

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, March 22nd, 2016

Congressional Schedule

House

- “Met at 2 p.m. Monday and considered six bills under suspension of the rules, including concurring on Senate amendments to the Federal Aviation Administration (FAA) reauthorization (H.R. 4721) and a bill (S. 2393) on foreclosure relief for service members. Votes are postponed until 6:30 p.m.” (CQ)
- “Week Ahead: On Tuesday, the House meets at noon for consideration of seven bills under suspension of the rules and begin consideration of a bill (H.R. 2745) regarding antitrust violations. On Wednesday, the House will meet at 9 a.m. and plans to complete consideration of the antitrust bill. The House will begin its spring recess Thursday.” (CQ)

Senate

- “Not in session. The Senate has adjourned until April 4 – not technically a recess since Republicans plan to gavel in for pro forma sessions to avoid any chance of a presidential recess appointment.” (CQ)
- “When the Senate returns, it will hold votes on a bill (S. 1890) that would combat the theft of corporate trade secrets. The Commission on the Theft of American Intellectual Property estimates that trade secret theft costs the U.S. economy more than \$300 billion each year.” (CQ)

Legislative Updates

- ***Precision Medicine Bill Introduced in Senate.*** “A bill to support President Barack Obama's Precision Medicine Initiative was introduced March 17 by the head of the Senate health committee. The bill (S. 2713) wouldn't impose any additional requirements on top of provisions already in the White House initiative, announced in January 2015 to advance an emerging model of health-care delivery that targets treatments to patient subgroups identified by their genetic makeup. Instead, the bill would encourage the Department of Health and Human Services (HHS) to establish and carry out the Precision Medicine Initiative ‘to augment efforts to address disease prevention, diagnosis, and treatment.’ Introduction of the bill by Sen. Lamar Alexander (R-TN),

chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, comes about three weeks before his committee is scheduled to hold the third and final markup of legislation in a bipartisan effort to accelerate the development of new drugs and devices. Alexander's office hasn't confirmed that the bill will be on the April 6 markup docket, but the chairman's past remarks indicate it's a likely move for the Senate committee."

- For more information, please see the following link:

<http://www.bna.com/precision-medicine-bill-n57982068783/>

- ***Senate HELP Releases First Bill for Final 'Cures' Markup.*** "A bipartisan bill designed to make it easier for the National Institutes of Health (NIH) and the Food and Drug (FDA) Administration to recruit top scientists was introduced in the Senate March 17. The *Food and Drug Administration and National Institutes of Health Workforce Authorities Modernization Act* is the first bill announced for consideration April 6 when the Senate HELP Committee is expected to wrap up its work on medical innovation legislation to accelerate the pace of new medical treatments. The April 6 markup is expected to be the last of three mark-up sessions that HELP will have convened this year in the companion effort to the House-passed *21st Century Cures* bill (H.R. 6). The committee said in a March 17 statement that it will release the final set of bills at a later date. "There has never been a more remarkable time in biomedical innovation and research," HELP Chairman Lamar Alexander said in a March 17 statement. "This bipartisan bill takes a significant step to improve FDA and NIH's ability to deliver on the promise of this exciting time in science, by helping them hire and retain top performers and cutting red tape that actually obstructs their ability to keep up with the newest scientific advancements." The bill also would facilitate collaborations between government and the medical industry and remove administrative requirements to justify travel to scientific meetings, a process that NIH Director Francis S. Collins told senators has cost the agency \$14.5 million to implement. The travel justification requirements, he told HELP members last year, has created obstacles in promoting scientific discourse without adding any beneficial oversight."

