American Nephrology Nurses Association

Daily Capitol Hill Update – Wednesday, May 27, 2020

The following information comes from directly from news sources including Bloomberg Government, Kaiser Health News, and other news sources.

Schedules: White House and Congress

WHITE HOUSE

- President Trump meets with New York Gov. Andrew Cuomo
- 12:20pm: Trump, first lady Melania Trump depart White House for Florida
  - 2:35pm: Trump arrives at NASA Shuttle Landing Facility at Kennedy Space Center in Florida
  - 2:55pm: Trump arrives at Neil Armstrong Operations and Checkout Facility
  - 3pm: Trump participates in NASA Crew Quarters tour
  - 3:10pm: Trump participates in Orion Capsules Tour
  - 3:20pm: Trump receives a SpaceX Demonstration Mission 2 Launch briefing; participates in viewing at 4:25pm
  - Trump delivers remarks at 6pm before departing for White House where he’s due to arrive at 9:15pm

CONGRESS

- House meets at noon for legislative business; plans to vote on legislation to aid federal tracking of suspected terrorists and spies even as President Trump called for “all Republican House members” to oppose it
- 2:30pm: House Speaker Nancy Pelosi holds press conference on plan for Covid-19 testing

Congressional, Health Policy, and Political News

- **Bloomberg Government: Insurers Embrace Medicare Plan to Cap Insulin Costs:** Over 1,700 Medicare prescription medicine and managed care plans have applied to participate in a Trump administration savings model that will mean seniors will not have to pay more than $35 per month for insulin, CMS announced yesterday. If the model is successful, the administration will weigh expanding it to other “high-cost drugs,” Centers for Medicare & Medicaid Services Administrator Seema Verma said in a call with reporters.

- **Bloomberg Government: Medicaid Providers Push for Stimulus Funding:** Industry groups representing health-care providers and support staff that largely serve Medicaid beneficiaries are pressing the Trump administration to send emergency funds earmarked for their members. None of the emergency funds sent out by HHS so far have been specifically targeted for providers serving people on state-run public insurance programs, such as direct support professionals for people with intellectual and developmental disabilities, said Barbara Merrill, chief executive of the American Network of Community Options and Resources.
  - “We’ve been at the bottom of the totem pole time and time again,” said Merrill, whose group serves people with intellectual and developmental disabilities. She said her group is organizing lawmakers to ask HHS to earmark funds for those who provide
care for people with disabilities. Similarly, Bruce Siegel, president and CEO of America’s Essential Hospitals, said on Friday his group wants HHS to release more emergency aid geared to hospitals serving Medicaid beneficiaries.

- HHS has awarded over $21 billion in grants through emergency appropriations, according to agency records. It was given $175 billion through two bills cleared through Congress earlier this year.

- **Kaiser Health News: Nearly Half Of Americans Delayed Medical Care Due To Pandemic:** As the coronavirus threat ramped up in March, hospitals, health systems and private practices dramatically reduced inpatient, nonemergency services to prepare for an influx of COVID-19 patients. A poll released Wednesday reveals that the emptiness of medical care centers may also reflect the choices patients made to delay care. The Kaiser Family Foundation poll found that 48% of Americans said they or a family member has skipped or delayed medical care because of the pandemic, and 11% of them said the person’s condition worsened as a result of the delayed care.

- **Bloomberg Government: Reopening Doctors' Offices Costs Billions:** The nation’s doctors are cautiously looking to reopen their shuttered practices. But they want at least $10 billion in dedicated federal relief to help them get back on their feet. New procedures to ensure patient safety will need to be implemented before practices can reopen, which could put doctors at an increased risk for noncompliance. Failure to meet federal, state, and local guidelines could lead to monetary penalties, revocations of licenses, and other possible sanctions.

- **The Hill: US Braces For COVID-19 ‘Slow Burn’:** The U.S. is likely to enter a period of “slow burn” of coronavirus cases through the summer, with coronavirus cases and deaths down from their peak but still taking a heavy toll, experts say. As the country passes the grim milestone of 100,000 deaths, experts say the pace of harm might be slower in the coming months, but there is unlikely to be a steep drop-off in the virus. There even could be some significant upticks as restrictions on businesses and movement are eased around the country. Risk looms even higher in the fall and winter, as experts expect a new spike in cases of the virus as the weather gets colder, combined with the added damage from flu season.

- **The Washington Post: The Government’s Hunt For Drug Remdesivir For Coronavirus Treatment:** The drug that buoyed expectations for a coronavirus treatment and drew international attention for Gilead Sciences, remdesivir, started as a reject, an also-ran in the search for antiviral drugs. Its path to relevance didn’t begin until Robert Jordan plucked it from mothballs. A Gilead scientist at the time, Jordan convinced the company seven years ago to let him assemble a library of 1,000 castoff molecules in a search for medicines to treat emerging viruses. Many viral illnesses threaten human health but don’t attract commercial interest because they lack potential for huge drug sales.

- **Stat: Hospital Records Hold Valuable Covid-19 Data. Making It Usable Takes Time:** As tens of thousands of people worldwide test positive for Covid-19 every day, researchers are beginning to accumulate a trove of data from patients’ medical records that will be critical to getting a better handle on the biology of the disease. But even in the most advanced electronic health record systems, it’s a painstaking process to turn the information in a Covid-19 patient’s chart into a format that researchers can actually use.