

**American Nephrology Nurses Association**

**Weekly Capitol Hill Update - Tuesday, April 12th, 2016**

**Congressional Schedule**

**House**

- “On Monday, the House met for a pro forma session at 3:30 p.m., with no legislative action expected.” (CQ)
- “**Week Ahead:** On Tuesday, the House meets at 2 p.m. for consideration of four bills under suspension of the rules, including a measure (S. 2512) that would add the Zika virus to the Food and Drug Administration’s (FDA) priority review voucher program. Votes will be postponed until 6:30 p.m. On Wednesday, the House meets at noon for consideration of six bills under suspension of the rules, including one (H.R. 4482) on Southwest border security. On Thursday, the House meets at noon to consider a bill (H.R. 3791) on the Federal Reserve Board’s small bank holding company policy and a bill (H.R. 3340) on the Financial Stability Oversight Council. On Friday, the House meets at 9 a.m. to consider a measure (H.R. 2666) that would prohibit the Federal Communications Commission (FCC) from regulating broadband rates.” (CQ)

**Senate**

- “On Monday, the Senate convened at 3 p.m. Following leader remarks, the chamber was in a period of morning business until 4 p.m. The Senate confirmed the nomination of Waverly D. Crenshaw Jr. to be U.S. district judge for the Middle District of Tennessee. On Tuesday, the Senate will resume consideration of the Federal Aviation Administration (FAA) reauthorization vehicle (H.R. 636).” (CQ)

**Legislative Updates**

- **Portman: House Needs to Act on Senate Opioid bill.** “A leading sponsor of a Senate bill combating opioid abuse wants the House to take up that legislation instead of working on its own legislation. Sen. Rob Portman (R-OH) said on the Senate floor that the House should pass the Comprehensive Addiction and Recovery Act (CARA), which passed the Senate last month by a vote of 94-1. His remarks came on the same day that House Majority Leader Kevin McCarthy (R-CA) wrote in an op-ed that the House would draft its own legislation to fight opioids. McCarthy wrote in the Independent Journal Review that House leadership plans to bring the bills to the House floor next month. The bills address similar aspects of CARA, including focusing on prevention and treatment for

opioid addicts. However, it does not appear to address expanding access for first responders to the overdose antidote naloxone, a key part of the CARA legislation.”

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

<http://www.washingtonexaminer.com/portman-house-needs-to-act-on-senate-opioid-bill/article/2587955>

- ***Senators Advance Medical Cures Bill, Push for More Funding.*** Last week, “the Senate Health, Education, Labor and Pensions (HELP) Committee advanced a final round of medical innovation bills as lawmakers intensify their push for a deal on funding medical research. The panel advanced five bills aimed at speeding up Food and Drug Administration (FDA) approval of new drugs and devices. The measures will be combined with several other bills to become the Senate’s version of the House-passed 21st Century Cures Act. But a crucial element of the bill still remains to be worked out: new funding for medical research at the National Institutes of Health (NIH), which Democrats have made a deal breaker. The NIH funding could go to initiatives like the Obama administration’s ‘moonshot’ to cure cancer, and the FDA reforms are aimed at speeding up the approval of treatments, particularly for rare diseases.”
  - For the full article, please see the following link:  
<http://thehill.com/policy/healthcare/275359-senators-advance-cures-bills-push-to-find-funding>

### **Regulatory Updates**

- ***MedPAC Outlines Post-Acute Pay Overhaul, Backs Part D Change.*** “The Medicare Payment Advisory Commission [MedPAC] has completed work on a road map for overhauling how the program pays for post-acute care. The advisory panel voted to back a variety of changes to the Part D prescription drug program that could save as much as \$10 billion over five years. The post-acute proposal, to be included in the commission’s June report to Congress, would change the way Medicare reimburses skilled-nursing facilities, home health agencies, inpatient rehabilitation facilities and long-term-care hospitals. It would establish rates according to specific patient conditions instead of the kind of specific care setting... MedPAC commissioners also unanimously passed a package of nine recommendations related to Part D. If implemented, the package of proposals could save Medicare as much as \$2 billion in one year, and as much as \$10 billion in five years, according to a Congressional Budget Office assessment. Perhaps the most controversial of MedPAC’s suggestions was to limit which drugs would be a part of the protected class of Medicare Part D. Under the policy, a Part D plan is required to cover all or substantially all drugs in six therapeutic classes: antiretrovirals, immunosuppressants when used to prevent organ rejection, antidepressants, antipsychotics, anticonvulsant agents and antineoplastics.”
  - For the full article, please see the following link:  
<http://www.modernhealthcare.com/article/20160407/NEWS/160409905>
- ***Strengthening Medicare Advantage and Part D.*** On April 4, the Centers for Medicare and Medicaid Services (CMS) released final updates to the Medicare Advantage (MA) and Part D Prescription Drug Programs. These policies “seek to provide stable payments

