

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, June 12, 2018

Congressional Schedule

Senate

- Senate meets at 10am to resume consideration of the National Defense Authorization Act, H.R. 5515; see related story on bipartisan push to unwind President Trump's relaxed penalties on Chinese telecommunications equipment maker ZTE

House

- House meets at noon; votes postponed until 6:30pm
 - Bills to be considered under suspension of rules include measures aimed at combating opioid crisis
 - A bipartisan group of lawmakers are working to garner enough support to force action on immigration legislation

Legislative Update

- **Week in Review**
 - *Schumer to McConnell: Let's spend August on health care.* "Senate Majority Leader Mitch McConnell's move to scrap most of the chamber's August recess promises to rob politically imperiled Democratic incumbents of campaigning time, but Minority Leader Chuck Schumer is embracing the change with a pitch for how to spend it: health care. Schumer (D-N.Y.) plans to send McConnell (R-Ky.) a letter on Wednesday asking him to set aside August time for votes on five Democratic-backed proposals aimed at expanding and lowering the cost of health care, which he previewed Tuesday after the Kentucky Republican announced plans to ax three of the Senate's four planned recess weeks during that month."
 - Read more: <https://www.politico.com/story/2018/06/06/schumer-mcconnell-health-care-senate-august-628568>
 - *Wage index in the spotlight at hearing on HHS priorities.* "Azar began the hearing by discussing his agency's overall priorities as outlined in President Trump's budget proposal. 'The president's budget especially supports four particular priorities we've laid out for the department ... fighting the opioid

crisis, increasing the affordability and accessibility of individual health insurance, tackling the high price of prescription drugs, and transforming our healthcare system into one that pays for value,' he said. Azar also noted specific expenditures, such as \$3.5 billion to address the opioid crisis."

- Read more:

<https://www.medpagetoday.com/practicemanagement/reimbursement/73339>

- **House approves Trump's bill to slash \$15 billion in federal funds.** "The House late Thursday passed President Trump's proposal to rescind \$15 billion in previously appropriated funding by the government that was never spent. Lawmakers approved the bill in a narrow 210-206 vote, which was close because 17 Republicans voted against it. Democrats argued the package would hurt efforts to fund children's health insurance, even though the bill only cuts unspent money. About half of the unspent money cut would come from the Children's Health Insurance Program, or CHIP, and about \$4.3 billion would come from the Department of Energy."

- Read more:

<https://www.washingtonexaminer.com/news/congress/house-approves-trumps-bill-to-slash-15-billion-in-federal-funds>

- **Justice Department move on health law has risks for GOP.** "The Trump administration's decision to stop defending in court the Obama health law's popular protections for consumers with pre-existing conditions could prove risky for Republicans in the midterm elections – and nudge premiums even higher. The Justice Department said in a court filing late Thursday that it will no longer defend key parts of the Affordable Care Act, beginning with the unpopular requirement that people carry health insurance, but also including widely-supported provisions that guarantee access for people with medical problems and limit what insurers can charge older, sicker adults."

- Read more: <https://abcnews.go.com/Health/wireStory/justice-department-move-health-law-risks-gop-55767670>

- **Week Ahead**

- **Senate panel schedules vote on controversial drug pricing bill.** "The Senate Judiciary Committee announced Tuesday that is moving ahead this week on a controversial bill aimed at lowering drug prices. The bill, known as the Creates Act, seeks to crack down on drug companies using tactics to delay the introduction of cheaper generic drugs onto the market. It has been stalled for months amid intense opposition from pharmaceutical companies, despite being sponsored by members of both parties. Grassley has scheduled for the committee to consider the bill on Thursday. A committee aide said that under the panel's procedures, consideration of the bill will likely not actually happen until next week."

