

## American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, July 30, 2018

### Congressional Schedule

#### Senate

- Senate meets at 3 pm; roll-call vote at 5:30 pm on Britt C. Grant to be U.S. circuit court judge for the Eleventh Court

#### House

- House in summer recess for the next five weeks

### Legislative Update

- **Week in Review**
  - *Senate confirms Robert Wilkie to be Veterans Affairs Secretary.* “The Senate on Monday voted 86-9 to confirm former congressional staffer and Pentagon veteran Robert Wilkie to lead the troubled Department of Veterans Affairs. President Donald Trump tapped Wilkie for the post after his previous pick, Rear Adm. Ronny Jackson, withdrew his nomination following reports that he improperly prescribed medication during his stint as White House physician. Wilkie’s first order of business will be to reduce wait times, which often extend beyond 30 days, for veterans seeking medical appointments. Wilkie called the long wait times ‘unacceptable’ during his June confirmation hearing.”
    - Read more: <http://www.rollcall.com/news/politics/senate-confirms-robert-wilkie-to-be-veterans-affairs-secretary>
  - *Republican senators seek to stop DC’s individual mandate.* “A group of six GOP senators want to stop the District of Columbia’s effort to create their own individual mandate that every city resident get health insurance. The senators introduced on Tuesday an amendment to an appropriations bill that would stop federal funds from re-implementing the mandate’s financial penalty. The tax reform law zeroed out the penalty starting in 2019.”
    - Read more: <https://www.washingtonexaminer.com/policy/healthcare/republican-senators-seek-to-stop-dcs-individual-mandate>

- ***House votes to repeal ObamaCare medical device tax.*** “The House on Tuesday voted to repeal ObamaCare’s medical device tax, a provision that members of both parties have criticized as harming innovation. The House voted 283 to 132 to repeal the 2.3 percent tax on sales of medical devices, with some Democrats joining Republicans to approve the measure. 57 Democrats voted for the measure. The vote comes during a week of health-care measures put forward by the GOP as they try to blunt Democratic attacks over rising premiums, a key midterm message.”
  - Read more: <http://thehill.com/policy/healthcare/398664-house-votes-to-repeal-obamacare-medical-device-tax>
  
- ***Nebraska Congressman helps introduce legislation for rural emergency care.*** “Lawmakers from several states introduced legislation on Wednesday that would give nursing facilities more option in the treatment of patients, particularly those in rural areas. Nebraska’s Congressman Adrian Smith helped introduce the bipartisan Reducing Unnecessary Senior Hospitalization Act (RUSH) Act of 2018, H.R. 6502.”
  - Read more: <https://nebraska.tv/news/local/nebraska-congressman-helps-introduce-legislation-for-rural-emergency-care>
  
- ***Senate panel approves bill banning ‘gag clauses’ in pharmacy contracts.*** “The Senate Health Committee on Wednesday approved a bill banning ‘gag clauses’ that prevent pharmacists from telling customers when they can save money on prescriptions by paying with cash instead of insurance. Such clauses are sometimes inserted into contracts pharmacies have with insurers or pharmacy benefit managers – the middlemen that manage pharmacy benefits for insurance companies and employers. The clauses prevent a pharmacist from telling a customer if, for example, their \$20 co-pay is higher than the pharmacy’s cash price for a drug. The bill, sponsored by Sen. Susan Collins (R-Maine), would ban these clauses.”
  - Read more: <http://thehill.com/policy/healthcare/398777-senate-panel-passes-bill-banning-gag-clauses-in-pharmacy-contracts>
  
- ***House Dems introduce bill to allow Medicare to negotiate drug prices.*** “House Democrats on Wednesday introduced a bill to allow Medicare to negotiate drug prices, hoping to lay the groundwork for a push on the issue next year. President Trump previously supported the idea, which is usually associated with Democrats, but did not propose it as part of the drug pricing plan he released in May. Democrats have attacked Trump for not going far enough to reduce soaring medication costs.”
  - Read more: <http://thehill.com/policy/healthcare/398851-house-dems-introduce-bill-to-allow-medicare-to-negotiate-drug-prices>
  
- ***House votes to delay ObamaCare health insurance tax.*** “The House on Wednesday passed a measure to delay ObamaCare’s health insurance tax for two years and expand Health Savings Accounts, part of a GOP effort to try to lower premiums. The bill, which passed 242-176, is part of a Republican effort to blunt

Democratic attacks on the GOP for rising premiums – a key argument in the midterm elections this year. The health insurance tax has been criticized by Republicans and some Democrats for driving up premiums.”

