

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, December 12th, 2017

Congressional Schedule

Senate

- Senate meets at 10 am; resumes consideration of judicial nominees.

House

- House meets 10 am; set to consider 13 bills under suspension of the rules and one bill under the terms of rule, H.R. 3971, which would allow additional mortgage lenders and servicers to qualify for exemptions from escrow and other requirements.

Legislative Update

- **Week in Review**

- *Congress clears spending bill, averting shutdown.* “Congress passed a two-week funding bill Thursday, staving off a government shutdown a day ahead of the deadline. But lawmakers face a turbulent next few weeks as they try to clinch a broader budget deal by the end of the year. Senators approved the measure on a 81-14 vote, soon after the House passed it 235-193. Despite initial reluctance from conservative House Republicans, GOP leadership was ultimately able to pass it with votes to spare.”
 - To read more:
<https://www.politico.com/story/2017/12/07/government-shutdown-2017-house-republicans-285329>
- *Schumer walks tightrope on shutdown, immigration fights.* “The threat of a government shutdown has put Senate Democratic Leader Charles Schumer (N.Y.) in a tricky political situation. Schumer has kept his caucus unified against President Trump’s major legislative drives on ObamaCare and tax reform, but he faces a more divided group of Democrats when it comes to protecting young immigrants who could face deportation next year. The internal debate has more to do with legislative strategy than the underlining issue... But Democrats facing reelection next year in states that voted for Trump don’t want to risk a shutdown over the issue.”

- To read more: <http://thehill.com/homenews/senate/363677-schumer-walks-tightrope-on-shutdown-immigration-fights>
- **Minnesota governor to name lieutenant governor to Franken's seat: report.** "Minnesota Gov. Mark Dayton (D) is likely to tap Lt. Gov. Tina Smith (D) to replace Sen. Al Franken (D), who resigned on Thursday, according to a report in The Minneapolis Star Tribune. .. Franken announced his resignation just before noon in a speech on the Senate floor."
 - To read more: <http://thehill.com/homenews/senate/363745-minnesota-gov-to-name-lt-gov-to-frankens-seat-report>
- **Bipartisan group of senators seek to block Trump cuts to drug discount program.** "Six senators, including three Republicans, are asking GOP leadership to block a Trump administration rule that slashes funding for a federal drug discount program. The program, called 340B, requires drug companies give discounts to health-care organizations that serve high volumes of low-income patients. But a new rule from the Centers for Medicare and Medicaid Services, which takes effect Jan. 1, cuts Medicare payments to hospitals enrolled in the program by \$1.6 billion."
 - To read more: <http://thehill.com/policy/healthcare/363772-gop-senators-move-to-block-trump-administrations-cuts-to-drug-discount>
- **Ryan pledges 'entitlement reform' in 2018.** "House Speaker Paul Ryan (R-Wis.) on Wednesday said House Republicans will aim to cut spending on Medicare, Medicaid and welfare programs next year as a way to trim the federal deficit."
 - To read more: <http://thehill.com/homenews/house/363642-ryan-pledges-entitlement-reform-in-2018>
- **Chairman expects 'strong support' among House GOP for mandate repeal in tax bill.** "House Ways and Means Committee Chairman Kevin Brady (R-Texas) told reporters Tuesday that he expects most House Republicans will support repealing ObamaCare's individual mandate in tax legislation, as GOP senators did."
 - To read more: <http://thehill.com/policy/finance/363329-chairman-expects-strong-support-among-house-gop-for-mandate-repeal-in-tax-bill>
- **Paul Ryan wasn't part of Susan Collins' tax deal.** "Sen. Susan Collins (R-Maine) surprised many when she threw her support behind the Republicans' tax plan on Friday. Among other things, independent estimates showed that the GOP proposal would leave 13 million Americans without health insurance, and that's ordinarily the sort of thing the Maine Republican would care about. As part of an explanation, Collins said she'd reached an agreement with party leaders for votes on two other pieces of legislation, which she believes would mitigate the harm done by the GOP tax plan. There are, however, two problems with this, the first being that the proposals Collins has in mind appear inadequate to address the systemic harm done by her party's proposal. The second problem is that Collins' deal didn't guarantee success in the House."

