

American Nephrology Nurses Association

Weekly Capitol Hill Update – Tuesday, May 31st, 2016

Congressional Schedule

House

- “Not in session. The House will return Tuesday, June 7.” (CQ)

Senate

- “Not in session. The Senate returns at 2 p.m. Monday and is set to formally proceed at 4 p.m. to consideration of the Defense authorization measure (S. 2943). At least one amendment vote is expected.” (CQ)

Legislative Updates

- ***Rep. Cartwright Introduces Legislation to Address Nation’s Organ Transplant Shortage.*** “Last Thursday, U.S. Representative Matt Cartwright introduced the Organ Donor Clarification Act, legislation that’s aim is to address our nation’s organ transplant shortage... ‘Twenty-two people die every day because they could not survive the wait for a viable organ,’ Rep. Cartwright said. ‘Kidney waiting lists in major cities can last from five to ten years, which is often longer than a patient can survive on dialysis’.... Currently, organ transplantation is governed by the National Organ Transplant Act (NOTA) of 1984. This law prohibits buying or selling organs for ‘valuable consideration.’ ‘Confusion about what constitutes valuable consideration has hampered donation by scaring people away from reimbursing living organ donors for things like medical expenses and lost wages,’ said Rep. Cartwright. ‘Both are legal under NOTA, but the law’s lack of clarity and its criminal penalties have created uncertainty and prevented reimbursements in many cases.’”
 - For Rep. Cartwright’s full press release, please see the following link:
<http://cartwright.house.gov/media-center/press-releases/rep-cartwright-introduces-legislation-to-address-nation-s-organ>
 - To see the full text of the proposed bill, please see the following link:
<https://cartwright.house.gov/sites/cartwright.house.gov/files/Organ%20Donor%20Clarification%20Act%20FINAL.pdf>
 - ***National Kidney Foundation Statement on the Organ Donation Clarification Act of 2016.*** “The National Kidney Foundation (NKF) strongly supports removing barriers to living organ donation, and believes that all expenses related

to the donation should be covered so that neither the organ donor, nor the organ recipient, bears any financial costs. While we appreciate Representative Cartwright (D-PA) for his efforts to increase organ donation, NKF is opposed to two provisions in The Organ Donation Clarification Act of 2016:

1. The authorization of pilot programs that, under the language in the bill, could include financial incentives or benefits for organ donation. NKF opposes financial payments that are above and beyond the reimbursement of donation-related expenses.
 2. The authorization of non-cash benefits, as the bill does not define what a “non-cash benefit” is thus leaving the interpretation too open and subject to abuse.”
 - For the NKF’s full statement, please see the following link:
<https://www.kidney.org/news/national-kidney-foundation-statement-organ-donation-clarification-act-2016>
- ***Pew Urges Congress to Include Key Provisions in Final Opioid Legislation.*** “On May 25, The Pew Charitable Trusts submitted a letter to the congressional conferees tasked with finalizing legislation to address the nation’s opioid epidemic, urging them to include specific components that would help prevent prescription drug misuse and expand access to medication-assisted treatment.” (Pew Trusts)
 - For the Pew letter, please see the following link:
<http://www.pewtrusts.org/~media/assets/2016/05/pew-letter-to-opioid-legislation-conferees.pdf>
 - ***Senators Working Toward Mental Health Reform Vote Before August Recess.*** “Senators are still looking for a path forward on a floor vote for mental health legislation before the August recess, an effort that requires determining how to pay for the bill and how to deal with a controversial gun reform amendment. According to Senate Health, Education, Labor and Pensions Committee Chairman Lamar Alexander (R-Tenn.), Majority Leader Mitch McConnell has said that the bill could be brought to the floor this summer if it requires minimum floor time and few amendment votes. The two biggest hurdles to that are a bill from number two Senate Republican John Cornyn of Texas, which touches on gun rights, and how to pay for the legislation, Sen. Chris Murphy (D-Ct.) said Thursday after hosting a mental health ‘summit’ with Sen. Bill Cassidy (R-La.) to drum-up attention on the stalled bill. Murphy said he and Cassidy were working with Senate Finance to find ways to pay for the bill. Cassidy said work to get the bill to the floor was going “fairly well,” but that negotiations with Cornyn are still ongoing. Cornyn said a consensus package combining his legislation and the HELP bill could happen ‘pretty quickly.’”
 - For the full article, please see the following link:
<https://morningconsult.com/alert/senators-eye-mental-health-reform-vote-soon/>
 - ***Senators Hope for Deal Soon On Mental Health Bill.*** “Senators say they are optimistic that a bipartisan mental health reform bill can reach the Senate floor and pass soon, though they are still working out differences over guns and finances. Multiple senators said Majority Leader Mitch McConnell (R-Ky.) has told them that he is willing to put the

