

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, February 21, 2017

Congressional Schedule

House

- Returns for legislative session Monday, February 27.

Senate

- Returns to consider more nominations on Monday, February 27, with a vote to confirm Wilbur Ross as Commerce Secretary slated for 7 p.m., followed by a cloture vote on the nomination of Rep. Ryan Zinke to be Interior Secretary. Back on Friday, the cloture vote for Ross was 66-31, which is a blowout compared with those for other recent nominees.

Legislative Updates

- *Week Ahead:*
 - *House GOP's ObamaCare blueprint under scrutiny.* "Congress is heading out of town for a week long recess, but that doesn't mean the healthcare developments will slow down. House Republicans on Thursday distributed the outlines of a plan to repeal and replace ObamaCare to rank and file lawmakers to talk about in their districts over the break. The healthcare world will be chewing over the plan, and watching for details to be filled in. America's Essential Hospitals, which represents hospitals that treat many low-income people, warned about the plan's restructuring of Medicaid with the aim of capping federal payments.
 - See more at: <http://thehill.com/policy/healthcare/320151-week-ahead-house-gops-obamacare-blueprint-under-scrutiny>
- *Title VIII Nursing Workforce Reauthorization Act.* Last week, Representatives David Joyce (R-OH), Tulsi Gabbard (D-HI), Doris Matsui (D-CA), Rodney Davis (R-IL), Suzanne Bonamici (D-OR), Patrick Meehan (R-PA), and Kathy Castor (D-FL) introduced the *Title VIII Nursing Workforce Reauthorization Act* (H.R. 959). The Nursing Community is circulating a thank you letter to those Members of Congress. ANNA will sign onto the letter, the final version of which will be posted to ANNA's website at a later date.
- *Week in Review:*

- ***CMS Nominee Verma Supports Making Maternity Coverage Optional.*** “Seema Verma, President Donald Trump’s pick to head the Centers for Medicare and Medicaid Services, said on Thursday that insurers should not have to provide maternity coverage, as is now required under the Affordable Care Act. Asked by Sen. Debbie Stabenow (D-MI) at her confirmation hearing, Verma said women should be able to choose between health plans that offer maternity coverage and others that do not. Under Obamacare, all health plans are required to provide maternity coverage.”
 - To read more: <https://morningconsult.com/2017/02/16/cms-nominee-verma-supports-making-maternity-coverage-optional/>

- ***Shulkin unanimously confirmed to head Veterans Affairs.*** “David J. Shulkin, an internist and longtime health administrator, was unanimously confirmed Monday to lead the troubled Veterans Affairs Department, becoming the first of President Trump’s Cabinet picks to be embraced by all Republicans and Democrats. He is the sole holdover from the Obama administration. No senators dissented on Shulkin’s nomination in a rare show of bipartisanship following contentious battles over other Trump Cabinet selections. Shulkin’s approval makes him the 11th high-ranking Trump official to be confirmed by the Senate.”
 - To read more: https://www.washingtonpost.com/politics/shulkin-unanimously-confirmed-to-head-veterans-affairs-department/2017/02/13/b7da5ea8-f236-11e6-b9c9-e83fce42fb61_story.html?utm_term=.82acd75266fb

- ***House G.O.P. Leaders Outline Plan to Replace Obama Health Care Act.*** “House Republican leaders on Thursday presented their rank-and-file members with the outlines of their plan to replace the Affordable Care Act, leaning heavily on tax credits to finance individual insurance purchases and sharply reducing federal payments to the 31 states that have expanded Medicaid eligibility. Speaker Paul D. Ryan (R-WI) and two House committee chairmen stood with the new secretary of health and human services, former Representative Tom Price of Georgia, preparing Republican lawmakers for a weeklong Presidents’ Day recess that promises to be dominated by angry or anxious questions about the fate of the health law. But the talking points they provided did not say how the legislation would be paid for, essentially laying out the benefits without the more controversial costs. It also included no estimates of the number of people who would gain or lose insurance under the plan, nor did it include comparisons with the Affordable Care Act, which has extended coverage to 20 million people.”
 - Read more: https://www.nytimes.com/2017/02/16/us/politics/affordable-care-act-congress.html?ref=politics&_r=1

