

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, August 9, 2016

Congressional Schedule

House and Senate

- Not in session. Lawmakers will return after Labor Day.

Legislative Updates

- *Did Obama's Bill Fix Veterans' Health Care? Still Waiting.* "When President Obama signed a sweeping \$15 billion bill to end delays at Department of Veterans Affairs hospitals two years ago, lawmakers standing with him applauded the legislation as a bold response that would finally break the logjam. It has not quite worked out that way. Although veterans say they have seen improvement under the bill, it has often fallen short of expectations. Nowhere is the shortfall more clear than in the wait for appointments: Veterans are waiting longer to see doctors than they were two years ago, and more are languishing with extreme waiting times. According to the agency's most recent data, 526,000 veterans are waiting more than a month for care. And about 88,000 of them are waiting more than three months. "We're making progress, yes," Senator Johnny Isakson, the Georgia Republican who is the chairman of the Senate Veterans Affairs Committee, said in an interview. "Whether it is enough is another question." The push for legislative overhaul started with reports that dozens of veterans had died waiting for care at a hospital in Phoenix, while leaders hid delays and collected bonuses. An investigation by the White House found similar manipulations at dozens of hospitals, and it led to the resignation in May 2014 of the Secretary of Veterans Affairs at the time, Eric Shinseki."
 - For the full article, please see the following link: <http://nyti.ms/2aAkcCp>

Regulatory Updates

- *U.S. Bureau of Labor Statistics Releases Revisions to the 2018 Standard Occupational Classification (SOC).* "Revising the SOC is a multi-year process, during which the interagency SOC Policy Committee (SOCPC) will formulate recommendations for revisions that are submitted to OMB for consideration. For the 2018 revision, the SOCPC began planning in early 2012. On May 22, 2014, OMB published a [Federal Register notice](#) announcing review of the 2010 SOC manual for revision in 2018 and soliciting public comment on the proposed revision of the 2010 SOC Classification Principles; the

intention to retain the 2010 SOC Coding Guidelines; the intention to retain the 2010 SOC Major Group Structure; the correction, change, or combination of selected 2010 SOC detailed occupations, and inclusion of new detailed occupations. The comment period for this notice closed on July 21, 2014. The SOCP sent email confirmations containing a tracking/docket number for each public comment and reviewed all comments."

- "The proposed revision of the SOC for 2018 is now available for public comment through a [second Federal Register notice](#) published on July 22, 2016. As referenced in the notice, the SOCP developed responses to each public comment, the 2018 hierarchical structure, and preliminary definitions for 2018 SOC occupations."
- To view the preliminary 2018 SOC Detailed Definitions:
http://www.bls.gov/soc/2018/soc_2018_definitions_changes_tracked.pdf
- **Medicare Payment Advisory Commission (MedPAC) Submits Comments on End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule.** On August 1, 2016, MedPAC submitted comments to the Centers for Medicare and Medicaid Services on the ESRD PPS proposed rule. MedPAC's comments address the home dialysis training add-on payment, payment to ESRD facilities for dialysis services provided to beneficiaries with acute kidney injury, and the changes to the ESRD Quality Incentive Program (QIP) for Payment Year 2020 and beyond.
 - To view MedPAC's comment letter, please visit:
<http://medpac.gov/documents/comment-letters/medpac-comment-on-cmss-proposed-rule-on-the-esrd-prospective-payment-system-and-the-dmepos-competitive-bidding-program.pdf?sfvrsn=0>
- **Pre-Claim Review Demonstration in Illinois Notice.** The Centers for Medicare and Medicaid Services (CMS) is, "... instructing Home Health Agencies (HHAs) in Illinois not to submit pre-claim review requests for episodes of care that began prior to August 3, 2016... The revised start date does not impact demonstration requirements or processes."
 - For the full notice, please see the following link:
<http://jukebox.cq.com/www/graphics/govdoc/2016/08/04/govdoc20160804-176347.pdf>
- **Medicare Reverses Two-Midnight Rule Pay Cut.** "CMS released the fiscal year (FY) 2017 IPPS final rule yesterday. CMS made changes to several quality initiatives and reversed the agency's 0.2% payment reduction instituted along with the 2-midnight rule in the FY 2014 rule. Payment rates will increase by 0.95% in FY 2017 compared to FY 2016 for hospitals participating in the Inpatient Quality Reporting (IQR) Program and meaningful EHR use, according to the rule. "This also reflects a 1.5 percentage point reduction for documentation and coding required by the American Taxpayer Relief Act of 2012 and an increase of approximately 0.8 percentage points to remove the adjustment to offset the estimated costs of the two-midnight policy and address its effects in FYs 2014, 2015, and 2016," said CMS. In the rule, CMS created two adjustments to reverse the effects of the 0.2% cut it instituted along with the 2-midnight rule, which has been the source of an ongoing legal challenge by the American Hospital Association and other parties. CMS made a permanent adjustment of approximately 0.2% to remove the cut for FYs 2017 and onward, and a temporary adjustment of 0.6% to address the

