

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, April 3, 2017

Congressional Schedule

House

- “Convenes at 2 p.m. Monday for consideration of three foreign affairs bills (HR 479, H Res 92, H Res 54) under suspension of the rules.” (CQ)
- “**Week Ahead:** Tuesday, the House votes on concurring in the Senate amendment to a bill (HR 353) on weather research and a bill (HR 1343) on employee ownership. Wednesday, the House takes up a measure (HR 369) on the Veterans' Choice program.” (CQ)

Senate

- “Convenes at 3 p.m. and will proceed to consideration of a bill (S 89) that would extend an exemption for certain older boats from fire-retardant materials requirements. A vote on passage is scheduled for 5:30 p.m.” (CQ)

Legislative Updates

- **Week in Review:**
 - *White House Proposes Large Cuts to NIH Research This Year.* “President Donald Trump’s administration has proposed cutting \$1.23 billion this fiscal year from research funded by the National Institutes of Health (NIH), according to a White House document sent to congressional appropriators. The reduction is part of \$18 billion in cuts that the administration wants in fiscal 2017, which ends in October. Most of the proposed reductions at NIH would come from research grants, with \$50 million specifically taken from a program meant to support biomedical research in states that typically get less agency money. The spending proposal is part of a wider agenda set out by Trump, who has outlined a series of reductions in non-military programs for the next fiscal year. It’s up to Congress to set spending levels, and many of the more drastic measures are unlikely to become law. Legislators never approved a full budget for fiscal 2017, so instead the government is operating under short-term funding legislation that expires April 28.”

- To read more: <https://www.bloomberg.com/politics/articles/2017-03-28/white-house-proposes-large-cuts-to-nih-research-grants-this-year>
- ***Freedom Caucus member: Passing healthcare bill would cost GOP majority.*** “A member of the conservative Freedom Caucus took to the House floor on Thursday to warn that passing the GOP leadership’s healthcare plan would result in the party losing its majority. Rep. Louie Gohmert’s (R-TX) speech came after President Trump took to Twitter earlier in the day to attack members of the Freedom Caucus, saying Republicans “must fight them, & Dems, in 2018!” Gohmert said the GOP bill scuttled last week that was aimed at repealing and replacing ObamaCare wouldn’t have really kept the party’s seven-year promise for a better healthcare alternative.”
 - To read more: <http://thehill.com/blogs/floor-action/house/326627-gop-lawmaker-passing-healthcare-bill-would-cost-house-majority>
- ***Overnight Healthcare: Ryan says key ObamaCare payments will continue during House lawsuit.*** “Speaker Paul Ryan (R-WI) said Thursday that the administration will continue to fund key ObamaCare payments to insurers while a House lawsuit runs its course. ‘While the lawsuit is being litigated, then the administration funds these benefits. That’s how they’ve been doing it and I don’t see any change in that,’ Ryan told reporters. Insurers are worried the payments could be discontinued, which could throw the market into chaos and cause insurers to pull out of the marketplaces. Ryan indicated that the administration will continue funding the payments while the lawsuit runs its course.”
 - To read more: <http://thehill.com/policy/healthcare/overnights/326607-overnight-healthcare-ryan-says-key-obamacare-payments-will>
- ***Ryan won't commit to healthcare vote.*** “One week after the GOP ObamaCare repeal and replacement plan collapsed, Speaker Ryan said Thursday he would not commit to holding another healthcare vote. ‘I’m not going to commit to when and what the vote is going to look like, because it’s my job to make sure that House Republicans can coalesce and come together and draw a consensus,’ Ryan told reporters at his weekly news conference. ‘What I’m encouraging our members to do is figure out what solutions get us to a bill that everyone can vote for and pass,’ the speaker added. ‘That’s the kind of conversations that are occurring.’”
 - To read more: <http://thehill.com/homenews/house/326518-ryan-wont-commit-to-healthcare-vote>
- ***After repeal failure, GOP senators propose ObamaCare subsidy patch.*** “As House Republicans struggle to find a way to repeal ObamaCare, the two GOP senators from Tennessee are looking to temporarily fix an issue that may strike the health insurance exchanges next year. A bill introduced by Tennessee Republican Sens. Lamar Alexander and Bob Corker would allow people to use their ObamaCare subsidies to purchase any state-approved plan on the private market if there are no insurers selling policies on the federal exchange in their county. Big insurers such as UnitedHealth and Aetna have mostly left the

individual market over the years, citing financial reasons. Thirty-two percent of counties across the country only have one insurer offering ObamaCare plans.”

