Congressional Schedule

Senate
- Senate meets at 10am; set to resume consideration of a resolution that would change procedures for nominations in the Senate

House
- House meets at 10am; set to consider H.Res.271, which would condemn Trump administration’s legal moves to abolish Obamacare

Legislative Update

- **Week in Review**
  - *GOP senators blindsided by Trump on ObamaCare.* “Republican lawmakers were caught completely off guard by President Trump’s renewed push to repeal and replace ObamaCare and privately complain it’s a dumb political strategy heading into the 2020 election. Senate Finance Committee Chairman Chuck Grassley (R-Iowa), whose panel has jurisdiction over health care, said he received no heads-up from Trump or the White House that the president would call Tuesday for the GOP to become “the party of health care.”
  - *Dems unveil plan to build up ObamaCare as Trump steps up attacks.* “House Democrats rolled out a proposal Tuesday to build up ObamaCare just one day after the Trump administration told a court that the entire law should be struck down. It was another opportunity for Democrats, led by Speaker Nancy Pelosi (Calif.), to corner Republicans on the issue of health care. They say the issue cost the GOP the House majority in the midterms. Democrats say the ObamaCare changes are needed to reverse the Trump administration’s “sabotage” of the health care law.”
• **Week Ahead**
  - *Hearing On “Priced Out Of A Lifesaving Drug: The Human Impact Of Rising Insulin Costs.”* The Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce will hold a hearing on Tuesday, April 2, 2019, at 10:30 a.m. in room 2322 of the Rayburn House Office Building. The hearing is entitled, “Priced Out of a Lifesaving Drug: The Human Impact of Rising Insulin Costs.”
  - *House Dems to hold hearing on preventing surprise medical bills.* “House Democrats will hold a hearing on protecting patients from surprise medical bills next week, according to a congressional aide. A subcommittee of the Education and Labor Committee will convene the hearing April 2. Witnesses have not yet been announced.”
  - *Bennet, Kaine set to introduce ‘Medicare X’ plan to expand health care.* “As Democrats debate how best to expand health coverage, Tim Kaine and Michael Bennet are trying to ensure the party doesn’t swing too far to the left. The Virginia and Colorado senators next week will reintroduce their “Medicare X” plan, which would create a new public option for health insurance — an idea that was originally part of Obamacare but was jettisoned for being seen, at the time, as too progressive.”
  - *Trump: Group of GOP senators writing 'spectacular' ObamaCare replacement.* “President Trump said Thursday that a group of GOP senators will come up with a "spectacular" plan to replace ObamaCare if the courts strike down the law. Trump told reporters at the White House that lawmakers including Sens. John Barrasso (R-Wyo.), Bill Cassidy (R-La.) and Rick Scott (R-Fla.) are working on the plan, at Trump’s request.”

• **Regulatory and Administration Update**
  - *White House Obamacare reversal made over Cabinet objections.* “The Trump administration’s surprising move to invalidate Obamacare on Monday came despite the opposition of two key Cabinet secretaries: Health and Human Services Secretary Alex Azar and Attorney General William Barr. Driving the dramatic action were the administration’s domestic policy chief, Joe Grogan, and the acting director of the Office of Management and Budget, Russ Vought, according to three sources with direct
knowledge of the decision. Both are close allies of White House acting chief of staff Mick Mulvaney, who helped to engineer the move.”

- **Between the lines: Trump privately thinks ACA lawsuit will fail in court.** “A major misconception on Capitol Hill right now is the notion that Mick Mulvaney is behind President Trump’s decision to back a lawsuit to demolish the Affordable Care Act. After a week of talking to sources who’ve discussed the matter privately with Trump, it’s clear that this health care push is coming from the president himself. These people say Trump thinks it’s a great idea to try to brand the GOP as “the party of health care” by backing the controversial litigation and pushing for legislative change. Behind the scenes: Trump has privately said he thinks the lawsuit to strike down the Affordable Care Act will probably fail in the courts, according to two sources who discussed the matter with the president last week.”