to plans, and make improvements to the program for plans that provide high quality care to the most vulnerable beneficiaries.”

- To see the full announcement, please see the following link:  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-04.html>
- **FDA Approves Inflectra, a Biosimilar to Remicade.** Last week, “... the FDA approved Inflectra (infliximab-dyyb) for multiple indications. Inflectra is administered by intravenous infusion. This is the second biosimilar approved by the FDA ... Inflectra is approved and can be prescribed by a health care professional for the treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, active ankylosing spondylitis, active psoriatic arthritis, and chronic severe plaque psoriasis.”
  - For the full press release, please see the following link:  
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm494227.htm>
- **CMS Releases Final Rule on the Medicaid Program: Methods for Assuring Access to Covered Medicaid Services.** On April 12th, CMS released revisions to the deadline for states’ access monitoring review plan and extended it until October 1, 2016.
  - For the full text of the final rule, please see the following link:  
<https://www.gpo.gov/fdsys/pkg/FR-2016-04-12/pdf/2016-08368.pdf>
- **CMS Launches Largest-ever Multi-payer Initiative to Improve Primary Care in America.** Yesterday, “CMS announced its largest-ever initiative to transform and improve how primary care is delivered and paid for in America. The effort, the Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians and the 25 million people they serve. The initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care... Primary care practices will participate in one of two tracks. Both tracks will require practices to perform the functions and meet the criteria listed above, but practices in Track 2 will also provide more comprehensive services for patients with complex medical and behavioral health needs, including, as appropriate, a systematic assessment of their psychosocial needs and an inventory of resources and supports to meet those needs.”
  - For the full press release, please see the following link:  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-11.html>
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- **ICYMI: MedPAC Releases March Report to Congress.** On March 15, 2016, MedPAC released its March 2016 Report to Congress, which includes payment policy recommendations for fee-for-service providers and the status of Medicare Advantage and Medicare Part D. MedPAC recommended that Congress should direct the Secretary of HHS to reduce Medicare payment rates for 340B hospitals’ separately payable 340B

drugs by 10 percent of the average sales price, direct the program savings from reducing Part B drug payment rates to the Medicare-funded uncompensated care pool, and distribute all uncompensated care payments using data from the Medicare cost reports' Worksheet S-10. Regarding Medicare Part D, MedPAC noted that in 2014, Medicare spent \$78 billion for the Part D benefit, an increase of nearly 15% from the year before, with much of that increase due to spending for new hepatitis C drugs. MedPAC also found that while generics have played an important role in constraining overall price growth, brand price growth began to have a more dominating effect.