- To read more: <http://www.msnbc.com/rachel-maddow-show/paul-ryan-wasnt-part-susan-collins-tax-deal>
 - An article detailing Sen. Collins' health care bill: <https://www.vox.com/health-care/2017/11/30/16721216/collins-nelson-health-care-tax-bill-voxcare>
 - *Freedom Caucus Open to Linking Spending Deal to Health Care.* "As House Republicans continue to strategize about how to fund a defense spending increase by Christmas, a key conservative said Wednesday he'd be open to a bipartisan Senate proposal to fund the cost sharing reduction subsidies for the health insurance exchanges if that's what it would take to get Senate Democrats on board. "If Alexander-Murray would break the defense and non-defense wall, that may be a price that many would be willing to pay," House Freedom Caucus Chairman Mark Meadows said, even as he noted that has not been a part of the discussions so far."
 - To read more: <http://www.rollcall.com/freedom-caucus-open-linking-spending-deal-health-care/>
- **Week Ahead**
 - *WSJ Updates on the Tax Bill.* The Wall Street Journal is doing a continuous update on the latest rumors, stories, and quotes regarding the status and provisions currently within the tax bill.
 - To read more: <https://www.wsj.com/livecoverage/tax-bill-2017/card/1512590794>
 - *Five issues that could derail a spending deal.* "Congress punted its funding fight for another two weeks, setting up a contentious spending showdown just days before Christmas. Lawmakers passed a stopgap bill on Thursday to avoid a shutdown and keep the government's lights on through Dec. 22. But members acknowledge that the real budget brawl – and the threat of a shutdown – will come later this month. The funding fight will likely center on two major issues. Democrats want protections for young immigrants brought illegally to the country as children, while the GOP wants a funding boost for defense."
 - To read more: <http://thehill.com/homenews/house/364043-five-issues-that-could-derail-a-spending-deal>
 - *ObamaCare fight could threaten shutdown deal.* "A fight over ObamaCare is spilling into Congress's December agenda, threatening lawmakers' ability to keep the government open. President Trump signed stopgap legislation Friday aimed at averting a shutdown and keeping the government funded through Dec. 22. The bill allows lawmakers to focus on the next – and seemingly more difficult – negotiating period. Lawmakers on both sides of the aisle have a host of priorities they want to include in the bill, but the question of funding ObamaCare's cost-sharing reduction (CSR) payments appears to have divided Republicans."

- To read more: <http://thehill.com/policy/healthcare/364046-obamacare-fight-could-threaten-shutdown-deal>

Regulatory and Administration Update

- ***CMS ESRD Measures Manual.*** “In October 2017, CMS released In October 2017, CMS released a revised edition of that Manual that addressed PY 2019 ESRD QIP measures and the DFC measures captured in its October 2017 release. As part of that issuance, CMS released a set of resources for associated International Statistical Classification of Diseases and Related Health Problems (ICD) codes.”
 - To read more: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality.html
- ***MedPAC - Assessing payment adequacy and updating payments: Outpatient dialysis services.*** “By law, each year the Commission is required to review Medicare payment policies and to make recommendations to the Congress. The Commission asks whether payments for outpatient dialysis services are adequate and how they should be updated in 2019. At this meeting, we will examine information about the adequacy of current aggregate outpatient dialysis payments.”
 - To read more: <http://www.medpac.gov/docs/default-source/default-document-library/dialysis-dec17-meeting-brief.pdf>
- ***MedPAC: Ditch meaningful use, patient measures under MIPS.*** “Population-level outcomes measures are the key focus of a proposed program to replace the Merit-Based Incentive Payment System (MIPS) track in the Medicare Quality Payment Program. The proposal, under consideration by the Medicare Payment Advisory Commission, also would forgo patient-level outcomes measures, practice-improvement measures, and all measures of the meaningful use of electronic health records. The goal is to lessen the reporting burden on physicians.”
 - To read more: <http://www.mdedge.com/internalmedicineneeds/article/153841/practice-management/medpac-ditch-meaningful-use-patient-measures>
- ***Providers See CMS Continuing Value-Based Care Push Despite Project Rollbacks.*** “Though the Trump administration last week rolled back several Obama-era projects designed to shift the U.S. health care system away from fee-for-service care to models that pay doctors and hospitals based on the quality of care, industry groups believe the government is likely to continue with the push toward value-based care. The Centers for Medicare and Medicaid Services on Thursday officially scrapped mandatory hip fracture and cardiac bundled payment programs and scaled back the mandatory Comprehensive Care for Joint Replacement Model. But in a statement the same day, CMS Administrator Seema Verma said the agency anticipates “announcing new voluntary payment bundles soon.””
 - To read more: <https://morningconsult.com/2017/12/05/providers-see-cms-continuing-value-based-care-push-despite-rollback-of-projects/>