- To read more: <http://thehill.com/policy/healthcare/326506-gop-sens-propose-temporary-obamacare-fix>

- ***Insurers face big choice on staying in ObamaCare.*** “While President Trump touts his prediction that ObamaCare will soon ‘explode,’ insurers are making decisions about whether to participate in the law’s marketplaces in 2018. Insurers have about six weeks to finalize their plans and rates or to decide to leave the marketplace altogether as they await word from Trump and Congress about the future of insurer payments created under the Affordable Care Act. The president, however, is signaling that he has little interest in taking steps to keep insurers from dropping out of ObamaCare.”

- To read more: <http://thehill.com/policy/healthcare/326219-insurers-face-big-choice-on-staying-in-obamacare>

- ***Pence Breaks Ties on Measure Targeting Abortion Providers.*** “Vice President Mike Pence cast a rare tie-breaking vote for the second time on Thursday to pass a resolution overturning an Obama administration rule that prevents states from discriminating against family planning providers for political purposes. The resolution, which would scrap a regulation blocking states from withholding Title X family planning grants to Planned Parenthood and other providers that offer abortion services, is part of a Republican effort to use the Congressional Review Act to overturn a number of Obama-era rules. Pence earlier broke a tie on a procedural vote to advance the bill. The legislation was opposed by all Democrats and two moderate GOP senators, Susan Collins (Maine) and Lisa Murkowski (Alaska), both of whom have long protested efforts targeting abortion services.”

- To read more: <https://morningconsult.com/2017/03/30/pence-casts-2nd-tie-breaking-vote-measure-targeting-abortion-providers/>

- ***Trump's surprise: calls CBC's Cummings three times to strategize.*** “How serious is President Trump about drug prices? Democratic Rep. Elijah Cummings (MD) tells me that Trump has called him three times to follow up on their conversation at the White House earlier this month. And Trump's not just talking about letting Medicare negotiate drug prices, Cummings says. It's even worse for Republicans – because Trump is also talking about importing cheaper drugs from other countries.”

- To read more: <https://www.axios.com/cummings-trump-wants-to-do-something-big-on-drug-prices-2335422337.html>

- **Week Ahead:**

- ***Democrats close in on 41 votes to block Gorsuch.*** “Neil Gorsuch almost certainly will end this week confirmed as a Supreme Court justice. And the Senate’s rules – indeed, the institutional character of the chamber – seem just as sure to end up severely eroded. Senate Democrats are quickly closing in on the 41 votes

needed to block the nomination of President Donald Trump's first pick for the Supreme Court. But Senate Majority Leader Mitch McConnell (R-KY) and his GOP ranks aren't backing down in the face of the filibuster threat, continuing to insist that Gorsuch will be installed as the next high court justice, whether Democrats like it or not. The competing postures mean the Senate is hurtling toward the use later this week of the so-called nuclear option – changing the chamber's rules with a simple majority so that Supreme Court filibusters can be cut off with just 51 votes, rather than the long-required 60-vote threshold."

- To read more: <http://www.politico.com/story/2017/04/gorsuch-senate-democrats-236797>
- ***GOP sends mixed signals on ObamaCare | FDA nominee heads before Senate.*** "It's unclear where the ObamaCare repeal debate will go from here. The House's replacement bill appears dead, with Speaker Ryan on Thursday refusing to commit to holding another repeal vote... But some lawmakers are still trying to find a way to revive the legislation and outside conservative groups are putting on pressure. Heritage Action CEO Mike Needham on Friday urged House leaders to 'work with conservatives' on a bill that 'truly repeals and replaces ObamaCare.' Those efforts got even harder in the past few days, though, as the centrist Tuesday Group vowed that it would not meet with the conservative Freedom Caucus to negotiate changes.... House Energy and Commerce Committee Chairman Greg Walden (R-OR) said Thursday that he expects user fee agreements will be the next focus of his committee. Those agreements collect fees from drug companies and others to help fund the Food and Drug Administration's approval process. The Senate health committee will have a hearing on that subject on Tuesday, as well. More prominently, the panel will hold a nomination hearing for Scott Gottlieb, President Trump's pick for FDA commissioner, on Wednesday."
 - To read more: <http://thehill.com/policy/healthcare/326741-week-ahead-gop-sends-mixed-signals-on-obamacare-fda-nominee-heads-before>

