

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, December 10, 2018

Congressional Schedule

Senate

- Senate meets at 4pm

House

- House meets at noon

Legislative Update

- **Week in Review**
 - *Bipartisan senators introduce new drug pricing policy.* “A bill introduced by Sens. Chuck Grassley (R-Iowa) and Ron Wyden (D-Ore.) will seek to crack down on the tactics used by drug companies like Mylan to overcharge taxpayers for Medicaid rebates. The bipartisan bill from the incoming chairman and ranking member of the Senate Finance Committee could be a sign the two will seek common ground on drug prices. The bill would give the Department of Health and Human Services new authority to reclassify a drug and recoup rebates when a manufacturer deliberately misclassifies a drug in order to pay lower rebates.”
 - Read more: <https://thehill.com/policy/healthcare/419725-bipartisan-senators-introduce-new-drug-pricing-bill>
 - *GOP balks at Trump drug pricing plan.* “Republican opposition is building to a proposal from President Trump to lower drug prices in Medicare. The rare break between Trump and Republican allies follows an aggressive step from the president in October that would tie certain Medicare drug prices to lower prices in other countries, a departure from the traditional GOP position.”
 - Read more: <https://thehill.com/policy/healthcare/419217-gop-balks-at-trump-drug-pricing-plan>
 - *Manchin pitched Trump on reviving bipartisan ObamaCare fix.* “Sen. Joe Manchin (D-W.Va.) pitched President Trump on reviving a bipartisan fix to the Affordable Care Act (ACA) when the two had lunch on Monday. Health care was just one of a range of topics Manchin and Trump discussed. Manchin said

Wednesday that he wants to refer the bipartisan fix of ObamaCare as ‘Trump repair-care.’”

- Read more: <https://thehill.com/policy/healthcare/419940-manchin-pitched-trump-on-reviving-bipartisan-obamacare-fix-in-meeting>
- **Top Dems press Trump officials for answers on pre-existing conditions.** “Four incoming House Democratic chairmen on Friday pressed the Trump administration for answers about its decision to call for overturning ObamaCare’s pre-existing condition protections in court. The four Democrats, Reps. Frank Pallone Jr. (N.J.), Richard Neal (Mass.), Bobby Scott (Va.) and Jerrold Nadler (N.Y.) previously wrote to Azar in June, after the administration declined to defend the Affordable Care Act’s pre-existing condition protections in a lawsuit brought by 20 GOP-led states.”
 - Read more: <https://thehill.com/policy/healthcare/420254-top-dems-press-trump-officials-for-answers-on-pre-existing-conditions>
- **Week Ahead**
 - **Senators urge vote on health insurance tax delay during lame-duck.** “A small bipartisan group of senators are urging leadership to extend a delay of ObamaCare’s health insurance tax before the end of the lame-duck session. The health insurance tax has been criticized by Republicans and some Democrats for driving up premiums.”
 - Read more: <https://thehill.com/policy/healthcare/419136-senators-urge-vote-on-health-insurance-tax-delay-during-lame-duck>
 - **House set to vote on bill cracking down on drug companies overcharging Medicaid.** “The House is expected to vote next week on a bill to crack down on drug companies that overcharge the government, according to two House aides. The bipartisan bill is aimed at stopping a repeat of the actions from Mylan, the maker of EpiPen, which made headlines last year for overcharging the Medicaid program for its commonly used product by as much as \$1.27 billion over 10 years. The bill, from Sens. Chuck Grassley (R-Iowa) and Ron Wyden (D-Ore.), allows the government to fine drug companies that misclassify their drugs as generics in order to give smaller discounts to the government.”
 - Read more: <https://thehill.com/policy/healthcare/420335-house-set-to-vote-on-bill-cracking-down-on-drug-companies-overcharging>

Regulatory and Administration Update

- **Trump has a new drug pricing chief.** “President Trump’s top health official has appointed a new drug pricing chief after the prior official in that position died last month. John O’Brien, a current official in the Department of Health and Human Services, will be senior adviser to the health secretary who is responsible for drug pricing reform. He replaces Dan Best, who died Nov. 1.”
 - Read more: <https://www.washingtonexaminer.com/policy/healthcare/trump-has-a-new-drug-pricing-chief>

