

American Nephrology Nurses Association

Weekly Capitol Hill Update – Monday, August 20, 2018

Congressional Schedule

Senate

- Senate meets at 3pm: resumes consideration of H.R. 6157, the “minibus” FY19 spending measure covering Defense, Labor, HHS and Education

House

- House in recess until September 4

Legislative Update

- **Week in Review**
 - *Senate gets to work in August – but many don't show up.* “The Senate is working through the August recess. Sort of. Senators didn't arrive in Washington for this week's work until late in the day Wednesday and held their last votes of the week at 1:45 p.m. Thursday, adjourning a few hours later. Sen. Dick Durbin (Ill.), the second-ranking Democrat, skipped the week altogether, as did seven Republican senators – not counting Sen. John McCain (R-Ariz.), who is away from Washington indefinitely while he undergoes treatment for brain cancer. The poor attendance on the Republican side of the aisle did not sit well with Senate Majority Leader Mitch McConnell (R-Ky.), who has emphasized for weeks that the Senate would work through August to get its business done.”
 - Read more: <http://thehill.com/homenews/senate/402259-senate-gets-to-work-in-august-but-many-dont-show-up>
 - *AHIP sign-on letter regarding the SUPPORT for Patients and Communities Act.* “The House of Representatives passed H.R. 6, the “SUPPORT for Patients and Communities Act,” in June to address the opioid epidemic with an offset that would require private health plans to pay for an additional three months of ESRD services beyond the existing 30-month period after which Medicare becomes the primary payer. While we strongly support congressional efforts to address the opioid epidemic, we are very concerned about offsets that would reduce the ability of private health plans to provide comprehensive, affordable health care coverage.”
 - Read more: <https://www.ahip.org/wp-content/uploads/2018/08/ESRD-Medicare-Letter-FINAL-8-20-18.pdf>

- *Sens. Smith, Warren raise questions about accuracy of Secretary Azar's testimony blaming pharmacy benefit managers for high drug prices.* "U.S. Sens. Tina Smith (D-Minn.) and Elizabeth Warren (D-Mass.) questioned Health and Human Services (HHS) Secretary Alex Azar about his potentially misleading statements during his Senate testimony in which he blamed pharmacy benefit managers (PBMs) and drug distributors for drug manufacturers' ongoing refusal to meaningfully reduce drug prices. The senators' letter follows new information obtained from PBMs and drug distributors that directly contradicts the allegations made by Secretary Azar and raises questions about the accuracy of his testimony to Congress. Despite President Trump's promises that drug companies would voluntarily enact 'massive' price cuts, there have been no significant drug price drops."
 - Read more: <https://www.smith.senate.gov/content/sens-smith-warren-raise-questions-about-accuracy-secretary-azars-testimony-blaming-pharmacy>
- **Week Ahead**
 - *Senate to consider massive spending bill.* "Senators agreed on Wednesday to debate and vote in the next few days on more than \$850 billion in spending on defense, labor and health care programs, as the Trump administration announced its objections to some parts of the bill. The so-called 'minibus' appropriations bill includes nearly \$675 billion in spending for the Department of Defense, as well as about \$182 billion for an array of domestic programs under the departments of Labor, Health and Human Services, Education and related agencies. Congressional aides said the Senate combined the two bills in the hope that President Donald Trump would not veto the domestic spending measure."
 - Read more: https://www.postguam.com/news/local/senate-to-consider-massive-spending-bill/article_188aeba8-a0e8-11e8-9064-bfc96defcbef.html

Regulatory and Administration Update

- *Trump wants federal suit against opioid manufacturers.* "President Trump is asking Attorney General Jeff Sessions to file a federal lawsuit against certain companies that supply and manufacture opioids. Speaking during a Cabinet meeting Thursday, Trump said he's directing Sessions to file a separate lawsuit, rather than joining existing lawsuits filed by states affected by the spread of the often-lethal, highly addictive drugs. Trump is asking Sessions to look out for opioids coming into the U.S. from China and Mexico, saying those countries are 'sending their garbage and killing our people.'"
 - Read more: <https://www.statnews.com/2018/08/16/trump-federal-suit-opioid-manufacturers/>
- *Trump readies new round of controversial Medicaid changes.* "The Trump administration is preparing to let conservative-led states impose additional restrictions on the nation's health program for the poor that could push tens of thousands of people off coverage, POLITICO has learned. The high-stakes changes, involving work requirements and questions about illegal drug use, have been the subject of intense behind-the-scenes lobbying in recent months by federal and state lawmakers in the latest

chapter of the GOP's long-running efforts to reshape Medicaid – a policy priority extending back to the Reagan era.”