bill from Sens. Chris Murphy (D-Conn.) and Bill Cassidy (R-La.) on the floor but that a consensus has to be built ahead of time so that consideration does not take up too much valuable floor time. ‘Senator McConnell has said that if we can resolve, if we can find a consensus among ourselves and reduce the amount of time it takes to put it on the floor, that he will interrupt the appropriations process, put it on the floor, try to get a result this year,’ Sen. Lamar Alexander (R-Tenn.) said on the Senate floor. Alexander said he is "very hopeful" that the bill could get on the floor in June. Cassidy and Murphy held a summit Thursday during which advocates unveiled over 200,000 signatures on petitions pushing for passage of the bill. One obstacle continues to be gun politics. Sen. John Cornyn (R-Texas) is seeking to include gun-related language from his own mental health bill that Democrats have objected would make it easier for mentally ill people to get access to guns.”

- For the full article, please see the following link:

<http://thehill.com/policy/healthcare/281418-senators-hope-for-deal-soon-on-mental-health-bill>

- ***Zika Update - Conflicting Recommendations.***

- “Congress abandoned the Capitol Thursday for an almost two-week break without addressing how to combat Zika, even as public health officials issue dire warnings about the spread of the mosquito-driven virus with summer approaching. Republican leaders insist that a deal can be struck soon to provide the money federal health officials say is needed to develop a vaccine. They also played down the risk of waiting a little longer, arguing existing money is available for the initial steps needed to help contain the virus while lawmakers resolve the larger funding fight. ‘They can get to work on this problem, and there’s money in the pipeline that’s already going out the door right now,’ House Speaker Paul D. Ryan (R-WI) told reporters Thursday. But with Democrats hammering Republicans over neglect on a virus that attacks pregnant women, some GOP lawmakers, particularly those in Florida and other warm-weather locales, expressed increasing anxiety about the slowly developing response as the warm weather breeds more mosquitoes.” ([Washington Post](#))
- ***CDC Urges Speed on Zika as House Moves to Negotiate Funding.*** “The U.S. must act more quickly to protect pregnant women from birth defect-causing Zika, a top health official said Thursday even as the House left town for its Memorial Day recess with no visible progress toward a congressional compromise on emergency funding to battle the virus. ‘In a public health emergency, speed is critical. A day, a week, a month can make all of the difference,’ Dr. Tom Frieden, director of the Centers for Disease Control and Prevention (CDC), told the National Press Club. It has been three months since the Obama administration requested \$1.9 billion for Zika, and Thursday the GOP-controlled House moved to officially begin talks with the Senate on how much of that request to grant. Funding aside, Frieden said there's no reason to cancel or delay the Olympics in hard-hit Brazil. The risk to athletes and delegations attending the Olympics ‘is not zero,’ he said in response to a question. But, ‘the risk is not particularly high other than for pregnant women.’”

