



July 30, 2007

Honorable Charles B. Rangel  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

The Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT) have prepared the attached estimate for the Children's Health and Medicare Protection Act of 2007, as ordered reported by the Committee on Ways and Means on July 27, 2007.

CBO estimates that enacting this legislation would increase federal direct spending by \$27.5 billion over the 2008-2012 period and by \$132.6 billion over the 2008-2017 period. CBO and JCT estimate that net revenues would increase under the bill by \$28.9 billion over the next five years and \$59.7 billion over the 10-year period. (A portion of that increase would be in off-budget revenues: \$0.8 billion for the 2008-2012 period and \$2.4 billion over the 2008-2017 period.)

On balance, the spending and revenue changes would reduce federal deficits by \$1.4 billion through 2012, but would increase federal deficits by \$72.9 billion for the 2008-2017 period. The two attached tables provide estimates of year-by-year changes and a summary of the estimated change in enrollment of children under the State Children's Health Insurance Program (SCHIP) and Medicaid.

CBO and JCT have reviewed the bill and determined that it contains no intergovernmental mandates as defined in the Unfunded Mandates Reform Act (UMRA). The bill would affect the way states administer SCHIP and Medicaid, but because of the flexibility in those programs, the new requirements would not be intergovernmental mandates as defined in UMRA.

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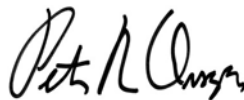
In general, state, local, and tribal governments would benefit from the continuation of existing SCHIP grants, the creation of new grant programs, and broader flexibility and options in some programs.

The bill also would give state insurance commissioners the power to regulate the marketing and enrollment practices of agents and brokers relating to Medicare Advantage, private plans, and prescription drug plans. Under current law, states are preempted from enforcing such standards.

The bill contains several mandates on the private sector, including provisions that would increase the federal excise tax on tobacco products, extend the number of months that Medicare would be secondary payer for patients with end-stage renal disease, and place further restrictions on the types of plans that Medigap issuers could sell to Medicare beneficiaries. CBO and JCT estimate that the direct cost of these mandates would significantly exceed the statutory threshold established under UMRA (\$131 million in 2007, adjusted annually for inflation) in each of the first five years that the mandates are in effect.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contacts are Eric Rollins, Jeanne De Sa, and Tom Bradley.

Sincerely,



Peter R. Orszag  
Director

Enclosure

cc: Honorable Jim McCrery  
Ranking Republican

**Table 1. Estimated Effect on Direct Spending and Revenues of H.R. 3162, the Children's Health and Medicare Protection Act, as Ordered Reported by the House Committee on Ways and Means on July 27, 2007**

*by fiscal year, in billions of dollars*

		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017
<b>TITLE I -- CHILDREN'S HEALTH INSURANCE PROGRAM</b>														
<b>Subtitle A -- Funding</b>														
101	New formula for SCHIP allotments	0.0	1.9	3.1	4.7	5.7	6.6	7.7	9.1	10.4	11.9	13.5	21.9	74.5
	Effect on Medicaid spending of sections 101 and 111	0.0	-0.3	0.8	2.4	3.5	4.2	4.4	4.5	4.8	5.0	5.3	10.6	34.5
102	Shorten availability of funds to 2 years													
	the effects of this provision are incorporated in section 101													
103	Modify redistribution of unspent funds													
	the effects of this provision are incorporated in section 101													
104	Allow spending of additional funds on Medicaid children	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
	<b>Subtotal</b>	<b>0.0</b>	<b>1.6</b>	<b>3.8</b>	<b>7.1</b>	<b>9.2</b>	<b>10.8</b>	<b>12.1</b>	<b>13.7</b>	<b>15.2</b>	<b>16.9</b>	<b>18.8</b>	<b>32.5</b>	<b>109.1</b>
<b>Subtitle B -- Improving Enrollment and Retention of Eligible Children</b>														
111	Bonus payments for enrollment of additional children	0.0	0.0	1.3	2.4	3.2	3.9	4.2	4.5	4.9	5.3	5.7	10.8	35.4
	the effects of this provision are incorporated in sections 101 and 111													
112	Allow use of eligibility findings from other programs													
113	Outreach procedures for children and pregnant women	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
114	Increase the match rate for translation services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.4
	<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>1.3</b>	<b>2.4</b>	<b>3.3</b>	<b>3.9</b>	<b>4.2</b>	<b>4.6</b>	<b>4.9</b>	<b>5.4</b>	<b>5.8</b>	<b>10.9</b>	<b>35.8</b>
<b>Subtitle C -- Coverage</b>														
121	Require coverage of certain additional services	0.0	0.0	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.7	2.2
122	Revise benchmark benefit packages	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.9
123	Grace period for payment of premiums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	<b>Subtotal</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.3</b>	<b>0.3</b>	<b>0.3</b>	<b>0.4</b>	<b>0.4</b>	<b>0.5</b>	<b>0.5</b>	<b>1.1</b>	<b>3.2</b>
<b>Subtitle D -- Populations</b>														
131	State option to cover individuals through age 24	0.0	0.0	0.0	0.1	0.3	0.5	0.8	1.0	1.0	1.1	1.1	0.9	5.9
132	State option to cover certain legal immigrants	0.0	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.9	2.2
133	State option to cover pregnant women under SCHIP	0.0	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.7	1.9
134	Limitation on coverage of adults under SCHIP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	<b>Subtotal</b>	<b>0.0</b>	<b>0.1</b>	<b>0.3</b>	<b>0.5</b>	<b>0.7</b>	<b>0.9</b>	<b>1.2</b>	<b>1.4</b>	<b>1.5</b>	<b>1.6</b>	<b>1.7</b>	<b>2.5</b>	<b>10.0</b>

