

American Nephrology Nurses Association

Weekly Capitol Hill Update – Tuesday, April 9, 2019

Congressional Schedule

Senate

- Senate meets at 10am; resumes consideration of judicial nominations

House

- House meets at 10am; set to consider H.R. 1644, a bill that would reinstate former President Obama’s net neutrality rules

Legislative Update

- **Week in Review**
 - *Bennet, Kaine set to introduce ‘Medicare X’ plan to expand health care.* “As Democrats debate how best to expand health coverage, Tim Kaine and Michael Bennet are trying to ensure the party doesn’t swing too far to the left. The Virginia and Colorado senators next week will reintroduce their “Medicare X” plan, which would create a new public option for health insurance – an idea that was originally part of Obamacare but was jettisoned for being seen, at the time, as too progressive.”
 - Read more: <https://www.politico.com/story/2019/03/29/bennet-kaine-medicare-health-care-1243267>
 - *McConnell to Trump: We're not repealing and replacing ObamaCare.* “Senate Majority Leader Mitch McConnell (R-Ky.) told President Trump in a conversation Monday that the Senate will not be moving comprehensive health care legislation before the 2020 election, despite the president asking Senate Republicans to do that in a meeting last week. McConnell said he made clear to the president that Senate Republicans will work on bills to keep down the cost of health care, but that they will not work on a comprehensive package to replace the Affordable Care Act, which the Trump administration is trying to strike down in court.”
 - Read more: <https://thehill.com/policy/healthcare/436973-mcconnell-to-trump-were-not-repealing-and-replacing-obamacare>

- ***Trump says vote on healthcare can wait until after 2020 election.*** “U.S. President Donald Trump said on Monday he was willing to wait until after the 2020 presidential election to get Congress to vote on a new healthcare plan, giving Republicans time to develop a proposal to replace Obamacare. Congressional Republicans have been unable thus far to draft a proposal to replace Democratic President Barack Obama’s signature Affordable Care Act despite frequent vows to do so in recent years.”
 - Read more: <https://www.reuters.com/article/us-usa-trump-healthcare/trump-says-vote-on-healthcare-can-wait-until-after-2020-election-idUSKCN1RE07O>

- ***KidneyX Scores Major Victories in Congress and Administration.*** “At the urging of the American Society of Nephrology (ASN) members and American Association of Kidney Patients (AAKP) ambassadors’ calls and recent visits to Capitol Hill, a bipartisan group of 57 lawmakers wrote to the House Appropriations Labor, Health and Human Services, and Education Subcommittee asking them to include \$25 million in funding for KidneyX. The letter, sent March 28, represents a major victory for KidneyX and is the latest example of a recent outpouring of public support for KidneyX from Congress and the Administration. Congressional Kidney Caucus Co-Chairs Representative Suzan DelBene (D-WA-01) and Representative Larry Bucshon (R-IN-08), along with champions of patient-centered innovation, Representative Terri Sewell (D-AL-7) and Representative Brian Babin (R-TX-36), spearheaded the letter culminating the intensive efforts from congressional leaders and the kidney community.”
 - Read more: <https://www.kidneynews.org/policy-advocacy/leading-edge/kidneyx-scores-major-victories-in-congress-and-administration>

- ***Senators want to intervene in organ allocation policy.*** “Two senators are eyeing Congress' appropriations authority to influence a contentious debate over a change to national organ distribution policy. The issue was raised Thursday in a Senate health appropriations panel hearing with HHS Secretary Alex Azar. Panel Chair Roy Blunt (R-Mo.) and Sen. Jerry Moran (R-Kan.) are trying to intervene against a sweeping new policy that changes the geography-based system of liver allocation to one that prioritizes the sickest patients.”
 - Read more: <https://www.modernhealthcare.com/government/senators-want-intervene-organ-allocation-policy>

- ***Grassley, Wyden Praise Congressional Passage of Right Rebate Act.*** “U.S. Senate Finance Committee Chairman Chuck Grassley of Iowa and Ranking Member Ron Wyden of Oregon, today celebrated congressional passage of their bill to prevent drug makers from manipulating Medicaid to gouge taxpayers and increase profits by misclassifying their drugs. The legislation was included in a broader package of Medicaid policies, called the “Medicaid Services Investment and Accountability Act of 2019.” The bill now goes to the president to be signed into law.”

