



CONGRESSIONAL BUDGET OFFICE
U.S. Congress
Washington, DC 20515

Douglas W. Elmendorf, Director

November 20, 2009

Honorable John D. Dingell
U.S. House of Representatives
Washington, DC 20515

Dear Congressman:

The Congressional Budget Office has revised its estimate of the net budgetary impact—transmitted on November 6, 2009—of H.R. 3962, the Affordable Health Care for America Act. In that November 6 letter, CBO and the staff of the Joint Committee on Taxation (JCT) estimated that changes in direct spending and revenues from enacting H.R. 3962 would yield a net reduction in federal budget deficits of \$109 billion over the 2010-2019 period. CBO and JCT now estimate that the legislation would yield a net reduction in deficits of \$138 billion over the 10-year period, correcting a mistake that CBO made in its earlier assessment of the impact of section 2581 of the legislation, which would establish the Community Living Assistance Services and Supports (CLASS) program.

This revised estimate supersedes the cost estimate transmitted on November 6, 2009. Tables 1 through 4 enclosed with this letter present the revised estimate of the direct spending, revenue, and deficit effects of the Affordable Health Care for America Act. The only change reflected in those tables, as compared with the estimate transmitted on November 6, is the corrected estimate for the CLASS provision. (Table 3, pertaining to effects of the act on health insurance coverage, is included with this letter, but was unaffected by the change in CBO's estimate for the CLASS provision.)

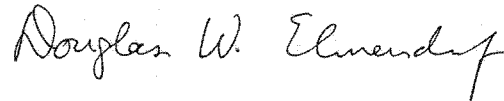
According to the CLASS provision in H.R. 3962, both active workers and their non-working spouses would be eligible to enroll in a voluntary federal program of long-term care insurance. Because of an oversight, CBO's original estimate of the CLASS provision did not reflect the inclusion of nonworking spouses. CBO anticipates that the average nonworking spouse who would enroll in the program would have more functional limitations than the average enrolled worker, which would make nonworking spouses more likely to qualify in the future for the program's benefits. CBO's corrected estimates are that the monthly premium for the CLASS program as it is specified in H.R. 3962 would average about \$146 in 2011 (as compared with \$123 in the original estimate) and

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that the program would reduce deficits by about \$102 billion over the 2010-2019 period, rather than the original estimate of a reduction of about \$72 billion over 10 years. (The bill would require premiums to be set so as to cover the full cost of the program as measured on an actuarial basis; the program's cash flows would show net receipts for a number of years, followed by net outlays in subsequent decades.) Estimates of the CLASS provision for each year between 2010 and 2019 can be found on page 11 of Table 4.

I hope this information is helpful. If you have any questions, please contact me or CBO staff. The primary staff contacts for this analysis are Holly Harvey and Philip Ellis.

Sincerely,

A handwritten signature in black ink that reads "Douglas W. Elmendorf". The signature is written in a cursive, flowing style.

Douglas W. Elmendorf
Director

Enclosures

cc: Henry A. Waxman
Chairman
Committee on Energy and Commerce

Honorable Joe Barton
Ranking Member

Honorable George Miller
Chairman
Committee on Education and Labor

Honorable John Kline
Senior Republican

Honorable Charles B. Rangel
Chairman
Committee on Ways and Means

Honorable Dave Camp
Ranking Member

Table 1. Estimate of the Effects on the Deficit of H.R. 3962, the Affordable Health Care for America Act, as Passed by the House of Representatives

	By Fiscal Year, in Billions of Dollars										2010-	2010-
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2014	2019
NET CHANGES IN THE DEFICIT FROM INSURANCE COVERAGE PROVISIONS ^a												
Effects on the Deficit	*	2	2	56	92	122	137	147	160	173	152	891
NET CHANGES IN THE DEFICIT FROM OTHER PROVISIONS AFFECTING DIRECT SPENDING ^b												
Effects on the Deficit of Changes in Outlays	6	15	-18	-28	-56	-55	-58	-75	-88	-99	-81	-456
NET CHANGES IN THE DEFICIT FROM OTHER PROVISIONS AFFECTING REVENUES ^c												
Effects on the Deficit of Changes in Revenues ^d	*	-39	-40	-59	-62	-65	-69	-73	-80	-86	-201	-574
NET CHANGES IN THE DEFICIT ^a												
Net Increase or Decrease (-) in the Budget Deficit	6	-22	-57	-31	-25	2	10	-1	-8	-12	-130	-138
On-Budget	6	-22	-57	-33	-27	*	9	-3	-10	-13	-134	-150
Off-Budget ^e	*	*	*	2	2	2	2	1	1	1	4	11

Sources: Congressional Budget Office and staff of the Joint Committee on Taxation (JCT).

Notes: Positive numbers indicate increases in the deficit, and negative numbers indicate reductions in the deficit.

Components may not sum to totals because of rounding; * = between \$0.5 billion and -\$0.5 billion.

- Does not include effects on spending subject to future appropriations.
- These estimates reflect the effects of interactions between insurance coverage provisions and other Medicare and Medicaid provisions. In addition, CBO has included \$33 billion of spending over the 2010–2019 period for public health, prevention, and wellness provisions in these direct spending totals, as directed by the Committee on the Budget, even though that spending would be subject to future appropriation action.
- The changes in revenues include effects on Social Security revenues, which are classified as off-budget.
- The 10-year figure of \$574 billion includes \$560 billion in revenues from tax provisions (estimated by JCT) and \$13 billion in additional revenues from certain provisions affecting Medicare, Medicaid, and other programs (estimated by JCT and CBO).
- Off-budget effects include changes in Social Security spending and revenues.

