

American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, June 20, 2016

Congressional Schedule

House

- “The House meets at 2 p.m. for a pro forma session. No legislative business is expected.” (CQ)
 - “House Rules meets Tuesday to formulate a rule for floor consideration of a bill (H.R. 1270) on access to medication and the fiscal 2017 Financial Services spending bill (H.R. 5485).” (CQ)
 - “On Wednesday, House Appropriations marks up the fiscal 2017 Homeland Security spending bill.” (CQ)
- **Week Ahead:** “On Tuesday the House meets at 2 p.m. for consideration of 22 bills under suspension of the rules, including 7 post office naming measures.” (CQ)

Senate

- “Convenes at 3 p.m. for continued consideration of the legislative vehicle for the \$56.3 billion fiscal 2017 Commerce-Justice-Science spending bill. (H.R. 2578). The chamber will hold up to four cloture votes on gun-related amendments at 5:30 p.m.” (CQ)

Legislative Updates

- **ESRD Integrated Care Demonstration.** On June 16, 2016, Representative Todd Young (R-IN-9) introduced a bill to amend Title XVIII of the Social Security Act to establish a demonstration program to provide integrated care for Medicare beneficiaries with end-stage renal disease, and for other purposes.
 - Text is not yet available: <https://www.congress.gov/bill/114th-congress/house-bill/5506?q=%7B%22search%22%3A%5B%22HR+5506%22%5D%7D&resultIndex=1>
- **Introduction of Legislation to Ensure that Living Donor Transplants are Covered under the Department of Veterans Affairs (VA) Choice Act.** “U.S. Senators Mark Kirk (R-Ill.) and John Cornyn (R-TX) introduced legislation to ensure that living donor transplants are covered under the Department of Veterans Affairs (VA) Choice Act. A veteran in Texas made local news when his kidney transplant was denied coverage through the

Veterans Choice Act. "The VA is not implementing the Veterans Choice Act as Congress intended," said Senator Kirk. "The program should be increasing access to care for our veterans but we still see failures at every turn despite continued promises from VA Secretary McDonald."... The bill authorizes the Secretary of Veterans Affairs to provide veterans coverage for live donor transplant operation procedures at any facility if the veteran qualifies for the VA Choice Program. The VA is required to fully fund all care and services before and after the transplant procedure. Currently, the VA only covers kidney transplant procedures for veterans from deceased donors in the state of Texas - therefore eliminating the possibility of finding a match from relatives."

- To read the article: <http://politicalnews.me/?id=39206&keys=VETERANS-CHOICE-VA-FAILURES>

- **Landmark Mental Health Bill Passes Committee 53-0.** "The House Energy and Commerce Committee unanimously approved legislation by a vote of 53-0 on Wednesday that U.S. Rep. Tim Murphy (R-PA) introduced to reform the nation's mental health care system. The Helping Families in Mental Health Crisis Act, H.R. 2646, which has 197 bipartisan cosponsors, would be the most comprehensive mental health reform bill passed in the last 50 years. "Here and now, this committee jointly proclaims that the diagnosis and treatment of mental illness must come out of the shadows," Murphy, the chairman of the House Energy and Commerce Subcommittee on Oversight and Investigations, said. "We declare a new dawn of hope for the care of those with mental illness and we pledge our unwavering commitment to continued work to bring help and hope in the future." The best way to remove the stigma surrounding mental health and fix the nation's broken mental health system, Murphy said, would be to deliver evidence-based treatment and transform the federal government's approach to mental health. "This bill calls for a complete overhaul of the current federal system, refocusing resources on helping those with the most serious mental illnesses by getting them treatment before, during and after a psychiatric crisis," Murphy said. "I couldn't be prouder of the work of the bipartisan coalition in Congress, and I eagerly look forward to the bill's consideration on the House floor." U.S. Rep. Fred Upton (R-MI), the chairman of the House Energy and Commerce Committee, said that the bill would make a real difference for countless Americans."

- To read more: <https://riponadvance.com/featured/landmark-mental-health-bill-passes-committee-53-0/>

- **Senate Panel Kills Medicare Program that Offers Help on Enrollment, Billing Issues.** "A program that has helped seniors understand the many intricacies of Medicare as well as save them millions of dollars would be eliminated by a budget bill overwhelmingly approved last week by the powerful Senate Appropriations Committee. The State Health Insurance Assistance Program or "SHIP," is among more than a dozen programs left out of the bill by the committee. Cutting these "unnecessary federal programs" helped provide needed funding for other efforts, Sen. Roy Blunt, R-Mo., chairman of the appropriations committee's health and labor subcommittee, said in a statement last week. Ending SHIP saves \$52 million, which will help pay for a \$2 billion increase for the National Institutes of Health, restore year-round Pell Grants, and increase resources to prevent and treat opioid abuse, among other things... "Medicare is very complicated," said Howard Bedlin, vice president for public policy and advocacy at the

National Council on Aging, a nonprofit service organization. “Last year SHIPs helped 7 million people navigate this program and without those services, people will not be able to make well-informed choices. That’s going to cost them money.” On Thursday, the council along with the Center for Medicare Advocacy, Medicare Rights Center and National Committee to Preserve Social Security and Medicare, called on Senate leaders to restore SHIP.”

