal health information and the safety of patients. Such networked devices use hardware, software, and networks to monitor a patient's medical status, regulate bodily functions, and transmit and receive related data. The complexity and task performed by networked devices has increased exponentially over time. To meet the new demands within networked device functionality, wireless, Internet, and network connectivity has been introduced along with new cybersecurity vulnerabilities. FDA is responsible for ensuring and monitoring the safety and effectiveness of networked medical devices. We will examine the FDA's plans and processes for

timely communicating and addressing a networked medical device cybersecurity compromise. OAS: W-00-17-42020 Expected issue date: FY 2017

- **NEW - Medicare Payments for Transitional Care Management:** Transitional Care Management (TCM) includes services provided to a patient whose medical and/or psychosocial problems require moderate or high-complexity medical decision-making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domicile, rest home, or assisted living). Beginning January 1, 2013, Medicare covered TCM services and paid for them under the Medicare Physician Fee Schedule. Medicare-covered services, including chronic care management, end-stage renal disease, and prolonged services without direct patient contact, cannot be billed during the same service period as TCM. We will determine whether payments for TCM services were in accordance with Medicare requirements. OAS: W-00-17-35786 Expected issue date: FY 2017
- **NEW - Medicare Payments for Chronic Care Management:** Chronic Care Management (CCM) is defined as the non-face-to-face services provided to Medicare beneficiaries who have multiple (two or more), significant chronic conditions (Alzheimer's disease, arthritis, cancer, diabetes, etc.) that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. These significant chronic conditions are expected to last at least 12 months or until the death of the patient. CCM cannot be billed during the same service period as transitional care management, home health care supervision/hospice care, or certain end-stage renal disease services. Beginning January 1, 2015, Medicare paid separately for CCM under the Medicare Physician Fee Schedule and under the American Medical Association Current Procedural Terminology. We will determine whether payments for CCM services were in accordance with Medicare requirements. OAS: W-00-17-35785 Expected issue date: FY 2017
  - Read the full work plan here: <https://oig.hhs.gov/reports-and-publications/archives/workplan/2017/HHS%20OIG%20Work%20Plan%202017.pdf>
- ***Get Ready to Apply For The FY17 NURSE Corps Loan Repayment Program.*** "The next NURSE Corps Loan Repayment Program (LRP) application cycle is expected to open in January 2017. To expedite the application submission process, potential applicants and facility administrators are encouraged to have their Critical Shortage Facility (CSF) reviewed for eligibility for participation in the NURSE Corps Loan Repayment Program. Eligible NURSE Corps sites or CSFs are defined as a health care facility located in, designated as, or serving a mental health or primary medical care Health Professional Shortage Area (HPSA)."
  - More information here: [http://www.hrsa.gov/loanscholarships/repayment/nursing/index.html?utm\\_campaign=BCRS+](http://www.hrsa.gov/loanscholarships/repayment/nursing/index.html?utm_campaign=BCRS+)

[+NURSE+Corps+Loan+Repayment+Program&utm\\_medium=email&utm\\_source=govdelivery](#)

- ***Healthy Aging in Action Strategy Released.*** “The “Healthy Aging in Action: Advancing the National Prevention Strategy” was prepared by the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). The Centers for Disease Control and Prevention provides ongoing administrative, scientific, and technical support for the operations of the National Prevention Council.”
  - Read the report here:  
<http://www.surgeongeneral.gov/priorities/prevention/about/healthy-aging-in-action-final.pdf>
- ***In Conversation With... Andrew Bindman, MD.*** “AHRQ Director Andy Bindman, M.D., outlined the agency’s robust research agenda on health care delivery, emphasized the need to transfer research findings into the hands of clinicians, and emphasized the strong potential of health information technology to improve care in a recent interview with the AHRQ-sponsored Patient Safety Network (PSNet). Dr. Bindman touched on other topics, as well, including physician burnout, the use of telehealth and the agency’s effort to better understand the role that health systems play in generating, adopting and applying evidence in a systematic way at the frontlines of care. Dr. Bindman, appointed as AHRQ’s director in May, was previously a professor of medicine, health policy, epidemiology, and biostatistics at the University of California at San Francisco (UCSF).”
  - Read the full interview transcript here:  
<https://psnet.ahrq.gov/perspectives/perspective/209/in-conversation-with-andrew-bindman-md>
- ***Updated Medicare and Medicaid Drug Spending Dashboard.*** “The increased costs of prescription drugs are one of the most critical items for American families. The development of high-value prescription drugs has improved the health and wellbeing of millions of Medicare and Medicaid beneficiaries. The continued investment in innovation is critical to unlock the treatments for many diseases such as cancer and Alzheimer’s, and help us better manage our chronic conditions like diabetes, heart disease and depression, providing significant benefits to patients across the country. However, in order to have the maximum impact on these innovations, medications must also be affordable and accessible. In the last several months, we have heard about rapidly increasing prices for Epi-Pen, the rising lockstep cost of insulin medications, and the practice of some companies hiking prices by combining two cheaper products into one, higher-priced drug. In order to provide a better sense of the frequency and pervasiveness of these increases, last year the Centers for Medicare and Medicaid Services (CMS) published a new interactive tool that tracks the price of drugs purchased for Medicare beneficiaries. This tool allows the public to view drugs in Medicare Part B and D with high spending on a per user basis, high spending for the program overall, and those with high unit cost increases in recent years. Individual entries contain helpful graphs on trends for specific drugs over the last five years, as we see below for a drug that helps to control high blood sugar.”

