American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, May 7, 2018

Congressional Schedule

Senate
- Senate meets at 3 pm; set to resume consideration of judicial nominations

House
- House Rules Committee meets at 5 pm to consider S. J. Res. 57, legislation that would repeal an Obama-era CFPB regulation relating to indirect auto lending. Committee will also take up H.R. 2152 and H.R. 5645, which would amend the Clayton act and the FTC Act

Legislative Update

- Week in Review
  - New long-term care Medicare benefit proposed. “A newly proposed Medicare benefit would extend services to eligible beneficiaries for long-term care. The proposal was within a discussion draft of a bill by Representative Frank Pallone (D-NJ), released at a Wednesday roundtable discussion with aging and disability advocates. The proposal, The Medicare Long-Term Care Services and Supports Act of 2018, would establish a cash benefit within Medicare for beneficiaries that could be used toward all long-term services and supports, including nursing facility care, adult day care programs, home health aide services, personal care services, transportation and assistance provided by a family caregiver.”

- Week Ahead
  - Trump urges Congress to ‘fix’ veterans health-care program. “President Trump on Thursday urged Congress to ‘fix’ a veterans health-care program hours after the chairman of the House Veterans' Affairs Committee reintroduced a plan to do so. The Veterans Choice Program allows some veterans to see private doctors.
It was created in the wake of the 2014 wait-time scandal that started with the Phoenix Veterans Affairs health-care system.”


- **Trump set to scale back spending cut plan to $11B.** “The White House will formally ask Congress on Monday to slash $11 billion from old spending accounts, according to two Republican aides on Capitol Hill familiar with the plan. That would mean the Trump administration would again downsize ambitions for a presidential rescissions package. Some in the administration were initially eyeing a package of cuts up to $60 billion. A top appropriator later said that figure had shrunk to $25 billion.”
  - Read more: [https://www.politico.com/story/2018/05/03/white-house-to-ask-congress-spending-bill-516412](https://www.politico.com/story/2018/05/03/white-house-to-ask-congress-spending-bill-516412)

- **House committee plans to move more than 50 opioid bills by May 17.** “The House Energy and Commerce Committee has scheduled two hearings this month to consider more than 50 bills that take on the opioid crisis. The committee plans to hold a markup for legislation on May 9 and another on May 17. The schedule released Friday comes as a subcommittee advanced 57 bills that address different facets of the opioid epidemic.”

- **Five things to watch as Trump takes on drug prices.** “President Trump is slated to give a long-awaited speech laying out proposed actions to lower drug prices. The speech was initially expected Tuesday but also could be pushed to later in the week. Here are five things to watch when it happens. How hard will Trump attack drug companies? How far will Trump’s actions go? Will the actions take effect immediately? Will Trump follow Obama on Medicare changes? Will Trump mention his biggest proposals?”

- **GOP faces internal battle over changing Senate rules.** “Senate Republicans are battling over whether to use the so-called nuclear option to speed up consideration of President Trump’s nominees. Senate Majority Leader Mitch McConnell (R-Ky.) is under pressure from conservative colleagues and outside groups to change the Senate’s rules to ensure a quicker pace on Trump’s court picks. Sens. Ted Cruz (R-Texas), Steve Daines (R-Mont.) and Ron Johnson (R-Wis.) all want to change the rules to a simple majority vote — a tactic known as the ‘nuclear option’ because it is so controversial. But moderates such as Sen.
Lisa Murkowski (R-Alaska) aren’t comfortable with using the maneuver because it will further inflame partisan passions in the chamber.”


### Regulatory and Administration Update

- **Price walks back warning on ObamaCare individual mandate.** “Former Health and Human Services Secretary Tom Price on Wednesday walked back comments he made predicting repealing ObamaCare’s individual mandate would drive up insurance costs. In a statement, Price said his remarks at Tuesday’s World Health Care Congress were taken out of context. Price’s new statement echoed Republicans who say that new policies being enacted by the Trump administration like association health plans and short-term plans will increase competition and lower costs.”

- **HHS secretary: Trump drug pricing plan will go ‘much further’ than budget proposal.** “Health and Human Services Secretary Alex Azar said the administration is working on a plan to tackle high drug prices that would go ‘much further’ than the proposals in President Trump’s budget. Azar referred to the upcoming plan as a ‘comprehensive strategy’ and briefly laid out the four areas the plan will address at a speech at the annual World Health Care Congress. The list includes tackling high list prices, seniors and government programs paying too much for drugs, rising out-of-pocket costs, and foreign governments ‘free-riding off of American investment in innovation.’”