- **Trump hits obstacles in effort to reshape Medicaid.** “The Trump administration faces a long, tough road ahead in its mission to reshape Medicaid, the primary federal health program for the poor, after losing three legal challenges in less than one year. Trump and leaders at the Department of Health and Human Services (HHS) — Secretary Alex Azar and Medicaid Administrator Seema Verma — are pushing to make employment a precondition for receiving Medicaid coverage in all 50 states.”

- **Federal judge strikes down Trump rule on group health plans.** “A federal judge struck down President Trump’s rules governing association health plans (AHPs) on Thursday, Bloomberg News reported. Judge John Bates at the U.S. District Court for the District of Columbia blocked the rules which would allow small businesses and individuals to band together to create group health plans. Bates in his ruling called it a clear effort to avoid following the rules of the Affordable Care Act (ACA).”

- **Innovative New Kidney Care Model in Development Highlighted at National Quality Forum.** “In a packed session of the National Quality Forum (NQF) in Washington, DC today, Adam Boehler, Deputy Administrator for CMS and Director and the Center for Medicare and Medicaid Innovation (CMMI), spoke about an upcoming comprehensive kidney care model being developed by CMMI and written about previously in KNO – as well as his vision of the role of quality and quality measurement in healthcare overall. Boehler spoke about CMMI’s intention to test a kidney model that includes late-stage kidney diseases (stages IV and V), kidney failure, and transplantation. Speaking of the current kidney care delivery paradigm, he said kidney care “is an area that cannot stay static.”
• **CMS Proposes New Quality Metric.** “Some dialysis centers refer 75% of their patients to transplant centers, and others refer none. Although it is difficult to know exactly what percentage of patients should be referred to transplant centers from dialysis centers, according to Rachel E. Patzer, PhD, MPH, director of the Transplant Health Services and Outcomes Research Program at Emory University School of Medicine in Atlanta, this substantial variation in referral rates suggests that some patients are disadvantaged by the current system. Moreover, prior to last year, no performance metrics tracked transplant access from dialysis centers.”

• **Articles of Interest**

  - **World's First HIV-To-HIV Kidney Transplant With Living Donor Succeeds.** “The world’s first kidney transplant from a living HIV-positive donor to another HIV-positive person was successfully performed Monday by doctors at a Johns Hopkins University hospital. By not having to rely solely on organs from the deceased, doctors may now have a larger number of kidneys available for transplant. Access to HIV-positive organs became possible in 2013, and surgeries have been limited to kidneys and livers.”
    

  - **Doughnut Hole Is Gone, But Medicare's Uncapped Drug Costs Still Bite Into Budgets.** “Unlike commercial plans that cap members’ out-of-pocket drug spending annually, Medicare has no limit for prescription medications in Part D, its drug benefit. With the cost of specialty drugs increasing, some Medicare beneficiaries could owe thousands of dollars in out-of-pocket drug costs every year for a single drug.”
    

  - **Americans borrowed $88 billion to pay for medical bills last year.** “Health care costs in the United States are generally measured as the highest in the world. Last year, many Americans could not afford their health care costs and so borrowed $88 billion to pay for that portion they could not afford. According to a new West Health and Gallup poll, in a new report titled "The U.S. Healthcare Cost Crisis," the $88 billion was borrowed in the year before the survey, which was done from January 14 to February 20. The poll was conducted via a random group of 3,537 adults over 18 living in the 50 states and the District of Columbia.”
    

  - **RPA Opposes California Bill to Cap Dialysis Reimbursement.** “On March 19 legislation that would place caps on reimbursement for dialysis services that could harm dialysis patient care advanced in the California state legislature. The measure was passed by the
legislature’s Assembly Health Committee and will be considered by the Appropriations Committee. A similar version of the insurance industry-sponsored bill was vetoed by former Governor Jerry Brown. RPA joined a coalition of national and state-based organizations opposing the bill.”