Congress

House, Senate return next week

Legislative Update

- **Divisions emerge over House drug price bills.** “Divisions are emerging in the House over what lawmakers hoped would be a bipartisan push to lower drug prices. Drug pricing is a rare area where members of both parties think there is a chance for a deal this year. But as House Democrats took the first step on Wednesday to begin moving legislation forward, it was clear that even relatively small-scale drug pricing bills may not have a smooth path ahead.”

- **House lawmakers' latest target in addressing high drug prices: Generic competition.** “Tactics used by drug companies to delay generic competition are the target of a collection of bills being considered by lawmakers in the latest efforts to address the high price of precision drugs. “For too long, people have been subjected to the abuse of the patent system by pharmaceutical companies and generic companies entering into agreements and employing tactics that block the competition and keep prices high,” Rep. Anna Eshoo, D-Calif., during a hearing by the House Committee on Energy & Commerce Health subcommittee on Wednesday.”

- **Dem group launches ads attacking Trump's 'hypocrisy on Medicare and Medicaid cuts'** “A leading Democratic health group is launching a national ad campaign against vulnerable 2020 lawmakers for supporting what the group
calls President Trump's "blatant hypocrisy on Medicare and Medicaid cuts." The five-figure ad from Protect Our Care targets four senators and six House members and calls Trump a hypocrite for proposing massive cuts to Medicare and Medicaid, despite his repeated promises on the campaign trail to save those programs.

- Read more: https://thehill.com/policy/healthcare/434559-democratic-group-launches-attack-ads-on-trump-budget-cuts

- Insurers, hospitals diverge on how Congress should address surprise medical bills. “Surprise bills could shape up to be a contentious issue in healthcare. Some of the largest groups representing health insurers sent a letter to Speaker Nancy Pelosi and other House leaders on Monday calling for legislation that would block physicians from sending surprise bills in case of emergency or when a patient had no choice in their provider. The letter, sent by America’s Health Insurance Plans (AHIP), also asks facilities be required to inform patients of their doctors’ network status and consent for out-of-network care. They also asked for setting reimbursement rates, ensuring these protections apply to all health plans, and avoiding the use of costly arbitration that can keep consumers stuck in the middle. The letter was also signed by 17 organizations (PDF) including American Benefits Council, Blue Cross Blue Shield Association and the National Alliance of Healthcare Purchaser Coalitions.”

  - Read more: https://www.fiercehealthcare.com/hospitals-health-systems/insurers-hospitals-diverge-how-congress-should-address-surprise-medical

- U.S. Congress invites pharmacy benefit managers to third drug pricing hearing. “The U.S. Senate Finance Committee has invited executives from five pharmacy benefit managers to testify on April 3 on the rising costs of prescription medicines, in Congress’s latest effort to question industry officials directly over an issue voters consistently cite as a top concern.”


- House panel probes Anthem, UnitedHealth over short-term health plans. “The U.S. House Committee on Energy and Commerce on Wednesday launched an investigation into 12 health insurers, including Anthem Inc and UnitedHealth Group, over their sale of short-term plans. Terming the short-term plans as “junk”, the committee said it was troubled that consumers who sign up for the plans are being misled about the nature of the coverage they are purchasing.”

• **Week Ahead**
  o Congress is in recess this week.

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**Regulatory and Administration Update**

• **Potential game-changing exchange: Extending coverage for immunosuppressant drugs beyond 3-year limit for patients after a kidney transplant could help Medicare.** “In a potentially game-changing exchange yesterday at a House Appropriations subcommittee hearing, Health and Human Services (HHS) Secretary Alex M. Azar, II, stated that a preliminary HHS Office of the Actuary analysis indicates that the savings generated by averting dialysis would be greater than the cost required to extend coverage for immunosuppressant drugs. While noting that any potential savings would be “specific to the design of any actual policy,” the secretary underscored that HHS is “very focused on ways we can incentivize toward transplantation.”
  o Read more: [https://www.kidneynews.org/policy-advocacy/leading-edge/potential-game-changing-exchange-extending-coverage-for-immunosuppressant-drugs-beyond-3-year-limit](https://www.kidneynews.org/policy-advocacy/leading-edge/potential-game-changing-exchange-extending-coverage-for-immunosuppressant-drugs-beyond-3-year-limit)

• **CMS updates drug dashboards to increase transparency.** “CMS updated its drug spending dashboards with pricing and spending data from 2017 to help increase transparency in healthcare and provide incentives to lower list prices. The updated dashboards contain additional information about the drugmakers responsible for price increases, as well as pricing and spending data for thousands more drugs purchased by Medicaid and Medicare parts B and D.”

