American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, April 15, 2019

Congressional Schedule

Senate

- Senate is in recess until April 29.

House

- House is in recess until April 29.

Legislative Update

- Week in Review
  
  - **As Sanders Officially Revives Medicare-For-All, Plan B For Democrats Gains Traction.** “On Wednesday, Sen. Bernie Sanders (I-Vt.) reaffirmed his stance by reintroducing a “Medicare-for-all” bill, the idea that fueled his 2016 presidential run. As with its previous iterations, Sanders’ latest bill would establish a national single-payer “Medicare” system with vastly expanded benefits, prohibit private plans from competing with Medicare and eliminate cost sharing. New in this version is a universal provision for long-term care in home and community settings (but Medicaid would continue to cover institutional care).

  - **McConnell Dismisses Medicare for All: Not while GOP controls Senate.** “Senate Majority Leader Mitch McConnell (R-Ky.) said on Wednesday that "Medicare for All" will not move in the Senate as long as Republicans control the chamber. "Not as long as I’m majority leader. It ought to be Medicare for none. … You want to turn America into a socialist country this is the first step," McConnell told Fox News's Brett Baier.
Chuck Grassley: Supreme Court unlikely to overturn Obamacare, so no need to create replacement. “U.S. Sen. Chuck Grassley said Thursday he doubts a Republican lawsuit will succeed in getting the Affordable Care Act overturned. “I don’t believe the courts are going to strike it down,” the Iowa Republican said in a phone interview with the Des Moines Register.”

Senators press drug industry 'middlemen' over high prices. “The pricing practices of pharmacy benefit managers (PBMs) faced scrutiny on Tuesday as senators from both parties grilled company executives over their role in rising drug prices. During a hearing Tuesday, members of the Senate Finance Committee sought to shine a light on the work of PBMs, the drug middlemen, who handle claims for big insurers and help negotiate drug prices with manufacturers.”

Senators ask OIG to investigate PBM spread pricing in Medicaid. “Two senators are asking the Office of Inspector General (OIG) to investigate pharmacy benefit managers' business practices when it comes to controversial spread pricing models. Sens. Chuck Grassley, R-Iowa, and Ron Wyden, D-Ore., the top Republican and Democrat on the Finance Committee, wrote in a letter (PDF) to the Department of Health and Human Services' OIG that an "increasing number of reports" raise concerns about how PBMs are operating. Spread pricing, in which a PBM charges an insurer more for a drug than a pharmacy paid and profits off of the difference, has come under fire in several states.”

‘I don’t know how you people sleep at night’: Visibly irate lawmakers blast pharma, PBMs over insulin prices. “Drug makers and their middlemen counterparts spent the first three months of the 116th Congress successfully dodging hard blows from members of Congress over the high cost of prescription drugs. That all changed Wednesday.”

Dems demand answers on Trump officials' decision not to defend ObamaCare. “House Democrats are pushing the Trump administration to release documents and information about its decision not to defend ObamaCare in court. Top Democrats, led by Judiciary Chairman Jerrold Nadler (N.Y.) and Oversight Chairman Elijah Cummings (Md.), sent letters Tuesday to the White House and departments of Justice as well as Health and Human Services demanding access to materials that explain the decision and identifies the officials involved in making it.”

- **Week Ahead**
  - Congress is out of session this week.

**Regulatory and Administration Update**

- **Medicare and Medicaid Programs: Approval of an Application From Accreditation Commission for Health Care, Inc. for CMS Approval of Its End Stage Renal Disease (ESRD) Facility Accreditation Program.** “This final notice announces our approval of the Accreditation Commission for Health Care, Inc. (ACHC) for recognition as a national accrediting organization (AO) for End Stage Renal Disease (ESRD) Facilities that wish to participate in the Medicare or Medicaid programs.”

- **CMS Proposes Expanding Coverage of Ambulatory Blood Pressure Monitoring (ABPM).** “Today the Centers for Medicare & Medicaid Services (CMS) proposed to update its national coverage policy for Ambulatory Blood Pressure Monitoring (ABPM). ABPM is a non-invasive diagnostic test that uses a device to track blood pressure over 24-hour cycles. Ambulatory monitoring allows blood pressure to be measured over entire days rather than at a single moment in time. ABPM may measure blood pressure more accurately and lead to the diagnosis of high blood pressure (hypertension) in patients who would not otherwise have been identified as having the condition.”

- **MedPAC finds low-volume, rural dialysis centers are underpaid.** “Medicare's payment adjustment to rural and low-volume dialysis facilities needs to be updated to better target facilities that are struggling, according to a new analysis from a key Medicare panel. The analysis released Friday during a meeting of the Medicare Payment Advisory Commission found that low-volume and rural facilities had lower Medicare payment margins than high-volume and urban facilities.”

