

# Proposals for Health Care Programs-CBO's Estimate of the President's Fiscal Year 2017 Budget

(Billions of dollars, by fiscal year)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	Total	
												2016-	2016-
												2021	2026
<b>CHANGES IN DIRECT SPENDING</b>													
<b>Medicare Proposals (a)</b>													
1. Allow the secretary to introduce primary care payments under the physician fee schedule in a budget neutral manner	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Allow Accountable Care Organizations (ACOs) to pay beneficiaries for primary care visits up to the applicable Medicare cost sharing amount	0	0	*	*	*	*	*	*	*	*	*	*	-0.1
3. Allow Centers for Medicare and Medicaid Services (CMS) to assign beneficiaries to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) participating in the Medicare Shared Savings Program	0	0	0	0	*	*	*	*	*	*	*	*	*
4. Expand basis for beneficiary assignment for ACOs to include nurse practitioners, physician assistants, and clinical nurse specialists	0	0	0	*	*	*	*	*	*	*	*	*	*
5. Establish quality bonus payments for high-performing Part D plans	0	*	*	*	*	*	*	*	*	*	*	0.1	0.3
6. Implement bundled payment for post-acute care	0	0	0	0	0	-0.4	-1.0	-1.5	-1.6	-1.8	-1.9	-0.4	-8.2
7. Implement value-based purchasing for skilled nursing facilities, home health agencies, ambulatory surgical centers, hospital outpatient departments, and community mental health centers	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Establish a hospital-wide readmissions reduction measure	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Extend accountability for hospital-acquired conditions (HAC)	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Encourage workforce development through targeted and more accurate indirect medical education payments	0	-0.9	-0.9	-1.0	-1.1	-1.1	-1.2	-1.3	-1.3	-1.4	-1.5	-5.0	-11.6
11. Allow the Secretary to determine HAC Reduction Program penalty amounts and distribution	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Establish a bonus payment for hospitals cooperating with certain alternative payment models	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reform Medicare Advantage (MA) payments to increase the efficiency and sustainability of the program	0	0	0.7	0.7	-1.7	-2.8	-3.7	-4.0	-4.2	-5.3	-5.8	-3.1	-26.1
14. Eliminate the 190-day lifetime limit on inpatient psychiatric facility services	0	0.2	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	1.5	3.4
15. Repeal the rental cap for oxygen equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Eliminate beneficiary coinsurance for screening colonoscopies with polyp removal	0	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.9	2.2

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17. Expand the ability of MA organizations to pay for services delivered via telehealth	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Establish RHC and FQHC telehealth services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Suspend coverage and payment for questionable Part D prescriptions and incomplete clinical information	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20. Allow prior authorization for Medicare fee-for-service items	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Permit exclusion from federal health care programs if affiliated with sanctioned entities	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Protect program integrity algorithms from disclosure	0	*	*	*	*	*	*	*	*	*	*	*	*	-0.1
23. Allow the Secretary to reject claims for new providers and suppliers located outside moratorium areas	0	*	*	*	*	*	*	*	*	*	*	*	*	-0.1
24. Allow civil monetary penalties (CMP) for providers and suppliers who fail to update enrollment records (b)	0	*	*	*	*	*	*	*	*	*	*	*	*	*
25. Allow collection of application fees from individual providers and suppliers (b)	0	*	*	*	*	*	*	*	*	*	*	*	*	0.1
26. Assess a fee on physicians and practitioners who order services or supplies without proper documentation (b)	0	*	*	*	*	*	*	*	*	*	*	*	*	*
27. Retain a portion of Medicare Recovery Audit Contractor (RAC) recoveries to implement actions that prevent fraud and abuse (c)	0	0.1	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.4	0.4	1.1	2.9	
28. Establish gifting authority for the Healthcare Fraud Prevention Partnership	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Establish registration process for clearinghouses and billing agents (b)	0	*	*	*	*	*	*	*	*	*	*	*	0.1	0.2
30. Pay recovery auditor after a Qualified Independent Contractor decision on appealed claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Publish the national provider identifier for covered recipients in the Open Payments Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Require a surety bond or escrow account to cover overturned RAC decisions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Align Medicare drug payment policies with Medicaid policies for low-income beneficiaries	0	0.2	-4.8	-12.6	-14.6	-14.7	-14.3	-14.9	-16.7	-19.1	-22.9	-46.5	-134.4	
34. Accelerate manufacturer discounts for brand drugs to provide relief to Medicare beneficiaries in the coverage gap	0	*	-0.2	-0.2	-0.5	-0.9	-1.7	-1.6	-1.4	-2.4	-2.9	-1.8	-11.8	
35. Require mandatory reporting of other prescription drug coverage	0	0	*	*	*	*	*	*	*	*	*	*	*	
36. Establish authority for a program to prevent prescription drug abuse in Medicare Part D	0	0	*	*	*	*	*	*	*	*	*	-0.1	-0.2	

