Congressional Schedule

Senate
- Senate out until after August recess.

House
- House out until after August recess.

Legislative Update

- Week in Review
  - **Trump Threat to Obamacare Would Send Premiums and Deficits Higher.** “Premiums for the most popular health insurance plans would shoot up 20 percent next year, and federal budget deficits would increase by $194 billion in the coming decade, if President Trump carried out his threat to end certain subsidies paid to insurance companies under the Affordable Care Act, the Congressional Budget Office said Tuesday. The subsidies reimburse insurers for reducing deductibles, co-payments and other out-of-pocket costs that low-income people pay when they visit doctors, fill prescriptions or receive care in hospitals.”
  
  - **Health Insurers Will Get August Obamacare Payments Trump Threatened to End.** “The government will make this month’s payments to insurers under the Obama-era health care law that President Donald Trump still wants to repeal and replace, a White House official said Wednesday. Trump has repeatedly threatened to end the payments, which help reduce health insurance copays and deductibles for people with modest incomes, but remain under a legal cloud. A White House spokesman said “the August payment will be made,” insisting on anonymity to discuss the decision ahead of the official announcement. The so-
called “cost-sharing” subsidies total about $7 billion this year and are considered vital to guarantee stability for consumers who buy their own individual health insurance policies.”


- **GOP senator meeting weekly with White House, administration on ObamaCare repeal.** “Sen. Bill Cassidy (R-La.) said he's meeting with the White House and the Trump administration "two or three times per week" on a plan to repeal and replace ObamaCare. Cassidy has teamed up with Sens. Lindsey Graham (R-S.C.) and Dean Heller (R-Nev.) on a plan that would essentially block-grant ObamaCare funding to the states while repealing the law's individual and employer mandates.”

- **Conservative chairman in talks about ObamaCare stabilization deal.** “Reps. Mark Meadows (R-N.C.) and Tom MacArthur (R-N.J.) are in talks for a bill that would stabilize ObamaCare markets. The measure would fund key ObamaCare payments known as cost-sharing reductions, possibly in exchange for expanded flexibility favored by conservatives for states to waive ObamaCare regulations through broadening an existing provision known as 1332 waivers.”

**Week Ahead**

- **Time Crunch Among Hurdles for Bipartisan Senate Push to Bolster ACA.** “The leaders of a key Senate committee say they are cautiously optimistic about reaching a deal to shore up the Affordable Care Act’s individual marketplaces, but even with a bipartisan effort, it is far from certain whether they can hash out an agreement in time. The Senate Health, Education, Labor and Pensions Committee leaders of both parties have set a self-imposed mid-September deadline for a bipartisan agreement. To keep lingering animosity from the Obamacare repeal fight from seeping into negotiations, Chairman Lamar Alexander has made clear that what he’s seeking is far from comprehensive.”

**Regulatory and Administration Update**

- **MedPAC Comments on ESRD PPS Payment Update.** “The Medicare Payment Advisory Commission (MedPAC) welcomes the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) notice of proposed rulemaking entitled “Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to
Individuals with Acute Kidney Injury, and End-Stage Renal Disease Quality Incentive Program” published in the Federal Register...Our comments address provisions in the proposed rule about:

- The pricing of drugs and biologics under the ESRD PPS outlier policy;
- Medicare’s payment to ESRD facilities for outpatient dialysis services furnished to AKI beneficiaries;
- The ESRD QIP and inclusion of AKI beneficiaries in the QIP; and
- Accounting for social risk factors in the ESRD QIP.”

To read the full letter: http://www.medpac.gov/docs/default-source/comment-letters/08112017_esrdcy2018_medpac_comment_sec.pdf

**CMS proposed rule would cancel three bundled payment models.** “The Centers for Medicare & Medicaid Services today issued a proposed rule that would cancel the cardiac and surgical hip and femur fracture treatment mandatory bundling payment programs, known as the episode payment models. It also would cancel the cardiac rehabilitation incentive payment model. These programs had been scheduled to begin Jan. 1, 2018. The rule also proposes to revise certain aspects of the Comprehensive Care for Joint Replacement model, including by giving certain hospitals selected for participation in the CJR model a one-time option to choose whether to continue their participation in the model. Specifically, the CJR model would continue on a mandatory basis in 34 of the 67 selected geographic areas, with an exception for low-volume and rural hospitals, and continue on a voluntary basis in the other 33 of 67 areas.”