- **White House moves to tighten control over federal regulators.** “The White House on Thursday moved to curb the power of federal regulators by directing them to submit nonbinding guidance documents to the budget office for review, a step that could slow down the enactment of any rule with a potentially large impact on the economy. A memo from acting Office of Management and Budget Director Russell Vought would vastly broaden Congress’s ability to reject such guidance, subjecting the documents to the same scrutiny as regulations that carry the force of law.”
Articles of Interest

- **NKF Statement on Landmark Legislation Signed by Oklahoma Governor to Protect Living Organ Donors.** “The Oklahoma legislation is modeled after The Living Donor Protection Act (H.R. 1224 and S. 511) championed by the National Kidney Foundation and introduced in the U.S. House of Representatives on February 14, 2019 by four bi-partisan Members of Congress, Representatives Jerry Nadler (D-NY) and Jaime Herrera Beutler (R-WA) joined by Senators Kirsten Gillibrand (D-NY) and Tom Cotton (R-AR).”

- **Partnering on Patient-Centered Research for People with Kidney Disease.** “Patient-centered chronic kidney disease research is needed to help patients and healthcare professionals answer many questions they have about the treatment options that best match patients’ individual life goals, preferences, and values. Since 2012, PCORI has funded 18 research studies that will help patients, family members, and healthcare professionals make better-informed decisions in treating kidney disease and thus improve healthcare delivery and outcomes. PCORI has also funded additional projects where kidney disease is among several important conditions studied, as well as additional projects designed to better engage the kidney disease community in research.”
  - Read more: [https://www.pcori.org/blog/partnering-patient-centered-research-people-kidney-disease](https://www.pcori.org/blog/partnering-patient-centered-research-people-kidney-disease)

- **Facing Prohibitive Costs, 58% of U.S. Adults Say They Delay or Decline Medical Coverage.** “While lawmakers remain engulfed in the hotly polarized politics of health reform, the soaring costs of health care in the United States have continued forcing the average family to choose between their personal and financial health, with a new Morning Consult/Business Insider survey finding 58 percent of adults have delayed or forgone medical or dental care because of prohibitively high costs and 31 percent of all respondents saying they did this “often.””

- **Kidney disease triggers cognitive impairment, even in early stages.** “The link between brain dysfunction and advanced kidney disease was first noted in 1930, so it is not a new finding. Experts spoke of 'dialysis dementia' or 'uremic encephalopathy'. What is new, however, is the finding that mild cognitive impairment (MCI) may already be present in earlier stages of CKD, affecting approximately one in two CKD patients (prevalence varies in studies between 30% and 60%). In contrast to 'normal' dementia, CKD-related MCI is not age-related, meaning the cognitive impairment exceeds that expected of the normal aging process. It usually worsens with declining glomerular filtration rate (GFR)
of patients - the lower the GFR, the higher the risk of being affected by cognitive impairments.”
  o  Read more: https://eurekalert.org/pub_releases/2019-04/e-kdt041019.php

- Kidney Health Atlas reveals global burden of disease and inequities in access. “A global study of the burden of kidney disease reveals that by 2030 14.5 million people will have end-stage kidney disease (ESKD); yet, only 5.4 million will receive treatment due to economic, social, and political factors. More than 2 million people die every year worldwide because of little or no access to dialysis or kidney transplantation.”

- Sanofi to cut U.S. insulin costs for some patients to $99 per month. “Sanofi SA said on Wednesday it will cut the cost of its insulin products to $99 per month for uninsured patients and others who pay cash for it in the United States, as the French drugmaker contends with intense criticism over the high price of the life-sustaining diabetes medication.”
  o  Read more: https://www.reuters.com/article/us-sanofi-fr-insulin/sanofi-to-cut-u-s-insulin-costs-for-some-patients-to-99-per-month-idUSKCN1RM0Y3

- An Initial Assessment Of Initiatives To Improve Care For High-Need, High-Cost Individuals In Accountable Care Organizations. “High-need, high-cost (HNHC) individuals are defined as people of all ages living with clinically complex needs and functional limitations who also incur high health care costs or are likely to do so in the near future. Despite frequent contact with the health care system and substantial medical spending, the physical, social, and behavioral health needs of these individuals often remain unmet due to uncoordinated and fragmented care. Studies suggest that HNHC individuals could benefit from a more holistic approach that coordinates the care they receive and addresses their unmet social needs. Doing so could improve quality of care and quality of life while reducing health care service use.”
  o  Read more: https://www.healthaffairs.org/do/10.1377/hblog20190411.143015/full/