

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, July 19th, 2016

Congressional Schedule

House and Senate

- “Not in session. Lawmakers will return after Labor Day.” (CQ)

Legislative Updates

- ***House Appropriations Committee Approves HHS Spending Bill.*** The House Appropriations Committee has approved a fiscal year (FY) 2017 Labor, Health and Human Services (HHS) spending bill. “The legislation includes funding for programs within the Department of Labor, the Department of Health and Human Services, the Department of Education, and other related agencies. In total, the draft bill includes \$161.6 billion in discretionary funding, which is a reduction of \$569 million below the fiscal year 2016 enacted level and \$2.8 billion below the President’s budget request. Funding within the bill is targeted to proven programs with the most national benefit, including medical research, public health, and biodefense, as well as funding for a comprehensive approach to combatting the nation’s opioid epidemic. The bill saves taxpayer dollars by cutting funding in lower-priority areas, including ineffective or wasteful programs.”
 - To view the full report, please click here:
<http://appropriations.house.gov/uploadedfiles/hrpt-114-hr-fy2017-laborhhsed.pdf>
- ***W&M Passes Bills To Let Kidney-Failure Patients Enroll In MA.*** “The House Ways & Means Committee on Wednesday (July 13) passed two Medicare bills: one that lets kidney-failure patients enroll in Medicare Advantage, and another that again delays the so-called 25 percent rule for long-term care hospitals and that narrowly exempts four types of Long-Term Care Hospitals (LTCHs) from site-neutral pay measures. Kidney patient advocates praised the committee for passing H.R. 5659. End-stage renal failure patients are not allowed to enroll in Medicare Advantage, but many of those patients want MA plans because they coordinate benefits, and it’s common for kidney-failure patients to have other chronic conditions that benefit from care coordination.”
 - For the full press release, please see the following link:
<http://kidneycarepartners.com/press/w-help-ltchs/>

- *Hopes Dim for Mental Health Deal.* “Hopes are dimming for passage of a mental health bill in the Senate this year. The House this month overcame years of delay to pass a mental health reform bill on a broad bipartisan vote, but a tougher battle has emerged in the Senate over the politics of guns. Senate staff in both parties have told lobbyists that legislation offered by Sens. Chris Murphy (D-CT) and Bill Cassidy (R-LA) may have to wait until 2017, particularly given a closing legislative window to get anything done. Senators in both parties say they hope that they can find a way to move forward, given that both sides want to address mental health. But their hopes are dependent on the ability to find an agreement, particularly on the issue of guns, which has so far proven elusive. Sen. John Cornyn (R-TX) has been looking to attach gun-related language, already part of his own broader mental health bill, that would require a full judicial hearing to ban someone from buying guns due to mental illness. Democrats warn the language would make it easier for mentally ill people to get guns. And more broadly, they worry that including any gun-related language would open the door for Democrats to offer gun control amendments. If the mental health fight becomes a fight over the divisive issue of gun control, many fear the legislation would be sunk. A Senate GOP aide said that there has been some progress on reaching a deal with Democrats on the gun language. The aide said Republicans have offered language on protecting the due process gun rights of veterans who might be mentally ill that is taken from the Manchin-Toomey gun bill that Democrats already voted for.”
 - For the full article, please see the following link:
<http://thehill.com/policy/healthcare/287985-hopes-dim-for-mental-health-deal>

Regulatory Updates

- *ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data Call – August 2.* “Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? Preliminary Payment Year (PY) Performance Score Reports (PSRs) will be available on August 15. Find out how to access, review, and submit a formal inquiry about your report by the September 16 deadline. A question and answer session will follow the presentation.”
 - Agenda:
 - Accessing and reviewing your PSR
 - How CMS calculates your performance score using quality data
 - What the performance score means for your PY 2017 payment rates
 - How to submit one formal inquiry about your PSR
 - Making performance data transparent to patients
 - Where to access help and additional information
 - The target audience includes dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.
 - **The call will take place on Tuesday, August 2 from 2:30 to 4 pm ET. To register or for more information, please visit the following link:**
<https://blh.ier.intercall.com/details/ac80026a487443458643e3dff6b7abde>

- **MedPAC Announces the Release of its 2016 Data Book on Health Care Spending and the Medicare Program: Data Book: Health Care Spending and the Medicare Program.** “The MedPAC Data Book provides information on national health care and Medicare spending as well as Medicare beneficiary demographics, dual-eligible beneficiaries, quality of care in the Medicare program, and Medicare beneficiary and other payer liability. It also examines provider settings – such as hospitals and post-acute care – and presents data on Medicare spending beneficiaries’ access to care in the setting (measured by the number of beneficiaries using the service, number of providers, volume of services, length of stay, or through direct surveys), and the sector’s Medicare profit margins, if applicable. In addition, it covers the Medicare Advantage program and prescription drug coverage for Medicare beneficiaries, including Part D.”