- Read more: <http://thehill.com/homenews/house/398894-house-votes-to-delay-obamacare-health-insurance-tax>

- **House Dems pressure GOP on preexisting conditions protections.** “A resolution backed by top House Democrats would allow the House to intervene in a pending federal lawsuit to defend the legality of ObamaCare. The resolution, introduced by Rep. Jacky Rosen (D-Nev.), mirrors one introduced in the Senate last week and is aimed squarely at congressional Republicans.”

- Read more: <http://thehill.com/policy/healthcare/399021-house-democrats-pressure-gop-on-pre-existing-conditions-protections>

- **Impact of kidney dialysis initiative uncertain.** A recent legislative analyst’s office analysis on the financial effects of Proposition 8, the statewide November ballot measure that would cap profits for dialysis clinics, wasn’t conclusive. It noted caveats like how the regulations are defined and how clinics respond in terms of pricing.

- Read more: <http://elections.cdn.sos.ca.gov/statewide-elections/2018-general/prop-8-leg-analysis.pdf>

- **Republican chairman wants FTC to review mergers of drug price negotiators.** “House Energy and Commerce Committee Chairman Greg Walden (R-Ore.) on Friday requested a review of mergers by drug price negotiators, questioning whether the moves had driven up costs for patients. Walden wrote to the Federal Trade Commission requesting a review looking at recent mergers of companies known as pharmacy benefit managers (PBMs), which negotiate prices with drug manufacturers.”

- Read more: <http://thehill.com/policy/healthcare/399244-gop-chairman-requests-federal-trade-commission-review-of-mergers-by-drug>

- **Week Ahead**

- House in August recess for the next five weeks.

- **After high hopes in Senate, a pit stop for spending package.** “Senate Majority Leader Mitch McConnell moved Thursday to invoke cloture on the chamber’s four-bill fiscal 2019 spending package, setting up the potential for a floor vote next week. While House members are already leaving town for August recess, the Senate plans to stick around for part of the month. The Kentucky Republican filed motions on both the underlying bill for the appropriations package and Sen. Richard C. Shelby’s substitute amendment. McConnell filed a series of cloture motions on Thursday afternoon, leaving it still unclear when exactly the chamber is likely to get to the vote on appropriations.”

- Read more: <https://www.rollcall.com/news/politics/mcconnell-files-cloture-motion-spending-package>

- **5 Big things the House is not doing before August recess.** “As the Senate prepares to work into August, the House is set to adjourn Thursday for its annual late summer recess with some unfinished business. Some legislative items the House is leaving on the table are must-pass bills with looming deadlines, and others are issues members want to tackle. Here are five things the chamber will not have done before they head home for August recess: Half of the appropriations bills; Family reunification legislation; Promised Ag/E-Verify vote; Russia response; TANF overhaul.”
  - Read more: <https://www.rollcall.com/news/politics/5-things-the-house-is-not-doing-before-august-recess>