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37. Allow the Secretary to negotiate prices for biologics and high cost prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38. Modify reimbursement of Part B drugs	0	0	-0.4	-0.6	-0.6	-0.7	-0.8	-0.8	-0.8	-0.9	-1.0	-2.4	-6.8	
39. Require evidence development for coverage of high cost drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	
40. Increase Part D plan sponsors' risk for catastrophic drug costs	0	0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.3	-0.8	
41. Change the Part D coverage gap discount program agreements from annually to quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
42. Reduce Medicare coverage of bad debts	0	-0.6	-1.6	-2.8	-3.3	-3.6	-4.0	-4.1	-4.3	-4.7	-5.1	-11.8	-34.1	
43. Adjust payment updates for certain post-acute care providers	0	-1.4	-1.6	-3.1	-4.4	-5.8	-7.7	-9.3	-10.9	-12.8	-14.6	-16.4	-71.6	
44. Encourage appropriate use of inpatient rehabilitation hospitals (IRF) by requiring that 75 percent of IRF patients require intensive rehabilitation services	0	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.4	-0.9	-2.2	
45. Exclude certain services from the in-office ancillary services exception	0	0	-0.2	-0.3	-0.3	-0.4	-0.4	-0.4	-0.4	-0.4	-0.5	-1.2	-3.3	
46. Reform Medicare hospice payments	0	0	-0.2	-0.5	-0.8	-0.9	-1.0	-1.1	-1.2	-1.3	-1.4	-2.4	-8.4	
47. Recoup initial clinical laboratory fee schedule payments for advanced diagnostic laboratory tests in excess of 100 percent of the final payment amount	0	0	0	0	0	0	0	0	0	0	0	0	0	
48. Provide authority to expand competitive bidding for certain durable medical equipment	0	0	0	-0.1	-0.4	-0.4	-0.3	-0.4	-0.5	-0.3	-0.1	-0.9	-2.5	
49. Reduce critical access hospital (CAH) payments from 101 percent of reasonable costs to 100 percent of reasonable costs	0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.2	-0.5	-1.3	
50. Prohibit CAH designation for facilities that are less than 10 miles from the nearest hospital	0	0	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.6	
51. Clarify the calculation of the late enrollment penalty for Medicare Part B premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	
52. Clarify the Medicare fraction in the Medicare Disproportional Share Hospital (DSH) statute	0	0	0	0	0	0	0	0	0	0	0	0	0	
53. Update Medicare DSH formula for hospitals in Puerto Rico	0	*	*	*	*	*	*	*	*	*	*	0.1	0.3	
54. Allow beneficiaries to pay a sum certain to Medicare for future medical items and services	0	0	*	*	*	*	*	*	*	*	*	*	*	
55. Modernize funding for End Stage Renal Disease networks	0	0	0	0	0	0	0	0	0	0	0	0	0	
56. Increase income-related premiums under Medicare Parts B and D	0	0	0	0	-1.7	-3.0	-4.1	-5.2	-6.6	-8.4	-10.3	-4.7	-39.3	
57. Modify the Part B deductible for new beneficiaries	0	0	0	0	-0.2	-0.2	-0.6	-0.8	-1.3	-1.8	-2.1	-0.4	-6.9	
58. Introduce home health copayments for new beneficiaries	0	0	0	0	*	-0.1	-0.2	-0.3	-0.4	-0.5	-0.6	-0.1	-2.1	
59. Encourage the use of generic drugs by low-income beneficiaries	0	-0.1	-1.2	-1.9	-1.9	-2.0	-2.3	-2.2	-2.0	-2.3	-2.3	-7.2	-18.3	