- ***Angry Town Hall Meetings on Health Care Law, and Few Answers.*** “Michelle Roelandts had a question for her congressman: If the Affordable Care Act and its premium subsidies were repealed, what would happen when her daughter turns 26 this year and needs to get her own health insurance while attending law school? Representative Jim Sensenbrenner, a durable Wisconsin Republican who

has served in the House since 1979, had little to offer in response. “If I could give you an answer today, I would, but I can’t,” Mr. Sensenbrenner said at a town-hall-style meeting on Saturday, where about 70 people packed a room at the Pewaukee Public Library. Ms. Roelandts’s question and others like it are being asked with increasing anger and urgency across the country, and Republicans have found themselves on the defensive – for all their fury aimed at repealing the law, so far they have not agreed on an alternative... The congressman, who prides himself on his prolific schedule of town-hall-style meetings, banged his gavel and insisted that his rules for civility be obeyed. While Mr. Sensenbrenner did not face the kind of anger that some of his peers did in recent days, he must answer the same question: Is this resistance a sign of a sustainable organic movement, or one that will soon flame out? And like his colleagues, he is also coming to grips with how much he will be saddled with the combative comments made by President Trump.”

- To read more:

https://www.nytimes.com/2017/02/13/us/politics/affordable-care-act-sensenbrenner-republicans.html?_r=1

- ***GOP chairman: Town hall protests won't alter ObamaCare repeal plans.***

“House Ways and Means Committee Chairman Kevin Brady (R-TX) said Monday that crowds of people at town halls across the country worried about the fate of ObamaCare will not alter Republican plans to repeal and replace the law. Brady, a key player on healthcare, was asked by reporters if the pro-ObamaCare sentiment at town halls would “have any impact to the Republican push to repeal and replace.” “I don't think it will,” Brady replied. “I think it's healthy to have these discussions,” he added. “I know at the town hall I held, we had some people who feel strongly for ObamaCare and all those high prices and premiums. I stayed late to make sure we could visit with as many as we could, and so I think all this input is healthy.”

- To read more: <http://thehill.com/policy/healthcare/319312-gop-chairman-town-hall-protests-wont-alter-obamacare-repeal-plans>

- ***Ambitious House Agenda on Medicaid Could Stall in Senate.*** “Senators are warning that major changes to the Medicaid program may not survive the upper chamber, despite an aggressive push from House Speaker Paul D. Ryan to include a substantial overhaul of the program in the Republican measure to repeal the health care law. In the House, Ryan and House Energy and Commerce Chairman Greg Walden (R-OR) are pushing their colleagues to consider major Medicaid changes on a repeal bill this spring. Those include funding mechanisms like so-called block grants and per capita caps or a cap on Medicaid enrollment for states that expanded the program under the health care law, according to House aides. Others on Walden’s committee, including Health Subcommittee Chairman Michael C. Burgess said the issue would be the focus of the panel’s work this week. The full GOP conference is expected to discuss the issue Thursday. The House is taking the lead on the repeal efforts while the Senate focuses on confirmation battles. But several Republican senators are

already skeptical that a major overhaul of Medicaid, which covers 73 million low-income individuals, could gain traction in the upper chamber.”