- Trump administration has contingency plan if anti-Obamacare lawsuit works.** “The Trump administration has a backup plan if a judge strikes down all or parts of Obamacare, a top federal healthcare official said Tuesday. Centers for Medicare and Medicaid Services Administrator Seema Verma told reporters that ‘we do have contingency plans’ if the healthcare law is struck down – specifically the provision aimed at ensuring people with pre-existing conditions, such as cancer or diabetes, have access to coverage.”

 - Read more: <https://www.washingtonexaminer.com/policy/healthcare/trump-administration-has-contingency-plan-if-anti-obamacare-lawsuit-works>
- FDA picks eight medical device firms to help battle opioid crisis.** “Eight medical device makers, including a startup that uses virtual reality to treat chronic pain, topped an innovation contest aimed at addressing the opioid crisis, the U.S. Food and Drug Administration said on Friday. Silicon Valley-based startup CognifiSense, which is developing the virtual reality therapy, and iPill Dispenser, which uses a biometrically controlled mobile app that aims to cut overconsumption by dispensing pills based on prescriptions, were among the winners of the FDA’s contest.”

 - Read more: <https://www.reuters.com/article/us-usa-opioids/fda-picks-eight-medical-device-firms-to-help-battle-opioid-crisis-idUSKCN1NZZD2>
- Medicare cuts payments to nursing homes whose patients keep ending up in hospital.** “The federal government has taken a new step to reduce avoidable hospital readmissions of nursing home patients by lowering a year’s worth of payments to nearly 11,000 nursing homes. It gave bonuses to nearly 4,000 others. These financial incentives, determined by each home’s readmission rates, significantly expand Medicare’s effort to pay medical providers based on the quality of care instead of just the number or condition of their patients. Until now, Medicare limited these kinds of incentives mostly to hospitals, which have gotten used to facing financial repercussions if too many of their patients are readmitted, suffer infections or other injuries, or die.”

 - Read more: <https://khn.org/news/medicare-cuts-payments-to-nursing-homes-whose-patients-keep-ending-up-in-hospital/>
- Inside the Trump Administration’s proposed Medicaid Managed Care rule.** “On November 14, 2018, the Trump administration published its long-anticipated proposed modifications to Medicaid managed care regulations issued by the Obama Administration in 2016. Comments are due January 14th, 2019. The proposed rules revise, rather than replace, the existing regulatory framework. According to the Centers for Medicare and Medicaid Services (CMS), their purpose is to better align the earlier rule with states’ actual experience.”

 - Read more: <https://www.healthaffairs.org/doi/10.1377/hblog20181204.187478/full/>
- How the IPI model would introduce new market competition to Medicare drug spending.** “The Centers for Medicare & Medicaid Services (CMS) recently asked the public: ‘How can we get drug companies to give American doctors and patients better deals on Medicare Part B drugs?’ Somehow, that has led to accusations of importing price controls, threatening patient access, and jeopardizing new cures. It’s time to set the

record straight. Medicare isn't proposing to set prices in Medicare Part B; it already sets prices in Medicare Part B. CMS isn't proposing to import foreign price controls; the current Average Sales Price methodology for Part B drugs defended by opponents of this policy, some of whom benefit from the higher prices set by Medicare, enables and subsidizes socialist governments and their artificially low price fixing regimes."

- Read more: <https://www.hhs.gov/blog/2018/12/06/how-the-ipi-model-would-introduce-new-market-competition.html>

- ***MedPAC mulls scrapping 'incident to' billing for NPs, PAS.*** "What's known as 'incident to' billing for nurse practitioners and physician assistants in Medicare could vanish if the government adopts a recommendation currently before the Medicare Payment Advisory Commission (MedPAC). At a meeting Thursday, the panel explored the pluses and minuses of scrapping this type of billing, under which mid-level providers bill services as 'incident to' physician services using the physician's national provider identifier (NPI). If the recommendation is adopted, NPs and PAs would bill directly to Medicare for their services."

