

Estimated Direct Spending Effects of Division F of Rules Committee Print 115-58

as Modified by Manager's Amendment #1—SUSTAIN Care Act of 2018, as Posted on docs.house.gov on Feb. 5, 2018

(Outlays in millions of dollars, by fiscal year)

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2018-2022	2018-2027
<b>INCREASES OR DECREASES (-) IN DIRECT SPENDING OUTLAYS</b>												
<b>TITLE I—EXTENDERS AND RELATED POLICIES</b>												
<b>Subtitle A—Medicare Part A</b>												
2101. Extension of the Medicare-dependent hospital program	105	180	20	0	0	0	0	0	0	0	305	305
2102. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals	340	595	70	0	0	0	0	0	0	0	1,005	1,005
2103. Hospital studies	0	0	0	0	0	0	0	0	0	0	0	0
2104. Extension of home health rural add-on	64	125	104	63	19	*	0	0	0	0	375	375
<b>Subtitle B—Medicare Part B</b>												
2111. Ground ambulance services cost reporting requirement	210	135	125	125	135	-65	-140	-160	-175	-200	730	-10
2112. Extension of work GPCI floor	295	510	175	-25	0	0	0	0	0	0	955	955
2113. Repeal of Medicare payment cap for therapy services; replacement with limitation to ensure appropriate therapy	410	580	610	630	705	705	685	720	715	710	2,935	6,470
<b>Subtitle C—Miscellaneous</b>												
2121. Providing continued access to Medicare Advantage special needs plans for vulnerable populations	0	6	13	13	14	14	15	16	16	17	46	125
2122. Extension of certain MIPPA funding provisions; State health insurance assistance program reporting requirements	38	38	0	0	0	0	0	0	0	0	75	75
2123. Extension of funding for quality measure endorsement, input, and selection; reporting requirements	5	8	3	0	0	0	0	0	0	0	15	15
<b>TITLE II—ADDITIONAL MEDICARE POLICIES RELATING TO EXTENDERS</b>												
2201. Home health payment reform	0	0	0	0	0	0	0	0	0	0	0	0
2202. Information to satisfy documentation of Medicare eligibility for home health services	0	2	2	2	2	2	2	2	2	2	8	20
2203. Voluntary settlement of home health claims	2	3	2	0	0	0	0	0	0	0	6	6
2204. Extension of enforcement instruction on Medicare supervision requirements for outpatient therapeutic services in critical access and small rural hospitals	0	0	0	0	0	0	0	0	0	0	0	0
2205. Technical amendments to Public Law 114–10	0	0	0	0	0	0	0	0	0	0	0	0
2206. Revised Requirements for Intensive Cardiac Rehabilitation Programs	0	10	10	10	5	5	5	5	5	5	35	65

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<b>TITLE III—CREATING HIGH-QUALITY RESULTS AND OUTCOMES NECESSARY</b>												
<b>TO IMPROVE CHRONIC CARE</b>												
<b>Subtitle A—Receiving High Quality Care in the Home</b>												
2301. Extending the Independence at Home Demonstration Program	0	3	9	10	0	0	0	0	0	0	23	23
2302. Expanding access to home dialysis therapy	0	0	0	0	0	0	0	0	0	0	0	0
<b>Subtitle B—Expanding Innovation and Technology</b>												
2311. Adapting benefits to meet the needs of chronically ill Medicare Advantage enrollees	0	0	20	25	0	0	0	0	0	0	45	45
2312. Expanding supplemental benefits to meet the needs of chronically ill Medicare Advantage enrollees	0	0	0	0	0	0	0	0	0	0	0	0
2313. Increasing convenience for Medicare Advantage enrollees through telehealth	0	0	-10	-10	-10	-10	-10	-10	-10	-10	-30	-80
2314. Providing accountable care organizations the ability to expand the use of telehealth	0	0	5	5	5	5	5	5	10	10	15	50
2315. Expanding the use of telehealth for individuals with stroke	0	0	0	10	15	20	25	30	35	45	25	180
<b>Subtitle C—Identifying the Chronically Ill Population</b>												
2321. Providing flexibility for beneficiaries to be part of an accountable care organization	0	0	5	5	5	5	5	5	10	10	15	50
<b>Subtitle D—Empowering Individuals and Caregivers in Care Delivery</b>												
2331. Eliminating barriers to care coordination under accountable care organizations	0	0	-5	-7	-7	-7	-7	-7	-7	-7	-19	-54
2332. GAO study and report on longitudinal comprehensive care planning services under Medicare Part B	0	0	0	0	0	0	0	0	0	0	0	0
<b>Subtitle E—Other Policies to Improve Care for the Chronically Ill</b>												
2341. GAO study and report on improving medication synchronization	0	0	0	0	0	0	0	0	0	0	0	0
2342. GAO study and report on impact of obesity drugs on patient health and spending	0	0	0	0	0	0	0	0	0	0	0	0
2343. HHS study and report on long-term risk factors for chronic conditions among Medicare beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0

