

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, March 7th, 2016

Congressional Schedule

House

- “Not in session. The House will return the week of March 14.” (CQ)

Senate:

- “Convenes [today] at 3 p.m. and resumes consideration of an opioid addiction bill (S. 524). A vote to limit debate on a substitute amendment to the measure is set for 5:30 p.m.” (CQ)

Legislative Updates

- **Senate Democrats Seek NIH, FDA Mandatory Funding.** “Senate Democrats pushing for a mandatory funding stream for the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) introduced a bill to provide both agencies a total of \$5 billion per year. The legislation would provide additional money to fund specific efforts such as the precision medicine and cancer moonshot initiatives. Democrats on a key Senate health committee introduced the bill (S. 2624) March 3, about one week before a medical innovation markup as part of the Senate's companion effort to the House's 21st Century Cures bill (H.R. 6). However, the Democrats' bill isn't on the Health, Education, Labor and Pensions (HELP) Committee's list of measures set for consideration in the March 9 markup.”
 - For the full article, please see the following link: <http://www.bna.com/senate-democrats-seek-n57982068194/>
- **Speaker Paul Ryan and GOP leaders try to reach a budget compromise.** “Before Mitt Romney picked him as his vice presidential running mate in 2012, before Republicans beseeched him to succeed John Boehner as House speaker last year, Ryan wrote – and helped to pass – the party's annual budget resolution. These were the documents that laid out the GOP's governing philosophy, that established the wonky Wisconsinite as the nation's leading conservative thinker and one who was unafraid to risk the political blowback of proposing deep cuts to federal spending and far-reaching changes to entitlement programs. So it would be no small embarrassment for Ryan's first year as speaker to also be the first time in the GOP's six years in the majority that the House failed to pass a budget. Yet that remains a distinct possibility, as party leaders try to

wrangle conservatives into supporting a proposal that adheres to the deal that Ryan's predecessor struck with President Obama and congressional Democrats. Those conservatives – most vocally the members of the hard-line House Freedom Caucus – didn't support Boehner's agreement in the first place. And they want the budget to reflect Republican priorities, not a bipartisan compromise, by calling for billions less in federal spending."

o For the full article, please see the following link:

<http://www.theatlantic.com/politics/archive/2016/03/can-house-republicans-pass-their-budget/472170/>

Regulatory Updates

- ***HHS Achieves Goal of Tying 30 Percent of Medicare Payments to Alternative Payment Models.*** "Thanks to tools provided by the Affordable Care Act, an estimated 30 percent of Medicare payments are now tied to alternative payment models that reward the quality of care over quantity of services provided to beneficiaries, HHS announced today. Today's announcement means that over 10 million Medicare patients are getting improved quality of care by having more time with their doctors and better coordinated care – nearly a year ahead of schedule. The Affordable Care Act established tools such as the Medicare Shared Savings Program and the Center for Medicare and Medicaid Innovation, which tests a number of alternative payment models for achieving better care, smarter spending and healthier people. Alternative payment models are ways for Medicare to reimburse providers based on the health of the patient and quality of care rather than the number of services provided. Examples include accountable care organizations (ACOs), advanced primary care medical homes, and new models that bundle payments for episodes of care. In January 2015, the Administration announced clear goals and timelines for shifting Medicare reimbursements from quantity to quality, setting a goal of 30 percent of Medicare payments through alternative payment models by the end of 2016. With the January 2016 announcement of 121 new ACOs as well as greater provider participation in other models, HHS today estimates that it has achieved that goal well ahead of schedule." Improving the quality and affordability of care for all Americans has always been a pillar of the Affordable Care Act, alongside expanding access to health care," said HHS Secretary Sylvia M. Burwell. "The law gives us the tools to put patients at the center of their care, improve quality and help make care more affordable over the long term..."
 - o For the full article, please see the following link:
<http://www.hhs.gov/about/news/2016/03/03/hhs-reaches-goal-tying-30-percent-medicare-payments-quality-ahead-schedule.html>
- ***HHS will push nurses to use new codes.*** "HHS' Office of the National Coordinator for Health Information Technology is pushing nurses across the nation to use common language in electronic health records. The office's chief nursing officer, Rebecca Freeman, is promoting the use of the LOINC (Logical Observation Identifiers Names and Codes) and Snomed (Systematized Nomenclature of Medicine) codes for nursing documentation. The aim is to end a cacophony of more than a dozen different terminologies in use today, she said.

