

## American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, September 13, 2016

### Congressional Schedule

#### House

- “Convenes at noon for legislative business and will consider two bills under suspension of the rules, including one (H.R. 5587) on technical education programs. Lawmakers will also consider a bill (H.R. 3590) that would increase the threshold at which individuals may begin deducting unreimbursed medical expenses from their income. The House will begin consideration of a measure (H.R. 5620) on Veterans Affairs employee conduct.” (CQ)
- **This week:** “Meets for legislative business at noon Wednesday and at 9 a.m. on Thursday. Measures to be debated include those on agency rule-making (H.R. 5226), VA accountability (H.R. 5620) and Guantanamo Bay detainee transfers (H.R. 5351).” (CQ)

#### Senate

- “Convenes at 10 a.m. and, after leader remarks, will resume consideration of the water resources bill (S. 2848), or WRDA. Catch up on last night's WRDA action here. The Senate will recess from 12:30 to 2:15 p.m. for weekly caucus lunches. Republicans will be lunching with Mike Pence off the Hill.” (CQ)
- **This week:** “Senators may try to pass the water bill and a continuing resolution and then leave town to campaign weeks earlier than scheduled.” (CQ)

### Legislative Updates

- **House Energy and Commerce Markup on Public Health Bills.** “On Tuesday, September 13th at 2:00 p.m., the House Energy and Commerce Subcommittee on Health will be holding a markup for five bills that bolster public health. Included among those bills is the **Title VIII Nursing Workforce Reauthorization Act (H.R. 2713)**. As you may recall, H.R. 2713 was introduced on June 10, 2015 by Representatives Lois Capps (D-CA) and David Joyce (R-OH). Currently, the bill has 70 cosponsors.

On July 14, 2016, Senators Jeff Merkley (D-OR) and Richard Burr (R-NC) NC) introduced the Senate companion (S. 3245)."

- For additional information, please see the following link:

<https://energycommerce.house.gov/news-center/press-releases/markup-subhealth-vote-5-public-health-bills-next-week>

- ***Ways and Means Approves Bipartisan Bill to Help Americans with Chronic Kidney Disease.*** "Today, the Ways and Means Committee unanimously approved bipartisan legislation to help Americans suffering from chronic kidney disease – otherwise known as end-stage renal disease or ESRD. Known as the Dialysis PATIENTS Demonstration Act (H.R. 5942), the bill establishes a voluntary program within Medicare so ESRD patients can access high-quality, coordinated care that will improve health care outcomes, save patients' time and money, and help lower costs to Medicare."
  - For the full press release, please see the following link:  
<http://waysandmeans.house.gov/wm-approves-bipartisan-bill-help-americans-chronic-kidney-disease/>

### **Regulatory Updates**

- ***CMS Finalizes Rule to Bolster Emergency Preparedness of Certain Facilities Participating in Medicare and Medicaid.*** "Today, the Centers for Medicare & Medicaid Services (CMS) finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters.
  - After careful consideration of stakeholder comments on the proposed rule, this final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common and well known industry best practice standards.
    1. Emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.
    2. Policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment.
    3. Communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.
    4. Training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

- These standards are adjusted to reflect the characteristics of each type of provider and supplier. For example: **Outpatient providers and suppliers such as Ambulatory Surgical Centers and End-Stage Renal Disease Facilities will not be required to have policies and procedures for provision of subsistence needs.**
- Hospitals, Critical Access Hospitals, and Long Term Care facilities will be required to install and maintain emergency and standby power systems based on their emergency plan.
- For the full press release, please see the following link:  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-08.html>
- **Medicare Payment Advisory Commission (MedPAC) to Tackle Preventable Hospitalizations, Quality Measures in Coming Years.** “Reducing hospital admissions among long-stay nursing home residents is high on the Medicare Payment Advisory Commission's agenda in 2017, the group said during a meeting Thursday. MedPAC is exploring several initiatives and strategies to reduce hospitalizations of nursing home residents since care coordination is “frequently lacking” for those beneficiaries, said senior analyst Stephanie Cameron. Those initiatives include strategies such as medication reviews and telemedicine, as well as federal programs like the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. MedPAC plans to present its findings on rehospitalizations next month, and include a chapter on it in its June 2017 report to Congress.”
  - To read more: <http://www.mcknights.com/news/medpac-to-tackle-preventable-hospitalizations-quality-measures-in-coming-year/article/521750/>
- **MedPAC Looks at Ways to Adjust Misvalued Services.** What's the best way to narrow the payment gap between primary care physicians and specialists? The Medicare Payment Advisory Commission (MedPAC) mulled over that question at a public meeting on Friday. The panel, which advises Congress on Medicare payment policy, also examined "distortions in practice patterns" and strategies for limiting the overuse of more lucrative services. The commission zeroed in on potential adjustments to the Medicare Physician Fee Schedule as a means of correcting these imbalances. Members discussed previous recommendations and some new ideas, including combining current procedural terminology (CPT) codes into families and taking a partial capitation approach to primary care payment.”
  - To read more:  
<http://www.medpagetoday.com/publichealthpolicy/medicare/60148>
- **GAO Report. Medicaid: Key Policy and Data Considerations for Designing a Per Capita Cap on Federal Funding.** The GAO released a report last week on policies for Congress to consider as they design per-enrollee funding caps for state Medicaid programs. The GAO report includes policy choices that Members should consider when determining which types of Medicaid beneficiaries and services the enrollee caps should cover and to what extent states would be free to change their programs in exchange for the federal government limiting funding.
  - To view the report: <http://www.gao.gov/assets/680/678968.pdf>

