

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, May 3rd, 2016

House

- “Not in session.” (CQ)

Senate

- “Not in session. Pro forma session at 2 p.m. today and Thursday at 11:30 a.m. The chamber returns at 3 p.m. on Monday, May 9, and will resume consideration of the expected vehicle for the fiscal 2017 Energy-Water appropriations bill (H.R. 2028).” (CQ)

Legislative Updates

- **Zika Update.** “Senate Republican leaders are hardening their stance against emergency funding for the Zika virus, just one week after prominent GOP lawmakers signaled a funding package was on its way. Sen. John Cornyn (R-TX) dismissed President Obama's \$1.9 billion funding request as a "blank check" that would allow him to divert funds to agencies outside of the Zika virus efforts, such as the Environmental Protection Agency. The No. 2 Senate Republican dismissed a motion from Senate Minority Leader Harry Reid (D-NV) to force a vote on approving new funding to fight the Zika virus. Reid wanted to attach the amendment to a House highway bill. Cornyn flatly rejected Obama's \$1.9 billion funding request and signaled that he was opposed to any other new funding that did not go through the regular appropriations process. If Congress passes an emergency funding bill, it would not need to be offset under current law. But that approach has drawn sharp scrutiny from fiscal hawks.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/278080-top-senate-republican-slams-emergency-funding-for-zika>
 - “House Democrats plan to reject a bipartisan effort by Senate leaders to boost emergency funding for the Zika virus because it falls short of President Obama's request, a top lawmaker said Wednesday. Rep. Nita Lowey (D-N.Y.), the top Democrat on the House Appropriations Committee, said Congress has an “absolute responsibility” to approve the \$1.9 billion requested by the administration in February. The House Appropriations Committee has been sharply divided over whether to approve new funding for the Zika virus. Chairman Hal Rogers (R-KY) and other GOP lawmakers have rejected the administration's request because they said it lacks specifics.”

- Percentage of short-stay residents who have had an outpatient emergency department visit (Medicare claims- and MDS-based)
 - Percentage of short-stay residents who were re-hospitalized after a nursing home admission (Medicare claims- and MDS-based)
 - Percentage of short-stay residents who made improvements in function (Minimum Data Set (MDS)-based)
 - Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
 - Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based)
- These newly added measures will be reported on Nursing Home Compare, but will not be incorporated into the methodology to compute nursing home star ratings until July 2016.
- For the full press release, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-27.html>
- ***Andrew Bindman, M.D., Named New AHRQ Director.*** “Dr. Andrew Bindman, M.D., a primary care physician with Federal and State health policy experience who has practiced, taught, and conducted health services research at San Francisco General Hospital, has been named the Agency for Healthcare Research and Quality’s (AHRQ) new Director. Dr. Bindman recently served as Professor of Medicine and Epidemiology & Biostatistics and affiliated faculty member within the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco. He has led the development of a nationally recognized academic division focused on improving the care of vulnerable populations and a State-university partnership with California’s Medicaid program that promotes translating research into policy.”
 - For the full press release, please see the following link:
<http://www.ahrq.gov/news/abindman.html>
 - For a more detailed biography, please see the following link:
<http://www.ahrq.gov/cpi/centers/od/abindman-od.html>
- ***CMS Releases Medicare Access and CHIP Reauthorization Act (MACRA) Proposed Rule.*** “The new draft regulations designed to change how Medicare pays clinicians represent the most sweeping overhaul the CMS has made in a long time to the business of running a physician practice. The goal is to have the vast majority of CMS funding flow through payment models that reward doctors for the quality of care they deliver, not just how many patients they see. The changes have the potential to upend the way medicine is practiced today, accelerating the move toward hospital employment and making the small group practice a thing of the past. At the very least, the rule, once finalized, will inspire closer collaboration between doctors and hospitals, since physicians will have more incentives than ever to steer patients away from high-cost medical centers. CMS’ 962-page proposed rule is the first major step in hashing out the details of physician payment that Congress outlined in the MACRA, the 2015 legislation that replaced the controversial sustainable growth-rate formula.”

- For the full article, please see the following link:
http://www.modernhealthcare.com/article/20160430/MAGAZINE/304309988?utm_source=modernhealthcare&utm_medium=email&utm_content=20160430-MAGAZINE-304309988&utm_campaign=am

