American Nephrology Nurses Association
Weekly Capitol Hill Update – Monday, November 19, 2018

Congressional Schedule

Senate
- Senate is out this week

House
- House is out this week

Legislative Update

- Week in Review
  - **Incoming Dem chairman: Medicare negotiating drug prices is a priority.** “Rep. Frank Pallone Jr. (D-N.J.), who is slated to be the next chairman of a House committee overseeing drug prices, said Wednesday that his top priorities on the issue are allowing Medicare to negotiate prices and speeding the approval of cheaper generic drugs. Pallone, who is set to become chairman of the House Energy and Commerce Committee in January, pointed to President Trump’s support for those two policies in expressing hope for a bipartisan deal.”

  - **How Republicans who voted against ObamaCare repeal fared in midterms.** “Twenty House Republicans broke with their party last year and voted against the GOP bill to repeal and replace ObamaCare, a measure that Democrats used to hammer vulnerable Republicans in the campaign this year. Four of those Republicans still lost on Tuesday, despite a move to blunt one of Democrats’ most potent attacks. But nine Republicans, about half, ended up winning. Another six retired and so were not up for reelection. Several of them were likely to lose their races if they had run.”

  - **Pelosi says she’ll be Speaker ‘to protect the Affordable Care Act.’** “House Minority Leader Nancy Pelosi (D-Calif.) said Sunday that she is ‘staying on as
Speaker’ to protect the Affordable Care Act. Pelosi added during an interview on CBS’s ‘Face the Nation’ that she could have ‘gone home’ if Hillary Clinton had been elected president in 2016. Pelosi, who formally announced her bid for Speaker after the Democrats won control of the House in last week’s midterms, said her perspective as a woman will be necessary.”


- **Week Ahead**
  - *Left wants a vote on single-payer bill in new Congress.* “Progressive Democrats are pushing for a vote on a controversial health-care bill after the party takes control of the House early next year. But the left’s push for ‘Medicare for all’ legislation would likely divide Democrats and pose a headache for House Minority Leader Nancy Pelosi (D-Calif.), who is poised to become Speaker in the next Congress.”
  - *What’s next for new congressional offices.* “What comes after election day? There is a lot of work to be done before the 116th Congress is sworn in on January 3rd. Here’s a timeline of events to help you stay on top of everything congressional offices are doing pre-swear-in-“

**Regulatory and Administration Update**

- *The KidneyX team will be answering questions about the KidneyX prize challenge ‘Redesign Dialysis.’* “Learn more about the #KidneyX prize challenge: Redesign Dialysis during this webinar on December 6, 2018 from 1:00 PM-2:00 PM EST. We will have Sandeep Patel, PhD, U.S. Department of Health and Human Services KidneyX Program Director, available for questions as well as representatives from the American Society of Nephrology, the Centers for Medicare and Medicaid Services, the National Institutes of Health and the Food and Drug Administration.”
  - Read more: [https://www.eventbrite.com/e/kidneyx-webinar-tickets-52526131072](https://www.eventbrite.com/e/kidneyx-webinar-tickets-52526131072)

- *New Proposed Medicare Part B Drug Reimbursement Model Raises Questions.* “The Centers for Medicare & Medicaid Services (CMS) has announced a new proposed reimbursement model for certain Medicare Part B drugs and biologicals. The proposed structure, called the International Pricing Index (IPI) Model, is premised on the idea that Medicare spending for Part B drugs is increasing and exceeds that of 16 other developed countries by 1.8 times. CMS aims to restructure the Part B drug reimbursement methodology so as to test whether it can more closely track international drug prices and reduce Medicare Part B spending. CMS anticipates that it will issue a proposed rule
in spring 2019 and that the IPI Model will be piloted between 2020 and 2025, but the proposed IPI Model itself raises a number of questions. CMS is soliciting comments on all aspects of the proposed IPI Model, with comments due by Dec. 31, 2018.”

- Housing reimbursement may be on the way for Medicaid. “Addressing social determinants of health continues to improve patient outcomes and lower overall costs in Medicaid, Medicare and Medicare Advantage. Soon, expanded benefits could include paying for housing among Medicaid beneficiaries, according to HHS Secretary Alex Azar, who spoke about the impact of social determinants of health during a speech with the Hatch Foundation for Civility and Solutions on Nov. 14. Azar hinted that CMS could soon expand benefits to Medicaid recipients in a greater effort to take care of the whole person in a value-based care world. Medicaid, which covers low-income people, does not currently cover housing benefits, but the program has continually changed over time to meet evolving needs.”

