The Congress uses CBO’s cost estimates to help it implement rules and procedures related to budget enforcement. CBO’s cost estimates provide information about how a bill would affect major components of the federal budget and details about CBO’s analysis—the reasoning, analytical methods, and sources of data used to develop the estimate, as well as any sources of uncertainty.

### General Information

The bill number, title, and legislative status are shown. Most estimates are for bills that have been ordered reported by a full committee. The same bill number may appear on different estimates when a bill is considered by more than one committee or when CBO provides an estimate for legislation that has been passed by one chamber and is awaiting action in the other. The date in the upper right corner shows when CBO published the estimate.

### Congressional Budget Office Cost Estimate

<table>
<thead>
<tr>
<th>By Fiscal Year, Millions of Dollars</th>
<th>2019</th>
<th>2019-2024</th>
<th>2019-2029</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Spending (Outlays)</td>
<td>0</td>
<td>40,394</td>
<td>41,027</td>
</tr>
<tr>
<td>Revenues</td>
<td>0</td>
<td>6,631</td>
<td>20,938</td>
</tr>
<tr>
<td>Increase or Decrease (-) in the Deficit</td>
<td>0</td>
<td>33,764</td>
<td>20,090</td>
</tr>
<tr>
<td>Spending Subject to Appropriation (Outlays)</td>
<td>0</td>
<td>67</td>
<td>not estimated</td>
</tr>
</tbody>
</table>

#### Statutory pay-as-you-go procedures apply?
- Yes
- Mandate Effects
  - Yes, Over Threshold
  - Contains intergovernmental mandate?
  - Contains private-sector mandate?
- No

#### The bill would
- Extend funding for public health programs including those that support health centers and health education
- Extend funding for several programs financed through the Medicare trust funds, change some other aspects of Medicare, and change supplemental coverage for some military retirees
- Reduce scheduled funding cuts to state allotments to hospitals that treat a disproportionate share of uninsured and Medicaid patients
- Protect patients from surprise medical billing and reduce payments to some health care providers working in facilities where surprise bills are likely
- Increase funding for Medicaid in the U.S. territories
- Impose intergovernmental and private-sector mandates by prohibiting surprise medical billing

#### Estimated budgetary effects would primarily stem from
- Increased funding for public health programs
- Changes to Medicare coverage and payment rules
- Increased Medicaid spending on payments to hospitals and to the U.S. territories
- Reduced federal subsidies for health care and health insurance

#### Areas of significant uncertainty include
- Estimating coverage choices for military retirees and trends in prostate cancer testing and treatment
- Accurately projecting how states would respond to scheduled reductions in funding for hospital payments
- Accurately anticipating the nature and effects of provider and insurer responses to the bill’s provisions that address surprise bills
- Estimating what the U.S. territories would spend on Medicaid

#### Detailed estimate begins on the next page.

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Direct Spending. CBO’s estimates are shown for increases or decreases in budget authority (authority for agencies to incur financial obligations) and outlays that would occur if the legislation was enacted. The benchmark is CBO’s 10-year baseline, which generally reflects current law. Positive numbers represent costs; negative numbers indicate savings.

Revenues. Estimated increases or decreases in revenues are shown. The staff of the Joint Committee on Taxation provides estimates for proposed changes to the Internal Revenue Code, and CBO estimates the changes in other governmental receipts. Positive numbers indicate increases in revenues; negative numbers represent losses.

The Deficit. The estimated effects on deficits reflect the net total of estimated changes to direct spending and revenues. Positive numbers represent deficit increases; negative numbers indicate deficit reductions.

Estimated Federal Cost
This section notes which of the 20 broad budget functions (such as national defense, agriculture, health, and income security) would be affected by the bill. A table summarizes the bill’s estimated effects on major components of the federal budget.

Table 1
Estimated Budgetary Effects of H.R. 2328

<table>
<thead>
<tr>
<th>Title I</th>
<th>Estimated Budget Authority</th>
<th>Estimated Outlays</th>
<th>Increases or Decreases (-) in Direct Spending</th>
<th>Total Changes in Direct Spending</th>
<th>Estimated Outlays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title I, Public Health Extenders</td>
<td>$4,887</td>
<td>$4,887</td>
<td>$4,887</td>
<td>$4,887</td>
<td>0</td>
</tr>
<tr>
<td>Title II, Medicare Extenders</td>
<td>$1,004</td>
<td>$1,004</td>
<td>$1,004</td>
<td>$1,004</td>
<td>0</td>
</tr>
<tr>
<td>Title III, Medicaid Provisions</td>
<td>$3,201</td>
<td>$3,201</td>
<td>$3,201</td>
<td>$3,201</td>
<td>0</td>
</tr>
<tr>
<td>Title IV, No Surprises Act</td>
<td>$1,189</td>
<td>$1,189</td>
<td>$1,189</td>
<td>$1,189</td>
<td>0</td>
</tr>
<tr>
<td>Title V, Territories Health Care Improvement Act</td>
<td>$7,986</td>
<td>$7,986</td>
<td>$7,986</td>
<td>$7,986</td>
<td>0</td>
</tr>
</tbody>
</table>

Totals. The totals are for estimated budgetary effects over periods that are relevant for Congressional budget enforcement procedures. Estimates of changes in direct spending and revenues generally cover the current year and the subsequent 10 years; estimates of changes in authorized spending subject to appropriation often cover only the subsequent 5 years, as specified in the Congressional Budget Act of 1974.

