American Nephrology Nurses’ Association

Weekly Capitol Hill Update – Tuesday, December 8th, 2015

Congressional Schedule

House:
• The House reconvened on Monday at 2 p.m. for legislative business. There are no votes scheduled.

• **Week Ahead**: A busy week is anticipated. A vote is expected Tuesday on a bill to tighten the visa waiver program. Lawmakers also may take up a conference report to a trade customs bill (H.R. 644), a measure to renew expiring tax credits, and the Senate’s version of the budget reconciliation bill to repeal Obamacare (H.R. 3762). Congress must pass a spending bill by Friday, December 11th to avoid a government shutdown. Consideration of an omnibus spending bill is possible.

Senate:
• The Senate reconvened on Monday at 2 p.m.

• **Week Ahead**: A vote is possible this week on the House-adopted conference report to a rewrite (S. 1177) of the No Child Left Behind education law.

Legislative Updates

• **Omnibus**: Health agency spending levels and restrictions await the release of an omnibus spending package; committees also examine pain killer and tuberculosis worries, plus the supervision of health insurance exchanges. The current stopgap spending extension expires on December 11th and appropriators have until midnight tonight to release details of a full-year spending package in order to spur expedited House and Senate votes this week. Any further delay in initiating the voting process could prompt action on a new continuing resolution. The omnibus spending measure can take several forms: a new complete package providing new funding instructions for all spending bill components or a hybrid measure offering partial funding and continuing stopgap spending for select elements. Partial and continuing funding is a distinct possibility for the Labor-HHS-Education component.
- Failure to reach a deal by Friday to fund the government through the rest of the fiscal year would require some kind of continuing resolution to avoid a shutdown.
- Many are betting on a weeklong continuing resolution before the details are ironed out. No word on whether AHRQ will escape the gauging it got in subcommittee funding bills over the summer - it was eliminated in the House proposal - when appropriators were working with a budget $25 billion smaller.
- Some NIH advocates are fearful that Congress might pass a spending bill that includes funding for most government agencies but leaves out more difficult subcommittees like Labor-HHS, which could have problems with controversial policy riders. If Labor-HHS was funded through a longer-term continuing resolution, it could lower the odds of NIH getting the desired boost made possible by this year's budget deal lifting the sequester caps. (Politico)

- **Tax Extenders Bill**: Congress could include language to repeal or delay implementation of the “Cadillac tax,” repeal the medical device tax, and reauthorize the Zadroga Act, which covers health costs for 9/11 first responders, in its final bills of the year. In its last full week in session this year, a House committee also could push to act on mental health legislation. On Monday night, there were conversations in the House about a potential deal on a large-scale extenders package. The discussions on a big extenders package were along the lines of what previous reports have described, including permanency on numerous provisions. Discussions were planned to continue through last night and into Tuesday morning. Nothing has been finalized yet and the vehicle for moving this package also is yet to be determined. See the following link for more information: [http://bit.ly/1IMOM0R](http://bit.ly/1IMOM0R)

- **Obamacare Repeal**: Congressional Republicans sent their first major Obamacare repeal bill to President Obama's desk for a certain veto. For now, most seem to agree that there's really not much more they can do while Obama is still in the White House. "We will have done everything we have promised to do and everything we can do," Sen. John Cornyn (R-Texas) said as the Senate voted on repeal last week. "We're really just teeing it up for the next president and the next administration." (Politico)

**Regulatory Updates**

- **CMS Awards $110 Million in ESRD Network Funding** - CMS awarded $110 million in End-Stage Renal Disease (ESRD) Network funding. Seven entities will work over a five year contract period, 2016 through 2020, to continue efforts in improving quality of care and access to care for individuals with irreversible kidney disease who require dialysis or transplantation to sustain life. See the following link for more information: [http://1.usa.gov/1XA8A90](http://1.usa.gov/1XA8A90)