retroactive impacts of this cut for FYs 2014, 2015 and 2016, CMS states. CMS finalized five changes to the Hospital-Acquired Conditions Reduction Program in this rule, as well as updates to the IQR program, changes to the Hospital Readmissions Reduction Program, and updates to the Hospital Value-Based Purchasing Program.”

- To see the full article, please see the following link:
<http://www.healthleadersmedia.com/community-rural/ipps-reverses-two-midnight-rule-pay-cut>
- ***New Medicare Law to Notify Patients of Loophole in Nursing Home Coverage.*** “... A new Medicare law – in force as of Saturday – that requires hospitals to notify patients that they may incur huge out-of-pocket costs if they stay more than 24 hours without being formally admitted. Because of the Notice Act, passed by Congress last year with broad bipartisan support, patients can expect to start receiving the warnings in January... Hospitals have been keeping patients like Ms. Cannon in limbo – in “observation status” – for fear of being penalized by Medicare for inappropriate admissions. While under observation, patients can be liable for substantial hospital bills, and Medicare will not pay for subsequent nursing home care unless a person has spent three consecutive days in the hospital as an inpatient. Time spent under observation does not count toward the three days, even though the patient may spend five or six nights in a hospital bed and receive extensive hospital services, including tests, treatment and medications ordered by a doctor. Under the new law, the notice must be provided to “each individual who receives observation services as an outpatient” at a hospital for more than 24 hours. Medicare officials estimate that hospitals will have to issue 1.4 million notices a year.”
 - For the full article, please see the following link: <http://nyti.ms/2aMoOc0>
- ***Is Medicare Advantage (MA) a Plus for People on Dialysis?*** “When Medicare HMO plans came into being in the 1970s, members of the renal community were concerned that insurance companies operating them might put other interests ahead of the needs of the members they were established to serve. Nothing changed when these plans were renamed Medicare + Choice in 1997 and Medicare Advantage (MA) in 2003. Are MA plans workable today for those on dialysis?”
 - To see the full article, please see the following link:
<http://homedialysis.org/news-and-research/blog/163-is-medicare-advantage-a-plus-for-people-on-dialysis>
- ***Understanding the CMS End-Stage Renal Disease (ESRD) Measures Manual.*** CMS released a powerpoint presentation that provides a guide to the ESRD Measures Manual, which provides a, “...transparent and detailed description of how CMS ESRD measures are calculated, offering a comprehensive understanding of how CMS evaluates the quality of care provided by dialysis facilities.”
 - To see the presentation, please see the following link:
<https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation/Downloads/Understanding-the-CMS-ESRD-Measures-Manual.pdf>

Articles of Interest

- ***Federal Officials Seek to Stop Social Media Abuse of Nursing Home Residents.*** “Federal health regulators have announced plans to crack down on nursing home employees who take demeaning photographs and videos of residents and post them on social media. The move follows a series of ProPublica reports that have documented abuses in nursing homes and assisted living centers using social media platforms such as Snapchat, Facebook and Instagram. These include photos and videos of residents who were naked, covered in feces or even deceased. They also include images of abuse.”
 - To read the article, please visit: http://www.npr.org/sections/health-shots/2016/08/08/489195484/federal-officials-seek-to-stop-social-media-abuse-of-nursing-home-residents?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20160808

