



www.ena.org

WASHINGTON UPDATE

January 15, 2018

ENA Government Relations
gov@ena.org

FDA Approves Monthly Injection for Opioid Addiction

In November, the FDA approved the first once-monthly injectable treatment for moderate to severe opioid use disorder. The first-of-its-kind treatment, known as Sublocade, is a form of buprenorphine, a common drug utilized in medication-assisted treatment regimens to address opioid addiction. Until now, buprenorphine was administered daily through a tablet or film that would dissolve on the tongue or through an implant that would slowly release doses of the drug into the bloodstream. While more convenient than daily medications, which could be forgotten, lost, or stolen, implants (which were only first approved in 2016) must be surgically inserted and removed every six months. According to experts, providing additional options increases medication adherence, a key indicator of success for recovering addicts.

Increasing access to prevention and recovery services, including medication-assisted treatments, is a focus of the FDA's ongoing work to address the opioid crisis and an element of the [Department of Health and Human Services' Five Point Strategy to Combat the Opioid Crisis](#). In the past three months, multiple Congressional committees have held hearings to gain a better understanding of the crisis and consider various options for reducing its scope. President Trump declared the crisis a Public Health Emergency in October, although no new funding has been identified or provided to enhance these efforts. Drug overdoses involving opioids killed more than 42,000 Americans in 2016.

ENA Advances General Assembly Resolution, Endorses Gun Violence Research Bill

During the EN17 General Assembly, ENA Members voted to approve a resolution that addresses firearm safety and ENA's positions on related issues. Resolution GA17-08 highlights the firsthand role that emergency nurses play in dealing with the devastating consequences of gun violence and identifies the issue as a "public health issue that requires a comprehensive, multifaceted approach."

The resolution also directs ENA to work towards lifting restrictions which have been in place since 1996 on federally-sponsored research examining firearm injury mortality or firearm injury prevention. In furtherance of the resolution, ENA [recently endorsed](#) the Gun Violence Research Act, [H.R. 1478](#),

which would repeal the language that prevents federal research efforts related to gun violence and safety, including research on strategies to reduce gun injuries and fatalities. 38,000 Americans died from gun-related injuries in 2016, according to the CDC.

Anthem ED Policy Forces Patients to Diagnose Themselves

Late in the Summer of 2017, patients and providers in some states began to notice that claims to insurer Anthem for emergency care were frequently being denied. According to the company's new coverage policy, claims for emergency care would be evaluated, and in cases that were later determined to not be emergencies, those claims would be denied. Anthem argues this policy is aimed at curbing inappropriate ED use, citing a one-year 20 percent increase in ED visits for customers in Missouri alone.

Federal law (under EMTALA) already requires EDs to treat all patients, regardless of their ability to pay. This often leads to hospitals providing care for which they would not be compensated. Under Anthem's new policy, after the claims are denied, patients are being held responsible for large hospital bills for care they assumed was covered under their insurance policy. Patient groups and professional societies, as well as lawmakers and regulators, have been active in opposing the policy. According to critics, the policy puts patient lives in jeopardy as they are now forced to consider whether their medical condition is an actual emergency.

Originally enacted in certain parts of Kentucky in 2015, the change took effect in Missouri and Georgia in June 2017. Anthem plans to implement similar rules in Indiana, New Hampshire and Ohio this year.

Opioid Epidemic Results in Lower Life Expectancy, Spikes in Hepatitis C

Life expectancy in the United States dropped for the second year in a row in 2016, according to [new analysis](#) released in December by the CDC, and experts are blaming the opioid crisis. Experts from CDC's National Center for Health Statistics cite the 21 percent jump in drug overdose deaths in 2016 as large enough to affect the national mortality profile, especially because opioid-related deaths are most concentrated in the 25-54 age bracket. From 2015-2016, 40 states saw increases in rates of overdose, with 17 states seeing jumps of 25 percent or more.

Additionally, CDC also found linkages between the opioid crisis and steep spikes in hepatitis C infections, as more and more users are injecting intravenously. Between 2004 and 2014, researchers saw a 133 percent increase in acute hepatitis C infection. This correlated with a 93 percent increase in hospital admissions for opioid injection over the same time period.

The United States has not experienced a two-year decline in life expectancy since the early 1960's.

Federal Advocacy Update: ENA Priority Legislation

Here you will find monthly updates on the status of bills that are of priority concern or focus for ENA. We will utilize this section to provide basic information such as new cosponsors that have signed on in the last month or updates on the status of the bill's movement through Congress.

When bills are first added, existing cosponsors will be listed. Following, you will see only new cosponsors listed monthly. You may review the legislation and a complete list of cosponsors by clicking the link provided.

Protecting Patient Access to Emergency Medications Act

Status: President Trump signed this bill into law on November 17, 2017 as [Public Law 115-83](#)

MISSION ZERO Act

[House \(H.R. 880\)](#)

No new cosponsors since July 14, 2017

Status: Passed Energy and Commerce Committee by voice vote on July 27, 2017. This bill awaits action by the full House of Representatives.

[Senate \(S. 1022\)](#)

No new cosponsors since October 30, 2017

Status: Awaits action in Senate HELP Committee.

Mental Health and Substance Abuse Treatment Accessibility Act

[House \(H.R. 1253\)](#)

No new cosponsors since October 25, 2017

Status: Awaits action in House Energy & Commerce Committee

Senate: Please note there is no current Senate companion for H.R. 1253

Stop, Observe, Ask, Respond (SOAR) to Health and Wellness Act

[House \(H.R. 767\)](#)

No new cosponsors since September 13, 2017

Status: Passed by Energy & Commerce Committee by voice vote on July 27, 2017.
This bill awaits action by the full House of Representatives

[Senate \(S. 256\)](#)

No new cosponsors since November 7, 2017

Status: This bill awaits action by the Senate HELP Committee

Air Ambulance Quality and Accountability Act

New Bill Listing

[House \(H.R. 3780\)](#)

Sponsor: Rep. Hudson, Richard [R-NC]

Current Cosponsors	Party/State/Dist.	Date Added
Rep. Kennedy, Joseph*	[D-MA-4]	9/14/2017
Rep. Jenkins, Lynn*	[R-KS-2]	9/14/2017
Rep. Kind, Ron*	[D-WI-3]	9/14/2017
Rep. Engel, Eliot	[D-NY-16]	11/7/2017
Rep. Rush, Bobby	[D-IL-1]	11/15/2017
Rep. Dingell, Debbie	[D-MI-12]	11/15/2017
Rep. Paulsen, Erik	[R-MN-3]	12/5/2017
Rep. Sensenbrenner, Jim	[R-WI-5]	12/7/2017
Rep. Barton, Joe	[R-TX-6]	1/12/2018
Rep. Long, Billy	[R-MO-7]	1/12/2018
Rep. Sinema, Kyrsten	[D-AZ-9]	1/12/2018
Rep. Pingree, Chellie	[D-ME-1]	1/12/2018
Rep. Bucshon, Larry	[R-IN-8]	1/12/2018

*Original Cosponsor

Status: This bill currently awaits action by the House Energy & Commerce and Ways & Means Committees

Senate: Please note there is currently no Senate companion for H.R. 3780