- For more information on the bill, please see the following link:

<http://www.bna.com/senate-help-releases-n57982068732/>

- ***Bipartisan Mental Health Bill Advances in Senate.*** "The Senate HELP Committee on Wednesday advanced a bipartisan mental health bill to the full Senate as part of a difficult push to achieve mental health reform in an election year. The bill, a narrow consensus document, passed the committee unanimously on a voice vote. More thorny issues are expected to be dealt with later on the Senate floor... The Senate bill seeks to improve coordination of mental health programs by granting new powers to an assistant secretary in the HHS and sets up a new office to encourage the adoption of evidence-based programs. The legislation also authorizes grants for topics like integrating physical and mental health services, though the amount of the funding will depend on the appropriations process. It also seeks to push insurance companies to provide better mental health coverage through what is known as "parity." Some advocates have criticized the bill for being far too narrow, particularly in the area of helping people with serious mental illnesses."

- For the full article, please see the following link:
<http://thehill.com/policy/healthcare/273231-bipartisan-mental-health-bill-advances-in-senate>
- ***Medicare Advantage a Model for Savings, Panel Chairman Says.*** “Medicare's fee-for-service program should be reformed to more closely resemble the Medicare Advantage program, the leader of an influential House panel said March 16. The traditional fee-for-service program is on a trajectory of higher costs and little innovation, while the Medicare Advantage program is based on market principles, House Ways and Means Health Subcommittee Chairman Pat Tiberi (R-OH) said at a hearing on preserving and strengthening Medicare. There is a substantial body of evidence suggesting that Medicare Advantage enrollees have lower utilization than enrollees in the traditional program, Katherine Baicker, a Harvard University health economics professor, testified... However, these ideas—and other proposals offered by the Republican side—would end Medicare as it is known, Rep. Jim McDermott (D-WA), the Subcommittee's Ranking Member, said.”
 - For the full article, please see the following link:
<http://www.bna.com/medicare-advantage-model-n57982068639/>
- ***Pelosi Urges Emergency Spending on Flint, Zika, Opioids.*** “House Minority Leader Nancy Pelosi (D-CA) wants the House to bring a supplemental spending bill to the floor before adjourning for the spring recess, calling the emerging threat of the Zika virus, opioid abuse and the water crisis in Flint, Mich., ‘emergencies’ that deserve urgent attention. Meanwhile, House Appropriations Chairman Harold Rogers, (R-KY), said spending bill markups are moving ahead despite House leaders' announcement Thursday that a budget resolution in the House won't be on the floor until after the spring recess. The Military Construction-VA (appropriations) bill is headed for a markup Wednesday in the House Committee, and in the Senate Committee on April 14. Pelosi said emergency spending is needed as well. ‘We’d like to see some action on the budget, but in the absence of that, we need a supplemental,’ the California Democrat said during her weekly news conference.”
 - For the full article, please see the following link:
<http://www.rollcall.com/news/policy/pelosi-urges-emergency-spending-flint-crisis-zika-virus-opioids>

Regulatory Updates

- ***CMS Releases Interactive Mapping Medicare Disparities Tool.*** “Today, the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) released a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The Mapping Medicare Disparities (MMD) Tool identifies disparities in health outcomes, utilization, and spending by race and ethnicity and geographic location. Understanding geographic differences in disparities is important to informing policy decisions and efficiently targeting populations and geographies for interventions... Racial and ethnic minorities experience disproportionately high rates of chronic diseases, and are more likely to experience difficulty accessing high quality of care than other individuals. The identification of

areas with large differences in the proportions of Medicare beneficiaries with chronic diseases is an important step for informing and planning health equity activities and initiatives.”