- ***U.S. Closer to Testing Engineered Mosquitoes That Could Fight Zika.*** “U.S. health regulators have cleared the way for a trial of genetically modified mosquitoes in Florida that can reduce mosquito populations, potentially offering a new tool to fight the local spread of Zika and other viruses. The U.S. Food and Drug Administration (FDA) said on Friday that a field trial testing Intrexon Corp's genetically engineered mosquitoes would not have a significant impact on the environment. The announcement came as Florida officials grapple with the first cases of local Zika transmission in the continental United States... Intrexon's Oxitec unit has been working for years to kick off a trial in the Florida Keys to assess the effectiveness of its mosquitoes to reduce levels of the insects that carry diseases, including Zika, dengue, Yellow Fever and chikungunya. The Oxitec method involves inserting an engineered gene into male *Aedes aegypti* mosquitoes....The FDA has been reviewing Oxitec's application for use of its technology as an investigational new animal drug. Its environmental assessment helps clear the way for the company to begin a clinical trial in Key Haven, Florida that would test whether the genetically modified mosquitoes will suppress the wild populations over time.”
 - For the full article, please see the following link: <http://nyti.ms/2b1ofeA>

- ***Shift in Care Could Reverse the Opioid Epidemic.*** “As a clinical nurse in Virginia Beach, I see first-hand the impact of our nation's opioid epidemic. It is stretching hospital resources and handicapping hospital staff across the United States, with many emergency nurses treating life-threatening overdoses every day. That is why the Emergency Nurses Association (ENA) supported the *Comprehensive Addiction and Recovery Act of 2016* (CARA) and the shift it represents in patient care. Instead of relying primarily on punishment to deter opioid abuse, CARA provides additional tools to treat patients struggling with addiction and changes prescribing practices to prevent addiction from ever taking hold. CARA addresses perhaps the two largest factors driving the overdose epidemic: overprescription of opioids and public access to the opioid antidote naloxone.”
 - For the full article, please see the following link: <http://thehill.com/blogs/pundits-blog/healthcare/290673-shift-in-care-could-reverse-the-opioid-epidemic>

- ***How Common Procedures Became 20 Percent Cheaper for Many Californians.*** “At a time when health care spending seems only to go up, an initiative in California has slashed the prices of many common procedures. The California Public Employees’ Retirement System (Calpers) started paying hospitals differently for 450,000 of its members beginning in 2011. It set a maximum contribution it would make toward what a hospital was paid for knee and hip replacement surgery, colonoscopies, cataract removal surgery and several other elective procedures. Under the new approach, called reference pricing, patients who wished to get a procedure at a higher-priced hospital paid the difference themselves. For example, in 2011 the Calpers maximum contribution for a knee or hip replacement surgery was set at \$30,000. A Calpers patient receiving knee or hip replacement surgery at or below this reference price paid the usual cost-sharing: 20 percent of the cost, up to a maximum of \$3,000. But a patient electing to use a hospital that charged, say, \$40,000 paid the usual cost-sharing in addition to the \$10,000 above the reference price. As Calpers initiated the new approach, 41 of the several hundred hospitals in California could provide knee and hip replacement procedures at or below \$30,000 and with acceptable quality, as measured by things like low readmission rates and high rates of use of guideline infection controls. Some hospitals charged more than \$100,000 for the procedures. The results of knee and hip replacement surgery reference pricing were striking, as were those for cataract removal, arthroscopy and colonoscopy. In a series of studies, James Robinson and Timothy Brown, University of California, Berkeley, health economists, found that under reference pricing, Calpers patients flocked to lower-priced hospitals and outpatient surgical centers. Prices and total spending for the procedures plummeted.”

 - For the full article, please see the following link: <http://nyti.ms/2aAkN6P>

- ***California Doctors And Hospitals Tussle Over Role Of Nurse-Midwives.*** “A California bill that would allow certified nurse-midwives to practice independently is pitting the state’s doctors against its hospitals, even though both sides support the main goal of the legislation. The California Hospital Association and the California Medical Association, which represents doctors, agree that nurse-midwives have the training and qualifications to practice without physician supervision. But they differ sharply over whether hospitals should be able to employ midwives directly – a dispute the certified nurse-midwives fear could derail the proposed law. “We are very much caught in the middle,” said Linda Walsh, president of the California Nurse-Midwives Association. The bill would override an existing law that requires certified nurse-midwives to practice under the supervision of medical doctors. California is one of only six states that requires full supervision. Several other states mandate other forms of collaboration, such as in prescribing medications.”

