

Estimated Budgetary Effects of Title II, Committee on Health, Education, Labor, and Pensions, for the Senate Amendment to H.R. 5376, the Build Back Better Act, as Posted on the Website of the Senate Democratic Leadership on December 11, 2021

	By Fiscal Year, Millions of Dollars											
	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2022-2026	2022-2031
Increases or Decreases (-) in Direct Spending												
Budget Authority	291,502	-4,646	-2,695	58,337	69,916	74,328	191	189	142	65	412,414	487,329
Estimated Outlays	10,448	30,253	62,765	78,823	97,679	89,766	76,698	34,947	3,237	1,417	279,968	486,033
Increases or Decreases (-) in Revenues												
Estimated Revenues	37	621	3,813	3,702	3,332	167	39	-69	-109	-158	11,505	11,375
<i>On-Budget Revenues</i>	37	439	3,631	3,555	3,350	254	136	40	12	-23	11,012	11,431
<i>Off-Budget Revenues</i>	0	182	182	147	-18	-87	-97	-109	-121	-135	493	-56
Net Increases or Decreases (-) in the Deficit From Changes in Direct Spending and Revenues												
Estimated Effect on the Deficit	10,411	29,632	58,952	75,121	94,347	89,599	76,659	35,016	3,346	1,575	268,463	474,658
<i>On-Budget Deficit</i>	10,411	29,814	59,134	75,268	94,329	89,512	76,562	34,907	3,225	1,440	268,956	474,602
<i>Off-Budget Deficit</i>	0	-182	-182	-147	18	87	97	109	121	135	-493	56

See <https://www.democrats.senate.gov/imo/media/doc/Title%20II%20Committee%20on%20Health%20Education%20Labor%20and%20Pensions.pdf>

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

Budget authority reflects appropriations specifically provided in title II or amounts estimated by CBO.

The costs of title II fall within budget functions 500 (education, training, employment, and social services), 550 (health), 600 (income security), and 750 (administration of justice).

Title II would increase on-budget deficits after 2031.

Title II would impose intergovernmental and private-sector mandates as defined in the Unfunded Mandates Reform Act. It would require health care providers to accept payment for certain items and services at amounts established by the negotiation processes under existing surprise-billing law. The title would impose additional private-sector mandates. It would require some health insurance plans to provide retroactive coverage of claims. It would cap the amount that certain group and individual health insurance plans could require enrollees to pay out of pocket for insulin products. Finally, it would require pharmacy benefit managers to report detailed information about beneficiaries and about drug costs, fees, and rebates.