- Read more: <https://www.healthleadersmedia.com/finance/medpac-mulls-scrapping-incident-billing-nps-pas>

Articles of Interest

- ***A new way to curb harmful medical errors: talk to more patients and families.*** "A new study suggests a simple idea could go a long way toward curbing dangerous medical errors: looping in patients and families about what's happening with their care. It's the latest evidence on the benefits of a long-running program to improve and streamline communications in hospitals. Called I-PASS, it was born at Boston Children's Hospital and has since spread to dozens of hospitals around the country."

- Read more: <https://www.statnews.com/2018/12/06/curbing-medical-errors-talk-to-patients-families/>

- ***Global Blood, FDA agree on fast-filing plan for new sickle cell disease drug.*** "Global Blood Therapeutics (GBT) said Monday that it had reached an agreement with the Food and Drug Administration for an accelerated approval submission of its experimental drug to treat sickle cell disease. It is a major win for the South San Francisco-based biotech – and a sign of new flexibility at the FDA, which will allow the company to try to secure faster approval for its drug in a way never used before in sickle cell disease."

- Read more: <https://www.statnews.com/2018/12/03/global-blood-fda-agree-on-fast-filing-plan-for-new-sickle-cell-disease-drug/>

- ***World Health Organization wants panel to study gene editing.*** "The chief of the World Health Organization says his agency is assembling experts to consider the health impacts of gene editing. WHO Director-General Tedros Adhanom Ghebreyesus said Monday that gene editing 'cannot be just done without clear guidelines' and experts should 'start from a clean sheet and check everything.' Tedros' comments followed Chinese scientist He Jiankui's announcement last week that he had helped alter the DNA of newborn twins in hopes of making them resistant to the AIDS virus."

- Read more: <https://www.apnews.com/4010744f282f4d53a756b3e75377bfe1>

- ***Mylan to recall all batches of blood pressure medicine valsartan in U.S.*** “Mylan NV said on Tuesday it is expanding a nationwide voluntary recall of its blood pressure medicine valsartan to include all lots, two weeks after it recalled select batches. The drugmaker said it was recalling 104 additional lots ‘out of an abundance of caution’ after the valsartan-containing products were found to contain traces of a probable cancer-causing impurity.”

 - Read more: <https://www.reuters.com/article/us-mylan-nl-valsartan-united-states/mylan-to-recall-all-batches-of-blood-pressure-medicine-in-us-idUSKBN1O324E>
- ***Hospitals sue over site-neutral payment policy.*** “The American Hospital Association on Tuesday led a lawsuit against the Trump administration over the CMS' final rule imposing a site-neutral payment policy, which cuts some Medicare rates for outpatient hospital sites to match the rates for physicians' offices. The lawsuit, filed in the U.S. District Court for the District of Columbia, challenges the ‘serious reductions to Medicare payment rates’ as executive overreach. The rate reduction is scheduled to start Jan. 1. In 2019, hospitals' reimbursements will drop approximately \$380 million in 2018, according to the CMS.”

 - Read more: <https://www.modernhealthcare.com/article/20181204/NEWS/181209973>
- ***Can House Democrats really protect Obamacare?*** “House Democrats who swept back into power on the promise to protect people with pre-existing conditions face tough legal and political choices as they try to make good on that vow. Those promises galvanized millions of voters. But now, like the Republicans previously elected on promises to repeal and replace Obamacare, they face the formidable challenge of turning campaign rhetoric into reality. And with the Senate and White House still in Republican hands, Democratic leaders have only one surefire weapon in their arsenal: a resolution to jump into the court fight over Obamacare’s consumer protections.”

 - Read more: <https://www.politico.com/story/2018/11/24/congress-obamacare-house-democrats-pre-existing-conditions-1012270>
- ***One in four U.S. adults says they have a pre-existing condition.*** “Twenty-seven percent of U.S. adults say they personally have a long-term medical condition, illness or disease that a health insurance company would consider a pre-existing condition. This includes 16% who are the only family member in their home with such a condition and 11% who live with a family member who also has a pre-existing condition. The data were collected in Gallup's annual Health and Healthcare survey, conducted Nov. 1-11, and are based on self-reports from respondents. The survey did not probe for the nature of the pre-existing condition.”

