

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, December 5, 2016

Congressional Schedule

House

- Convenes at 2 p.m. for consideration of six bills under suspension of the rules. (CQ)
- **Week Ahead:** Tomorrow the House takes up 21 bills under suspension of the rules. Later this week, the House is expected to consider a continuing resolution for fiscal 2017 funding and a water resources measure (S. 2848, H.R. 5303). (CQ)

Senate

- Convenes at 3 p.m. and will resume consideration of the House message to accompany the package of biomedical innovation bills known as *21st Century Cures* (H.R. 34). A cloture vote is expected at expected at 5:30 p.m. on the motion to concur, which Biden will preside over as president of the Senate.

Legislative Updates

- **21st Century Cures.** The legislation includes language (**Section 17006, Page 811**) that would lift the prohibition on fee-for-service Medicare beneficiaries enrolling in a Medicare Advantage plan. The language in this bill closely aligns with the language in the Senate Chronic Care Working Group. It would lift the prohibition starting in plan year 2021. The Secretary would be required to conduct an evaluation on whether a ESRD-specific quality measure should be included in the Medicare Advantage 5-star quality rating system. Like both the House ESRD Choice Act and the Senate Chronic Care Working Group, the legislation would pay for organ acquisition through fee for service and not through the MA plan. Currently, in determining the risk adjusted payment, the Secretary of HHS shall take into account such factors as renal treatment modality, age, and the underlying cause of the end stage renal disease. The bill would require the Secretary to evaluate whether other factors should be taken into consideration.

- The language of the bill can be found here:
<http://kidneycarepartners.com/filemanager/files/Medicare%20Advantage%20for%20ESRD%2011%2028%2016.pdf>
- ***Week Ahead: GOP Quickly Laying Groundwork For Reg. Rollback.*** “President-elect Donald Trump and Republicans are quickly making plans to roll back a slew of Obama administration regulations early next year. Trump has threatened to halt all regulatory activity as soon as he's in the Oval Office. The president-elect's plan includes a moratorium on new rules, as well as a vow to repeal recently published regulations that were pushed through in the final year of the Obama administration. Trump's plan has been met with enthusiasm from Republican lawmakers who are already laying the groundwork.”
 - More here: <http://thehill.com/regulation/308503-week-ahead-gop-quickly-laying-groundwork-for-reg-rollback>
- ***Leader McCarthy and Chairmen Request Input from Governors on Health Care Reform.*** “House Majority Leader Kevin McCarthy (CA-23) and Chairmen Kevin Brady (TX-08), Fred Upton (MI-06), and John Kline (MI-02), as well as incoming Chairmen Greg Walden (OR-02) and Virginia Foxx (NC-05), sent a letter to state governors and insurance commissioners requesting ideas for how to reform our health care system.”
 - Read the full letter here: <https://www.majorityleader.gov/wp-content/uploads/2016/12/Letter-to-Governors-and-Commissioners.pdf>

Regulatory Updates

- NQF’s Measure Applications Partnership (MAP) Hospital Workgroup will convene in Washington, DC on December 8-9 to review the list of Measures Under Consideration (MUCs) for use in federal public reporting and performance-based payment programs and the ESRD QIP. Dr. Allen Nissenson represents KCP, which has an organizational seat on this Workgroup. This year CMS forwarded three MUCS for potential inclusion in the QIP:
 - MUC 16-305 – *Standardized Transfusion Ratio for Dialysis Facilities (STrR, NQF 2979)*;
 - MUC 16-308 – *Hemodialysis Vascular Access: Standardized Fistula Rate (NQF 2977)*;
 - and
 - MUC 16-309 – *Hemodialysis Vascular Access: Long-Term Catheter Rate (NQF 2978)*
 - Additional information on the meeting can be accessed at http://www.qualityforum.org/Project_Pages/MAP_Hospital_Workgroup.aspx.
- ***Interim Final Rule for Conditions for Coverage for End-Stage Renal Disease Facilities Announced.*** “This interim final rule establishes new requirements for ESRD facilities that provide financial assistance to patients, directly or through a parent organization or third party, to make certain disclosures.”