- View the spending dashboard tool here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/index.html>
- ***Nursing Home Antimicrobial Stewardship Guide from AHRQ.*** “The Nursing Home Antimicrobial Stewardship Guide is a field tested, researched-based resource with four Web-based toolkits, that offer step-by-step instructions and turnkey materials to help nursing homes improve antibiotic use and decrease healthcare-associated infections. The guide offers step-by-step instructions and materials to help nursing homes improve antibiotic use and decrease harms caused by inappropriate prescribing. The guide, which is consistent with CDC core elements of antibiotic stewardship, can also help health care providers meet CMS' new Infection Prevention and Control Program requirements. That program requires providers to have a system to prevent, identify, report, investigate and control infections and communicable diseases for all facility residents, staff, volunteers and visitors. AHRQ's stewardship guide is customizable to meet facilities' specific needs.”
  - Read more here: [http://www.longtermcareleader.com/2016/11/nursing-home-antimicrobial-stewardship.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+blogspot%2FfraaHN+%28LONG+TERM+CARE+LEADER%29](http://www.longtermcareleader.com/2016/11/nursing-home-antimicrobial-stewardship.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FfraaHN+%28LONG+TERM+CARE+LEADER%29)

#### **Articles of Interest**

- ***CDC Launches 2016 National Study of Long-Term Care Providers.*** “CDC’s National Center for Health Statistics has launched the third wave of the National Study of Long-Term Care Providers (NSLTCP), a biennial national study of the major sectors of paid, regulated providers of long-term care services. This data collection effort includes a representative sample of assisted living and similar residential care communities across the country. Your assisted living or residential care community may be one of them. Data collection started in August 2016 and will continue through February 2017. Residential care operators, managers, administrators or directors are asked to provide information about their residential care community through a mail or web questionnaire that will take on average 30 minutes to complete. Since the third week of October, smaller residential care communities who did not respond by web or mail, have been given the option to complete the survey over the telephone. Larger residential care communities who have not responded via mail or web by November 23 will also be given that option. NSLTCP collects information about the characteristics of residential care providers, the services they offer, and their staffing; and the demographics, functional status and health of the residents they serve.”
  - Read more here: [http://www.longtermcareleader.com/2016/11/cdc-launches-2016-national-study-of.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+blogspot%2FfraaHN+%28LONG+TERM+CARE+LEADER%29](http://www.longtermcareleader.com/2016/11/cdc-launches-2016-national-study-of.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FfraaHN+%28LONG+TERM+CARE+LEADER%29)
  - More information on the NSLTCP: <http://www.cdc.gov/nchs/nsltcp/index.htm>

- ***New Project Will Monitor and Evaluate Effects of Dialysis Payment Policy.*** “A research team from Insight Policy Research and Arbor Research Collaborative for Health was recently awarded a five-year contract from the Centers for Medicare and Medicaid Services to monitor and evaluate the effects of Medicare dialysis payment policy. The project will involve monitoring near-term indicators of access and quality of care to identify what, if any, changes in dialysis services Medicare beneficiaries experience following recent changes to dialysis payment policy. In particular, researchers will focus on the period following the implementation of the Medicare expanded bundled payment that went into effect January 1, 2011, and following implementation of the Medicare End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) that went into effect January 1, 2012, as well as annual changes through federal rulemaking. This project builds on a strong portfolio of health policy work at Arbor Research, including performing validation and other support for CMS on the ESRD QIP, research and operations support for the NIH-funded national registry of kidney disease known as the United States Renal Data System (USRDS), and an NIH-funded research grant examining changes in health and health care disparities in ESRD. Dr. Marc Turenne, lead investigator of the Arbor Research Health Policy Program, noted, “We’re looking forward to leveraging our past experience evaluating ESRD policy. This project represents a promising opportunity to help ensure policies are effective in treating patients, controlling costs, and promoting the health of the ESRD population.”

  - Read more here: <http://www.arborresearch.org/AboutUs/NewsPress/NewProjectWillMonitorandEvaluateEffectsofD.aspx>
  
- ***NQF Member Voting Results on Renal 2015-2017 Measures and CSAC Meeting Information.*** “NQF Member Voting on the Renal 2015-2017 Measures closed on October 24. Five of the six measures recommended by the Standing Committee were also recommended for endorsement by the NQF Membership. Please save the date for the Consensus Standards Approval Committee (CSAC) discussion of these measures, scheduled for Wednesday, November 9. The agenda (PDF) with the dial/log-in information, the meeting memo (PDF), and information about how to participate in the meeting are available on the project page.”

  - Read more here: [http://www.qualityforum.org/Renal\\_2015-2017.aspx](http://www.qualityforum.org/Renal_2015-2017.aspx)