

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, March 1st, 2016

Congressional Schedule

House

- “Met at 2 p.m. on Monday for consideration of nine bills under suspension of the rules including a domestic terrorism bill (H.R. 4401) and a Federal Emergency Management Agency (FEMA) assistance measure (H.R. 1471). Votes are postponed until 6:30 p.m.” (CQ)
- **Week Ahead:** “On Tuesday, the House meets at noon for consideration of twelve bills under suspension of the rules. On Wednesday, the House meets at noon for consideration of a Medicaid providers measure (H.R. 3716).” (CQ)

Senate:

- “Convened at 3 p.m. and at 5 p.m. on Monday as lawmakers will resume consideration of the motion to proceed to an anti-opioid bill (S. 524). A cloture vote to limit debate on the motion to proceed to the measure is expected at 5:30 p.m.” (CQ)

Legislative Updates

- **The Living Organ Donor Protection Act Introduced in House and Senate on February 25th:** “The American Society of Transplantation (AST), the largest organization of transplantation professionals in North America, applauds the introduction of the Living Donor Protection Act of 2016 by Senator Mark Kirk of Illinois, Senator Kirsten Gillibrand of New York, Congressman Jerrold Nadler of New York, and Congressman Michael Burgess, MD of Texas. The legislation seeks to:
 1. Prohibit denial of coverage or increase in premiums of life or disability insurance for living organ donors;
 2. Clarify organ donation surgery as qualifying as a serious health condition under the Family and Medical Leave Act (FMLA); and
 3. Update educational materials on the benefits of live donor transplantation and the process/outcomes of live donation.”
 - Please see the following link for the full press release:
<https://www.myast.org/ast-applauds-living-organ-donor-protection-act>

- **38 House Members Show Support for Charity Premium Assistance:** On February 18, 38 House members, “asked the Centers for Medicare and Medicaid Services (CMS) to take action to require health insurers to accept premium payments from some nonprofit charities for some beneficiaries. ‘Our goal is to ensure that our most vulnerable patient populations have access to needed treatments and therapies through health insurance coverage,’ said the letter to acting Centers for Medicare & Medicaid Services Administrator Andy Slavitt. The signers were five Republicans and 33 Democrats.”
 - Please see the following link for the full article: <http://www.bna.com/38-house-members-n57982067530/>

Regulatory Updates

- **CMS Issues Final Annual Notice of Benefit and Payment Parameters for the 2017 Coverage Year:** The final rule’s section titled ‘Third Party Payment of Qualified Health Plan Premiums,’ which begins on page 410, defers the decision about third-party payments made by public, not-for-profit charities to future rulemaking. Specifically, it states: “We defer the question of acceptance of third-party payments made by non-profit organizations to future rulemaking. We refer stakeholders to our February 7, 2014, FAQ, which clarified that the concerns added in our November 4, 2013 FAQ do not apply to payments from private, not-for-profit foundations if the payments are made on behalf of QHP enrollees who satisfy defined criteria that are based on financial status and do not consider enrollees’ health status. In this situation, the FAQ stated that HHS would expect that the premium and any cost-sharing payments cover the entire policy year.”
 - Please see the following link to review the final rule: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-04439.pdf>
- **CMS issues program integrity rule for Medicare providers, suppliers:** Recently, CMS, “issued a proposed rule that would implement additional program integrity requirements for health care providers and suppliers who participate in Medicare, as authorized by the Affordable Care Act. According to a CMS factsheet, the rule would allow the agency to remove or bar from Medicare providers and suppliers that attempt to circumvent provider enrollment requirements through name and identity changes or inter-provider relationships. The rule would require providers and suppliers to report affiliations with entities and individuals that have uncollected Medicare, Medicaid or Children’s Health Insurance Program debt; been subject to a payment suspension or Office of Inspector General exclusion; or had their Medicare, Medicaid or CHIP enrollment denied or revoked.”
 - Please see the following link for the full article: <http://news.aha.org/article/160225-cms-issues-program-integrity-rule-for-medicare-providers-suppliers>
 - Please see the following link for the proposed rule: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-04312.pdf>

- **Call for Patient-Centered Outcomes Research Institute (PCORI) Advisory Panel Members:** PCORI is accepting applications for the 2016 selection cycle from individuals and organizations interested in serving on the following advisory panels:
 - Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options
 - Advisory Panel on Improving Healthcare Systems
 - Advisory Panel on Addressing Disparities
 - Advisory Panel on Patient Engagement
 - Advisory Panel on Clinical Trials
 - Advisory Panel on Rare Disease
 - Advisory Panel on Communication and Dissemination Research

Application Deadlines: Third-party or organizational nominations are due by **March 14, 2016**. Individual applications are due by **March 21, 2016**. Approval of new panelists will take place at the Board of Governors Meeting on August 16, 2016.