Table 2. Estimated Changes in Direct Spending and Revenues Resulting From H.R. 3962, the Affordable Health Care for America Act, as Passed by the House of Representatives

	By Fiscal Year, in Billions of Dollars										2010-	2010-
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2014	2019
CHANGES IN DIRECT SPENDING (OUTLAYS)												
Insurance Subsidies and Administration ¹												
Exchange Subsidies	0	0	0	26	54	79	93	100	107	117	79	574
Administration of Exchanges	*	1	1	2	4	4	5	5	5	5	8	31
Spending for High-Risk Pools	<u>0</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>*</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>5</u>
Subtotal	*	2	3	30	57	83	97	104	112	121	92	610
Total Risk Adjustment Payments to Plans ²	0	0	0	2	6	9	11	12	13	14	8	65
Public Health Insurance Plan Payments for Benefits and Administration	0	0	0	15	28	41	47	50	53	57	43	291
Collections of Enrollee Premiums, Exchange Subsidies, and Risk Adjustment Payments ³	0	0	0	-16	-29	-42	-48	-51	-54	-58	-44	-298
Start-up Costs	<u>*</u>	<u>1</u>	<u>1</u>	<u>*</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>2</u>
Subtotal	*	1	1	*	-1	-1	-1	-1	-1	-1	1	-5
Effects of Coverage Provisions on Medicaid and CHIP	-1	-2	-3	27	43	58	66	72	79	85	64	425
Medicare and Other Medicaid and CHIP Provisions												
Reductions in Annual Updates to Medicare FFS Payment Rates	-3	-9	-12	-15	-18	-23	-28	-34	-40	-46	-57	-228
Medicare Advantage Rates Based on FFS	0	-5	-11	-16	-19	-21	-22	-24	-26	-28	-50	-170
Selected Medicare Prescription Drug Provisions ⁴	*	-7	-5	-5	-4	-4	-3	-5	-5	-4	-21	-42
Medicaid Provider Payment Rates	3	6	6	7	7	6	6	6	5	5	29	57
Other	<u>3</u>	<u>27</u>	<u>7</u>	<u>7</u>	<u>-15</u>	<u>-7</u>	<u>-1</u>	<u>-7</u>	<u>-11</u>	<u>-16</u>	<u>29</u>	<u>-13</u>
Subtotal	3	13	-16	-23	-49	-48	-49	-64	-77	-88	-71	-396

Continued

Table 2. Continued.

	By Fiscal Year, in Billions of Dollars										2010-	2010-
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2014	2019
Other Changes in Direct Spending												
Community Living Assistance Services and Supports	0	-5	-9	-12	-14	-16	-13	-12	-10	-9	-40	-102
Public Health Investment Fund & Prevention and Wellness Trust ⁵	0	2	4	6	7	8	5	1	*	*	19	33
Other	<u>3</u>	<u>5</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>*</u>	<u>*</u>	<u>-1</u>	<u>-1</u>	<u>11</u>	<u>11</u>
Subtotal	3	2	-3	-6	-6	-7	-8	-11	-11	-10	-10	-58
Total Outlays	6	16	-18	30	51	94	116	112	115	121	85	643
On-budget	6	16	-18	30	50	94	116	112	114	121	84	640
Off-budget	0	0	0	*	*	*	*	*	*	*	*	3
CHANGES IN REVENUES												
Surcharge on Adjusted Gross Income	0	31	32	45	49	53	57	61	64	68	157	460
Penalty Payments by Uninsured Individuals	0	0	0	0	5	6	5	5	6	6	5	33
Penalty Payments by Employers	0	0	0	6	14	18	22	23	25	27	20	135
Risk Adjustment Collections	0	0	0	3	6	9	11	12	13	14	10	69
Small Employer Tax Credit	0	0	0	-4	-8	-5	-2	-2	-2	-2	-11	-25
Other Revenues ⁶	*	7	7	11	8	12	13	14	17	20	33	110
Total Revenues	*	38	39	62	76	92	106	113	123	133	214	781
On-budget	*	38	39	63	78	94	107	114	124	133	218	790
Off-budget	*	*	*	-2	-2	-1	-1	-1	-1	-1	-4	-9
NET IMPACT ON THE DEFICIT FROM CHANGES IN DIRECT SPENDING AND REVENUES ⁷												
Net Change in the Deficit	6	-22	-57	-31	-25	2	10	-1	-8	-12	-130	-138
On-budget	6	-22	-57	-33	-27	*	9	-3	-10	-13	-134	-150
Off-budget	*	*	*	2	2	2	2	1	1	1	4	11

Continued

Table 2. Continued.

Sources: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Notes: Does not include effects on spending subject to future appropriation. Components may not sum to totals because of rounding.

* = between \$0.5 billion and -\$0.5 billion.

CHIP = Children's Health Insurance Program; FFS = Fee-for-service.

1. See table 3 for a cross-walk between the amounts shown here and the Exchange Subsidies and Related Spending line in that table.
 2. Risk adjustment payments over the 10-year period include about \$27 billion in payments to the public health insurance plan and about \$39 billion in payments to other plans. Outlays shown here lag revenues shown later in the table by one quarter.
 3. Premiums include amounts to cover amortized repayment of start-up funds, as well as to maintain the contingency reserve.
 4. Includes the effects of section 1181 and section 1182, which would change the Medicare Part D program to establish a new prescription drug rebate program for some people who are eligible for both Medicaid and Medicare; impose a condition of participation that manufacturers provide discounts for brand-name drugs; and expand drug coverage to beneficiaries who are currently subject to a gap in coverage (often referred to as the Part D "doughnut hole").
 5. Spending for the Public Health Investment Fund and Prevention and Wellness Trust provisions are reflected here, as directed by the House Committee on the Budget, even though that spending would be subject to future appropriation action.
 6. Amounts include \$100 billion in increased revenues, as estimated by JCT, for tax provisions other than those not broken out separately in the table. In addition, the "other revenues" line includes a reduction in revenues of about \$4 billion from the coverage provisions in Table 3 and an increase in revenues of about \$13 billion for other provisions shown in Table 4.
 7. Positive numbers indicate increases in the deficit, and negative numbers indicate reductions in the deficit.
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TABLE 3. Estimated Effects of the Insurance Coverage Provisions of H.R. 3962, the Affordable Health Care for America Act, as Passed by the House of Representatives

