JOINT COMMITTEE ON TAXATION December 19, 2009 JCX-61-09

ESTIMATED REVENUE EFFECTS OF THE MANAGER'S AMENDMENT TO 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				·	12.0	17.0	21.6	25.0	20.0	24.6	20.1	1.40.0
state transition relief [2]	tyba 12/31/12				7.1	13.0	17.0	21.6	25.8	29.9	34.6	20.1	148.9
2. Employer W-2 reporting of value of health	. 1 . 12/21/10					3	7 11 1	n 17	cc ,				
benefits	tyba 12/31/10					/V	legligible 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	tj ca 1 2 , 51, 10		0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		2.0
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			£- J	£-3									
cafeteria plans to \$2,500, indexed to CPI-U after													
2011 [2] [4]	tyba 12/31/10		0.6	0.9	1.6	1.9	1.8	1.7	1.7	1.6	1.5	5.0	13.3
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)													
hospitals	tyba DOE					N	legligible l	Revenue E	ffect				
8. Impose \$2.3 billion 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

59.6 5.4
5.4
5.4
5.4
15.2
13.2
0.6
86.8
0.4
2.7
397.7
[9]
[2]
-0.9
_

Provision Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-14	2010-19
5. Make the adoption credit refundable; increase qualifying expenses threshold, and extend the												
adoption credit through 2011 tyba 12/31/09	-0.2	-0.6	-0.5	[3]							-1.2	-1.2
Total of Other Provisions	-0.6	-0.8	-0.6	-0.1	[9]	[9]	[9]	[9]	[9]	[9]	-2.1	-2.2
Revenue-Related Provision - Impose Fee on												
Insured and Self-Insured Health Plans; Patient-												
Centered Outcomes Research Trust Fund [12]				0.1	0.3	0.3	0.4	0.4	0.5	0.7	0.4	2.6
NET TOTAL	1.4	6.4	9.6	37.3	38.2	46.9	54.5	61.4	68.4	74.2	92.8	398.1

Joint Committee on Taxation

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

Legend for "Effective" column:

dma = distributions made after

DOE = date of enactment

pma = payments made after

spo/a = services performed on or after

tyba = taxable years beginning after

[1] Details of estimates of tax provisions included in Title I are reported 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" and incorporating the effects of the Managers' Amendment.

			I	6								
[2] Estimate includes the following off-budget effects:	<u>2010</u>	<u>2011</u>	<u>2012</u>	2013	<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	0.4	0.4	0.4	1.2	3.3
0.9 percentage point increase to hospital insurance tax				3.0	-1.5	-0.7	-0.1	-0.1	-0.2	-0.3	1.5	[3]

- [3] Gain of less than \$50 million.
- [4] Estimate includes interaction with the high premium excise tax.
- [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, 2010; fee is allocated based on market share of certain medical device sales for calendar years beginning after December 31, 2009.
- [7] Effective for calendar years beginning after December 31, 2010; fee is allocated based on market share of net premiums written for any United States health risk for calendar years beginning after December 31, 2009.
- [8] Effective for remuneration paid in taxable years beginning after 2012 with respect to services performed after 2009.
- [9] Loss of less than \$50 million.
- [10] Effective for health benefits and coverage provided after the date of enactment.
- [11] Effective for amounts paid or incurred after December 31, 2008, in taxable years beginning after December 31, 2008.
- [12] Effective for each policy plan year ending after September 30, 2012, but does not apply to policy years ending after September 31, 2019.