

End-of-Year Priorities and Legislative Vehicles

Potential Legislative Vehicle Issue	Senate Tax Bill*	House Tax Bill* (H.R. 1)	Brady-Neal Extender Proposal	Senate Finance Committee Extenders Discussion Draft	CHAMPIONING HEALTHY KIDS Act of 2017 (H.R. 3922)	Keeping Kids' Insurance Dependable and Secure (KIDS) Act (S. 1827)	McKinley-Thompson 340B Bill (H.R. 4392)	The Bipartisan Health Care Stabilization Act of 2017 (Alexander-Murray)	Continuing Resolution/ Omnibus Spending Bill
Repeal of the individual mandate	Repeals the individual mandate to purchase insurance Position: Oppose Alert Letter to leadership Summary	Does not repeal the individual mandate							
Changes to tax-exempt bond financing, executive compensation and deductions for medical expenses	Eliminates nonprofit hospitals' ability to execute advance refundings of outstanding tax-exempt bonds; imposes 20% excise tax on top 5 executive salaries over \$1 million Position: Support maintaining access to PABs; oppose the advance refunding and excise tax provisions Alert Letter to leadership	Eliminates nonprofit hospitals' ability to access tax-exempt private-activity bonds (PABs) and execute advance refundings of outstanding tax-exempt bonds; imposes 20% excise tax on top 5 executive salaries over \$1 million; eliminates ability to itemize deductions for large medical expenses Position: Oppose bond, excise tax and medical expense provisions Alert Letter to leadership							
Payment of cost-sharing reductions and marketplace stability measures								Provides short-term funding for the CSRs; expands access to lower-cost, catastrophic health plans; and gives states additional flexibility to use 1332 waivers Position: Support continuation of CSRs Summary	<i>Could be included in CR</i>



*The House and Senate tax bills do not comply with pay-go rules. That law requires tax cuts and certain spending increases to be paired with offsetting provisions. If not, the law forces automatic spending cuts, also known as sequestration. Congress can prevent the cuts, but it can't be done under the same fast-track procedures it is using for the tax bill. As a result, unless Congress later votes to raise the caps, or otherwise mitigate or eliminate the pay-go requirements, the tax bills could result in an estimated cut of \$25 billion to Medicare.

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Continuation of critical Medicare rural programs: <ul style="list-style-type: none"> • Medicare-dependent hospital (MDH) • Low-volume adjustment (LVA) • Ambulance add-on 			Extends MDH and LVA programs for 2 years, ambulance add-on payment for 5 years; cuts critical access hospitals (CAHs) Position: Support extensions for 5 years, oppose proposed pay-for – cut to CAHs Alert Infographic	Extends MDH, LVA and ambulance add-on for 5 years; makes changes to LVA program that cut certain hospitals Position: Support extensions, but oppose proposed changes to LVA program Infographic					<i>Could be included in CR</i>
Halt to cuts to 340B payments							Prevents dramatic cut in Medicare Part B payments for certain hospitals that participate in the 340B program from taking effect Jan. 1 Position: Support; have also filed litigation to prevent the cuts from taking effect Alert Litigation		<i>Could be included in CR</i>
Continuation of CHIP funding					Extends funding for CHIP for 5 years Position: Support 5-year extension Letter of support Infographic	Extends CHIP funding for 5 years Position: Support 5-year extension Infographic			<i>Could be included in CR</i>

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Elimination or delay of Medicaid Disproportionate Share Hospital cuts					Eliminates \$2 billion in cuts in FY 2018 and \$3 billion in FY 2019 Position: Support elimination of Medicaid DSH cuts Letter of support				<i>Could be included in CR</i>
Government funding (expires Dec. 8)									Likely short-term extension at the current levels