EFFECTS ON INSURANCE COVERAGE /a (Millions of nonelderly people, by calendar year)		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Current Law	Medicaid & CHIP	40	39	39	38	35	34	35	35	35	35
Coverage /b	Employer	150	153	156	158	161	162	162	162	162	162
	Nongroup & Other /c	27	26	25	26	28	29	29	29	30	30
	Uninsured /d	<u>50</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>52</u>	<u>53</u>	<u>53</u>	<u>54</u>
	TOTAL	267	269	271	273	274	276	277	279	281	282
Change (+/-)	Medicaid & CHIP	*	-1	-2	8	7	13	14	14	15	15
	Employer	1	1	1	12	11	7	7	7	7	6
	Nongroup & Other /c	*	*	*	-3	-4	-6	-6	-6	-6	-6
	Exchanges	0	0	0	9	14	19	20	20	20	21
	Uninsured /d	*	*	1	-25	-28	-34	-34	-35	-35	-36
<u>Post-Policy Insurance Coverage</u>											
	Number of Uninsured People /d	50	51	51	26	23	17	18	18	18	18
	Insured Share of the Nonelderly Population /a										
	Including All Residents	81%	81%	81%	91%	92%	94%	94%	94%	94%	94%
	Excluding Unauthorized Immigrants	83%	83%	83%	92%	93%	96%	96%	96%	96%	96%
<u>Memo: Exchange Enrollees and Subsidies</u>											
	Number w/ Unaffordable Offer from Employer /e				*	1	1	1	1	1	1
	Number of Unsubsidized Exchange Enrollees				1	2	3	3	3	3	3
	Approximate Average Subsidy per Subsidized Enrollee						\$5,500	\$5,800	\$6,100	\$6,500	\$6,800

Sources: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Note: CHIP = Children's Health Insurance Program; * = fewer than 0.5 million people.

a. Figures for the nonelderly population include only residents of the 50 states and the District of Columbia.

b. Figures reflect average annual enrollment; individuals reporting multiple sources of coverage are assigned a primary source.

c. Other includes Medicare; the effects of the proposal are almost entirely on nongroup coverage.

d. The count of uninsured people includes unauthorized immigrants as well as people who are eligible for, but not enrolled in, Medicaid.

e. Workers who would have to pay more than 12 percent of their income for employment-based coverage could receive subsidies via an exchange.

TABLE 3. Estimated Effects of the Insurance Coverage Provisions of H.R. 3962, the Affordable Health Care for America Act, as Passed by the House of Representatives

EFFECTS ON THE FEDERAL DEFICIT / a,b (Billions of dollars, by fiscal year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-2019
Medicaid & CHIP Outlays /c	-1	-2	-3	27	43	58	66	72	79	85	425
Exchange Subsidies & Related Spending /d	1	3	4	28	56	81	96	103	111	120	602
Small Employer Tax Credits /e	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>8</u>	<u>5</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>25</u>
Gross Cost of Coverage Provisions	0	1	0	58	107	145	164	177	192	207	1052
Penalty Payments by Uninsured Individuals	0	0	0	0	-5	-6	-5	-5	-6	-6	-33
Penalty Payments by Employers /e	0	0	0	-6	-14	-18	-22	-23	-25	-27	-135
Associated Effects on Tax Revenues & Outlays /f	<u>0</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>5</u>	<u>1</u>	<u>-1</u>	<u>-1</u>	<u>-1</u>	<u>-2</u>	<u>6</u>
NET COST OF COVERAGE PROVISIONS	0	2	2	56	92	122	137	147	160	173	891

Memo: Cross-Walk Between Table 2 and Table 3

<i>Insurance Subsidies and Administration (Table 2)</i>	0	2	3	30	57	83	97	104	112	121	610
<i>Net Collections of Risk Adjustment Payments</i>	0	0	0	-1	-1	-1	0	0	0	0	-4
<i>Public Plan Start-up Costs & Repayments</i>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>-1</u>	<u>-1</u>	<u>-1</u>	<u>-1</u>	<u>-1</u>	<u>-1</u>	<u>-5</u>
<i>Exchange Subsidies & Related Spending (Table 3)</i>	1	3	4	28	56	81	96	103	111	120	602

Sources: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Note: CHIP = Children's Health Insurance Program.

a. Does not include federal administrative costs that are subject to appropriation.

b. Components may not sum to totals because of rounding; positive numbers indicate increases in the deficit, and negative numbers indicate reductions in the deficit.

c. Under current law, states have the flexibility to make programmatic and other budgetary changes to Medicaid and CHIP. CBO estimates that, under the proposal, state spending on Medicaid and CHIP would increase by about \$34 billion over the 2010-2019 period as a result of the insurance coverage provisions that are reflected in this table.

d. Includes \$5 billion in spending for high-risk insurance pools under section 101 and \$1 billion for premium reviews and planning grants under section 104.

e. The effects on the deficit shown for this provision include the associated effects of changes in taxable compensation on tax revenues.

f. The effects are primarily on tax revenues. CBO estimates that outlays for Social Security benefits would increase by about \$2 billion over the 2010-2019 period, and that the coverage provisions would have negligible effects on outlays for other federal programs.

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Table 4. Estimate of the Effects on Direct Spending and Revenues of Divisions B, C, and D and Sections 111, 115, and 346 of H.R. 3962, the Affordable Health Care for America Act, As Passed by the House of Representatives