Regulatory Updates

- ***ESRD QIP Call: Follow-up Questions and Answers.*** "Follow-up questions and answers are available for the January 17 call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). During this call, CMS experts discuss the final rule that operationalizes the ESRD QIP for Payment Year 2020."
 - For more information: https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2017-03-30-eNews.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending#_Toc478547062
- ***National Quality Forum's Measure Applications Partnership (MAP) Identifies Opportunities to Reduce Measure Burden in Federal Healthcare Programs.*** "In a new report, MAP recommends significant improvements to measure sets used in federal programs. The U.S. Department of Health and Human Services (HHS) annually seeks

out and considers MAP's analyses and guidance in the federal rulemaking process for quality and efficiency measures used in various payment and public reporting programs. Specifically, MAP recommends that HHS consider the future removal of 51 of 240 measures currently used in seven federal healthcare value-based purchasing, public reporting, and other programs. MAP also provides recommendations for improving measure sets used in nine additional federal programs. In order for CMS to act on these recommendations, it will likely need to engage in rulemaking as well as consider other programmatic needs not taken into account by the MAP process."

- For more information:

http://www.qualityforum.org/Reducing_Measurement_Burden.aspx

- **Reminder: Technical Expert Panel (TEP) Nominations Now Being Accepted.** "The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to develop a quality measure(s) related to medication reconciliation and management. The contract name is End Stage Renal Disease (ESRD) Quality Measure Development, Maintenance, and Support. ... As part of its measure development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance."
 - The nomination period closes on **April 24th, 2017**.
 - For more information: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html#ESRDReconciliation>

Articles of Interest

- **More States Expanding Medicaid Could Complicate GOP's Repeal Efforts.** "The GOP failure to pass an Affordable Care Act repeal bill last week has given a handful of states a new urgency to try and expand Medicaid under the law, raising the prospect of more federal spending and further difficulties scrapping the law Republicans have railed against for seven years. In recent days, Kansas state legislators have sent a bill that would expand Medicaid to Gov. Sam Brownback ®. Virginia Gov. Terry McAuliffe (D) announced a renewed push to expand the program by October. Maine voters will consider the issue on a ballot referendum this year, and Georgia's governor suggested he would explore applying for a waiver to alter Medicaid, the Associated Press reported. It's a reality that Republicans in Congress admit they must face after pulling their health care legislation last week."
 - To read more: <https://morningconsult.com/2017/03/30/states-expanding-medicaid-complicate-gops-repeal-efforts/>
- **Kansas Gov. Sam Brownback vetoes Medicaid expansion bill.** "Gov. Brownback has vetoed a bill that would have expanded Medicaid coverage to 150,000 Kansans. Brownback's veto, which was announced Thursday morning on Twitter, had been highly anticipated and comes amid speculation that he will take a job in President Donald Trump's administration. The Kansas Legislature has 30 days to override Brownback's veto, which would require two-thirds majorities in both the House and Senate. The Legislature's vote to expand Medicaid under the Affordable Care Act, also

known as Obamacare, received national attention both because Kansas is a solidly Republican-leaning state and because the state Senate's vote took place shortly after congressional Republicans abandoned a plan that would have repealed the ACA and blocked states from expanding Medicaid after March 1."