- Read more: <http://thehill.com/policy/healthcare/390842-senate-panel-schedules-vote-on-controversial-drug-pricing-bill>

- **House to vote on opioid bills next week.** “The House will vote on legislation aimed at fighting the opioid epidemic next week, House Majority Leader Kevin McCarthy (R-Calif.) announced Wednesday. The chamber will vote on dozens of bills over a period of two weeks.”
 - Read more: <http://thehill.com/policy/healthcare/390986-house-to-vote-on-opioid-bills-next-week>
- **Lawmakers have sights set on middlemen blamed for rising drug costs.** “With public outrage growing over the rising costs of prescription drugs, Congress is targeting the middlemen they say are to blame. Specifically, lawmakers are moving to ban “gag clauses” that prohibit pharmacies from telling customers they can save money on a drug if they pay with cash instead of using their health insurance. These clauses are sometimes included in contracts between pharmacies and pharmacy benefit managers – the middlemen who act as negotiators between drug companies and insurers. The clauses prevent a pharmacist from telling a customer if their \$20 co-pay is higher than the pharmacy’s cash price for a drug.”
 - Read more: <http://thehill.com/policy/healthcare/391270-lawmakers-have-sights-on-middlemen-blamed-for-rising-drug-costs>

Regulatory and Administration Update

- **FDA cracks down on online sales of unapproved opioids.** “The Food and Drug Administration (FDA) is cracking down on websites marketing unapproved opioids, which could be dangerous to consumers who take them. The FDA warned 53 websites Tuesday that they must stop “illegally marketing potentially dangerous, unapproved and misbranded versions of opioid medications,” including tramadol and oxycodone.”
 - Read more: <http://thehill.com/policy/healthcare/390775-fda-cracks-down-on-illegal-online-pharmacies-selling-unapproved-opioids>
- **HHS to allow insurers’ workaround on 2019 prices.** “Federal officials will not block insurance companies from again using a workaround to cushion a steep rise in health premiums caused by President Donald Trump’s cancellation of a program established under the Affordable Care Act, Health and Human Services Secretary Alex Azar announced Wednesday. The technique – called ‘silver loading’ because it pushed price increases onto the silver-level plans in the ACA marketplaces – was used by many states for 2018 policies. But federal officials had hinted they might bar the practice next year.”
 - Read more: <https://khn.org/news/hhs-to-allow-insurers-workaround-on-2019-prices/>
- **Trump seeks to reorganize the federal government.** “The Trump administration is preparing to release a sweeping plan for reorganizing the federal government that includes a major consolidation of welfare programs – and a renaming of the Health and Human Services Department. The report, set to be released in the coming weeks by the White House Office of Management and Budget, seeks to move safety-net programs,

including food stamps, into HHS, two sources with knowledge of the plan told POLITICO. The plan would also propose changing the name of the sprawling department, while separately seeking cuts at the U.S. Agency for International Development and the State Department.”

- Read more: <https://www.politico.com/story/2018/06/06/trump-reorganize-federal-government-629133>
- ***Trump administration backs court case to overturn key Obamacare provisions.*** “The Trump administration is urging a federal court to dismantle two of the most popular provisions of Obamacare, but to delay taking such drastic action until after the midterm elections this fall. Responding to a lawsuit from conservative states seeking to invalidate the Affordable Care Act, the Justice Department told a judge in Texas on Thursday that Congress’ decision to repeal the penalty for failing to buy health insurance renders unconstitutional other Obamacare language banning insurers from charging people more or denying them coverage based on a pre-existing condition.”
 - Read more: <https://www.politico.com/story/2018/06/07/obamacare-trump-administration-court-case-texas-606930>