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60. Provide Office of Medicare Hearings and Appeals and Department Appeals Board authority to use RAC collections	0	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	1.1	1.7
61. Establish Medicare appeals refundable filing fee (b)	0	*	*	*	*	*	*	*	*	*	*	*	*
62. Strengthen the Independent Payment Advisory Board (IPAB) (includes proposal and interactions with all other Medicare proposals)	0	0	*	1.3	0.3	0.4	0.4	1.4	1.0	0.1	1.8	2.0	6.7
63. Net effect of repealing sequester on spending for Medicare	0	4.2	8.3	9.1	9.7	10.4	11.6	12.0	12.2	20.3	0	41.7	97.8
64. Effect of repealing sequester on spending for Health Care Fraud and Abuse Control (HCFAC)	0	*	*	*	*	0	0	0	0	0	0	0.1	0.1
<b>Medicaid and Children's Health Insurance Program (CHIP):</b>													
65. Ensure access to enhanced federal match for all Medicaid expansion states (b)	0	0.8	1.1	4.2	4.1	4.2	3.7	3.4	3.3	2.9	2.9	14.5	30.7
66. Strengthen Medicaid in Puerto Rico and other U.S. territories (c)	0	0.6	1.0	2.3	2.4	3.1	3.3	3.6	3.8	4.0	4.2	9.4	28.2
67. Permanently extend Express Lane Eligibility for children	0	0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	1.1
68. Require full coverage of preventive health and tobacco cessation services for adults in traditional Medicaid	0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	1.0
69. Require coverage of Early and Periodic Screening, Diagnostic, and Treatment program for children in inpatient psychiatric treatment facilities	0	*	*	*	*	*	*	*	*	*	*	0.2	0.4
70. Create state option to provide 12-month continuous Medicaid eligibility for adults (b)	0	0	0.6	1.3	1.7	1.9	2.1	2.2	2.4	2.6	2.8	5.6	17.7
71. Extend 100 percent federal match to all Indian health programs	0	*	*	*	*	*	*	*	*	*	*	0.1	0.3
72. Provide full Medicaid coverage to pregnant and post-partum beneficiaries	0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.6
73. Create demonstration to address over-prescription of psychotropic medications for children in foster care (c)	0	0.1	0.1	0.2	0.2	0.2	0.1	0.1	*	*	*	0.8	1.1
74. Streamline certain Medicaid appeals processes	0	0	0	0	0	0	0	0	0	0	0	0	0
75. Expand state flexibility to provide benchmark benefit packages	0	0	0	0	0	0	0	0	0	0	0	0	0
76. Extend CHIP funding through 2019 (b)	0	0	0.9	3.6	1.3	0.7	0	0	0	0	0	6.4	6.4
77. Extend the performance bonus fund	0	0.2	0.4	0.4	0.4	0.2	0	0	0	0	0	1.4	1.4
78. Extend the child enrollment contingency fund	0	0	0	0	0	0	0	0	0	0	0	0	0
79. Expand funding for the Medicaid Integrity Program (c)	0	*	*	*	*	*	0.1	0.1	0.1	0.1	0.1	0.2	0.5