- To read more: <http://khn.org/news/senate-panel-kills-medicare-program-that-offers-help-on-enrollment-billing-issues/>

Regulatory Updates

- ***MedPAC Releases June 2016 Report to Congress.*** “As part of its mandate from the Congress, each June MedPAC reports on issues affecting the Medicare program as well as broader changes in health care delivery and the market for health care services.”
 - **Fact sheet:** <http://medpac.gov/documents/fact-sheets/fact-sheet-on-medpac's-june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>
 - **June Report:** <http://medpac.gov/documents/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>
- ***MACPAC Releases June 2016 Report to Congress.*** “The June 2016 Report to Congress on Medicaid and CHIP focuses on Medicaid spending and financing, reflecting concerns among some policymakers, including the chairs of congressional committees with an interest in Medicaid, about the growth and sustainability of the program as it becomes a larger share of both federal and state budgets. The first three chapters of the June 2016 report examine trends in Medicaid spending, state actions affecting the program’s spending trajectory, and alternative approaches to change federal financing. The analyses contain new information on spending trends, consider how federal and state policy choices influence spending, and consider design issues in changing the current method of federal financing to other methods that cap the federal government’s contribution in various ways. The chapters also discuss spending and financing issues in the context of Medicaid’s multiple roles—providing access to medical care for low-income Americans, covering long-term services and supports (LTSS), and wrapping around other sources of coverage, as well as serving as a critical source of revenue for safety-net providers delivering care to both Medicaid beneficiaries and the uninsured. The final chapter of the June report describes state use of functional assessment tools that Medicaid programs use to determine applicants’ eligibility and create care plans for them.”
 - **June Report:** <https://www.macpac.gov/wp-content/uploads/2016/06/June-2016-Report-to-Congress-on-Medicaid-and-CHIP.pdf>
- ***CMS Delays Lab Payment System.*** On Friday, “the Centers for Medicare & Medicaid Services (CMS) released a final rule implementing Section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), requiring laboratories performing clinical diagnostic laboratory tests to report the amounts paid by private insurers for laboratory tests. Medicare will use these private insurer rates to calculate Medicare payment rates

for laboratory tests paid under the Clinical Laboratory Fee Schedule (CLFS) beginning January 1, 2018. The final rule includes provisions to ease administrative burdens for physician office laboratories and smaller independent laboratories. In response to public comments, CMS moved implementation of the new payment system from January 1, 2017 to January 1, 2018 to allow laboratories sufficient time to develop the information systems necessary to collect, review, and verify data before reporting applicable information to CMS.”

- **Fact Sheet:** <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-17.html>
- **Final Rule:** <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-14531.pdf>
- ***CMS Releases Proposed Rule on Hospital Conditions of Participation.*** Last week, CMS “proposed new standards to improve the quality of care and advance health equity in our nation’s hospitals. The proposal applies to the 6,228 hospitals and critical access hospitals that participate in Medicare or Medicaid. The rule proposes to reduce overuse of antibiotics and implement comprehensive requirements for infection prevention. CMS estimates that these new requirements could save hospitals up to \$284 million annually, while also improving care and potentially saving lives.”
 - **Fact sheet:** <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-13.html>
 - **Proposed Rule:** <https://www.federalregister.gov/articles/2016/06/16/2016-13925/medicare-and-medicaid-programs-hospital-and-critical-access-hospital-cah-changes-to-promote>
- ***CMS Releases Medicare Learning Network Revisions - JW Modifier: Drug Amount Discarded/Not Administered to any Patient.*** “CMS issued CR 9603 to alert MACs and providers of the change in policy regarding the use of the JW modifier for discarded Part B drugs and biologicals. Effective January 1, 2017, providers are required to:
 1. Use the JW modifier for claims with unused drugs or biologicals from single use vials or single use packages that are appropriately discarded (except those provided under the Competitive Acquisition Program (CAP) for Part B drugs and biologicals) and
 2. Document the discarded drug or biological in the patient's medical record when submitting claims with unused Part B drugs or biologicals from single use vials or single use packages that are appropriately discarded.”
 - To read more: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>
- ***Industry, Policymakers Have Eyes on Upcoming Medicare Trustees’ Report.*** “The Obama administration will offer an update Wednesday on the state of the nation’s entitlement programs. Policymakers are keeping their eyes on the 2016 Social Security and Medicare trustees’ report expected to be unveiled Wednesday to see if the White House will stand by its projection that Medicare will be solvent until 2030. The Congressional Budget Office estimates funds for the program will dry up in 2026. Also

of interest is whether the trustees will call for the creation of an Independent Payment Advisory Board called for in the Affordable Care Act to reign in Medicare costs if they grew faster than a set rate. But the board, called the death panel by ACA opponents, has not yet been created. There hasn't been the need, and some say, the willingness to expend the political capital. Being that it's an election year, "the process could be disrupted as the new administration takes office," said James Scott, CEO of Applied Policy, a reimbursement consulting firm."

