American Nephrology Nurses Association

Weekly Capitol Hill Update – Tuesday, March 27, 2018

Congressional Schedule

Senate

- Congress on two-week Easter break; Senate set to return to D.C. week of April 9

House

- Congress on two-week Easter break; House set to return to D.C. week of April 9

Legislative Update

- Week in Review
  - **House leaves out ObamaCare fix from must-pass funding bill.** “ObamaCare payments aimed at lowering premiums will not be included in the House’s government funding bill, in a significant defeat for backers of the effort. Multiple GOP lawmakers leaving a conference meeting held Monday evening to discuss the omnibus funding bill said the payments are not being included, in large part because of a dispute with Democrats over abortion restrictions known as the Hyde Amendment.”
  - **Funding bill gives $3 billion boost for NIH medical research.** “The government funding bill unveiled Wednesday night boosts funding for medical research at the National Institutes of Health (NIH) by $3 billion, an investment touted by both parties. The increase, which brings total funding for the fiscal year to $37 billion, is a reflection of the bipartisan support for the NIH.”
  - **Trump signs spending bill after earlier veto threat.** “President Donald Trump signed the $1.3 trillion spending bill Friday, averting a government shutdown
and ending a panic that briefly gripped official Washington. A few hours after
stunning even his closest advisers by tweeting that he was ‘considering a VETO’
of the bill, he held a news conference to say he would begrudgingly support it ‘as
a matter of national security.’”

- Read more: https://www.politico.com/story/2018/03/23/trump-
threatens-to-veto-13-trillion-spending-bill-raising-risk-of-a-government-
shutdown-482181

- **Former FDA Commissioners say right-to-try bills could endanger ‘vulnerable
patients.’** “Four former commissioners of the Food and Drug Administration are
expressing opposition to congressional ‘right to try’ legislation, just as
Republican House leaders prepare to bring a bill up for another vote a week after
it failed to pass. The legislation is designed to allow seriously ill patients to
bypass the FDA to get access to experimental treatments. The former agency
commissioners, in a joint statement provided to The Washington Post, criticize
both House and Senate proposals. ‘There is no evidence that either bill would
meaningfully improve access for patients, but both would remove the FDA from
the process and create a dangerous precedent that would erode protections for
vulnerable patients,’ they say.”

- Read more: https://www.washingtonpost.com/news/to-your-
health/wp/2018/03/18/former-fda-commissioners-say-right-to-try-bills-
could-endanger-vulnerable-patients

- **Funding for kidney health in the Omnibus bill.** “We are very excited to
announce that funding levels for kidney disease priorities supported by the
National Kidney Foundation were increased or maintained in relation to Fiscal
Year 2017, despite proposed cuts by the Administration. On March 21, House
and Senate leadership finalized a bipartisan agreement to fund discretionary
programs through the end of Fiscal Year 2018 (September 30, 2018).”

- Read more: https://nkfadvocacy.wordpress.com/2018/03/22/funding-
for-kidney-health-in-the-omnibus-bill/

- **Pharma loses: No Medicare change in spending bill.** “The pharmaceutical
industry suffered a rare lobbying loss in Congress' big spending bill. An earlier
spending bill forced the industry to cover more of the costs for seniors' Medicare
drug coverage, and it was hoping to get that provision rolled back this time. But
that won't happen, despite behind-the-scenes lobbying from both industry and
lawmakers.”

- Read more: https://www.axios.com/pharma-loses-no-medicare-donut-
ho-1521644906-fc6be49a-c211-40ac-b21d-7f37296bfca.html

- **Week Ahead**
  - Congress is in a two-week recess for Easter break.
GOP Senators push tougher sentencing for synthetic opioid. “A group of Republicans wants to bolster mandatory minimum sentencing for trafficking fentanyl, a move that comes as President Trump advocates for harsher punishments for drug traffickers. Fentanyl is ‘as much a weapon of mass destruction as it is a drug,’ Sen. Tom Cotton (R-Ark.) said at a Thursday press conference, holding up a nearly empty salt shaker and explaining how that amount — less than 40 grams — of fentanyl could kill thousands of people.”