By Fiscal Year, in Billions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
CHANGES IN DIRECT SPENDING												
DIVISION B—MEDICARE AND MEDICAID IMPROVEMENTS												
TITLE I—IMPROVING HEALTH CARE VALUE												
Subtitle A—Provisions Related to Medicare Part A												
PART 1—MARKET BASKET UPDATES												
1101 Skilled Nursing Facility Payment Update (includes interaction with section 1103)	-0.4	-0.9	-1.3	-1.6	-1.9	-2.4	-2.9	-3.5	-4.1	-4.8	-6.0	-23.9
1102 Inpatient Rehabilitation Facility Payment Update (includes interaction with section 1103)	-0.1	-0.2	-0.3	-0.4	-0.4	-0.5	-0.6	-0.8	-0.9	-1.0	-1.4	-5.3
1103 Incorporating Productivity Improvements Into Market Basket Updates That Do Not Already Incorporate Such Improvements	-1.2	-3.5	-5.1	-6.5	-8.0	-10.3	-12.9	-15.4	-18.1	-21.1	-24.2	-102.0
PART 2—OTHER MEDICARE PART A PROVISIONS												
1111 Payments to Skilled Nursing Facilities	0	0	0	0	0	0	0	0	0	0	0	0
1112 Medicare DSH Report and Payment Adjustments in Response to Coverage Expansion	0	0	0	0	0	0	0	-3.0	-3.5	-3.8	0	-10.3
1113 Extension of Hospice Regulation Moratorium	*	*	0	0	0	0	0	0	0	0	0.1	0.1
1114 Permitting Physician Assistants to Order Post-Hospital Extended Care Services and to Provide for Recognition of Attending Physician Assistants as Attending Physicians to Serve Hospice Patients	*	*	*	*	*	*	*	*	*	*	*	*
Subtitle B—Provisions Related to Part B												
PART 1—PHYSICIANS' SERVICES												
1121 Resource-Based Feedback Program for Physicians	0	0	0	0	0	0	0	0	0	0	0	0
1122 Misvalued Codes Under the Physician Fee Schedule	*	*	*	*	*	*	*	*	*	*	0.1	0.2
1123 Payments for Efficient Areas	0	0.1	0.2	0.1	0	0	0	0	0	0	0.4	0.4
1124 Modifications to the Physician Quality Reporting Initiative	0	0	0.5	0.8	0	0	0	0	0	0	1.3	1.3
1125 Adjustment to Medicare Payment Localities	0	*	0.1	0.1	0.1	0.1	0	0	0	0	0.2	0.3

Table 4. Estimate of the Effects on Direct Spending and Revenues of Divisions B, C, and D and Sections 111, 115, and 346 of H.R. 3962, the Affordable Health Care for America Act, As Passed by the House of Representatives

By Fiscal Year, in Billions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
PART 2—MARKET BASKET UPDATES												
1131 Incorporating Productivity Improvements Into Market Basket Updates That Do Not Already Incorporate Such Improvements	-0.6	-1.3	-1.9	-2.4	-3.0	-4.0	-5.2	-6.5	-7.9	-9.2	-9.2	-42.1
PART 3—OTHER PROVISIONS												
1141 Rental and Purchase of Power-Driven Wheelchairs	0	-0.4	-0.1	*	*	*	*	-0.1	-0.1	-0.1	-0.6	-0.8
1141A Election to Take Ownership, or to Decline Ownership, of Certain Complex Durable Medical Equipment After the 13-Month Capped Rental Period Ends	0	0	0	0	0	0	0	0	0	0	0	0
1142 Extension of Payment Rule for Brachytherapy	*	*	*	0	0	0	0	0	0	0	*	*
1143 Home Infusion Therapy Report to Congress	0	0	0	0	0	0	0	0	0	0	0	0
1144 Require Ambulatory Surgical Centers to Submit Data	0	0	0	0	0	0	0	0	0	0	0	0
1145 Treatment of Certain Cancer Hospitals	0	0	0	0	0	0	0	0	0	0	0	0
1146 Payment for Imaging Services	0	-0.2	-0.3	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.5	-1.3	-3.4
1147 Durable Medical Equipment Program Improvements	*	*	*	*	*	*	*	*	*	*	*	0.1
1148 MedPAC Study and Report on Bone Mass Measurement	0	0	0	0	0	0	0	0	0	0	0	0
1149 Timely Access to Post-Mastectomy Items	*	*	*	*	*	*	*	*	*	*	*	*
1149A Payment for Biosimilar Biological Products	Included in estimate for section 2575-2577.											
1149B Study and Report on DME Competitive Bidding Process	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle C—Provisions Related to Medicare Parts A and B												
1151 Reducing Potentially Preventable Hospital Readmissions	*	*	-0.3	-0.6	-1.2	-1.3	-1.4	-1.4	-1.5	-1.6	-2.0	-9.3
1152 Post-Acute-Care Services Payment Reform Plan and Bundling Pilot Program	*	*	*	*	0	0	0	0	0	0	*	*
1153 -												
1155 Home Health Changes	-0.7	-2.6	-3.6	-4.2	-4.9	-5.6	-6.6	-7.7	-8.8	-10.0	-16.0	-54.7
1155A MedPAC Study on Variation in Home Health Margins	0	0	0	0	0	0	0	0	0	0	0	0
1155B Home Health: Initial Assessment Visit for Rehabilitation Cases	0	*	*	*	*	*	*	*	*	*	*	*
1156 Limitation on Medicare Exceptions to the Prohibition on Certain Physician Referrals Made to Hospitals	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.3	-1.0
1157 Study of Geographic Adjustment Factors	0	0	0	0	0	0	0	0	0	0	0	0
1158 Revision of Medicare Payment Systems to Address Geographic Inequities	0	0	2.7	2.7	-14.1	-5.6	0	0	0	0	-8.7	-14.3
1159 Study of Geographic Variation in Health Care Spending and Promoting High-Value Health Care	*	*	0	0	0	0	0	0	0	0	*	*
1160 Implementation, and Congressional Review, of Proposal to Revise Medicare Payments to Promote High-Value Health Care	0	0	0	0	0	0	0	0	0	0	0	0

Table 4. Estimate of the Effects on Direct Spending and Revenues of Divisions B, C, and D and Sections 111, 115, and 346 of H.R. 3962, the Affordable Health Care for America Act, As Passed by the House of Representatives