- VA under pressure to deliver Trump reforms. “A law overhauling how the Department of Veterans Affairs (VA) allows patients to seek outside care is falling behind in implementation despite President Trump’s boasts about the reforms. Trump has long touted the law, which makes it easier for veterans to access private or community health-care programs, as essential to improving the beleaguered agency. The law, signed in June, allows for a yearlong implementation period, and veterans say they would rather it be done right than hastily.”

Articles of Interest

- An ambitious startup for diabetes patients rolls out a new model: insurers only pay if the service works. “An ambitious startup that uses digital coaching and monitoring to try to help patients reverse type 2 diabetes, is making a big change to the way it makes money: Insurers and employers will now only pay Virta if its service works. Under Virta Health’s new business model, announced on Wednesday, a health plan or employer will pay Virta a fee only if the patient is sufficiently engaged with its program after one month. The second payment comes after a year, only if patients lower their A1C, a measure of glucose in the blood, to a certain level determined on a case-by-case basis.”

- Protesters take anger over insulin prices to drug makers, some bearing children’s ashes. “Anger over insulin prices in the U.S. has swelled as the nation’s largest insulin makers have hiked the price of the drug. Those price increases are now the subject of a class-action lawsuit and have drawn the attention of lawmakers in Washington. But the price
hikes are also fueling public outcry by patients, caregivers, and clinicians. Last month, patients and activists marched outside Lilly’s headquarters demanding ‘insulin for all.’”

• **UNOS wins contract to continue as national transplant network.** “United Network for Organ Sharing (UNOS) has again won a competitive federal contract to serve as the nation’s Organ Procurement and Transplantation Network (OPTN). UNOS has fulfilled this role since the OPTN began in 1986, under contract with the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS).”
  o Read more: https://unos.org/unos-wins-contract-to-continue-as-national-transplant-network/

• **Nurses’ kidney donation triggers bi-state transplant chain.** “A nurse’s decision to donate a kidney to a patient triggered a series of events that led to three people getting new organs at two Kansas City-area hospitals.”
  o Read more: https://www.apnews.com/b1181a5d747a43b29750c47b5635f56d

• **More than 12k people in Arkansas have lost Medicaid coverage.** “More than 12,000 Medicaid beneficiaries in Arkansas have lost coverage for not complying with the state’s work requirements, according to data released by the state on Thursday. In the past month alone, 3,815 beneficiaries lost coverage for failing to meet the work requirements for three straight months. Arkansas began phasing in work requirements for Medicaid beneficiaries in August. In the three months the requirements have been in effect, 12,128 people were removed from Medicaid and are locked out until Jan. 1.”
  o Read more: https://thehill.com/policy/healthcare/416941-more-than-12000-people-in-arkansas-have-lost-medicaid-coverage

• **University of Illinois Hospital’s licensed practical nurses go on strike.** “Licensed practical nurses at the University of Illinois Hospital and Clinics walked off the job Thursday, striking after nearly a year of unsuccessful contract negotiations. The 35 nurses say they’re fighting for job protections and fair wages, among other things. In all, the health system has more than 1,000 nurses, including registered nurses, who are not part of the group that is striking.”

• **California’s new governor embodies Democrats’ dilemma on single payer.** “California’s next governor Gavin Newsom is an avowed single-payer supporter in the country’s most populous state. But how much of his stand is principle and how much is policy is not totally clear. And no matter how he handles it, he'll inevitably anger part of his base. That, in a nutshell, is a preview of the Democrats' health policy dilemma heading into the 2020 election cycle. Single payer, or ‘Medicare for All,’ has become a litmus test for the growing number of Democrats who are contemplating challenging President Donald Trump. Newsom’s stance gives supporters some cover, turning the issue mainstream. But making good on the promise carries big risk — even for a politician who won by a nearly 20-point margin.”
• **Poor worker health costs U.S. employers half trillion dollars a year.** “Poor worker health costs U.S. employers $530 billion a year from everything from lost productivity due to worker absence and chronic conditions that cause ‘impaired performance’ to workers compensation, according to a new analysis. Poor worker health costs amount to ‘60 cents for every dollar employers spend on health care benefits,’ the Integrated Benefits Institute, a health research group that works with U.S. employers said in its report. U.S. employers spend $880 billion on health care benefits for their workers and dependents.”