- ***HHS Issues Final Rule on Buprenorphine.*** “The Health and Human Services Department (HHS) is correcting a final rule that appeared in the Federal Register on July 8, 2016. The final rule increased the maximum number of patients to whom an individual practitioner may dispense or prescribe certain medications, including buprenorphine, from 100 to 275. Practitioners are eligible for the increased patient limit if they have prescribed covered medications to up to 100 patients for at least one year pursuant to secretarial approval, provided that they meet certain criteria and adhere to several additional requirements aimed at ensuring that patients receive the full array of services that comprise evidence-based medication-assisted treatment (MAT) and minimize the risks that medications provided for treatment are misused or diverted.”
  - For the full federal register notice, please see the following link:  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-21674.pdf>
- ***NQF’s Patient Safety Draft Report Has Been Released for Member and Public Comment.*** “Because NQF places medication management measures in its Safety portfolio, KCQA’s measure, *NQF 2988: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities*, was reviewed in this project. The NQF Standing Committee has recommended the measure for endorsement (89% Yes, 11% No).”
  - The report and comment portal can be accessed at:  
[http://www.qualityforum.org/Patient\\_Safety\\_2015-2017.aspx](http://www.qualityforum.org/Patient_Safety_2015-2017.aspx)

#### Articles of Interest

- ***Dialysis: No Good Deed Goes Unpunished.*** “Today Medicare spends more than \$10 billion on dialysis, medications and laboratory testing for some 370,000 patients. 90% of patients undergo hemodialysis, in one of 5800 freestanding centers, and have their blood filtered by a machine three times a week to remove the impurities that their kidneys can no longer remove. It is an outpatient service, Medicare Part B, so patients are required to make a 20% copayment for their treatment. CMS pays \$230.39 per treatment – multiplied by the cost of the year the patient co-payment is about \$7200, and this does not include the cost of their medications. For many patients, the cost to stay alive is substantial.”
  - For the full article, please see the following link:  
<http://acsh.org/news/2016/09/07/dialysis-no-good-deed-goes-unpunished-9956>
- ***Telehealth Monitoring Decreases Missed Treatments in New Dialysis Patients.*** “Patients with good self-management skills have better outcomes, improved quality of life, fewer complications, and reduced use of health care resources compared with those who do not self-manage their health.<sup>1</sup> Frequent and consistent monitoring of patient’s health status by health care professionals also effectively improves patient outcomes and reduces complications. Recently, telehealth monitoring has been gaining interest in various health care settings. Telehealth monitoring involves the use of electronic information and telecommunication technologies to provide access to health assessment, diagnosis, intervention, consultation, and surveillance.<sup>2,3</sup> Telehealth monitoring helps the transmission of biologic or physiologic data between the patients’ homes and health professionals for data interpretation and decision-making using web-based real-time

systems. It enables patients to monitor and transmit their biometric data from home, and transfer it remotely to a central data management system, where a health care provider on the receiving end of the system systematically monitors a patient's health status.<sup>2,3</sup> Thus, many health care experts believe that telehealth monitoring is a promising solution for cost-effective healthcare management. However, its impact on patient outcomes in various clinical settings is yet to be evaluated."