- For more information, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-03-17.html>
- ***Biden Names Head of Moonshot Task Force For Cancer Cure.*** “Vice President Biden on Friday announced an executive director for his Cancer Moonshot Task Force as he pushes to speed up the search for a cure. Biden appointed Greg Simon as the executive director. Simon co-founded the group Faster Cures in 2003, which pushes for collaboration and speeding up research around serious diseases. Simon also has experience in the pharmaceutical industry, as a senior vice president of Pfizer from 2009 to 2012. He is not a political newcomer either, having served as an adviser to former Vice President Al Gore in the 1990s. Simon himself was recently successfully treated for cancer, adding a personal element.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/273538-biden-names-head-of-cancer-moonshot-task-force>
- ***Healthcare, Patient Groups Speak Out Against Medicare Part B Proposal.*** “Over 300 healthcare and patient advocacy organizations sent a letter to Senate and House leaders on Thursday urging them to press CMS to permanently withdraw a reduced Part B drug payment model from consideration. CMS has proposed testing the new model, recommended by the Medicare Payment Advisory Commission, to lower the 6 percent add-on payment to Part B prescription drugs to 2.5 percent and to include a flat fee of \$16.80 per drug per day. The move is seen as a way to counter the rising costs of prescription drugs. In the proposed rule, CMS expresses concern that the 6 percent average sales price add-on payment may encourage the use of more expensive drugs because they generate more revenue. Opponents have said the rule would adversely affect beneficiaries, push cancer care delivery into the more expensive hospital setting, result in drug reimbursement below the average sales price, and is based on the faulty assumption that oncologists practice medicine solely by financial incentives.”
 - For the full article, please see the following link:
<http://www.healthcarefinancenews.com/news/healthcare-patient-groups-speak-out-against-medicare-part-b-proposal>
- ***CMS Mulling Quality Measure Reporting Period, Congress Told.*** “CMS is trying to determine the best time period for physicians to submit quality reports to Medicare, a CMS official told a Congressional committee Thursday. ‘We’ve historically had a performance period that is 12 months, and often providers wanted 3-4 months to finish reporting on quality measures,’ Patrick Conway, MD, CMS chief medical officer, told members of the House Energy & Commerce Health Subcommittee... The discussion on the reporting period was just one element of the hearing, which was called to find out how CMS was progressing on its implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), which included numerous reforms to physician payments.”

- For the full article, please see the following link:
http://www.medpagetoday.com/PublicHealthPolicy/Medicare/56815?xid=nl_mpt_DHE_2016-03-19&eun=g939522d0r
- **Editorial: Patient Safety and The Limits Of Volunteerism.** “Two recent patient-safety initiatives – one designed to curb opioid overprescribing and the other a heart-device recall – reveal the limits of voluntary action when it comes to avoiding harm from drugs and medical devices. The Centers for Disease Control and Prevention (CDC) issued voluntary guidelines last week for how physicians and hospitals should prescribe opioids for long-term pain relief. The CDC recommended starting with over-the-counter pills such as ibuprofen before switching to low-dose opioids if the initial treatment is ineffective. It recommended against the use of extended-release opioids. Those pills can be turned into street drugs, and accounted for a significant number of the nearly 30,000 deaths from opioid overdoses in 2014. The guidelines have been warmly received by experts who study the growing opioid epidemic. But they have come under steady attack from cancer patient advocates – who are specifically exempted in the guidelines – and doctors who focus on pain management in their practices or the nation’s far-flung network of pain clinics.”
 - For the full article, please see the following link:
http://www.modernhealthcare.com/article/20160319/MAGAZINE/303199985?utm_source=modernhealthcare&utm_medium=email&utm_content=20160319-MAGAZINE-303199985&utm_campaign=am
- **HHS Issues Pain Strategy, With No Fanfare.** “HHS quietly released the years-in-the-making National Pain Strategy, just a few days after the CDC issued a guideline urging doctors to reduce opioid prescribing. Unlike the CDC’s opioid recommendations, announced by HHS Secretary Sylvia Burwell and CDC director Tom Frieden, MD, MPH, at a highly attended press briefing with national media, the agency only issued a press release with a quote from Assistant Secretary for Health Karen DeSalvo, MD. There’s no budget attached to the 83-page strategy, and it does not make specific recommendations about treatment, particularly regarding opioids. Nor does it state a plan to definitively establish opioids’ efficacy, or lack of it, for relieving chronic non-cancer pain. Rather, the HHS strategy is to increase access to interdisciplinary team-based pain care, said Sean Mackey, MD, PhD, of Stanford University and a co-chair of the working group that developed the strategy.”
 - For the full article, please see the following link:
http://www.medpagetoday.com/Neurology/PainManagement/56810?xid=nl_mpt_DHE_2016-03-19&eun=g939522d0r
 - To view the National Pain Strategy, please see the following link:
http://iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf
- **Press Release - The Health Care Industry Cybersecurity Task Force.** “At HHS, we’re working today with an eye on the horizon. We’re committed to building a health care system that provides better care, spends our health care dollars in smarter ways, and puts patients at the center of their care. Our aim is to strengthen health care so that it works for the health of every American. Our vision for this health care system is one where a patient can easily check their own medical record, where a patient’s different