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<b>TITLE IV—MEDICARE PART B MISCELLANEOUS POLICIES</b>												
<b>Subtitle A—Medicare Part B Improvement Act</b>												
2401. Home infusion therapy services temporary transitional payment	0	-260	-490	-160	0	0	0	0	0	0	-910	-910
2402. Orthotist's and prosthetist's clinical notes as part of the patient's medical record	0	0	0	0	0	0	0	0	0	0	0	0
2403. Independent accreditation for dialysis facilities and assurance of high quality surveys	0	0	0	0	0	0	0	0	0	0	0	0
2404. Modernizing the application of the Stark rule under Medicare	0	0	0	0	0	0	0	0	0	0	0	0
<b>Subtitle B—Additional Provisions</b>												
2411. Making permanent the removal of the rental cap for durable medical equipment under Medicare with respect to speech generating devices	0	1	1	1	1	1	1	2	2	2	4	12
2412. Increased civil and criminal penalties and increased sentences for Federal health care program fraud and abuse	0	0	0	0	0	0	0	0	0	0	0	0
2413. Reducing the volume of future EHR-related significant hardship requests	0	0	0	0	0	0	0	0	0	0	0	0
2414. Coverage of certain DNA Specimen Provenance Assay clinical diagnostic laboratory tests under Medicare	0	*	*	*	-1	-1	-4	-2	0	0	-1	-8
2415. Strengthening rules in case of competition for diabetic testing strips	0	0	0	0	0	0	0	0	0	0	0	0
<b>TITLE V—OTHER HEALTH EXTENDERS</b>												
2501. Extension for community health centers, the National Health Service Corps, and teaching health centers that operate GME programs	985	2,566	2,668	1,207	16	0	0	0	0	0	7,442	7,442
2502. Extension for special diabetes programs	54	192	188	41	8	5	0	0	0	0	483	488
2503. Extension for family-to-family health information centers	3	5	3	1	*	0	0	0	0	0	12	12
2504. Extension for sexual risk avoidance education	3	37	60	32	7	0	0	0	0	0	139	139
2505. Extension for personal responsibility education	2	32	62	42	11	0	0	0	0	0	149	149
<b>TITLE VI—CHILD AND FAMILY SERVICES AND SUPPORT</b>												
2621. Foster care prevention services and programs	1	1	21	31	151	181	211	251	281	351	205	1,480
2623. Title IV–E payments for evidence-based kinship navigator programs	2	7	10	14	14	15	15	16	16	17	47	126
2651. Limitation on Federal financial participation for placements that are not in foster family homes	-11	-20	-60	-65	-95	-90	-90	-70	-70	-70	-251	-641
2661. Supporting and retaining foster families for children	1	3	3	1	0	0	0	0	0	0	8	8
2662. Extension of child and family services programs	1	13	19	19	18	6	0	0	0	0	70	76
2669. Delay of adoption assistance phase-in	-5	-15	-25	-35	-50	-60	-75	-80	-80	-80	-130	-505

