

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, February 23rd, 2016

Congressional Schedule

House

- **Week Ahead:** "On Tuesday the House will meet at 2 p.m. for consideration of five bills under suspension of the rules. Votes will be postponed until 6:30 p.m. On Wednesday the House meets at noon to consider eight bills under suspension of the rules." (CQ)

Senate:

- **Week Ahead:** "The Senate convened at 3 p.m. Monday. Sen. Chris Coons (D-DE) will be recognized to deliver George Washington's 1796 farewell address — a Senate tradition to commemorate Washington's birthday that's continued for more than a century. At 5:30 p.m., the chamber is expected to take a cloture vote on the nomination of Dr. Robert Califf to be Food and Drug Administration (FDA) commissioner." (CQ)
 - The cloture vote for Dr. Califf was passed, clearing the way for an expected confirmation vote some time on Tuesday, February 23, 2016.

Legislative Updates

- **Sens. Carper and Wyden Ask HHS for Update on Their Work to Curb Mis-Prescribing of Adolescent Use of Antipsychotics:** In a February 16th letter to Secretary Sylvia Burwell of the Department of Health and Human Services (HHS) and Acting Administrator Andy Slavitt of the Centers for Medicare and Medicaid Services (CMS), Senators Tom Carper (D-DE) and Ron Wyden (D-OR) asked for an update on HHS's efforts to ensure better oversight of psychotropic drugs in adolescents. Specifically, the Senators have asked for clarification on how CMS is working with state Medicaid agencies to monitor care and access to early and periodic screening, diagnostics, and treatment.
 - See the following link for the full letter: <http://1.usa.gov/1WwBCBB>

Regulatory Updates

- **CMS and major commercial health plans, in concert with physician groups and other stakeholders, announce alignment and simplification of quality measures:** the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP), as part of a broad Core Quality Measures Collaborative of health care system participants, released seven sets of clinical quality measures

(<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>). These measures support multi-payer alignment, for the first time, on core measures primarily for physician quality programs. This work is informing CMS's implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) through its measure development plan and required rulemaking, and is part of CMS's commitment to ensuring programs work for providers while keeping the focus on improved quality of care for patients.

- For more information on the press release and quality measures, please see the following link: <http://go.cms.gov/1TocheM>
- **CMS Call for Comments.** The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to evaluate the following topic areas (timing of public comment period included):
 - **Mortality and Hospitalization** (February 8, 2016 – February 29, 2016)
 - **Revisions to the Standardized Transfusion Ratio (STrR)** (February 16, 2016 – March 4, 2016)
 - For more information on the topic areas, please see the following link: <http://go.cms.gov/1ksE5jp>
- **CMS Calls for ESRD Star Ratings Technical Expert Panel (TEP):** “The Centers for Medicare & Medicaid Services (CMS) has contracted with The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to review the methodology developed to produce the DFC Star Ratings. The contract name is the ESRD Quality Measure Development, Maintenance, and Support contract... As part of this effort, UM-KECC is seeking input from individuals with relevant experience and expertise who can provide a variety of perspectives on the methodology behind the star ratings. This group will serve as the ratings’ Technical Expert Panel (TEP).”
 - For more information, please see the following link: <http://go.cms.gov/1L8Rw4e>
- **2017 Medicare Advantage and Part D Advance Notice and Draft Call Letter:** “CMS released proposed updates to the Medicare Advantage (MA) and Part D programs through the 2017 Advance Notice and Draft Call Letter. Through these policies, CMS is proposing updates to the program designed to improve the accuracy of payments to plans serving beneficiaries who are dually eligible for Medicare and Medicaid... Specifically, CMS is proposing updates to the Risk Adjustment Model used to calculate payments to Medicare Advantage plans and to the Star Rating system used to evaluate plan performance. In both cases, the updates reflect a public process through which CMS shared research findings and solicited public comment.”
 - For the full announcement, please see the following link: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-19.html>
- **Medicare Drug Spending Dashboard:** “As part of its effort to provide additional information, increase transparency, and address the affordability of prescription drugs, CMS is releasing a new online dashboard to look at Medicare prescription drugs for

both Part B and Part D. These categories include drugs with high spending on a per user basis, high spending for the program overall, and those with high unit cost increases in recent years... For all drugs included, the tool displays relevant spending, utilization, and trend data and also includes consumer-friendly information on the drug product descriptions, manufacturer(s), and uses.”

- For more information, please see the following link:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/>

