

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, May 24th, 2016

Congressional Schedule

House

- “Meets at noon for legislative business, including postponed votes on a bill (H.R. 5077) to reauthorize intelligence agency activities, a House-Senate compromise on a measure (H.R. 2576) to update a toxic substances regulation law, and a measure (H.R. 897) related to the use of pesticides near navigable waters. The House also plans to begin consideration of the Energy-Water spending bill (H.R. 5055), which received a veto threat from the White House Monday. First votes are expected after 2 p.m.” (CQ)
- **Week Ahead:** “House members have been advised to expect late votes this week as the chamber also considers a motion to conference with the Senate on legislation (S. 2012) that would revise energy policy.” (CQ)

Senate

- “Convenes at 10 a.m. and soon after will vote on a motion to proceed to a joint resolution (H J Res 88) that would block a Labor Department rule requiring retirement advisers to put clients' interests ahead of their own. Additional votes are possible, though not yet scheduled, on a joint resolution (S J Res 28) that would provide for congressional disapproval of an Agriculture Department rule related to catfish inspection. A cloture motion to limit debate on the motion to proceed to the Senate's defense policy bill (S. 2943) has been filed. If no agreement is reached to speed up timing, that cloture vote would occur Wednesday.” (CQ)
- **Defense Appropriations:** “Lawmakers are girding for at least two days of heated exchanges on a number of issues. The \$602 billion defense policy measure touches on everything from the size of the military to acquisition policy to health care to the code of military justice. Likewise, the scores of amendments likely to be filed for consideration run the gamut on subjects. John M. Donnelly highlights five topics most likely to be passionately debated.” (CQ)

Legislative Updates

- **Week Ahead: Pressure Builds on Zika Funding.** “Republicans are facing growing pressure from the White House and congressional Democrats to get a bill funding the

United States' Zika virus relief efforts to President Obama's desk. Obama said Friday that Congress should not leave for recess without getting him a bill. 'So the bottom line is, Congress needs to get me a bill,' Obama said. 'It needs to get me a bill that has sufficient funds to do the job. They should not be going off on recess before this is done. And certainly this has to get done over the course of the next several weeks in order for us to be able to provide confidence to the American people that we're handling this piece of business...'"

- For the full article, please see the following link:
<http://thehill.com/policy/healthcare/280752-week-ahead-pressure-builds-on-zika-funding>
- **House Committee to Take up Mental Health Reform in June.** "The House Energy and Commerce committee will mark up a major mental health reform bill in June, panel spokeswoman Jennifer Sherman said Monday. The bill from Rep. Tim Murphy (R-Pa.) has long been delayed amid controversy, but Republicans have recently been circulating a draft of revisions. The announcement of a markup is a new sign of movement on the bill, as the Senate also tries to move forward with its own mental health measure. Speaker Paul Ryan (R-Wis.) raised the profile of the bill in December by pointing to it as the Republican response to mass shootings. Still, there is a long road ahead. Bridging the gap with the Senate would likely require substantial negotiations."
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/280980-house-panel-to-take-up-major-mental-health-bill-in-june>
- **Ways and Means Introduces Hospital Reform Legislation.** Last week, the House Ways and Means Committee released the *Helping Hospitals Improve Patient Care Act* (H.R. 5273). Among other provisions, the bill includes a provision that would allow the Secretary of Health and Human Services (HHS) to exclude end-stage renal disease (ESRD) from the hospital readmission measure.
 - To see the full text of the legislation, please see the following link:
<http://waysandmeans.house.gov/wp-content/uploads/2016/05/20160524-H.R.-5273.pdf>

Regulatory Updates

- **CMS Announces Request for Application (RFA) for the Comprehensive ESRD Care (CEC) Model for January 1, 2017.** "CMS has released a request for applications for the next round of Comprehensive ESRD Care Models. To apply to join the CEC Model in 2017, interested parties should send an email to ESRD-CMMI@cms.hhs.gov with the first and last names of the primary contact for the applicant ESCOs, the email address for that contact, and the name of any ESCO or ESCOs for which the contact will be completing the application. The application deadline is July 15, 2016. Questions regarding the Comprehensive ESRD Care Model can be directed to ESRD-CMMI@cms.hhs.gov."
 - For more information, please see the following link:
<https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>

- ***Department of Labor Releases Final Rule on Overtime.*** “The [Final Rule](#) focuses primarily on updating the salary and compensation levels needed for Executive, Administrative and Professional workers to be exempt. Specifically, the Final Rule:
 - Sets the standard salary level at the 40th percentile of earnings of full-time salaried workers in the lowest-wage Census Region, currently the South (\$913 per week; \$47,476 annually for a full-year worker);
 - Sets the total annual compensation requirement for highly compensated employees (HCE) subject to a minimal duties test to the annual equivalent of the 90th percentile of full-time salaried workers nationally (\$134,004); and
 - Establishes a mechanism for automatically updating the salary and compensation levels every three years to maintain the levels at the above percentiles and to ensure that they continue to provide useful and effective tests for exemption.
 - Additionally, the Final Rule amends the salary basis test to allow employers to use nondiscretionary bonuses and incentive payments (including commissions) to satisfy up to 10 percent of the new standard salary level. The effective date of the final rule is December 1, 2016.
 - The initial increases to the standard salary level (from \$455 to \$913 per week) and HCE total annual compensation requirement (from \$100,000 to \$134,004 per year) will be effective on that date. Future automatic updates to those thresholds will occur every three years, beginning on January 1, 2020.”
 - For more information, please see the following link: <https://www.dol.gov/whd/overtime/final2016/>