By Fiscal Year, in Billions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
Subtitle D—Medicare Advantage Reforms												
PART 1—PAYMENT AND ADMINISTRATION												
1161 Phase-In of Payment Based on Fee-for-Service Costs, and Quality Bonus Payments	0	-4.7	-10.2	-14.8	-17.7	-18.9	-19.8	-21.1	-22.7	-24.4	-47.5	-154.3
1162 Coding Intensity Adjustment	0	-0.2	-0.6	-0.9	-1.2	-1.6	-2.0	-2.5	-3.0	-3.5	-2.9	-15.5
1163 Simplification of Annual Beneficiary Election Periods	0	0	0	0	0	0	0	0	0	0	0	0
1164 Extension of Reasonable Cost Contracts	0	*	*	0	0	0	0	0	0	0	*	*
1165 Limitation of Waiver Authority for Employer Group Plans	0	0	0	0	0	0	0	0	0	0	0	0
1166 Improving Risk Adjustment for Payments	0	0	0	0	0	0	0	0	0	0	0	0
1167 Elimination of MA Regional Plan Stabilization Fund	0	0	0	0	-0.2	-0.1	0	0	0	0	-0.2	-0.2
1168 Study Regarding Calculation of Medicare Advantage Payment Rates	0	0	0	0	0	0	0	0	0	0	0	0
PART 2—BENEFICIARY PROTECTIONS AND ANTI-FRAUD												
1171 Limitation on Cost-Sharing for Individual Health Services	0	0	0	0	0	0	0	0	0	0	0	0
1172 Continuous Open Enrollment for Enrollees in Plans With Enrollment Suspension	0	0	0	0	0	0	0	0	0	0	0	0
1173 Information on MA Plan Administrative Costs	0	0	0	0	0	0	0	0	0	0	0	0
1174 Strengthening Audit Authority	0	0	0	0	0	0	0	0	0	0	0	0
1175 Authority to Deny Plan Bids	0	0	0	0	0	0	0	0	0	0	0	0
1175A State Authority to Enforce Standardized Marketing Requirements	0	0	0	0	0	0	0	0	0	0	0	0
PART 3—TREATMENT OF SPECIAL NEEDS PLANS	0	0.1	0.1	*	*	*	*	*	*	*	0.2	0.1

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Subtitle E—Improvements to Medicare Part D												
1181 - Elimination of Coverage Gap; Discounts for Certain												
1182 Part D Drugs in Original Coverage Gap	0.1	-7.1	-5.3	-4.9	-3.9	-4.1	-3.4	-4.6	-5.4	-3.7	-21.1	-42.3
1183 Submission of Claims by Pharmacies Located in or Contracting With Long-Term Care Facilities	0	0	0	0	0	0	0	0	0	0	0	0
1184 Including Costs Incurred by AIDS Drug Assistance Programs and Indian Health Service in Providing Prescription Drugs Toward the Annual Out-of-Pocket Threshold Under Part D	0	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.8
1185 No Mid-Year Formulary Changes Permitted	0	0	0	0	0	0	0	0	0	0	0	0
1186 Negotiation of Lower Covered Part D Drug Prices on Behalf of Medicare Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0
1187 Accurate Dispensing in Long-Term Care Facilities	0	0	-0.1	-0.3	-0.5	-0.8	-1.0	-1.0	-0.9	-1.1	-1.0	-5.7
1188 Free Generic Fill	0	-0.2	-0.3	-0.3	-0.3	-0.3	-0.4	-0.4	-0.4	-0.4	-1.1	-3.0
1189 State Certification Prior to Waiver of Licensure Requirements Under Medicare Prescription Drug Program	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle F—Medicare Rural Access Protections												
1191 Telehealth Expansion and Enhancements	*	*	*	*	*	*	*	*	*	*	*	*
1192 Extension of Outpatient Hold Harmless Provision	0.1	0.1	*	0	0	0	0	0	0	0	0.2	0.2
1193 Extension of Section 508 Hospital Reclassifications	0.2	0.3	*	0	0	0	0	0	0	0	0.5	0.5
1194 Extension of Geographic Floor for Work	0.3	0.5	0.2	0	0	0	0	0	0	0	1.1	1.1
1195 Extension of Payment for Technical Component of Certain Physician Pathology Services	*	0.1	*	0	0	0	0	0	0	0	0.1	0.1
1196 Extension of Ambulance Add-Ons	0.1	0.1	*	0	0	0	0	0	0	0	0.2	0.2
TITLE II—MEDICARE BENEFICIARY IMPROVEMENTS												
Subtitle A—Improving and Simplifying Financial Assistance for Low Income Medicare Beneficiaries												
1201 -												
1207 Medicare Savings Program and Low-Income Subsidy Program												
Effects on Medicare spending	0.1	0.3	0.6	1.0	1.2	1.3	1.6	1.7	1.8	2.2	3.2	11.8
Effects on Medicaid spending	0	0	0.1	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.5	2.0

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Subtitle B—Reducing Health Disparities													
1221	Ensuring Effective Communication in Medicare	*	*	0	0	0	0	0	0	0	0	*	*
1222	Demonstration to Promote Access for Medicare Beneficiaries With Limited English Proficiency	0	*	*	*	*	*	0	0	0	0	*	*
1223	Report on Impact of Language-Access Services	0	0	0	0	0	0	0	0	0	0	0	0
1224	Definitions	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle C—Miscellaneous Improvements													
1231	Extension of Therapy Caps Exceptions Process	0.3	0.5	0.1	0	0	0	0	0	0	0	0.9	0.9
1232	Extended Months of Coverage of Immunosuppressive Drugs and Other Renal Dialysis Provisions	0	*	*	*	*	*	*	*	*	*	*	-0.1
1233	Voluntary Advance Care Planning Consultation	0	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.7	2.0
1234	Part B Special Enrollment Period and Waiver of Limited Enrollment Penalty for TRICARE Beneficiaries	*	*	*	*	*	*	*	*	*	*	*	*
1235	Exception for Use of More Recent Tax Year in Case of Gains From Sale of Primary Residence in Computing Part B Income-Related Premium	*	*	*	*	*	*	*	*	*	*	*	*
1236	Demonstration Program: Patient Decisions Aids	*	*	*	*	*	*	*	*	*	*	*	*
TITLE III—PROMOTING PRIMARY CARE, MENTAL HEALTH SERVICES, AND COORDINATED CARE													
1301	Accountable Care Organization Pilot Program	0	0	*	*	-0.1	-0.3	-0.3	-0.4	-0.7	-0.8	-0.2	-2.6
1302	Medical Home Pilot Program	0.2	0.3	0.3	0.3	0.3	0.2	0.1	*	0	0	1.5	1.8
1303	Payment Incentive for Selected Primary Care Services	0	0.4	0.4	0.5	0.5	0.5	0.5	0.6	0.6	0.7	1.8	4.7
1304	Payment for Certified Nurse-Midwives	*	*	*	*	*	*	*	*	*	*	*	*
1305	Coverage and Waiver of Cost-Sharing for Preventive Services	0.1	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.4	0.4	1.0	2.7
1306	Waive Deductible for Colorectal Cancer Screening Tests	0	0	0	0	0	0	0	0	0	0	0	0
1307	Excluding Clinical Social Worker Services From Coverage Under the Medicare Skilled Nursing Facility Prospective Payment System and Consolidated Payment	0	0	0	0	0	0	0	0	0	0	0	0
1308	Coverage of Marriage and Family Therapist Services and Mental Health Counselor Services	*	*	*	*	*	*	0.1	0.1	0.1	0.1	0.1	0.4
1309	Extension of Physician Fee Schedule Mental Health Add-On	*	*	*	0	0	0	0	0	0	0	0.1	0.1
1310	Expanding Access to Vaccines	0	*	*	0.1	0.1	0.1	0.2	0.2	0.3	0.4	0.2	1.5
1311	Expansion of Medicare-Covered Preventive Services at Federally Qualified Health Centers	*	*	*	*	*	*	*	*	*	*	0.1	0.1
1312	Independence at Home Demonstration Program	*	*	*	*	*	*	0	0	0	0	*	*
1313	Recognition of Certified Diabetes Educators as Providers	*	*	*	*	*	*	*	*	*	*	*	*