To read more: http://news.aha.org/article/170815-cms-proposed-rule-would-cancel-three-bundled-payment-models

**Articles of Interest**

- **Do kidney transplantations save money? A study using a before-after design and multiple register-based data from Sweden.** “A before–after design was used, in which the patients served as their own controls. Health care costs the year before transplantation were assumed to continue in the absence of a transplant and the cost savings was therefore calculated as the difference between the expected costs and the actual costs during the 10-year follow-up period. Factors associated with the size of the cost savings were studied using ordinary least-squares regression... Kidney transplantations have led to substantial cost savings for the Swedish health care system. An increase in donated kidneys has the potential to further reduce the cost of renal replacement therapy.”


- **Best Hospitals for Nephrology.** U.S. News and World Report released their annual ranking of hospitals, including a section on the best hospitals for nephrology. “Hospitals had to treat at least 192 Medicare inpatients in 2013, 2014, and 2015. The fifty top-scoring hospitals are ranked.”

  To read more: http://health.usnews.com/best-hospitals/rankings/nephrology

- **America’s kidney disease epidemic merits congressional attention.** “While ongoing biomedical research has helped to fine-tune the science behind hemodialysis, the need
for ongoing and adequately funded kidney care research has only increased. Today, approximately 40 million Americans suffer from kidney diseases – and another 650,000 suffer from kidney failure, largely due to increased incidence of diabetes and high blood pressure. The numbers are staggering, yet the amount of resources dedicated to improving the outlook pales in comparison. While ongoing biomedical research has helped to fine-tune the science behind hemodialysis, the need for ongoing and adequately funded kidney care research has only increased. Today, approximately 40 million Americans suffer from kidney diseases – and another 650,000 suffer from kidney failure, largely due to increased incidence of diabetes and high blood pressure. The numbers are staggering, yet the amount of resources dedicated to improving the outlook pales in comparison.”


- **What's the best strategy to increase living kidney donation?** “A new analysis indicates that few strategies to increase living kidney donation have been evaluated effectively; however, educational strategies targeted to recipients and their family and friends have the best evidence of being successful. The analysis, which appears in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN), also provides possible suggestions that could help investigators, organizations, and policy makers determine which, out of the many strategies that may be used to increase living donation, should be considered. There is a critical need to increase rates of living kidney donation to address the growing organ shortage; however, it’s unclear which strategies are effective. To investigate, Scott Klarenbach, MD, MSc (University of Alberta) and his colleagues summarized the breadth and quality of the evidence on approaches to increase living kidney donation.”

○ To read more: [https://www.eurekalert.org/pub_releases/2017-08/ason-wtb081017.php](https://www.eurekalert.org/pub_releases/2017-08/ason-wtb081017.php)

- **First Pig-to-Human Organ Transplants 2 Years Away, Say Scientists.** “A breakthrough in virus manipulation has brought us one step closer to a future where human bodies are powered by pig organs. In a study released Thursday in the journal Science, scientists from Harvard University announced that they’d surmounted the biggest obstacle in transplanting pig parts into human bodies: the pig viruses that always trigger violent human immune responses seem to have finally been beat. Pigs, whose organs are roughly the same size and shape as ours, have long been eyed as a possible source of functional transplants for humans, especially as transplant waiting lists continue to lengthen. Between 2012 and 2016, there was a nearly 20 percent increase in the number of transplants that happened in the United States, and that number is only expected to increase as the population grows older, according to the United Network for Organ Sharing.”


- **Google buys health monitoring startup.** “Google on Monday bought Senosis Health, a startup that creates products used to monitor diseases. The startup makes tools focused
on tracking lung function, taking hemoglobin counts and helping treat newborn jaundice, according to Geekwire."

- To read more: http://thehill.com/policy/technology/346485-google-purchases-healthcare-startup