- Read more: <https://www.grassley.senate.gov/news/news-releases/grassley-wyden-praise-congressional-passage-right-rebate-act>

- **Week Ahead**

- ***Drug Industry Middlemen To Be Questioned By Senate Committee.*** “Consumers, lawmakers and industry players all seem to agree that prescription drugs prices are too high. What they can't always agree on is whom to blame. On Tuesday, though, fingers are expected to point toward pharmacy benefit managers, the industry's mysterious middlemen. The Senate Finance Committee will hear from executives from the biggest pharmacy benefit managers, led by CVS Caremark and Cigna's Express Scripts.”
 - Read more: <https://www.npr.org/sections/health-shots/2019/04/08/711139364/drug-industry-middlemen-to-be-questioned-by-senate-committee>
- ***Grassley: Rising prescription drug costs are a problem for many Americans – so let's fix it.*** “Innovative medical therapies discovered by doctors and researchers have improved the quality of life for millions of Americans and saved the lives of millions more. However, the public and policy makers are concerned with the rising prescription drug costs and the political will to address the problem is increasing. High prescription drug costs are putting a strain on patients and our health care system, particularly critical government programs like Medicaid and Medicare. One in four Americans report financial hardship paying for their medications. That simply shouldn't be the case. Health care consumers and taxpayers deserve answers and need solutions.”
 - Read more: https://www.finance.senate.gov/chairmans-news/rising-prescription-drug-costs-are-a-problem-for-many-americans_so-lets-fix-it
- ***Markup of Prescription Drug Pricing Legislation.*** “The Chairman has scheduled a meeting of the Committee to be held in Room 1100 Longworth House Office Building on Tuesday, April 9, at 10:30 AM. The Committee will markup H.R. 2113, “Prescription Drug Sunshine, Transparency, Accountability and Reporting Act” (STAR Act).”
 - Read more: <https://waysandmeans.house.gov/media-center/press-releases/notice-meeting-committee-ways-and-means-0>
- ***Sanders to roll out updated 'Medicare for all' proposal Wednesday.*** “Sen. Bernie Sanders (I-Vt.) will roll out an updated version of his "Medicare for all" plan Wednesday on Capitol Hill. Sanders, who is again seeking the Democratic nomination for president, will unveil the bill alongside Senate co-sponsors, some of whom are also candidates for president. Sanders's bill would largely eliminate private insurance and institute a single-payer system managed by the government. The updated version will also include long-term care, such as nursing homes, which is currently not covered by the Medicare program. Home and community based care which also be covered.”
 - Read more: <https://thehill.com/policy/healthcare/437854-sanders-to-roll-out-updated-medicare-for-all-proposal-wednesday>

- *Mulvaney, administration officials emerge from Camp David summit planning health care rollout 'fairly shortly'.* “Acting White House chief of staff Mick Mulvaney said Sunday that the White House plans to release an Obamacare replacement plan before the 2020 election, after hosting top administration officials at Camp David over the weekend for a meeting on health care. "I do think you'll see a plan here fairly shortly," Mulvaney told "Fox News Sunday."
 - Read more: <https://www.cnn.com/2019/04/07/politics/mick-mulvaney-white-house-healthcare-plan/index.html>

Regulatory and Administration Update

- *Former FDA Commissioner Scott Gottlieb returns to AEI.* “American Enterprise Institute (AEI) President Arthur Brooks and incoming president Robert Doar announced today that departing Food and Drug Administration (FDA) Commissioner Scott Gottlieb, M.D., will return to AEI as a resident fellow in health policy studies. Dr. Gottlieb first joined AEI in 2002, and much of his work over the years has focused on the improvement of public health through entrepreneurship and medical innovation and on the expansion of regulatory approaches to maintain patient and physician autonomy.”
 - Read more: <https://www.aei.org/press/former-fda-commissioner-scott-gottlieb-returns-to-aei/>
- *CMS’s Innovation Center ‘the playing field’ for the future of kidney care policy.* “CMS’s Innovation Center “will really be the playing field” for developments in 2019 in an effort to move away from fee-for-service medicine and create new value-based care models, Robert Blaser, director of public policy for the Renal Physicians Association, said in a presentation here.”
 - Read more: <https://www.healio.com/nephrology/policy-and-politics/news/online/%7B647e12fc-bfff-438c-9a40-9bdcc54951ef%7D/cmss-innovation-center-the-playing-field-for-the-future-of-kidney-care-policy>
- *CMS finalizes Medicare Advantage and Part D payment and policy updates to maximize competition and coverage.* “Today, the Centers for Medicare & Medicaid Services (CMS) finalized updates that will take significant steps in continuing the Trump administration’s efforts to increase competition among Medicare Advantage and Part D plans so patients get higher quality care at lower costs. These changes will increase plan choices and benefits, and include important actions to address the opioid crisis.”
 - Read more: <https://www.cms.gov/newsroom/press-releases/cms-finalizes-medicare-advantage-and-part-d-payment-and-policy-updates-maximize-competition-and>
- *CMS rule gives Medicare Advantage plans an edge over traditional Medicare.* “The Centers for Medicare and Medicaid Services today finalized payment updates to Medicare Advantage and Part D plans for 2020. However, the biggest changes for Medicare Advantage insurers is in their ability to offer additional, non-health benefits to members who have a chronic condition, if there is a reasonable expectation of improving

or maintaining the health or overall function of the enrollee. Plans can address the social benefits of health in these tailored benefits.”

