

## American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, April 29, 2019

### Congressional Schedule

#### Senate

- Senate is back in session April 29.

#### House

- House is back in session April 29.

### Legislative Update

- **Week in Review**
  - *Top GOP Senator Working on Bipartisan Drug Price Bill for mid-June.* “Senate Finance Committee Chairman Chuck Grassley (R-Iowa) said this week that he is aiming to introduce bipartisan legislation by mid-June to lower drug prices. Grassley, who made the announcement Thursday during a speech in Iowa, said he is working with the top Democrat on his committee, Sen. Ron Wyden (Ore.), to try to find a path forward on an issue that is a priority for Democrats and President Trump.”
    - Read more: <https://thehill.com/policy/healthcare/440852-gop-chairman-grassley-plans-bill-to-lower-drug-prices-by-mid-june>
- **Week Ahead**
  - *Hearing on ‘Prescription Drug Coverage in the Medicare Program.* “The Subcommittee on Health of the Committee on Energy and Commerce will hold a hearing on Tuesday, April 30, 2019 at 10:30 a.m. in room 2322 of the Rayburn House Office Building. The hearing is entitled “Prescription Drug Coverage in the Medicare Program”
    - Read more: <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-prescription-drug-coverage-in-the-medicare-program>

- ***House Dem Chairmen to Meet with Progressives Amid Drug Pricing Divisions.*** “Two key House Democratic committee chairmen will meet with progressive House Democrats next week amid divisions in the party over how to craft their signature legislation to lower drug prices, according to House Democratic aides. House Energy and Commerce Committee Chairman Frank Pallone Jr. (D-N.J.) and House Ways and Means Committee Chairman Richard Neal (D-Mass.) will meet with members of the Congressional Progressive Caucus next week to discuss legislation to allow Medicare to negotiate drug prices.”
  - Read more: <https://thehill.com/policy/healthcare/440553-house-dem-chairmen-to-meet-with-progressives-amid-drug-pricing-divisions>
  
- ***House Budget Panel to Hold Hearing on ‘Medicare for All,’ Single-Payer Plans in May.*** “Just days before its first-ever hearing on Capitol Hill in front of the House Rules Committee, “Medicare for All” is teed up for a second one next month, hosted by the House Budget Committee, a committee aide said Thursday. On Jan. 8, Rep. John Yarmuth (D-Ky.), chairman of the House Budget Committee, requested a report from the Congressional Budget Office detailing “design and policy considerations lawmakers would face in developing single-payer health system proposals” to begin the process of reviewing potential pathways to universal coverage, including Medicare for All.”
  - Read more: <https://morningconsult.com/2019/04/25/house-budget-panel-to-hold-hearing-on-medicare-for-all-single-payer-plans-in-may/>
  
- ***CBO to release report on single-payer health care next week.*** “The Congressional Budget Office (CBO) said Thursday that it will release a report on single-payer health care next week. The report from Congress’s nonpartisan scorekeeper, slated for release on May 1, is sure to draw close scrutiny from both sides as “Medicare for All” single-payer proposals are hotly debated among Democrats on Capitol Hill and on the presidential campaign trail.”
  - Read more: <https://thehill.com/policy/healthcare/440700-cbo-to-release-report-on-single-payer-health-care-next-week>

### **Regulatory and Administration Update**

- ***Medicare Trustees Report shows Hospital Insurance Trust Fund will deplete in 7 years.*** “Today, the Medicare Board of Trustees released their annual report for Medicare’s two separate trust funds -- the Hospital Insurance (HI) Trust Fund, which funds Medicare Part A, and the Supplementary Medical Insurance (SMI) Trust Fund, which funds Medicare Part B and D. The report found that the HI Trust Fund will be able to pay full benefits until 2026, the same as last year’s report. For the 75-year projection period, the HI actuarial deficit has increased to 0.91 percent of taxable payroll from 0.82 percent in last year’s report. The change in the actuarial deficit is due to several factors, most notably lower assumed productivity growth, as well as effects from slower projected growth in the utilization of skilled nursing facility services, higher costs and lower income in 2018 than expected, lower real discount rates, and a shift in the valuation period.”