- For the full report, please see the following link:  
<http://medpac.gov/documents/reports/march-2016-report-to-the-congress-medicare-payment-policy.pdf?sfvrsn=2>
- **Home Health Lashes Back Against Preauthorization Proposal.** “A recent proposal that would require home health agencies to receive prior authorization before caring for patients has been met with an onslaught of backlash by the industry. The period for home health agencies to submit comments on the preauthorization proposal from CMS ended Tuesday with close to 250 comments from industry affiliates. The comments were largely against the rule, which CMS has touted as a means to reduce fraudulent and abusive practices. The new model would require agencies to hold off care until they receive authorization, instead of verification after claims are made. Home health agencies maintain that the rule would slow down care to patients who need it and result in heavy administrative burdens on the industry and CMS. The pilot proposal was quietly announced by CMS in the Federal Register in early February. In its current form, the proposed rule would pilot in Florida, Texas, Illinois, Michigan and Massachusetts.”
  - For the full article, please see the following link:  
<http://homehealthcarenews.com/2016/04/home-health-lashes-back-against-preauthorization-proposal/>
- **Medicare Part B Drug Payment Proposal Could Cost Some Doctors.** “Physicians could be facing a cut in reimbursement for drugs administered in their offices that cost more than \$480, according to an Avalere analysis of the proposed Medicare Part B drug payment rule. CMS recently proposed to test new pricing models aimed at lowering physician-administered drug costs. The proposal seeks to compare the traditional average sales price (ASP) plus 6% payment to a model of ASP plus 2.5% and an additional flat fee of \$16.80. Under the proposal, released in March, about half of physicians who administer Part B drugs would be paid under the traditional model, while the other half would be paid under the 2.5% plus \$16.80 model. The evaluation, which would run for 5 years, is aimed at finding out if the new model will remove current incentives to prescribe higher-cost drugs.”
  - For the full article, please see the following link:  
<http://www.familypracticenews.com/practice-economics/practice-management/single-article/medicare-part-b-drug-payment-proposal-could-cost-some-doctors/42fdf4f909997fb6c1e70efcaefd5583.html>

- **The next CMS Physicians, Nurses & Allied Health Professionals Open Door Forum is scheduled for April 13, 2016 at 2:00 p.m. EST.** This call will be Conference Call Only. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 39722694.
- ***New CMS Report Shows Deficiency-Free Surveys Increased in Nursing Centers.*** “The percentage of nursing center surveys that were deficiency-free increased from 8.8% in 2009 to 10.2% in 2014, according to a report released by CMS. Similarly, the percentage of surveys resulting in the determination of substandard quality of care has also declined from 4.4% in 2008 to 3.2% in 2014. The 2015 Nursing Home Data Compendium captures survey outcomes and characteristics for more than 15,000 Medicare- and Medicaid-certified nursing centers, and captures information on the demographic, functional and clinical characteristics of more than 1.4 million residents who reside in these centers.”
  - For the full article, please see the following link:  
[http://www.longtermcareleader.com/2016/04/new-cms-report-shows-deficiency-free.html?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+blogspot%2FaaHN+%28LONG+TERM+CARE+LEADER%29](http://www.longtermcareleader.com/2016/04/new-cms-report-shows-deficiency-free.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FaaHN+%28LONG+TERM+CARE+LEADER%29)

#### Articles of Interest

- ***Signing Up Organ Donors in China Can Be an Uphill Battle.*** “When Cao Yanfang left her nursing job to become a full-time ‘human organ donation coordinator,’ someone who asks families to donate their just-deceased relatives’ organs, she set herself the goal of persuading one in 100 families to give. That was in 2010, when China set up a nationwide voluntary donation system... Before 2010, the state extracted organs from death-row prisoners – thousands, perhaps tens of thousands, since organ transplants began in the 1970s. And the voluntary donation system has been slow to take off, hampered by cultural beliefs that a person’s body must be buried intact. The first year, only 34 people donated, said Hao Lin’na, deputy chairwoman of the Red Cross Society of China. Among the reasons people gave Ms. Cao as they declined: ‘If we donate, he won’t find his way home.’ ‘We’re already so pitiable, why are you making us donate, too?’ About 300,000 Chinese people need transplants each year. In the face of this enormous need, a system long riven with controversy for how it transgressed international medical ethical norms is changing, though doubts persist in some quarters.”
  - For the full article, please see the following link:  
[http://www.nytimes.com/2016/04/07/world/asia/china-organ-donor.html?ref=health&\\_r=0](http://www.nytimes.com/2016/04/07/world/asia/china-organ-donor.html?ref=health&_r=0)
- ***Nurse Interactions with Medical Industry are Common but Need Regulation, Study Shows.*** “Nurse interactions with pharmaceutical and device companies are commonplace and beneficial, but they also can lead to conflicts of interest regarding drug treatment and purchasing decisions, according to researchers at UC San Francisco. Safeguards must be added, they say, to ensure the boundary between service and sales remains intact. The study appears in the April 5, 2016, issue of *Annals of Internal Medicine*. ‘We found that, contrary to popular opinion, nurses are highly influential

targets for marketing, and they likely interact with sales representatives on a daily basis,' said lead author Quinn Grundy, RN, PhD, a recent graduate of the UCSF School of Nursing and now a postdoctoral research associate at the Charles Perkins Centre at the University of Sydney. 'The assumption that because nurses do not prescribe medications, marketing to them must not really matter, serves to make these relationships entirely invisible to the public eye.'"

