

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, March 29th, 2016

Congressional Schedule

House

- “Not in session. The House returns April 12.” (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 in order 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

- *Doctors group outlines plan to combat drug prices.* “The American College of Physicians (ACP) proposed giving Medicare and other public health programs more authority to negotiate drug discounts, a policy embraced by Hillary Clinton, Bernie Sanders and Donald Trump - but forcefully opposed by the drug industry. The doctors group also calls for shining a light on drug pricing by requiring drug companies to report research, development and production costs to regulators. The doctors group's position paper, published in the Annals of Internal Medicine, also recommends exploring policies to allow the re-importation of certain drugs where they're sold at lower prices. It also wants to eliminate the prohibition on the Patient Center Outcomes Research Institute (PCORI) from considering cost effectiveness in its work. The ACP paper also calls on insurers to limit cost-sharing for specialty drugs, noting that higher coinsurance or copayments often result in poorer medication adherence. The group also encourages more research on value-based pricing models, like bundled payments and pricing pegged to a drug's effectiveness in treating different conditions. ACP also recommends greater education about new biosimilars, cheaper copycat versions of high-priced biologic medicines.” (Politico)

- *40 Members of Congress Ask PCORI to Invest More money on Comparative Effectiveness Research of Pharmaceuticals.* In a letter to the Executive Director of the Patient-Centered Outcomes Research Institute, 40 Members wrote last Friday to Dr. Joe Selby asking that PCORI prioritize comparative effectiveness research (CER), particularly as a means to test prescription medication prices. They also wrote to ask that PCORI publish consumer-friendly guidance in research results, particularly for high-cost conditions, and to issue a “best practices” to help researchers chose the best option for research going forward.
 - For the full letter, please see the following link:
https://doggett.house.gov/images/Signed_Members_Ltr_to_PCORI.pdf

Regulatory Updates

- *Congressional Budget Office (CBO) Report on Cost of the Affordable Care Act (ACA).* “The Affordable Care Act will cost the federal government far less money over the next decade than the Congressional Budget Office had originally anticipated before the law's passage. The new CBO report attributes the lower spending in part to the slowdown in health care spending and to lower-than-anticipated enrollment in the Affordable Care Act’s (ACA's) health insurance marketplaces. From 2016-19, the CBO now estimates that Obamacare's health insurance will cost \$466 billion, a 25 percent reduction from the agency's original estimate. Six years ago, the CBO projected that the provisions of the law, related to health insurance, would cost \$623 billion over that same time period.” (Politico)
 - For the CBO report, please see the following link:
<https://www.cbo.gov/publication/51385>
- *NQF's Measure Applications Partnership Calls for Nominations.* “The Call for Nominations for the National Quality Forum’s (NQF's) Measure Applications Partnership (MAP) 2016-2017 pre-rulemaking cycle is open through **April 15 at 6:00 pm ET**. MAP is a public-private partnership convened by NQF to provide input to the U.S. Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment, and other programs. MAP’s careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures that HHS will receive varied and thoughtful input on performance measure selection. The annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a global and strategic manner. NQF is currently seeking nominations for organizations and individual subject matter experts for the MAP Coordinating Committee and four advisory workgroups:
 - **Coordinating Committee** - Sets the strategy for MAP, provides direction to and ensures alignment among the workgroups, and finalizes input to HHS.
 - **Clinician Workgroup** - Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for clinician performance measurement programs.
 - **Hospital Workgroup** - Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for hospital

- performance measurement programs, including for inpatient acute, outpatient, cancer, and psychiatric hospitals.
- **Post-Acute Care/Long-Term Care Workgroup** - Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for post-acute care and long-term care performance measurement programs, including for hospices, inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health care.
 - **Dual Eligible Beneficiaries Workgroup** - Provides input to the Coordinating Committee on matters related to the quality of care for Medicare-Medicaid dual eligible beneficiaries across the care continuum.”
 - For more information, please see the following link:
<http://www.qualityforum.org/map/>
- **2016 Guidelines for Prescribing Opioids for Chronic Pain.** “The Centers for Disease Control and Prevention (CDC), announced the availability of the 2016 Guideline for Prescribing Opioids for Chronic Pain. The CDC published the Guideline in the March 18, 2016 edition of CDC's Morbidity and Mortality Weekly Report, Recommendations and Reports.”
 - For more information on the report, please see the following link:
<https://www.federalregister.gov/articles/2016/03/23/2016-06567/2016-guideline-for-prescribing-opioids-for-chronic-pain>
 - **Centers for Medicare and Medicaid Services (CMS) Launches New Effort to Improve Care for Nursing Facility Residents.** “The Centers for Medicare & Medicaid Services announced it will test whether a new payment model for nursing facilities and practitioners will further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by nursing facility residents. This next phase of the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents seeks to reduce avoidable hospitalizations among beneficiaries eligible for Medicare and/or Medicaid by providing new payments to practitioners for engagement in multidisciplinary care planning activities. In addition, the participating skilled nursing facilities will receive payment to provide additional treatment for common medical conditions that often lead to avoidable hospitalizations.”
 - For more information, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-03-24.html>

