

American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, March 19, 2018

Congressional Schedule

Senate

- Senate convenes at 3 pm; votes at 5:30 on nomination of Kevin McAleenan to be commissioner of U.S. Customs and Border Protection.

House

- House convenes at noon; House Rules Committee will meet at 5 pm on “right-to-try” bill, H.R. 5247.

Legislative Update

- **Week in Review**
 - *Senators target ‘gag clauses’ that hide potential savings on prescriptions.* “A bipartisan group of senators introduced a bill Thursday to ban ‘gag clauses’ that can hide potential savings on prescriptions from consumers at the pharmacy counter. The clauses, which keep pharmacies from proactively telling customers they could save money on a prescription if they paid out of pocket instead of through insurance, has sometimes been included in contracts between pharmacies, insurers and companies that manage drug benefits for employers called prescription benefit managers (PBMs).”
 - Read more: <http://thehill.com/policy/healthcare/378639-senators-target-gag-clauses-that-hide-potential-savings-on-prescriptions>
 - *‘Right-to-try’ bill rejected by House, in major blow to GOP efforts.* “In a major blow to the effort to pass a federal ‘right-to-try’ law, House Republicans failed to muster the votes to pass a key compromise measure Tuesday. The legislation was rejected by a vote of 259-140. The bill needed two-thirds majority to pass under suspension of rules.”
 - Read more: <https://www.statnews.com/2018/03/13/right-to-try-house-vote>

- *CBO: Bill to shore up ObamaCare would reduce premiums by 10 percent.* “An updated bill to shore up ObamaCare's markets could reduce premiums by 10 percent next year and by 20 percent in 2020 and 2021 for states that get extra funding from the administration, according to preliminary estimates from the Congressional Budget Office (CBO).”
 - Read more: <http://thehill.com/policy/healthcare/378501-bill-to-shore-up-obamacare-would-reduce-premiums-by-10-percent-next-year>

- *Louise Slaughter, longtime progressive New York congresswoman, dies at 88.* “Democratic U.S. Representative Louise Slaughter, a Kentucky blacksmith’s daughter who became a leading progressive voice in Congress from New York, died early on Friday, her chief of staff said. She was 88.”
 - To read more: <https://www.reuters.com/article/us-usa-congress-slaughter/louise-slaughter-longtime-progressive-new-york-congresswoman-dies-at-88-idUSKCN1GS1Z3>

- **Week Ahead**
 - *House to try again on bill easing use of unapproved drugs.* “The House plans to try anew next week to approve a Republican bill making it simpler for fatally ill people to try unproven treatments. And this time, the measure seems certain to pass. Lawmakers voted for the legislation on Tuesday by a lopsided 259-140 vote. But it lost because GOP leaders had used a procedure, normally reserved for uncontroversial bills, that requires a two-thirds majority for passage. Tuesday’s vote fell just short of that.”
 - Read more: <https://apnews.com/7d06e3dfc2d0474791ac3721477b85a2/House-to-try-again-on-bill-easing-use-of-unapproved-drugs>

 - *House panel to examine 25 opioid bills next week.* “The House Energy and Commerce Committee plans to consider 25 bills aimed at combating the opioid crisis during a two-day legislative hearing next week. The panel is working to hammer out a series of bipartisan bills with the goal of getting legislation to the House floor by Memorial Day.”
 - Read more: <http://thehill.com/policy/healthcare/378338-house-panel-to-examine-25-opioid-bills-next-week>

 - *Congress races to finish \$1.2 trillion funding bill.* “Congress is on the verge of unveiling a \$1.2 trillion government funding package that would provide the biggest increase to federal spending in years. But some conservatives have balked at the price tag of the omnibus, while members from both parties are worried that leaders will attach controversial “poison pill” riders to the funding measure at the last minute. Still, appropriators are hopeful that they will be able to resolve any outstanding issues and attract enough bipartisan support to avoid a government shutdown by Friday’s deadline.”