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80. Expand Medicaid Fraud Control Unit authority review to additional care settings (c)	0	0	*	*	*	*	*	*	*	*	*	0.1	0.2
81. Require states to suspend Medicaid payments when there is a significant risk of fraud	0	0	0	0	0	0	0	0	0	0	0	0	0
82. Track high prescribers and utilizers of prescription drugs in Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0
83. Prevent use of federal funds to pay state share of Medicaid or CHIP	0	0	0	0	0	0	0	0	0	0	0	0	0
84. Consolidate redundant error rate measurement programs	0	0	0	0	0	0	0	0	0	0	0	0	0
85. Require manufacturers that improperly report items for Medicaid drug coverage to fully repay states	0	0	0	0	0	0	0	0	0	0	0	0	0
86. Increase penalties on drug manufacturers for fraudulent noncompliance with Medicaid drug rebate agreements	0	0	0	0	0	0	0	0	0	0	0	0	0
87. Require drugs be properly listed with the Food and Drug Administration (FDA) to receive Medicaid coverage	0	0	0	0	0	0	0	0	0	0	0	0	0
88. Require drug wholesalers to report wholesale acquisition costs to CMS	0	0	0	0	0	0	0	0	0	0	0	0	0
89. Enforce manufacturer compliance with drug rebate requirements	0	0	0	0	0	0	0	0	0	0	0	0	0
90. Strengthen CMS compliance tools in Medicaid managed care	0	0	0	0	0	0	0	0	0	0	0	0	0
91. Rebase future Medicaid DSH allotments	0	0	0	0	0	0	0	0	0	0	-0.7	0	-0.7
92. Require remittances for medical loss ratios for Medicaid and CHIP managed care	0	0	0	-0.4	-1.7	-1.1	-0.7	-0.6	-0.6	-0.6	-0.7	-3.2	-6.3
93. Extend funding for the Adult Health Quality Measures Program	0	*	*	*	*	*	*	*	0	0	0	0.1	0.1
94. Reestablish the Medicaid primary care payment increase through calendar year 2017 and include additional providers	0	7.0	2.4	0	0	0	0	0	0	0	0	9.4	9.4
95. Allow states to develop age-specific health home programs	0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	1.1
96. Provide home and community-based services (HCBS) to children eligible for psychiatric residential treatment facilities	0	0	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.5	1.4
97. Allow full Medicaid benefits for individuals in a HCBS state plan option	0	*	*	*	*	*	*	*	*	*	*	*	*
98. Expand eligibility for the 1915(i) HCBS state plan option	0	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.4	1.2
99. Expand eligibility under the Community First Choice option	0	0.1	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.5	1.4	3.5
100. Pilot comprehensive long-term care state plan option	0	*	*	0.7	1.1	1.6	1.7	1.8	0.9	1.0	1.0	3.5	9.8
101. Create a federal-state Medicaid negotiating pool for high-cost drugs	0	0	0	0	0	0	0	0	0	0	0	0	0
102. Correct Affordable Care Act (ACA) Medicaid rebate formula for new drug formulations and exempt abuse deterrent formulations	0	-0.1	-0.3	-0.6	-0.7	-0.7	-0.7	-0.8	-0.8	-0.9	-0.9	-2.4	-6.5

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103. Exclude authorized generics from Medicaid brand-name rebate calculations	0	*	*	*	*	*	*	*	*	*	*	-0.1	-0.2
104. Exclude brand-name and authorized generic drug prices from Medicaid federal upper limit	0	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.4	-1.0
105. Clarify the Medicaid definition of brand drugs to prevent inappropriately low rebates	0	0	0	0	0	0	0	0	0	0	0	0	0
106. Additional improvements to the Medicaid drug rebate program	0	*	*	*	*	*	*	*	*	*	*	*	*
107. Establish hold harmless for federal poverty guidelines	0	*	*	*	*	*	*	*	*	*	*	*	*
108. Promote responsible parenthood by modernizing Child Support	0	0	*	*	*	*	*	*	*	*	*	*	0.1
109. Extend Supplemental Security Income time limits for qualified refugees	0	*	*	0	0	0	0	0	0	0	0	*	*
<b>Medicare-Medicaid enrollees:</b>													
110. Ensure retroactive Part D coverage of newly-eligible low-income beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0
111. Establish integrated appeals process for Medicare-Medicaid enrollees	0	0	0	0	0	0	0	0	0	0	0	0	0
112. Allow for federal/state coordinated review of Duals Special Need Plan marketing materials	0	0	0	0	0	0	0	0	0	0	0	0	0
113. Align Medicare Savings Program income and asset definitions with Part D low-income subsidy definitions	0	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.9
<b>Other:</b>													
114. Prohibit certain patent settlement agreements between drug companies (b)	0	0	*	-0.2	-0.2	-0.3	-0.3	-0.3	-0.4	-0.4	-0.5	-0.7	-2.6
115. Modify the biosimilar regulatory pathway and change the Medicare Part B payment for certain drugs (b)	0	*	*	-0.1	-0.2	-0.3	-0.4	-0.6	-0.6	-0.7	-0.8	-0.6	-3.7
116. Establish transparency and reporting requirements in pharmaceutical drug pricing	0	0	0	0	0	0	0	0	0	0	0	0	0
117. Support teaching health centers graduate medical education (GME)	0	0	0.1	0.1	0.2	0.1	*	0	0	0	0	0.5	0.5
118. Support children's hospital GME	0	0.1	0.2	0.3	0.3	0.3	0.2	*	*	0	0	1.2	1.4
119. Invest in the National Health Service Corps	0	0	0.3	0.6	0.8	0.5	0.2	*	0	0	0	2.2	2.4
120. Extend health centers	0	*	1.1	2.5	2.6	1.1	0	0	0	0	0	7.4	7.4