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TITLE IV—QUALITY												
Subtitle A—Comparative Effectiveness Research												
1401 Comparative Effectiveness Research (effects on outlays)												
Medicare	*	0.1	0.1	*	*	*	*	-0.1	-0.1	-0.2	0.2	-0.1
Non-Medicare	0	*	*	0.1	0.2	0.2	0.2	0.2	0.2	0.1	0.3	1.2
Subtitle B—Nursing Home Transparency	*	*	*	0	0	0	0	0	0	0	0.1	0.1
Subtitle C—Quality Measurements	*	*	0.1	0.1	0.1	*	*	0	0	0	0.2	0.3
Subtitle D—Physician Payments Sunshine Provision	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle E—Public Reporting on Health Care-Associated Infections	0	0	*	*	*	*	*	*	*	*	*	*
TITLE V—MEDICARE GRADUATE MEDICAL EDUCATION	*	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.5	1.5
TITLE VI—PROGRAM INTEGRITY												
Subtitle A—Increased Funding to Fight Waste, Fraud, and Abuse	0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.9
Subtitle B—Enhanced Penalties for Fraud and Abuse	*	*	*	*	*	*	*	*	*	*	-0.1	-0.2
Subtitle C—Enhanced Program and Provider Protections	*	-0.2	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3	-0.3	-0.3	-0.8	-2.3
Subtitle D—Access to Information Necessary to Prevent Fraud, Waste, and Abuse	0	0	0	0	0	0	0	0	0	0	0	0

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TITLE VII—MEDICAID AND CHIP													
Subtitle A—Medicaid and Health Reform													
1701	Eligibility for Individuals With Income Below 150 Percent of the Federal Poverty Level	Included in estimate for expanding health insurance coverage (except for Medicare cost-sharing assistance).											
	Medicare cost sharing assistance -- Medicare effects	0	0	0	0.3	0.6	0.7	0.8	0.9	0.9	1.0	0.9	5.3
	Medicare cost sharing assistance -- Medicaid effects	0	0	0	0.6	0.9	1.0	1.0	1.1	1.2	1.3	1.5	7.2
1702	Special Rules for Certain Medicaid Eligible Individuals	Included in estimate for expanding health insurance coverage.											
1703	CHIP and Medicaid Maintenance of Eligibility	Included in estimate for expanding health insurance coverage.											
1704	Reduction in Medicaid DSH	0	0	0	0	0	0	0	-1.5	-2.5	-6.0	0	-10.0
1705	Expanded Outstationing	Included in estimate for expanding health insurance coverage.											
Subtitle B—Prevention													
1711	Required Coverage of Preventive Services	*	0.2	0.2	0.8	0.8	1.3	1.5	1.7	1.9	2.1	2.1	10.7
1712	Tobacco Cessation	*	*	*	*	*	*	*	*	*	*	*	0.1
1713	Optional Coverage of Nurse Home Visitation Services	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.8
1714	State Eligibility Option for Family Planning Services	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle C—Access													
1721	Payments to Primary Care Practitioners	3.3	6.4	5.5	6.5	6.9	6.4	5.7	5.7	5.1	5.4	28.7	57.0
1722	Medical Home Pilot Program	*	0.1	0.1	0.1	0.1	*	0	0	0	0	0.5	0.5
1723	Translation or Interpretation Services	*	*	*	*	*	*	*	*	*	0.1	0.1	0.3
1724	Optional Coverage for Freestanding Birth Center Services	*	*	*	*	*	*	*	*	*	*	*	*
1725	Inclusion of Public Health Clinics Under the Vaccines for Children Program	*	0.1	0.1	0.1	0.1	*	*	0	0	0	0.4	0.5
1726	Requiring Coverage of Services of Podiatrists	*	*	*	*	*	*	*	*	*	*	0.1	0.2
1726A	Requiring Coverage of Services of Optometrists	*	*	*	*	*	*	*	*	*	*	*	0.1
1727	Therapeutic Foster Care	*	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.6
1728	Assuring Adequate Payment Levels for Services	0	0	0	0	0	0	0	0	0	0	0	0
1729	Preserving Medicaid Coverage for Youths Upon Release From Public Institutions	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.6
1730	Quality Measures for Maternity and Adult Health Services Under Medicaid and CHIP	*	*	*	*	*	*	*	*	*	0	*	*
1730A	Accountable Care Organization Pilot Program	0	0	*	*	*	*	*	*	*	*	*	-0.1
1730B	FQHC Coverage	0	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	1.0