 - To view the full book, please see the following link:
<http://medpac.gov/documents/data-book/june-2016-data-book-health-care-spending-and-the-medicare-program.pdf?sfvrsn=0>

- **CDC to Host NHSN Dialysis Event Surveillance Training Webinars (August 1 and 11, 2016).** “The Centers for Disease Control and Prevention (CDC) will host two live webinars on August 1 and August 11, 2016, that will provide training for new or experienced National Healthcare Safety Network (NHSN) users. CDC subject matter experts will be available to answer questions about NHSN Dialysis Event Surveillance.”

 - For more information on the events, please see the following link:
<https://www.annanurse.org/article/cdc-host-nhsn-dialysis-event-surveillance-training-webinars-august-1-and-11-2016-july-13-16>

- **8/1 Pain Assessment Deadline.** “The Payment Year (PY) 2018 Quality Incentive Program (QIP) requires that facilities enter patient Pain Assessment for every eligible patient into CROWNWeb by August 01, 2016, and again before February 1, 2017. Eligible patients are 18 or older and have been treated for 90 or more days at a facility with 11 or more eligible patients that opened before July 1, 2016. Enter Pain Assessments into CROWNWeb under the Clinical menu at the top of the screen.”

 - For more details, please see the following link:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/PY-2018-Technical-Measure-Specifications.pdf>

- **CMS Considering Delaying MACRA: Slavitt.** “Amid a crush of concerned feedback from providers, Medicare is considering delaying the January 2017 start of data collection under its new physician payment system, according to the agency’s leader. Andy Slavitt, acting administrator of CMS, told a congressional committee Wednesday that CMS is considering delaying implementation of the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA). The proposed rules would require most physicians paid under Medicare to begin tracking various quality indicators on Jan. 1, 2017. CMS officials ‘remain open to multiple approaches,’ Slavitt said in testimony to the Senate Finance Committee. ‘So, some of the things that are on the table, we’re considering, include alternative start dates, looking at whether shorter periods could be used, and finding other ways for physicians to get experience with the program before the impact

of it really hits them.’ A CMS spokesman declined to provide any details of the possible implementation delays under consideration.”

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

<http://www.hfma.org/Content.aspx?id=49340>

- ***CMS Proposed Rule for Transplant Centers and Transplant Reporting.*** “This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2017 to implement applicable statutory requirements and changes arising from our continuing experience with these systems. In this proposed rule, we describe the proposed changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, this proposed rule would update and refine the requirements for the Hospital Outpatient Quality Reporting (OQR) Program and the ASC Quality Reporting (ASCQR) Program. Further, in this proposed rule, we are proposing to make changes to tolerance thresholds for clinical outcomes for solid organ transplant programs; to Organ Procurement Organizations (OPOs) definitions, outcome measures, and organ transport documentation; and to the Medicare and Medicaid Electronic Health Record Incentive Programs. We also are proposing to remove the HCAHPS Pain Management dimension from the Hospital Value-Based Purchasing (VBP) Program. In addition, we are proposing to implement section 603 of the Bipartisan Budget Act of 2015 relating to payment for certain items and services furnished by certain off-campus outpatient departments of a provider.”
 - For the full proposed rule, please see the following link:
<https://www.federalregister.gov/articles/2016/07/14/2016-16098/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>
- ***Agency for Healthcare Research and Quality (AHRQ).*** The agenda of the Agency for Healthcare Research and Quality's big National Advisory Council meeting has been posted: <http://bit.ly/29QKro0>

Articles of Interest

- ***Effects of Physician Payment Reform on Provision of Home Dialysis.*** “Our findings indicate that economic incentives have had a substantial effect on physicians' decisions regarding dialysis modality, and that payment reform had the unintended consequence of leading fewer patients to home dialysis. Since the choice of dialysis modality is central to patients' quality of life, independence, and healthcare costs, a reduction in the use of home dialysis can be seen as a failure of the policy.”
 - For the full article, please see the following link:
<http://www.ajmc.com/journals/issue/2016/2016-vol22-n6/effects-of-physician-payment-reform-on-provision-of-home-dialysis#sthash.HugTP0NL.dpuf>
- ***First Case of Zika spread through female-to-male sex in NYC.*** “Women are capable of passing a Zika infection to their male sexual partners, according to new research