Freeman said it's critical to achieving the government's interoperability goals, and that goal will become increasingly important to providers as the nation moves toward value-based payments. The reason is, even if every EHR system could send and receive data seamlessly to other systems, there would still be a communication problem with nursing data, Freeman said. Nurses use different terminology that would need to be normalized to be understood by the different systems and their users, an extremely labor-intensive process. HHS Secretary Sylvia Mathews Burwell, in her keynote speech Monday at the Healthcare Information and Management Systems Society convention in Las Vegas, and ONC chief Dr. Karen DeSalvo, in her question and answer session at the nursing informatics symposium, both emphasized that promoting interoperability will be a No. 1 priority for the feds this year."

- For the full article, please see the following link:
<http://www.modernhealthcare.com/article/20160301/NEWS/160309988>
- ***Congress: Act now to improve access, care for individuals with kidney failure.*** Kidney Care Partners (KCP) Chair Franklin Maddux writes, "In just a few short decades, our ability to treat patients with once-terminal conditions has advanced dramatically. Thirty years in practice as a nephrologist have given me a front-row seat to remarkable changes and positive advances for individuals with multiple complex health conditions, including improved patient outcomes, reduced mortality rates, and a better quality of life. These years of progress have changed the equation from whether chronically ill patients can be treated successfully, to how we can treat them most effectively."
 - For the full article, please see the following link:
<http://thehill.com/blogs/congress-blog/healthcare/271004-congress-act-now-to-improve-access-care-for-individuals-with>
- ***Centers for Medicare and Medicaid Services (CMS) delays Medicare enrollment for physicians to prescribe Part D drugs.*** "The CMS is once again putting the brakes on an initiative meant to curb prescribing abuse in the Medicare Part D program. In March 2014, the agency finalized a rule that mandated doctors and other medical professionals enroll in Medicare to prescribe drugs that are paid for by the federal healthcare program. The enforcement date, most recently set for Jan. 1, 2016, has moved at least three times. In a letter sent directly to Part D plans on March 1, the CMS stated it is again delaying the rule's enforcement until Feb. 1, 2017. If a provider isn't enrolled in Medicare by the time the enforcement deadline kicks in, Part D plans will be required to notify patients under that clinician's care that Part D drugs won't be covered if they continue to see that provider."
 - For the full article, please see the following link:
<http://www.modernhealthcare.com/article/20160304/NEWS/160309919>

Hearings

- **Wednesday, March 9th**

The Senate HELP Committee will hold an executive session to mark-up bills that are part of its efforts related to medical innovation.

- Please see the following link for more information:

<http://www.help.senate.gov/hearings/s1878-s1077-s1101-s2055-s1767-s1597-s2512-and-nomination-of-dr-john-king>

- **Thursday, March 10th**

The Senate Finance Committee will hold a hearing entitled, "HealthCare.gov: A Review of Operations and Enrollment."

- Please see the following link for more information:

<http://www.finance.senate.gov/hearings/healthcaregov-a-review-of-operations-and-enrollment>

Events

- **Thursday, March 10th**

Academy Health, the American Cancer Society Cancer Action Network, Celgene and Research!America will host a hill briefing on cancer research.

- For more information, please see the following link: <http://bit.ly/1RI9E4D>

Articles of Interest

- ***Consumer Choices Have Limited Impact on U.S. Health Care Spending.*** "A new study throws cold water on the popular idea that consumers can save themselves and the health care system loads of money if they become savvier shoppers for health care services. The analysis by the Health Care Cost Institute focused on what consumers paid out of pocket, where comparison shopping can result in lower costs. The study found that less than 7 percent of total health care spending in 2011 was paid by consumers for 'shoppable' services."

- For the full article, please see the following link: <http://bit.ly/24GeoyT>

- ***The odd thing Justice Kennedy noticed about abortion in Texas.*** "As the Supreme Court heard arguments Wednesday for the most consequential abortion case in a generation, new criticism of state rules that shrink access to clinics came from the justice widely predicted to cast the swing vote. In Texas, Associate Justice Anthony Kennedy pointed out, the number of medical abortions — the method used almost exclusively in early terminations — is falling faster than the surgical procedure, used for most later terminations."

- For the full article, please see the following link: <http://wapo.st/1YbzUa6>

- ***Study: End Stage Renal Disease Patients Face Policy Barriers to Home Dialysis.***

"Current federal policies limit patient access to home dialysis, a treatment option that offers significant clinical and quality-of-life advantages, according to a report released today by Washington, DC-based economist Alex Brill of Matrix Global Advisors (MGA).

As a result of policy barriers, Brill finds, a key segment of the growing population of patients who have End Stage Renal Disease (ESRD) miss out on the important health and lifestyle benefits of home dialysis. Brill, formerly chief economist to the House Ways & Means Committee, also finds that innovation in the home dialysis market may not reach patients if barriers cannot be addressed.”

- For the full article, please see the following link:

<http://www.prnewswire.com/news-releases/study-end-stage-renal-disease-patients-face-policy-barriers-to-home-dialysis-300229949.html>