

## American Nephrology Nurses Association

Weekly Capitol Hill Update - Monday, August 15, 2016

### Congressional Schedule

#### House and Senate

- “Congress remains out of session on summer recess, but calls will likely continue for leaders to resume session and pass a Zika bill. Republican leaders have not indicated that they are planning to do so.” (Morning Consult)

### Legislative Updates

- *Wyden Calls for Medicare Legislation to Fund House Calls for Homebound.* “U.S. Sen. Ron Wyden wants Medicare to expand a program nationwide that pays primary care physicians to treat seniors in their homes, and he plans to re-introduce legislation early next year. Oregon’s senior senator pointed to the success of Portland’s Housecall Providers, which saved 32 percent on the cost of treating homebound seniors compared to a control group in the Portland Metro area in its first year, and was 26 percent cheaper the second year, as part of a Medicare demonstration project. “It provides better care and better health outcomes at a much lower cost,” said Terri Hobbs, executive director of the nonprofit Housecall Providers, echoing the “Triple Aim” mantra that’s become common parlance in Oregon but still novel elsewhere in this country. “We provide primary care in their home. We can do X-rays and Ultrasound,” she added, using portable equipment.””
  - To read the full article, please visit:  
<https://www.thelundreport.org/content/wyden-calls-medicare-legislation-fund-house-calls-homebound>

### Regulatory Updates

- *ESRD QIP PY 2020 Proposed Rule: New Fact Sheet and Video.* “In the CY 2017 End-Stage Renal Disease (ESRD) Prospective Payment System proposed rule, CMS proposes changes to the ESRD Quality Incentive Program (QIP) for Payment Years (PYs) 2018, 2019, and 2020.”

For More Information:

- [Proposed Rule](#) - Submit comments by August 23, 2016
- [ESRD QIP 2020 Proposed Rule](#) MLN Connects® Video
- [Preview of Payment Year 2020 Proposed Rule](#) Fact Sheet

- [Register](#) for the ESRD QIP PY 2020 Proposed Rule Call-In Session on Thursday, August 16 from 2 to 2:30 pm ET
- ***UNOS/OPTN Propose New Liver Allocation Plan.*** “Liver transplantation might become more equitable under an allocation program being considered by the United Network for Organ Sharing (UNOS) and the Organ Procurement and Transplantation (OPTN). The proposed plan, which will be released for public comment on Aug. 17, would change the geographic regions in which livers are allocated throughout the U.S. Under the current system, the country is divided into 11 different regions, and organs are allocated within each region based on how sick the patients on the transplant list are.”
  - Comments are due by October 15, 2016.
  - To read the article:
    - [http://www.medpagetoday.com/Gastroenterology/LiverTransplantation/59628?xid=NL\\_breakingnews\\_2016-08-11&eun=g939522d0r](http://www.medpagetoday.com/Gastroenterology/LiverTransplantation/59628?xid=NL_breakingnews_2016-08-11&eun=g939522d0r)
  - To view the proposed changes:
    - [https://optn.transplant.hrsa.gov/media/1913/liver\\_redesigning\\_liver\\_distribution\\_20160815.pdf](https://optn.transplant.hrsa.gov/media/1913/liver_redesigning_liver_distribution_20160815.pdf)
- ***CMS Updates the Nursing Home Five-Star Quality Ratings on Nursing Home Compare.*** “The CMS has added five new measures that are being gradually factored into its nursing home star ratings intended to help consumers research and compare the quality of facilities. The new measures, primarily tied to the outcomes of short-stay residents, are based on both Medicare claims and data self-reported by nursing homes. The calculations that determine nursing homes' quality ratings, which are posted on the CMS' website, Nursing Home Compare, will now include successful discharges, outpatient emergency department visits, nursing home admissions and improvement in function for short-term residents, or those who stay in nursing homes for up to 100 days. Adding those metrics, which are based on both Medicare claims and nursing homes' own reporting, nearly doubled the number of measures on Nursing Home Compare tied to short-term stays, the CMS said. It also newly incorporated a measure that looked at the proportion of long-term residents whose independent mobility worsened. “With this update, star ratings will provide an even more accurate reflection of the services that nursing homes provide,” said Dr. Patrick Conway, the CMS' deputy administrator and chief medical officer.”
  - To view the article:
    - <http://www.modernhealthcare.com/article/20160810/NEWS/160819995>
- ***FDA Supports Greater Access to Naloxone to Help Reduce Opioid Overdose Deaths.*** “Overdose deaths involving prescription opioids such as oxycodone, hydrocodone and morphine and illicit opioids such as heroin and illegally produced fentanyl have more than tripled since 1999 – with about 28,000 people dying in 2014 alone. Many of these tragedies could have been avoided if the people experiencing the overdose had immediately received the prescription drug naloxone, a life-saving medication that can stop or reverse the effects of an opioid overdose. Naloxone is still a prescription in all 50 states and the District of Columbia, though many have or are taking steps to make naloxone more accessible. Consistent with our opioid action plan announced earlier this year, the FDA is exploring options to make naloxone more available to treat opioid