- To read more:

<http://www.modernhealthcare.com/article/20160616/NEWS/160619929>

Articles of Interest

- ***FDA Intensifies Warnings for Four Diabetes Drugs.*** "The U.S. Food and Drug Administration is intensifying warnings for four diabetes drugs that the FDA claims can cause life-threatening kidney harm. "Canagliflozin, sold as Invokana and Invokamet by Janssen Pharmaceuticals, and dapagliflozin, sold as Farxiga and Xigduo XR by AstraZeneca, can cause worse acute kidney injury than was previously thought," the FDA said. Between October 2014 and September 2015, 1.5 million prescriptions were written for either canagliflozin or dapagliflozin. The FDA noticed that between March 2013 and October 2015, there were 101 individuals with confirmed kidney injury relating to the the two drugs, one-fifth of which required hospitalization in intensive care. Four of the individuals died. "The revisions to the drugs' labels will now include information about acute kidney injury and added recommendations to minimize this risk," the FDA said.

In an episode of acute kidney injury, the kidneys suddenly stop working. Still, patients should not stop taking the medicines if it happens, because that could wreak havoc on their blood sugar. They should simply seek immediate medical help. "Acute kidney injury can reveal itself through decreased urine or swelling in the legs or feet," the FDA said. For more than half of the cases of acute kidney injury, the problem occurred within a month after the patient started taking the diabetes drug. The FDA said that doctors who see patients with diabetes should think more seriously before prescribing these drugs and should also take into account any predisposal to kidney issues such as decreased blood volume, chronic kidney insufficiency, congestive heart failure, and other medications that may increase the risk through interaction....

Agency officials said they are working to determine whether canagliflozin really does elevate the risk of amputation, and that patients should not stop taking the drug without first consulting a doctor. "Patients taking canagliflozin should notify their health care professionals right away if they notice any new pain or tenderness, sores or ulcers, or infections in their legs or feet," the agency said." <http://www.legalreader.com/fda-intensifies-warnings-for-four-diabetes-drugs/>

- ***New Drugs in Testing to Combat Superbugs.*** "Incentives from the federal government have helped drug makers speed up development of antibiotics to treat drug-resistant bacterias, a federal official said Tuesday. The Biomedical Advanced Research and Development Authority and drug companies have split the costs of development

evenly." <http://www.wsj.com/articles/new-drugs-in-testing-to-combat-superbugs-1465947655>

- **Medicare's System for Chronic Illness Failed My Parents. Here's How I Want to Fix It.** <http://www.vox.com/2016/6/14/11932128/update-medicare-guarantee>
- **Report Projects 10 Percent Premium Hikes, on Average.** "The Kaiser Family Foundation projects that, on average, premiums will increase by 10 percent next year, based on preliminary filings from 14 major cities. The study, like others that have come out in recent weeks, says it's likely that increase will vary across regions. It also projects the lowest-cost plans this year won't be the lowest-cost plans during the upcoming enrollment period in many cities, meaning consumers will likely shop around on the exchanges, which would meet a major goal of the administration. Final premium rates are expected to be released just before the November election." (Morning Consult)
- **Report: Trauma Deaths Could be Prevented with Better Care.** "A study from the National Academy of Sciences, Engineering and Medicine finds that 20 percent of U.S. trauma deaths could be prevented with better care. The committee behind the report says the White House should spearhead the integration of military and civilian trauma care by establishing a national trauma care system. In 2013, trauma cost \$670 billion in medical expenses and lost productivity."
 - The report: <http://bit.ly/1USXt6D>

Events

June 21st-June 22nd

- The President's Advisory Council on Combating Antibiotic-Resistant Bacteria. <http://1.usa.gov/1WRQQ7I>

Hearings

Tuesday, June 21st

- Senate Judiciary Committee. *Antitrust, Competition Policy and Consumer Rights Subcommittee hearing on "The CREATES Act: Ending Regulatory Abuse, Protecting Consumers, and Ensuring Drug Price Competition."*
 - Time: 2:00 p.m. EST
 - Location: 226 Dirksen

Thursday, June 23rd

- Senate Special Aging Committee. *Person-Centered Care for Serious Illness.*
 - Time: 11:00 a.m. EST
 - Location: 562 Dirksen
- House Veterans Affairs Committee will hold a hearing on a bill that would allow the VA to share certain medical records with non-VA providers.
 - Time: 10:30 a.m. EST
 - Location: 334 Cannon

- For more information: <http://veterans.house.gov/hearing/legislative-hearing-10>

Friday, June 24th

- Energy and Commerce. *Strengthening our National Trauma System.*
 - Time: 9:15 a.m. EST
 - Location: 2123 Rayburn