**Table 1. Estimated Effect on Direct Spending and Revenues of H.R. 3162, the Children's Health and Medicare Protection Act, as Ordered Reported by the House Committee on Ways and Means on July 27, 2007**

*by fiscal year, in billions of dollars*

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017
<b>Subtitle E -- Access</b>													
141	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
142	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
143	0.0	0.3	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.8	1.9
144	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
145	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.2
<b>Subtotal</b>	<b>0.0</b>	<b>0.3</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.8</b>	<b>1.7</b>
<b>Subtitle F -- Quality and Program Integrity</b>													
151	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
152	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
153	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
154	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
155	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total, Title I</b>	<b>0.0</b>	<b>2.1</b>	<b>5.7</b>	<b>10.4</b>	<b>13.5</b>	<b>16.1</b>	<b>18.0</b>	<b>20.2</b>	<b>22.2</b>	<b>24.6</b>	<b>27.0</b>	<b>47.8</b>	<b>159.9</b>
<b>TITLE II -- MEDICARE BENEFICIARY IMPROVEMENTS</b>													
<b>Subtitle A -- Improvements in Benefits</b>													
201	0.0	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.5	0.6	1.1	3.4
202	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
203	0.0	0.3	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.6	2.2	4.7
<b>Subtotal</b>	<b>0.0</b>	<b>0.4</b>	<b>0.6</b>	<b>0.7</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.9</b>	<b>0.9</b>	<b>1.0</b>	<b>1.2</b>	<b>3.3</b>	<b>8.2</b>
<b>Subtitle B -- Assistance for Low Income Medicare Beneficiaries</b>													
211	0.0	0.0	0.2	0.6	1.0	1.1	1.7	2.0	2.4	3.0	3.2	2.9	15.0
212	0.0	0.4	0.5	0.6	0.7	0.9	1.0	1.1	1.2	1.3	1.4	3.0	8.9
213	0.0	0.0	0.5	0.9	1.1	1.1	1.3	1.5	1.7	2.1	2.2	3.6	12.2
214	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
215	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.5
216	0.0	0.0	0.2	0.2	0.3	0.3	0.3	0.4	0.4	0.5	0.6	0.9	3.1
217	0.0	0.0	0.0	0.4	0.7	0.6	0.8	0.9	1.0	1.2	1.3	1.7	6.9
218	0.0	0.0	0.0	-0.1	-0.2	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.4	-1.2
<b>Subtotal</b>	<b>0.0</b>	<b>0.4</b>	<b>1.4</b>	<b>2.6</b>	<b>3.6</b>	<b>3.9</b>	<b>5.0</b>	<b>5.7</b>	<b>6.5</b>	<b>8.0</b>	<b>8.5</b>	<b>11.9</b>	<b>45.6</b>