overdose. One option to do this is identifying ways to assist manufacturers in submitting an application to the FDA for an over-the-counter (OTC) version of a naloxone product.”

- To read the blog post: [http://blogs.fda.gov/fdavoices/index.php/2016/08/fda-supports-greater-access-to-naloxone-to-help-reduce-opioid-overdose-deaths/?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://blogs.fda.gov/fdavoices/index.php/2016/08/fda-supports-greater-access-to-naloxone-to-help-reduce-opioid-overdose-deaths/?source=govdelivery&utm_medium=email&utm_source=govdelivery)
- ***CMS Announces Refinements to the Design of Medicare Advantage (MA) Value-Based Insurance Design (MA-VBID) Model.*** “The MA-VBID model is an opportunity for Medicare Advantage plans (MA plans), including Medicare Advantage plans offering Part D benefits (MA-PD plans), to offer clinically nuanced benefit packages aimed at improving quality of care while also reducing costs. In the second year of the model, beginning January 1, 2018, CMS will: open the model test to new applicants; conduct the model test in three new states - Alabama, Michigan, and Texas; add rheumatoid arthritis and dementia to the clinical categories for which participants may offer benefits; make adjustments to existing clinical categories; and change the minimum enrollment size for some MA and MA-PD plan participants.”
  - To learn more, please visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-08-10-2.html>

#### Articles of Interest

- ***Opposing Trends Seen in Diabetic Kidney Disease.*** “From 1988 to 2014, no significant change occurred in the overall prevalence of diabetic kidney disease, but opposing trends were seen in its major subtypes, researchers said. In an analysis of National Health and Nutrition Examination Survey (NHANES) data, impairments in estimated glomerular filtration rate (eGFR) became more common while albuminuria became less so, according to Maryam Afkarian, MD, PhD, of the University of Washington in Seattle, and colleagues writing in the Journal of the American Medical Association.”
  - For the full article, please see the following link: [http://www.medpagetoday.com/Endocrinology/Diabetes/59621?xid=nl\\_mpt\\_DHE\\_2016-08-11&eun=g939522d0r&pos=1](http://www.medpagetoday.com/Endocrinology/Diabetes/59621?xid=nl_mpt_DHE_2016-08-11&eun=g939522d0r&pos=1)
- ***Fauci: More \$\$ from Congress still needed for Zika.*** “Without more money from Congress, ongoing research on Zika vaccine candidates might have to be delayed, Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID), said here Thursday. “We asked for \$277 million for a comprehensive NIH [National Institutes of Health] approach to Zika,” Fauci said. As he was speaking, Health and Human Services Secretary Sylvia Burwell was releasing a letter she sent to members of Congress telling them that she was authorizing the NIH to transfer \$34 million from other NIH agencies to NIAID’s Zika vaccine development. “The money the secretary is allowing us to get by transfer is [going toward] preparing sites for phase II trials for one [vaccine] candidate,” Fauci said at a briefing on Zika sponsored by *Health Affairs*, the Alliance for Health Reform, and the Jayne Koskinas Ted Giovanis Foundation for Health and Policy. “We still need about \$196 million more. Otherwise, second, third, and fourth

candidates will get not only slowed down, we won't be able to start them." NIH announced on August 3rd that it had begun phase I testing of a gene-based vaccine."