- **Trump officials abruptly pull back from decision on Medicaid lifetime limits.** “The Trump administration planned to announce Tuesday that it was rejecting Kansas’s request to impose a three-year lifetime limit on Medicaid benefits, but canceled the announcement at the last minute due to internal administration disagreements, sources say. The rejection of Kansas’s request would be significant, in that the Trump administration would be drawing the line against major new restrictions on the health insurance program for the poor.”

- **FDA extends deadline to revamp nutrition facts labels by 18 months.** “The Food and Drug Administration (FDA) on Thursday announced the details of its planned delay of Obama-era rules that require manufacturers to update nutrition facts labels and serving sizes on food packaging. Regulators announced they are giving companies another 18 months to comply with the rules.”
Federal kickback law might be used to bring down drug prices, FDA commissioner suggests. “The commissioner of the Food and Drug Administration, Scott Gottlieb, on Thursday suggested that a key federal law on kickbacks could be reinterpreted by the government to help rein in the prices of prescription drugs. Drug companies are currently being sued by lawyers who believe that the Byzantine system of rebates that flow between pharmacy benefit managers, drug manufactures, and insurers are really kickbacks. The current interpretation of the federal law shields these rebates from legal scrutiny.”

HHS plans to further delay drug penalties. “The Department of Health and Human Services is pushing for a one-year delay of an Affordable Care Act policy that would fine drug companies for ‘knowingly and intentionally’ overcharging hospitals for drugs within the federal discount program known as 340B. This would be the fifth delay of the policy, which wouldn’t go into effect until July 1, 2019. It’s a clear victory for pharmaceutical companies wanting to avoid penalties for not offering mandated drug discounts.”

Comprehensive ESRD Care Model Telehealth – Implementation. “More than 600,000 Americans have ESRD and require life-sustaining dialysis treatments several times per week. Many beneficiaries with ESRD suffer from poorer health outcomes, often the result of underlying disease complications and multiple co-morbidities. These can lead to high rates of hospital admission and readmissions, as well as a mortality rate that is higher than that of the general Medicare population. Because of their complex health needs, beneficiaries often require visits to multiple providers and follow multiple care plans, all of which can be challenging for beneficiaries if care is not coordinated. The CEC Model seeks to create incentives to enhance care coordination and to create a person-centered, coordinated care experience, and to ultimately improve health outcomes for this population.”

Articles of Interest

Medical researchers lag in adopting clinical trials requirements. “Most academic medical centers and other institutions have been slow to adopt new, stricter federal requirements for clinical trial registration and reporting, a new study shows. Johns
Hopkins Bloomberg School of Public Health researchers obtained survey data from more than 350 academic institutions across the nation that conduct clinical trials. They found that relatively few had the staff or policies needed to comply with the new requirements put forward by the Department of Health and Human Services and National Institutes of Health.”

- **CDC reports one death from E. coli outbreak linked to romaine lettuce.** “The Centers for Disease Control and Prevention said on Wednesday one person from California died related to an E. coli outbreak linked to romaine lettuce, providing an update on the multi-state outbreak of the disease. Twenty-three more people fell ill since the last update on April 27, bringing the total to 121 people from 25 states, the CDC said. Fifty-two people out of 102 with available information (or 51 percent) have been hospitalized, including 14 patients who developed hemolytic uremic syndrome, a type of kidney failure.”
  - Read more: https://www.reuters.com/article/us-usa-romaine/cdc-reports-one-death-from-e-coli-outbreak-linked-to-romaine-lettuce-idUSKBN1I32SS

- **2018 Scorecard on state health system performance.** “Hawaii, Massachusetts, Minnesota, Vermont, and Utah are the top-ranked states according to the Commonwealth Fund’s 2018 Scorecard on State Health System Performance, which assesses all 50 states and the District of Columbia on more than 40 measures of access to health care, quality of care, efficiency in care delivery, health outcomes, and income-based health care disparities. The 2018 Scorecard reveals that states are losing ground on key measures related to life expectancy. On most other measures, performance continues to vary widely across states; even within individual states, large disparities are common.”
  - Read more: http://www.commonwealthfund.org/interactives/2018/may/state-scorecard/