- Read more: <https://www.politico.com/story/2018/08/16/medicaid-changes-trump-work-drug-use-741890>
- ***Trump officials approve New Jersey plan to stabilize ObamaCare.*** “A plan to help lower ObamaCare premiums in New Jersey was given the green light by the Trump administration on Thursday. New Jersey’s waiver for a reinsurance program is expected to lower premiums by up to 15 percent in 2019, the state said. The program was approved by the Centers for Medicare and Medicaid Services (CMS) through a section of ObamaCare called an ‘innovation’ waiver. The program will set up a pot of money that will be funneled towards insurance companies to help pay for the sickest patients. It will be funded partly through the \$90 million to \$100 million in expected revenue from the state’s new individual mandate penalty.”
 - Read more: <http://thehill.com/policy/healthcare/402246-trump-administration-approves-new-jersey-plan-to-stabilize-obamacare>
- ***Trump administration cracking down on production of prescription opioids.*** “The Trump administration is using new powers to propose a significant decrease in how many opioids drug companies can manufacture in the U.S. in 2019. The Justice Department and Drug Enforcement Administration (DEA) are proposing an average 10 percent decrease next year in the manufacturing quotas for six frequently misused opioids.”
 - Read more: <http://thehill.com/policy/healthcare/402157-trump-administration-cracking-down-on-production-of-prescription-opioids>
- ***Feds urge states to encourage cheaper plans off the exchanges.*** “For those who make too much money to qualify for health insurance subsidies on the individual market, there may be no Goldilocks moment when shopping for a plan. No choice is just right. A policy with an affordable premium may come with a deductible that’s too high. If the copayments for physician visits are reasonable, the plan may not include their preferred doctors. These consumers need better options, and in early August federal officials offered a strategy to help bring down costs for them. The guidance is from the Centers for Medicare & Medicaid Services, which oversees the insurance marketplaces set up by the Affordable Care Act. CMS is encouraging states to allow the sale of plans outside of those exchanges that don’t incorporate a surcharge insurers started tacking on last year.”
 - Read more: <https://khn.org/news/feds-urge-states-to-encourage-cheaper-plans-off-the-exchanges/>
- ***Revisions to the State Operations Manual (SOM), Chapter 2, End Stage Renal Disease (ESRD) Program.*** “The SOM operationalizes the oversight activities of State Survey Agencies (SAs) and Centers for Medicare & Medicaid Services (CMS) Regional Offices (ROs) for certified Medicare providers and suppliers. Chapter 2 of the SOM includes guidance and instructions on procedures for ESRD facilities. CMS has completed a comprehensive update to the SOM Chapter 2, ESRD section to incorporate current Conditions for Coverage (CfC) and CMS policies for ESRD issued previously through memoranda.”

- Read more: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-22-ESRD.pdf>

Articles of Interest

- ***Best hospitals for nephrology.*** “U.S. News provides information here about 1,639 hospitals in Nephrology that see many challenging patients. Listed hospitals had to treat at least 192 such Medicare inpatients in 2014, 2015 and 2016. The 50 top-scoring hospitals are ranked, followed by high performing hospitals.”
 - Read more: <https://health.usnews.com/best-hospitals/rankings/nephrology>
- ***Ohio Supreme Court kicks kidney dialysis issue off the November ballot.*** “The Ohio Supreme Court delivered a knock out punch to a statewide ballot issue regarding kidney dialysis, ruling the petitions submitted to get on the November ballot invalid. In a 7-0 decision released Monday, the court determined that the petition circulators failed to file the proper forms before collecting voter signatures, as required by state law. The high court has exclusive jurisdiction over challenges to initiative petitions. If the ballot initiative had been brought to voters and approved this November, it would have created a constitutional amendment that would have capped the amount dialysis centers can charge to 115 percent of the cost of the service.”
 - Read more: <https://www.whio.com/news/ohio-supreme-court-kicks-kidney-dialysis-issue-off-the-november-ballot/qAlKmVL0lcY1JM5s27r6UP/>
- ***Affordable dialysis project gains funding to move forward.*** “An astounding 3.9 million USD has now been raised by a research team at the George Institute for Global Health in Sydney Australia to support the development of a cost-efficient peritoneal dialysis system, giving hope to kidney disease patients desperately in need of treatment in the developing world.”
 - Read more: <https://www.theisn.org/news/item/3331-affordable-dialysis-project-gains-funding-to-move-forward>
- ***Diabetes: Medicaid expansion making meds more accessible.*** “Low-income people with diabetes are better able to afford their medications and manage their disease in states that expanded Medicaid under the Affordable Care Act, a new study suggests. The Health Affairs study, released last Monday, found a roughly 40 percent increase in the number of prescriptions filled for diabetes drugs in Medicaid programs of the 30 states (including Washington, D.C.) that expanded eligibility in 2014 and 2015, compared with prior years. By contrast, states that didn’t embrace the Medicaid expansion saw no notable increase.”
 - Read more: <http://www.unionleader.com/article/20180814/NEWS12/180819775/-1/news>
- ***Health insurers are using diabetes drug coupons to pad profits.*** “Health insurance companies have complained they are burdened with the high cost of diabetes care as a way to justify new programs that shift more of the cost of care to patients themselves. But these programs are actually padding profits in the insurance industry and placing a huge strain on diabetes patients already struggling to meet their health care needs.”