- More information here:
<http://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201610&RIN=0938-AT11>
- **HHS OIG Releases Advisory Opinion.** The Health and Human Services Office of the Inspector General released a letter to an undisclosed laboratory regarding a laboratory's proposal to provide services consisting of the labeling of test tubes and specimen collection containers at no cost to dialysis facilities.
 - The letter can be read here: <http://go.usa.gov/x8EPT>
- **MedPAC Holds Commission Meeting.** The Medicare Payment Advisory Commission (MedPAC) will hold a Commission meeting from December 8-9.
 - View the agenda here: <http://www.medpac.gov/-public-meetings-/meeting-details/december-2016-public-meeting>
- **CMS issues FAQs on emergency preparedness rule.** “The Centers for Medicare & Medicaid Services (CMS) has posted answers to Frequently Asked Questions received in response to its final rule establishing new emergency preparedness requirements for Medicare and Medicaid-participating health care facilities. Additional questions related to the final rule, issued in September, may be sent to SCGEMergencyPrep@cms.hhs.gov. Next spring, CMS anticipates issuing interpretive guidance for the rule, which hospitals and other affected entities must implement by Nov. 15, 2017.”
 - More here: <http://news.aha.org/article/161201-cms-issues-faqs-on-emergency-preparedness-rule>
 - For more on the rule, see the recent AHA Regulatory Advisory for members, or visit: <https://asprtracie.hhs.gov/cmsrule>.
- **Big Changes Coming to How Medicare Pays Clinicians.** “The Medicare Access and CHIP Reauthorization Act (MACRA) replaced the flawed sustainable growth rate formula with predictable payment increases. Implementation will have a significant impact on physicians and other clinicians, as well as the hospitals and health systems with whom they partner.”
 - For more information and educational resources, visit: <http://www.aha.org/advocacy-issues/physician/index.shtml>
- **Price’s Appointment Boosts GOP Plans To Overhaul Medicare And Medicaid.** “President-elect Donald Trump’s selection of Rep. Tom Price to head the Department of Health and Human Services signals that the new administration is all-in on both efforts to repeal the ACA and restructure Medicare and Medicaid. Price, a Georgia Republican who currently chairs the House Budget Committee, was among the first to suggest that not just the ACA but also Medicare are on the near-term agenda for newly empowered Republicans. Privatizing the Medicare program for seniors and disabled people and turning the Medicaid program for the poor back to the states are long-time goals for Republicans in Congress and the White House. They say the moves could help put the brakes on health spending. Opponents argue, however, that both changes are aimed instead at shifting the financial burden of health care from the federal budget to states and individuals.”

- More here: <http://khn.org/news/prices-appointment-boosts-gop-plans-to-overhaul-medicare-and-medicaid/>
- ***Trump picks Seema Verma to head Centers for Medicare and Medicaid Services.***
 “President-elect Donald Trump on Tuesday morning picked the founder and CEO of a health policy consulting firm, Seema Verma, to serve as Administrator of the Centers for Medicare and Medicaid Services. Verma, an Indiana resident, is best known for her work on Medicaid issues and her close ties to Vice President-elect Mike Pence. She designed his Obamacare Medicaid expansion model -- known as Healthy Indiana Plan 2.0 -- and has advised several Republican states on how to add conservative elements such as health savings accounts and employment requirements to their programs.”
 - More here: <http://www.politico.com/blogs/donald-trump-administration/2016/11/seema-verma-to-head-centers-for-medicare-and-medicaid-services-231921>
- ***Reminder to File Comments on DFC/ESRD Five Star.*** Comments are due December 7, and can be filed by sending them via email to the following address: dialysisdata@umich.edu.
- ***CMS Issues Final Rule on Medicaid and CHIP Notices and Appeals.*** CMS has issued the final rule on the Medicaid and CHIP Notices and Appeals policies, as well as a new proposed rule. The rules include a number of provisions relating to: appeals; notices; Medicaid eligibility changes under the Affordable Care Act; non-ACA eligibility requirements and coverage options for Medicaid; Medicaid enrollment changes regarding those whose English skills are limited; verification exceptions for special circumstances; verification procedures for those attesting to citizenship or immigration status; medical support and payment; electronic submission of a Medicaid and CHIP state plan; and changes to the Modified Adjusted Gross Income.
 - The text of the final rule is available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-27844.pdf>.
- ***CMS seeking nominations for ESRD Star Rating TEP.*** It appears that CMS will be convening a new ESRD Star Rating TEP. CMS describes the objectives of the TEP as:
 - Developing recommendations on the inclusion of candidate measures reported on the Dialysis Facility Compare (DFC) into the DFC Star Ratings. Recommendations should take into account whether the potential addition of new measures to the star rating provides a more well-rounded depiction of the quality of dialysis facilities and whether the information is something patients can understand and want to see reported on DFC.
 - Developing specific recommendations on the method for inclusion of current and future potential patient reported outcomes in the Star Ratings (e.g. separate from or combined with clinical outcome measure sets, and how current and future potential patient reported outcome measures could be reported in the Star Ratings).