- **Arizona asks for permission to manage Medicaid drug coverage.** “As drug prices continue to weigh on public and private payers and as Congress hasn't meaningfully addressed the issue, Arizona has unveiled a plan it thinks can help it fight spiraling costs. The state has requested for the ability for its Medicaid program to refuse coverage of certain pricey breakthrough drugs and drugs that have therapeutic equivalents. Essentially, the state would like to manage a prescription drug formulary, as private payers do each year to pressure drugmakers for better rebates and discounts.”
 - To read more: <https://www.fiercepharma.com/pharma/arizona-asks-for-permission-to-manage-medicaid-drug-coverage>

Articles of Interest

- **Washington Post Article - Our Medicare policy for kidney transplants is totally irrational.** “Kidney transplants are universally acknowledged as the best treatment for kidney failure. Compared with remaining on dialysis, transplant recipients live longer, have better quality of life, are more likely to raise a family, have fewer symptoms and incur far fewer health-care costs... As researchers from Canada, we’ve studied health care for those affected by kidney disease in the United States and other developed nations. Since 1972, Medicare has provided coverage to patients with kidney failure, regardless of age or disability status. However, while there is no time limit for dialysis patients, kidney transplant recipients who are not otherwise eligible for Medicare lose their coverage 36 months after they receive their transplant – leaving many unable to pay for immunosuppressive medications. Without access to these medications, patients eventually lose their transplants and require dialysis treatment instead.”
 - To read more: https://www.washingtonpost.com/opinions/our-medicare-policy-for-kidney-transplants-is-totally-irrational/2017/12/06/ecda8828-d9ec-11e7-b859-fb0995360725_story.html?utm_term=.1e30e8308271
- **UnitedHealth Buys Large Doctors Group as Lines Blur in Health Care.** “In another example of the blurring boundaries in the health care industry, UnitedHealth Group, one of the nation’s largest insurers, said on Wednesday that it is buying a large physician group to add to its existing roster of 30,000 doctors. UnitedHealth’s Optum unit will acquire the physician group from DaVita, a large for-profit chain of dialysis centers, for about \$4.9 billion in cash, subject to regulatory approval. DaVita operates nearly 300 clinics across a half-dozen states, including California and Florida.”
 - To read more: <https://www.nytimes.com/2017/12/06/health/unitedhealth-doctors-insurance.html?mtrref=www.google.com&mtrref=undefined>
- **Medicine’s best obesity treatment is also its most misunderstood.** “There’s a surprisingly big disconnect between how obesity researchers think about the causes of and treatments for obesity and how the American public does. Researchers think some people have genetic and hormonal traits that make them more susceptible to obesity. They think it’s a complex, chronic disease, like cancer, with many causes and subtypes. They’re also losing faith in dieting and exercise, neither of which is very helpful for weight loss in the long term. The public, on the other hand, generally believes obesity is caused by a lack of willpower, and that it can be fixed with gym memberships and trendy diets. In one 2016 survey of more than 1,500 Americans, 60 percent of the

participants said dieting and exercise were even more effective than surgery for long-term weight loss.”

- To read more: <https://www.vox.com/science-and-health/2017/12/7/16587316/bariatric-surgery-weight-loss-lap-band>
- ***Health Affairs Launches New Series On Health Spending.*** “Health spending has been a topic of interest to Health Affairs starting with our very first issue in 1981 which included a paper by Caspar Weinberger, former Secretary of Health, Education, and Welfare, asking: “Can We Control Health Care Costs?” Claims that health spending is “unsustainable” have been made for decades, yet spending growth continues apace. The United States is an outlier not only in how much we spend on health care, but in the absence of formal mechanisms to consider how much we spend or how we allocate our spending. Payment levels and methods in the United States are determined separately by public and private actors without any coherent framework and often without any transparency. As purchasers move from paying for volume to paying for value, most changes are incremental and they rarely disrupt long-standing resource allocation decisions rooted in fee-for-service payment methods.”
 - To read more: <https://www.healthaffairs.org/doi/10.1377/hblog20171205.50865/full/>