American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, December 17, 2018

Congressional Schedule

Senate

- Senate meets at 3pm

House

- House is out of session

Legislative Update

- **Week in Review**
  - *House passes bill to keep drug companies from overcharging Medicaid.* “The House approved a proposal Tuesday cracking down on the tactics drug companies use to charge Medicaid. The bipartisan bill, from Sens. Chuck Grassley (R-Iowa) and Ron Wyden (D-Ore.), comes after the Department of Health and Human Services last year accused Mylan, the maker of EpiPen, of overcharging the Medicaid program by as much as $1.27 billion over ten years by misclassifying the drug as a generic. The Grassley and Wyden bill would give the Department of Health and Human Services new authority to reclassify a drug and recoup rebates when a manufacturer deliberately misclassifies a drug in order to pay lower rebates.”
  
  - *Improve Act passes House.* “The House on Tuesday easily passed the co-called IMPROVE Act, H.R. 7217 (115), a bipartisan package of Medicaid bills, which includes new penalties for drugmakers that overcharge the program and legislation aimed at improving care for children on Medicaid with complex medical conditions. Noteworthy is the bipartisanship on drug pricing, specifically a crackdown on companies that knowingly misclassify branded products as generics to lower rebate payments.”
    - Read more: https://www.politico.com/newsletters/politico-pulse/2018/12/12/improve-act-passes-house-452550
Senate Democrats introduce bill to allow government to block drug price rises. “Four Democratic U.S. senators introduced a bill on Thursday that would allow the government to block drug price increases that it decides are unjustified. The bill sponsored by Senators Richard Blumenthal, Kamala Harris, Amy Klobuchar and Jeff Merkley, all Democrats, would allow the Department of Health and Human Services to prohibit drug price increases that it deems excessive. Both Republicans and Democrats have put the issue of fast-rising drug prices - some for drugs like insulin that have been on the market for decades - on their agenda.”


Kevin Brady drops extenders, adds health care tax rollbacks. “House Ways and Means Chairman Kevin Brady has refashioned his year-end tax package to try to maximize GOP votes for a stand-alone bill, while dropping provisions the Senate could still pick up and pass this year, possibly as part of a huge wrap-up spending bill. Brady added a host of measures favored by Republicans.”


Week Ahead

- There’s no plan: Congress skips town as shutdown nears. “Without President Donald Trump to worry about, a bipartisan deal would likely sail through Congress to fund the government ahead of the holidays. But with Trump fueling the border wall brinkmanship, everyone in the Capitol has basically stopped talking. The House and Senate left town Thursday with no strategy to avert a partial government shutdown next week, putting Congress on the brink of an intractable conflict that could drag out through New Year’s Day — furloughing hundreds of thousands of workers and costing taxpayers millions.”


- Incoming Dem chairman open to hearing on ‘Medicare for All’ “The incoming chairman of the powerful Ways and Means Committee, Rep. Richard Neal (D-Mass.), said Tuesday that he is open to holding hearings on ‘Medicare for all’ next year. The comments, while not a firm commitment, are some of the most encouraging toward Medicare for all supporters from a top House Democrat to date. Democratic leaders and key committee chairmen have so far not given support to Medicare for all, despite a push from the progressive wing of the party.”

- Read more: https://thehill.com/policy/healthcare/420894-incoming-dem-chairman-open-to-hearing-on-medicare-for-all

- The year ahead: Drug pricing efforts to test bipartisanship. “A new Democratic majority is taking over in the House next year with a number of health issues taking center stage. Democrats will use their new power to try to shore up the
Affordable Care Act and rein in high health-care and prescription drug costs. But the party will also face its own internal debate, while insurgents on the left keep up their push to implement ‘Medicare for all.’


**Regulatory and Administration Update**

- **Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2019**

- **Gottlieb blasts high insulin prices, touts far-off new rules he says will spur competition in that market.** “FDA Commissioner Scott Gottlieb blasted insulin makers Tuesday for what he called unacceptably high prices for a decades-old drug. And he rolled out a slate of new guidances for the industry he says will spur competition in the insulin market and bring down the drug’s cost when they take effect in 2020. But in a speech at this week’s FDA/CMS Summit, Gottlieb stopped short of endorsing policies gaining steam on Capitol Hill that would dramatically change how insulin makers do business.”