House passes ‘right to try’ drug bill. “Last week, House Republican leaders put the bill on the floor under suspension of the rules. Democrats objected, expressing safety concerns over how the measure would bypass the Food and Drug Administration (FDA), and it fell short of the necessary two-thirds support it needed. Now, the measure goes to the Senate, where a version of the bill passed in August by unanimous consent. Sen. Ron Johnson (R-Wis.), who has championed the bill in the Senate, urged his chamber to quickly pass the measure.”


Regulatory and Administration Update

Trump’s new opioid battle plan supports search for an addiction vaccine. “President Donald Trump revealed his new plan to combat the opioid crisis on Monday in New Hampshire, a state hard-hit by painkiller and heroin addiction and overdose in recent years. The call to execute certain drug traffickers is drawing the most attention, but another part of the plan could make a big difference: The White House will support research into developing a vaccine for opioid addiction.”


Research misconduct allegations shadow new CDC Director. “The Trump administration named HIV expert Dr. Robert Redfield to lead the Centers for Disease Control and Prevention, ignoring complaints that he botched high-profile vaccine research more than 20 years ago. The Army in 1994 acknowledged accuracy issues with HIV vaccine clinical trials led by Redfield, but concluded at the time that the data errors did not constitute misconduct.”

- Read more: https://www.npr.org/sections/health-shots/2018/03/21/595812200/research-misconduct-allegations-shadow-new-cdc-director
- **Trump praises anti-overdose program backed by Clinton Foundation.** “President Trump in his Monday speech on opioids touted an initiative by the Clinton Foundation and Adapt Pharma that pledges to provide American universities with 40,000 doses of the overdose-reversing nasal spray Narcan.”

- **Trump says proposals targeting high drug prices coming soon.** “The administration will unveil a slate of proposals soon to address high prescription drug costs in the U.S., President Trump announced Monday. ‘You'll be seeing drug prices falling very substantially in the not-so-distant future, and it's going to be beautiful,’ President Trump said during a press conference on opioids in New Hampshire.”

- **The big business of home health.** “The Medicare Payment Advisory Commission, an influential body that studies health policy, is once again recommending Congress slash Medicare payments to companies that provide home health services. The bottom line: MedPAC has criticized the home health industry for several years, arguing taxpayers are overpaying while companies are reaping large profits. This may seem like arcane payment policy, but it is growing in importance as more people are treated at home as a way to keep costs in check.”

- **FDA’s new pilot program aims for more transparency about new drug approvals.** “When FDA approves a new drug, it has been found safe and effective when used under the conditions described in the label. Although this concept seems simple, the execution can be complex. Many factors are involved in weighing the benefits a drug can provide against the risks associated with its use. To that end, after we approve a new drug, we also want to make sure the scientific community and the public can understand why we approved it. This can help inform future drug development and, in turn, may facilitate the approval of additional safe and effective medicines. That’s why we launched the Clinical Data Summary Pilot in January. During the pilot, we will post key portions of the Clinical Study Reports (CSRs) – documents that sponsors create for FDA on each of their clinical studies.”

- **More than one-third of male and female Medicare patients with advanced kidney disease are not seeing kidney doctor before developing kidney failure.** “Seeing a kidney doctor (nephrologist) is recommended for people with advanced kidney disease. Delayed care may lead to missed opportunities for disease management and poor preparation for dialysis treatment. In the United States, the percentage of
Medicare patients with advanced kidney disease who reported receiving care from a nephrologist before developing kidney failure, or end-stage renal disease (ESRD), was similar for men and women (62.5% and 63.6%, respectively, in 2015). From 2006 to 2015, the percentage seeing a nephrologist increased for both men and women, from about 57% to 63% ($P < 0.001$). Despite the increasing percentage of care over the past years, more than one-third of men and women with advanced kidney disease are not seeing a nephrologist before being diagnosed with ESRD. Continued efforts to increase awareness of the importance of nephrologist care in people with advanced kidney disease and referral by providers will assist in improving this trend.”

