American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, October 3, 2016

Congressional Schedule

House and Senate
• Not in session. The House will return on November 14th; the Senate will return on November 15th.

Legislative Updates

• New Legislation Would Delay Pre-Claim Review One Year. “A bill introduced in Congress this week would put a pause on the Pre-Claim Review Demonstration from the Centers for Medicare & Medicaid Services (CMS) with a one-year moratorium on the program. The legislation, introduced by Representatives Tom Price (R-GA-6) and James McGovern (D-MA-2), comes after the home health industry has pushed back hard against the program, citing numerous problems in its roll out in Illinois. The bill, named the Pre-Claim Undermines Seniors’ Health (PUSH) Act, was introduced on September 28. The PUSH ACT is co-sponsored by Reps. Kenny Marchant (R-TX-24) and Mac Thornberry (R-TX-13).”
  • To read more: http://homehealthcarenews.com/2016/09/new-legislation-would-delay-pre-claim-one-year/

• House Republicans Tell CMS to Stop Mandatory Involvement in Payment Reform Proposal. “House Republicans are asking the CMS to stop new mandatory payment models they say threaten quality of care and overstep the agency’s bounds. In a letter to CMS Acting Administrator Andy Slavitt and Chief Medical Officer Patrick Conway, the 179 members of the House say the Centers for Medicare and Medicaid Innovation has “exceeded its authority” and “patients are blindly being forced into high-risk government-dictated reforms with unknown impacts.” Lawmakers and provider groups have advocated at least delaying the new payment models, saying more time is needed to review the proposals. Republicans in the House have also said the Congressional Budget Office may be biased in evaluating the CMMI proposals. In a statement Friday, the president and CEO of the Medical Group Management Association said the group advocates for more alternative payment models but agrees with the lawmakers.”
  • To read the article: http://www.modernhealthcare.com/article/20160930/NEWS/160939996?utm_
• **Lawmakers Pledge Push for Cures Bill in Lameduck.** "A bipartisan group of House lawmakers on Wednesday released a statement pledging to work to get a medical cures bill signed into law “this fall” despite struggling for months to reach a deal. “We have been working hard for months, and we will continue to work toward an agreement that can pass both chambers and be signed by the president,” leaders of the House Energy and Commerce Committee said in a statement. “And the good news is that we are on the cusp of something special,” they continued. “We are focused on delivering #CuresNow.”
  o To read the full article: http://thehill.com/policy/healthcare/298233-lawmakers-pledge-push-for-cures-bill-in-lame-duck

**Regulatory Updates**

• **Upcoming Medicare Payment Advisory Commission (MedPAC) Meeting.** MedPAC will meet October 6-7 and discuss topics that include Accountable Care Organizations, Medicare Part B Drug Payment Policy Issues, Behavioral Health, Measures of Hospital Use for Long-Stay Nursing Facility Residents, and Biosimilars in Medicare Part D.
  o For additional details, please visit: http://medpac.gov/-public-meetings-/meeting-details/october-2016-public-meeting

• **CMS Dialysis Facility Compare Call.** CMS has announced a webinar about DFC measures, star ratings, and quality outcomes for Wednesday, October 5, 2016 from 1:30 – 2:30 p.m. ET. To attend the webinar, visit the registration webpage. CMS has indicated that it will discuss the updated Dialysis Facility Compare and methodologies used to calculate the Dialysis Facility Compare star ratings. CMS will also discuss measure and specification changes, elaborate on the measure implementation process, and provide answers to clarifying questions.

• **CMS Sends ESRD Final Rule to OMB for Review.** The Final Rule has been sent to OMB for final review. We expect it will be published in late October/early November.

• **CMS Issues Final Rule for Long-Term Care Facilities.** “The final rule is intended to reduce unnecessary hospital readmissions and infections, and improve quality and safety measures. The new requirements will affect the roughly 1.5 million residents at more than 15,000 long-term care facilities across the country. The rule requires that facility staff members are properly trained to care for residents with dementia in order to prevent elder abuse and requires facilities to base staffing levels, in part, on the health of the residents. The rule also gives more responsibility to dietitians and therapy providers when state licensing laws allow, and it prohibits the use of pre-dispute binding arbitration agreements. "The health and safety of residents of long-term care facilities are our top priorities," said CMS Acting Administrator Andy Slavitt."
advances we are announcing today will give residents and families greater assurances of
the care they receive.”
  o To view the final rule: https://s3.amazonaws.com/public-
    inspection.federalregister.gov/2016-23503.pdf