Articles of Interest

- ***Doctors’ House Calls Saving Money For Medicare.*** “Looking for ways to save money and improve care, Medicare officials are returning to an old-fashioned idea: house calls. But the experiment, called Independence at Home, is more than a nostalgic throwback to the way medicine was practiced decades ago when the doctor arrived at the patient’s door carrying a big black bag. Done right and paid right, house calls could prove to be a better way of treating very sick, elderly patients while they can still live at home. ‘House calls go back to the origins of medicine, but in many ways I think this is the next generation,’ said Dr. Patrick Conway, who heads the Center for Medicare and Medicaid Innovation, which oversees Independence at Home.”
 - For the full article, please see the following link: <http://bit.ly/1Tvahxf>
- ***Zika Is Coming, But We’re Far From Ready.*** “The good news is that both the House and Senate have finally passed bills that would provide some funding to combat the Zika virus. The bad news is that this action comes more than three months after President Obama requested the aid. Moreover, the House bill provides only one-third of the response needed; pays for this limited, ineffective response by diverting money allocated to fight other infectious diseases; and necessitates a conference committee to resolve differences with the Senate bill, meaning we still do not know when any money will finally get through Congress to fund the response. Of all the things that Congress could be truculent about, fighting an epidemic is the worst imaginable. Zika is not ‘coming’ to the United States: It is already here. Hundreds of people who caught the

disease abroad are in the country; more than 250 cases of pregnant women in the United States and its territories with Zika have been logged by the Centers for Disease Control and Prevention. Soon, as summer arrives, the *Aedes aegypti* mosquito will become active in Southern states, and the disease will spread there. Cases of sexual transmission will take place as well. It is not a question of whether babies will be born in the United States with Zika-related microcephaly – it is a question of when and how many. For years to come, these children will be a visible, human reminder of the cost of absurd wrangling in Washington, of preventable suffering, of a failure of our political system to respond to the threat that infectious diseases pose.”

- For the full article, please see the following link: <http://wapo.st/1YSOHXI>
- ***Nephrologists' Likelihood of Referring Patients for Kidney Transplant Based on Hypothetical Patient Scenarios.*** “There is wide variation in referral for kidney transplant and preemptive kidney transplant (PKT). Patient characteristics such as age, race, sex and geographic location have been cited as contributing factors to this disparity. We hypothesize that the characteristics of nephrologists interplay with the patients' characteristics to influence the referral decision. In this study, we used hypothetical case scenarios to assess nephrologists' decisions regarding transplant referral.”
 - For the full study, please see the following link: <http://ckj.oxfordjournals.org/content/early/2016/05/17/ckj.sfw031.full>
- ***CMS Warned About Unintended Consequences of Part B Drug Proposal.*** “In March, the Centers for Medicare & Medicaid Services (CMS) released a proposal to test new payment methodologies for Medicare Part B drugs and called it part of “a strategy to encourage better care, smarter spending, and healthier people.” But many of the 1,300 groups and individuals who submitted comments on it disagreed... At the center of the controversy is a proposal to reduce payments to some randomly chosen physicians and hospital outpatient departments as a test of whether this is an effective way to drive the prescribing of the most effective drugs and reward positive patient outcomes, according to CMS... However, the proposal’s cut does not provide an incentive to use lower-cost drugs...”
 - For the full article, please see the following link: <http://www.hfma.org/Content.aspx?id=48061>

Hearings

Tuesday, May 24th:

- **House Energy & Commerce Subcommittee on Oversight and Investigations - Medicare and Medicaid Program Integrity: Combatting Improper Payments and Ineligible Providers**
 - 10:15 am @ 2123 Rayburn House Office Building
- **House Ways and Means Full Committee - Markup of: H.R. 5273, “Helping Hospitals Improve Patient Care Act of 2016.”**
 - 2:00 pm @ 1102 Longworth House Office Building

Wednesday, May 25th:

- **House Science, Space & Technology Full Committee Hearing - *Science of Zika: The DNA of an Epidemic***
 - 10:15 am @ 2318 Rayburn House Office Building

Briefings

Wednesday, May 25th:

- **CMS Physicians, Nurses & Allied Health Professionals Open Door Forum: Scheduled for Wednesday, May 25, 2016.** To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 40222748. Persons participating by phone do not need to RSVP.

Thursday, May 26th:

- **National Press Club Luncheon with CDC Director Dr. Tom Frieden - *Address on the Zika Virus.***
 - 12:30 pm at 529 14th St., NW
 - Please see the following link for more information:
<http://www.press.org/events/npc-luncheon-cdc-director-dr-tom-frieden>