- **Poll finds 4M lost health insurance in last two years.** “About 4 million Americans lost health insurance in the last two years, according to a new survey from the Commonwealth Fund, which attributed the decline to actions taken by the Trump administration. The uninsured rate was up significantly compared with 2016 among adults with an individual income of about $30,000 and a family income of about $61,000. Additionally, people who identified as Republican also had significantly higher uninsured rates.”
  - Read more: http://thehill.com/policy/healthcare/health-insurance/385680-poll-uninsured-rate-is-climbing

- **NIH launches massive new personalized research project.** “The National Institutes of Health (NIH) is launching a massive new research initiative aimed at revolutionizing the study of personalized medical cures. The ‘All of Us’ project aims to enroll at least one
millions of volunteers across diverse communities who will share information over time to help build what the agency is calling the world’s largest and most diverse data resource for health research. The project has been in the beta testing stage for about a year. It will kick off nationally May 6.”


- **Hospice use and end-of-life care for patients with end-stage renal disease.** “Patients with end-stage renal disease (ESRD) have life-limiting illness. Although the mortality risk of ESRD can be mitigated for patients who receive a renal transplant, renal replacement therapy does not confer the same benefit. Given the high rates of mortality and the burdens associated with dialysis, attention to the care that these patients receive at the end of life is important. Using a data set that covers a generous portion of patients in the United States with ESRD, the study by Wachterman and colleagues in this issue of *JAMA Internal Medicine* reveals that the care at the end of life for patients receiving hemodialysis is categorically different from the care at the end of life for patients with other terminal illnesses.”

  - Read more: [https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2678829](https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2678829)

- **Bill Gates: Trump ‘super interested’ in universal flu vaccine.** “Bill Gates was talking to President Trump in the Oval Office last month when the conversation turned to the notion of a universal flu vaccine — probably, as Gates recalled in an interview, ‘the longest conversation about universal flu vaccine that the president’s ever had.’ The idea fired up the president, who Gates described as “super interested.” In a matter of moments, Trump had Scott Gottlieb, the commissioner of the Food and Drug Administration, on speakerphone, asking him about a vaccine that could generate lasting protection against a range of seasonal and animal flu viruses with pandemic potential.”


- **Fewer dementia patients die after surgery when nurses more educated.** “Previous research has linked more educated nurses to better outcomes for hospital patients and lower rates of deaths and serious complications. In 2010, the U.S. Institute of Medicine called for four in five hospital nurses to have at least a bachelor’s degree by 2020. The current study adds to the evidence linking more educated nurses to lower surgical mortality rates. It found better survival odds at hospitals where more nurses had at least four-year college degrees, even for some of the most vulnerable surgical patients: people with dementia, who already have a higher risk of complications or death.”

• **Baxter and the International Society of Nephrology announce a collaboration to address growing prevalence of kidney disease.** “Baxter International Inc. (NYSE:BAX), a global innovator in renal (kidney) care, and the International Society of Nephrology (ISN) announced a partnership to advance chronic kidney disease (CKD) awareness and help improve access to therapy, particularly in low- and middle-income countries (LMIC) – commonly referenced as emerging markets – where the disease prevalence is growing the fastest. The collaboration will support greater disease and therapy research and education, as well as work to help establish better care models that support high standards of care at a lower cost in LMIC.”
  

• **Nurses have a prescription for the Democratic party: back single payer.** “When the Democratic Party’s platform committee rejected a proposal for finally establishing a single-payer health-care system in the United States, Michael Lighty of National Nurses United reminded them that 81 percent of Democrats tell pollsters they support a ‘Medicare for All’ reform. ‘If [single payer] is controversial in this room, it is the only room of Democrats in which it is controversial,’ the veteran union activist explained. Lighty was right, and, though his position did not prevail that day, he promised that ‘the 185,000 registered nurses of National Nurses United will not give up on their patients. They will not give up until we assure health care for all. They will not give up until we have Medicare for All.’”
  
  o Read more: [https://www.thenation.com/article/nurses-have-a-prescription-for-the-democratic-party-back-single-payer/](https://www.thenation.com/article/nurses-have-a-prescription-for-the-democratic-party-back-single-payer/)