**CONGRESSIONAL BUDGET OFFICE**
***U.S. Congress***
***Washington, DC 20515***

***Phillip L. Swagel, Director***

October 19, 2021

Honorable Jason Smith
Ranking Member
Committee on the Budget
U.S. House of Representatives
Washington, DC 20515

*Re: Provisions in Reconciliation Legislation That Would Affect Health Insurance Coverage of People Under Age 65*

Dear Congressman:

This letter responds to your request for information about the Congressional Budget Office's cost estimates for specified health care provisions contained in the reconciliation legislation being considered by the House of Representatives. The relevant sections would extend eligibility for and increase the amount of premium tax credits and cost-sharing reductions available for health insurance through the marketplaces established under the Affordable Care Act (ACA). They also would establish a federal Medicaid program for states that have not expanded Medicaid under the ACA.

The reconciliation process stems from S. Con. Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2022, which instructed 13 committees to recommend legislative changes that would affect deficits over the 2022-2031 period.[1] As part of that process, the House Committee on Ways and Means and the House Committee on Energy and Commerce approved legislation on September 15, 2021. On September 27, 2021,

1. Section 2002 of S. Con. Res. 14 instructed 12 committees in the House of Representatives to recommend legislation that would increase the deficit by up to $1.975 trillion and instructed the Committee on Ways and Means to recommend legislation that would decrease the deficit by at least $1 billion. For more information, see Megan S. Lynch, *S.Con.Res. 14: The Budget Resolution for FY2022,* Report R46893, version 2 (Congressional Research Service, September 1, 2021), https://go.usa.gov/xMF57.

the House Committee on the Budget combined the recommendations of the committees and reported H.R. 5376, a bill to provide for reconciliation pursuant to title II of S. Con. Res. 14.

CBO has not yet completed a cost estimate of H.R. 5376 as a whole. This letter provides estimates for the provisions in that bill for which you have requested additional information.

**Estimated Federal Costs and Changes in Health Insurance Coverage**

You asked how the reconciliation legislation would affect health insurance coverage for people under age 65. CBO and the staff of the Joint Committee on Taxation (JCT) have analyzed the following provisions:

- Section 137501—Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers;
- Sections 137504, 137505, and 30701: provisions affecting coverage for people with low income, particularly those whose income is below 138 percent of the federal poverty level (FPL)—Temporary Expansion of Health Insurance Premium Tax Credits for Certain Low-Income Populations, Ensuring Affordability of Coverage for Certain Low-Income Populations, and Closing the Medicaid Coverage Gap;
- Section 137507—Special Rule for Individuals Receiving Unemployment Compensation; and
- Section 137502—Modification of Employer-Sponsored Coverage Affordability Test in Health Insurance Premium Tax Credit.

CBO and JCT estimate that enacting those provisions would increase deficits by $553.2 billion over the 2022-2031 period (see Table 1). Estimates for all provisions account for interactions with section 137501.

Over the 2022-2031 period, CBO and JCT estimate, enacting the provisions discussed here would result in a net decline of about 3.9 million people without health insurance. The components of that change (which do not sum to the total because of rounding) would be as follows:

- 4.0 million increase in Medicaid enrollment;
- 3.6 million increase in subsidized nongroup enrollment;

- 1.0 million decrease in unsubsidized nongroup enrollment; and
- 2.8 million decrease in enrollment in employment-based coverage.

CBO and JCT estimate that under the legislation, in 2031, 23.6 million people under the age of 65 would be uninsured—a reduction from the current-law total of 27.7 million people.

CBO and JCT classified people who do not have health insurance into mutually exclusive groups on the basis of the most heavily subsidized option available to them.

Of those who would be uninsured under the bill's provisions, CBO and JCT estimate, 24 percent would be eligible for Medicaid or the Children's Health Insurance Program (CHIP), 18 percent would be eligible for a premium tax credit with a dollar value greater than zero through the marketplaces, 30 percent would have access to employment-based coverage, and the remaining 28 percent would be ineligible for subsidized coverage.

**Background**

Since the ACA was enacted, 38 states and the District of Columbia have expanded Medicaid eligibility to all adults under the age of 65 whose income is up to 138 percent of the FPL. People generally are not eligible for subsidies through the health insurance marketplaces under current law if their income is below 100 percent of the FPL ($12,880 for a single person or $26,500 for a family of four in 2021).