- **Texas judge deals Obamacare a major blow.** “A judicial attempt to invalidate the Affordable Care Act (ACA) was given a major boost on Friday, December 14th, when a federal judge in Texas ruled that the ACA, otherwise known as Obamacare, is unconstitutional. As part of the tax overhaul passed last year, the ACA penalty for not having health insurance was abolished. This went into effect in January, 2018. In a Federal District Court case, Texas v. Azar, in which oral arguments were heard in September of this year, the plaintiffs - Republican officials in 20 states led by Texas Attorney General Ken Paxton - argued that with elimination of the health insurance requirement there is no longer a tax, and therefore the law loses its constitutionality.”
  - Read more: https://www.forbes.com/sites/joshuacohen/2018/12/16/texas-judge-deals-obamacare-a-major-blow/#7a36f6de23e0

- **NIH to spend up to $20 million on search for alternatives to fetal tissue for research.** “The National Institutes of Health wants to fund up to $20 million worth of research into alternatives to using human fetal tissue to study disease, the agency announced Monday. The announcement is largely preliminary. The formal funding opportunity announcements will be published at some date in the future, the agency said, and scientists cannot yet submit proposals to be funded. The total amount of money available has not been determined, according to the announcement, but the agency is ‘interested’ in investing $20 million over the course of two years.”
• **CMS announces 2019 pass-through funding for state waivers.** “On December 10, 2018, the Centers for Medicare and Medicaid Services (CMS) publicly posted letters notifying most states of the amount of federal pass-through funding they will be receiving pursuant to approved waivers under Section 1332 of the Affordable Care Act (ACA). CMS posted letters for Alaska, Hawaii, Maine, Maryland, Minnesota, and Oregon. Based on these letters, the estimated total pass-through funding for 2019 so far is about $634 million, more than half of which will go to Maryland. All these states except Hawaii used a Section 1332 waiver to adopt a state-based reinsurance program.”

• **Oklahoma seeks Trump approval on Medicaid work requirements.** “The Trump administration is set to consider Oklahoma’s plan for work requirements in its Medicaid program, as the state formally submitted its request late last week. If the Centers for Medicare and Medicaid Services approves the request, certain ‘able-bodied’ Medicaid beneficiaries will be required to work, volunteer, or go to school for 80 hours a month beginning Feb. 1. If they fail to meet the requirements for three months, they will have their coverage removed until the requirements are met.”

**Articles of Interest**

• **Care with a side of comfort promises big savings in health costs.** “As state and federal officials increasingly search for ways to curb rising health care costs, a decades-old idea is gaining traction: helping people with challenges that have nothing to do with medical care but everything to do with their health. Insurers are taking steps as simple as paying for hot meal deliveries and outreach to homebound people and replacing air filters in homes with asthmatic children. More radical approaches include building affordable housing for people who don’t have a stable home of their own. State and local experiments targeting factors like housing, transportation, food and other nonmedical services are flourishing as ways to improve people’s health while cutting costs.”

• **The drug industry is headed back to Congress to make its case. Will Democrats keep the door open?** “More than a dozen current and former staffers and lobbyists connected to the drug industry told STAT that as Democrats take control of the House in January, PhRMA is struggling to preserve its clout. The concerns are numerous, they said: PhRMA hasn’t yet landed on a legislative strategy that can win over Democrats who’ve grown frustrated at the group’s negotiating tactics. Democratic staffers aren’t as interested in the group’s job offers anymore, a setback for the group’s efforts to recruit savvy lobbyists to their cause. And it’s hamstrung, too, in its attempts to exert influence through donations, now that some prominent Democrats have made high-profile pledges not to accept money from corporate PACs or the drug industry.”
- **For the asking, a check is in the mail to help pay for costly drugs.** “It’s one of the little-known secrets in health care: When financial incentives like copay coupons and debit cards won’t work, pharmaceutical companies sometimes will write a check — what they call direct reimbursement — to make sure a loyal patient will stay on a high-cost, brand-name drug. Drugmakers began using now-popular copay coupons and other forms of assistance more than a decade ago to help patients pay out-of-pocket costs for medicines, particularly high-cost specialty drugs such as those that treat autoimmune disorders. The coupons have a dual purpose: They mask the true costs of a drug for patients and give patients a financial incentive to stay on an expensive drug until their insurance deductible is met.”
  

