

July 8, 2009

**Preliminary Estimate of the Effects on Direct Spending and Revenues of
Division B, Titles I-VII and Section 1872, of the
House Tri-Committee Health Reform Discussion Draft**

The Congressional Budget Office and the staff of the Joint Committee on Taxation (JCT) have completed a preliminary analysis of the budgetary effects of the Medicare component (Division B, titles I-VII and section 1872) of the health reform discussion draft that was posted on the Web site of the House Committee on Education and Labor on June 19, 2009. The attached table presents the results of that analysis, but does not represent a complete cost estimate for the following reasons:

- The preliminary estimates reflect legislative language where that language is clear, and CBO's understanding of legislative intent (based on discussions with House staff) where the language is not clear. As such, the attached table specifies whether the estimate for each provision is based on the posted legislative language or on intent. CBO's estimates for provisions labeled as based on intent are subject to revision, pending the review of final legislative language.
- The preliminary estimates in the table reflect interactions with other provisions in the table. Thus, estimates for particular provisions may change if there are changes to other provisions.
- The discussion draft would also make substantial changes to health insurance coverage and the Medicaid program. Some of those changes would affect the estimates of provisions in titles I-VII of Division B. However, those interactions are not reflected in the estimates in the attached table, because we have not yet estimated the effects of those changes.

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-2014	2010-2019	
Based on Legislative Language or Intent															
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. (Freeze 1/1/10, MB-Prod 2010-2019)	Leg. Lang.	0.0	-0.6	-1.0	-1.3	-1.7	-2.1	-2.6	-3.2	-3.8	-4.4	-5.1	-6.8	-26.0
1102.	Inpatient rehabilitation facility payment update. (Freeze 1/1/10, MB-Prod 2010-2019)	Leg. Lang.	0.0	-0.1	-0.2	-0.3	-0.3	-0.4	-0.5	-0.6	-0.8	-0.9	-1.0	-1.4	-5.3
1103.	Incorporating productivity improvements into market basket updates. (FY2010-2019)		See 1103a-1103f below.												
1103a	Inpatient acute hospitals.	Leg. Lang.	0.0	-1.4	-2.6	-3.7	-5.0	-6.7	-8.7	-10.8	-12.9	-15.1	-17.7	-19.4	-84.7
1103b	Skilled nursing facilities.		Included in 1101 above.												
1103c	Long-term care hospitals.	Leg. Lang.	0.0	-0.1	-0.1	-0.2	-0.2	-0.3	-0.4	-0.5	-0.6	-0.7	-0.8	-0.8	-3.7
1103d	Inpatient rehabilitation facilities.		Included in 1102 above.												
1103e	Psychiatric hospitals.	Leg. Lang.	0.0	0.0	-0.1	-0.1	-0.2	-0.3	-0.3	-0.4	-0.5	-0.6	-0.7	-0.7	-3.4
1103f	Hospice care.	Leg. Lang.	0.0	-0.2	-0.3	-0.4	-0.6	-0.8	-1.0	-1.2	-1.5	-1.7	-2.0	-2.3	-9.8
PART 2 --- OTHER MEDICARE PART A PROVISIONS															
1111.	Payments to skilled nursing facilities.	Intent	0.0	-0.4	-0.5	-0.5	-0.5	-0.6	-0.6	-0.6	-0.7	-0.7	-0.8	-2.5	-6.0
1112.	Medicare DSH report.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Subtitle B --- Provisions Related to Part B															
PART 1 --- PHYSICIANS SERVICES															
1121.	Sustainable growth rate reform.	Leg. Lang.	0.0	7.4	13.1	15.3	17.6	20.3	23.5	27.5	31.3	34.4	38.0	73.7	228.5
1122.	Misvalued codes under the physician fee schedule.	Leg. Lang.	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
1123.	Payments for efficient areas.	Leg. Lang.	0.0	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5
1124.	Modifications to the Physician Quality Reporting Initiative	Leg. Lang.	0.0	0.0	0.0	0.6	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.6
1125.	Adjustment to Medicare payment localities.	Intent	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.2	0.3
PART 2 --- MARKET BASKET UPDATES															
1131.	Incorporating productivity adjustment into market basket updates that do not already incorporate such adjustment.		See below 1131a-1131b												
1131a	Dialysis. (MB-Prod 2012-2019)	Leg. Lang.	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
1131b	Outpatient hospital fee schedule. (MB-Prod 2010-2019)	Leg. Lang.	0.0	-0.3	-0.6	-0.9	-1.2	-1.6	-2.2	-2.8	-3.4	-4.1	-4.8	-4.6	-21.8