released Friday. For the first time, public health officials report that a woman transmitted the virus to her male partner during sex. All previously reported cases of sexually transmitted Zika infection have been spread from men. But according to the Centers for Disease Control and Prevention (CDC), a New York City woman in her 20s had intercourse with a male partner, who did not wear a condom, the day she returned from a Zika-affected region outside the United States. The next day, the CDC report says, the woman developed symptoms of Zika illness: fever, fatigue, rash, joint and back pain, swelling, numbness and tingling in her hands and feet. That same day, the woman also started her menstrual period. Two days later, she went to her primary care doctor, who took blood and urine samples and sent them to the New York City Health Department lab for testing. The tests were positive, showing the presence of virus in her blood and urine. A week after the couple had sex, the man developed fever, rash, joint pain and red eyes. He went to the same doctor who had diagnosed Zika infection in the woman. The doctor suspected sexual transmission of the virus and alerted the health department. The man, who also is in his 20s, had not traveled outside the country during the year before his illness, did not have other recent sexual partners and had not been bitten by a mosquito in the week before he got sick. Blood and urine samples were collected from the man, who tested positive for the virus in his urine.”

- For the full article, please see the following link:
<https://www.washingtonpost.com/news/to-your-health/wp/2016/07/15/first-case-of-zika-spread-through-female-to-male-sex-in-nyc/>
- ***Do We Need More or Less Healthcare IT Regulation and Legislation?*** “Just as I clarified last week in my post about certification, the answer to the question "do we need more or less healthcare IT regulation and legislation" is that we need the right amount of the right regulation/legislation. Sometimes when clinicians prescribe medication, although it does therapeutic good, it creates side effects which need to be addressed by changing a dose or by adding additional medications. Such is the case with HITECH. It was generally good medicine, but now that we’ve seen the side effects on workflow, clinician burden and efficiency, there needs to be a dose adjustment. I was recently asked to review the *Improving Health Information Technology Act* introduced by Senator Lamar Alexander, (R-TN), in February 2016 and placed on the Senate Legislative Calendar in April 2016. Its intent is good – to refine existing healthcare IT legislation with fixes that enable the right amount of the right regulation.”
 - To see the section-by-section analysis, please see the following link:
<http://www.healthcareitnews.com/blog/do-we-need-more-or-less-healthcare-it-regulation-and-legislation>
- ***Altarum says Prescription Drug Growth is Moderating.*** “National health spending in May 2016 was 5.0% higher than in May 2015. Spending on prescription drugs dropped to 5.2% growth, continuing its decline from the 12.2% spike in 2014. Official government projections released on July 13 anticipate spending growth of 4.8% for all of 2016, the lowest rate since 2013. Health jobs grew 3.2% year over year while non-health jobs grew 1.6%, increasing the health share of total employment to a new all-time high of 10.78%. Health care prices in May 2016 were 1.5% higher than in May 2015, the third consecutive month at this rate. Drug price growth fell to 3.3% from 4.0% in April.”

- To see their full analysis, please see the following link: <http://altarum.org/our-work/cshs-health-sector-economic-indicators-briefs>
- ***AAFP Decries VA Plan to Expand Nurses' Scope of Practice.*** “In an attempt to reduce the backlog of military veterans waiting for medical care, the Department of Veterans Affairs (VA) is seeking to unilaterally expand the scope of practice for advanced practice registered nurses (APRNs), but the American Academy of Family Physicians (AAFP) is sharply criticizing the plan. In May, the VA announced in a proposed rule that it would grant APRNs in VA facilities independent practice authority. The rule removes provisions that require nurses to work in patient-centered care teams supervised by a physician. In a forceful letter sent July 13, AAFP Board Chair Robert Wergin, M.D., of Milford, Neb., argues that such action could jeopardize patient safety and would certainly override states' authority to regulate medical and nursing practice. “The AAFP strongly opposes this unprecedented proposal to dismiss state practice authority via administrative rulemaking and to undermine physician-led team-based care models that have proven to be most effective in improving quality and efficiency,” he says in the letter.”
 - For the full article, please see the following link:
<http://www.aafp.org/news/government-medicine/20160715valetter.html>
- ***Analysis Finds End-of-Life Medicare Spending Declines With Age Among Seniors.*** “Among beneficiaries who died in 2014, Medicare spent significantly more per person on medical services for seniors in their late sixties and early seventies than on older beneficiaries, according to a new data note from the Kaiser Family Foundation. The analysis comes at a time when physicians can now be reimbursed by Medicare for end-of-life care discussions with their patients. The analysis of Medicare claims data through 2014 finds that among those who died in 2014, average Medicare spending per person peaked at age 73 (\$43,353 in 2014) and generally declined after that to \$33,381 among 85-year-olds and \$27,779 among 90-year-olds. In contrast, Medicare per person spending increased with age among Medicare beneficiaries who lived through the entire year, peaking at age 97 (\$14,620 in 2014) before declining.”
 - To see the full article, please see the following link:
<http://kff.org/medicare/press-release/analysis-finds-end-of-life-medicare-spending-declines-with-age-among-seniors/>