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

[http://www.medpagetoday.com/InfectiousDisease/ZikaVirus/59648?xid=nl\\_mpt\\_DHE\\_2016-08-12&eun=g939522d0r&pos=3](http://www.medpagetoday.com/InfectiousDisease/ZikaVirus/59648?xid=nl_mpt_DHE_2016-08-12&eun=g939522d0r&pos=3)

- ***By the Numbers: Health Spending and Income.*** "There was no dearth of studies, columns, and thinkpieces exploring the slowdown in healthcare costs for the decade starting in 2004. But the slowdown didn't affect everyone equally, according to a report in the July issue of Health Affairs, and the result is a growing disparity in health expenditures. Samuel L. Dickman and others looked at average annual healthcare costs for each of five income brackets. They found that the top quintile continued to see rapidly rising costs, the middle class held relatively steady, and the lower class actually had costs decrease. Doctors are likely performing more services or more expensive services for the wealthiest clients. To the authors, the finding illustrates that more medical services are going to the group with the least need. "The pattern of sharply rising spending for the wealthy and flat or slow growth for others mirrors the widening gap in the consumption of other goods and could represent a shift from need-based to income-based receipt of medical care. We fear that it might presage deepening disparities in health outcomes," they wrote. Figures are inflation-adjusted in 2012 dollars. They are also adjusted for age and health."
  - To read more:  
[http://www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/59633?xid=NL\\_breakingnews\\_2016-08-11&eun=g939522d0r](http://www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/59633?xid=NL_breakingnews_2016-08-11&eun=g939522d0r)
- ***Elderly Hospital Patients Arrive Sick, Often Leave Disabled.*** "Janet Prochazka was active and outspoken, living by herself and working as a special education tutor. Then, in March, a bad fall landed her in the hospital. Doctors cared for her wounds and treated her pneumonia. But Prochazka, 75, didn't sleep or eat well at Zuckerberg San Francisco General Hospital and Trauma Center. She became confused and agitated and ultimately contracted a serious stomach infection. After more than three weeks in the hospital and three more in a rehabilitation facility, she emerged far weaker than before, shaky and unable to think clearly. She had to stop working and wasn't able to drive for months. And now, she's considering a move to Maine to be closer to relatives for support. "It's a big, big change," said her stepdaughter, Kitty Gilbert, soon after Prochazka returned home. "I am hopeful that she will regain a lot of what she lost, but I am not sure." Many elderly patients like Prochazka deteriorate mentally or physically in the hospital, even if they recover from the original illness or injury that brought them there. About one-third of patients over 70 years old and more than half of patients over 85 leave the hospital more disabled than when they arrived, research shows. As a result, many seniors are unable to care for themselves after discharge and need assistance with daily activities such as bathing, dressing or even walking. "The older you are, the worse the hospital is for you," said Ken Covinsky, a physician and researcher at the University of California, San Francisco division of geriatrics. "A lot of the stuff we do in medicine does more harm than good. And sometimes with the care of older people, less is more." Hospital staff often fail to feed older patients properly, get them out of bed enough or control their pain adequately. Providers frequently restrict their movements by tethering them

to beds with oxygen tanks and IV poles. Doctors subject them to unnecessary procedures and prescribe redundant or potentially harmful medications. And caregivers deprive them of sleep by placing them in noisy wards or checking vital signs at all hours of the night.”

- To read the full article, please visit: <http://khn.org/news/elderly-hospital-patients-arrive-sick-often-leave-disabled/>
- **Hospitals are Throwing Out Organs and Denying Transplants to Meet Federal Standards.** “Hospitals across the United States are throwing away less-than-perfect organs and denying the sickest people lifesaving transplants out of fear that poor surgical outcomes will result in a federal crackdown. As a result, thousands of patients are losing the chance at surgeries that could significantly prolong their lives, and the altruism of organ donation is being wasted. “It’s gut-wrenching and mind-boggling,” said Dr. Adel Bozorgzadeh, a transplant surgeon at UMass Memorial Medical Center in Worcester, Mass.”
  - For the full article, please see the following link: <https://www.statnews.com/2016/08/11/organ-transplant-federal-standards/>
- **Medicare Changes Fiercely Resisted.** “The Obama administration is hitting resistance from industry groups as it tries to change Medicare payments before leaving office. The administration argues its Medicare proposals will make payments smarter, save money and incentivize quality care. Opposition to the plans, it says, is mainly coming from entrenched interests that are seeking to protect their profits. But opponents say administration officials are overstepping their authority and rushing to make changes before the clock runs out. The Centers for Medicare and Medicaid Services (CMS) has put forward several proposals that would change how Medicare pays for care. The plans move away from the old system of paying for individual tests and procedures, instead seeking to reward doctors for delivering healthy outcomes.”
  - To view the full article, please visit: <http://thehill.com/policy/healthcare/291196-medicare-changes-fiercely-resisted>