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

	Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019	
PART 3 --- OTHER PROVISIONS															
1141.	Rental and purchase of power-driven wheelchairs.	Leg. Lang.	0.0	0.0	-0.4	-0.2	0.0	0.0	0.0	-0.1	-0.1	-0.1	-0.7	-0.9	
1142.	Extension of payment rule for brachytherapy and therapeutic radiopharmaceuticals.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1143.	Home infusion therapy report to Congress.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1144.	Require ambulatory surgical centers to submit cost data and other data.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1145.	Treatment of certain cancer hospitals.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1146.	Medicare Improvement Fund.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	-16.7	-5.6	0.0	0.0	0.0	-16.7	-22.3	
1147.	Payment for imaging services.	Leg. Lang.	0.0	0.0	-0.2	-0.3	-0.4	-0.4	-0.5	-0.5	-0.6	-0.7	-1.3	-4.3	
Subtitle C --- Provisions Related to Medicare Parts A and B															
1151.	Reducing potentially preventable hospital readmissions.	Intent	0.0	0.0	0.0	-0.7	-1.0	-0.9	-2.1	-2.3	-2.8	-3.0	-3.2	-2.5	-16.0
1152.	Post acute care services payment reform plan.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1153.	Home health payment update for 2010.	Leg. Lang.	0.0	-0.4	-0.5	-0.6	-0.6	-0.7	-0.8	-0.9	-1.0	-1.1	-1.2	-2.8	-7.7
1154.	Payment adjustments for home health care.	Leg. Lang.	0.0	-0.4	-0.2	-2.2	-3.2	-3.6	-4.0	-4.4	-4.9	-5.4	-5.9	-9.6	-34.2
1155.	Incorporating productivity adjustment into market basket update for home health services.	Leg. Lang.	0.0	0.0	-0.2	-0.4	-0.6	-0.9	-1.4	-1.9	-2.5	-3.2	-3.9	-2.1	-14.9
1156.	Limitation on Medicare exception to the prohibition on certain physician referrals for hospitals.	Leg. Lang.	0.0	0.0	0.0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.3	-1.0
Subtitle D --- Medicare Advantage Reforms															
PART 1 --- PAYMENT AND ADMINISTRATION															
1161.	Phase-in of payment based on fee-for-service costs.	Leg. Lang.	0.0	0.0	-4.7	-10.4	-15.0	-18.0	-19.2	-20.1	-21.3	-23.0	-24.7	-48.1	-156.3
1162.	Quality bonus payments.	Leg. Lang.	0.0	0.0	0.2	0.6	1.0	1.1	1.2	1.2	1.3	1.4	1.5	2.9	9.6
1163.	Extension of Secretarial coding intensity adjustment authority.	Leg. Lang.	0.0	0.0	-0.2	-0.6	-0.9	-1.2	-1.6	-2.0	-2.5	-3.0	-3.5	-2.9	-15.5
1164.	Adding 2 week processing period between open election periods and effective date of enrollments.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1165.	Extension of reasonable cost contracts.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1166.	Limitation of waiver authority for employer group plans.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1167.	Improving risk adjustment for MA payments.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1168.	Elimination of MA Regional Plan Stabilization Fund.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	-0.2	-0.1	0.0	0.0	0.0	-0.2	-0.2	