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<b>Subtitle C -- Part D Beneficiary Improvements</b>													
221	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2
222	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
223	0.0	0.0	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.5	1.2
224	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
225	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
226	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
227	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.7</b>	<b>1.6</b>
<b>Subtitle D -- Reducing Health Disparities</b>													
231	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
232	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
233													
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
234	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
235													
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
236	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
237	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total, Title II</b>	<b>0.0</b>	<b>0.8</b>	<b>2.2</b>	<b>3.5</b>	<b>4.6</b>	<b>4.9</b>	<b>6.0</b>	<b>6.8</b>	<b>7.6</b>	<b>9.2</b>	<b>9.8</b>	<b>15.9</b>	<b>55.3</b>
<b>TITLE III -- PHYSICIANS' SERVICE PAYMENT REFORM</b>													
301	0.0	3.3	6.8	5.1	2.5	3.4	6.8	11.7	17.5	21.5	24.1	21.1	102.7
302													
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
303	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
304	0.0	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4
305	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
306	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3
307	0.0	-0.8	-0.4	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.4	-1.4
308	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
309	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.4	-1.2
310	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total, Title III</b>	<b>0.0</b>	<b>2.4</b>	<b>6.5</b>	<b>5.3</b>	<b>2.6</b>	<b>3.3</b>	<b>6.7</b>	<b>11.5</b>	<b>17.4</b>	<b>21.3</b>	<b>23.9</b>	<b>20.1</b>	<b>101.0</b>

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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017	
<b>TITLE IV -- MEDICARE ADVANTAGE REFORMS</b>														
<b>Subtitle A -- Payment Reform</b>														
401														
	Equalizing payments between Medicare Advantage plans and fee-for-service Medicare.	0.0	0.0	-4.9	-11.1	-17.0	-17.4	-20.0	-19.8	-20.4	-23.5	-23.0	-50.4	-157.1
	<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>-4.9</b>	<b>-11.1</b>	<b>-17.0</b>	<b>-17.4</b>	<b>-20.0</b>	<b>-19.8</b>	<b>-20.4</b>	<b>-23.5</b>	<b>-23.0</b>	<b>-50.4</b>	<b>-157.1</b>
<b>Subtitle B -- Beneficiary Protections</b>														
411	NAIC development of marketing, advertising, and related protections.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
412	Limitation on out-of-pocket costs for individual health services.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
413	MA plan enrollment modifications.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
414	Information for beneficiaries on MA plan administrative costs.	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	0.0	-0.4
	<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-0.1</b>	<b>-0.1</b>	<b>0.0</b>	<b>-0.2</b>
<b>Subtitle C -- Quality and Other Provisions</b>														
421	Requiring all MA plans to meet equal standards.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
422	Development of new quality reporting measures on racial disparities.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
423	Strengthening audit authority.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
424	Improving risk adjustment for MA payments.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
425	Eliminating special treatment of private fee-for-service plans.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
426	Renaming of Medicare Advantage program.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Subtitle D -- Extension of Authorities</b>														
431	Extension and revision of authority for special needs plans (SNPs).	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
432	Extension and revision of authority for Medicare reasonable cost contracts.	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
	<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.2</b>	<b>0.2</b>
	<b>Total, Title IV</b>	<b>0.0</b>	<b>0.0</b>	<b>-4.9</b>	<b>-11.0</b>	<b>-16.9</b>	<b>-17.4</b>	<b>-20.0</b>	<b>-19.8</b>	<b>-20.4</b>	<b>-23.5</b>	<b>-23.0</b>	<b>-50.2</b>	<b>-157.0</b>

**Table 1. Estimated Effect on Direct Spending and Revenues of H.R. 3162, the Children's Health and Medicare Protection Act, as Ordered Reported by the House Committee on Ways and Means on July 27, 2007**