- For the full article, please see the following link:  
<https://www.ucsf.edu/news/2016/04/402291/nurse-interactions-medical-industry-are-common-need-regulation-study-shows>
- ***Alone on the Range, Seniors Often Lack Access to Health Care.*** "What's it like to grow old in rural America? ... The rural American population is older: About 15 percent of residents are 65 or older, compared with 12 percent in urban areas, largely because many people have left in search of education and jobs... Rural areas vary, of course. Some picturesque locales get infusions of capital and energy when younger retirees move in. In general, though, 'people in rural areas tend to have lower incomes throughout people's lifetimes,' Dr. Berry said, and thus lower retirement incomes, with greater reliance on Social Security. Among those over 65, poverty rates run higher outside of metropolitan counties, the Department of Agriculture reports."
  - For the full article, please see the following link:  
[http://www.nytimes.com/2016/04/12/health/alone-on-the-range-seniors-often-lack-access-to-health-care.html?\\_r=0](http://www.nytimes.com/2016/04/12/health/alone-on-the-range-seniors-often-lack-access-to-health-care.html?_r=0)
- ***Weak Oversight Lets Dangerous Nurses Work in New York.*** "Over the past 15 years, nursing boards across the country have taken steps to tighten oversight of nurses, screening applicants more extensively before issuing licenses and instituting swifter, tougher sanctions for problem licensees. Not New York. Unlike many states, New York does not require applicants for nursing licenses to undergo simple background checks or submit fingerprints, tools that can identify those with criminal histories and flag subsequent legal problems. And it often takes years for New York to discipline nurses who provide inept care, steal drugs or physically abuse patients. A ProPublica review of hundreds of disciplinary records, arrest reports and court filings shows New York's system for overseeing nurses is deeply flawed."
  - For the full article, please see the following link:  
[https://www.propublica.org/article/weak-oversight-lets-dangerous-nurses-work-in-new-york?utm\\_campaign=comms&utm\\_source=comms-pitch&utm\\_medium=email&utm\\_term=nurses](https://www.propublica.org/article/weak-oversight-lets-dangerous-nurses-work-in-new-york?utm_campaign=comms&utm_source=comms-pitch&utm_medium=email&utm_term=nurses)
- ***Sending nurses to work with poor moms helps kids. So why don't we do more of it?*** "A high school senior learns that she's pregnant — and she's terrified. But a registered nurse comes to visit her in her home for about an hour each week during pregnancy, and every other week after birth, until the baby turns 2. The nurse advises her on what to eat and not to smoke; looks around the house to advise her of any safety concerns; encourages her to read and talk to her baby; and counsels her on nutrition for herself and her baby. This kind of support, with trained nurses coaching low-income, first-time mothers, is among the most effective interventions ever studied. Researchers have

accumulated decades of evidence from randomized controlled trials – the gold standard in social science research – following participants for up to 15 years. They have consistently found that nurse coaches reduce pregnancy complications, pre-term births, infant deaths, child abuse and injury, violent crimes and substance abuse. What’s more, nurse coaches improve language development, and over the long term, cognitive and educational outcomes. Nurse coaching is a vital tool that addresses both the liberal concern about income inequality and the conservative concern about inequality of opportunity. For fiscal conservatives in particular, nurse coaching sharply reduces long-term government spending on Medicaid, welfare and food stamps. And for advocates of good government, the independent Coalition for Evidence-Based Policy rates nurse coaching as ‘top tier’ – meaning that it yields sizable, sustained effects.”

- For the full article, please see the following link:  
<https://www.washingtonpost.com/posteverything/wp/2016/04/05/sending-nurses-to-work-with-poor-moms-helps-kids-so-why-dont-we-do-more-of-it/>

### Hearings

- Thursday, April 14th  
The House Ways and Means Committee will hold a hearing entitled, “The Tax Treatment of Healthcare.” For more information, please see the following link:  
<http://waysandmeans.house.gov/brady-announces-hearing-on-the-tax-treatment-of-health-care/>