

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, December 5th, 2017

Congressional Schedule

Senate

- Senate meets at 10am; resumes consideration of Kirstjen Nielsen to be secretary of Homeland Security.

House

- House meets at 10am; plans to consider bills under suspension of the rules incl. two relating to Venezuela.
- 2pm: House Rules Cmte meets on H.J. Res. 123, which would extend current continuing resolution through Dec. 22, and H.R. 38, which would allow a qualified individual to carry a concealed handgun into or possess a concealed handgun in another state that allows individuals to carry concealed firearms.
- NOTE: House Speaker Paul Ryan was checking with Senate Republicans to see if they have the votes to fund the government until Dec. 30, instead of Dec. 22 as first proposed, according to a senior Republican aide.

Legislative Update

• Week in Review

- *Joint ASN, ASPN, and RPA Letter on H.R. 3867.* In a joint letter, the American Society of Nephrology (ASN), the American Society of Pediatric Nephrology (ASPN), and the Renal Physicians Association (RPA) joined together to write a letter to the Energy & Commerce and Ways & Means Committees to discuss their comments on current payment models discussed in H.R. 3867, which would create a care management demonstration program for Chronic Kidney Disease under Medicare.
 - To read the letter: http://c.ymcdn.com/sites/www.renalmd.org/resource/resmgr/LegRegsComp/17.11.28_Joint_ASN_ASPN_RPA.pdf
 - To read the bill: <https://www.congress.gov/bill/115th-congress/house-bill/3867>

- **Senate GOP repeals ObamaCare mandate.** “Senate Republicans have approved the repeal of ObamaCare’s individual mandate as part of their tax-cut bill, a major step toward ending an unpopular part of the health-care law. The Senate tax bill must still be reconciled with House legislation that does not include the mandate’s repeal. But that is unlikely to be a major issue, given support in the GOP conference for repealing the mandate. No Democrats in either chamber voted for the GOP tax bills. It’s unclear what repeal of the mandate will mean for ObamaCare.”
 - To read more: <http://thehill.com/policy/healthcare/362838-senate-gop-repeals-obamacare-mandate>
- **Hospitals, pharmaceutical companies spar over cuts to 340B drug discount program.** “The fight between hospitals and pharmaceutical companies about the scope of the 340B drug discount program is heating up. The Centers for Medicare & Medicaid Services has issued a final rule that slashed payments for 340B by more than \$1.6 billion. It changed the payment rates from up to 6% more than the average sales price for a drug to 22.5% less than the average sales price. The prior rate has been the Medicare policy for more than two decades. Hospitals reacted with outrage, and three major industry groups – the American Hospital Association, Association of American Medical Colleges and America's Essential Hospitals – are suing CMS over the changes.”
 - To read more: <https://www.fiercehealthcare.com/finance/340b-drug-discount-program-cuts-hospitals-pharmaceutical-companies-debate>
- **HHS nominee: "Drug prices are too high."** “Alex Azar, President Trump's nominee for Health and Human Services secretary, came out of the gate Wednesday with a statement that was obvious but needed to try to win over critics of his drug industry experience: "Drug prices are too high." Here's what he told the Senate HELP Committee during his hearing.”
 - To read more: <https://www.axios.com/hhs-nominee-drug-prices-are-too-high-2513516063.html>
- **Conway will oversee opioid epidemic response, Sessions says.** “Kellyanne Conway will oversee the White House's efforts against the opioid overdose epidemic on Wednesday, according to BuzzFeed. Attorney General Jeff Sessions said Trump has asked Conway "to coordinate and lead the effort from the White House," according to BuzzFeed, in remarks that were different than his statement prepared for the event. Sessions also announced a Drug Enforcement Agency field office in Louisville and called on U.S. attorney's offices to appoint an opioid coordinator, BuzzFeed reports.”
 - To read more: <https://www.axios.com/conway-appointed-to-oversee-opioid-epidemic-2513627442.html>
- **CBO: Insurance Market Stabilization Impact Null If Mandate Repealed.** “Legislation from the duo at the helm of the Senate health panel would do little to improve the number of uninsured individuals if the mandate created by the 2010 health law is repealed, according to the Congressional Budget Office. A

repeal of the mandate – which requires individuals to purchase insurance or pay a yearly fine – is currently included in the GOP bill to overhaul the U.S. tax code. Some Republican senators, like Sen. Susan Collins of Maine, have cited the legislation from Senate Health, Education, Labor and Pensions Chairman Lamar Alexander and Sen. Patty Murray of Washington, the panel’s top Democrat, as a necessary measure should the mandate be repealed.”