*by fiscal year, in billions of dollars*

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017
<b>TITLE V -- PROVISIONS RELATING TO MEDICARE PART A</b>													
501	Inpatient hospital payment updates.	0.0	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3	-0.3	-0.3	-0.4	-1.1	-2.7
502	Payment for inpatient rehabilitation facility (IRF) services.	0.0	-0.3	-0.5	-0.6	-0.6	-0.6	-0.7	-0.8	-0.8	-0.9	-1.0	-2.4
503	Long-term care hospitals.	0.0	0.1	0.0	-0.2	-0.2	-0.1	-0.2	-0.2	-0.2	-0.2	-0.5	-1.3
504	Increasing the DSH adjustment cap.	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
505	PPS-exempt cancer hospitals.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.3
506	Skilled nursing facility payment update.	0.0	-0.3	-0.5	-0.6	-0.6	-0.6	-0.7	-0.7	-0.8	-0.8	-0.9	-2.7
507	Revocation of unique deeming authority of the Joint Commission for the Accreditation of Healthcare Organizations.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
508	Treatment of Medicare hospital reclassifications.	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.6
509	Medicare critical access hospital designations.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	<b>Total, Title V</b>	<b>0.0</b>	<b>-0.3</b>	<b>-0.9</b>	<b>-1.4</b>	<b>-1.6</b>	<b>-1.6</b>	<b>-1.8</b>	<b>-1.9</b>	<b>-2.0</b>	<b>-2.2</b>	<b>-5.7</b>	<b>-15.9</b>
<b>TITLE VI -- OTHER PROVISIONS RELATING TO MEDICARE PART B</b>													
<b>Subtitle A -- Payment and Coverage Improvements</b>													
601	Payment for therapy services.	0.0	0.5	0.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	1.4	1.4
602	Medicare separate definition of outpatient speech-language pathology services.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
603	Increased reimbursement rate for certified nurse-midwives.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
604	Adjustment in outpatient hospital fee schedule increase factor.	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.3	-0.8
605	Exception to 60-day limit on Medicare substitute billing arrangements in case of physicians ordered to active duty in the Armed Forces.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
606	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	0.0	0.0	0.0	0.0	0.0	0.0
607	Coverage of marriage and family therapist services and mental health counselor services.	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.6
608	Rental and purchase of power-driven wheelchairs.	0.0	-0.3	-0.1	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.6	-0.9
609	Rental and purchase of oxygen equipment	0.0	0.0	0.0	-0.4	-0.6	-0.7	-0.8	-0.8	-0.8	-0.9	-1.8	-6.0
610	Adjustment for Medicare mental health services.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
611	Extension of brachytherapy special rule.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
612	Payment for part B drugs.	0.0	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3	-1.9
	<b>Subtotal</b>	<b>0.0</b>	<b>0.2</b>	<b>0.5</b>	<b>-0.4</b>	<b>-0.8</b>	<b>-0.9</b>	<b>-1.0</b>	<b>-1.1</b>	<b>-1.1</b>	<b>-1.2</b>	<b>-1.3</b>	<b>-7.4</b>

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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017
<b>Subtitle B -- Extension of Medicare Rural Access Protections</b>													
621	0.0	0.3	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8
622	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
623	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
624	0.0	0.2	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6
625	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
626	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.5</b>	<b>0.9</b>	<b>0.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1.7</b>	<b>1.7</b>
<b>Subtitle C -- End Stage Renal Disease Program</b>													
631	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
632	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
633	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
634	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
635	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.3
636	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1
637	0.0	0.0	0.0	0.0	0.0	-0.3	-0.4	-0.5	-0.6	-0.6	-0.7	-0.2	-3.1
638	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
639	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-0.1</b>	<b>0.0</b>	<b>-0.3</b>	<b>-0.5</b>	<b>-0.5</b>	<b>-0.6</b>	<b>-0.7</b>	<b>-0.7</b>	<b>-0.4</b>	<b>-3.4</b>
<b>Subtitle D -- Miscellaneous</b>													
651	0.0	0.0	-0.1	-0.2	-0.2	-0.3	-0.3	-0.4	-0.5	-0.5	-0.6	-0.7	-2.9
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>-0.1</b>	<b>-0.2</b>	<b>-0.2</b>	<b>-0.3</b>	<b>-0.3</b>	<b>-0.4</b>	<b>-0.5</b>	<b>-0.5</b>	<b>-0.6</b>	<b>-0.7</b>	<b>-2.9</b>
<b>Total, Title VI</b>	<b>0.0</b>	<b>0.7</b>	<b>1.3</b>	<b>-0.4</b>	<b>-1.0</b>	<b>-1.5</b>	<b>-1.8</b>	<b>-2.0</b>	<b>-2.2</b>	<b>-2.4</b>	<b>-2.7</b>	<b>-1.0</b>	<b>-12.0</b>



