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Table 2: Steps in the process of a time-limited trial of dialysis

Preparation	• Gather information regarding context of overall prognosis, severity, and prognosis of AKI, and discussions with other providers to obtain consensus • Identify short- and long-term clinical milestones to assess for progress (or decline) • Consider palliative care consult for assistance
Communication	• Explore patient/family values and goals of care • Share prognosis with family • Discuss the milestones to be achieved with RRT in accordance with a patient's values and goals • Share the anticipated timeframe of the trial (this can be variable) • Document all discussions and goals clearly
After initiating a TLT	• Meet with family and providers regularly • Communicate with providers before and after meetings to maintain a unified message • Consider available choices, including hospice, at the predetermined end of the TLT if the patient has not met the goals

Abbreviations: AKI = acute kidney injury; RRT = renal replacement therapy; TLT = time-limited trial. Adapted with permission of Scherer and Holley (5).

Policy Update

Health Care Legislation Moves to Senate

By David L. White

Efforts to dismantle the Affordable Care Act (ACA) continue in Washington on several fronts. On March 7, 2017, Health and Human Services Secretary Tom Price, MD, explained the three phases of ACA repeal: repeal legislation; regulatory review; and subsequent legislation that cannot be included in the first repeal effort due to Senate rules on the budget reconciliation process (see box). Action is occurring on all three phases.

> "There are three phases of this plan," HHS Secretary Price said. "One is the bill that was introduced [March 7, 2017] in the House of Representatives… Second are all the regulatory modifications and changes that can be put into place… [t]here were 192 specific rules that were put out as they relate to Obamacare, over 5,000 letters of guidance and the like."
>
> "And we are going to go through every single one of those and make certain that they—if they help patients, then we need to continue them. If they harm patients or—or increase costs, then obviously they need to be addressed," he said about phase two.
>
> "And then there's other legislation that will need to be addressed that can't be done through the reconciliation process," he said, moving on to phase three. "So, the goal of all of this is patient-centered health care, where patients and families and doctors are making medical decisions and not the federal government."

Phase One

The American Health Care Act (AHCA), legislation to repeal the ACA, narrowly passed the House last month after the bill was amended to address concerns raised by the first Congressional Budget Office (CBO) score of the bill that estimated AHCA would leave 14 million more people uninsured next year than under President Obama's health law—and 24 million more in 2026. However, on May 25, the CBO released the updated CBO score for the House-passed version of AHCA. This second estimate was required by Senate rules before the chamber could take up the bill.

The second estimate projects that the bill will save $119 billion over 10 years, $32 billion less than the previous scored version of the bill, and approximately $220 billion less in savings than the initial bill, and was projected to erode coverage by 23 million by 2026.

Here are some highlights from the new CBO score. CBO stressed the uncertainty of its estimates, given that it is hard to know which states would take up the chance to opt out of certain key parts of the ACA. All figures are for the decade spanning 2017 to 2026 unless otherwise specified.

- 14 million fewer people will be insured one year after passage.
- 23 million fewer will be insured in 10 years.
- AHCA would cut spending on Medicaid, the joint federal-state health program for low-income people, by $834 billion. The program would cover 14 million fewer people.
- Premiums will go up in 2018 and 2019. After that, there will be significant variation depending on whether someone lives in a state that opts out of key ACA insurance rules.
- One out of 6 Americans will live in an area with an unstable insurance market in 2020 where sick people could have trouble finding coverage.
- Poor, older Americans would be hit especially hard. The average 64-year-old earning just above the poverty line would have to pay about 9 times more in premiums.
- In 2026, 51 million people under age 65 would be uninsured—almost twice as many as the 28 million who would have lacked coverage under the ACA.
- The bill will save $119 billion, which is $32 billion less than a previous version of AHCA.
- It repeals $664 billion worth of taxes and fees that had financed the ACA.

The path forward for the bill in the Senate is unclear. The next step is for the Senate parliamentarian to determine which provisions of the bill can pass through reconciliation, which is important even if the Senate plans to largely start from scratch.

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Policy Update

Affordable Care Act

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Phase Two

The second phase began in earnest on May 17, 2017, when the Trump administration and the Centers for Medicare & Medicaid Services (CMS) announced that starting with coverage in 2018, consumers can buy an ACA-approved plan directly from a broker or an insurer's website instead of having to go through HealthCare.gov. It is unclear how many people could be eligible for this new path, but brokers historically sign up at least 50% of exchange enrollees.

The Obama administration had raised the idea for a direct enrollment in proposed rulemaking, but it was never finalized. Serious concerns had been raised about consumers having to provide personal financial information to third parties, which some critics said creates more opportunities for that information to be vulnerable.

The news came on the heels of an announcement by CMS allowing small businesses to skip the federal marketplace to sign their employees up for Small Business Health Options Program (SHOP) coverage. SHOP had been criticized for underperforming when out of the nearly 30 million small businesses in the country, fewer than 8000—less than 0.1% of small businesses—currently participate.

Phase Three

At the same time the second CBO estimate was being released on May 24, 2017, the House Ways and Means Committee was passing three health care bills that make up a part of Phase Three to repeal the ACA. The bills were written to work in conjunction with the AHCA.

The first bill, approved with no Democratic support, allows veterans to retain eligibility for ACA subsidies should the AHCA become law. Critics blasted the legislation, saying it would not protect veterans with preexisting medical conditions under AHCA, which allows states to opt out of certain coverage protections.

Another bill would allow tax credits available under the AHCA to be applied to COBRA plans. The panel approved that measure with one Democrat voting with Republicans.

The final bill, approved with no Democratic support, would require individuals to verify their income eligibility and citizenship or legal immigration status with the Social Security Administration before accessing premium tax credits.

NIH, Medicaid Hit Hard in Federal Budget

By Zachary D. Kribs

On May 23, 2017, the Trump administration released its full budget request to Congress. The budget provides for a $1.7 trillion cut to domestic programs over the next 10 years, while drastically increasing defense spending. The budget, titled "A Foundation for American Greatness" by the White House, provides recommendations to Congress regarding both mandatory spending (entitlements like Medicaid) and discretionary spending (budgets funded yearly by Congress such as the Department of Defense and the National Institutes of Health. Relying on predictions of economic growth of nearly twice the level projected by the non-partisan Congressional Budget Office (CBO), the budget would significantly decrease the federal deficit from current levels by slashing domestic programs, despite a massive increase in military spending and a reduction in revenue from tax breaks to high-income earners.

The American Society of Nephrology (ASN) and peer societies expressed grave concern for the more than $7 billion proposed cuts to the NIH budget. Distributed nearly evenly over all the institutes, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) would receive an allocation of $1.45 billion, a cut of over $429 million from enacted FY 2017 levels and far short of the $2 billion increase ASN is currently advocating for.

Other major changes to the NIH budget include the elimination of the John E. Fogarty International Center, which studies the global impact of climate change on health outcomes, and the creation of a $272 million National Institute of Research on Safety and Quality, which would replace the $324 million Agency for Healthcare Research and Quality (AHRQ) eliminated by the budget.

Altogether, the budget proposal cuts of $12.4 billion from the Department of Health and Human Services (HHS), which, if enacted, would severely inhibit the operation of all affiliated agencies. A number of these cuts are of particular concern to ASN, including a $1.3 billion cut to the Centers for Disease Control (CDC), and a one-third reduction of the HHS General Departmental Management Fund, a cut that could potentially affect key ASN initiatives.

In a first for any presidential budget proposal, the Trump administration also proposes a massive $610 billion cut to Medicaid over the next 10 years. It is unclear if these cuts stand in addition to or replacement of the $839 billion in cuts proposed by the House Affordable Care Act replacement bill, but if enacted would leave the program only able to offer a fraction of its current services.

In response to the budget release, ASN President Eleanor Lederer, MD, FASN, issued a statement "denouncing" the drastic cuts. ASN has also coordinated responses regarding the budget with numerous peer societies, and continues to advocate for a $2 billion increase in funding for the NIH.

High School Student Discusses Research, Interest in Nephrology

Kidney News *Editorial Board member Edgar V. Lerma, MD, FASN, interviewed Uma Alappan, a rising high school senior in Columbus, GA, about her interest in nephrology and the poster she presented at ASN Kidney Week 2016, titled "Analysis of Acidity and Phosphorus Levels in Commonly Consumed Sodas."*

Tell us something about yourself and how you developed an interest in nephrology.

Both of my parents are doctors—my mother a pediatrician, my father a nephrologist—so I have always been interested in the medical field. As a child I joined my parents while they made rounds at the hospital or saw patients at their private practices. It was not until my sophomore year of high school that I realized I had an interest in nephrology. For my annual science fair project, I decided to analyze the acidity and phosphorus levels of several sodas and conduct a survey around my hometown, Columbus, GA, to identify a general pattern of soda consumption and use this information to help prevent future health issues. Through research I discovered that excess phosphorus consumption can lead to several fatal renal diseases—for example, calciphylaxis. During this research, I learned more about the general processes and functions of the kidney, and thus began my budding interest in nephrology.

For my junior year of high school, I realized that nephrology has a lot to do with both biology and chemistry, so I signed up for AP Biology and AP Chemistry—advanced placement college classes offered at the high school level. Upon returning from ASN Kidney Week 2016 in Chicago, I instantly felt a difference in my knowledge that helped me tremendously with these classes. For example, in AP Biology, I was able to easily learn the anatomy of the nephron and the absorption/secretion processes involved in it, including the filtration process in the glomerulus of the Bowman's capsule and the facilitated diffusion/osmosis and active transport that occurs in the proximal tubule, loop of Henle, distal tubule, and collecting duct. Being able to confidently explain the process of the nephron to my teacher, Mrs. Lingo, and explore the exciting concept of the kidney, inspired me to pursue a career as a nephrologist.

As for my other interests, I am a rising high school senior at Brookstone School in Columbus. I sing in the school's chorus, take piano and voice lessons after school, and compete in musical competitions. I am the captain of the Varsity Girls Golf Team at Brookstone and play in several golf matches/tournaments throughout the season.

Tell us about your experience attending Kidney Week 2016 in Chicago.

When I first submitted my study abstract, I did not expect it to be accepted by such a prestigious society, especially as I was competing with highly trained medical professionals. At the most I hoped ASN would publish my abstract online in *JASN*. I was completely shocked when I received an email not only congratulating me on my abstract's acceptance to *JASN*, but also inviting me to Chicago for a poster presentation.

Because I am a high school student, my father called ASN to ensure my abstract was not accepted by mistake. It was not: ASN recognized that I was a high school student and generously granted me a free student membership and registration. I was going to Chicago.

From the moment I walked into the convention center, an academic vibe radiated from the well dressed, focused,