- For more information on applying, please see the following link: <http://www.pcori.org/get-involved/join-advisory-panel/advisory-panel-application-process>
- **Proposed Review on CMS Rule for Medicare Part B:** “A proposed rule titled ‘Part B Drug Model’ is undergoing Office of Management and Budget (OMB) review. CMS declined to say if it's related to a notice to contractors that was published and subsequently pulled from the CMS website early this month. That document indicated CMS interest in testing new payment methods for Medicare Part B drugs starting this summer. It indicated that a rulemaking would be required for the new pricing proposals, which cover drugs administered in a physician's office or the hospital outpatient department. ‘As we have said before, HHS has been examining potential ways to support increased access to information, drive innovation and strengthen incentives to improve quality of care and increase access to affordable prescription drugs. We expect to release more details soon,’ CMS spokesperson Aaron Albright said, in reference to the Part B rule under OMB review.” (Politico)
 - The OMB notice is linked here: <http://1.usa.gov/1VISi8F>.

Hearings

- **Tuesday, March 1st**
The House Energy and Commerce Subcommittee on Health will hold a hearing entitled, “Examining the Financing and Delivery of Long-Term Care in the U.S.”
 - Details for the hearing can be found here: <https://energycommerce.house.gov/hearings-and-votes/hearings/examining-financing-and-delivery-long-term-care-us>
- **Wednesday, March 2nd**
The House Committee on Science, Space and Technology Subcommittee on Research and Technology will hold a hearing entitled, “Smart Health: Empowering the Future of Mobile Apps.”

- Details for the hearing can be found here:
<https://science.house.gov/legislation/hearings/research-and-technology-subcommittee-hearing-smart-health-empowering-future>
- House Appropriations Committee Labor, Health and Human Services, Education, and Related Agencies Subcommittee will hold a hearing on the Substance Abuse and Mental Health Service Administration. The witnesses will include Acting Administrator Kana Enomoto.
 - Details for the hearing can be found here:
<http://appropriations.house.gov/calendar/eventsingle.aspx?EventID=394410>
- The House Energy and Commerce Oversight and Investigations Subcommittee will hold a hearing entitled, “Examining the U.S. Public Health Response to the Zika Virus.”
 - Details for the hearing can be found here:
<https://energycommerce.house.gov/hearings-and-votes/hearings/examining-us-public-health-response-zika-virus>
- **Thursday, March 3rd**
The Senate Appropriations Labor, Health and Human Services, Education and Related Agencies Subcommittee will hold a hearing on the fiscal year 2017 budget for the Department of Health and Human Services.
 - Details for the hearing are forthcoming and will be released closer to the hearing date.

Articles of Interest

- ***Are Hospitals Fueling Cancer Drug Spending as They Buy Up Oncology Practices?***
“Spending for outpatient cancer drugs is rising, and a new analysis of private insurance claims suggests that's largely because providers are charging more for the drugs as hospitals employ more oncologists. Average spending per person for outpatient cancer drugs increased 34% for each percentage point hike in the market share of oncologists acquired by hospitals, according to an analysis of medical claims from commercial health plans. Higher prices (rather than higher volume) accounted for two-thirds of that spending increase – even after accounting for pricey new drugs entering the market, the study found. That suggests that market consolidation gives hospitals and doctors the power to raise prices for commercial health plans.” (Modern Healthcare)
- ***Nursing Home Evictions Strand the Disabled in Costly Hospitals.*** “What if you had to go to the hospital, and when it came time to return home, your landlord said you couldn't move back in? Across the country, thousands of nursing home residents face that situation every year. In most cases, it's a violation of federal regulations. But those rules are rarely enforced by the states. So, in California, some nursing home residents are suing the state, hoping to force it to take action.”
 - Please see the following link for the full article: <http://n.pr/1Scvbo4>
- ***Law calls for transparency on out-of-pocket costs for patients.*** “It's common for Ohioans to have no idea of what they will owe out-of-pocket for a surgery or other

medical procedure, even as they're about to go into an MRI or under the knife. Ohio legislators want that to change. Starting as early as next January, a patient might receive, upon request, a 'good-faith and reasonable' estimate of the procedure's total cost; how much private or government-sponsored insurance would pay for the procedure; and the patient's personal share of the bill."

○ Please see the following link for the full article: <http://bit.ly/2168NwX>

- ***No, hospitals aren't gaming readmissions with observation claims, HHS says.*** "Fewer patients are returning to the hospital within 30 days of discharge, and it's not because hospitals are holding patients in observation units instead of admitting them as a means of avoiding penalties, according to new federal data. Readmission rates dropped significantly for more than 3,300 U.S. hospitals between 2007 and 2015. A small increase in the number of Medicare observation claims was also seen at that time. But researchers say the changes in observation stays can't account for the drops in readmission rates. The trends, rather, imply changes in the organization of care that are consistent with hospitals' responding to the penalties imposed under the *Affordable Care Act*, according to findings published Wednesday in the *New England Journal of Medicine*." (Modern Healthcare)
- ***Study Examines Nurse Practitioner Impact On Health Spending.*** "Five states that let nurse practitioners provide more health care services without physician supervision saw slightly lower primary care prices but higher overall health spending, according to new research released Thursday. The report centered on five states that implemented independent scope-of-practice laws between 2008 and 2012 - Colorado, Hawaii, Maryland, Nevada and Vermont - and focused on privately insured patients using certain types of drugs, including those to treat diabetes and high cholesterol." (Politico)
 - Please see the following link for the full report:
<http://www.healthcostinstitute.org/files/HCCI-Issue-Brief-Independent-Prescribing-Outcomes.pdf>