### **Regulatory and Administration Update**

- **Big changes in CMS evaluation and Management (E&M) coding.** “The Centers for Medicare & Medicaid Services (CMS) has proposed changes to the payment rules for the End-Stage Renal Disease (ESRD) program and new rules and payment schedules for the Physician Fee Schedule (PFS) and Quality Payment Program (QPP). For the first time, CMS has combined the proposed changes for the PFS and the QPP into one combined proposed rule. The American Society of Nephrology (ASN) Quality Committee met for a day-long, in-person session Friday, July 20, at the ASN offices in Washington, DC, to discuss the contents of these two proposed rules and the far-reaching nature of some of the proposed changes.”
  - Read more: <https://www.kidneynews.org/policy-advocacy/leading-edge/big-changes-in-cms-evaluation-and-management-em-coding>
- **Fierce ObamaCare critic joins Trump administration in top health-care role.** “Paul Mango, a former Pennsylvania gubernatorial candidate who is a fierce critic of ObamaCare, will join the Trump administration in a top health-care role. Mango will serve as chief principal deputy administrator and chief of staff at the Centers for Medicare and Medicaid Services (CMS), the agency that oversees health insurance markets.”
  - Read more: <http://thehill.com/policy/healthcare/398579-fierce-obamacare-critic-joins-trump-administration-in-top-health-care-role>
- **Eli Lilly CEO denounces plan to consider drug imports.** “Executives at Eli Lilly, one of the nation’s largest pharmaceutical companies, are denouncing the Trump administration’s proposal to consider ways to import prescription drugs from other countries. During the company’s second quarter earnings call Tuesday, executives said the idea of importing drugs from abroad, even in narrow circumstances, is concerning. The Department of Health and Human Services (HHS) announced last week it is forming a working group to examine how the U.S. could import pharmaceuticals from abroad as a way to combat massive price hikes for drugs that are produced by one manufacturer and aren’t protected by patents or exclusivities.”
  - Read more: <http://thehill.com/policy/healthcare/medical-devices-and-prescription-drug-policy/398599-ceo-of-eli-lilly-denounces>

- ***Trump admin restarts key ObamaCare payments.*** “The Trump administration will resume a program that pays billions of dollars to health insurers, just weeks after sending insurers into a panic by abruptly suspending the payments. The federal Centers for Medicare and Medicaid Services (CMS) late Tuesday said it has adopted an interim final rule that will allow the agency to provide \$10.4 billion in ‘risk adjustment’ funding to insurers to help them provide coverage to particularly sick and costly enrollees.”

  - Read more: <http://thehill.com/policy/healthcare/398713-trump-admin-restarts-key-obamacare-payments>
- ***CMS rule proposes site neutral payments, extends 340B cuts.*** “CMS issued a proposed rule for the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC) for 2019 that would institute site neutral payments and extend 340B payment cuts to previously exempt off-campus providers. The proposal would also remove a number of reporting requirements for OPPS and ASCs. CMS also issued a request for information (RFI) soliciting suggestions on how it can improve price transparency. The American Hospital Association and other industry groups pushed back swiftly on the plan for site neutral payments as well as further cuts to payments under the 340B program. The AHA accused CMS of showing ‘a lack of understanding about the reality in which hospitals and health systems operate daily to serve the needs of their communities.’”

  - Read more: <https://www.healthcarediver.com/news/cms-proposed-rule-extends-340b-cuts-encourages-site-neutrality/528625/>
- ***HHS Secretary Alex Azar bashes Obamacare exchanges, Medicaid expansion.*** “Health and Human Services Secretary Alex Azar took several swipes at Obamacare on Thursday, blasting the healthcare law as an example of government over-regulation that resulted in more expensive options for patients and disincentives to grow income. He singled out the exchange program where people purchase private healthcare coverage with help from the government, as well as the Medicaid expansion, which changed Medicaid from a program that covered certain populations, including people with disabilities and pregnant women, and moved to add coverage for anyone making less than \$16,000 in most states.”

  - Read more: <https://www.washingtonexaminer.com/policy/healthcare/hhs-secretary-alex-azar-bashes-obamacare-exchanges-medicaid-expansion>
- ***Trump administration to push forward on Medicaid work requirements after court loss.*** “The Trump administration on Thursday said it would continue approving Medicaid work requirement requests from states, despite a district court ruling last month that blocked such requirements in Kentucky. Health and Human Services Secretary Alex Azar said the ruling was a ‘blow’ to the administration's efforts to encourage work among ‘able-bodied’ adults in the Medicaid program, but said he is ‘undeterred’ and proceeding forward.”

  - Read more: <http://thehill.com/policy/healthcare/398999-trump-administration-will-continue-approving-medicaid-work-requirements>
- ***States sue Trump administration over expansion of skimpy group insurance plans.*** “A group of 11 states and Washington, D.C., are suing the Trump administration in an

attempt to roll back a regulation that allowed for the expansion of certain health plans that skirt ObamaCare regulations. The lawsuit, led by New York Attorney General Barbara Underwood (D) and Massachusetts Attorney General Maura Healey (D), alleges that the Department of Labor violated the Administrative Procedures Act when it wrote a rule expanding access to association health plans. The plans are cheaper in part because they do not have to cover services like prescription drugs or mental health.”

