

**CBO's Estimate of the Statutory Pay-As-You-Go Effects of H.R. 2477, The Beneficiary Enrollment Notification and Eligibility Simplification Act of 2020 (version H2477\_SUS.XML), as posted on the website Bills to be Considered on the House Floor (<https://docs.house.gov/floor/>) on December 7, 2020**

	By Fiscal Year, Millions of Dollars										2021- 2025	2021- 2030
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030		
	<b>Net Increase or Decrease (-) in the Deficit</b>											
Pay-As-You-Go Effects	13	15	29	31	15	-4	-13	-44	-64	-84	104	-105
<b>Memorandum:</b>												
Changes in Outlays	13	20	34	37	21	2	-7	-38	-58	-78	126	-53
Changes in Revenues	0	5	5	6	6	6	6	6	6	6	22	52

The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays and revenues that are subject to those procedures are shown here.

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Estimates are relative to CBO's March 2020 baseline. Components may not sum to totals because of rounding.

H.R.2477 would change enrollment procedures for some Medicare beneficiaries who enroll in the program when they first become eligible or during the annual general enrollment period.

In addition, H. R. 2477 would create an additional Medicare benefit option, coverage of the cost of immunosuppressive drugs, for kidney transplant patients who have no other health insurance or drug coverage, and the bill would charge beneficiaries a premium for the new drug-only benefit.

The legislation would make it easier for Medicare Advantage and prescription drug plans to recoup payments that should have been made by other insurers.

The legislation would also make several changes to the Medicare hospice program. It would require hospice programs participating in Medicare to undergo periodic surveys to ensure compliance with federal standards, and it would reduce payments to hospices that fail to report certain data to the Centers for Medicare & Medicaid Services.