- **Surge in Medicare Advantage Sign-Ups Confounds Expectations:** “Five years into Medicare spending cuts that were supposed to devastate private Medicare options for older Americans, enrollment in private insurance plans through Medicare has shot up by more than 50 percent, confounding experts and partisans alike and providing possible lessons for the Affordable Care Act’s insurance exchanges... In fact, more than 17 million people are now enrolled in such plans, up from under 11 million in 2010. Nearly one-third of Medicare beneficiaries have chosen private plans, offered by insurers like Humana and UnitedHealth Group, over the traditional fee-for-service Medicare program.”
 - For the full article, please see the following link: <http://nyti.ms/1QVAeUY>
- **Medicare Sparks Site-Neutral Payment Showdown:** “Hospitals with newly acquired and almost-built physician practices located off of the main campus are hoping a congressional committee will put the brakes on payment cuts that are slated to take effect in January 2017. But physician groups are fighting equally hard to get the cuts expanded. At issue is the site-neutral payment policy that was part of last year's budget agreement. A tiny section that was tacked on to the budget during negotiations makes big changes to how some hospital outpatient departments are paid.”
 - For the full article, please see the following link: <http://healthleadersmedia.com/content/PHY-325541/Medicare-Sparks-SiteNeutral-Payment-Showdown##>
- **NQF Provides Recommendations to HHS for Value-Based Purchasing Programs in Hospital, Post-Acute, and Long-Term Care Settings:** “The National Quality Forum’s (NQF) Measure Applications Partnership (MAP) has released two reports outlining cross-cutting issues that affect the delivery of healthcare in hospitals and hospital settings (including dialysis facilities and ambulatory surgery centers) as well as post-acute care and long-term care (PAC-LTC) settings. These reports, submitted to the U.S. Department of Health and Human Services (HHS), highlight important considerations for the federal government when selecting performance measures related to the care provided to 55 million Americans insured by Medicare in these settings.”
 - For the full press release and list of MAP report recommendations, please see the following link: http://www.qualityforum.org/News_And_Resources/Press_Releases/2016/NQF_Provides_Recommendations_to_HHS_for_Value-Based_Purchasing_Programs_in_Hospital,_Post-Acute,_and_Long-Term_Care_Settings.aspx

Hearings

- Tuesday, February 23rd
The Senate Finance Committee will hold a hearing on, “Examining the Opioid Epidemic: Challenges and Opportunities.”
 - For more information, please see the following link:
<http://www.finance.senate.gov/hearings/examining-the-opioid-epidemic-challenges-and-opportunities>
- Wednesday, February 24th
The House Energy and Commerce Committee will hold a hearing on, “The Fiscal Year 2017 HHS Budget.” Witnesses will include the Honorable Sylvia Burwell, Secretary of the Department of Health and Human Services.
 - For more information, please see the following link:
<https://energycommerce.house.gov/hearings-and-votes/hearings/fiscal-year-2017-hhs-budget>

The Senate Special Committee on Aging will hold a hearing on, “Opioid Use Among Seniors – Issues and Emerging Trends.”

 - For more information, please see the following link:
http://www.aging.senate.gov/hearings/opioid-use-among-seniors_issues-and-emerging-trends
- Thursday, February 25th
The House Appropriations Labor, Health and Human Services, Education and Related Agencies Subcommittee will hold a hearing on, "The Department of Health and Human Services Budget." Witnesses will include the Honorable Sylvia Burwell, Secretary of the Department of Health and Human Services.
 - For more information, please see the following link:
<http://appropriations.house.gov/calendar/eventsingle.aspx?EventID=394381>

Briefing

- The American Kidney Fund (AKF) is hosting a congressional briefing on Wednesday, March 2, entitled: *Misconceptions, myths and realities: Dialysis patient access to insurance*. The briefing will discuss how the current healthcare environment is making it increasingly challenging for patients with end-stage renal disease (ESRD) to access their choice of insurance. The congressional briefing will be held in the Gold Room, 2168 Rayburn House Office Building, at 9:00 a.m. An invitation to the event can be accessed.
 - Please see the following link for more information:
<http://kidneycarepartners.com/filemanager/files/American%20Kidney%20Fund%20-%20Invitation%20to%20Congressional%20Briefing.pdf>

Articles of Interest

- **The dream of 3-D-printed organs rests on keeping cells alive. A new advance could help:** “There’s plenty of excitement around the promise of machines that can spit out living cells patterned to create three-dimensional biological structures. But the dream of functional 3-D-printed tissue and organs has long been stymied by a stubborn central challenge: how to get blood to flow to keep the cells alive. Now, a team of researchers at the Wake Forest School of Medicine in North Carolina has made the latest contribution to solving the puzzle, though their findings are still a long way away from helping patients.”
 - For the full article, please see the following link: <http://www.statnews.com/2016/02/15/bioprinting-3d-printing-organs-tissue/>
- **Lengthy Hospice Care Boosts Medicare Bills:** “Medicare pays hospice agencies to care for patients who are close to death. For some beneficiaries of the taxpayer-funded program, hospice has become a way of life. Between 2005 and 2013, about 107,000 patients received hospice care for an average of nearly 1,000 days spread out over four or more calendar years, according to a Wall Street Journal analysis of Medicare billing records. They cost Medicare 14% of its overall hospice spending, even though they accounted for just 1.3% of its hospice patients. Medicare’s hospice program, which has been around for 33 years, is supposed to be only for patients who doctors certify are likely to die within six months, or about 180 days. Today, care is routinely being extended not only to those with terminal cancer – the program’s original focus – but to patients with an array of ailments, including dementia, whose declines can take years.”
 - For the full article, please see the following link: <http://www.wsj.com/articles/lengthy-hospice-care-boosts-medicare-bills-1455847178>
- **BCBSA Announces Efforts Towards Opioid Epidemic:** “Blue Cross Blue Shield of America announced today the creation of a steering committee to develop recommendations on how BCBS companies can help combat opioid abuse and prevent addiction. The coalition of Blue Cross Blue Shield insurers will formally announce the launch of the committee this weekend during the National Governors Association’s winter meeting. In addition to launching the committee, company executives plan to research the impact of the opioid epidemic on the country’s health care system while funding a film documenting the crisis, according to a release.”
 - For the full article, please see the following link: <http://bit.ly/1LCzKkX>