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121. Support medical research and development at the National Institutes of Health (NIH) and the FDA	0	0.5	1.0	0.3	0.1	*	*	0	0	0	0	1.9	1.9
122. Extend special diabetes program at NIH and the Indian Health Service permanently	0	0	0.1	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.9	2.4
123. Fund a dedicated mental health initiative	0	0.1	0.2	0.3	0.2	0.1	0.1	0.1	0	0	0	1.0	1.2
124. Expand access to treatment for prescription drug abuse and heroin use	0	0.2	0.4	0.3	0.1	*	*	0	0	0	0	1.0	1.0
125. Add certain behavioral health providers to the electronic health record incentive programs	0	*	1.2	1.4	1.1	0.9	0.6	0.5	0.2	0	0	4.5	5.8
126. Establish health information technology (IT) governance certification	0	0	0	0	0	0	0	0	0	0	0	0	0
127. Prohibit information blocking and associated business practices	0	0	0	0	0	0	0	0	0	0	0	0	0
128. Require health IT transparency	0	0	0	0	0	0	0	0	0	0	0	0	0
129. Provide the Office of the National Coordinator for Health IT additional authority	0	0	0	0	0	0	0	0	0	0	0	0	0
130. Provide CMS program management implementation funding	0	*	0.3	0.1	0	0	0	0	0	0	0	0.4	0.4
131. Allow CMS to reinvest CMPs recovered from home health agencies	0	*	*	*	*	*	*	*	*	*	*	*	*
132. Allow CMS to assess a fee on Medicare providers for payments subject to the Federal Payment Levy Program (b)	0	*	*	*	*	*	*	*	*	*	*	*	*
133. Promote family based care	0	*	*	*	*	*	*	*	*	*	*	-0.1	-0.1
134. Extend and expand the Maternal, Infant, and Early Childhood Home Visiting Program	0	0	*	0.2	0.4	0.8	1.3	1.6	1.9	2.0	2.1	1.4	10.4
135. Provide mandatory funding for tribal contract support costs	0	0	0.9	1.1	1.3	0.9	0.9	0.9	0.9	0.9	1.0	4.2	8.8
136. Enact Food Safety and Inspection Service fee	0	0	0	0	0	0	0	0	0	0	0	0	0
137. Standardize definition of American Indian and Alaska Native in the ACA (b)	0	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.6
138. Health effects from the increase in tobacco taxes (b)	0	*	-0.1	-0.1	-0.2	-0.2	-0.3	-0.3	-0.3	-0.4	-0.4	-0.6	-2.3
<b>TRICARE</b>													
139. Increase TRICARE pharmacy copayments	0	*	-0.1	-0.2	-0.3	-0.5	-0.5	-0.3	-0.2	-0.3	-0.3	-1.1	-2.8
140. Increase annual premiums for TRICARE-For-Life enrollment	0	*	*	*	-0.1	-0.1	-0.1	-0.2	-0.2	-0.3	-0.3	-0.2	-1.4
141. Establish a consolidated TRICARE program	0	*	*	*	*	*	*	*	*	*	*	0.1	0.2
142. Interaction - Effect on Medicare spending	0	*	*	*	0.1	0.1	0.1	*	*	*	*	0.2	0.4