- Read more: <http://thehill.com/homenews/house/378862-congress-races-to-finish-12-trillion-funding-bill>

Regulatory and Administration Update

- Medicare Payment Advisory Commission Releases Report To Congress on Medicare Payment Policy. “On March 15, , the Medicare Payment Advisory Commission (MedPAC) releases its March 2018 Report to the Congress: Medicare Payment Policy. The report includes MedPAC’s analyses of payment adequacy in fee-for-service (FFS) Medicare and reviews the status of Medicare Advantage (MA) and the prescription drug benefit, Part D. MedPAC also recommends changing the way Medicare pays for clinician services in FFS by moving beyond the Merit-based Incentive Payment System (MIPS), recommends changes to MA and Part D to improve the equity and efficiency of those programs, and responds to a Congressional mandate on telehealth in Medicare. In the Bipartisan Budget Act of 2018, Congress enacted several policies that are similar to recommendations contained in this report.”
 - To read the full press release: http://medpac.gov/docs/default-source/press-releases/mar18_newsrelease_sec.pdf
- ***White House tweaks plan to seek death penalty as part of opioid response.*** “President Donald Trump’s plan to fight the opioid epidemic will call for the death penalty in some cases, White House officials said Sunday, scaling back the administration’s plan to punish drug dealers. ‘The Department of Justice will seek the death penalty against drug traffickers when appropriate under current law,’ said Andrew Bremberg, the White House’s director of the Domestic Policy Council. White House officials referred follow-up questions to DOJ.”
 - Read more: <https://www.politico.com/story/2018/03/18/opioid-death-penalty-heroin-trump-423902>
- ***Trump’s cancer panel says urgent action needed on rising drug costs.*** “A White House advisory panel on Tuesday called for urgent action to address the rising cost of cancer drugs. ‘Cancer patients should not have to choose between paying for their medications or paying their mortgages. For so many, it is truly a matter of life and death,’ said Barbara Rimer, chair of the President's Cancer Panel, which advises the president on issues related to cancer policy.”
 - Read more: <http://thehill.com/policy/healthcare/378129-trumps-cancer-panel-says-urgent-action-needed-on-rising-drug-costs>

Articles of Interest

- ***Individualizing blood pressure targets for people with diabetes and hypertension.*** “People with diabetes are at high risk for cardiovascular diseases, kidney disease, and

retinopathy, all of which may be reduced with appropriate blood pressure (BP) management. Therefore, the American Diabetes Association (ADA) includes recommendations for the diagnosis and management of hypertension in its annual Standards of Medical Care in Diabetes. In addition, the ADA published a position statement on diabetes and hypertension in September 2017, and the American College of Cardiology (ACC) and American Heart Association (AHA) published the 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults.”

- Read more: <https://jamanetwork.com/journals/jama/fullarticle/2675563>
- ***Accelerating new clinical trials and treatments for kidney disease.*** “Today, the National Kidney Foundation (NKF), along with the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) concluded a scientific workshop collaboration to review the results of a major, multi-year meta-analysis examining the largest compilation of data ever collected on chronic kidney disease (CKD). The groups gathered reviewed the data supporting the use of earlier markers of kidney disease progression as endpoints in clinical trials for early stages of CKD. These clinical trials may lead to treatments that will improve the lives of people with kidney disease. The extensive meta-analysis included data on nearly two million participants.”
 - Read more: <https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease>
- ***Cooper doctors study ‘compassion crisis’ in health care.*** “Last fall, Trzeciak, Anthony Mazzarelli, a physician who just became co-president of Cooper University Health Care, and Brian Roberts, a Cooper emergency physician, laid out their case for a new area of study, Compassionomics, in an essay in the journal Medical Hypotheses. It is obvious that health-care providers ‘ought’ to be compassionate, they wrote. But the team said that compassion may also be ‘an evidence-based intervention with measurable beneficial effects belonging in the *science* of medicine.’ Cooper is just starting its first compassion studies. The team will look at how caregiver compassion affects PTSD among critically ill patients, at whether compassion training affects the development or course of provider burnout, and at how to model costs related to compassion training.
 - Read more: <http://www.philly.com/philly/health/cooper-doctors-study-compassion-crisis-in-health-care-20180315.html>
- ***High prices are not the only driver of US healthcare costs.*** “High drug prices, the excessive use of imaging and surgery, and excessive administrative burdens are the bulk of this country’s healthcare overspending, says healthcare policy expert Ezekiel J. Emanuel, MD. In an essay this week in *JAMA*, Emanuel, chair of the department of Medical Ethics and Health Policy at the Perelman School of Medicine at the University of Pennsylvania, says Americans average \$9,403 per person in annual health care spending. By comparison, Germans and Dutch, average \$5,182 and \$5,202 respectively.”

