American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, February 4, 2019

Congressional Schedule

Senate

- Senate meets at 3pm

House

- House meets at 11:30am for pro forma session

Legislative Update

- Week in Review
  - *House Democratic leaders probe 3 major drugmakers on insulin prices.*
    “Democratic leaders sent letters Wednesday to three major pharmaceutical companies asking for the ‘root causes’ of rising insulin costs, the latest attempt by Democrats to tackle high health-care costs in the U.S. Energy and Commerce Committee Chairman Frank Pallone, Jr, D-Nj, and Oversight and Investigations Subcommittee Chair Diana DeGette, D-Co, sent letters to Eli Lilly, Novo Nordisk and Sanofi on Wednesday requesting information on insulin prices and the obstacles to providing more affordable medication. The Democrats are requesting answers from each of the companies by Feb 13.”
    - Read more: [https://www.cnbc.com/2019/01/30/house-democratic-leaders-probe-3-major-drugmakers-on-insulin-prices.html](https://www.cnbc.com/2019/01/30/house-democratic-leaders-probe-3-major-drugmakers-on-insulin-prices.html)

  - *House, Senate panels begin hearings seeking drug cost solutions.* “Lawmakers emphasized the steep cost of the diabetes treatment insulin and ways to use Medicare and Medicaid to discourage companies from setting high prices as Congress kicked off a series of drug price hearings Tuesday. Hearings before the Senate Finance and the House Oversight and Reform committees featured academics and patient advocates as lawmakers in both chambers investigate why drug prices are high and what Congress can do about it. Future hearings will likely focus more on legislative proposals, and at some point members hope that drug companies will share their ideas.”
Dems hit GOP on pre-existing conditions at panel’s first policy hearing. “The powerful House Ways and Means Committee used its first policy hearing of the new Congress to hammer Republicans on pre-existing conditions, an issue that helped propel Democrats into the majority during the 2018 midterm elections. Democratic panel members highlighted actions by the Trump administration that they argue have hurt people with pre-existing conditions, like the expansion of non-ObamaCare plans that could draw healthy people from the markets, raising premiums for those left behind.”


Neal & Pallone on Trump administration’s rebate proposal. “Ways & Means Committee Chairman Richard Neal (D-MA) and Energy and Commerce Committee Chairman Frank Pallone, Jr. (D-NJ) issued the following joint statement today on the Trump Administration’s proposed rule to overhaul the current rebate system: ‘The Trump Administration’s rebate proposal will increase government spending by nearly $200 billion and the majority of Medicare beneficiaries will see their premiums and total out-of-pocket costs increase if this proposal is finalized. While we agree that the cost of prescription drugs must be addressed, we are concerned that this is not the right approach.’”


Congressman Blumenauer introduces bipartisan legislation to provide diabetic patients with better access to therapeutic shoes. “Congressman Earl Blumenauer (D-OR), along with Congressman Tom Reed (R-NY), today introduced the Promoting Access to Diabetic Shoes Act. Currently, physicians’ assistants (PAs) and nurse practitioners (NPs) must send their diabetic Medicare patients who need therapeutic shoes to a physician to certify need. This bipartisan legislation would authorize PAs to certify a patient’s need for therapeutic shoes.”


- Week Ahead
  - U.S. lawmaker Yarmuth says Democrats to begin Medicare for All hearings. “Democrats in control of the U.S. House of Representatives will begin holding hearings on expanding Medicare this spring and will aim to pass a bill by the end of next year, a senior Democratic lawmaker said on Tuesday. John Yarmuth, chairman of the House Budget Committee, said in an interview with Reuters that the most feasible option might be passing legislation that offers Medicare, which currently starts at 65 years of age, to all those above 50 or 55.”

- **ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call.** “During this call, learn about provisions for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in the CY 2019 ESRD Prospective Payment System (PPS) final rule. Find out how CMS will conduct ESRD QIP for Payment Years 2021 and 2022. Topics include: Legislative framework; Updates to ESRD QIP measures, domain structure, and weights; Modifications to data submission requirements and the National Healthcare Safety Network Validation Study.” Event presentation, audio recording, and transcript are now available online.

- **CMS proposes Medicare Advantage and Part D payment and policy updates to maximize competition and coverage.** “The Centers for Medicare & Medicaid Services (CMS) released proposed changes that will take significant steps in continuing the agency’s efforts to maximize competition among Medicare Advantage and Part D plans. These proposals will increase plan choices and benefits and include important actions to address the opioid crisis. The proposed changes will expand opportunities for seniors to choose Medicare Advantage plans that for the first time are providing new supplemental benefits in 2019.”