- For the full article, please see the following link:
http://hosted.ap.org/dynamic/stories/U/US_MED_ZIKA_US?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT&CTIME=2016-05-26-16-15-05
- **WHO: No Reason to Cancel Olympics Over Zika.** “The World Health Organization (WHO) is rejecting a call to postpone this summer's Rio de Janeiro Olympics over the Zika virus outbreak, saying there is, ‘...no public health justification. Based on current assessment, cancelling or changing the location of the 2016 Olympics will not significantly alter the international spread of Zika virus,’ WHO said in a statement Saturday, according to The Associated Press. ‘WHO will continue to monitor the situation and update our advice as necessary.’”
 - For the full article, please see the following link:
<http://thehill.com/blogs/blog-briefing-room/news/281590-world-health-organization-no-reason-to-cancel-olympics-over>
- **Health experts: Postpone or move Olympics due to Zika.** “A group of 150 health experts and bioethicists is calling for the Olympics to be postponed or moved because of the risk from the Zika virus. A range of professors from countries including the U.S. and Brazil signed the open letter to the World Health Organization, citing a risk to global health from continuing the Olympics in Rio de Janeiro in August. ‘WHO’s declaration of Zika as a ‘Public Health Emergency of International Concern,’ coupled with new scientific findings that underscore the seriousness of that problem, call for the Rio 2016 Games to be postponed and/or moved to another location – but not cancelled – in the name of public health,’ the group writes. The letter was led by professors at New York University, the University of Zurich and the University of Ottawa.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/281521-health-experts-postpone-or-move-olympics-due-to-zika>

Regulatory Updates

- **CMS Offers No-Risk Contracts in Primary-Care Initiative.** “The Centers for Medicare and Medicaid Services (CMS) is offering no-risk risk contracts to primary-care physicians in its efforts to drum up insurer interest in administering a far-reaching experiment designed to change the way primary care is delivered to as many as 25 million Americans. The latest wrinkle in the CMS' Comprehensive Primary Care (CPC) Plus initiative, announced last month, has left many of the insurers the agency wants to see participating in the program scratching their heads. ‘CMS leaves many unanswered questions, not the least of which is how you can have capitation without downside,’ said Ceci Connolly, CEO of the Alliance of Community Health Plans, which represents 22 not-for-profit insurers with their own provider networks. Under CPC Plus, the CMS and other insurers would pay physicians a monthly fee for patient primary-care visits. The new model aims to improve health outcomes and lower cost not only for Medicare beneficiaries, but also consumers enrolled in commercial plans and other coverage

options such as insurer-managed Medicaid plans. The model will be implemented in up to 20 regions and could include up to 5,000 practices with 20,000 doctors and clinicians...”

- To read more, please see the following link:
<http://www.modernhealthcare.com/article/20160527/NEWS/160529918/cms-offers-no-risk-risk-contracts-in-primary-care-initiative>

Articles of Interest

- **IRS Ruling Bad for Commercial ACOs.** “That's according to the American Hospital Association, which warns that the agency's recent decision to deny a tax exemption to an Accountable Care Organization (ACO) that coordinates care for people with private insurance could have a chilling effect. According to the American Hospital Association (AHA), providers need to be able to work together without fear of losing their tax-exempt status. The agency's ruling "appears to be a serious obstacle for nonprofit hospitals striving to coordinate care for their communities," the trade association wrote in a letter asking the Internal Revenue Service (IRS) to reconsider. In contrast, the IRS said that the relevant accountable care organization was negotiating with insurers on behalf of doctors, which didn't necessarily benefit the community. ‘The presence of a single substantial nonexempt purpose destroys the exemption, regardless of the number or importance of the exempt purposes,’ the agency said.” (Politico)
 - To read the New York Times Article, please see the following link:
http://www.nytimes.com/2016/05/30/us/politics/irs-ruling-is-obstacle-to-lower-cost-health-care-networks-promoted-by-obama.html?_r=1
- **First Discovery in United States of Colistin Resistance in a Human E. Coli Infection.** “The Multidrug Resistant Organism Repository and Surveillance Network (MRSN) at the Walter Reed Army Institute of Research (WRAIR) characterized a transferrable gene for colistin resistance in the United States that may herald the emergence of truly pan-drug resistant bacteria. Colistin is the last agent used to combat bacteria that are resistant to the strongest antibiotics. Colistin has remained the best tool available to treat multidrug resistant bacteria because bacteria were not exchanging genes for its resistance. This latest discovery shows that colistin may be losing its effectiveness in antimicrobial therapy. Now, bacteria may be exchanging resistance genes for colistin.”
 - For the full press release, please see the following link:
http://www.eurekalert.org/pub_releases/2016-05/tumh-fdi052616.php
 - To read a study on the subject, please see the following link:
<http://bit.ly/1NQRJe0>
 - **Superbug Resistant to Last-Resort Antibiotics Found in US.** “A new superbug that is resistant to the antibiotic of last resort has been spotted in the United States. Twice. US researchers reported Thursday that the mcr-1 gene has been found in E. coli bacteria retrieved from a woman from Pennsylvania. Separately, the US Department of Agriculture reported that the gene had been found in a sample of intestine from a pig, reportedly raised in Texas. The mcr-1 gene was first discovered last fall by Chinese scientists. In the weeks that followed, a