- **Primary care workforce data and the need for nurse practitioner full practice authority.** “For the past six years, we have tracked primary care workforce numbers, comparing the annual primary care residency match data with the primary care nurse practitioner (NP) graduation rates. The trends for physicians and NPs have been striking in their contrasts, and those contrasts continue with the data presented in the latest reports. This year, the number of NP graduates continued to rise, while the number of physician graduates, both allopathic and osteopathic, remained essentially flat. At the same time, the national emphasis on the need for primary care access and the value of primary care has grown. Patients with access to primary care live longer and healthier lives.”
  

- **A recent study says more nurses earning bachelor degrees.** “A recent study released by the University of South Carolina College of Nursing is showing signs of hope for the nursing field in the state. The optimism comes as the study shows for the first time in the state's history, there are more students graduating with a baccalaureate rather than an associate degree in the field of nursing.”
  

- **CDC: Fentanyl is deadliest drug in America.** “Fentanyl has become the most deadly drug in the U.S., according to a new report from the Centers for Disease Control and Prevention (CDC). The CDC said in a report released Wednesday that fentanyl was involved in more deadly drug overdoses in 2016, the most recently studied year, than any other drug. There were a total of 63,632 drug overdose deaths in 2016, with fentanyl found to be involved in nearly 29 percent of those cases, according to the report.”
  

- **Drug company to offer cheaper opioid overdose treatment after hiking price 600 percent.** “A drug company is offering a significantly cheaper version of its life-saving opioid overdose treatment after a Senate investigation found that it spiked the price of its drug.
A report from the Senate’s Permanent Subcommittee on Investigations last month found that the company, Kaleo, hiked the price of its drug Evzio to $4,100 for two injectors, raising the price by more than 600 percent between 2014 and 2017.”


- **ObamaCare sign-ups surge in final weeks but lag last year’s numbers.** “More people are signing up for ObamaCare plans as the open enrollment period comes to a close, but the overall numbers are down compared to last year. From Dec. 2 to 8, the sixth week of open enrollment, 934,269 people signed up for coverage via healthcare.gov, the most in any one-week period this year. That compares with the 1,073,921 sign-ups from the same period in 2017. Overall, enrollment is down 12 percent compared to last year.”

- **Study: 4.2 million uninsured people eligible for free ObamaCare coverage.** “A new analysis from the Kaiser Family Foundation finds that 4.2 million uninsured people are eligible for ObamaCare coverage at no cost at all. The study, published Tuesday, finds that those people can find an ObamaCare plan for $0 in premiums due to the financial assistance under the health-care law being high enough to completely cover the cost of the cheapest ObamaCare options, known as bronze plans. The availability of no-cost coverage could be an enticement for more people to sign up for ObamaCare coverage, but a lack of awareness could still be a problem.”
  - Read more: https://thehill.com/policy/healthcare/420778-study-42-million-uninsured-people-eligible-for-free-obamacare-coverage

- **Health insurance costs crushing many people who don’t get federal subsidies.** “Under the ACA, people who earn up to 400 percent of the poverty level (about $48,500 for an individual and $100,400 for a family of four in 2019) are eligible for premium subsidies. Eighty-seven percent of the 10.6 million people with ACA plans this year received a subsidy. These increasing costs plus rising deductibles and copayments have driven millions who don’t get a subsidy to drop their coverage or turn to cheaper, less comprehensive — and sometimes inadequate — insurance.”

- **61% of Americans are worried about rising health care premiums.** “Rising health insurance premiums is a concern among a majority of Americans. According to a recent poll from Gallup, 61% of U.S. adults are concerned that their health insurance plan will require them to pay higher premiums or a greater portion of medical expenses. The GOP tax plan that passed at the end of 2017 included a provision that repealed the individual mandate portion of Obamacare, which essentially levied a tax fine on those who did not have health insurance. But the repeal isn’t going into effect until 2019 and with it, many individuals who pay for their own coverage are seeing their premiums go up.”
• **Dems aim to punt vote on ObamaCare taxes.** “Health-care companies are making a last-minute push to delay ObamaCare taxes as part of a year-end government funding deal, but they face resistance from Democrats who want to punt the issue until next year when they control the House. Powerful health-care lobbies are pushing lawmakers to delay the implementation of the taxes, worried about taking a financial hit. Lawmakers have voted to push off the health law’s medical device tax, health insurance tax, and tax on high-cost ‘Cadillac’ health plans in the past with bipartisan support.”
  o Read more: https://thehill.com/policy/healthcare/421134-dems-aim-to-punt-vote-on-obamacare-taxes