- Read more at: http://www.rollcall.com/news/ambitious-house-agenda-medicaid-stall-senate?utm_name=newsletters&utm_source=rollcallheadlines&utm_medium=email#sthash.OFm6l8dx.dpuf
- ***GOP Considers Medicaid Reforms for Reconciliation Bill.*** “House Republicans are weighing specific reforms to Medicaid that could be included in a reconciliation measure to overhaul the Affordable Care Act. How to deal with the federal expansion of Medicaid under the ACA is one of the main unanswered questions as Congress works to overhaul Obamacare – one that has exposed divisions between the House’s most conservative members and GOP lawmakers from states that chose to expand the federal program for low-income Americans. Rep. Brett Guthrie (R-KY), the vice chairman of the Energy and Commerce Health Subcommittee, said Tuesday that lawmakers are considering what types of reforms – specifically shifting to per capita allotments or allowing states to choose block grants – could be included in a House reconciliation bill to repeal the ACA.”
 - Read more: <https://morningconsult.com/2017/02/14/gop-considers-medicaid-reforms-reconciliation-bill/>
- ***House GOP floats option to deal with Medicaid expansion.*** “A key House Republican in the healthcare fight said Wednesday that lawmakers are considering a way to deal with their dilemma on ObamaCare’s Medicaid expansion by increasing payments to states that rejected the expansion. Rep. Brett Guthrie (R-KY), the vice chairman of the House Energy and Commerce subcommittee on health, told reporters that one option under consideration is to freeze new enrollment in the 31 states that expanded the program, while increasing certain payments to the 19 states that did not expand. The proposal would increase funding known as Disproportionate Share Hospital (DSH) payments in the states that did not expand Medicaid. Meanwhile, expansion states would get to keep the expansion, at least for people currently enrolled.”
 - Read more: <http://thehill.com/policy/healthcare/319780-house-gop-floats-option-to-deal-with-medicaid-expansion>
- ***Conservative GOP lawmakers back ObamaCare replacement.*** “The conservative House Freedom Caucus backed an ObamaCare replacement plan Wednesday that would abolish many central elements of the law, including the mandate that everyone has coverage or pay a fine. The replacement proposal, introduced by Sen. Rand Paul (R-KY), would also eliminate the essential benefits an insurance plan must cover and eliminate some of ObamaCare’s protections for people with pre-existing conditions. The plan would include a tax credit of up to \$5,000 per person to fund part of a Health Savings Account to pay for medical care, as well as a provision to allow insurers to sell policies across state lines. Rep. Mark Sanford (R-SC) will introduce a companion of Paul's bill in the House. Rep.

Mark Meadows (R-NC), chairman of the 40-member House Freedom Caucus, said the replacement proposal will fix a shattered healthcare system.”

- Read more: <http://thehill.com/policy/healthcare/319708-gop-lawmakers-back-obamacare-replacement>

Regulatory Updates

- ***White House Proposes New Rules to Steady Insurance Markets Under Health Law.*** “The Trump administration proposed new rules on Wednesday to stabilize health insurance markets roiled by efforts to repeal the Affordable Care Act, by big increases in premiums and by the exodus of major insurers. The move came a day after Humana announced that, starting next year, it would completely withdraw from the public marketplaces created by former President Barack Obama’s signature domestic achievement. The proposed rules, backed by insurance companies, would tighten certain enrollment procedures and cut the health law’s open enrollment period in half, in hopes that a smaller but healthier consumer base will put the marketplaces on sounder financial footing and attract more insurance companies in states with limited choices. But part of the market’s problem stems from President Trump’s determination to repeal the health law while the White House and Congress struggle to find a politically acceptable replacement. Even as the Department of Health and Human Services worked to answer insurance company concerns, the Internal Revenue Service and Congress were taking steps that could add uncertainty to the jittery insurance economy.”
 - Read more: https://www.nytimes.com/2017/02/15/us/politics/affordable-care-act-obamacare-trump.html?ref=politics&_r=0
- ***CMS Issues Proposed Rule to Increase Patients’ Health Insurance Choices for 2018.*** “The Centers for Medicare & Medicaid Services (CMS) today issued a proposed rule for 2018, which proposes new reforms that are critical to stabilizing the individual and small group health insurance markets to help protect patients. This proposed rule would make changes to special enrollment periods, the annual open enrollment period, guaranteed availability, network adequacy rules, essential community providers, and actuarial value requirements; and announces upcoming changes to the qualified health plan certification timeline. “Americans participating in the individual health insurance markets deserve as many health insurance options as possible,” said Dr. Patrick Conway, Acting Administrator of the Centers for Medicare & Medicaid Services. “This proposal will take steps to stabilize the Marketplace, provide more flexibility to states and insurers, and give patients access to more coverage options. They will help protect Americans enrolled in the individual and small group health insurance markets while future reforms are being debated.”
 - To read more: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-02-15.html>
- ***National Health Expenditure Projections, 2016–25: Price Increases, Aging Push Sector To 20 Percent Of Economy.*** “Under current law, national health expenditures are