clinicians, from pharmacists to nurses to physicians, can more seamlessly work together to keep that patient healthy, and where treatment can easily be tailored to a specific patient's needs. The key to unlocking that vision of a modern health care system is joining the data revolution that has already transformed so much of our society. Just recently, Secretary Burwell spoke at the 2016 conference of the Healthcare Information and Management Systems Society. She spoke about our need to unlock data to bring health care into the 21st century and how the security of patient data is essential to our progress... Today, we're taking a significant step to improve the safety of the data and security of life-saving medical devices across our health care system by announcing the membership of the Health Care Industry Cybersecurity Task Force."

- For the full press release, please see the following link:
<http://www.hhs.gov/blog/2016/03/16/healthcare-industry-cybersecurity-task-force.html>

- ***Turing Execs Grilled Again in Senate Hearing.*** A Senate committee roasts executives of Turing Pharmaceuticals for price-gouging and unethical business practices after reviewing company documents. 'Predators, 'parasites, 'pure evil.' These are just a few of the epithets members of the Senate Special Committee on Aging pinned to executives of Turing Pharmaceuticals at a hearing on Thursday... Sen. Susan Collins (R-Maine), chair of the committee, said that it had collected more than 1,000 pages of documents including emails, PowerPoints, and Skype conversations, to examine Turing's business dealings and those of another firm, Retrophin, with a similar business model. Both firms were formerly run by investor Martin Shkreli, currently being prosecuted for securities fraud unrelated to the alleged price-gouging."

- For the full article, please see the following link:
http://www.medpagetoday.com/Washington-Watch/Washington-Watch/56818?xid=nl_mpt_DHE_2016-03-21&eun=g939522d0r

Hearings

- Tuesday, March 22, 2016
The House Committee on Oversight and Government Reform will hold a hearing on, "America's Heroin and Opioid Abuse Epidemic."

- For more details on the hearing, please see the following link:
<https://oversight.house.gov/hearing/americas-heroin-and-opioid-abuse-epidemic/>

The House Small Business Committee Economic Growth, Tax and Capital Access Subcommittee will hold a hearing on "Lip Service but Little Else: Failure of the Small Business Health Insurance Tax Credit."

- For more details on the hearing, please see the following link:
<http://smallbusiness.house.gov/calendar/eventsingle.aspx?EventID=398925#sthash.Rdjcph5W.dpuf>

The House Veterans' Affairs Committee Subcommittee on Health will hold a hearing on "Choice Consolidation: Leveraging Provider Networks to Increase Veteran Access."

- For more information, please see the following link:
<http://veterans.house.gov/hearing/choice-consolidation-leveraging-provider-networks-to-increase-veteran-access>