# Proposals for Health Care Programs-CBO's Estimate of the President's Fiscal Year 2017 Budget

(Billions of dollars, by fiscal year)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	Total		
												2016-2021	2016-2026	
<b>Federal Employee Health Benefit (FEHB) Program</b>														
143. Streamline FEHB pharmacy benefit contracting	0	0	0	0	0	0	0	0	0	0	0	0	0	0
144. Expand FEHB plan types	0	0	0	*	*	*	*	*	*	*	*	*	*	*
145. Adjust FEHB premiums for wellness	0	0	0	0	0	0	0	0	0	0	0	0	0	0
146. Extend FEHB to infants born to daughters of FEHB enrollees for 30 days	0	0	*	*	*	*	*	*	0.1	0.1	0.1	0.1	0.4	
147. Add FEHB to the federal anti-kickback statute	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CHANGES IN REVENUES (b, d)</b>														
24. Allow CMPs for providers and suppliers who fail to update enrollment records	0	*	*	*	*	*	*	*	*	*	*	*	*	*
25. Allow collection of application fees from individual providers and suppliers	0	*	*	*	*	*	*	*	*	*	*	*	0.1	
26. Assess a fee on physicians and practitioners who order services or supplies without proper documentation	0	*	*	*	*	*	*	*	*	*	*	*	*	
29. Establish registration process for clearinghouses and billing agents	0	*	*	*	*	*	*	*	*	*	*	0.1	0.1	
61. Establish Medicare appeals refundable filing fee	0	*	*	*	*	*	*	*	*	*	*	*	*	
65. Ensure access to enhanced federal match for all Medicaid expansion states	0	0	0	0.1	*	*	*	*	*	*	0	0.1	0.2	
70. Create state option to provide 12-month continuous Medicaid eligibility for adults	0	0	0.2	0.4	0.6	0.6	0.7	0.7	0.8	0.8	0.9	1.8	5.7	
76. Extend CHIP funding through 2019	0	0	0.1	0.6	0.6	0.3	*	0	0	0	0	1.7	1.7	
114. Prohibit certain patent settlement agreements between drug companies														
On-budget	0	0	*	*	*	*	*	*	*	*	*	0.1	0.3	
Off-budget	0	0	0	*	*	*	*	*	*	*	*	*	*	
115. Modify the biosimilar regulatory pathway and change the Medicare Part B payment for certain drugs														
On-budget	0	*	*	*	*	*	*	*	0.1	0.1	0.1	*	0.3	
Off-budget	0	*	*	*	*	*	*	*	*	*	*	*	0.1	
132. Allow CMS to assess a fee on Medicare providers for payments subject to the Federal Payment Levy Program	0	*	*	*	*	*	*	*	*	*	*	*	*	
137. Standardize definition of American Indian and Alaska Native in the ACA	0	*	*	*	*	*	*	*	*	*	*	-0.1	-0.1	
138. Health effects from the increase in tobacco taxes	0	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.3	1.0	