 - Read more: <https://news.gallup.com/poll/245108/one-four-adults-say-pre-existing-condition.aspx>
- ***Why states might start taxing opioids.*** “The next wave of state actions against the opioid crisis may focus on taxing them – depending on the outcome of an industry lawsuit against New York, the first state to try it. Between the lines: Most of the bills that

have been proposed would tax opioid painkillers and use the money for addiction treatment and prevention. But the health care industry argues that they're bad policy and, at least in the New York law's case, illegal. That case will be tested when oral arguments in the lawsuit begin Monday."

- Read more: <https://www.axios.com/state-opioid-taxes-new-york-lawsuit-fe174be6-7728-4d18-98cb-03f7b5501430.html>
- **41 percent of adults don't plan to get flu shot despite last year's deadly season.** "More than 40 percent of American adults have not received a flu shot this year and don't plan to do so, according to a new poll released Wednesday. The survey from NORC at the University of Chicago found that, as of mid-November, 41 percent of adults said they haven't been vaccinated and have no plans to change that, despite last season's record-high death toll."
 - Read more: <https://thehill.com/policy/healthcare/419858-41-percent-of-adults-dont-plan-to-get-flu-shot-after-deadliest-season-in>
- **Federal government reduces estimate for Minnesota's reinsurance funding.** "State lawmakers raised alarm Wednesday over a reduced estimate on federal funding for the state's reinsurance program, which has helped stabilize premiums in the market where individuals buy health insurance. The change has no impact on the current program, which is helping slow the rate of growth in premiums for 2018 and 2019. But it sets the stage for a debate in the Legislature about whether to extend the reinsurance program to 2020 and beyond."
 - Read more: <http://www.startribune.com/federal-government-reduces-estimate-for-minnesota-s-reinsurance-funding/502031711/>
- **The most wonderful mistake the FDA ever made.** "The 2008 decision to mandate large-scale clinical cardiovascular trials transformed the treatment of diabetes for millions of people in an incredibly positive way. But there's an unexpected twist."
 - Read more: <https://www.healthleadersmedia.com/clinical-care/most-wonderful-mistake-fda-ever-made>
- **Obamacare enrollment down 11 percent from last year.** "Enrollment in ObamaCare plans is down by 11 percent compared to last year, according to new sign up numbers released by the Trump administration. In the first five weeks of this year's sign up period, about 3.2 million people have signed up for ObamaCare plans, compared to the 3.6 million who had signed up by this point last year."
 - Read more: <https://thehill.com/policy/healthcare/420057-enrollment-in-obamacare-plans-down-11-percent-from-last-year>
- **US health-care spending topped \$10,739 per person in 2017: report.** "National spending on health care reached \$3.5 trillion in 2017, or about \$10,739 per person, according to new data released Thursday by the Trump administration. Overall, health spending grew at a rate of 3.9 percent last year, after increasing by 4.8 percent in 2016 and 5.8 percent in 2015. It's the slowest increase in spending since 2013, before most parts of the Affordable Care Act took effect, including the expansion of Medicaid to more low-income adults."

- Read more: <https://thehill.com/policy/healthcare/420144-health-care-spending-topped-10739-per-person-in-2017-report>
- ***Establishment looks to crush liberals on Medicare for All.*** “The united front that helped Democrats save Obamacare just a year ago is falling apart over single-payer health care. Deep-pocketed hospital, insurance and other lobbies are plotting to crush progressives’ hopes of expanding the government’s role in health care once they take control of the House. The private-sector interests, backed in some cases by key Obama administration and Hillary Clinton campaign alumni, are now focused on beating back another prospective health care overhaul, including plans that would allow people under 65 to buy into Medicare.”
 - Read more: <https://www.politico.com/story/2018/12/10/establishment-democrats-progressive-medicare-1052215>