JOINT COMMITTEE ON TAXATION November 18, 2009 JCX-55-09

ESTIMATED REVENUE EFFECTS OF THE REVENUE PROVISIONS CONTAINED IN THE "PATIENT PROTECTION AND AFFORDABLE CARE ACT" [1]

Fiscal Years 2010 - 2019

[Billions of Dollars]

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-14	2010-19
Revenue Offset Provisions													
1. 40% excise tax on health coverage in excess of													
\$8,500/\$23,000 indexed for inflation by CPI-U													
plus 1% and increased thresholds for over age 55													
retirees or certain high-risk professions; levied at													
insurer level; employer aggregates and issues													
information return for insurers indicating amount													
subject to the excise tax; nondeductible; high 17	1 10/01/10				5 1	12.0	17.0	21.6	25.0	20.0	24.5	20.2	1.40.1
state transition relief [2]	tyba 12/31/12				7.1	13.0	17.0	21.6	25.8	29.9	34.7	20.2	149.1
2. Employer W-2 reporting of value of health	. 1 10/21/10					3.1		n 1	cc .				
benefits	tyba 12/31/10 -					/V	egligible I	Revenue E	ffect				
3. Conform the definition of medical expenses for													
health savings accounts, Archer MSAs, health flexible spending arrangements, and health													
reimbursement arrangements to the definition of the													
itemized deduction for medical expenses (excluding													
over-the-counter medicines prescribed by a													
physician) [2]	tyba 12/31/10		0.4	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	2.1	5.0
4. Increase the penalty for nonqualified health	tyou 12/31/10		0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	5.0
savings account distributions to 20%	dma 12/31/10		[3]	[3]	0.1	0.1	0.1	0.2	0.2	0.3	0.3	0.2	1.3
5. Limit health flexible spending arrangements in	UIII 12/01/10		[0]	[0]	0.1	0.1	0.1	0.2	0.2	0.0	0.0	o. _	1.0
cafeteria plans to \$2,500 [2] [4]	tyba 12/31/10		0.6	0.9	1.6	2.0	1.9	1.9	1.9	1.9	1.9	5.1	14.6
6. Require information reporting on payments to	.,												
corporations	pma 12/31/11			0.4	3.3	2.0	2.1	2.2	2.3	2.4	2.5	5.6	17.1
7. Additional requirements for section 501(c)(3)	1												
hospitals	tyba DOE					N	legligible l	Revenue E	ffect				
8. Impose annual fee on manufacturers and importers	-												
of branded drugs	[5]	2.0	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	11.0	22.2

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-14	2010-19
9. Impose annual fee on manufacturers and importers													
of certain medical devices	[6]	1.8	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	9.6	19.3
10. Impose annual fee on health insurance providers	[7]	5.5	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	29.9	60.4
11. Study and report of effect on veterans health care	DOE -						- No Reve	nue Effect					
12. Eliminate deduction for expenses allocable to													
Medicare Part D subsidy	tyba 12/31/10		0.3	0.5	0.5	0.6	0.6	0.6	0.7	0.7	0.8	1.9	5.4
13. Raise 7.5% AGI floor on medical expenses													
deduction to 10%; AGI floor for individuals age													
65 and older (and their spouses) remains at 7.5%													
(sunset 12/31/16)	tyba 12/31/12				0.4	1.5	1.6	1.7	2.5	3.7	3.9	2.0	15.2
14. \$500,000 deduction limitation on taxable year remuneration to officers, employees, directors, and service providers of covered health insurance													
providers	[8]				0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.6
15. Additional 0.5% hospital insurance tax on wages													
in excess of \$200,000 (\$250,000 joint) [2]	tyba 12/31/12				12.8	5.6	6.1	6.6	7.1	7.6	8.0	18.4	53.8
16. Modification of section 833 treatment of certain	-												
health organizations	tyba 12/31/09	[3]	0.1	0.1	[3]	[3]	[3]	[3]	[3]	[3]	[3]	0.2	0.4
17. Impose 5% excise tax on cosmetic surgery and													
similar procedures	ppo/a 1/1/10	0.3	0.5	0.6	0.6	0.6	0.6	0.6	0.6	0.7	0.7	2.6	5.8
Total of Revenue Offset Provisions	••••	9.6	12.2	13.4	37.4	36.4	41.0	46.4	52.1	58.2	63.8	109.0	370.2
Other Provisions													
1. Provide income exclusion for specified Indian													
tribe health benefits	[9]		[10]	[10]	[10]	[10]	[10]	[10]	[10]	[10]	[10]	[10]	[10]
2. Simple cafeteria plan nondiscrimination safe	r. J		L - J		,	,	,	,	,	,	,		,
harbor for certain small employers	tyba 12/31/10					N	egligible R	Revenue Et	Fect				
3. Qualifying therapeutic discovery project credit	,						0 .0	- · · · · J,	,				
(sunset 12/31/10)	[11]	-0.4	-0.2	-0.1	-0.1	[10]	[10]					-0.9	-0.9
Total of Other Provisions		-0.4	-0.2	-0.1	-0.1	[10]	[10]	[10]	[10]	[10]	[10]	-0.9	-0.9

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-14	2010-19
Revenue-Related Provision - Impose Fee on Insured and Self-Insured Health Plans; Comparative Effectiveness Research Trust Fund	[12]				0.1	0.3	0.3	0.4	0.4	0.5	0.7	0.4	2.6
NET TOTAL		9.2	12.0	13.3	37.4	36.7	41.3	46.8	52.5	58.7	64.5	108.5	371.9

Joint Committee on Taxation

NOTE: Details may not add to totals due to rounding.

Legend for "Effective" column:

dma = distributions made after

pma = payments made after

tyba = taxable years beginning after

DOE = date of enactment

ppo/a = procedures performed on or after

[1] Detail of estimates will be included in the forthcoming letter from the Congressional Budget Office to the Honorable Harry Reid, Senate Majority Leader, regarding the budgetary effects of the "Patient Protection and Affordable Care Act."

[2] Estimate includes the following off-budget effects:	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2010-14</u>	<u>2010-19</u>
40% excise tax on health coverage				1.5	2.7	3.5	4.5	5.4	6.3	7.5	4.2	31.3
Conform the definition of medical expenses		0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.6	1.4
Limit health flexible spending arrangements		0.1	0.2	0.4	0.5	0.5	0.5	0.5	0.5	0.5	1.2	3.7
Additional 0.5% hospital insurance tax				2.9	-0.2	-0.2	-0.2	-0.2	-0.2	-0.3	2.7	1.5

- [3] Gain of less than \$50 million.
- [4] Estimate includes interaction with other proposals.
- [5] Effective for calendar years beginning after December 31, 2009; fee is allocated based on market share of branded prescription drug sales for calendar years beginning after December 31, 2008.
- [6] Effective for calendar years beginning after December 31, 2009; fee is allocated based on market share of certain medical device sales for calendar years beginning after December 31, 2008.
- [7] Effective for calendar years beginning after December 31, 2009; fee is allocated based on market share of net premiums written for any United States health risk and third party administration agreement fees for calendar years beginning after December 31, 2008.
- [8] Effective for remuneration paid in taxable years beginning after 2012 with respect to services performed after 2009.
- [9] Effective for health benefits and coverage provided after the date of enactment.
- [10] Loss of less than \$50 million.
- [11] Effective for amounts paid or incurred after December 31, 2008, in taxable years beginning after December 31, 2008.
- [12] Effective with respect to policies and plans for portion of policies or plan years beginning on or after October 1, 2012.