Articles of Interest

- **What would happen if Americans were paid to donate their kidneys?** “One of the strictest tenets of the U.S. transplant system is that paying for organs is forbidden. The ban, imposed by the *National Transplant Act of 1984*, was designed to protect the poor from being taken advantage of by the wealthy. Impassioned supporters of the law argued that compensating people for body parts is exploitative and treats donors like subhumans, and the debate was essentially closed for more than three decades – until recently. The ethically tricky issue has come back to the public consciousness through a widely shared TEDMed talk by a woman who wanted to donate a kidney but couldn't

afford to do it and through several opinion pieces published by doctors in prestigious medical journals.”

- For the full article, please see the following link:
<https://www.washingtonpost.com/news/to-your-health/wp/2016/03/23/what-would-happen-if-you-offered-to-pay-americans-to-donate-their-kidneys/>
- ***Understanding Financial Risk Models in Nephrology.*** “Every day there is a new press release regarding the movement away from fee-for-service (FFS) to either attribution to an Accountable Care Organization (ACO) or to enrollment in a health plan. With the federally financed 1115 Medicaid Waiver Demonstrations, Centers for Medicaid & Medicare Innovation (CMMI) State Dual Eligible Demonstrations, and Medicare Advantage, there will soon be no fee-for-service payments for dual eligible Medicare and primary Medicaid beneficiaries. Fee-for-service reimbursement for these populations, as we know it today, could easily be gone in less than 10 years. Today, the national average payer mix for End-Stage Renal Disease (ESRD) patients is 80% FFS Medicare, 8% Medicare Advantage, 8% FFS Medicaid, and 4% commercial. In areas of the country where Medicare Advantage enrollment is high, 1115 Medicaid Waivers are in place, and Dual Eligible Demonstrations are implemented, the payer percentage can be 30% FFS Medicare, 58% Medicare Advantage, 8% Managed Medicaid, 0% FFS Medicaid, and 4% commercial. If there is a Medicare Shared Savings Program ACO active in the area, some of the remaining 30% in FFS Medicare could be attributed to the ACO. In addition, Commercial Health Plans and Employer Self-Funded (ERISA) Health Plans are following the Accountable Care Act’s federal and state health care exchanges with narrow provider networks and some form of provider risk sharing agreements... So what does this mean for nephrologists, nephrology groups, and dialysis providers? Provider contracts will be awarded to clinically integrated narrow networks of providers on either a shared saving (think ESCO) or partial (think bundled) or fully capitated (think Special Needs Plan) risk agreement.”
 - For the full article, please see the following link:
<http://www.nephrologynews.com/understanding-financial-risk-models-in-nephrology/>
- ***Most Kidney Transplant Recipients Visit the Emergency Department After Discharge.*** “More than half of kidney transplant recipients will visit an emergency department in the first 2 years after transplantation, according to a study appearing in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN). The findings indicate that efforts are needed to coordinate care for this vulnerable patient population. Little information is available on the incidence and risk factors associated with emergency department visits among kidney transplant recipients. In their efforts to investigate the issue, Jesse Schold, PhD (Cleveland Clinic) and his colleagues identified 10,533 kidney transplant recipients from California, New York, and Florida between 2009 and 2012.”
 - For the full article, please see the following link:
http://www.eurekalert.org/pub_releases/2016-03/ason-mkt031716.php

- ***Device Maker Olympus Hiked Prices For Scopes As Superbug Infections Spread.*** “Soon after doctors at UCLA’s Ronald Reagan Medical Center traced deadly infections to tainted medical scopes last year, they pressed the device maker to lend them replacements. But Olympus Corp. refused. Instead, the Tokyo company offered to sell UCLA 35 new scopes for \$1.2 million – a 28 percent increase in price from what it charged the university just months earlier, according to university emails obtained from a public-records request. Olympus sales manager Vincent Hernandez told UCLA that the company’s previous discounts no longer applied. ‘Supplies are already low, where demand is high with all academic institutions expanding their inventories,’ Hernandez wrote to the medical center.”
 - For the full article, please see the following link: <http://khn.org/news/device-maker-olympus-hiked-prices-for-scopes-as-superbug-infections-spread/>

Hearings

- ***Senate Drug Price Hearing on Price Hikes.*** The Senate Aging Committee will hold a hearing on April 27th to discuss the price spikes on decades-old prescriptions. Michael Pearson, CEO of Valeant Pharmaceuticals, has received a subpoena from the Committee to testify at the hearing.
 - For more information on the hearing, please see the following link: <http://www.aging.senate.gov/press-releases/chairman-collins-ranking-member-mccaskill-announce-third-hearing-in-senate-aging-committees-bipartisan-investigation->