

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, November 14, 2017

Congressional Schedule

Senate

- House meets at 10am; set to vote on H.R. 2810, the *National Defense Authorization Act for Fiscal Year 2018*.
- House also set to consider H.R. 2874, the *21st Century Flood Reform Act*.

House

- Senate meets at 10am; resumes consideration of Stephen Bradbury to be general counsel of the Department of Transportation.

Legislative Update

- **Week in Review**
 - *Legislation Introduced in Congress: Dialysis PATIENTS Demonstration Act of 2017*. H.R. 4143 was (re)introduced in the House of Representatives on October 25th. S. 2065 was introduced in the Senate on November 2nd.
 - DaVita Kidney Care supports the bill. To read their press release: <https://www.prnewswire.com/news-releases/davita-joins-patients-in-urging-congress-to-pass-the-bipartisan-dialysis-patients-demonstration-act-300549446.html>.

- Dialysis Clinic, Inc. (DC) opposes the bill. To read their press release: <https://www.prlog.org/12675726-the-dialysis-patients-demonstration-act-could-harm-the-future-of-care-for-patients-with-kidney-disease.html>
- ***Trump preparing executive order to scale back ObamaCare's individual mandate: reports.*** "The White House is reportedly preparing an executive order to weaken ObamaCare's individual mandate in the event congressional Republicans don't include the measure in the tax-reform bill. According to the Washington Examiner and The Washington Post, the draft executive order would seek to broaden the "hardship exemptions" to the requirement that taxpayers must demonstrate proof of insurance or pay a fine. The White House denies such an order exists, and told The Hill when asked for comment that any changes to the mandate are best made by Congress."
 - To read more: <http://thehill.com/policy/healthcare/358984-trump-preparing-executive-order-to-scale-back-obamacares-individual-mandate>
- ***Trump calls for repeal of ObamaCare mandate, cuts to top tax rate.*** "President Trump on Monday said the final GOP tax bill should include language repealing ObamaCare's individual mandate and cutting the top individual tax rate to 35 percent. "I am proud of the Rep. House & Senate for working so hard on cutting taxes {& reform.} We're getting close!" Trump tweeted. "Now, how about ending the unfair & highly unpopular Indiv Mandate in OCare & reducing taxes even further? Cut top rate to 35% w/all of the rest going to middle income cuts?"
 - To read more: <http://thehill.com/policy/finance/360089-trump-calls-for-repeal-of-obamacare-mandate-cuts-to-top-tax-rate>.
- ***CBO says repealing Obamacare's individual mandate penalties would save \$338 billion.*** "The Congressional Budget Office on Wednesday said that repealing Obamacare's individual mandate penalties would save \$338 billion over the next decade, providing a potential injection of money to help finance Republican tax reform efforts. The CBO acknowledged Wednesday that it was revisiting its methodology around the repeal of the individual mandate, but that changes would not be included in a full report set to be released later in the afternoon. Keith Hall, CBO director, said in a blog post that the evaluation was still underway by his agency and by the Joint Committee on Taxation."
 - To read more: <http://www.washingtonexaminer.com/cbo-says-repealing-obamacares-individual-mandate-penalties-would-save-338-billion/article/2640004>
- ***Red state lawmakers find blue state piggy bank.*** "Red states are using blue states as their new piggy bank in the GOP Congress. On big legislative issues such as tax reform and ObamaCare repeal, Republicans in the Senate have sought to redistribute federal funds from New York, New Jersey and other blue states dominated by Democrats to the red states in the South, Midwest and Great Plains that are mostly represented by the GOP. The most recent example is a GOP tax plan that would limit local and state sales, income and property tax deductions – which would hurt suburban taxpayers in blue states with high property taxes."

