

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, April 26th, 2016

House

- “Convened at 11:30 a.m. on Monday for a pro forma session.” (CQ)
- **Week Ahead:** “On Tuesday, the House will meet at 2 p.m. for legislative business on several measures, including a motion to agree with the Senate amendment to a bill (H.R. 1493) that targets the trafficking of cultural antiquities. On Wednesday, the House meets at noon for action on five bills, including measures related to the FBI's terrorist screening database (H.R. 4240), email privacy (H.R. 699) and trade secret protection (S 1890). Later in the week, the House will consider a bill that would reauthorize a D.C. private school voucher program (H.R. 4901) and a resolution (H.J. Res. 88) to block the Labor Department's fiduciary rule on retirement investment advice.” (CQ)

Senate

- “Convened at 3 p.m. on Monday and resumed consideration of the expected legislative vehicle (H.R. 2028) for the fiscal 2017 Energy-Water appropriations measure. At 5:30 p.m., the Senate was expected to vote on an amendment by Democratic Sen. Patty Murray of Washington related to Army Corps of Engineers purchases of anchor and mooring chain. Further amendment votes are set for Tuesday.” (CQ)

Legislative Updates

- **House Turns Focus to Opioid Abuse.** “The leaders of the House’s bipartisan panel on opioid abuse are charging forward with a major legislative package they hope will mark one of the largest federal commitments to date on fighting addiction. The group, led by Reps. Frank Guinta (R-NH) and Annie Kuster (D-NH), formally endorsed 15 bipartisan bills on opioid abuse last week. The legislation includes \$85 million in local grants and \$10 million for prescription drug monitoring programs, which Guinta and Kuster hope will become the framework for the broader House bill slated to reach the floor next month. The House is entering the debate on opioids that last flared in the Senate two months ago, when members reached a rare agreement and approved a bill 94 to 1. The House is now moving forward with its own version, which Guinta said he hopes will take an even deeper approach.”
 - For more information, please see the following link:
<http://thehill.com/policy/healthcare/277075-house-turns-focus-to-opioid-abuse>

- ***House Panel to Take Up Opioid Bills.*** “The House Energy and Commerce Committee will vote this week on a dozen bills aimed at stopping the opioid epidemic that its chairman believes are on track to easily pass the House by next month. Chairman Fred Upton (R-MI) announced in a Facebook video last week that his committee will move forward with a markup of 12 bills, all of which passed unanimously out of the health subcommittee.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/277179-opioids-bills-advance-to-full-committee-markup>

- ***GOP Chairman: Senate to Vote on Zika funding in Near Future.*** “The Senate Appropriations Committee is planning to bring a major funding package for fighting the Zika virus to the floor of the Senate ‘in the near future,’ its chairman said last week. Sen. Thad Cochran (R-MS) confirmed that committee members from both parties have been quietly working on an emergency funding bill to meet at least some of President Obama’s request on the Zika virus. The move would break a months-long gridlock between the White House and GOP leaders, who have accused federal officials of failing to provide a detailed breakdown of their funding needs. In the committee markup last week, Cochran did not say how much money would be included in the supplemental Zika funding bill.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/277124-gop-chairman-senate-to-vote-on-zika-funding-in-near-future>

- ***House Dems Eye Zika Funding as Chance For Flint.*** “House Minority Leader Nancy Pelosi said Thursday she will push GOP leaders to include funding for Flint, Mich., in the emergency Zika funding bill that the Senate is working on. Pelosi (D-CA) told reporters she would ‘absolutely’ push the Zika funding bill to cover for public health crises like the lead water poisoning in Flint or the national opioid epidemic. ‘If there were a supplemental, I would imagine – we would fight to have Zika, Flint, and also the opioids,’ she said. The push for more Flint and opioids funding could complicate the bipartisan effort in the Senate to approve emergency funding to speed up the nation’s response to the Zika virus. The virus is linked to birth defects in infants and is expected to begin spreading in the southern U.S. in early June.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/277185-house-dems-eye-zika-funding-bill-as-chance-for-flint>