• **We read Democrats’ 8 plans for universal health care. Here’s how they work.** “This year, dozens of Democratic candidates ran — and won — on a promise to fight to give all Americans access to government-run health care. A new Medicare-for-all Caucus in the House already has 77 members. All the likely 2020 Democratic nominees support the idea, too. The eight plans fall into two categories. There are three that would eliminate private insurance and cover all Americans through the government. Then there are five that would allow all Americans to buy into government insurance (like Medicare or Medicaid) if they wanted to, or continue to buy private insurance.”

• **Diabetic amputations on the rise in the U.S.** “A growing number of people with diabetes in the U.S. are losing toes and feet to the disease by the time they reach middle age, according to a study that suggests a reversal after years of progress against diabetes. From 2000 to 2009, the rate of so-called nontraumatic lower extremity amputations fell by 43 percent, from 5.4 cases to 3.1 cases for every 1,000 adults in the U.S. with diabetes. But then amputations rebounded by 50 percent between 2009 and 2015, to 4.6 cases for every 1,000 adults with diabetes, the current study found.”

• **‘We’re fighting for our lives’: Patients protest sky-high insulin prices.** “The cost of insulin nearly tripled from 2002 to 2013 and has doubled again since then. The list price is over $300 for a single vial of medicine, and most people with Type 1 diabetes need multiple vials every month to live. That cost is typically lower with insurance or with discount programs. Still, for some people the price is unmanageable. There’s been some action by lawmakers on the issue. In October, Minnesota’s attorney general sued insulin manufacturers alleging price gouging, and a bipartisan caucus in the U.S. Congress issued a report in November urging action to bring insulin prices down. But prices are still going up, so consumer activists like Lautner are taking things into their own hands.”
  o Read more: https://www.healthleadersmedia.com/clinical-care/were-fighting-our-lives-patients-protest-sky-high-insulin-prices

• **Deep-pocketed health industry lobbies ready to throw weight behind Dems who don’t back ‘Medicare for All.’** “There’s a brewing rift in the Democratic party between progressives who campaigned on ‘Medicare for all’ and those who want to stabilize and
improve upon the health law. The hospital, insurance and pharmaceutical industry are getting ready for the upcoming battle. Meanwhile, state attorneys general, emboldened by election wins, look to shore up their defense of the health law in courts.”

- **Caught between DACA and ACA, man’s hopes for kidney transplant dim.** “According to the National Kidney Foundation, patients typically spend three to five years on a transplant list, waiting for a kidney. Paul, who is 21 years old, has needed a kidney for 19 years. Paul is an undocumented immigrant who has temporary permission to live and work in the United States through an Obama-era program known as Deferred Action for Childhood Arrivals, or DACA. The program gives certain immigrants who were brought to the country illegally as children a reprieve from deportation – and though it also allows Paul to access health insurance, his options are very limited. Immigration status is not supposed to impact transplant eligibility, but insurance coverage and socioeconomic status do.”

- **RNetwork 2018 portrait of a modern nurse survey.** “To better understand the changing landscape and emerging challenges of the nursing profession, RNnetwork recently conducted a follow-up study of its groundbreaking 2016 survey, which painted a portrait of a modern nurse and examined different aspects of the national nursing shortage. In this updated survey, respondents from around the United States shared perspectives about subjects including workload, the national nursing shortage, the nursing profession in general and respect in the workplace. New questions about mental health and self-care also yielded fresh insights into the day and life of a nurse.”

- **America’s Health Rankings.** “For nearly 3 decades, America’s Health Rankings has provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. The 2018 Annual Report adds new insights to the longest-running assessment of the nation’s health on a state-by-state basis.”

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Read more: [https://www.americashealthrankings.org/](https://www.americashealthrankings.org/)