# Proposals for Health Care Programs-CBO's Estimate of the President's Fiscal Year 2017 Budget

(Billions of dollars, by fiscal year)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	Total	
												2016-	2016-
<b>Memorandum</b>													
<b>Non-scorable Effects (non-add)</b>													
27. Retain a portion of Medicare Recovery Audit Contractor (RAC) recoveries to implement actions that prevent fraud and abuse	0	*	-0.1	-0.2	-0.3	-0.3	-0.4	-0.4	-0.4	-0.4	-0.5	-1.0	-3.0
66. Strengthen Medicaid in Puerto Rico and other U.S. territories	0	0	0	*	*	*	*	*	*	*	*	*	*
79. Expand funding for the Medicaid Integrity Program	0	*	*	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.6
80. Expand Medicaid Fraud Control Unit authority review to additional care settings	0	0	*	*	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.4
148. Effect of baseline differences on HCFAC discretionary funding	0	*	*	*	-0.1	*	*	*	0.1	0.1	0.1	-0.2	0.2
149. Medicare and Medicaid effects from additional Social Security Administration program integrity spending	0	*	*	*	*	*	*	*	0.1	0.1	0.1	-0.1	0.2
<b>Net Effect on the Deficit for Select Proposals (e)</b>													
65. Ensure access to enhanced federal match for all Medicaid expansion states	0	0.8	1.1	4.2	4.1	4.2	3.6	3.4	3.2	2.9	2.9	14.3	30.5
70. Create state option to provide 12-month continuous Medicaid eligibility for adults	0	0	0.5	0.9	1.2	1.3	1.4	1.5	1.6	1.8	1.9	3.8	12.0
76. Extend CHIP funding through 2019	0	0	0.8	2.9	0.7	0.3	*	0	0	0	0	4.7	4.7
<b>Program Totals (f)</b>													
<b>Medicare</b>													
Medicare policies excluding sequester	0	-2.3	-9.2	-20.2	-30.7	-36.4	-42.7	-46.5	-52.9	-63.6	-72.1	-98.8	-376.5
Net effect of repealing sequester on spending for Medicare	0	4.2	8.3	9.1	9.8	10.4	11.6	12.0	12.2	20.3	0	41.7	97.9
Medicare, non-scorable effects	0	-0.1	-0.2	-0.3	-0.4	-0.4	-0.3	-0.3	-0.3	-0.3	-0.3	-1.2	-2.7
<b>Total</b>	<b>0</b>	<b>1.8</b>	<b>-1.1</b>	<b>-11.4</b>	<b>-21.3</b>	<b>-26.4</b>	<b>-31.5</b>	<b>-34.8</b>	<b>-41.0</b>	<b>-43.5</b>	<b>-72.3</b>	<b>-58.3</b>	<b>-281.3</b>
Total, excluding non-scorable effects	0	1.9	-0.9	-11.1	-20.9	-26.0	-31.1	-34.5	-40.7	-43.3	-72.1	-57.0	-278.6
<b>Medicaid</b>													
Total	0	8.6	6.4	9.1	8.8	11.4	12.8	13.2	12.2	12.0	11.7	44.4	106.3
Total, excluding non-scorable effects	0	8.6	6.4	9.2	8.8	11.4	12.8	13.3	12.3	12.1	11.7	44.4	106.6

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

# Proposals for Health Care Programs-CBO's Estimate of the President's Fiscal Year 2017 Budget

(Billions of dollars, by fiscal year)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	Total	
												2016-	2016-

**Notes:**

Estimates are relative to CBO's March 2016 baseline.

\* = between -\$50 million and \$50 million. Components may not sum to totals because of rounding.

ACA = Affordable Care Act; ACO = Accountable Care Organization; CAH = Critical Access Hospital; CHIP = Children's Health Insurance Program; CMP = Civil Monetary Penalty; CMS = Centers for Medicare & Medicaid Services; DSH=Disproportionate Share Hospital; FDA = Food and Drug Administration; FEHB = Federal Employee Health Benefit Program; FQHC = Federally Qualified Health Center; GME=Graduate Medical Education; HAC = Hospital Acquired Condition; HCBS = Home and Community-Based Services; HCFAC = Health Care Fraud and Abuse Control; IPAB = Independent Payment Advisory Board; IRF = Inpatient Rehabilitation Facility; IT = information technology; MA = Medicare Advantage; NIH = National Institutes of Health; RAC = Recovery Audit Contractor; RHC = Rural Health Center; TRICARE = the health plan operated by the Department of Defense.

- a. All Medicare provisions include interactions with MA payments, the effect on Medicare Part A and B premiums, and TRICARE.
- b. Proposal would affect both direct spending and revenues, which are shown separately.
- c. Non-scorable effects are shown in the Memorandum section.
- d. For revenues, positive numbers indicate a decrease in the deficit and negative numbers indicate an increase in the deficit.
- e. Estimate reflects the effect of the policy on spending by mandatory health programs and federal revenues.
- f. Some of the above policies would affect spending for multiple health care programs. The programmatic totals shown here reflect the combined effect of all proposed changes on federal spending for the Medicare program and for the Medicaid program.