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

	Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
PART 2 --- CONSUMER PROTECTIONS AND ANTI-FRAUD														
1171.	Limitation on out-of-pocket costs for individual health services.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1172.	Continuous open enrollment for enrollees in plans with enrollment suspension.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1173.	Information for beneficiaries on MA plan administrative costs.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1174.	Strengthening audit authority.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1175.	Authority to deny plan bids.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PART 3 --- TREATMENT OF SPECIAL NEEDS INDIVIDUALS; MEDICAID INTEGRATION														
1176.	Limitation on enrollment outside open enrollment period of individuals into chronic care specialized MA plans for special needs individuals.	Leg. Lang.	included in extension of SNP authority (section 1177)											
1177.	Extension of authority of special needs plans to restrict enrollment.	Leg. Lang.	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1
1178.	Fully integrated dual eligible special needs plans.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1179.	Improved coordination for dual eligibles.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Subtitle E --- Improvements to Medicare Part D														
1181.	Requiring drug manufacturers to provide drug rebates for certain full premium subsidy eligible individuals.	Intent	0.0	0.0	-6.4	-8.5	-8.1	-7.8	-7.4	-6.2	-6.0	-6.7	-5.9	-30.8
1182.	Phased-in elimination of coverage gap.	Intent	0.0	0.0	0.9	1.3	2.1	2.8	4.0	6.1	7.5	9.1	13.2	47.0
1183.	Repeal of provision relating to submission of claims by pharmacies located in or contracting with long-term care facilities.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	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.	Leg. Lang.	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.8
1185.	Permitting mid-year changes in enrollment for formulary changes adversely impact an enrollee.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Subtitle F --- Medicare Rural Access Protections														
1191.	Telehealth expansion and enhancements.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1192.	Extension of outpatient hold harmless provision.	Leg. Lang.	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4
1193.	Extension of section 508 hospital reclassifications.	Leg. Lang.	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5
1194.	Extension of geographic floor for work.	Leg. Lang.	0.0	0.4	0.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	1.3	1.3
1195.	Extension of payment for technical component of certain physician pathology services.	Leg. Lang.	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
1196.	Extension of ambulance add-ons.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

	Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019	
TITLE II --- MEDICARE BENEFICIARY IMPROVEMENTS															
Subtitle A --- Improving and Simplifying Financial Assistance for Low Income Medicare Beneficiaries															
1201.	Improving assets tests for Medicare Savings Program and low-income subsidy program.	Leg. Lang.	0.0	0.2	0.9	1.8	2.8	3.6	4.3	5.5	6.1	6.5	8.0	9.2	39.6
1202.	Elimination of Part D cost-sharing for certain non-institutionalized full-benefit dual eligible individuals.	Leg. Lang.	Included in Sec 1201												
1203.	Eliminating barriers to enrollment.	Leg. Lang.	Included in Sec 1201												
1204.	Enhanced oversight relating to reimbursements for retroactive low-income subsidy enrollment.	Leg. Lang.	Included in Sec 1201												
1205.	Intelligent assignment in enrollment.	Leg. Lang.	Included in Sec 1201												
1206.	Automatic enrollment process for certain subsidy eligible individuals.	Leg. Lang.	Included in Sec 1201												
1207.	Application of MA premiums prior to rebate in calculation of low-income subsidy benchmark.	Leg. Lang.	Included in Sec 1201												
Subtitle B --- Reducing Health Disparities															
1221.	Ensuring effective communication in Medicare.	Leg. Lang.	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
1222.	Demonstration to promote access for Medicare beneficiaries with limited English proficiency by providing reimbursement for culturally and linguistically appropriate services.	Leg. Lang.	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
1223.	IOM report on impact of language access services.	Leg. Lang.	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
1224.	Definitions.	Leg. Lang.	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
Subtitle C --- Miscellaneous Improvements															
1231.	Extension of therapy caps exceptions process.	Leg. Lang.	0.0	0.7	0.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	
1232.	Extended months of coverage of immunosuppressive drugs for kidney transplant patients and other renal dialysis provisions.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.4
1233.	Part B premium.	Intent	0.0	1.8	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	2.5
1234.	Requiring guaranteed issue for certain individuals under Medigap.	Leg. Lang.	0.0	0.0	0.1	0.2	0.2	0.3	0.4	0.5	0.7	0.8	1.0	0.8	4.1
1235.	Consultation and information regarding end-of-life planning.	Intent	0.0	0.1	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.4	0.5	1.0	2.8
1236.	Part B special enrollment period and waiver of limited enrollment penalty for TRICARE beneficiaries.	Intent	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