• **FDA faces test under new chief.** “The newly named acting commissioner of the Food and Drug Administration (FDA) is poised to take over at a crucial time for the agency, as outgoing Commissioner Scott Gottlieb leaves an ambitious legacy largely unfinished. President Trump’s decision to tap Norman Sharpless as acting commissioner of the FDA is drawing praise from health advocates, who see it as an opportunity for the agency to continue its work uninterrupted.”

• **Trump health chief reveals talks with states on Medicaid block grants.** “Health and Human Services (HHS) Secretary Alex Azar revealed Thursday that his department is in talks with states about instituting block grants in Medicaid without congressional approval. “We have discussions with states where they will come in and suggest ideas,” Azar said at a Senate hearing in response to questions from Sen. Bob Casey Jr. (D-Pa.). “There may be states that have asked about block granting, per capita, restructurings around especially expansion populations ... It's at their instigation.””
• **HHS’ Hargan: Trump administration is bullish on future of Medicare Advantage.** “The Trump administration envisions the future of health coverage as far more personalized and consumer-centric, and that means it’s betting big on Medicare Advantage, a senior official said Wednesday morning. Department of Health and Human Services Deputy Secretary Eric Hargan said the future of MA and traditional Medicare is “intertwined,” and that the agency sees MA as a blueprint for private payers to innovate in benefit design.”
  

• **Trump said he wouldn’t cut Medicaid, Social Security, and Medicare. His 2020 budget cuts all 3.** “President Donald Trump’s 2020 budget breaks one of his biggest campaign promises to voters: that he would leave Medicaid, Social Security, and Medicare untouched. Over the next 10 years, Trump’s 2020 budget proposal aims to spend $1.5 trillion less on Medicaid — instead allocating $1.2 trillion in a block-grant program to states — $25 billion less on Social Security, and $845 billion less on Medicare (some of that is reclassified to a different department). Their intentions are to cut benefits under Medicaid and Social Security.”
  

• **U.S. Hospitals And Insurers Might Be Forced To Reveal The True Prices They Negotiate.** “The Trump administration is weighing whether to require hospitals to publicly reveal the prices they charge insurance companies for medical procedures and services — prices that are currently negotiated in private and kept confidential. The Department of Health and Human Services says its aim is to boost competition and cut costs by letting consumers see how prices vary from place to place. But health economists say such “transparency” might not actually bring down costs for patients.”
  

**Articles of Interest**

• **Frequent Home Hemodialysis: More Is Better.** “Imagine, if you will, that you are living your fullest life. You are happily married, have 2 teenage boys, work in a vocation you love, take part in social activities with friends and family, and travel. Seems like an ideal life, does it not? Something we all strive for. For the last 14 years this pretty much describes my life. Only I failed to mention that I also am a home hemodialysis (HHD) patient. Yes, it’s true. I actually have been a dialysis patient for over 21 years. Unfortunately, I have very high antibodies (PRA of 99.9%) making it extremely difficult for me to find a kidney transplant donor. So here I am. Waiting.”
  
  ○ Read more: [https://www.kidneymedicinejournal.org/article/S2590-0595(19)30022-6/fulltext](https://www.kidneymedicinejournal.org/article/S2590-0595(19)30022-6/fulltext)
• **Survey: About 1 in 10 U.S. adults rationing medicine in effort to lower costs.** “New survey data shows that 11.4 percent of U.S. adults did not take their medication as prescribed in an effort to reduce costs. The survey from the Centers for Disease Control and Prevention finds that those adults, aged 18 to 64, either skipped doses, took less medicine than prescribed, or delayed filling a prescription because of the cost of the drugs in the past 12 months.”

• **How the not-for-profit Civica Rx will disrupt the generic drug industry.** “The generic drug industry should cause prices for medications to drop. But lately it has been engaging in price gouging and making it difficult to obtaining some vital medications. You’ve heard the stories: a 5,000 percent increase by Turing Pharmaceuticals for one tablet of generic pyrimethamine, which is used to treat toxoplasmosis, a rare infection; a 2,800 percent price increase in a single year for digoxin, a commonly prescribed heart medication.”
  ○ Read more: https://www.statnews.com/2019/03/14/how-civica-rx-will-disrupt-generic-drug-industry/

• **UnitedHealth expands discount program to new employer-sponsored plans.**
  “UnitedHealth Group Inc said on Tuesday that starting next year it will expand its drug discount program to all new employer-sponsored health plans and pass on rebates to consumers. The move by UnitedHealth and its pharmacy benefits manager (PBM) unit OptumRx comes amid widespread government scrutiny in the United States over the industry-wide system of after-market discounts or rebates.”