○ Read more: https://nccd.cdc.gov/CKD/AreYouAware.aspx?emailDate=March_2018

**Articles of Interest**

- **Slightly elevated blood sugar tied to heart and kidney problems.** “People who have slightly elevated blood sugar that’s not high enough for a diabetes diagnosis may still have a higher risk of heart and kidney disease than individuals with normal blood sugar, a U.S. study suggests.”
  ○ Read more: https://www.reuters.com/article/us-health-prediabetes-warning/slightly-elevated-blood-sugar-tied-to-heart-and-kidney-problems-idUSKCN1G52V0

- **Florida governor signs major bill to combat opioid epidemic.** “Gov. Rick Scott on Monday signed Florida’s opioid legislation into law, a move seen by many as a good first step in combating a crisis that has claimed at least 16 lives a day in the Sunshine State. The legislation includes tougher limits on most painkiller prescriptions, more money for treatment programs and requirements for physicians to check the state’s prescription database. The Republican governor and the state Legislature had made passing opioid legislation a priority of the recently concluded session.”
  ○ Read more: https://apnews.com/6b0dc7e8bb4b468781988a7378e156f2/Florida-governor-signs-major-bill-to-combat-opioid-epidemic

- **Hundreds of millions in state opioid cash left unspent.** “Congress sent states hundreds of millions of dollars to fight an opioid crisis claiming more than 100 lives a day — money they’ve largely been unable to spend after a year. Mixed signals from the Trump administration on how to use the money and state challenges ramping up their efforts have left untouched more than three-quarters of the $500 million Congress set aside under the 21st Century Cures Act in late 2016.”
  ○ Read more: https://www.politico.com/story/2018/03/19/opioid-crisis-funding-unspent-468658
• **AMA survey says prior authorizations hurting clinical outcomes.** “A new American Medical Association survey found that 92% of physicians report prior authorizations have a negative impact on patient clinical outcomes. The survey of 1,000 practicing physicians found that 64% reported needing to wait at least one business day for payer prior authorization decisions and 30% waited three business days or longer. The AMA is working with Anthem and other major healthcare players on collaborative efforts to improve prior authorization processes.”

• **Nonprofit generic drug venture could include third of hospital market.** “A nonprofit generic drug company led by some well-known U.S. hospital systems and the Department of Veterans Affairs is trying to expand the market for inexpensive medicines — fast. The nonprofit aims to fulfill two needs. It wants to produce generic drugs that are in short supply. And it’s trying to create more competition for pricey, older off-patent drugs so that they become more affordable.”

• **Opioid painkiller is top prescription in 11 states.** “In 11 states, the top prescriptions are opioid pain pills that are mixtures of acetaminophen and hydrocodone (brand names Vicodin and Norco), according to new data from GoodRx, an online prescription cost service.”

• **The most popular drugs in America, state by state.** “Americans fill a lot of prescriptions — more than 4 billion a year. And it turns out there are some interesting patterns in the state-by-state trends, looking at a representative sample of prescription fill data in the US. The most frequently prescribed drug in more than half the states is levothyroxine, used to treat thyroid deficiencies. This is followed by an opioid pain medication and two heart disease medications — atorvastatin and lisinopril.”
  ○ Read more: [https://www.goodrx.com/blog/the-most-popular-drugs-in-america-by-state/](https://www.goodrx.com/blog/the-most-popular-drugs-in-america-by-state/)

• **Drug prices are still going through the roof.** “Since President Trump came into office in January 2017, pharmaceutical companies have hiked the prices of hundreds of drugs at rates that significantly outstrip inflation, according to an analysis conducted by Pharmacy Benefits Consultants. Twenty prescription drugs saw their prices rise by more than 200% in the past 14 months. **Between the lines:** The pharmaceutical industry has not changed its pricing practices, despite the Trump administration’s rhetoric about cracking down on high drug prices.”
Idaho first in nation to pass living donor protections. “Today, Idaho Governor Butch Otter signed landmark legislation, S. 1302, to protect living organ donors from potential insurance discrimination. Too often living organ donors, who are healthier than the U.S. population at large, face insurance discrimination based solely on their status as a living organ donor. Today’s legislation in Idaho is the first of its kind in the nation designed to stop such discrimination.”

Experts address the urgent need to prevent infections in hemodialysis facilities. “Kidney failure patients undergoing hemodialysis are vulnerable to infectious threats, many of which may be life-threatening and spread to others in dialysis facilities. New articles provide important information on infections and their prevention in patients undergoing hemodialysis and transmission in dialysis facilities. In the first year of hemodialysis, infection is the leading cause of death. In the prevalent hemodialysis population, it is a very close second most frequent cause.”