- **Proposed MACRA Requirements.** Currently, Medicare measures the value and quality that physicians and other clinicians provide through a patchwork of programs. In the MACRA legislation, Congress streamlined these programs into a single framework to help clinicians transition to payments based on value from payments based on volume. The proposed rule would implement changes through this unified framework known as the Quality Payment Program, which includes two paths:
 - **The Merit-based Incentive Payment System (MIPS):** Most Medicare clinicians will initially participate in the Quality Payment Program through MIPS. MIPS allows Medicare clinicians to be paid for providing high value care through success in four performance categories: Quality (50 percent of total score in year 1), Advancing Care Information (25 percent of total score in year 1), Clinical Practice Improvement Activities (15 percent of total score in year 1), and Resource Use (10 percent of total score in year 1); and
 - **Advanced Alternative Payment Models (APMs):** Clinicians who take a further step toward care transformation would be exempt from MIPS reporting requirements and qualify for financial bonuses. These models include: Comprehensive ESRD Care Model (Large Dialysis Organization arrangement), Comprehensive Primary Care Plus (CPC+), Medicare Shared Savings Program – Track 2, Medicare Shared Savings Program – Track 3, Next Generation ACO Model, and Oncology Care Model Two-Sided Risk Arrangement (available in 2018).
 - Comments are due June 27, 2016. For more information, please see the following link: <http://www.hhs.gov/about/news/2016/04/27/administration-takes-first-step-implement-legislation-modernizing-how-medicare-pays-physicians.html>

- **Major Medicaid Managed-Care Reforms Hand the Bill to States. Will They Run with it?** “The key word defining the first significant federal changes to Medicaid managed care in 14 years is ‘flexibility’ – for states, that is. The CMS laid the responsibility of ensuring that some of the country's poorest residents receive timely, high-quality care to the 39 states and the District of Columbia that contract with private managed-care plans to provide Medicaid services. But those states will need money, manpower and some detailed direction to implement the provisions of the sweeping Medicaid managed-care rule. And some states are more prepared than others to meet the challenge. That could lead to disparities in the improvements to healthcare quality and access the regulations seek to achieve.”
 - For the full article, please see the following link:
<http://www.modernhealthcare.com/article/20160430/MAGAZINE/304309964>

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- ***House Letter Airs Concerns About Medicare Part B Drug Payment Demo.*** “Dozens of House members wrote to CMS Acting Administrator Andy Slavitt asking that the Medicare Part B drug payment demo program be withdrawn. The program would ‘unnecessarily disrupt care’ for sick seniors who depend on Medicare, and the trial program would affect too large a scope of people, they say. Reps. Tom Price (R-GA), John Shimkus (R-IL) and Charles Boustany (R-LA) spearheaded the letter...The House letter comes after Senate Finance Committee Republicans sent Slavitt a letter last week asking that the agency withdraw the proposal. Democrats on that committee also sent Slavitt a letter asking that CMS address some concerns before launching the program, but stopped short of asking that the proposal be withdrawn.”
 - For the full article, please see the following link: <https://morningconsult.com/alert/house-letter-air-concerns-medicare-part-b-drug-payment-demo/>
- ***HHS Acts To Help More Ex-Inmates Get Medicaid.*** “Administration officials moved Thursday to improve low Medicaid enrollment for emerging prisoners, urging states to start signups before release and expanding eligibility to thousands of former inmates in halfway houses near the end of their sentences. Health coverage for ex-inmates ‘is critical to our goal of reducing recidivism and promoting the public health,’ said Richard Frank, assistant secretary for planning for the Department of Health and Human Services. Advocates praised the changes but cautioned that HHS and states are still far from ensuring that most people leaving prisons and jails are put on Medicaid and get access to treatment.”
 - For the full article, please see the following link: <http://khn.org/news/hhs-acts-to-help-more-ex-inmates-get-medicaid/>

Articles of Interest

- ***NKF: Kidney Transplant Patients Face Diabetes Risk.*** “Patients with autosomal dominant polycystic kidney disease (ADPKD) seem more likely to develop new-onset diabetes after transplantation, researchers reported here.... The analysis comprised 1,379 patients with ADPKD and a total of 9,849 patients who had undergone kidney transplantation. Only studies that reported relative risks, odd ratios, or hazard ratios for the risk of new-onset diabetes after transplantation for patients with ADPKD were included. The risk ratios in the analysis were determined using a random-effect, generic inverse variance method, the authors explained. They pointed out that other risk factors for developing diabetes after transplantation include obesity, hepatitis C virus, cytomegalovirus infection, impaired fasting glucose, and ethnicity. In addition, patients using corticosteroids or calcineurin inhibitors also have higher risks.”
 - For the full article, please see the following link: http://www.medpagetoday.com/MeetingCoverage/NKF/57632?xid=nl_mpt_DHE_2016-05-02&eun=g939522d0r