- Read more: <http://thehill.com/policy/healthcare/399063-states-sue-trump-administration-over-expansion-of-skimpy-group-insurance>
- ***CMS proposes plan to pay doctors the same for seeing a patient with a cold or stage 4 cancer.*** “CMS Administrator Seema Verma says the goal is to cut down on paperwork and free up physicians' time. But critics say the proposal would underpay doctors who care for those with the greatest medical needs, and possibly discourage them from taking on Medicare patients.”
  - Read more: <https://khn.org/morning-breakout/cms-proposes-plan-to-pay-doctors-the-same-for-seeing-patients-with-a-cold-or-stage-4-cancer/>
- ***Top Trump health official slams ‘Medicare for all.’*** “One of the Trump administration’s top health-care officials took a swipe at the idea of ‘Medicare for all’ on Wednesday. In a speech at the Commonwealth Club in San Francisco, Seema Verma, the head of the Centers for Medicare and Medicaid Services (CMS), said adopting a government-run health-care system would put seniors at risk. Verma said the focus of Medicare should be on seniors and disabled individuals and that expanding the program to cover younger, healthier people will drain the program of funding and deprive seniors of the coverage they need.”
  - Read more: <http://thehill.com/policy/healthcare/398871-top-trump-health-official-slams-medicare-for-all>

#### Articles of Interest

- ***Transplanted kidney survives longer.*** “The lifespan of a transplant kidney has significantly improved over the last thirty years. Between 1986 and 1995, 75% of the transplanted kidneys still functioned five years after the transplant. Between 2006 and 2015, this number had already risen to 84%. However, an international study lead by kidney specialist Maarten Naesens of KU Leuven shows that the progress is stagnating.”
  - Read more: [https://www.eurekalert.org/pub\\_releases/2018-07/kl-tks072418.php](https://www.eurekalert.org/pub_releases/2018-07/kl-tks072418.php)
- ***NIH expands program that conducts large-scale clinical trials in real-world setting.*** “The National Institutes of Health’s Health Care Systems (HCS) Research Collaboratory, which involves health care systems in conducting large-scale clinical studies, has announced five new research awards – totaling \$4.15 million for a one-year planning phase, with an estimated \$30.85 million expected for four subsequent years of study implementation. The HCS Research Collaboratory was developed by the NIH Common Fund in 2012 and is administered by the National Center for Complementary and Integrative Health (NCCIH) and the National Institute on Aging (NIA). The HCS Research Collaboratory is currently supporting nine large-scale clinical trials with health

care systems across the United States, and a collaboratory coordinating center at Duke University, Durham, North Carolina. The ongoing trials focus on many different diseases, including colon cancer, chronic pain, kidney failure, hospital-acquired infections, suicide prevention, and multiple chronic medical conditions.”