- Read more: <https://www.cms.gov/newsroom/press-releases/medicare-trustees-report-shows-hospital-insurance-trust-fund-will-deplete-7-years>
- ***Fiscal Year (FY) 2020 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Proposed Rule and Request for Information.*** “On April 23, 2019, the Centers for Medicare & Medicaid Services (CMS) proposed a rule that focuses the agency’s efforts on a singular objective: transforming the healthcare delivery system through competition and innovation to provide patients with better value and results. The proposed rule would update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for fiscal year 2020.”
  - Read more: <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2020-medicare-hospital-inpatient-prospective-payment-system-ipps-and-long-term-acute>
- ***CMS Announces New Opportunities to Test Innovative Integrated Care Models for Dually Eligible Individuals.*** “Today, the Centers for Medicare & Medicaid Services (CMS) sent a letter to State Medicaid Directors inviting states to partner with CMS to test innovative approaches to better serve those who are dually eligible for Medicare and Medicaid. Many of the 12 million dually eligible beneficiaries have complex healthcare issues, including multiple chronic conditions, and often have socioeconomic risk factors that can lead to poor outcomes. CMS and states spend over \$300 billion per year on the care of dually eligible individuals, yet still do not achieve acceptable health outcomes. Today’s letter opens new ways to address those complex needs, align incentives, encourage marketplace innovation through the private sector, lower costs, and reduce administrative burdens for dually eligible individuals and the providers who serve them.”
  - Read more: <https://www.cms.gov/newsroom/press-releases/cms-announces-new-opportunities-test-innovative-integrated-care-models-dually-eligible-individuals>
- ***CMS Proposes \$887 Million Increase for Skilled Nursing Facilities.*** “The Centers for Medicare and Medicaid Services has proposed raising the Medicare payment rates for skilled nursing facilities for a projected 2.5 percent, or \$887 million increase, in 2020. CMS is also implementing a new value-based case-mix model to determine payment. Starting on October 1, CMS will begin using a patient driven payment model that focuses on the patient's condition and resulting care needs, rather than on the amount of care provided.”
  - Read more: <https://www.healthcarefinancenews.com/news/cms-proposes-887-million-increase-skilled-nursing-facilities>
  - To read CMS’ Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/proposed-fiscal-year-2020-payment-and-policy-changes-medicare-skilled-nursing-facilities-cms-1718-p>
- ***U.S. Health Officials Unveil Experiment to Overhaul Primary Care.*** “Federal health officials on Monday unveiled a new primary care experiment that seeks to pay doctors for providing stepped-up services that keep patients healthy and out of the hospital, an

effort they say will transform basic medical services for tens of millions of American patients. The initiative, called CMS Primary Cares, includes five new payment options for small and large providers, allowing them to take varying levels of financial responsibility for improving care and lowering costs. It broadly seeks to change how primary care is delivered in the U.S. by rewarding doctors for improving management of patients with chronic illnesses such as diabetes and high blood pressure, and averting expensive trips to the hospital."

- Read more: <https://www.statnews.com/2019/04/22/us-health-officials-overhaul-primary-care/>
- ***CMS Proposes Wage Index Change to Help Prop Up Rural Hospitals.*** "Hospital groups have been relatively silent on the rule, with the American Hospital Association saying it is "strongly supportive" of the proposed EHR reporting period of any continuous 90-days, which it said "will reduce regulatory burden on hospitals." CMS has kept the 90-day period for the past two years after hospitals balked at longer windows being proposed. America's Essential Hospitals said in a statement to Healthcare Dive it was still analyzing the rule."
  - Read more: <https://www.healthcaredive.com/news/cms-proposes-wage-index-change-to-help-prop-up-rural-hospitals/553304/>
- ***Hospitals Sue over New National Liver Transplant Policy.*** "Hospitals and patients have sued to block a new nationwide liver transplant policy that they say will waste viable livers, lead to fewer transplants and likely cause deaths. The U.S. Department of Health and Human Services and the United Network for Organ Sharing hastily adopted the new policy and based it on faulty assumptions, according to the suit filed Monday in Atlanta federal court."
  - Read more: <https://www.apnews.com/59a564e232234ef9a4b9b9c6f4552f0f>
- ***Medicare payment rules hinder the fight against superbugs.*** "Late last year, a retirement community in Vermont was quarantined after an outbreak of antibiotic resistant bacteria swept through the facility, sickening 70 seniors. In pediatric oncology wards, children beating cancer are increasingly felled by drug-resistant bacteria and fungal infections. Every week, we hear more stories of infections that have become untreatable due to resistance."
  - Read more: <https://www.statnews.com/2019/04/17/medicare-payment-antibiotics-hinder-superbug-fight/>

#### Articles of Interest

- ***A Machine Learning Device, Meant to Monitor the Chronically Ill, Moves into Homes.*** "A wearable device that uses machine learning to remotely track and analyze multiple vital signs has been cleared by the Food and Drug Administration, expanding the scope of home monitoring systems intended to keep chronically ill patients out of the hospital. Current Health, based in Edinburgh, Scotland, announced Wednesday it received clearance for an upper-arm wearable that measures a patient's respiration, pulse, oxygen saturation, temperature and mobility. The product is capable of delivering continual

updates on a patient so doctors can intervene quickly if the data signal an emerging problem.”

- Read more: <https://www.statnews.com/2019/04/24/wearable-monitors-chronically-ill-at-home/>
  
- ***Commentary: Modifications to Medicare Rules Could Support Care Innovation for Dialysis.*** “In a commentary published in the American Journal of Kidney Diseases, public health researchers suggest adjustments to recently proposed rule changes on how Medicare pays for dialysis services. Medicare spends approximately \$35 billion annually on care for beneficiaries with end-stage renal disease (kidney failure), more than 7 percent of Medicare's total paid claims. Over half a million people receive regular dialysis treatments to manage this condition, with treatment costs averaging about \$85,000 a year, according to the study.”
  - Read more: [https://www.eurekalert.org/pub\\_releases/2019-04/ehs-cmt041919.php](https://www.eurekalert.org/pub_releases/2019-04/ehs-cmt041919.php)
  
- ***Americans split on ObamaCare: Gallup.*** “Americans remain split on ObamaCare, former President Obama's signature health-care policy, according to a poll released by Gallup on Monday. Half of the adults surveyed expressed approval of the Affordable Care Act (ACA), while 48 percent disapproved. The results are similar to those from a Gallup survey in November that found 48 percent approved and 47 percent disapproved.”
  - Read more: <https://thehill.com/policy/healthcare/441091-americans-split-on-obamacare-gallup>