Articles of Interest

- ***A How-To Guide to Prescribing Exercise for Chronic Health Conditions.*** “Exercise helps to alleviate the symptoms of many chronic health conditions such as knee osteoarthritis, low back pain, chronic obstructive pulmonary disease (COPD), diabetes, heart disease and more, yet it is often overlooked as a treatment. A review in CMAJ (Canadian Medical Association Journal) aims to provide an easy-to-use how-to guide for health care professionals to prescribe exercise for specific chronic diseases... According to the authors of the review, exercise is often under prescribed in favor of pharmaceutical or surgical solutions, despite exercise having similar efficacy. Lack of awareness among physicians and patients about the effectiveness of the different types of exercise, poor descriptions of exercises in studies and lack of training for health care practitioners are factors affecting under prescription.”
 - For the full article, please see the following link:
http://www.eurekalert.org/pub_releases/2016-03/cmaj-ahg030916.php
- ***Doctors Ponder Delicate Talks As Medicare Pays For End-Of-Life Counsel.*** “The woman’s spontaneous admission in (Dr. Kevin) Newfield’s south Florida office that January day triggered a 20-minute discussion about living wills, hospice and other end-of-life issues, Newfield said. An orthopedic surgeon who sometimes performs amputations, Newfield is comfortable having those conversations. Many doctors are not, but a Medicare policy, known as advance care planning, that took effect in January could help change that. Physicians can now bill Medicare \$86 for an office-based, end-of-life counseling session with a patient for as long as 30 minutes. Medicare has set no rules on what doctors must discuss during those sessions. Patients can seek guidance on completing advance directives stating if or when they want life support measures such as ventilators and feeding tubes, and how to appoint a family member or friend to make medical decisions on their behalf if they cannot, for instance. The new policy reflects Americans’ growing interest in planning the last stage of their lives when they may be unable to make their wishes known.”
 - For the full article, please see the following link: <http://khn.org/news/doctors-ponder-delicate-talks-as-medicare-pays-for-end-of-life-counsel/>
- ***Helping Nurses Who Can't or Won't Help Themselves.*** “If there's one thing healthcare leaders can agree on, it's that a good RN is hard to find. But sometimes, the bigger challenge is keeping them onboard once they've been discovered. Between the constant pressure to do more with less and the long hours and heavy workload expected of nurses, it's no surprise that nurse burnout is prevalent... The dangers of burnout and fatigue, both physical and mental, go well beyond job dissatisfaction or frustration for nurses. The Bureau of Labor Statistics ranked nurses fifth of all occupations in 2010 in the number of workdays missed due to occupational injuries and illness, and as many as 20% of nurses are estimated to suffer from a substance abuse disorder. But there are

strategies to stop burnout in its tracks and avoid nurse turnover, and human resources can help.”

- For the full article, please see the following link:
<http://www.healthleadersmedia.com/hr/helping-nurses-who-cant-or-wont-help-themselves#>

- ***In a Fight Between Nurses and Doctors, The Nurses Are Slowly Winning.*** “ Amid a flurry of legislation to pass in the final days of spring state legislative sessions last week, nurses won two more victories in a long war for independence. For decades, most of the country has required physician oversight for nurses to conduct certain procedures, and especially to prescribe drugs. But that’s slowly changing, as the nation’s health-care needs rise, and nurses fight for the right to practice everything they learned in school. The most recent wins came in West Virginia and Florida, where after many years of trying, lawmakers passed measures freeing up “advanced practice” nurses – those with more graduate education than just a nursing degree – to administer a wider range of care and prescribe most drugs without having to maintain a relationship with a physician.”

- For the full article, please see the following link:
<https://www.washingtonpost.com/news/wonk/wp/2016/03/18/in-a-fight-between-nurses-and-doctors-the-nurses-are-slowly-winning/>

Other

- **REMINDER - NURSE Corps Scholarship Program Applications Now Open.** The application period for the NURSE Corps Scholarship Program is now open. The NURSE Corps Scholarship Program provides, “...scholarships to nursing students in exchange for a minimum 2-year full-time service commitment (or part-time equivalent), at an eligible health care facility with a critical shortage of nurses.”
 - The application submission deadline is May 5, 2016 at 7:30 pm EST.
 - For more information, please see the following link: <http://1.usa.gov/1Ub7gFu>
- **NURSE Corps Scholarship Technical Assistance Conference Call.** Health Resource Services Administration (HRSA) staff will host a conference call on Tuesday, March 22nd from 7:00 – 9:00 pm EST to provide technical assistance for those in need of help on their applications.
 - To participate in the call, please dial 1-888-790-3148 and use the passcode: 2128624.