- To read more: <http://www.rollcall.com/news/policy/cbo-insurance-market-stabilization-impact-null-if-mandate-repealed>

- *Governors implore Congress to renew children's health funding.* “The National Governors Association is urging Congress to fund critical health-care programs – including the Children’s Health Insurance Program and community health centers – before the year ends. Lawmakers failed to reauthorize money for CHIP, health centers and other health programs by Sept. 30. The funding lapse has frustrated officials and advocates, who say the uncertainty is causing angst for those charged with running these programs.”

- To read more: <http://thehill.com/policy/healthcare/362595-governors-implore-congress-to-renew-childrens-health-funding>

- **Week Ahead**

- *Congress is planning to punt on the government shutdown deadline.*

“Republicans in Congress are planning to delay a government shutdown for two weeks with a short-term funding bill, setting up an intense December of negotiations. Senate Majority Mitch McConnell released a statement Monday saying that he planned to introduce a clean funding extension to push back the start of a shutdown to December 22. The current funding bill runs out at the end of the day Friday... It will keep the government open and functional, and it includes critical resources for our national defense and to give states certainty to continue the Children’s Health Insurance Program while the bipartisan work on CHIP reauthorization continues.”

- To read more: <http://www.businessinsider.com/congress-two-week-government-funding-shutdown-extension-to-december-22-2017-12>

- *Funding bill could provide short-term CHIP relief.* “The legislation to fund the government for two weeks could also provide some short-term relief to help states keep their Children’s Health Insurance Programs (CHIP) afloat. The bill, which would fund the government through Dec. 22, would temporarily lift certain spending constraints to allow states to get more money for CHIP from the federal government. Without action from Congress, the government will run out of money Friday.”

- To read more: <http://thehill.com/policy/healthcare/363145-funding-bill-could-provide-short-term-chip-relief>

- *Week ahead: Republicans close in on ObamaCare mandate repeal.* “Republicans are closer now than they've been all year to scoring a win on health care. Republicans in the Senate passed a tax code overhaul that would also repeal one

of ObamaCare's most unpopular provisions – the individual mandate. It's not the full-fledged repeal of ObamaCare they have promised voters for seven years, but that could come next year after tax reform, they say.”

- To read more: <http://thehill.com/policy/healthcare/362847-week-ahead-congress-closes-in-on-repeal-of-obamacare-mandate>
- ***Collins doubles funding ask for ObamaCare bill.*** “Sen. Susan Collins (R-Maine) has doubled the amount of money she's requesting in her ObamaCare stabilization bill in exchange for her vote on the GOP's tax-reform plan. Collins, a key vote on tax reform, is pushing for the passage of two ObamaCare bills in an attempt to mitigate the effects of the tax bill's repeal of the individual insurance mandate. One of those bills – sponsored by her and Sen. Bill Nelson (D-Fla.) – would provide states with \$10 billion over two years to establish high-risk pools or reinsurance programs to lower premiums.”
 - To read more: <http://thehill.com/policy/healthcare/363130-collins-doubles-funding-ask-for-obamacare-bill>

Regulatory and Administration Update

- ***Trump administration proposes 'kidney innovation accelerator program.'*** “The Department of Health and Human Services (HHS) has recently taken a critical step that will hopefully increase kidney disease research and therapy integration to the level it needs to be. The Kidney Innovation Accelerator recently announced by HHS is a public-private innovation fund that will seed, incentivize and accelerate breakthroughs in kidney care. Perhaps most importantly, it will establish better coordination among HHS, NIH, the Food and Drug Administration, and the Centers for Medicaid and Medicare Services to break down barriers to innovation. This investment is absolutely essential – and long overdue – if we want to save lives and find breakthroughs that can delay or avoid the onset of complete kidney failure.”
 - To read more: <http://thehill.com/blogs/congress-blog/healthcare/362652-trump-administration-proposes-kidney-innovation-accelerator>
- ***Statement by FDA Commissioner Scott Gottlieb, M.D., on FDA ushering in new era of 3D printing of medical products; provides guidance to manufacturers of medical devices.*** “Once considered a futuristic technology on the distant horizon, 3D printing of medical devices, medications and human tissue is quickly becoming a promising reality. Patients have already benefitted from 3D printed medical products through access to personalized devices and innovative drugs that have led to significant health improvements. But the FDA is now preparing for a significant wave of new technologies that are nearly certain to transform medical practice. We're working to provide a more comprehensive regulatory pathway that keeps pace with those advances, and helps facilitate efficient access to safe and effective innovations that are based on these technologies.”
 - To read the full statement:
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm587547.htm>