 - For the full article, please see the following link:
<http://khn.org/news/california-doctors-and-hospitals-tussle-over-role-of-nurse-midwives/>

- ***Vexing Question on Patient Surveys: Did We Ease Your Pain?*** “Like countless other businesses, hospitals use customer surveys to improve their reputations, target areas for improvement and provide measures for determining employees’ promotions and raises. But as the country struggles to control the epidemic of overdoses and deaths from prescription opioids, many medical professionals and policy makers are challenging the

wisdom of asking patients to rate how hospital employees manage pain. Doing so, they argue, creates a dangerous incentive for doctors to prescribe powerful and potentially addictive painkillers. Dr. Jerome M. Adams, the Indiana health commissioner, said that in conversations around the state, doctors frequently told him, “I’m scared to not give out those opioids because my patient satisfaction scores will come back poorly.” Under the Affordable Care Act, patient ratings grew even more important: In 2013, scores on an inpatient survey required by the federal government became tied to hospitals’ Medicare reimbursement. But after waves of angry petitions and proposed bills to cut the pain questions, the Obama administration said last month that it would remove them, at least temporarily, from the reimbursement formula. The debate is unlikely to end, however. The pain questions will remain on the survey. Alternative approaches are being field-tested, and the new set may be included in future reimbursement formulas, a spokesman for the Department of Health and Human Services said.”

- For the full article, please see the following link: <http://nyti.ms/2av9Bgy>
- ***Everybody Needs a Cheerleader to Get a Kidney Transplant: a Qualitative Study of the Patient Barriers and Facilitators to Kidney Transplantation in the Southeastern United States.*** “Kidney transplantation (KTx) disparity is a significant problem in the United States, particularly in the Southeastern region. In response to this phenomenon, the Southeastern Kidney Transplant Coalition was created in 2011 to increase the KTx rate, and to reduce disparities in access to transplantation in the Southeast, by identifying and reducing barriers in the transplant process... Dialysis providers are encouraged to enhance their delivery of information and active assistance to underserved patients related to KTx.”
 - To read the full study, please see the following link: <http://bmcnephrol.biomedcentral.com/articles/10.1186/s12882-016-0326-3>
- ***Reward Organ Donors, and Thousands of Lives Will Be Saved.*** “Most transplanted organs currently come from the bodies of people of who have recently died; in 2014, there were about 7,800 such donors, yielding 11,570 usable kidneys. If more Americans registered as organ donors – or if the United States were to emulate Spain’s “opt-out” system, which presumes that individuals consent to donate their organs at death unless they specify otherwise – thousands of additional lives could be saved each year. But cadaveric organ donation will never be enough. “Relatively few people die in ways that leave their organs suitable for transplantation,” writes Sally Satel, a physician and scholar at the American Enterprise Institute (and herself the recipient of a donated kidney). And organs donated by living donors last, on average, five to 10 years longer than those transplanted from a deceased donor. The need for more living donors has never been greater. Broadman’s blessed innovation will help, by providing an incentive in the form of a kidney voucher for a family member in the future. But judging from the minuscule number of living donors in this country – only 5,500 Americans donated a kidney in 2014 – it will take more concrete incentives to get the number up. Unfortunately, the 1984 National Organ Transplant Act makes it a crime to reward anyone with “valuable consideration” for agreeing to donate a kidney or other organ. Altruism alone is supposed to motivate organ donations. Lawmakers feared that offering financial incentives to donors or their families would be demeaning, turning human organs into mere commodities to be bought and sold. Others have expressed

concerns about the poor being exploited, relinquishing an organ not from the goodness of their hearts, but from a desperate need for cash.”

- To read the full article, please see the following link:

<https://www.bostonglobe.com/opinion/editorials/2016/08/04/reward-organ-donors-and-thousands-lives-will-saved/yww4mOczuTDTNKfba3LCfP/story.html>

- ***Study: Replacement Nurses May Cause Disease to Spread Faster.*** “Imagine a nurse who gets the flu while working at a hospital. He goes home to recover -- and an uninfected replacement nurse comes in. This kind of substitution happens all the time in the real world -- teachers, doctors, firefighters and others with essential societal roles get sick and a substitute comes in to fill their role. A new study shows that this kind of health-protecting behavior -- a "relational exchange" -- can explosively accelerate the spread of some epidemics. This finding is in striking contrast to the standard "mass-action" disease models -- like many used by the U.S. Centers for Disease Control and other health organizations--that don't account for this reality.”

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

http://www.eurekalert.org/pub_releases/2016-08/uov-sst080216.php