Articles of Interest

- ***Nurses on the job: Their major concerns.*** “Respondents to the ANNA/NN&I survey were able to provide written comments on different topics. Here are some excerpts from the 1,310 responses received.”
 - Read more: <https://www.healio.com/nephrology/kidney-care-community/news/print/nephrology-news-and-issues/%7B04009083-a36d-4c41-b920-20dff08ffa31%7D/nurses-on-the-job-their-major-concerns>
- ***Sanofi statement on CMS plan to lower insulin costs.*** “Sanofi is a leader in developing and implementing policies to ensure people can access insulins at a lower cost. We applaud the Administration’s efforts to expand programs that reduce the out-of-pocket costs for people struggling to afford their insulin and look forward to partnering with the Administration to find solutions for more people. Earlier this year, Sanofi announced the Insulins VALyou Savings Program to lower out-of-pocket costs for people who manage their diabetes with Lantus® (insulin glargine 100 Units/mL) and Admelog® (insulin lispro injection). The intent of the Insulins VALyou Savings Program is to help patients currently paying full retail price for Lantus and Admelog. This includes certain uninsured patients who don’t qualify for traditional patient assistance programs, in addition to some commercially insured patients with a high deductible that has not been reached on their plan.”
 - Read more: <http://www.news.sanofi.us/Sanofi-Statement-on-CMS-Plan-to-Lower-Insulin-Costs>
- ***Rural and nonrural primary care physician practices increasingly rely on nurse practitioners.*** “The use of nurse practitioners (NPs) in primary care is one way to address growing patient demand and improve care delivery. However, little is known about trends in NP presence in primary care practices, or about how state policies such as scope-of-practice laws and expansion of eligibility for Medicaid may encourage or

inhibit the use of NPs. We found increasing NP presence in both rural and nonrural primary care practices in the period 2008–16. Overall, primary care practices are embracing interdisciplinary provider configurations, and including NPs as providers can strengthen health care delivery.”

- Read more: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1158>
- ***New risk calculator could change the aspirin, statins, and blood pressure medications some people take.*** “A team from Stanford has created a new calculator by updating data sources – adding the more recent Jackson Heart Study and the Multi-Ethnic Study of Atherosclerosis, among others – and applying newer statistical methods. They say their findings, published Monday in *Annals of Internal Medicine*, improve the accuracy of risk estimates among multiple populations. They also predict that their calculator, and others like them, will also need to be updated with changing times.”
 - Read more: <https://www.statnews.com/2018/06/04/new-risk-calculator-could-change-the-aspirin-statins-and-blood-pressure-medications-some-people-take/>
- ***Protecting access to diabetes care: a white paper from the Diabetes Therapy Access working group.*** “With 1.5 million Americans newly diagnosed each year, diabetes presents a long-term challenge for patients and public health alike. Meeting that challenge means giving people with diabetes every chance to manage their condition. It also means instituting policies that respect the physician-patient relationship’s role in quality care and acknowledge the individual health care needs of people with diabetes. Clinicians, people with diabetes, private sector employers, insurers and policymakers must work together to ensure access to care and to reduce unmanageable out-of-pocket expenses related to this serious, but manageable, disease.”
 - Read more: http://1yh21u3cjptv3xjder1dco9mx5s.wpengine.netdna-cdn.com/wp-content/uploads/2018/05/IfPA_Protecting-Access-to-Diabetes-Care_June-2018.pdf
- ***Doctors urge congress to eliminate MACRA opt-out policy.*** “AMGA board members asked congressional lawmakers Tuesday to overturn or scale back CMS exemptions that let thousands of doctors opt out of MACRA. So many doctors have been allowed to sit out from reporting under the Merit-based Incentive Payment System that it may no longer meet Congress’ goal of helping move Medicare from a fee-for-service to a value-based system, according to representatives from Prevea Health, UnityPoint Health and Oregon Medical Group. They met with lawmakers from both chambers and parties Tuesday, including members of the House Ways and Means Committee and Senate Finance Committee.”
 - Read more: <http://www.modernhealthcare.com/article/20180605/NEWS/180609960/doctors-urge-congress-to-eliminate-macra-opt-out-policy>
- ***Congress’ focus on opioids misses larger crisis.*** “Congress faced a startling public health and political problem throughout 2016 as the number of people dying from opioid addiction climbed. The number of Americans succumbing to drug overdoses more than tripled between 1999 and 2015, affecting a whiter and more geographically diverse population than previous drug crises. Lawmakers ultimately approved some modest

policies aimed at curbing prescription drug abuse and provided \$1 billion to support state efforts. But prescribing rates already were dropping by 2016. The law barely addressed other poisonous drugs that caused overall drug abuse deaths to skyrocket to nearly 64,000 by the end of that year: heroin and illicit synthetic drugs like fentanyl. While prescription opioids were involved in just over 17,000 overdose deaths in 2016, heroin was responsible for 15,500 overdose deaths that year, a 20 percent jump from a year before. Synthetic drugs caused 19,000 deaths – a 100 percent increase.”