Spending Subject to Appropriation. The estimates reflect potential changes in discretionary spending that would result if the legislation was enacted and if future appropriations were provided consistent with the legislation’s provisions. The benchmark is based on current authorization law (under which many programs are not authorized beyond the current year) and thus differs from CBO’s 10-year baseline.
Basis of Estimate
This section describes CBO’s assumption about the timing of the bill’s enactment and provides the following details about the basis of the agency’s estimates:

- Provisions that would have budgetary effects,
- Sources of data and information that CBO considered,
- The reasoning and analytical methods that the agency used to develop its estimates, and
- Significant sources of uncertainty surrounding the estimates.

The section typically mirrors the organization of the table summarizing the estimated budgetary effects (shown on the previous page) and includes subsections on direct spending, revenues, spending subject to appropriation, and uncertainty. For complicated legislation, additional tables may provide more details on the estimated effects of particular provisions.

Pay-As-You-Go Considerations
The PAYGO Act established budget-reporting and enforcement procedures for legislation that affects direct spending or revenues. That act can trigger across-the-board cuts (or sequestration) in mandatory budget authority. Because the act excludes certain changes in direct spending and revenues from budget enforcement procedures, the amounts shown in this section can differ from the estimated net changes in deficits presented in the summary table.

Pay-As-You-Go Considerations
The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting on-budget direct spending or revenues. The net changes in outlays and revenues that are subject to those pay-as-you-go procedures are shown in Table 3.

Table 3. CBO’s Estimate of Pay-As-You-Go Effects of H.R. 2328

<table>
<thead>
<tr>
<th>By Fiscal Year, Millions of Dollars</th>
<th>2019-2029</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019-2023</td>
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<tr>
<td></td>
<td>2019-2024</td>
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<td>2019-2025</td>
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<td>2019-2026</td>
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<td>2019-2027</td>
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<td></td>
<td>2019-2028</td>
</tr>
<tr>
<td></td>
<td>2019-2029</td>
</tr>
</tbody>
</table>

Net Increase or Decrease (\(\Delta\)) in the On-Budget Deficit

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory Pay-As-You-Go Effect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory Pay-As-You-Go Effect</td>
<td>0.00</td>
<td>7,042</td>
<td>10,671</td>
<td>9,716</td>
<td>6,587</td>
<td>1,686</td>
<td>-569</td>
<td>-2,031</td>
<td>-2,258</td>
<td>-2,423</td>
<td>-2,594</td>
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<tr>
<td>Memorandum: Changes in Outlays</td>
<td>0.00</td>
<td>7,040</td>
<td>10,674</td>
<td>10,904</td>
<td>7,966</td>
<td>3,190</td>
<td>1,071</td>
<td>-49</td>
<td>-112</td>
<td>-120</td>
<td>-116</td>
</tr>
<tr>
<td>Changes in Outlays</td>
<td>-0.00</td>
<td>603</td>
<td>1,189</td>
<td>1,399</td>
<td>1,521</td>
<td>1,639</td>
<td>1,942</td>
<td>2,146</td>
<td>2,303</td>
<td>2,477</td>
<td>4,711</td>
</tr>
<tr>
<td>Changes in Revenues</td>
<td>-0.00</td>
<td>830</td>
<td>1,000</td>
<td>1,094</td>
<td>1,060</td>
<td>1,097</td>
<td>1,062</td>
<td>1,042</td>
<td>1,014</td>
<td>987</td>
<td>873</td>
</tr>
</tbody>
</table>

Increase in Long-Term Deficits
CBO estimates that enacting H.R. 2328 would not increase on-budget deficits by more than $5 billion in any of the four consecutive 10-year periods beginning in 2030.
Mandates
Any mandates (as defined in the Unfunded Mandates Reform Act) that the legislation would impose on state, local, or tribal governments or on private entities are noted, as is the basis of CBO’s estimate of whether the aggregate cost of complying with mandates in the bill would exceed the thresholds specified in UMRA (which are adjusted annually for inflation).

Mandates
H.R. 2328 would impose intergovernmental and private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

CBO estimates that the cost of the bill’s intergovernmental mandates would average about $90 million annually and that, in at least two of the first five years the mandates are in effect, those costs would exceed the intergovernmental threshold established in UMRA ($82 million in 2019, adjusted annually for inflation).

CBO estimates that the cost of the bill’s private-sector mandates would average $7.2 billion annually and that, in each of the first five years the mandates are in effect, those costs would far exceed the private sector-threshold established in UMRA ($164 million in 2019, adjusted annually for inflation).

Previous CBO Estimates

- Section 101 of H.R. 2328 is similar to section 411 of S. 1895: Both bills would extend funding for community health centers, the National Health Service Corps, and Teaching Health Centers that operate graduate medical education programs. The Senate bill would appropriate an additional year of funding for each program; the House bill would not.
- Section 102 of H.R. 2328 is similar to section 412 of S. 1895: Both bills would extend funding for the special diabetes programs. The Senate bill would appropriate an additional year of funding for each program; the House bill would not.
- Title IV of H.R. 2328 is similar to title I of S. 1895: Each aims to address surprise medical billing and includes the same protections for patients. Both would set the out-of-network payment rate to equal the median in-network payment rate.

Estimate Prepared By
Federal Costs: Alice Burns, Jennifer Gray, Philippa Haven, Lori Housman, Bayard Meiser, Daria Pelech, Lisa Ramirez-Branum, Lara Robillard, Sarah Sajewski, Matthew Schmit, Robert Stewart, Rebecca Yip, Katherine Young
Staff of the Joint Committee on Taxation
Mandates: Andrew Laughlin
Editing and Production: Kate Kelly and Darren Young

Previous CBO Estimates
CBO compares its current estimate with any earlier cost estimates that it prepared for similar legislation during the same Congress.