- Developing recommendations on how to reset the baseline year thresholds when measures are added/retired or when the Star Ratings categories no longer reflect informative differences among facilities.
 - Nominations can be made at the CMS website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html>.
 - Completed forms must be emailed to dialysisdata@umich.edu by close of business (5:00pm ET) on December 22, 2016.

Articles of Interest

- ***Americans are divided over repealing Obamacare.*** “Some 49% of Americans want Trump and Congress to either expand Obamacare or continue implementing the law as it is, according to a Kaiser Family Foundation poll released Thursday. Another 26% want the entire law repealed, while 17% would like the law scaled back. Trump and GOP Congressional leaders have said they plan to take up Obamacare's repeal as soon the incoming president takes office on January 20. They are looking at repealing the law through the budget reconciliation process, which allows Congress to approve measures related to revenue and spending with only a simple majority, rather than 60 votes.”
 - Read more here: <http://money.cnn.com/2016/12/01/news/economy/obamacare-repeal-trump/>
- ***Senator Warns Against Simultaneous Overhaul of Medicare and Obamacare.*** “A senior U.S. Senate Republican warned his party on Thursday against simultaneously overhauling Medicare and the Obamacare health insurance program, saying this would be "biting off more than you can chew." The cautionary comments from Senator Lamar Alexander (R-TN) came after House Speaker Paul Ryan (R-WI), long an advocate of privatize Medicare, said Republican lawmakers would be discussing reforms of the health insurance program for the elderly with President-elect Donald Trump's administration. Republicans won the White House as well as keeping their majorities in both houses of Congress in elections last month, and are now busy preparing an agenda for next year after the new Congress is sworn in on Jan. 3 and Trump takes office Jan. 20.”
 - Read more here: http://www.nytimes.com/reuters/2016/12/01/us/politics/01reuters-usa-healthcare-medicare.html?_r=1
- ***National Health Spending: Faster Growth In 2015 As Coverage Expands And Utilization Increases.*** “Total nominal US health care spending increased 5.8 percent and reached \$3.2 trillion in 2015. On a per person basis, spending on health care increased 5.0 percent, reaching \$9,990. The share of gross domestic product devoted to health care spending was 17.8 percent in 2015, up from 17.4 percent in 2014. Coverage expansions that began in 2014 as a result of the ACA continued to affect health spending growth in 2015. In that year, the faster growth in total health care spending was primarily due to accelerated growth in spending for private health insurance (growth of 7.2 percent), hospital care (5.6 percent), and physician and clinical services (6.3 percent). Continued

strong growth in Medicaid (9.7 percent) and retail prescription drug spending (9.0 percent), albeit at a slower rate than in 2014, contributed to overall health care spending growth in 2015.”

- Read more here:

<http://content.healthaffairs.org/content/early/2016/11/22/hlthaff.2016.1330>

- ***Influenza Vaccination Keeps Dialysis Patients Out of the Hospital.*** “Hemodialysis patients who skipped the influenza vaccine were significantly more likely to be hospitalized than those who were vaccinated, suggests a three-year study of more than 150,000 kidney dialysis patients being presented today in Chicago at 2016 Kidney Week, the annual meeting of the American Society of Nephrology (ASN). The study is one of 66 abstracts authored by Fresenius Medical Care researchers, clinicians, and caregivers to be presented at the meeting and published in the Abstract Supplement of Journal of the American Society of Nephrology (JASN). The study tracked kidney failure patients who were vaccinated against the flu, including at U.S. Fresenius Kidney Care dialysis centers where they received their hemodialysis therapy. The percentage of Fresenius Kidney Care patients who opted for yearly vaccination against the flu increased from 60 percent the first year of the study to 80 percent the third year. Fresenius Medical Care North America is the premier health care company focused on providing the highest quality care to people with renal and other chronic conditions.”

- Read more here:

<http://www.businesswire.com/news/home/20161118005580/en/>