

MARCH LEGISLATIVE REPORT

WHAT'S UP IN WASHINGTON?

HR 5247: Right to Try Act 2018

- Introduced March 13, 2018 and passed the House on March 21st.
- The bill authorizes the use of eligible investigational drugs by patients who have been diagnosed with a terminal illness who have exhausted the approved treatment options and are not eligible to participate in clinical trials.
- The investigational drug must have an open application pending at the FDA without any clinical holds. The drug will be directly supplied to the patient by manufacturer.
- FDA must be notified of provision of the drug and any adverse events.
- FDA is prohibited from blocking access to the drug and is required to use the data about its use in their deliberations on approvals.
- A coalition of more than 100 physicians and patient advocacy groups have taken opposition to the bill stating the pathway laid out in legislation is less safe for patients than the FDA's current expanded access program.
- ONS is also in opposition.

NEW & NOTEWORTHY

S 2446/HR 5052: Safe Staffing for Nurse and Patient Safety Act of 2018

LEGISLATION UPDATES

S 204: Right to Try Act of 2017 was defeated by a House vote in mid-March. Shortly after, HR 5247: Right to Try Act of 2018 was introduced and passed a House vote of 267-149.

CURRENTLY FOLLOWING

State Legislation:

HB 456: Prohibit Requiring Nurses to Work Overtime
(Stephanie Daniel)

Federal Legislation:

S 204: Right to Try Act of 2017
(Jen Guy)
S 2446/HR 5052: Safe Staffing for Nurse & Patient Safety Act
(TBD)

COMMITTEE MEMBERS

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MORE FROM WASHINGTON

S 2446/HR 5052: Safe Staffing for Nurse & Patient Safety Act

- Introduced February 15, 2018 in both House and Senate by Rep. David Joyce (OH) and Senator Jeff Merkley (OR).
- The bill would amend title XVIII of the Social Security Act to provide for patient protection by establishing safe nurse staffing levels at certain Medicare providers.
- The bill requires hospitals to establish a committee, composed of at least 55% direct care nurses, to create nurse staffing plans that are specific to each unit.
- As we all know, unsafe staffing increases patient risk for longer hospital stays, infections, and avoidable injuries.
- Understaffing also leads to lower nurse retention and higher rates of nurse injury and burnout.
- S 2446 is currently assigned to the Senate Finance Committee.
- HR 5052 is assigned to the House Energy and Commerce Committee (subcommittee on Health) and the House Ways and Means Committee.

For full details and descriptions of legislation being followed, please visit the Advocacy tab on the CCONS website at columbus.vc.ons.org or speak with the committee member following the bill.