cascade of scientific articles emerged from a range of countries reporting on finding the gene in animals, commercial meat, and occasionally in people.”

- To read more, please see the following link:
<https://www.statnews.com/2016/05/26/superbug-resistant-last-resort-antibiotics-found-us/>
- ***First Drug-Resistant 'Superbug' Confirmed in US.*** “Antibiotic-resistant bacteria has been discovered for the first time in the U.S., which health officials say could mean the end of the antibiotic era. The new strain was confirmed by Department of Defense researchers in an alarming study published Thursday. The researchers called it ‘the emergence of a truly pan-drug resistant bacteria.’ The discovery is likely to spark new fears nationwide about the ability to fight normally routine infections without antibiotics. Some experts have said antibiotic resistance poses as big of a risk as terrorism. The bacteria was found in the urine sample of a 49-year-old woman in Pennsylvania.”
 - To read the full article, please see the following link:
<http://www.thehill.com/policy/healthcare/281410-first-drug-resistant-superbug-confirmed-in-us>
- ***CVS to Begin Selling Over-The-Counter Drug To Reverse Opioid Overdose in Louisiana.*** “CVS will make the opioid overdose reversal drug naloxone available over the counter and without a prescription in Louisiana and in six other states, the company announced this morning. Of the seven additional states in which CVS will offer the drug – it already does so in 23 states – Louisiana will be the second to get it. Naloxone will be available here in early June. Other states included in the expansion are New Mexico, Florida, Colorado, Idaho, Oregon and Washington... According to the East Baton Rouge Parish Coroner’s Office, 41 deaths related to heroin were investigated last year, an increase of 48% from the 28 deaths investigated in 2014. Louisiana passed legislation authorizing pharmacies to dispense naloxone, which first responders use to reverse heroin and opioid overdoses, in August.”
 - For the full article, please see the following link:
https://www.businessreport.com/article/cvs-begin-selling-drug-reverse-opioid-overdose-counter-louisiana?utm_source=&utm_medium=email&utm_campaign=2077
- ***To Cut Wait Times, VA Tries MinuteClinics in Northern California.*** “Struggling with long wait times, the Veterans Affairs Health Care System is trying something new: a partnership with the CVS Pharmacy chain to offer urgent care services to more than 65,000 veterans. The experiment began Tuesday at the VA's operations in Palo Alto, California. Veterans can visit 14 CVS MinuteClinics in the San Francisco Bay Area and Sacramento, where the staff will treat them for conditions such as respiratory infections, order lab tests and prescribe medications that can be filled at CVS pharmacies. The care will be free for veterans, and the VA will reimburse CVS for the treatment and medications. Whether the partnership will spread to other VA locales isn't yet clear. The collaboration comes amid renewed scrutiny of the nation's troubled VA health system, which has tried without much success to improve long wait times for veterans needing health care. Despite a \$10 billion program called Veterans Choice that allows veterans to

receive care outside the closed VA system, vets nationwide wait for an appointment even longer than they did before the program started in 2014, according to a federal audit.”