- **Announcing the 2019 NINR Director’s lecture series.** “NINR invites you to attend the 2019 Director’s Lecture Series. The Series is designed to bring the nation’s top nurse scientists to the NIH campus to share their work and interests with a transdisciplinary audience. ‘We are pleased to welcome four distinguished nurse scientists to the NIH campus,’ said NINR Acting Director Dr. Ann C. Cashion. ‘These speakers showcase the breadth of the NINR research portfolio, with topics ranging from pediatric asthma interventions, cardiovascular disease, gender and ethnic differences, and palliative care. We look forward to a lively discussion with the scientific and clinical communities.’”

- **The out-of-pocket cost burden for specialty drugs in Medicare Part D in 2019.** “Medicare Part D has helped to make prescription drugs more affordable for people with Medicare, yet many beneficiaries continue to face high out-of-pocket costs for their medications. Specialty tier drugs—defined by Medicare as drugs that cost more than $670 per month in 2019—are a particular concern for Part D enrollees in this context.”

- **National Institute of Nursing Research: Advancing Science, Improving Health.** Discover the ways nursing research impacts our lives every day. Presentation from NINR.
• **Trump administration wants to cut drug prices by eliminating middlemen’s rebates.**

“The Trump administration is proposing major changes in how prescription drugs are priced and paid for in Medicare. The effort is designed to cut costs for senior citizens at the pharmacy counter and by its example could spur changes in the broader market for prescription drugs. The draft rule from the Department of Health and Human Services would encourage drug companies to offer discounts directly to consumers and reduce the role of middlemen who many policymakers say drive up list prices for medicines and increase consumers' costs.”


• **Trump health chief presses Congress to pass drug discount plan.**

“Health and Human Services Secretary Alex Azar is pressing Congress to pass a bill to completely upend the way prescription drugs are purchased through private insurance. Azar’s remarks come on the heels of a new proposal from the Trump administration that would eliminate Medicare rebates paid by drug manufacturers to insurers, and give them directly to patients at the pharmacy counter. Azar said he wants Congress to go further and apply the change to the private market.”


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**Articles of Interest**

• **RTI to oversee “KidneyX” Innovation Accelerator for those affected by kidney disease.**

“RTI International, a nonprofit research institute, has been selected by the U.S. Department of Health and Human Services (HHS) to serve as the evaluator for the Kidney Innovation Accelerator (KidneyX) initiative. RTI will collect data from entrants, awardees and stakeholders involved in KidneyX. The two-phase competition will be conducted from 2018 through 2023. Evaluators will analyze data to offer feedback for ways to improve the performance of KidneyX, as well as determine how well KidneyX fulfills the goals and expectations for the initiative.”


• **Building nanoparticles for kidney disease.**

“Great things sometimes come in small packages. That’s certainly true in the lab of Eun Ji Chung at the University of Southern California, Los Angeles. Chung and her team each day wrap their brains around bioengineering 3-D nanoparticles, molecular constructs that measure just a few billionths of a meter. For Chung, the goal is to design nanoparticles of the right size and configuration to deliver therapeutics to the kidneys in safe, effective amounts. Our kidneys constantly filter blood, clearing out wastes that are removed via urine. So, Chung and her team will exploit the fact that most molecules in the bloodstream
measuring less than 10 nanometers in diameter enter the kidneys, where they are gradually processed and eliminated from the body. This process will give nanoparticles time to bind there and release any therapeutic molecules they may be carrying directly to the cysts that cluster on the kidneys of people with ADPKD.”

- **Chronic Kidney Disease: Everyone’s concern.** “Chronic kidney disease is defined as an abnormality of kidney structure or function that persists for more than three months. It is prevalent, affecting 10.4% of men and 11.8% of women, worldwide. Chronic kidney disease can progress such that between 5.3 and 10.5 million people need kidney replacement therapy in the form of dialysis or transplantation. Although there are many who do not receive these treatments due to lack of resource or financial barriers. The number of patients affected is growing. The unadjusted incidence rate of renal replacement therapy among all countries represented in the European Renal Registry was 121 per million in 2016 - compared to 117 per million population five years previously in 2011. This is largely explained by the significant rise in the previous decade by the number of people who suffer from diabetes and hypertension, conditions which can lead to chronic kidney disease.”

- **Experimental phone app works with insulin pumps to control diabetes.** “An artificial pancreas system that uses a smart phone app coupled with a glucose sensor and an insulin pump has shown promise in a preliminary trial in people with type 1 diabetes, researchers report. The new app, which was tested under Food and Drug Administration protocols on six adults with type 1 diabetes, works with two different brands of pumps and two types of glucose sensors, researchers reported in Diabetes, Technology & Therapeutics.”