- To read more: <http://www.kansascity.com/news/politics-government/article141667939.html#storylink=cpy>
- ***After pledging to solve opioid crisis, Trump's strategy underwhelms.*** "As a candidate, Donald Trump promised rural towns and states hit hard by opioid addiction that he'd solve the epidemic ravaging their communities. "We will give people struggling with addiction access to the help they need," Trump vowed in October. Trump won many of those communities – often overwhelmingly. But as president, he's proposing deep cuts to research and treatment in favor of funding a border wall to stop drug traffic, while hinting at bringing back policies like criminalization of drug misuse – and announcing Wednesday yet another big presidential commission to study the problem. Public health advocates say those plans at best duplicate those of the Obama White House and at worst could set back efforts to tackle a problem that contributes to more than 47,000 deaths per year. Many experts advocate treatment and support services over jail for drug abusers, saying they reduce the risk of a person committing another crime."
 - To read more: <http://www.politico.com/story/2017/03/donald-trump-opioids-commission-executive-order-236654>
- ***Applying Lessons of 'Fake News' to Online Pharmacies, Drug Importation Policies.*** "If the current discussion about fake news has taught us anything, it's that things on the internet are often not what they seem. All too easy to create and disseminate globally, fake news has invaded our homes and eroded our trust in the internet as a source of legitimate information and products – and yet, every day, fake news stories succeed in duping countless readers. The same dynamic is also at work when it comes to medicines sold online, and policymakers in Congress should consider the fake news phenomenon when advocating that U.S. citizens access prescription drugs from Canada. Such prescription drug importation policy could further expose patients – consumers who lack the resources and expertise to distinguish real pharmacies from their fake, but often quite convincing, counterparts – to the very real dangers of illegal online pharmacies."
 - To read more: <https://morningconsult.com/opinions/applying-lessons-fake-news-online-pharmacies-drug-importation-policies/>
- ***From Silos to Services for Value-Based Care.*** "The evolution of health care IT systems seen by industry visionaries sounds great. Siloed clinical and insurance systems get connected and can work as one. Information-rich processes flow smoothly and securely over connected services that span care settings, providers, and payers. We gain leaps in efficiency and accuracy of care coordination, snapping clinical and payment services together like the related pieces of the health care puzzle that they are. At a practical level, health care professionals are asking what "interoperability" really means? How close are we today to that vision of tomorrow? Good questions. Our industry has made astonishing gains, and we are fast approaching a time when nearly all payment incorporates measures of value, with payers now 58 percent and hospitals now 50 percent along the continuum to full value-based reimbursement (VBR)."

- To read more: <https://morningconsult.com/opinions/silos-services-value-based-care/>
- ***Drug Middlemen Have Slim Profit Margins -- Just Ask Them.*** “Companies of all kinds try to present their financial results in the best light possible to attract investors. One segment of the drug industry is bucking that trend, using an accounting method that narrows its profit margins. The three big middlemen for prescription drugs, known as pharmacy benefit managers, or PBMs, had operating-profit margins last year of 4 percent to 7 percent, a level that lags the 16 percent average among S&P 500 companies. Were they to tally their revenue the way many middlemen in other industries do, their margins would more than double. Several drug industry analysts said that booking revenue in a way that shows lower margins might have helped the companies deflect criticism of their pricing practices. ‘It hides a lot. It’s as simple as that,’ said Ravi Mehrotra, a partner at the MTS Health Partners investment bank. High margins are generally a lure for investors. But several analysts cautioned that very high margins in this industry could be unsustainable given the political pressure to control drug prices.”
 - To read more: <https://www.bloomberg.com/news/articles/2017-03-31/drug-middlemen-have-slim-profit-margins-just-ask-them>
- ***Insurers Struggle to Plan for Future Amid Health Care Policy Vacuum.*** “Health insurers have between two and three months to plan out what they’re doing in individual health markets next year, but last week’s implosion of the GOP health care bill has only added to uncertainty about the future of the marketplaces. With Republicans pulling their health care bill from the floor last week, insurers must figure out their 2018 plans and rate requests for participation in the Affordable Care Act exchanges without knowing whether the Trump administration will be friendly or hostile to the health care law that remains the law of the land, at least for now. Insurers are most concerned about how the administration and Republicans in Congress plan to treat the ACA’s cost-sharing reduction payments, which help subsidize out-of-pocket payments for lower-income enrollees, and whether the Trump administration will enforce the ACA’s individual mandate, health policy experts say.”
 - To read more: <https://morningconsult.com/2017/03/28/with-obamacare-seemingly-in-place-insurers-still-struggle-to-plan-for-next-year/>

Hearings

Tuesday, April 4th

- The Senate Health, Education, Labor & Pensions (HELP) Committee will hold a hearing on the Food and Drug Administration (FDA) User Fee Agreements (Part 2).
 - 10:00 am, 430 Dirksen Senate Office Building
- The House Energy & Commerce Committee will hold a hearing on Public Private Healthcare Cybersecurity.
 - 10:15 am, 2322 Rayburn House Office Building

Wednesday, April 5th

- The Senate Health, Education, Labor & Pensions (HELP) Committee will hold a hearing on the nomination of Scott Gottlieb for Commissioner of FDA.