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Subtitle D—Coverage													
1731	Optional Medicaid Coverage of Low-Income HIV-Infected Individuals	0.1	0.4	0.4	0.1	0	0	0	0	0	0	1.1	1.1
1732	Extending Transitional Medicaid Assistance	0	0.2	1.1	1.0	0.1	*	0	0	0	0	2.4	2.4
1733	Requirement of 12-Month Continuous Coverage Under Certain CHIP Programs	Included in estimate for expanding health insurance coverage.											
1734	Preventing the Application Under CHIP of Coverage Waiting Periods for Certain Children	Included in estimate for expanding health insurance coverage.											
1735	Adult Day Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0
1736	Medicaid Coverage for Citizens of Freely Associated States	*	*	*	*	*	*	*	*	*	*	0.1	0.2
1737	Medicaid Coverage of Nonemergency Transportation to Medically Necessary Services	*	*	*	*	*	*	*	*	*	*	*	*
1738	State Option to Disregard Certain Income in Providing Continued Medicaid Coverage for Certain Individuals With Extremely High Prescription Costs	*	0.2	0.2	*	0	0	0	0	0	0	0.5	0.5
1739	Community Living Assistance Services and Supports	Included in estimate for section 2581.											
1739A	Sense of Congress Regarding Community First Choice Option	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle E—Financing													
1741 -	Medicaid Pharmacy Reimbursement and Prescription												
1743	Drug Rebate Provisions (includes interactions with section 2501)	-0.4	-1.9	-2.5	-2.7	-2.9	-2.7	-2.8	-2.8	-2.9	-3.0	-10.4	-24.6
1744	Payments for Graduate Medical Education	0	0	0	0	0	0	0	0	0	0	0	0
1745	Nursing Facility Supplemental Payment Program	0.4	1.1	1.5	1.5	1.1	0.4	0	0	0	0	5.6	6.0
1746	Report on Medicaid Payments	0	0	0	0	0	0	0	0	0	0	0	0
1747	Reviews of Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
1748	Extension of Delay in Managed Care Organization Provider Tax Elimination	0.4	0	0	0	0	0	0	0	0	0	0.4	0.4
1749	Extension of ARRA Increase in FMAP	0	23.5	0	0	0	0	0	0	0	0	23.5	23.5

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Subtitle F—Waste, Fraud, and Abuse												
1751 Health Care Acquired Conditions	0	0	*	*	*	*	*	*	*	*	*	*
1752 Evaluations and Reports	0	0	0	0	0	0	0	0	0	0	0	0
1753 Require Providers and Suppliers to Adopt Programs to Reduce Waste, Fraud, and Abuse	0	0	0	0	0	0	0	0	0	0	0	0
1754 Overpayments	0.1	0	*	0	*	*	*	*	*	*	0.1	0.1
1755 Managed Care Organizations	0	0	0	0	0	0	0	0	0	0	0	0
1756 Termination of Provider Participation Under Medicaid and CHIP if Terminated Under Certain Other Plans	0	0	0	0	0	0	0	0	0	0	0	0
1757 Medicaid and CHIP Exclusion From Participation Relating to Certain Ownership and Other Affiliations	0	0	0	0	0	0	0	0	0	0	0	0
1758 Report Expanded Set of Data Elements Under MMIS	0	0	0	0	0	0	0	0	0	0	0	0
1759 Alternate Payees Required to Register Under Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
1760 Denial of Payments for Litigation-Related Misconduct	0	0	0	0	0	0	0	0	0	0	0	0
1761 Mandatory State Use of National Correct Coding Initiative	0	0	*	*	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.3
Subtitle G—Payments to the Territories	0	0.8	0.9	0.8	0.9	1.0	1.1	1.2	1.2	1.4	3.4	9.3
Subtitle H—Miscellaneous												
1781 Technical Corrections	0	0	0	0	0	0	0	0	0	0	0	0
1782 Extension of QI Program	0	0.5	0.8	0.3	0	0	0	0	0	0	1.5	1.5
1783 Assuring Transparency of Information	0	0	0	0	0	0	0	0	0	0	0	0
1784 Medicaid and CHIP Payment and Access Commission	0	0	0	0	0	0	0	0	0	0	0	0
1785 Outreach and Enrollment of Medicaid- and CHIP-Eligible Individuals	0	0	0	0	0	0	0	0	0	0	0	0
1786 Prohibitions on Federal Medicaid and CHIP Payment for Undocumented Aliens	0	0	0	0	0	0	0	0	0	0	0	0
1787 Demonstration Project for Stabilization of Emergency Medical Conditions by Institutions for Mental Diseases	*	*	*	0	0	0	0	0	0	0	0.1	0.1
1788 Application of Medicaid Improvement Fund	0	0	0	0	-0.1	-0.2	-0.2	-0.2	-0.2	0	-0.1	-0.7
1789 Treatment of Certain Medicaid Brokers	0	0	0	0	0	0	0	0	0	0	0	0
1790 Rule for Changes Requiring State Legislation	0	0	0	0	0	0	0	0	0	0	0	0

TITLE VIII—REVENUE-RELATED PROVISIONS

Estimates provided separately by the Joint Committee on Taxation (see JCX-46-09).

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TITLE IX—MISCELLANEOUS PROVISIONS												
1901 Repeal of Trigger Provision	0	0	0	0	0	0	0	0	0	0	0	0
1902 Repeal of Comparative Cost Adjustment Program	0	*	*	*	*	*	*	0	0	0	-0.1	-0.1
1903 Extension of Gainsharing Demonstration	*	*	*	*	*	0	0	0	0	0	*	*
1904 Grants to States for Quality Home Visitation Programs for Families With Young Children or Expecting Children	*	*	0.1	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.6	1.8
1905 Improved Coordination and Protection for Dual Eligibles	0	0	0	0	0	0	0	0	0	0	0	0
1906 Assessment of Medicare Cost-Intensive Diseases	0	0	0	0	0	0	0	0	0	0	0	0
1907 Center for Medicare and Medicaid Innovation												
Funding for Center (including noncovered benefits)	0.1	0.2	0.4	0.6	0.7	0.8	0.9	1.0	0.9	0.9	2.0	6.5
Effect on Medicare spending for benefits	0	-0.1	-0.2	-0.4	-0.5	-0.6	-0.9	-1.3	-1.8	-2.3	-1.2	-8.2
1908 Application of Emergency Services Laws	0	0	0	0	0	0	0	0	0	0	0	0
1909 Disregard Under the Supplemental Security Income Program of Compensation for Participation in Clinical Trials for Rare Diseases or Conditions	0	0	0	0	0	0	0	0	0	0	0	0
INTERACTIONS AMONG PROVISIONS												
Tricare Interaction	-0.1	-0.2	-0.3	-0.3	-0.4	-0.5	-0.6	-0.8	-0.9	-0.8	-1.2	-4.7
Medicare Advantage Interactions	0	-1.2	-1.9	-2.7	-8.8	-7.8	-7.8	-10.3	-12.4	-14.2	-14.6	-67.0
Premium Interactions	0	0.5	1.0	1.6	5.4	4.8	4.6	5.4	6.2	6.9	8.5	36.4
Implementation of Medicare Changes	0.2	*	*	*	*	*	*	*	*	*	0.3	0.3
Medicare Interactions with Medicaid Provisions	0	0	0	0	0	0	1.8	3.0	3.7	4.0	0	12.4
Medicare Interactions with 340B Provision	*	*	*	*	*	*	*	*	*	*	*	*
SUBTOTAL, DIVISION B	3.3	13.4	-15.5	-22.3	-49.0	-47.3	-47.6	-61.3	-73.5	-84.0	-70.1	-383.8