- Read more: <http://www.healthleadersmedia.com/leadership/high-prices-are-not-only-driver-us-healthcare-costs>
- ***Diagnostic errors lead ECRI's top 10 patient safety concerns.*** “The annual list released this week includes health IT and opioids among other timely topics. The nonprofit ECRI Institute released its annual list of Top 10 patient safety concerns for healthcare organizations. Although the 2018 list includes a number of particularly timely topics, including opioid safety and the incorporation of health IT, the top slot went to a timeless topic: diagnostic errors.”
 - Read more: <http://www.healthleadersmedia.com/quality/diagnostic-errors-lead-ecri-top-10-patient-safety-concerns>
- ***Study finds widening gender pay gap among physicians.*** “Female doctors earned 28% less than their male colleagues from 2016 to 2017. There is no medical specialty in which female doctors earn more than male doctors. Physicians saw an average 4% wage increase nationally from 2016 to 2017, but compensation varied significantly across metropolitan areas, between genders, and across medical specialties, according to a new survey from Doximity.”
 - Read more: <http://www.healthleadersmedia.com/physician-leaders/study-finds-widening-gender-pay-gap-among-physicians>
- ***Study: Americans getting more exercise but increasingly obese.*** “A new federal report shows that more Americans are obese despite an overall increase in the rate of regular exercise. The National Center for Health Statistics found that 31.4 percent of Americans over the age of 20 were obese in 2017. That's up from 19.4 percent who were obese in the 1997 version of the study. At the same time, the number of Americans getting regular exercise has increased. In 2017, 53.8 percent of Americans met physical activity guidelines recommended by the federal government, up from just 41 percent who met those guidelines as recently as 2005.”
 - Read more: <http://thehill.com/policy/healthcare/378478-study-americans-getting-more-exercise-but-increasingly-obese>
- ***Patients overpay for prescriptions 23% of the time, USC analysis shows.*** “The USC study, released Tuesday, analyzed the prices that 1.6 million people paid for 9.5 million prescriptions in the first half of 2013, based on data from Optum Clinformatics, an organization that sells anonymized claims data for analysis, and National Average Retail Price (NARP) data, which contained drug prices paid by insurers and was based on a national survey of pharmacists. It showed that the overpayments totaled \$135 million during that six-month period.”
 - Read more: <http://www.latimes.com/business/la-fi-prescription-drug-prices-20180314-story.html>

- ***US spends twice as much as other wealthy countries on health care.*** “The United States spent twice as much on health care than ten other high-income countries in 2016, largely because of the high costs of prescription drugs, administrative overhead and labor, a new study released Tuesday indicates. While Americans don't use more services than people in high-income countries, the U.S.'s overall health spending still topped that of the United Kingdom, Canada and Germany, according to a study in the Journal of the American Medical Association.”
 - Read more: <http://thehill.com/business-a-lobbying/378221-us-spends-twice-as-much-as-other-wealthy-countries-on-health-care>

- ***NASA-funded AI-powered healthcare innovation platform launches at SXSW.*** “NASA is interested in novel health products that will find meaningful use in space. For that it is funding a new crowdsourcing platform that is aimed to connect NASA’s venture arm, as well as large health systems, researchers, life science companies and others, to a global network of early-stage entrepreneurs. The initiative called Collaborative Health Innovation Platform (CHIP) was announced Sunday during the annual SXSW conference and festival in Austin. The grant to create the platform came from the Translational Research Institute for Space Health (TRISH) that is funded by the space agency. The platform will be created by researchers from Rice University and Energizing Health, a healthcare innovation company that hosts events with the goal of connecting entrepreneurs to investors.”
 - Read more: <https://medcitynews.com/2018/03/nasa-funded-ai-powered-healthcare-innovation-platform-launches-sxsw>

- ***ASN Study addresses barriers to kidney disease screening among black Americans.*** “The incidence of kidney failure is 3 times higher in Black Americans than in whites, and the prevalence of chronic kidney disease (CKD) continues to rise among Black Americans while it has stabilized in other racial groups. New research points to potential barriers that may prevent Black Americans from being screened for kidney disease. The findings, which are published in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN), may help guide efforts to address important kidney-related disparities in the United States.”
 - To read more: https://www.eurekalert.org/pub_releases/2018-03/ason-sab030818.php