- ***Will the Election Impact Healthcare Earnings?*** “Morningstar analysts don’t have a crystal ball, so they don’t waste a lot of energy on trying to predict whether a Republican or Democrat will occupy the Oval Office this time next year. That said, our healthcare analysts keep a close eye on what Congress is doing when it comes to potential legislation. Indeed, if there is one sector whose fortunes will be greatly altered by how Americans vote, it is healthcare. Republicans have talked about repealing the *Affordable Care Act* (ACA), and Democrats have discussed how to control the escalating prices of drugs, among other topics. Morningstar senior analyst Karen Andersen recently looked at several proposals making the rounds on Capitol Hill. While these proposals are

avored by Democrats and are unlikely to garner any support in the current Congress, that outlook could change depending on this year's election cycle. Andersen isn't forecasting the outcomes of certain races, but she and her colleagues try to anticipate the impact on the earnings of some companies if these proposals did become law."

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

<http://news.morningstar.com/articlenet/article.aspx?id=750340>

Regulatory Updates

- ***Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Proposed Rule Issues for Fiscal Year (FY) 2017.*** "On April 18, 2016 CMS issued a proposed rule to update fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). The proposed rule, which would apply to approximately 3,330 acute care hospitals and approximately 430 LTCHs, would affect discharges occurring on or after October 1, 2016. The IPPS pays hospitals for services provided to Medicare beneficiaries using a national base payment rate, adjusted for a number of factors that affect hospitals' costs, including the patient's condition and the cost of hospital labor in the hospital's geographic area. The proposed rule proposes policies that continue a commitment to increasingly shift Medicare payments from volume to value. The Administration has set measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients. The proposed rule includes policies that advance that vision and is one of several proposed rules that reflect a broader Administration-wide strategy to create a health care system that results in better care, smarter spending, and healthier people."
 - To see the full press release, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-18-2.html>
- ***CMS Proposes Updates to the Wage Index and Payment Rates for the Medicare Hospice Benefit.*** "On April 21, 2016, CMS issued a proposed rule (CMS-1652-P) that would update FY 2017 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. This proposed rule would update the hospice wage index, payment rates, and cap amount for FY 2017. In addition, this rule would propose changes to the hospice quality reporting program, including proposing new quality measures. The proposed rule also solicits feedback on an enhanced data collection instrument and describes plans to publicly display quality measures and other hospice data beginning in the middle of 2017. Finally, this rule updates hospice monitoring data analysis and provides discussion about ongoing monitoring efforts."
 - For the full press release, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-21-3.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
- ***Proposed Fiscal Year 2017 Payment and Policy Changes for Medicare Skilled Nursing Facilities.*** "On April 21, 2016, CMS issued a proposed rule [CMS-1645-P] outlining

proposed FY 2017 Medicare payment rates and quality programs for skilled nursing facilities (SNFs). The FY 2017 proposals and other issues discussed in the proposed rule are summarized below. The proposed policies in the proposed rule continue to shift Medicare payments from volume to value. The Administration has set measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they provide to their patients. The Administration met the goal of tying 30 percent of Medicare payments to care provided in alternative payment models ahead of schedule and is continuing this momentum to reach the goal of tying 50 percent of payments to care provided in alternative payment models by the end of 2018. This proposed rule includes policies that advance that vision and support building a health care system that delivers better care, spends health care dollars more wisely, and results in healthier people. CMS encourages comments, questions, or thoughts on this proposed rule by June 20, 2016.”

- For the full press release, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-21-2.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
- ***Proposed Fiscal Year 2017 Payment and Policy Changes for Medicare Inpatient Rehabilitation Facilities.*** “On April 21, 2016, CMS issued a proposed rule [CMS-1647-P] outlining proposed FY 2017 Medicare payment policies and rates for the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) and the IRF Quality Reporting Program (IRF QRP).”
 - For the full press release, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-21.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

Articles of Interest

- ***Suicide Rates – and How Medicaid Can Help.*** “Researchers from the Centers for Disease Control and Prevention released results this week to document that suicide rates have increased by 24 percent since 1999. The increase has been especially rapidly among women and among middle-aged people of both genders between the ages of 45 and 64. This is just a huge problem. Quite properly, the story has gotten much play. Sunday’s New York Times includes a front-page story: ‘U.S. Suicide rate surges to a 30-year high.’ I’m glad that the story has gotten so much attention. Yet the generalized calls to action seem oddly divorced from the actual policy levers through which we might reduce this problem. Here for example is my friend (and Twitter sparring partner) Ron Fournier: ‘Is this an epidemic? When do we start taking mental health policy seriously in DC and state capitals?’ He asked the right question, but left things oddly hanging when the most obvious answer was staring him in the face. The ACA’s Medicaid expansion to low-income adults remains the most important tool to provide treatment to those who need it the most.”