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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2008- 2012	2008- 2017
<b>TITLE VII -- PROVISIONS RELATING TO MEDICARE PARTS A AND B</b>													
701	0.0	-0.3	-0.5	-0.6	-0.6	-0.7	-0.7	-0.8	-0.9	-1.0	-1.1	-2.6	-7.2
702	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3
703	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.4	-1.2
704	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
705	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total, Title VII</b>	<b>0.0</b>	<b>-0.2</b>	<b>-0.4</b>	<b>-0.6</b>	<b>-0.7</b>	<b>-0.8</b>	<b>-0.9</b>	<b>-1.0</b>	<b>-1.1</b>	<b>-1.2</b>	<b>-1.3</b>	<b>-2.7</b>	<b>-8.1</b>
<b>TITLE VIII -- MEDICAID</b>													
<b>Subtitle A -- Protecting Existing Coverage</b>													
801	0.0	0.3	0.8	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.6
802	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.4
803	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
804	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.5
805	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1
<b>Subtotal</b>	<b>0.0</b>	<b>0.5</b>	<b>0.9</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1.9</b>	<b>1.8</b>
<b>Subtitle B -- Payments</b>													
811	0.0	0.0	0.3	0.4	0.5	0.6	0.7	0.7	0.7	0.8	0.8	1.8	5.4
812	0.0	-0.1	-0.3	-0.3	-0.3	-0.4	-0.4	-0.4	-0.5	-0.5	-0.5	-1.3	-3.5
813	0.0	0.3	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.8
814	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
815	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3
816	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.3</b>	<b>0.1</b>	<b>0.2</b>	<b>0.3</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>1.3</b>	<b>3.1</b>
<b>Subtitle C -- Miscellaneous</b>													
821	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.3
822	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3
823	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.2</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.4</b>	<b>0.6</b>
<b>Total, Title VIII</b>	<b>0.0</b>	<b>0.8</b>	<b>1.1</b>	<b>0.9</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>3.5</b>	<b>5.5</b>

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<b>TITLE IX -- MISCELLANEOUS</b>													
901 Medicare Payment Advisory Commission status.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
902 Repeal of trigger provision.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
903 Repeal of comparative cost adjustment (CCA) program.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
904 Comparative effectiveness research.	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.2	0.1	0.0	0.0	0.5	1.1
905 Implementation of Health information technology (IT) under Medicare.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
906 Development, reporting, and use of health care measures.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
907 Improvements to the Medigap program.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
908 Implementation funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total, Title IX</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.6</b>	<b>1.2</b>
<b>INTERACTIONS -- DIRECT SPENDING</b>													
Fee-for-service interactions	0.0	0.2	0.3	0.1	0.0	0.1	0.1	0.2	0.3	0.4	0.4	0.7	2.0
Medicare Advantage interactions	0.0	0.0	1.9	1.1	0.1	0.3	1.2	2.5	4.2	5.2	5.9	3.4	22.3
Premium interactions with fee-for-service provisions /1/	0.0	-0.8	-2.3	-1.5	-0.6	-0.7	-1.6	-3.0	-4.6	-5.8	-6.5	-5.9	-27.3
Medicaid interactions with Medicare provisions	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.4	0.4	0.5	0.6	0.4	2.6
TRICARE interaction with Medicare provisions	0.0	0.1	0.2	0.1	0.0	0.1	0.2	0.4	0.6	0.7	0.8	0.5	3.1
<b>Total, Interactions</b>	<b>0.0</b>	<b>-0.5</b>	<b>0.0</b>	<b>-0.2</b>	<b>-0.2</b>	<b>0.0</b>	<b>0.2</b>	<b>0.5</b>	<b>0.8</b>	<b>1.0</b>	<b>1.2</b>	<b>-0.9</b>	<b>2.7</b>
<b>TOTAL CHANGES IN DIRECT SPENDING</b>	<b>0.0</b>	<b>5.8</b>	<b>10.6</b>	<b>6.6</b>	<b>0.8</b>	<b>3.7</b>	<b>7.1</b>	<b>15.0</b>	<b>22.9</b>	<b>27.2</b>	<b>32.9</b>	<b>27.5</b>	<b>132.6</b>