- ***Mixed Results for Exercise in CKD Patients with Diabetes.*** “Regimented exercise in obese patients with diabetes and chronic kidney disease (CKD) appeared to help them improve exercise capacity, but not renal function or body composition, researchers reported here. In a year-long controlled trial, 36 patients were randomized to a control group of dietary management alone or a study group of dietary management plus exercise (aerobic and resistance training) for 12 weeks and then 40 weeks of supervised home exercise, according to David Leehey, MD, of the Veterans Affairs hospital in Hines, Ill., and colleagues. After 12 weeks, those in the exercise group spent longer constantly exercising on the treadmill (10.08 minutes on average) than those in the diet-only group (6.72 minutes, P=0.03), they reported in a poster presentation at the National Kidney Foundation meeting. Patients in the study arm also spent longer on the treadmill without reporting symptoms versus controls (9.67 minutes vs 8.17, P=0.03), according to the authors. But when measured at 52 weeks, these benefits disappeared, and there were no significant differences between those in the intervention group and those in the control group at all, they noted.”
 - Please see the following link for the full article:
http://www.medpagetoday.com/MeetingCoverage/NKF/57635?xid=nl_mpt_DHE_2016-05-02&eun=g939522d0r

- ***Obama Reveals Push For Smart Guns.*** “President Barack Obama is renewing his push to curb gun violence, outlining last week his plans with law enforcement and researchers to encourage the use of so-called smart gun technology and announcing that the Social Security Administration is moving forward with a plan to put its mental health records into the background check system for gun purchases. The moves stem from President Barack Obama’s executive actions to reduce gun violence in January, in the face of ongoing congressional resistance to new gun control legislation. At that time, he asked agencies to look into ways to overcome the financial and political hurdles that have for decades stymied research into personalized weapons that can be fired only by an authorized user.”
 - For the full article, please see the following link:
<http://www.politico.com/story/2016/04/obama-smart-gun-push-222639>

- ***A Battle Brews Over Nurse Licensing in the Digital Age.*** “Hospitals and some nursing groups are lobbying state legislators across the nation to do away with requirements that nurses be licensed in each state where they work, arguing that the rules inhibit the use of new health-care methods such as telemedicine. The push to get states to join nursing licensing compacts reflects growing adoption of remote health services such as patient care and monitoring online and by the phone. Telemedicine, as it is known, is expected to soar in the U.S. to \$1.9 billion in 2018 from \$240 million in revenue in 2013, according to research firm IHS Technology. But advocates of the effort are up against nurses’ unions who say such compacts would jeopardize patient safety because not all states have the same licensing standards. They also say it would erode their bargaining power and make it easier for hospitals to bring in out-of-state nurses to break a strike.”
 - For the full article, please see the following link:
<http://www.wsj.com/articles/telemedicine-advocates-look-to-expand-nursing-licenses-range-1461663000>

- ***Drug Prices Keep Rising Despite Intense Criticism.*** “From the campaign trail to the halls of Congress, drug makers have spent much of the last year enduring withering criticism over the rising cost of drugs. It doesn’t seem to be working. In April alone, Johnson & Johnson raised its prices on several top-selling products, including the leukemia drug Imbruvica, the diabetes treatment Invokana, and Xarelto, an anti-clotting drug, according to a research note published last week by an analyst for Leerink, an investment bank. Other major companies that have raised prices this year include Amgen, Gilead and Celgene, the analyst reported. Makers have raised prices on brand-name drugs by double-digit percentages since the start of the year, according to interviews with executives at Express Scripts and CVS Caremark, two major drug-benefit managers. And a report last week by the research firm IMS Health found that in 2015, list prices for drugs increased more than 12 percent, in line with the trend over the five previous years.”
 - For the full article, please see the following link:
http://www.nytimes.com/2016/04/27/business/drug-prices-keep-rising-despite-intense-criticism.html?ref=health&_r=1

- ***Fraying at the Edges.*** “A withered person with a scrambled mind, memories sealed away: That is the familiar face of Alzheimer’s. But there is also the waiting period, which Geri Taylor has been navigating with prudence, grace and hope. It began with what she saw in the bathroom mirror. On a dull morning, Geri Taylor padded into the shiny bathroom of her Manhattan apartment. She casually checked her reflection in the mirror, doing her daily inventory. Immediately, she stiffened with fright. Huh? What? She didn’t recognize herself.”
 - For the full article, please see the following link:
<http://www.nytimes.com/interactive/2016/05/01/nyregion/living-with-alzheimers.html>

- ***Death by Market Power: Reform, Competition, and Patient Outcomes in the National Health Service.*** “The effect of competition on the quality of health care remains a contested issue. Most empirical estimates rely on inference from nonexperimental data. In contrast, this paper exploits a procompetitive policy reform to provide estimates of the impact of competition on hospital outcomes. The English government introduced a policy in 2006 to promote competition between hospitals. Using this policy to implement a difference-in-differences research design, we estimate the impact of the introduction of competition on not only clinical outcomes but also productivity and expenditure. We find that the effect of competition is to save lives without raising costs.”
 - For the full article, please see the following link:
<https://www.aeaweb.org/articles?id=10.1257/pol.5.4.134>

Hearings

Tuesday, May 10th:

- **Senate Finance Committee** – *Can Evidence Based Practices Improve Outcomes for Vulnerable Individuals and Families?*
 - 10:00 a.m. @ 215 Dirksen Senate Office Building