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

	Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
TITLE III -- PROMOTING PRIMARY CARE, MENTAL HEALTH SERVICES, AND COORDINATED CARE														
1301.	Accountable Care Organization pilot program. Leg. Lang.	0.0	0.0	0.0	0.0	-0.1	-0.2	-0.3	-0.3	-0.4	-0.4	-0.4	-0.3	-2.2
1302.	Medical home pilot program. Leg. Lang.	0.0	0.2	0.3	0.3	0.3	0.3	0.2	0.1	0.0	0.0	0.0	1.5	1.8
1303.	Rate increase for selected primary care services. Intent	0.0	0.3	0.4	0.4	0.4	0.5	0.5	0.6	0.6	0.7	0.7	2.0	5.0
1304.	Increased reimbursement rate for certified nurse-midwives. Leg. Lang.	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
1305.	Coverage and waiver of cost-sharing for preventive services. Leg. Lang.	0.0	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.4	0.4	1.1	2.8
1306.	Waiver of deductible for colorectal cancer screening tests regardless of coding, subsequent diagnosis, or ancillary tissue removal. Leg. Lang.	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
1307.	Excluding clinical social worker services from coverage under the medicare skilled nursing facility prospective payment system and consolidated payment. Leg. Lang.	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
1308.	Coverage of marriage and family therapist services and mental health counselor services. Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.5
1309.	Extension of physician fee schedule mental health add-on. Leg. Lang.	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
1310.	Expanding access to vaccines. Leg. Lang.	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.2	0.3	0.4	0.2	1.5
1311.	Elimination of 190-day lifetime limit on psychiatric hospital stays. Leg. Lang.	0.0	0.2	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	1.4	3.3
TITLE IV --- QUALITY														
Subtitle A --- Comparative Effectiveness Research														
1401.	Comparative effectiveness research outlays Medicare NonMedicare	Leg. Lang.	Forthcoming. Estimate requires completion of estimate for Division A.											
		Leg. Lang.	Forthcoming. Estimate requires completion of estimate for Division A.											
Subtitle B --- Nursing Home Transparency														
PART 1 --- IMPROVING TRANSPARENCY OF INFORMATION ON SKILLED NURSING FACILITIES AND NURSING FACILITIES														
1411.	Required disclosure of ownership and additional disclosable parties information. Leg. Lang.	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
1412.	Accountability requirements. Leg. Lang.	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
1413.	Nursing home compare medicare website. Leg. Lang.	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
1414.	Reporting of expenditures. Leg. Lang.	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
1415.	Standardized complaint form. Leg. Lang.	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
1416.	Ensuring staffing accountability. Leg. Lang.	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