- Read more: <https://www.healthcarefinancenews.com/news/cms-rule-gives-medicare-advantage-plans-edge-over-traditional-medicare>
- ***MedPAC Reviews Improving payment for low-volume and isolated outpatient dialysis facilities.*** “In 2017, 40 percent of the facilities receiving the low-volume payment adjustment were located near other facilities, indicating that they might not have been necessary for ensuring access to care. About 20 percent of rural facilities receiving the rural payment adjustment were high-volume (with 10,000 or more total treatments in 2017), and about 30 percent of rural facilities were located near other facilities. At the April 2019 meeting, Commissioners will discuss approaches to improve payment for low-volume and isolated outpatient dialysis facilities.
 - Read more: <http://www.medpac.gov/docs/default-source/default-document-library/tab-i--dialysis-april-2019-meeting-brief.pdf?sfvrsn=0>
- ***CMS offers transition for Part D plans for safe harbor rule.*** “The CMS will offer a two-year transition for Medicare Part D plans under the administration's proposal to eliminate safe harbor protections for pharmacy benefit managers. CMS Administrator Seema Verma made the announcement in a Friday bulletin. The guidance comes as Part D insurers warn they may hike premiums when the proposed rule is finalized. The administration set Jan. 1 of next year as its target date for implementation and the comment period ends Monday.”
 - Read more: <https://www.modernhealthcare.com/government/cms-offers-transition-part-d-plans-safe-harbor-rule>

Articles of Interest

- ***Transplant Patients Need Anti-Rejection Drugs. Why Won't Insurers Pay for Some of Them?*** “The question might seem indelicate. But transplant centers find it is necessary these days to know the answer even before they place a patient on the list for an organ transplant. “How will you pay for the anti-rejection drugs?” These are patients with insurance – they need it to pay for the transplant itself – so it might seem obvious that their insurer would pay. But if, as often happens, the patient gets an organ transplant with private insurance and later enrolls in Medicare, she may be in for a shock.”
 - Read more: <https://www.nytimes.com/2019/04/02/health/organ-transplant-drugs-medicare.html>
- ***Invisible Middlemen Are Slowing Down American Health Care.*** “In the sea of America’s health-care system, pharmacy benefit managers tend to be seen as destructive leviathans. Invisible to everyday patients, PBMs lurk beneath health-insurance companies and swim through nearly every prescription-drug transaction. They squeeze rebates out of drug manufacturers, pass most – but not all – of those rebates on to health insurers, pay the pharmacy for the drugs, and collect payments from the insurer. In doing so, they subtly shape the currents of American health care.”

- Read more: <https://www.theatlantic.com/health/archive/2019/04/pbms-health-care-drug-delays-prices/586711/>
- **Medicare Advantage is nudging aside 'old Medicare' with a free ride, a warm meal, and a handyman.** “Nearly a quarter century ago, then Speaker of the House Newt Gingrich said this about the original Medicare program: “We believe it’s going to wither on the vine because we think people are voluntarily going to leave it – voluntarily.” Gingrich argued that original Medicare – based on a 1960s-style fee-for-service benefit package with a confusing set of deductibles, co-insurance, and copays – was stuck in the past. He saw a day when Medicare-contracted private health plans would prove so attractive that Medicare beneficiaries would have to choose them.”
 - Read more: <https://www.statnews.com/2019/04/03/medicare-advantage-nudging-aside-old-medicare/>
- **Cigna says it will cap insulin costs at \$25 a month for some patients.** “Health insurance company Cigna announced Wednesday it will cap the price of a 30-day insulin supply at \$25 for some of its members. The announcement comes as insurers and drug manufacturers face growing questions from Congress and the Trump administration about the rising cost of insulin.”
 - Read more: <https://thehill.com/policy/healthcare/437147-health-insurer-says-it-will-cap-insulin-costs-at-25-a-month-for-some>
- **Why Big Pharma Is Winning the Drug Price Wars.** “Robin Feldman is a law professor at the University of California Hastings with a particular expertise in antitrust and patent issues. She is also one of those professors who are unusually good at explaining complex issues in terms laymen (like me!) can understand. Her 2012 book on how to fix the patent system, “Rethinking Patent Law,” is considered one of the more important contributions to the field in recent years.”
 - Read more: <https://www.bloomberg.com/opinion/articles/2019-04-08/why-drug-prices-keep-rising-despite-congress-s-efforts>