projected to grow at an average annual rate of 5.6 percent for 2016–25 and represent 19.9 percent of gross domestic product by 2025. For 2016, national health expenditure growth is anticipated to have slowed 1.1 percentage points to 4.8 percent, as a result of slower Medicaid and prescription drug spending growth. For the rest of the projection period, faster projected growth in medical prices is partly offset by slower projected growth in the use and intensity of medical goods and services, relative to that observed in 2014–16 associated with the Affordable Care Act coverage expansions. The insured share of the population is projected to increase from 90.9 percent in 2015 to 91.5 percent by 2025.”

- To read more:

<http://content.healthaffairs.org/content/early/2017/02/14/hlthaff.2016.1627>

- ***Public Comments Sought for End Stage Renal Disease (ESRD) Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP).*** “The in-person meeting date is Feb 21, 8:30 am to 4:00 PM in Baltimore, MD. Public Comments may be submitted before the meeting by emailing the comment to DialysisData@umich.edu by 5pm (EST) on February 17, 2017. Additionally, the Public Comment Period will be held at the end of the in-person TEP meeting.”
 - To read more: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html#888>
- ***CMS Needs Better Data to Monitor the Provision of and Spending on Personal Care Services.*** “A growing share of long-term care spending under Medicaid, a joint federal-state health care program, is for services provided in home and community settings. Medicaid spending on these services—about \$80 billion in 2014—now exceeds spending on institutional long term care. Personal care services are key components of long-term, in-home care, providing assistance with basic activities, such as bathing, dressing, and toileting, to millions of individuals seeking to retain their independence and to age in place. However, these services are also at high risk for improper payments, including fraud. Given the expected increase in the demand for and spending on personal care services and risk of improper payments, GAO was asked to examine available data on personal care services and CMS’s use of the data. This report: (1) describes the CMS systems that collect data on personal care services and what the data reveal, and (2) examines the extent to which data from these systems can be used for oversight. GAO reviewed information from two CMS data systems, reviewed relevant federal guidance and documents, and interviewed officials and researchers.”
 - For more information: <http://www.gao.gov/assets/690/682046.pdf>

Articles of Interest

- ***10 players to watch on ObamaCare.*** “Republicans are wrestling with the difficult task of how to repeal and replace -ObamaCare. The party remains divided on many central questions: How long should repeal take? Should the Medicaid expansion be abolished? And should some of the taxes in ObamaCare be kept to help pay for a new coverage option? As President Trump, Speaker Paul Ryan (R-Wis.) and Senate Majority Leader Mitch McConnell (R-Ky.) seek to build consensus on the path forward, here are 10 of the biggest players to watch.”

- To read more: <http://thehill.com/policy/healthcare/319358-10-players-to-watch-on-obamacare>
- ***Single-Payer Health Care Bill Introduced In California Senate.*** “Legislation introduced in the state Senate Friday would set California on a path toward the possible creation of a single-payer health care system — a proposal that has failed to gain traction here in the past. The bill, which is a preliminary step, says that it is the “intent of the Legislature” to enact a law that would establish a comprehensive, single-payer health care program for the benefit of everyone in the state. The legislation, introduced by state Sen. Ricardo Lara (D-Bell Gardens), does not offer specifics of what the plan would look like, nor does it mention a timetable. A single-payer system would replace private insurance with a government plan that pays for coverage for everyone. Proponents argue that single-payer systems make health care more affordable and efficient, but opponents say they raise taxpayer costs and give government too much power. Medicare, the federally-funded health coverage for the elderly, is often held up as a model of what a single-payer system might look like.”
 - To read more: <http://californiahealthline.org/news/single-payer-health-care-bill-to-be-introduced-in-california-senate/>