

## American Nephrology Nurses Association

Weekly Capitol Hill Update – Tuesday, May 21, 2019

### Congressional Schedule

#### Senate

- Senate is in Session all week.

#### House

- House is in session until May 24.

### Legislative Update

- **Week in Review**
  - *NKF Statement on New Legislation for Dialysis Innovation:* “The National Kidney Foundation (NKF) supports new legislation to help spur innovation in dialysis. The Patient Access to ESRD New Innovative Devices Act (H.R. 2710), introduced by Representatives Danny Davis (D-IL) and Trey Hollingsworth (R-IN), calls for the Secretary of the U.S. Department of Health and Human Services to make changes to the Medicare payment for dialysis to allow a pathway for innovation in new medical devices that improve dialysis treatment and outcomes.”
    - <https://www.kidney.org/news/nkf-statement-new-legislation-dialysis-innovation>
  - *Work on surprise medical bills goes into overdrive:* “Lawmakers are moving quickly to try to notch a bipartisan accomplishment and pass legislation protecting patients from massive surprise medical bills, even as they face headwinds from industry and divisions over competing plans. Days after President Trump called for action last week, House Energy and Commerce Committee Chairman Frank Pallone Jr. (D-N.J.) and ranking member Greg Walden (R-Ore.) on Tuesday released a draft bill to tackle the problem, a sign of momentum on the issue.”
    - <https://thehill.com/policy/healthcare/443953-work-on-surprise-medical-bills-goes-into-overdrive>

- *Dems push bill on health care, drug prices through House:* “Democrats pushed legislation buttressing the 2010 health care law and curbing prescription drug prices through the House Thursday, advancing a bill that has no chance of surviving in the Senate or getting President Donald Trump’s signature and seemed engineered with next year’s elections in mind. The measure forced Republicans into the uncomfortable political position of casting a single vote on legislation that contained popular drug pricing restraints they support, plus language strengthening President Barack Obama’s health care statute that they oppose.”
  - <https://www.apnews.com/46a476c9d01347a3a00483d83b7c2419>
- **Week Ahead**
  - *Hearing on “Improving Drug Pricing Transparency and Lowering Prices for American Consumers”:* “The Health Subcommittee will hold a legislative hearing on Tuesday, May 21, at 10:30 am in the John D. Dingell Room, 2123 of the Rayburn House Office Building. The hearing is entitled, “Improving Drug Pricing Transparency and Lowering Prices for American Consumers.”
    - <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-improving-drug-pricing-transparency-and-lowering-prices-for>
  - *Key Design Components and Considerations for Establishing a Single-Payer Health Care System:* “The House Budget Committee scheduled a hearing Wednesday to discuss the key design components of a single-payer health care system. Congressional Budget Office Deputy Director Mark Hadley, CBO Deputy Assistant Director for Health, Retirement, and Long-Term Analysis Jessica Banthin, and CBO Associate Director for Economic Analysis Jeffrey King are slated to testify.”
    - <https://budget.house.gov/legislation/hearings/key-design-components-and-considerations-establishing-single-payer-health-care>

### **Regulatory and Administration Update**

- *Medicare Sees 114 Billion Reasons to Rethink Kidney Disease:* “Medicare spends up to \$1.4 billion a year for early dialysis treatments when survival rates and health outcomes don’t necessarily improve, and can even worsen in some instances, research shows. But if dialysis begins when kidney function is too low, the treatments won’t slow progression of the disease, possibly wasting even larger amounts of money without results to show. Finding each patient’s sweet spot — when dialysis is most beneficial and costeffective — is crucial to Medicare’s plan to revamp and trim its \$114 billion a year spending for kidney disease. That includes an average of \$89,000 a year for every dialysis patient.
  - [Medicare Sees 114 Billion Reasons to Rethink Kidney Disease](#)
- *New liver transplant rules begin amid fight over fairness:* “Where you live makes a difference in how sick you have to be to get a transplant, or if you’ll die waiting. Now the nation’s transplant system is aiming to make the wait for livers, and eventually all

organs, less dependent on your ZIP code. New rules mandating wider sharing of donated livers went into effect Tuesday despite a fierce and ongoing hospital turf war in federal court.”

