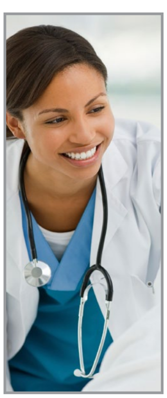
CBO Weighs in on the ACA Cost-sharing Subsidies Dilemma

Congress seems to have come to a stalemate on health reform following the Senate's vote to reject the amendment (S.Amdt.667) to the American Health Care Act of 2017. However, the major focus has shifted to whether cost-sharing reduction (CSR) payments to insurance companies will be cut at the end of 2017. The Affordable Care Act (ACA) requires reduced patient cost-sharing plans to be offered to certain enrollees and CSR payments make up for the added cost to insurers. The payments, approximately $7 billion in total, keep out-of-pocket costs low for ACA beneficiaries. Earlier this year, the House of Representatives sued over the legality of CSRs without an explicit appropriation from Congress. Now, President Trump will need to decide whether to eliminate the subsidies at the end of 2017. The uncertainty, combined with the ongoing debate on repeal-and-replace legislation, is destabilizing the ACA's health exchanges as some insurers have already left health exchanges while others have hiked up 2018 premiums.

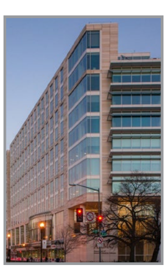
Key Dates for the ACA Marketplace

- August 15: Congressional Budget Office (CBO) released a report analyzing the impact that terminating CSRs would have on the federal budget, health insurance coverage, premiums, and the marketplace.
- Late August: Trump is expected to make a decision on whether to cut off CSR payments.
- September 5: Centers for Medicare and Medicaid Services' extended deadline for insurers to file 2018 ACA exchange rates.
- September 27: The deadline for issuers to sign qualified insurance agreements for 2018 participation.
- November 1: 2018 Open Enrollment Period begins.



"Primary Care Funding Cliff" Threatens Access to Care for Millions

On September 30, federal funding for key programs that provide essential primary care services to millions of Americans is set to expire. Federally Qualified Health Centers (FQHC-which include community health centers and migrant health centers, centers operated by a tribe, among others) qualify for reimbursement through Medicare and Medicaid and are considered safety net providers that offer services typically furnished by an outpatient clinic. The National Health Service Corps (NHSC) bridges over 10,000 primary care, dental, and mental health providers to regions experiencing a shortage of health professionals through loan repayment and scholarship programs. Both FHQC and the NHSC received an extension on mandatory funding through the Medicare and CHIP Reauthorization Act (MACRA) in 2015. If Congress does not pass a measure to extend funding, the impact will be devastating on patients, communities, and the healthcare teams working through these programs. AACN and its colleagues are tracking this issue and continue to support their sustainability.



AACN's New Headquarters: A Move Toward Interprofessionalism

On Monday, August 14, AACN moved its headquarters to 655 K Street, NW, Suite 750, Washington, D.C. The building is currently home to several associations representing health professions education, including medicine, dentistry, physician assistants, and veterinary medicine. The move underscores one of AACN's strategic initiatives to "lead innovation in academic nursing that promotes team-based, interprofessional health care" and offers the association additional opportunities to collaborate. AACN looks forward to working more closely and interprofessionally with our colleagues. Additionally, AACN launched its brand new website this week. View the new website at www.aacnnursing.org.