American Nephrology Nurses Association

Weekly Capitol Hill Update – Tuesday, April 5th, 2016

Congressional Schedule

House
• “Not in session. The House returns April 12.” (CQ)

Senate
• “On Monday, the Senate convened at 3 p.m.; at 5:30 p.m., the Senate voted on a bill (S. 1890) that would combat the theft of corporate trade secrets. The Commission on the Theft of American Intellectual Property estimates that trade-secret theft costs the U.S. economy more than $300 billion each year.” (CQ)

Legislative Updates

• Blue Ribbon Panel Announced to Help Guide Vice President Biden’s National Cancer Moonshot Initiative. Yesterday, “the National Cancer Institute (NCI), part of the National Institutes of Health, announced a Blue Ribbon Panel of scientific experts, cancer leaders, and patient advocates that will inform the scientific direction and goals at NCI of Vice President Joe Biden’s National Cancer Moonshot Initiative. The panel will serve as a working group of the presidentially appointed National Cancer Advisory Board (NCAB) and will provide scientific guidance from thought-leaders in the cancer community... Over the next several months, the panel will consider how to advance the themes that have been proposed for the initiative. The themes include the development of cancer vaccines, highly sensitive approaches to early detection, advances in immunotherapy and combination therapies, single-cell genomic profiling of cancer cells and cells in the tumor microenvironment, enhanced data sharing, and new approaches to the treatment of pediatric cancers.”
  o For the full press release, please see the following link: http://www.nih.gov/news-events/news-releases/blue-ribbon-panel-announced-help-guide-vice-president-bidens-national-cancer-moonshot-initiative
Regulatory Updates

- **Centers for Medicare and Medicaid Services (CMS) Finalizes 2017 Payment and Policy Updates for Medicare Health and Drug Plans.** Yesterday, CMS “released the final Medicare Advantage and Part D Prescription Drug Program changes for 2017 that seek to provide stable payments to plans, and make improvements to the program for plans that provide high quality care to the most vulnerable enrollees… The final policies are similar to those proposed in February but incorporate several changes in response to feedback received during the public comment period. On average, the expected revenue change is 0.85 percent without accounting for the expected growth in coding acuity that has typically added another 2.2 percent. The final revenue increase is somewhat smaller than the increase estimated in the February Advance Notice due primarily to technical updates in the risk adjustment normalization factor.”
  - For the full press release, please see the following link: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-04.html

- **Securities and Exchange Commission (SEC): Biotech Company Misled Investors about New Drug’s Status with the Food and Drug Administration (FDA).** Last week, the SEC “announced fraud charges against a Massachusetts-based biotech company and three former executives for misleading investors about the company’s efforts to obtain FDA approval for its flagship developmental drug to treat kidney cancer. The SEC alleges that AVEO Pharmaceuticals Inc. concealed the FDA’s level of concern about Tivozanib in public statements to investors by omitting the critical fact that FDA staff had recommended a second clinical trial to address their concerns about patient death rates during the first clinical trial. When the FDA made public months later that it had recommended an additional clinical trial, the company’s stock price declined 31 percent. AVEO never conducted an additional trial, and the FDA later refused to approve Tivozanib.”
  - For the full press release, please see the following link: https://www.sec.gov/news/pressrelease/2016-59.html

- **Nurse Licensing Compact Tries To Gain Steam.** “The National Council of State Boards of Nursing (NCSBN) will try to ramp up work on further adoption of its renewed licensing compact this week when it hosts a forum at the Newseum Friday (in Washington, DC). The compact, which allows nurses to work freely in all states that have adopted it, has been picked up by six states (Wyoming, Virginia, South Dakota, Idaho, Florida and Tennessee) and is pending in nine others. It's seen as a way to help ease the practice of telemedicine across state lines. Friday's event will bring together nursing leaders, health care executives and policymakers. State nurses associations, hospital associations and nursing boards have been pressing state lawmakers to pick up the new compact, which establishes an interstate commission, adds requirements for criminal background checks and uniform licensure requirements. The ‘enhanced’ compact goes into effect once 26 states have adopted it or Dec. 31, 2018, whichever comes first. ‘We are pleased with the progress we've made in just three short months and look forward to the prospect of adding more states to the NLC this year and in 2017,’ said Elliot Vice, director of government affairs at NCSBN… Physical therapists are also working on their own
licensing compact, with bills signed in Oregon and awaiting signature in Arizona.” (Politico)
  o For a video and explanation of the Nurse Licensure Compact, please see the following link: https://www.ncsbn.org/364.htm
  o For an overview of the status of the physical therapists licensure compact, please see the following link: https://www.fsbpt.org/FreeResources/PhysicalTherapyLicensureCompact.asp