- **GAO: CMS Should Improve Data, Oversight on Nursing Homes**: The CMS needs to improve its data on nursing homes to get a clearer indication if quality improvement activities are succeeding, according to a report from the Government Accountability Office. [http://www.gao.gov/assets/680/673480.pdf](http://www.gao.gov/assets/680/673480.pdf)
• **Upcoming MedPAC Meeting (December 10th-11th).** The discussions will focus on payment adequacy of hospitals, SNFs, IRFs, outpatient dialysis services, hospice services, and ambulatory surgical center services. The Commissioners also will discuss the Medicare Advantage program. [http://www.medpac.gov/-public-meetings/meetingdetails/december-2015-public-meeting](http://www.medpac.gov/-public-meetings/meetingdetails/december-2015-public-meeting)

• **The HHS Office of Inspector General released its semiannual report to Congress** - OIG will review Medicare payments for and utilization of renal dialysis services and related drugs pursuant to the new bundled end-stage renal disease (ESRD) prospective payment system (PPS). OIG will compare facilities' acquisition costs for certain drugs to inflation-adjusted cost estimates and determine how costs for the drugs have changed. Previous OIG work found that data from the Bureau of Labor Statistics (BLS) did not accurately measure changes in facilities’ acquisition costs for high-dollar ESRD drugs. However, CMS has based the ESRD PPS price updates on wage and price proxy data from BLS. Effective January 1, 2011, Federal law required CMS to begin implementing a new system that bundles all costs related to ESRD care (including drugs that were previously separately billable) into a single per-treatment payment. The bundled rate must be updated annually to reflect changes in the price of goods and services used in ESRD care. [http://1.usa.gov/1lC6NPp](http://1.usa.gov/1lC6NPp)

• **National Academy of Medicine Report:** While nurses are more frequently getting higher degrees and being allowed to practice independently of a physician, the profession still struggles in terms of diversity and leadership, concludes a report released Friday ([http://bit.ly/1NgKxlh](http://bit.ly/1NgKxlh)). A National Academy of Medicine committee evaluated the nation's progress on eight recommendations first outlined in a 2010 Institute of Medicine report called The Future of Nursing ([http://bit.ly/1ID5sSZ](http://bit.ly/1ID5sSZ)). Those recommendations aimed to revamp nursing education, bolster leadership roles and remove the barriers that prevent nurses from practicing to the full extent of their education and training. (Modern Healthcare)

**Articles of Interest**

• **Nurses transition from the bedside to the boardroom:** Registered nurses (RNs) are the largest segment of the nation’s health care workforce… [http://www.latimes.com/bp/la-ara-22810-nurses-transition-from-the-bedside-to-the-boardroom-20151202-adstory.html](http://www.latimes.com/bp/la-ara-22810-nurses-transition-from-the-bedside-to-the-boardroom-20151202-adstory.html)

• **The Washington Post looks at how a medical house-call pilot program for elderly patients is shaping up:** [http://wapo.st/1OJInz5](http://wapo.st/1OJInz5)

• **Bedside handoffs boost patient satisfaction:** Simply having the nurses confer in the patient’s room isn’t enough, stressed Beverley Johnson, CEO of the Bethesda, Md.-based Institute for Patient- and Family-Centered Care, which trains nurses on how to conduct bedside shift-change handoffs. It’s essential to conduct the discussion with the patient and family members, not just in front of them. (Modern Healthcare)
Hearings

Tuesday

- House Energy and Commerce subcommittee hearing on ACA state marketplaces. See the following link for more information: http://1.usa.gov/1M1xmmv
- Senate HELP committee hearing on opioid abuse. See the following link for more information: http://1.usa.gov/1NEyLEP

Wednesday

- House Energy and Commerce subcommittee hearing on health bills including nurse training and eating disorders @ 10 a.m. See the following link for more information: http://1.usa.gov/1OOqDT2
- Senate Special Committee on Aging hearing on price increases to off-patent drugs @ 2:30 p.m. See the following link for more information. See the following link for more information: http://1.usa.gov/1TZAhm9

Events

- National Council for Behavioral Health conference on incarceration and mental health on Tuesday, December 8th. See the following link for more information: http://bit.ly/1PW3n7h
- On December 10, from 5:00 p.m. - 5:45 p.m., MedPAC will review the ESRD payment system at the Ronald Reagan Building. Kara Gainer, a member of the DPG team, will be in attendance. A summary of MedPAC’s discussion will be included in next week’s memorandum.