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2681. Supporting social impact partnerships to pay for results	2	6	5	5	5	5	6	9	18	23	22	83
2691. Modernizing child support enforcement fees	0	-21	-22	-22	-22	-22	-23	-23	-23	-23	-87	-201
2699. Increasing efficiency of prison data reporting	-1	-9	-9	-9	-9	-9	-9	-9	-9	-9	-37	-82
<b>TITLE VII—OFFSETS</b>												
2701. Payment for early discharges to hospice care	0	0	0	0	0	-545	-540	-575	-585	-605	0	-2,850
2702. Home health market basket reduction	0	0	-225	-375	-425	-425	-450	-500	-525	-575	-1,025	-3,500
2703. Reduction for non-emergency ESRD ambulance transports	<i>Included in the estimate for Section 2111</i>											
2704. Extension of target for relative value adjustments for misvalued services for certain radiation therapy services	0	-65	-110	-115	-130	-135	-135	-150	-160	-175	-420	-1,175
2705. Delay in authority to terminate contracts for Medicare Advantage plans failing to achieve minimum quality ratings	0	0	-1	-2	-2	-2	-2	-2	-3	-3	-5	-17
2706. Medicare Improvement Fund	0	0	0	-190	-110	0	0	0	0	0	-300	-300
2707. Payment for outpatient physical therapy services and outpatient occupational therapy services furnished by a therapy assistant	0	0	0	0	-135	-185	-190	-215	-230	-255	-135	-1,210
2708. Changes to long-term care hospital payments	210	290	-65	-70	-75	-80	-80	-85	-90	0	290	-45
2709. Transitional pass-through payment change for certain products	*	-1	-20	-50	-75	-50	-20	-40	-65	-70	-147	-392
2710. Third party liability in Medicaid and CHIP	29	-27	-164	-334	-521	-546	-573	-596	-621	-651	-1,017	-4,004
2711. Treatment of lottery winnings and other lump-sum income for purposes of income eligibility under Medicaid	-11	-22	-34	-48	-51	-54	-58	-62	-66	-71	-165	-475
2712. Modifying reductions in Medicaid DSH allotments	1,356	2,275	0	-1,408	-1,003	-593	-349	-463	0	0	1,220	-185
2713. Medicaid Improvement Fund rescission	0	0	0	-5	0	-904	-76	0	0	0	-5	-985
2714. Sunsetting exclusion of biosimilars from Medicare Part D coverage gap discount program	0	-50	-95	-130	-180	-205	-220	-285	-340	-400	-455	-1,905
2715. Prevention and Public Health Fund	0	20	72	137	115	75	-122	-347	-658	-858	344	-1,566
IPAB interaction	0	0	0	0	0	0	500	100	200	200	0	1,000
<b>Total, Changes in Direct Spending Outlays</b>	<b>4,090</b>	<b>7,154</b>	<b>2,950</b>	<b>-631</b>	<b>-1,650</b>	<b>-2,945</b>	<b>-1,698</b>	<b>-2,520</b>	<b>-2,407</b>	<b>-2,669</b>	<b>11,912</b>	<b>-327</b>

Source: Congressional Budget Office

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<b>Memorandum:</b>													
TITLE I	Extenders and Related Policies	1,467	2,177	1,120	806	873	654	560	576	556	527	6,443	9,316
TITLE II	Additional Medicare Policies Relating to Extenders	2	15	14	12	7	7	7	7	7	7	50	85
TITLE III	Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care	0	3	24	38	8	13	18	23	38	48	73	213
TITLE IV	Medicare Part B Miscellaneous Policies	0	-259	-489	-159	*	*	-3	*	2	2	-907	-906
TITLE V	Other Health Extenders	1,048	2,833	2,980	1,323	41	5	0	0	0	0	8,225	8,230
TITLE VI	Child and Family Services and Support	-10	-35	-58	-61	12	26	35	94	133	209	-153	344
TITLE VII	Offsets	1,584	2,419	-642	-2,590	-2,591	-3,648	-2,815	-3,320	-3,344	-3,662	-1,820	-18,609
	IPAB interaction	0	0	0	0	0	0	500	100	200	200	0	1,000
<b>Division F Total, Changes in Direct Spending Outlays</b>		<b>4,090</b>	<b>7,154</b>	<b>2,950</b>	<b>-631</b>	<b>-1,650</b>	<b>-2,945</b>	<b>-1,698</b>	<b>-2,520</b>	<b>-2,407</b>	<b>-2,669</b>	<b>11,912</b>	<b>-327</b>

**Notes:** Components may not sum to totals because of rounding.

\* = between -\$500,000 and \$500,000.

For most provisions, budget authority equals outlays.

All Medicare provisions include interactions with MA payments, the effect on Medicare Part A and B premiums, and TRICARE.

CHIP = Children's Health Insurance Program; DSH = Disproportionate Share Hospital; EHR = Electronic Health Records; ESRD = End-stage renal disease; GAO = Government Accountability Office; GME=Graduate Medical Education; GPCI = geographic practice cost index; HHS = Department of Health and Human Services; IPAB = Independent Payment Advisory Board; MA = Medicare Advantage; MIPPA = Medicare Improvements for Patients and Providers Act; TRICARE = the health plan operated by the Department of Defense.