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

	Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019	
PART 2 --- TARGETING ENFORCEMENT															
1421.	Civil money penalties.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1422.	National independent monitor pilot program.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1423.	Notification of facility closure.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
PART 3 --- IMPROVING STAFF TRAINING															
1431.	Dementia and abuse prevention training.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1432.	Study and report on training required for certified nurse aides and supervisory staff.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Subtitle C --- Quality Measurements															
1441.	Establishment of national priorities and performance measures for quality improvement.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	
Subtitle D --- Physician Payments Sunshine Provisions															
1451.	Reports on financial relationships between manufacturers and distributors of covered drugs, devices, biologicals, or medical supplies under Medicare, Medicaid, or CHIP and physicians and other health care entities and between physicians and other health care entities.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
TITLE V --- MEDICARE GRADUATE MEDICAL EDUCATION															
1501-05	Medicare graduate medical education provisions	Intent	0.0	0.0	0.0	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.5	1.5	
TITLE VI --- PROGRAM INTEGRITY															
1601-53	Waste, fraud, and abuse provisions	Leg. Lang.	0.0	-0.1	-0.2	-0.3	-0.3	-0.3	-0.3	-0.4	-0.4	-0.4	-0.5	-1.2	-3.1
TITLE VII --- MISCELLANEOUS PROVISIONS															
1701.	Repeal of trigger provision.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1702.	Repeal of comparative cost adjustment program.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1	
1703	Extension of gainsharing demonstration.	Leg. Lang.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1704.	Grants to States for quality home visitation programs for families with young children and families expecting children.	Leg. Lang.	0.0	0.0	0.1	0.2	0.4	0.6	0.6	0.6	0.6	0.6	1.3	4.1	

Preliminary Estimate of the Effects on Direct Spending and Revenues of the Medicare Provisions (titles I-VII and section 1872) of Division B of the House Tri-Committee Health Reform Discussion Draft, as Released on June 19, 2009

Figures are outlays, by fiscal year, in BILLIONS of dollars.

		Based on Legislative Language or Intent	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010- 2014	2010- 2019
TITLE VIII, Part 8 --- MISCELLANEOUS															
1872.	Make QI program permanent	Leg. Lang.	0.0	0.0	0.5	0.7	0.8	0.9	0.9	1.0	1.1	1.2	1.4	2.8	8.4
INTERACTIONS															
	Tricare Interaction		0.0	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.0	0.9	1.4
	Medicare Advantage interactions		0.0	0.0	3.4	2.4	1.9	-4.5	-1.4	0.2	-0.3	-1.0	-1.7	3.2	-0.9
	Premium interactions		0.0	0.0	-3.7	-3.2	-3.0	1.4	-1.9	-4.0	-4.5	-4.8	-5.3	-8.5	-29.0
	Medicaid interactions with Medicare provisions		forthcoming												
1233.	QI: Medicare interaction with Part B premium policy	Intent	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
1233.	MSP: Interaction with Part B premium policy	Intent	0.0	-0.7	-0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.0	-1.0
Total, Changes in Direct Spending			0.0	7.5	1.7	-8.5	-13.0	-34.9	-25.8	-18.5	-20.5	-24.5	-23.6	-47.2	-160.0
CHANGES IN REVENUES															
	Fraud, Waste, and Abuse	Leg. Lang.	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
	Comparative Effectiveness	Leg. Lang.													
	Premium Taxes (JCT estimate, on-budget)		Forthcoming. Estimate requires completion of estimate for Division A.												
	Income and Medicare payroll taxes (on-budget)		Forthcoming. Estimate requires completion of estimate for Division A.												
	Social Security payroll taxes (off-budget)		Forthcoming. Estimate requires completion of estimate for Division A.												
	Subtotal, on-budget revenues		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
	Total, unified budget revenues		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
CHANGES IN DEFICITS															
	On-budget deficits		0.0	7.5	1.6	-8.5	-13.0	-34.9	-25.8	-18.5	-20.5	-24.5	-23.6	-47.3	-160.2
	Unified budget deficits		0.0	7.5	1.6	-8.5	-13.0	-34.9	-25.8	-18.5	-20.5	-24.5	-23.6	-47.3	-160.2

Note: CHIP = Children's Health Insurance Program; DSH = disproportionate share hospital; IOM = Institute of Medicine; MA = Medicare Advantage; MB = market basket input price index; MSP = Medicare savings program; Prod = 10-year moving average of nonfarm multifactor productivity; QI = qualifying individual.