- For the full article please see the following link:

<http://www.npr.org/sections/health-shots/2016/05/24/479307648/to-cut-wait-times-va-tries-minuteclinics-in-northern-california>

- ***The Ecstasy and The Agony: Americans Take Too Many Painkillers. Most Other People Don't Get Enough.*** “Nowadays pain can often be shrugged off: opioids, a class of drugs that includes morphine and other derivatives of the opium poppy, can dramatically ease the agony of broken bones, third-degree burns or terminal cancer. But the mismanagement of these drugs has caused a pain crisis. It has two faces: one in America and a few other rich countries; the other in the developing world. In America for decades doctors prescribed too many opioids for chronic pain in the mistaken belief that the risks were manageable. Millions of patients became hooked. Nearly 20,000 Americans died from opioid overdoses in 2014. A belated crackdown is now forcing prescription-opioid addicts to endure withdrawal symptoms, buy their fix on the black market or turn to heroin—which gives a similar high (and is now popular among middle-aged Americans with back problems). In the developing world, by contrast, even horrifying pain is often untreated. More than 7m people die yearly of cancer, HIV, accidents or war wounds with little or no pain relief. Four-fifths of humanity live in countries where opioids are hard to obtain; they use less than a tenth of the world’s morphine, the opioid most widely used for trauma and terminal pain.”

- For the full article, please see the following link:

http://www.economist.com/news/leaders/21699448-americans-take-too-many-painkillers-most-other-people-dont-get-enough-ecstasy-and-agony?fsrc=scn/tw/te/pe/ed/theecstasyandtheagony&utm_source=&utm_medium=email&utm_campaign=2077

- ***Only 39% of U.S. hospitals Follow Best Practices to Curb Antibiotic Overuse.*** “A little more than one-third of acute care hospitals in the U.S. adhere to best practices to promote appropriate use of antibiotics, according to a new report. An analysis of more than 4,100 U.S. acute-care hospitals recently published in the journal *Clinical Infectious Diseases* found that 39% had an antibiotics stewardship program that met all seven of the core elements recommended by CDC. The CDC recommends hospitals should dedicate appropriate resources, appoint a single leader to run a program, and appoint a pharmacy leader who can focus on improving antibiotic use. Also, successfully run stewardship programs should closely monitor prescribing patterns and regularly report on antibiotic use and the occurrence of antibiotic-resistant infections.”

- For the full article, please see the following link:

<http://www.modernhealthcare.com/article/20160525/NEWS/160529934>

- ***AAP: Every School Needs a Registered Nurse.*** “School nurses are an essential part of the healthcare team, and pediatricians should advocate for every school to have at least one registered nurse, said the American Academy of Pediatrics (AAP) in a policy statement. Pediatricians should also work closely with school nurses, ensuring that student health problems, especially for those with chronic health conditions, are tracked both at the

doctor's office and in the school, reported the AAP Council on School Health, writing in *Pediatrics*. 'By understanding the benefits, roles and responsibilities of school nurses working as a team with the school physician ... pediatricians can collaborate with, support, and promote school nurses in their own communities,' they wrote. This is an update from the 2008 policy statement, and lead author Breena Holmes, MD, of the AAP Council on School Health told *MedPage Today* that since the last statement, there has been much more research into the importance of having professional registered nurses (RNs) in schools. One Massachusetts study showed that every dollar spent on a school nurse saved two dollars and 25 cents, with cost savings based on teacher time and lost wages from parents... In addition to advocating for the presence of nurses, the authors recommend that pediatricians work with school nurses to develop individualized healthcare plans and coordinate care for children with chronic conditions. They should also work with the school to establish the direct exchange of school-related information from the pediatrician's office (such as health problems that may contribute to potential absenteeism), as outlined in stage 3 of Meaningful Use."

- For the full article, please see the following link:

http://www.medpagetoday.com/nursing/Nursing/58074?xid=nl_mpt_DHE_2016-05-24&eun=g939522d0r

Briefings

Wednesday, June 1st - Thursday, June 2nd

- CMS holds a Healthcare Common Procedure Coding System (HCPCS) meeting to discuss preliminary coding and payment determinations for all new public requests for revisions to the HCPCS, *June 1-2, 9 2 a.m., 7500 Security Boulevard, Main Auditorium, Baltimore, MD*