Insurance companies are hiding this new effort behind opaque and confusing jargon. They call their new policies 'copay accumulators,' 'Out-of-Pocket Protection Programs' or 'Coupon Adjustment: Benefit Plan Protection Programs.' These programs block patients from crediting a manufacturer's copay assistance – coupons or discount cards provided to patients to cover high copays on brand name and specialty drugs – toward the patient's annual deductibles."

- Read more: <http://thehill.com/opinion/healthcare/401962-health-insurers-are-using-diabetes-drug-coupons-to-pad-profits>
- ***Sensors, smartphones headline tech that helps monitor diabetes.*** "Technology is offering new ways to help those with diabetes, or their loved ones, monitor the disease. Diabetes treatment has evolved since Mary Fortune was diagnosed in 1967 and hospitalized because there was no reliable way monitor her blood sugar. These days, a glucose skin patch transmits her levels day and night to her iPhone and shares the data with others. Fortune and other diabetics are benefiting from an explosion in technology and innovation, from under-the-skin sensors that eliminate the need for painful finger pricks, to smartphone alerts when glucose levels rise too high. But the technology, and its integration with mobile devices, has brought the types of lawsuits typically seen by Silicon Valley companies."
 - Read more: <https://www.healthdatamanagement.com/articles/sensors-smartphones-headline-tech-that-helps-monitor-diabetes>
- ***HbA_{1c} Measured in the first trimester of pregnancy and the association with gestational diabetes.*** "We aimed to examine the prospective association between first trimester HbA_{1c} and gestational diabetes (GDM) and explore the utility of HbA_{1c} for prediction of GDM. In conclusion, women who develop GDM may have impaired glucose homeostasis early in or prior to pregnancy, as indicated by their elevated first trimester HbA_{1c}. First trimester HbA_{1c} may aid in early identification of at risk women."
 - Read more: <https://www.nature.com/articles/s41598-018-30833-8>
- ***Women dominate nursing. So why do men make this much more than them?*** "Women have always vastly outnumbered men in the nursing profession -- by a lot. In fact, today, they make up nearly 90 percent of the industry's U.S. workforce. So it begs the question: Why do their male counterparts still make so much more than them? A recent survey of more than 4,500 registered nurses from all 50 states found that male nurses earn an average of \$79,688 a year compared to \$73,090 for women -- a nearly \$6,600 pay gap, according to Nurse.com by OnCourse Learning, an online educational resource for nurses throughout the world, which conducted the study."
 - Read more: https://www.nj.com/news/index.ssf/2018/08/women_nursing_industry_men_pay_gap_salaries_survey.html
- ***To keep you healthy, health insurers may soon pay your rent.*** "UnitedHealth has invested \$350 million since 2011 in affordable housing in 14 states. And the nation's second-largest health insurer, Anthem has committed more than \$380 million to affordable housing over the last decade. And other insurers, such as Humana, are investing and partnering in certain communities as part of a 'Bold Goal Initiative' that

targets a variety of social determinants. This sudden interest in the basic needs of so called 'frequent flyers' or 'super utilizers' - who use an outsize amount of healthcare resources, is in part the result of new efforts toward what is known as 'value-based' care. Insurers are still paying for the traditional doctor's office visit, hospitalizations and drug coverage, but they want to make sure whatever is needed upfront to avoid something more expensive and unnecessary down the road is taken care of."