- For the full article, please see the following link:
<https://www.healthinsurance.org/blog/2016/04/24/suicide-rates-and-how-medicaid-can-help/>

- ***How Home Health Can Improve Fall Rates and Readmissions.*** “Home health can play a significant role in reducing the number of emergency room readmissions among seniors after a fall, according to a new study focused on why older adults end up back at the hospital after an initial fall. The report determined that older adults who experience head trauma and visit the hospital as a result of a fall are much more likely to return to the emergency department soon after. The Ohio State University (OSU) Wexner Medical Center looked at the medical records over 250 seniors who were treated and evaluated at its trauma center. The study came up with some surprising results, with nearly one-third of this patient group returning to the emergency department (ED) within 90 days after they were discharged.”
 - For the full article, please see the following link:
<http://homehealthcarenews.com/2016/04/how-home-health-can-improve-fall-rates-and-readmissions/>

- ***JAMA Forum: The Stars of Hospital Care: Useful Information or a Distraction?*** “Public reporting of the quality of care delivered by physicians, hospitals, and other health care organizations has been around for a while. Some of the earliest efforts began in the 1990s, when the New York State Department of Health began reporting risk-adjusted mortality rates for surgeons performing cardiac surgery in that state...Over time, as technology improved, so did the breadth and depth of public reporting. By 2004, CMS was reporting performance data for nearly every hospital in the country, dozens of states were reporting their own data, and many private entities were publicly grading hospitals. Despite the proliferation of public reporting websites, CMS’ Hospital Compare uses the most validated set of metrics available and has remained the most comprehensive resource... So in an effort to make Hospital Compare data more accessible, CMS launched the stars program. The notion was simple: grade all the hospitals using a 1- to 5-star rating, in the way we grade restaurants or hotels. Although a restaurant’s most important qualities can be boiled down to 1 or 2 things (food and service), how do we best capture the multifaceted nature of hospital quality?”
 - For the full article, please see the following link:
<https://newsatjama.jama.com/2016/04/20/jama-forum-the-stars-of-hospital-care-useful-information-or-a-distraction/>

- ***National Kidney Foundation and American Heart Association Join Forces against Epidemic High Blood Pressure.*** “The National Kidney Foundation (NKF) and the American Heart Association/American Stroke Association (AHA) announced a milestone collaboration to counter the epidemic of cardiovascular and kidney disease in the U.S. This partnership represents a major joint effort between these two longstanding health organizations to combat this public health problem. NKF and AHA will launch their partnership in a joint hypertension awareness campaign called ‘The Domino Effect’ on April 25th. Kicking off with a media tour the campaign will alert Americans to the hazards of uncontrolled high blood pressure and the major risk factor for stroke, heart attack, heart failure and kidney disease. This campaign underscores that complications

associated with these conditions can be curbed or stopped through early detection and prevention.”

- For the full article, please see the following link:
<https://www.kidney.org/news/national-kidney-foundation-and-american-heart-association-join-forces-against-epidemic-high>

Hearings

- **Wednesday, April 27th, 2016**

The Senate Special Committee on Aging will hold a hearing entitled, “Valeant Pharmaceuticals' Business Model: the Repercussions for Patients and the Health Care System.”

- For more information, please see the following link:
<http://www.aging.senate.gov/hearings/valeant-pharmaceuticals-business-model-the-repercussions-for-patients-and-the-health-care-system>

Thursday, April 28th, 2016

The Senate Finance Committee will hold a hearing entitled, “Mental Health in America: Where Are We Now?”

- The hearing will not be webcast. For more information, please see the following link: <http://www.finance.senate.gov/hearings/mental-health-in-america-where-are-we-now>