- To read more: <http://thehill.com/policy/healthcare/359669-red-state-lawmakers-find-blue-state-piggy-bank>.
- **Week Ahead**
 - ***Trump taps ex-pharma, Bush official to lead health agency.*** “President Trump on Monday said he would nominate Alex Azar as his next health secretary, setting off a battle with some Democrats who promised to make the former pharmaceutical executive’s work with drugmakers an issue in his confirmation. Azar seems unlikely to see his nomination blocked, given the GOP’s 52-seat margin and a simple majority needed to confirm. Several Democrats didn’t outright oppose his nomination to lead the Department of Health and Human Services, but said they would rigorously question him over prescription drug prices and repealing ObamaCare.”
 - To read more: <http://thehill.com/policy/healthcare/360203-trump-taps-ex-pharma-bush-official-to-lead-health-agency>.
 - ***Record ObamaCare sign-up drive enters third week.*** “ObamaCare is entering its third week of open enrollment and supporters are watching to see if the fast pace of sign-ups will continue. About 600,000 people signed up for ObamaCare plans in the first four days of enrollment, the Trump administration announced Thursday. About twice as many people signed up on the first day, Nov. 1, this year compared to last year... But ObamaCare still faces challenges. This year's open enrollment period is only half as long as last year's, meaning people have less time to sign up for plans. Health-care watchers will also be focused on the Senate, where Republican lawmakers are debating whether to include a repeal of ObamaCare's individual mandate in their tax-reform bill. While the bill Republicans released Thursday did not contain a repeal, some senators have said the provision could be added down the line.”
 - To read more: <http://thehill.com/policy/healthcare/359843-weekahead-aca-open-enrollment-enters-third-week-after-record>.

Regulatory and Administration Update

- ***Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2018.*** “This Change Request (CR) implements the CY 2018 rate updates for the ESRD PPS and implements the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities. This Recurring Update Notification applies to Publication 100-02, Medicare Benefit Policy Manual, Chapter 11, section 50.”
 - To read more: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R237BP.pdf>.
- ***Government’s First Year Performance Results Confirm Success of Coordinated Care Models in Kidney Care for Improved Patient Outcomes, Medicare Savings.*** “The Centers for Medicare & Medicaid Services (CMS) released its “Medicare Comprehensive End Stage Renal Disease Care Model Performance Year Results” findings, showing 12 of the

13 participating providers achieved approximately \$75 million in savings to the Medicare program and demonstrated measureable improvements in key areas of kidney care. The demonstration, started in October 2015, was designed by the Center for Medicare and Medicaid Innovation (Innovation Center) in collaboration with the kidney community in an ongoing effort to advance coordinated care models among the dialysis patient population with the goal of sustaining quality improvements while achieving cost savings to the Medicare program. The overall results show a measurable reduction in the cost of patient care and positive performance results among a series of quality measures established by CMS, namely physician communication, patient education and facility operations.”

- To read more: <http://kidneycarepartners.com/press/governments-first-year-performance-results-confirm-success-of-coordinated-care-models-in-kidney-care-for-improved-patient-outcomes-medicare-savings/>.
- ***Verma Outlines Vision for Medicaid, Announces Historic Steps Taken to Improve the Program.*** “Today, Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma discussed her vision for the future of Medicaid and unveiled new CMS policies that encourage states to propose innovative Medicaid reforms, reduce federal regulatory burdens, increase efficiency, and promote transparency and accountability during a plenary session at the National Association of Medicaid Directors (NAMDD) Fall Conference in Arlington, Virginia. During her first major speech on the subject, Verma noted that when the federal government established Medicaid, it was intended to be a partnership with state governments to care for society’s most vulnerable citizens. With the growth of the program over the last several years came increased federal and state spending, which naturally meant increased federal oversight and regulation, said Verma.”
 - To read more: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-11-07.html>.
- ***Gottlieb: 'End the Shenanigans' on Delaying Generic Drug Competition.*** “US Food and Drug Administration (FDA) Commissioner Scott Gottlieb on Wednesday called to "end the shenanigans" that often delay or restrict generic drug competition. The comment followed Gottlieb's discussion of the ways in which brand-name drug companies can use Risk Evaluation and Mitigation Strategies (REMS) or other tactics to prevent generic companies from purchasing drug product to run bioequivalence or bioavailability studies necessary for approval. Federal Trade Commission (FTC) acting chair Maureen Ohlhausen also said Wednesday's meeting on prescription drug competition was about understanding how the markets are working, with an eye toward not just what antitrust enforcers can do, but what regulatory changes are necessary.”
 - To read more: <http://www.raps.org/Regulatory-Focus/News/2017/11/08/28846/Gottlieb-End-the-Shenanigans-on-Delaying-Generic-Drug-Competition/>
- ***Four reasons that could explain ACOs' sluggish savings.*** “Despite aggressive targets set by the Medicare for the spread of value-based payment arrangements, such as accountable care organizations, achieving lower spending growth has proved extremely challenging. In an article in the November issue of the New England Journal of