- Read more: <https://www.forbes.com/sites/brucejapsen/2018/08/14/to-keep-you-healthy-health-insurers-may-soon-pay-your-rent/#234b912d67ce>
- ***What are millennial nurses thinking? Here are a few insights.*** "During the past few years, there has been much lamenting about 'those millennials,' and how they just don't have the same work tendencies as the generations of nurses before them. Often, these assumptions are anecdotal and based off nurse leaders' personal experiences with the age-based cohort. The new report, Survey of Millennial Nurses: A Dynamic Influence on the Profession, released by the healthcare staffing company AMN Healthcare, seems to confirm some of these observations. The report compares millennial nurses' (ages 19-36) responses on the AMN Healthcare 2017 Survey of Registered Nurses to responses from Generation X nurses (ages 37-53) and baby boomer nurses (ages 54-71)."
 - Read more: <https://www.healthleadersmedia.com/nursing/what-are-millennial-nurses-thinking-here-are-few-insights>
- ***Patients often end up with expensive medical bills, even when they go to in-network facilities: Analysis.*** "About 1 in 6 hospital stays for patients enrolled in large employer health plans results in out-of-network bills, which tend to be costly and not fully covered by insurance, according to an analysis released Monday. The Kaiser Family Foundation (KFF) study of medical bills from large employer plans found that 18 percent of inpatient admissions result in out-of-network claims. Even when enrollees choose in-network facilities, KFF found, 15 percent of admissions include a bill from an out-of-network provider. The bills arise when a patient goes to an in-network hospital, but receives care from a medical professional who is out-of-network."
 - Read more: <http://thehill.com/policy/healthcare/401610-patients-often-end-up-with-expensive-medical-bills-even-when-they-go-to-in>
- ***Tapered to zero: In radical move, Oregon's Medicaid program weighs cutting off chronic pain patients from opioids.*** "It's not the country's first attempt to restrict opioids - other states have worked to improve their drug monitoring programs and passed legislation capping first-time opioid prescriptions for acute pain at three, five, or seven days. Even the federal government proposed sharply limiting the dosage of opioids that doctors prescribe Medicare patients, though they ultimately abandoned that plan when it was widely opposed. But Oregon's proposal goes dramatically further - no other states or providers have such extensive proposals to remove patients who have not exhibited signs of addiction or other negative health indicators from their pain medication."
 - Read more: <https://www.statnews.com/2018/08/15/oregon-medicaid-tapering-opioids/>

- ***New York becomes 27th state to sue opioid manufacturer Purdue.*** “New York on Tuesday joined 26 other states in suing opioid manufacturer Purdue Pharma LP for its alleged role in the nation's opioid crisis. The state claims that Purdue deceptively minimized the risks of opioid use in order to boost sales of its painkiller OxyContin, The Wall Street Journal reports. The suit says that more than 75 percent of New York’s opioid deaths were a result of painkillers and asserts that a statewide investigation found that the company’s marketing scheme contributed to the excessive use and prescription of opioids.”

 - Read more: <http://thehill.com/policy/healthcare/401854-new-york-becomes-27th-state-to-sue-opioid-manufacturer-purdue>

- ***CVS launches program targeting expensive new drugs.*** “CVS Caremark will allow its clients to exclude coverage of drugs with extremely high launch prices under a new program the company said is aimed at pressuring manufacturers to lower drug costs. According to CVS, launch prices have been steadily rising for years, and are completely up to the discretion of the manufacturer. The high prices put an unsustainable burden on the country’s health system, CVS said. The new program will use specific methods of comparing the cost and effectiveness of certain medications. CVS said such analyses for the effectiveness of drugs are common in Europe, but don’t exist in America.”

 - Read more: <http://thehill.com/policy/healthcare/401814-cvs-program-will-target-expensive-new-drugs>

- ***Ohio firing pharmacy middlemen that cost taxpayers millions.*** “The Ohio Department of Medicaid is changing the way it pays for prescription drugs, giving the boot to all pharmacy middlemen because they are using ‘spread pricing,’ a practice that has cost taxpayers hundreds of millions. Medicaid officials directed the state's five managed care plans Tuesday to terminate contracts with pharmacy benefit managers using the secretive pricing method and move to a more transparent pass-through pricing model effective Jan. 1. The announcement comes after more than 40 stories by The Dispatch this year investigating the mysterious practices of little-known pharmacy benefit managers, or PBMs, that make nearly \$400 billion a year as part of the country’s health-care system. Ironically, PBMs historically served as claims processors but more recently, as they became more involved in managing benefits, they have touted their role as helping to control the rapid rise in health-care costs.”

 - Read more: <http://gatehousenews.com/sideeffects/ohio-firing-pharmacy-middlemen-cost-taxpayers-millions/site/dispatch.com/>

- ***NYU medical school plans free tuition for those studying to be doctors.*** “In a move it said was to address the large cost of entering a career in medicine, New York University's School of Medicine said Thursday that it will offer full scholarships to all current and future students in its doctor of medicine program. NYU said it was the ‘only top 10-ranked’ medical school in the U.S. to offer such a generous package.”

 - Read more: <https://www.npr.org/2018/08/17/639467023/nyu-medical-school-says-it-will-offer-free-tuition-to-all-students>