- Read more: <https://www.nih.gov/news-events/news-releases/nih-expands-program-conducts-large-scale-clinical-trials-real-world-settings>
- ***ASN pushing for passage of the PATIENTS Act.*** “Congress is currently considering the Dialysis PATIENTS Demonstration Act of 2017 (H.R. 4143/S. 2065) which proposes a demonstration project for an integrated care model to increase care coordination for patients with kidney failure. ... The PATIENTS Act includes several provisions that leave people with kidney failure at risk of suffering from unintended consequences, including: Restriction of patient choice; Exacerbation of existing silos of care; Exclusion of transplanted patients; Infringement on the patient-physician relationship and disruption of care.”
  - Read more: <https://www.kidneynews.org/policy-advocacy/leading-edge/urge-your-legislators-to-protect-kidney-patients>
- ***HRSA recognizes hospitals for organ donation efforts.*** “The Health Resources and Services Administration’s Workplace Partnership for Life Hospital Organ Donation Campaign recently recognized more than 1,200 hospitals and transplant centers, including 314 small and rural hospitals, for outstanding efforts to promote organ donation awareness and registration between October 2017 and April 2018. Campaign participants added nearly 23,700 donors to registries in the states and Puerto Rico over the seven-month period. AHA is a national partner in the campaign, which has enrolled more than 443,430 organ donors since its launch in June 2011. Hospital participation in this year’s campaign increased by 9%, including a 10% increase among small and rural hospitals.”
  - Read more: <https://www.aha.org/news/headline/2018-07-24-hrsa-recognizes-hospitals-organ-donation-efforts>
- ***Organ transplant patients have increased skin cancer risk.*** “While anyone can develop skin cancer, regardless of age, race or gender, certain groups of people have a higher risk of getting the disease than others. Because organ transplant patients must take medication to suppress their immune system, they are among those with an increased risk – and the skin cancers that develop in these patients are often more aggressive, with a poor prognosis.”
  - Read more: <http://www.newswise.com/articles/organ-transplant-patients-have-increased-skin-cancer-risk>
- ***Celgene profit tops expectations, will limit future price hikes.*** “Celgene Corp (CELG.O) on Thursday posted better-than-expected second quarter profit, powered by a 21 percent jump in sales of its blockbuster cancer drug Revlimid, and the U.S. biotech promised to limit future price increases on its medicines. The company joined several rivals in bowing to pressure from the administration of U.S. President Donald Trump to rein in rising costs of prescription drugs to U.S. patients.”

- Read more: <https://www.reuters.com/article/us-celgene-results/celgene-profit-tops-expectations-will-limit-future-price-hikes-idUSKBN1KG1IC>
- ***Urgent increase in hepatitis testing and treatment needed.*** “The World Health Organization (WHO) and partners are today calling on countries to urgently increase hepatitis testing and treatment services in order to eliminate viral hepatitis as a public health threat by 2030. The calls come in the lead-up to World Hepatitis Day 2018 on 28 July, which focuses on the theme ‘Test.Treat.Hepatitis.’ Viral hepatitis B and C affect 325 million people around the world. Left untreated, these infections lead to liver cancer and cirrhosis, which together caused more than 1.3 million deaths in 2015 alone.”
  - Read more: <http://www.who.int/hepatitis/news-events/hepatitis-testing-treatment-increase/en/>
- ***Hospital Compare lifts the veil on sepsis care. Check your hospital's score.*** “To help ensure timely, consistent, and high-quality care for sepsis patients, the Centers for Medicare and Medicaid Services adopted in 2015 the Sepsis National Hospital Inpatient Quality Measure (SEP-1) that had been developed by the National Quality Forum. This metric assesses hospitals’ timely treatment of sepsis, which costs more than \$27 billion annually. Going a step further, the Centers for Medicare and Medicaid Services on Wednesday began publishing sepsis treatment statistics for all hospitals across the country. This is the first time that this information is being made publicly available. To find your hospital’s score, visit Medicare’s Hospital Compare website. Type in your ZIP code, then the hospital’s name. On the hospital’s page, click the ‘Timely & effective care’ tab and then click the ‘Sepsis care’ drop-down menu. You can then see the hospital’s score and compare it to state and national averages.”
  - Read more: <https://www.statnews.com/2018/07/26/hospital-compare-lifts-veil-on-sepsis/>
- ***End-of-life conversations with nonclinical worker bring patient satisfaction, lower costs.*** “Patients with advanced cancer who spoke with a trained nonclinical worker about personal goals for care were more likely to talk with doctors about their preferences, report higher satisfaction with their care and incur lower health costs in their final month of life, Stanford University School of Medicine researchers report. The findings, from a pilot study of 213 patients, suggest that patients with a serious illness are more at ease with decisions about their care and more likely to mention their care preferences to health care providers when they discuss those preferences soon after their diagnosis, and on an ongoing basis, with someone outside the medical context, said Manali Patel, MD, assistant professor of medicine at Stanford and the study's lead author.”
  - Read more: [https://www.eurekalert.org/pub\\_releases/2018-07/sm-ecw072418.php](https://www.eurekalert.org/pub_releases/2018-07/sm-ecw072418.php)