• **Few Americans exercise as much as they’re supposed to – and that adds $117 billion in annual health costs.** “Only 26 percent of men, 19 percent of women and 20 percent of adolescents meet the Department of Health and Human Services' exercise recommendations. Adults need 150 minutes of moderate to vigorous aerobic activity each week and two days of muscle strengthening activities to stay healthy, HHS says. Children and adolescents ages 6 to 17 need 60 minutes of moderate to vigorous physical activity every day, HHS says.”

• **ObamaCare enrollment down compared to last year.** “Fewer people are signing up for ObamaCare plans this year compared to a similar period last year, according to data released Wednesday by the Trump administration. About 1.2 million people signed up for ObamaCare plans in the first ten days of this year's sign up period, which began Nov. 1. In the first nine days of last year's enrollment period, 1.5 million people signed up for plans — a difference of more than 300,000.”
  o Read more: https://thehill.com/policy/healthcare/416738-obamacare-enrollment-down-compared-to-last-year

• **Pa. set to start mandatory managed care for people who are eligible for both Medicare and Medicaid.** “A big change is in the works for people who are eligible for both Medicare and Medicaid. Starting in January, 127,000 Medicaid recipients in Southeastern Pennsylvania who also get Medicare will have to get their Medicaid coverage from one of three managed-care plans. New rules apply as well to about 14,000 people who have Medicaid alone and receive long-term care services. The deadline for choosing a plan for the new Community HealthChoices (CHC) program is Saturday, Nov. 17.”
  o Read more: http://www2.philly.com/philly/health/pennsylvania-to-start-mandatory-managed-care-for-people-who-have-both-medicare-and-medicaid-20181114.html

• **Drug pricing group launches six-figure ad buy pressuring Congress to act.** “A leading advocacy group is launching a six-figure ad campaign pressuring Congress to act to lower drug prices. The TV and digital ads from the Campaign for Sustainable Rx
Pricing, a coalition of insurers, hospitals and other groups, come at a time when hopes are high for action on drug prices. Democrats have vowed to take steps to reduce drug prices, and they will control the House next year. In addition, President Trump has repeatedly talked of efforts to reduce drug prices.”


A search for new ways to pay for drugs that cost a mint. “Researchers expect that three dozen new drugs will come on the market over the next few years with astronomical prices — some likely topping a million dollars per patient. The drugmaker Novartis has told investors it might be able to charge $4 million to $5 million for one of its potential products, a treatment for a rare disease called spinal muscular atrophy. Hundreds more ultra-expensive therapies are under development. They could drive up the cost of medicine and health insurance for everyone. So researchers have started to develop strategies to address that coming price shock.”

- Read more: https://www.npr.org/sections/health-shots/2018/11/14/665782026/a-search-for-new-ways-to-pay-for-drugs-that-cost-a-mint

U.S. state spending exceeds $2 trillion in fiscal 2018: report. “U.S. state spending topped $2 trillion for the first time in fiscal 2018, with Medicaid expenditures rising the most along with a significant increase in transportation spending, according to a report released on Thursday. The annual report focuses on the seven top state spending categories, which are elementary and secondary education, higher education, public assistance, Medicaid, corrections, transportation and ‘all other.’”


Hypertension upgraded in latest biennial review of research on health problems in veterans that may be linked to Agent Orange exposure during Vietnam War. “The latest in a series of congressionally mandated biennial reviews of the evidence of health problems that may be linked to exposure to Agent Orange and other herbicides used during the Vietnam War found sufficient evidence of an association for hypertension and monoclonal gammopathy of undetermined significance (MGUS).”

- Read more: http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=25137

Medicaid expansion gets extra boost from governor races. “Medicaid expansion advocates are looking to capitalize off their midterm victories by potentially adding Kansas and Wisconsin to their list of recent wins. Voters in three deep-red states voted to extend coverage to low-income adults, and those wins could spur expansion efforts next year in Wisconsin and Kansas, where Democratic candidates won governor's races on Tuesday.”