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DIVISION C—PUBLIC HEALTH AND WORKFORCE DEVELOPMENT												
2001 - Public Health Investment Fund,												
2403 and Prevention and Wellness Trust ^a	0	1.8	4.4	5.9	7.1	8.2	4.8	0.9	0.2	*	19.2	33.4
2501 -												
2503 340B Drug Discount Program	Included in estimate for sections 1741-1743											
2511 School-Based Health Clinics	0	0	0	0	0	0	0	0	0	0	0	0
2572 Nutrition Labeling at Chain Restaurants and												
Vending Machines	0	0	0	0	0	0	0	0	0	0	0	0
2573 Protecting Consumer Access to Generic Drugs	-0.1	-0.1	-0.1	-0.2	-0.1	-0.1	-0.1	-0.2	-0.3	-0.4	-0.7	-1.8
2575 -												
2577 Licensure Pathway for Biosimilar Biological Products	0	0	0	*	-0.1	-0.3	-0.6	-1.1	-1.7	-2.5	-0.1	-6.2
2581 Community Living Assistance Services and Supports	0	-5.2	-9.0	-12.3	-14.0	-15.8	-13.5	-11.9	-10.4	-9.5	-40.5	-101.6
SUBTOTAL, DIVISION C	-0.1	-3.5	-4.8	-6.5	-7.1	-7.9	-9.4	-12.3	-12.3	-12.3	-22.0	-76.3
DIVISION D—INDIAN HEALTH CARE IMPROVEMENT												
TITLE I—AMENDMENTS TO INDIAN LAWS												
3101 Scholarship and Loan Repayment Recovery Fund and												
Exemption From Payment From Certain Fees	*	*	*	*	*	*	*	*	*	*	*	*
TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT												
3201 Expansion of Payments Under Medicare	0	*	*	*	*	*	*	*	*	*	0.1	0.2
SUBTOTAL, DIVISION D	*	*	*	*	*	*	*	*	*	*	0.1	0.2
OTHER (from Division A)												
111 Reinsurance Program for Retirees	3.0	5.0	2.0	0	0	0	0	0	0	0	10.0	10.0
115 Administrative Simplification												
Effects on Medicaid spending	*	*	-0.1	-0.1	-0.2	-0.4	-0.8	-1.7	-1.8	-2.0	-0.4	-7.1
Effects on exchange subsidies	0	0	0	*	-0.1	-0.3	-0.6	-0.9	-1.0	-1.1	-0.1	-4.1
346 Special Rules for Application to Territories	0	0	0	0.7	0.7	0.7	0.7	0.7	0.7	0.7	1.4	5.0
Total, Changes in Direct Spending	6.2	14.9	-18.4	-28.2	-55.7	-55.2	-57.7	-75.5	-88.0	-98.7	-81.0	-456.1

Table 4. Estimate of the Effects on Direct Spending and Revenues of Divisions B, C, and D and Sections 111, 115, and 346 of H.R. 3962, the Affordable Health Care for America Act, As Passed by the House of Representatives

By Fiscal Year, in Billions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
CHANGES IN REVENUES												
Fraud, Waste, and Abuse	*	*	*	*	*	*	*	*	*	*	0.1	0.2
Effect of Administrative Simplification on Revenues ^b	0	-0.1	-0.2	*	0.4	1.0	1.7	2.6	2.9	3.0	0.1	11.3
Effects on Revenues of Provisions Involving Comparative Effectiveness, Access to Generic Drugs, and Biosimilar Biological Products												
Income and Medicare payroll taxes (on-budget)	*	*	*	*	*	*	0.1	0.2	0.2	0.3	0.1	0.9
Social Security payroll taxes (off-budget)	*	*	*	*	*	*	*	0.1	0.1	0.2	*	0.5
Total, Changes in Revenues (unified budget)	*	-0.1	-0.1	*	0.5	1.1	1.9	2.8	3.3	3.5	0.3	12.9
CHANGES IN DEFICITS												
Total, Changes in Deficits (unified budget)	6.2	15.0	-18.2	-28.2	-56.1	-56.3	-59.5	-78.3	-91.3	-102.2	-81.3	-469.0
MEMORANDUM												
Non-scorable savings from increased HCFAC spending	0	*	-0.1	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.4	-1.3

Notes:

* Between -\$50 million and \$50 million.

^a The legislation would authorize the appropriation of approximately \$34 billion over the 2011-2015 period for public health, prevention, and wellness provisions. Although that spending would not occur without the enactment of subsequent discretionary appropriations, the House Committee on the Budget has directed CBO to consider such spending as direct spending in this cost estimate.

^b Estimated by the Joint Committee on Taxation. Includes both on-budget and off-budget effects.

AIDS = acquired immune deficiency syndrome; ARRA = American Recovery and Reinvestment Act (Public Law 111-5); CHIP = Children's Health Insurance Program; DSH = disproportionate share hospital; DME = durable medical equipment; FMAP = federal medical assistance percentage; FQHC = federally qualified health center; HCFAC = health care fraud and abuse control account; HIV = human immunodeficiency virus; MA = Medicare Advantage; MedPAC = Medicare Payment Advisory Commission; MMIS = Medicaid Management Information System; QI = qualifying individual.