- **House Ways and Means Members Urge CMS to Delay Implementation of New Clinical Laboratory Fee Schedule.** Members of the House Ways and Means Committee, including Health Subcommittee Chairman Pat Tiberi, submitted a letter to CMS’ Acting Administrator, Andy Slavitt on March 29th, urging the Agency to delay implementation of the final rule to move the Clinical Laboratory Fee Schedule (CLFS) to a market-based payment methodology because of delays in the rulemaking process.
  o For the full letter, please see the following link: http://1.usa.gov/1WV9ngq

- **The Medicare Payment Advisory Commission (MedPAC) will hold a Public Meeting April 7-8.** MedPAC meets publicly to discuss Medicare issues and to submit recommendations to Congress on improving Medicare payment policies. During this week’s public meeting, they will discuss, among other issues, improving Medicare Part D, risk adjustment in Medicare Advantage, and preserving access to emergency care in rural areas.
  o Please see the following link for the full agenda: http://medpac.gov/-public-meetings-/meetingdetails/april-2016-public-meeting

**Articles of Interest**

- **Insurers want to limit American Kidney Fund charitable assistance to patients.** “Insurance carriers in at least 34 states have begun to reject insurance premium payments from the American Kidney Fund (AKF) and many other health nonprofits on behalf of enrollees with chronic diseases, according to patient advocacy groups. AKF and others in the kidney community are asking the Centers for Medicare & Medicaid Services to issue rulemaking that would allow nonprofits to continue making so-called “third-party payments” to help individuals who cannot afford health coverage. This issue came about when CMS released an Interim Final Rule in March 2014 that gave Marketplace Exchange insurers the discretion to deny third-party premium assistance from charitable groups, while requiring them to accept payments only from state and federal health programs, tribal programs, and the Ryan White HIV/AIDS Program. CMS stated recently that it will address nonprofit premium payments in future rulemaking.”
  o For the full article, please see the following link: http://www.nephrologynews.com/insurers-want-to-limit-american-kidney-fund-charitable-assistance-to-patients/

- **American College of Physicians (ACP) Calls on Government to Curb Drug Prices.** “Reining in the cost of prescription drugs in the U.S. will mean going beyond setting list
prices, and looking at issues of regulatory approval, patents and intellectual property, assessment of value and cost-effectiveness, and health plan drug benefits, according to the American College of Physicians (ACP). In a position paper in the Annals of Internal Medicine, ACP argued that increasing price transparency, curbing patent extensions, and enabling Medicare to negotiate volume discounts are essential strategies for keeping the rising cost of prescription drugs in check.”

- For the full article, please see the following link:
  http://www.medpagetoday.com/PublicHealthPolicy/GeneralProfessionalIssue5/57055

- *Op-Ed: Principles to Support Patient-Centered Value Assessment.* “Ongoing efforts to conduct research and develop tools to support evidence-based decision-making have taken on a renewed sense of urgency amidst the debate over rising health care costs, a debate that is often too narrowly focused on the up-front cost of treatment. Sound, well-structured tools for value assessment can help us move beyond a narrow, siloed focus to a more holistic perspective on value that is central to long-term solutions and patient needs. Today, our organizations, the Pharmaceutical Research and Manufacturers of America and National Pharmaceutical Council jointly announced comprehensive positions in support of value assessment frameworks in health care. These principles and guiding practices are indicative of our sector’s commitment to advancing health care solutions that focus on the patient and support better value. This commitment is seen in our member companies’ focus on discovering and developing medicines that make a difference to patients and society, and support of patient-focused drug development.”

  - For the full article, please see the following link:
  - To view the National Pharmaceutical Council’s Guiding Practices for Patient-Centered Value Assessment, please see the following link: