

# ACTION NEEDED

September 2017 • Washington, D.C.

**Congress has a full slate of critical issues to address before the end of the federal fiscal year on Sept. 30. Urge your legislators to support patients and hospitals on the following five items:**

## **Health Insurance Marketplace Stability**

- More than 10 million Americans rely on the Health Insurance Marketplaces for affordable coverage.
- More than half of these consumers are eligible for reduced cost-sharing due to having lower incomes.
- Funding for these cost-sharing reductions (CSRs) is in jeopardy. As a result, fewer insurers may participate in the marketplaces in 2018 and those that do may increase premium costs for all consumers to make up for the loss of funding.

**Help stabilize the Health Insurance Marketplaces by securing funding for the CSRs.**

## **Children's Health Insurance Program (CHIP)**

- CHIP and Medicaid provide health coverage for nearly 4 out of 10 children in the U.S. CHIP is authorized to operate until Oct. 1, 2019, but legislative action is needed to continue funding beyond September 2017.
- Failure to extend CHIP funding could result in coverage losses for millions of children and increased financial pressure for states that may lead to reductions in eligibility and benefits.
- Efforts to support CHIP should not reduce funding for other health care programs.

**Extend CHIP funding through 2019.**

## **Medicaid Disproportionate Share Hospital (DSH) Payments**

- The Medicaid DSH program provides essential financial assistance to hospitals that care for our

nation's most vulnerable populations – the poor, children, the disabled and the elderly.

- Medicaid DSH is critical to our nation's hospitals, especially as the coverage anticipated under the Affordable Care Act (ACA) has not been fully realized.
- The ACA's mandated Medicaid DSH cuts will go into effect Oct. 1, 2017 without further intervention by Congress.

### **Stop the Medicaid DSH cuts.**

## **Medicare Rural Extenders**

- Rural hospitals serve approximately 51 million Americans and their patient mix makes them reliant on public programs and particularly vulnerable to Medicare and Medicaid payment cuts and regulatory uncertainty.
- The Medicare Access and CHIP Reauthorization Act contained several provisions important to rural hospitals and their patients, including extensions for: the enhanced low-volume hospital payment adjustment (through Sept. 30, 2017); the Medicare-dependent hospital program (through Sept. 30, 2017); and ambulance add-on payments (through Dec. 31, 2017).

### **Secure the future of these critical rural programs and policies by passing the:**

- » **Rural Hospital Access Act of 2017 (S. 872/H.R. 1955)**
- » **Medicare Ambulance Access, Fraud Prevention, and Reform Act of 2017 (S. 967/H.R. 3236)**

## **The 340B Drug Pricing Program**

- The 340B program allows hospitals to provide financial assistance to patients unable to afford their prescriptions; along with clinical pharmacy services, such as disease management programs or medication therapy management; and other medical services, such as obstetrics, diabetes education, oncology services and other ambulatory services.
- The Centers for Medicare & Medicaid Services (CMS) proposes drastically cutting Medicare payment for drugs acquired under the 340B program. These cuts would be devastating to the programs that improve access to care in communities and meet the goals of the Medicare program.

### **Oppose CMS's misguided proposal on the 340B program.**