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<b>TITLES I-IX -- REVENUES</b>														
904	Comparative effectiveness research. - - tax on issuers of private health insurance policies	0.0	0.0	0.0	0.0	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.6	2.0
<b>Revenue interactions with Title I and section 904</b>														
	Income and Hospital Insurance (Part A) payroll taxes	0.0	0.0	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.5	1.5
	Social Security payroll taxes	0.0	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.8	2.4
<b>TITLE X -- REVENUES</b>														
1001	Increase in tax rates and modify certain definitions.	0.0	4.6	5.8	5.6	5.6	5.5	5.5	5.4	5.4	5.3	5.3	27.0	53.8
1002	Extend exemption from fuel excise tax for use in ambulance.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	<b>Total, Title X</b>	0.0	4.6	5.8	5.6	5.5	5.5	5.5	5.4	5.4	5.3	5.3	27.0	53.8
	<b>Subtotal, Changes in Revenues</b>													
	On-budget	<b>0.0</b>	<b>4.6</b>	<b>5.8</b>	<b>5.7</b>	<b>6.0</b>	<b>5.9</b>	<b>5.9</b>	<b>5.9</b>	<b>5.9</b>	<b>5.8</b>	<b>5.8</b>	<b>28.1</b>	<b>57.3</b>
	Off-budget	<u>0.0</u>	<u>0.1</u>	<u>0.1</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.3</u>	<u>0.3</u>	<u>0.3</u>	<u>0.4</u>	<u>0.8</u>	<u>2.4</u>
	<b>Total, Changes in Revenues</b>	<b>0.0</b>	<b>4.7</b>	<b>6.0</b>	<b>5.9</b>	<b>6.2</b>	<b>6.1</b>	<b>6.1</b>	<b>6.2</b>	<b>6.2</b>	<b>6.2</b>	<b>6.2</b>	<b>28.9</b>	<b>59.7</b>
<b>Memorandum: Change in Surplus or Deficit (Negative amounts increase deficit)</b>														
	<b>On-budget</b>	<b>0.0</b>	<b>-1.2</b>	<b>-4.8</b>	<b>-0.9</b>	<b>5.2</b>	<b>2.3</b>	<b>-1.2</b>	<b>-9.1</b>	<b>-17.0</b>	<b>-21.4</b>	<b>-27.1</b>	<b>0.6</b>	<b>-75.3</b>
	<b>Unified (on-budget and off-budget)</b>	<b>0.0</b>	<b>-1.1</b>	<b>-4.6</b>	<b>-0.7</b>	<b>5.4</b>	<b>2.5</b>	<b>-1.0</b>	<b>-8.8</b>	<b>-16.7</b>	<b>-21.0</b>	<b>-26.7</b>	<b>1.4</b>	<b>-72.9</b>
<b>NOTES:</b>														
1	Premium interactions for provisions in title IV are included in the estimates for those provisions. The estimate of the combined effect of fee-for-service and Medicare Advantage provisions on premium receipts would be:	0.0	-0.8	-1.5	0.1	1.6	1.8	1.0	-0.4	-2.0	-3.0	-3.5	1.2	-6.7

**Table 2. CBO Estimate of Changes in SCHIP and Medicaid Enrollment of Children Under H.R. 3162, the Children's Health and Medicare Protection Act of 2007, as ordered reported by the Committee on Ways and Means on July 27, 2007**

All figures are average monthly enrollment, in millions of individuals. Components may not sum to totals because of rounding.

	SCHIP /a/				Medicaid /b/				SCHIP/Medicaid total		
	Enrollees moved to SCHIP	Reduction in the uninsured	Reduction in other coverage /c/	Total	Enrollees moved to SCHIP	Reduction in the uninsured	Reduction in other coverage /c/	Total	Reduction in the uninsured	Reduction in other coverage /c/	Total
<b>FISCAL YEAR 2012:</b>											
CBO's baseline projections				3.3				25.0			28.3
Effect of providing funding to maintain current SCHIP programs	0.6	0.8	0.5	1.9	-0.6	n.a.	n.a.	-0.6	0.8	0.5	1.3
Effect of additional SCHIP funding and other provisions:											
Additional enrollment within existing eligibility groups /d/	n.a.	0.6	0.4	1.1	n.a.	2.9	0.7	3.6	3.5	1.1	4.7
Expansion of SCHIP and Medicaid eligibility to new populations	n.a.	0.5	0.5	1.0	n.a.	0.1	0.2	0.4	0.6	0.7	1.3
Subtotal	n.a.	1.1	0.9	2.0	n.a.	3.0	1.0	4.0	4.1	1.9	6.0
Total proposed changes	0.6	1.9	1.4	4.0	-0.6	3.0	1.0	3.3	4.9	2.4	7.3
Estimated enrollment under proposal				7.3				28.3			35.6

**Notes:**

/a/ The figures in this table include the program's adult enrollees, who account for less than 10 percent of total SCHIP enrollment.

/b/ The figures in this table do not include children who receive Medicaid because they are disabled.

/c/ "Other coverage" is largely private coverage, but also includes about 200,000 legal immigrant children who now receive coverage under state-funded programs.

/d/ For simplicity of display, the Medicaid figures in this line include the additional children enrolled as a side effect of expansions of SCHIP eligibility.

n.a. = not applicable