Medicine, Dartmouth Institute Professors Valerie Lewis, Elliott Fisher, and Carrie Colla offer four explanations -- two economic and two organizational -- as to why the nearly 1,000 organizations operating as ACOs have generated limited savings. As the authors note, even in the third year of Medicare ACO contracts, fewer than half of ACOs received a bonus for reduced savings."

- To read more: https://www.eurekalert.org/pub_releases/2017-11/tdif-frt110817.php.

Articles of Interest

- ***A former Virginia prison inmate may be the longest living person continuously on kidney dialysis in the country.*** "A former Virginia prison inmate may be the longest living person continuously on kidney dialysis in the country, if not the world. Walter Leon Apperson, 63, of Richmond has been on dialysis since March 9, 1982 – although he says it began a month earlier – with most of the treatment behind bars for violent crimes. He now believes he may have been at the demanding medical regimen longer than anyone else. Officials with the National Kidney Foundation believe there have been people on dialysis for longer periods, but it is not known if they are still alive. And some, unlike Apperson, who has been continuously on dialysis, may have had the treatment interrupted by kidney transplants."
 - To read more: http://www.richmond.com/news/local/crime/a-former-virginia-prison-inmate-may-be-the-longest-living/article_68719082-85d1-5eb7-9483-af6e5f6db826.html.
- ***A nation of McHospitals?*** "For years, the nation's hospital chains worked to get bigger, bigger, bigger. In the 1980s and 1990s, for-profit companies like HCA and Tenet emerged as juggernauts, snapping up local hospitals and opening clinics in one town after another. Their ambitious not-for-profit cousins, the big academic medical centers like Harvard-affiliated Partners Healthcare, scooped up smaller rivals in response. Just four years ago, the Tennessee-based Community Health Systems spent \$7.6 billion to buy a competitor and become the nation's largest for-profit hospital company, with more than 200 hospitals in 29 states. Today, in any town or city, in any region of the country, you'll almost certainly see the same scenario: Only a handful of hospitals, sometimes owned and operated by a company thousands of miles away. As the pace and scale of consolidation picked up, the outcome long appeared inevitable: an American future in which a handful of hospital chains dominate American health care, with brands like Tenet and Catholic Health Initiatives and the Mayo Clinic competing for patients the way Panera and Chipotle and the Olive Garden compete for diners."
 - To read more: <https://www.politico.com/agenda/story/2017/11/08/hospital-chains-dominate-health-care-000574>
- ***How The Rise Of Medical Technology Is Worsening Death.*** "Our aging population is at risk from a most benign-appearing source – the medical technologies we trust to keep us healthy. When they were first widely used in the 1930s and 1940s, breathing machines did what humans could never have imagined a generation earlier: They kept young polio victims alive until their bodies cleared the virus that had temporarily weakened their respiratory system. Thanks to these miraculous machines, tens of thousands of these patients recovered and went home to live out the rest of their lives. This bold new

use of medical technology riveted the world and set the stage for a new era in medicine, in which an overriding faith in the curative powers of technology prevailed. Over the next several decades, doctors assumed that everyone wanted and deserved access to these treatments. The breathing machine, or mechanical ventilator, was the first of many life-prolonging technologies to come. Now, there are machines to substitute for a wide range of physiological functions, including the pumping of the heart and the oxygenation of the blood.”

- To read more:

<http://www.healthaffairs.org/doi/10.1377/hblog20171101.612681/full/>