- **Increasing fruit and vegetable consumption lowers early death risk in dialysis patients.** “Higher consumption of fruits and vegetables can lower the risk of premature death in patients undergoing maintenance hemodialysis, reveals a new study. The findings, which appear in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN), suggest that more studies are needed to fine-tune dietary recommendations for patients with kidney failure. Higher fruit and vegetable intake is linked with lower cardiovascular and all-cause mortality in the general population, but kidney failure patients on hemodialysis are often discouraged from this type of diet due to its potential to cause a buildup of potassium (which is normally excreted in the urine).”
‘Medicare for all’ opens up Dem divide. “The embrace of ‘Medicare for all’ legislation by top 2020 Democratic presidential candidates has opened up a rift in the party. Democrats highlighted health care in the 2018 midterm elections and reclaimed the House majority by picking up 40 seats. But their message was focused on protecting ObamaCare, not implementing a single-payer system — which is favored by progressives. Some on the left maintain that backing Medicare for all legislation is a must for anyone who wants to secure the Democratic presidential nomination in 2020.”
  o Read more: https://thehill.com/policy/healthcare/427770-medicare-for-all-opens-up-dem-divide

Federal appeals court blocks San Francisco law on ad warnings for sugary drinks. “A federal appeals panel has blocked a San Francisco law requiring the beverage industry to post health warnings on advertisements for soda and other sugar-sweetened drinks. In a unanimous ruling, the 9th U.S. Circuit Court of Appeals ruled that the law, approved by San Francisco voters in June 2015, is an unconstitutional infringement on commercial speech. The ruling by an 11-member, or en banc, panel of the appellate court is a major victory for the beverage industry, retail groups and advertisers who had opposed the local ordinance.”
  o Read more: https://www.npr.org/2019/01/31/690541166/federal-appeals-court-blocks-san-francisco-law-on-ad-warnings-for-sugary-drinks

Ads for short-term plans lacking ACA protections swamped consumers’ online searches. “Consumers shopping for insurance online last fall — using search terms such as ‘Obamacare plans,’ ‘ACA enroll’ and ‘cheap health insurance’ — were most often directed to websites that promote individual health plans that didn’t meet consumer protections of the Affordable Care Act, according to a new study. They also failed to get adequate information about those plans’ limitations, according to the analysis by researchers at Georgetown University’s Center on Health Insurance Reforms. The study, provided to Kaiser Health News ahead of its publication online, probed online marketing practices in eight states.”

The Center for Medicare and Medicaid Innovation has too much power. “In the Affordable Care Act (ACA), House and Senate Democrats created a powerful and little-known agency — the Center for Medicare and Medicaid Innovation (CMMI) — that can bypass Congress as it reshapes U.S. health care. While its work is described as conducting research, the CMMI can develop and implement sweeping new policies that change how the giant public insurance programs — and ultimately the entire health system — are run. Congress should defend its prerogatives in the policymaking process by limiting the CMMI’s authority.”
  o Read more: https://www.realclearpolicy.com/articles/2018/12/28/the_center_for_medicare_and_medicaid_innovation_has_too_much_power_110969.html

Romney to drug industry CEOs: ‘Change is coming.’ “In a closed-door meeting Thursday morning, Sen. Mitt Romney (R-Utah) warned the trade group for the United States’ largest drug companies that he and his new colleagues are working to address
high prescription drug prices — and that the industry should participate in those discussions. Romney’s tough talk is the latest sign that Republicans, despite their once friendly relationship with the drug industry, are increasingly pushing for drug pricing reform.”

- Read more: https://www.statnews.com/2019/01/31/romney-to-drug-industry-ceos-change-is-coming/

- **Michigan might join 16 other states in lawsuit protecting ‘Obamacare’**. “Attorney General Dana Nessel has filed a motion on behalf of the State of Michigan to join other states in a lawsuit to protect the Affordable Care Act after a Texas court ruled it unconstitutional. Nessel wants Michigan to intervene in the federal lawsuit to defend the Patient Protection and Affordable Care Act. Nessel has the support of Michigan Gov. Gretchen Whitmer, according to a press release. Nessel, along with three other attorneys general, are seeking permission to join 16 other states and Washington, D.C., in opposition to the decision of the U.S. District Court for the Northern District of Texas, which held that the ACA is unconstitutional.”


- **Transparent hospital pricing exposes wild fluctuation, even within miles**. “The federal government’s new rule requiring hospitals to post prices for their services is intended to allow patients to shop around and compare prices, a step toward price transparency that has generated praise and skepticism. Kaiser Health News examined the price lists — known in hospital lingo as ‘chargemasters’ — of the largest acute care hospitals in several large cities. Prices varied widely on some basic procedures, even for basic charges. For instance, the list price on a liter of basic saline solution for intravenous use ranged from $56 to $472.50, nearly seven times as much. A brain MRI with contrast was priced from $1,7210 to $8,800 at the hospitals. And they varied widely even when comparing nearby hospitals.”

  - Read more: https://khn.org/news/transparent-hospital-pricing-exposes-wild-fluctuation-even-within-miles/