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# WASHINGTON UPDATE

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## **Lack of Sufficient Support Dooms GOP Health Care Effort**

Speaker Paul Ryan decided not to move forward with a vote on the GOP's Obamacare replacement bill, the American Health Care Act, because it lacked enough support for passage. The House vote on the legislation was cancelled just before it was to take place on March 24. Republicans had intended to repeal President Obama's signature accomplishment on the seventh anniversary of its signing into law.

GOP leadership had difficulty crafting a bill that would win support of both the conservative Freedom Caucus, which wanted a complete repeal of the Affordable Care Act, and more moderate Republican members who were concerned about the number of their constituents who would lose health insurance.

Passage of the bill was made more difficult by a report released prior to the expected vote by the nonpartisan Congressional Budget Office (CBO). The CBO estimated that the Republican replacement bill would lead to 14 million Americans losing health insurance coverage next year and 24 million fewer people having insurance by 2026.

Republican lawmakers are still seeking to develop a new proposal to repeal and replace the ACA, but no further action has yet been scheduled.

## **Fentanyl Creates New Challenges, Fears in Opioid Crisis**

As America continues to cope with its growing epidemic of opioid overdoses and deaths, a new challenge has emerged that has communities on their heels. From 2014 to 2015, death rates linked to synthetic opioids other than methadone jumped by 72 percent, according to the Centers for Disease Control and Prevention (CDC). Since 2010, the percentage of drug overdose deaths attributed to synthetic opioids rose from 8 to 18 percent (125 percent increase). The sharp increase in fatalities is primarily linked to a drug called fentanyl. Fentanyl is a synthetic opioid that is used to treat extreme pain and is 50-100 times more powerful than morphine. A fentanyl overdose can happen within seconds and can kill within minutes, unless the user receives emergency treatment.

Recent years have seen cheaply produced and illegally-imported fentanyl flooding into the U.S. from China. Fentanyl's effects mimic that of heroin, making it a popular choice for dealers to mix with

heroin to increase yield and profitability. Drug users and addicts who are buying this deadly cocktail are almost never aware of the true contents of what they are using, and many addicts now assume they're using fentanyl to some extent. Carrying naloxone and participating in needle exchange programs (where they are available) are some ways addicts are adjusting to this new reality. These grim statistics further underscore the importance of the Comprehensive Addiction and Recovery Act (P.L. 114-198), which increased accessibility to naloxone, in saving the lives of those addicted to opioids. ENA was a strong supporter of this legislation, which was signed into law in July 2016.

## **Patients Choosing Uber Over Ambulance for ED Trips**

Americans increasingly are calling ride-share services such as Uber and Lyft instead of an ambulance for a trip to the emergency department. And there is a split among the public, drivers and the health care community over the trend. Those choosing a ride share over an ambulance most often cited cost, choice of facility and having a non-life-threatening condition for their decision.

Uber policy directs potential riders to call 911 for medical emergencies. However, in the nation's capital, the D.C. Fire and EMS Department is considering using Uber and other options for its non-life-threatening 911 calls. Under the plan, nurses would be added to the 911 call center to evaluate medical needs. Those cases deemed not to be a medical emergency would be dispatched a non-ambulance vehicle and transported to a non-emergency department health care facility. Implementation of this plan is included in the Washington D.C. budget proposal, which is slated to be voted on next month.

## **Medicaid Expansion Newly Popular After AHCA Demise**

Just days after the U.S. House pulled a vote to replace Obamacare with the American Health Care Act (AHCA), the Kansas legislature voted to expand Medicaid coverage under the Affordable Care Act (ACA). Gov. Sam Brownback vetoed the bill, but legislators are vowing to bring it up again during the upcoming veto session that begins May 1.

Kansas joins Georgia, Maine, and North Carolina in reconsidering their opposition to expanding Medicaid in light of the recent failure to pass the AHCA. They would join 31 states and the District of Columbia that have taken advantage of the ACA provision. Under the ACA, the expanded Medicaid population were fully funded with federal dollars from 2014 through 2016. Beginning this year, states gradually have to pick up some costs, but the federal government still pays 90% or more of Medicaid expansion through 2020.

## **Ohio Moves to Limit Opioid Prescriptions**

In response to the continuing drug addiction crisis, Ohio governor John Kasich recently announced an initiative that would place strict limits on the amount of opioids that can be prescribed by health care professionals. Under the governor's order, adults can receive no more than a seven-day supply of opioids, while prescriptions for minors are capped at five days.

In addition, Governor Kasich said the new rules require a specific diagnosis and procedure code to accompany every painkiller prescription. The prescription limits have received support from the state's nursing and dental boards, as well as the Ohio Board of Pharmacy and physician's board. The only exceptions to the new rule are for patients who take prescription opioids for cancer treatment or to dying those who are already receiving hospice care.