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

<http://www.nephrologynews.com/telehealth-monitoring-decreases-missed-treatments-new-dialysis-patients/>

- ***Zika-Funding Deal Nears With Talk of Dropping Planned Parenthood Clause.*** "Lawmakers are edging closer to breaking a monthslong impasse over funds to combat the Zika virus, as Republican lawmakers and aides said they expected to drop a contentious provision that would effectively block funding to clinics in Puerto Rico that work with Planned Parenthood. Lawmakers and aides from both parties said Friday they anticipated that this month Congress would pass a package combining Zika funding with a spending bill that would keep the government running until early December. The government's current funding is scheduled to expire at midnight on Sept. 30. Democrats have balked at a provision in the \$1.1 billion legislation that would effectively prevent funding from going to clinics run by ProFamílias, a partner of Planned Parenthood in Puerto Rico, where the number of Zika cases has risen sharply this summer. Republicans on Friday said that language would likely be dropped to get bipartisan support for the combined government funding and Zika package."
  - For the full article, please see the following link: <http://on.wsj.com/2cpNWCP>
- ***Mylan Response on EpiPen Doesn't Satisfy Senate Chairman.*** "U.S. Senate Judiciary Chairman Chuck Grassley (R-IA) said the seven-page response by drugmaker Mylan NV to his questions about significant EpiPen price hikes is incomplete and not sufficient. "I appreciate the information provided but it's an incomplete response and wouldn't satisfy my constituents who are upset about the EpiPen price increases," Grassley, an Iowa Republican, said Friday in a statement. "It doesn't provide the full picture that I requested, and it doesn't answer all of my questions." Mylan sent Grassley the letter on Sept. 8. The company declined to comment beyond referring to the letter. Grassley said Mylan didn't say much about how it decided to raise prices or describe any product features or value that the company says helped justify the price hikes. The auto-injector to treat allergic reactions cost \$57 a shot when Mylan purchased it in 2007, but a series of price increases has raised the cost to more than \$600 for a pair of EpiPens."
  - To read the article, please visit: <http://bloom.bg/2cj5p01>
- ***Pills and Pens Bring Hope for Drug Companies in Diabetes Crunch.*** "Drugmakers facing a price war in the diabetes market are betting on new technologies to withstand the competition. Novo Nordisk A/S, the industry's biggest player, is investing in diabetes drugs that can be given as a pill rather than by injection, while Sanofi and Google parent Alphabet Inc. are committing about \$500 million to a venture aimed at combining software and medicine to help patients manage the disease. Researchers elsewhere are working on the first artificial pancreas to take over for the malfunctioning organ and "smart patches" to deliver insulin patients need to keep sugar from pooling in their

blood. "It's getting crowded, and in order to differentiate it's not just sufficient any longer to have the best insulin," Stefan Oelrich, head of Sanofi's global diabetes franchise, said in an interview. "You have to go beyond that. I think this is going to be the way over time to do that, to integrate, to take data from patients and come up with more personalized solutions." Demand is on the rise. By 2040, more than 640 million people globally are forecast to have diabetes, most of them with a form that takes root later in life as a result of sedentary lifestyles and poor nutrition. Yet drug developers attending the annual European Association for the Study of Diabetes meeting in Munich this week are hunting for new ways to spur growth because a stream of copycat medicines is crimping sales of their top products."

- To read the full article, please see the following link:  
<http://www.bloomberg.com/news/articles/2016-09-12/pills-and-pens-bring-hope-for-drug-companies-in-diabetes-crunch>

### Hearings

#### **Monday, September 12-Tuesday, September 13**

- House Energy and Commerce Health Subcommittee Hearing - *Markup of H.R. 4365, H.R. 1192, H.R. 1209, H.R. 1877, and H.R. 2713.*
  - 5:00 pm @ 2123 Rayburn House Office Building
  - 2:00 pm @ 2322 Rayburn House Office Building
    - To view the hearing, please visit:  
<https://energycommerce.house.gov/hearings-and-votes/markups/subcommittee-markup-hr-4365-hr-1192-hr-1209-hr-1877-and-hr-2713>

#### **Wednesday, September 14**

- House Energy and Commerce Oversight Subcommittee Hearing - *The Affordable Care Act on Shaky Ground: Outlook and Oversight*
  - 10:00 am @ HVC-210 Capitol Office Building
- House Ways and Means Health Subcommittee Hearing - *Hearing on Exploring the Use of Technology and Innovation to Create Efficiencies and Higher Quality in Health Care*
  - 10:00 am @ 1100 Longworth House Office Building

### Meetings

#### **Nursing Research**

National Institutes of Health, Department of Health and Human Services (HHS) holds a meeting of the National Advisory Council for Nursing Research for a discussion of program policies and issues.

- Contact: Marguerite Littleton Kearney at 301-402-7932 [marguerite.kearnet@nih.gov](mailto:marguerite.kearnet@nih.gov)
- Date: Tuesday, September 13th at 1:00 p.m.
- Place: NIH, Porter Neuroscience Research Center, Building 35A, Convent Drive, 1st Floor, Room 620/630, Bethesda, MD