- ***CMS finalizes rule canceling mandatory bundled payment models.*** “In a final rule released Thursday, the Centers for Medicare and Medicaid Services is following through on its proposal to cancel hip fracture and cardiac bundled payment models. CMS has also scaled back the number of geographic areas participating in the comprehensive care for joint replacement model. Both rule changes have been expected, as CMS under the Trump Administration has opposed mandatory participation in bundled payments.”
 - To read more: <http://www.healthcarefinancenews.com/news/cms-finalizes-rule-cancelling-mandatory-bundled-payment-models>

Articles of Interest

- ***Empowering Nurses To Innovate At The Bedside, Then Spread Their Innovations.*** ““The 2010 Institute of Medicine (IOM) Future of Nursing report confirmed the vital role nurses must play as change leaders in this time of transformation in healthcare. The closest clinicians to patients at the bedside, nurses are uniquely positioned to understand patient needs and initiate innovative solutions. The evidence linking patient safety, nurse satisfaction, and staff retention with improved patient outcomes, the financial bottom line and quality work environments in hospitals is irrefutable. However, nurses often do not feel empowered to use their expert knowledge to devise innovative solutions that improve patient outcomes. Key to harnessing the power of this formidable group is delivering educational content that improves leadership and influence skills, instilling confidence in nurses to lead change.”
 - To read more: <https://www.healthaffairs.org/doi/10.1377/hblog20171121.831571/full/>
- ***A health merger expert explains the CVS-Aetna deal.*** “CVS is reportedly getting quite close to purchasing the health insurance plan Aetna, a merger that could have major effects on the American health care system. I've had my head in the tax bill and needed a primer on what this would mean and how consumers stand to be affected by a CVS-Aetna merger. So I called up Martin Gaynor, the smartest guy I know on health care mergers, to chat. Gaynor is a professor of health economics and policy at Carnegie Mellon University. He is a former director of the Bureau of Economics at the Federal Trade Commission, and has spent lots of time thinking about mergers and antitrust in the health care space. We spoke Monday afternoon about what the CVS-Aetna merger could mean and the possible upsides and downsides for consumers.”
 - To read more: <https://www.vox.com/policy-and-politics/2017/12/4/16735496/voxcare-aetna-cvs-merger>
- ***Emergency rooms are monopolies. Patients pay the price.*** “There are 141 million visits to the emergency room each year, and nearly all of them have a charge for something called a facility fee. This is the price of walking through the door and seeking service. It does not include any care provided. Emergency rooms argue that these fees are necessary to keep their doors open, so they can be ready 24/7 to treat anything from a sore back to a gunshot wound. But there is also wide variation in how much hospitals charge for these fees, raising questions about how they are set and how closely they are tethered to overhead costs. Most hospitals do not make these fees public. Patients typically learn what their emergency room facility fee is when they receive a bill weeks

later. The fees can be hundreds or thousands of dollars. That's why Vox has launched a year-long investigation into emergency room facility fees, to better understand how much they cost and how they affect patients."

- To read more: <https://www.vox.com/health-care/2017/12/4/16679686/emergency-room-facility-fee-monopolies?stream=top-stories>

- ***Plans with More Restrictive Networks Comprise 73% of Exchange Market.*** "New analysis from Avalere finds that plans with more restrictive networks, including health maintenance organizations (HMOs) and exclusive provider organizations (EPOs), continue to dominate the exchange market, with 73% of the 2018 market comprised of restrictive network plans, up from 68% in 2017 and 54% in 2015. Only 27% of plans are Preferred Provider Organizations (PPO) or Point of Service (POS) plans, which typically cover care with a broader network."
 - To read more: <http://avalere.com/expertise/managed-care/insights/plans-with-more-restrictive-networks-comprise-73-of-exchange-market>