- <https://www.apnews.com/43bba40734574c27bcc0bdf3972dae13>
- ***How To Find And Use New Federal Ratings For Rehab Services At Nursing Homes:*** “For the first time, the federal government is shining a spotlight on the quality of rehabilitation care at nursing homes – services used by nearly 2 million older adults each year. Medicare’s Nursing Home Compare website now includes a “star rating” (a composite measure of quality) for rehab services – skilled nursing care and physical, occupational or speech therapy for people recovering from a hospitalization. The site also breaks out 13 measures of the quality of rehab care, offering a more robust view of facilities’ performance.”
  - <https://khn.org/news/how-to-find-and-use-new-federal-ratings-for-rehab-services-at-nursing-homes/>
- ***CMS seeks to limit 'spread pricing' by PBMs in managed care:*** “The CMS is concerned that some Medicaid managed care plans are not accurately reporting “spread pricing,” a tactic where pharmacy benefit managers charge a plan more for a drug than it reimburses a pharmacy. The agency released a regulatory guidance on Wednesday intended to help states monitor and audit Medicaid and CHIP managed care plans to identify spread pricing when calculating their medical loss ratio (MLR). The guidance clarified that plans must include a PBM rebate in calculating an MLR if the PBM used a subcontractor.”
  - <https://www.modernhealthcare.com/government/cms-seeks-limit-spread-pricing-pbms-managed-care>
- ***Trump administration backs off Medicare drug pricing rule:*** “The Trump administration on Thursday backed off a controversial Medicare drug pricing proposal that would have allowed insurers to exclude certain drugs if prices rise faster than inflation. In a final rule, the administration said it was leaving in place the current policy about Medicare’s “protected classes” of drugs.”
  - <https://thehill.com/policy/healthcare/444142-trump-administration-backs-off-medicare-drug-pricing-rule>
- ***Medicaid and CHIP director to leave at end of May:*** “Chris Traylor, the director of Medicaid and CHIP services, announced on Friday he will depart the CMS on May 31, leaving a position he was appointed to in January. Traylor said in an email to the CMS staff that he is leaving because of family issues that require him to return to his home state of Texas.”
  - <https://www.modernhealthcare.com/people/medicaid-and-chip-director-leave-end-may>
- ***FDA approves first anticoagulant (blood thinner) for pediatric patients to treat potentially life-threatening blood clots:*** “The U.S. Food and Drug Administration today approved Fragmin (dalteparin sodium) injection, for subcutaneous use, to reduce the recurrence of symptomatic venous thromboembolism (VTE) in pediatric patients one month of age and older. VTE can include deep vein thrombosis (blood clot in the

deep veins of the leg) and pulmonary embolism (blood clot in the lungs), which can lead to death.”

- <https://www.fda.gov/news-events/press-announcements/fda-approves-first-anticoagulant-blood-thinner-pediatric-patients-treat-potentially-life-threatening>

### Articles of Interest

- ***The Effect of Medicaid Expansion on Self-Reported Kidney Disease:*** “Patients with CKD have low awareness of their CKD status. In the National Kidney Foundation’s Kidney Early Evaluation Program (KEEP), only 8.1% of adults with hypertension, diabetes, or a relevant family history were aware of their CKD. This was concordant with estimates from the National Health and Nutrition Examination Survey in which CKD awareness was 6.4% between 1999 and 2014. Kidney disease disproportionately affects low socioeconomic groups who are more likely to lack health insurance; however, data on the effect of health insurance coverage on CKD awareness are limited.”
  - <https://cjasn.asnjournals.org/content/early/2019/05/15/CJN.02310219>
- ***From diabetics to medical pot users, advocates worry issues will get lost in budget battle:*** “As Minnesota lawmakers rush to reach a deal on a state budget before the session ends on Monday, advocates for many issues worry that their causes will get lost in the mix. From diabetics and medical marijuana patients to opioid abuse victims and elder care advocates, the most uncertain stretch of the legislative session is here. And many of them are mounting a final push to get their priorities through.”
  - <https://www.twincities.com/2019/05/14/dont-forget-about-us-say-diabetics-medical-pot-patients-and-others-as-mn-legislators-rush-to-reach-budget-deal/>
- ***Minnesota diabetics make final plea for emergency insulin supply bill:*** “A group of Minnesota diabetics made an eleventh-hour plea on Monday for lawmakers to address the rising costs of insulin. During a news conference at the state Capitol, the women urged lawmakers to unite behind a proposal that would give diabetics an emergency supply of insulin if they cannot afford it. The “Alec Smith Emergency Insulin Act” provision is wrapped into the House and Senate health and human services bills, but the versions are slightly different”
  - <https://www.twincities.com/2019/05/13/mn-diabetics-plea-legislature-emergency-insulin-supply-bill/>
- ***Will Washington State's New 'Public Option' Plan Reduce Health Care Costs?:*** “Millions of Americans who buy individual health insurance, and don't qualify for a federal subsidy, have been hit with sticker shock in recent years. Instability and uncertainty in the individual market — driven in part by changes Congress and the Trump administration made to the Affordable Care Act — have resulted in double-digit premium increases. Now Washington state has passed a law designed to give consumers another choice: a new, “public option” health insurance plan that, in theory, will be cheaper.”
  - <https://www.npr.org/sections/health-shots/2019/05/16/723843559/will-washington-states-new-public-option-plan-reduce-health-care-costs>

- *A Daunting Operation Offers Relief to Obese Teenagers:* “At least six million obese teenagers in the United States are candidates for weight-loss surgery, experts estimate. Fewer than 1,000 of them get it each year. Many of these adolescents already have complications of obesity, like diabetes or high blood pressure. But doctors have been uncertain just how well surgery works for young patients, and whether they can handle the consequences, including a severely restricted diet. A new study provides some hopeful answers. Researchers followed 161 teenagers aged 13 to 19, and 396 adults aged 25 to 50, for five years after weight-loss surgery.”
  - <https://www.nytimes.com/2019/05/16/health/bariatric-surgery-teenagers.html>