- Read more: <http://www.rollcall.com/news/policy/opioids-focus-misses-larger-crisis>
- ***Staying heart healthy: The importance of phosphorus for veterans with chronic kidney disease.*** “Dr. Anna Jovanovich is a kidney specialist and a clinical researcher at the VA Eastern Colorado Health Care System in Denver. She splits her time between seeing patients and conducting research. She is also an assistant professor at the University of Colorado, Denver. The thrust of her clinical research is investigating the effects of kidney disease on the body – specifically cardiovascular or heart disease. Veterans and others with chronic kidney disease are at a much higher risk of developing heart disease, compared with the general population. In fact, they are more likely to suffer a cardiovascular event, such as a heart attack, than progress to needing dialysis or transplant. People with advanced kidney disease may not be able to adequately control the level of phosphorus within their body. If diet modification does not work, they may need to take phosphate binders – drugs that bind to excess phosphate in the gut and help the body excrete it.”
 - Read more: <https://www.blogs.va.gov/VAntage/49266/staying-heart-healthy-the-importance-of-phosphorus-for-vets-with-chronic-kidney-disease/>
- ***Nurse practitioners' primary care role for rural areas hobbled by practice restrictions.*** “Nurse practitioners are expected to play a critical role in alleviating the nation's rural healthcare workforce shortages, but some states continue to place hobbling restrictions on their scope of practice, a new study shows. Researchers found that NPs comprise one-in-four of clinicians practicing in rural areas, a number that increased 43% from 2008-2016. Currently, of the 248,000 NPs in the country, about 87% are trained in primary care and more are in training. However, study author Hilary Barnes said the increasing reliance on NPs to deliver a full spectrum of primary care services in rural areas is being hindered in some states by outmoded restrictions.”
 - Read more: <http://www.healthleadersmedia.com/nurse-leaders/nurse-practitioners-primary-care-role-rural-areas-hobbled-practice-restrictions>
- ***Local dialysis workers prepare to vote on whether to unionize.*** “While most of Humboldt County hit the polls on Tuesday, this Thursday and Friday will mark an important vote for employees at two local dialysis clinics. Thanks in part to the efforts of one terminally ill patient, the clinics could be the first of their kind in California to unionize.”
 - Read more: <https://www.northcoastjournal.com/NewsBlog/archives/2018/06/06/local-dialysis-workers-prepare-to-vote-on-whether-to-unionize>

- ***\$22 million for a breakthrough kidney disease treatment.*** “An Australian medical breakthrough that could revolutionise the way kidney disease is treated, supporting millions of patients, will receive \$22 million. Through the Federal Government’s Biomedical Translation Fund (BTF), fund managers Brandon Capital Partners will invest funding in Certa Therapeutics. The funding will help commercialise Certa’s cutting edge kidney disease treatment, providing Australian patients with direct access to this medicine through clinical trials, while giving taxpayers an opportunity to maximise their investment. By taking the drug, the patient is less likely to suffer from kidney failure and have a shorter life on dialysis.”
 - Read more: <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-hunt068.htm>
- ***Mount Sinai and RenalytixAI launch groundbreaking artificial intelligence solution for improved kidney disease management and patient care.*** “Mount Sinai Health System (MSHS) and RenalytixAI, Plc today have entered into an exclusive multi-year license and collaboration to commercialize artificial intelligence solutions to improve kidney disease detection, management and treatment for patients with diabetes and other at-risk, large-scale patient populations. The partnership will leverage MSHS’s massive data warehouse containing over 3,000,000 patient health records and 43,000 patient records in the BioMe™ BioBank repository, and using de-identified clinical data, will create an advanced learning system to monitor and flag patients at risk for kidney disease and costly unplanned ‘crashes’ into dialysis.”
 - Read more: <https://www.mountsinai.org/about/newsroom/2018/mount-sinai-and-renalytixai-launch-groundbreaking-artificial-intelligence-solution-for-improved-kidney-disease-management-and-patient-care>