Under current law, people with a modified adjusted gross income between 100 percent and 400 percent of the FPL who are lawfully present in the United States are eligible for premium tax credits if they are not eligible for public coverage (through Medicaid or CHIP, for example) and if they do not have an affordable offer of employment-based coverage. For 2021 and 2022, however, the American Rescue Plan Act of 2021—enacted in March 2021—expanded eligibility for the tax credits to include people whose income is above 400 percent of the FPL.

Under current law, people can use those credits to lower their monthly out-of-pocket costs for premiums. The amount is calculated as the difference between the benchmark premium for health insurance (that is, the premium for the second-lowest-cost silver plan available in the region) and a specified maximum contribution, expressed as a percentage of income.

For most people, a silver plan pays about 70 percent of the total cost of covered benefits. (That “actuarial value” of the plan would require enrollees to pay out-of-pocket costs of about 30 percent, on average). Cost-sharing reductions (CSRs) effectively increase the actuarial value of silver plans for people whose income is between 100 and 250 percent of the FPL, as follows:

- Between 100 percent and 150 percent of the FPL, the actuarial value increases to 94 percent;
- Between 150 percent and 200 percent of the FPL, the actuarial value increases to 87 percent; and
- Between 200 percent and 250 percent of the FPL, the actuarial value increases to 73 percent.

Because there is no appropriation under current law to pay for CSRs, most insurers use “silver loading”—they charge higher premiums for silver plans offered through the marketplaces.

**Basis of Estimate**

The provisions considered in this estimate would cause a net increase in the deficit, as follows:

- $209.5 billion under section 137501, Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers;
- $323.1 billion under sections 137504, 137505, and 30701, which concern coverage for people with low income;
- $10.6 billion under section 137507, Special Rule for Individuals Receiving Unemployment Compensation; and
- $10.8 billion under section 137502, Modification of Employer-Sponsored Coverage Affordability Test in Health Insurance Premium Tax Credit.

**Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers.** Section 137501 would extend the enhanced premium tax credits provided by the American Rescue Plan Act. For 2023 and beyond, the legislation would increase subsidies for people whose income is below

400 percent of the FPL and extend eligibility to people whose income is above that level (see Table 2).

CBO and JCT estimate that section 137501 would increase federal deficits by $209.5 billion over the 2022-2031 period as the result of increased direct spending of $119.7 billion and revenue reductions of $89.8 billion. Those net effects primarily reflect a $259.0 billion increase in premium tax credits for health insurance obtained through the marketplaces partially offset by higher revenues. Those revenues would increase because taxable wages would increase as employment-based coverage declines. CBO and JCT estimate that about 10 percent of the estimated increase in premium tax credits would stem from the enrollment of people whose income is above 700 percent of the FPL.

CBO and JCT expect that section 137501 would have a twofold effect on health insurance coverage obtained through the marketplaces. First, most enrollees who have subsidies under current law would be eligible for enhanced subsidies that would lower their out-of-pocket costs for premiums. Second, subsidies would be extended to include some people who will lose eligibility after 2022 under current law. CBO and JCT anticipate that, in addition to reducing current enrollees' out-of-pocket premium costs, the enhanced subsidies would attract more enrollees to the marketplaces. CBO and JCT estimate that those additional enrollees would account for $167.2 billion of the increase in premium tax credits and that current-law enrollees would account for the remaining $91.8 billion.

CBO and JCT estimate that enacting section 137501 would increase the number of people who have coverage through the marketplaces by 3.4 million, on average, over the 2022-2031 period. The agencies also estimate that the income of 65 percent of those who would not have enrolled without that provision would be above 400 percent of the FPL. For people whose income is more than 600 percent and 700 percent of the FPL, those estimates are 20 percent and 10 percent, respectively.

The estimated increase in marketplace enrollment consists of 1.4 million fewer uninsured people, 600,000 fewer people with nongroup coverage purchased outside of the marketplaces, and 1.6 million fewer people with employment-based coverage. The estimated reduction in employment-based coverage is primarily driven by a reduction in offers as a response to the increased subsidies for coverage through the marketplaces. CBO and JCT estimate that 200,000 people would enroll in coverage through

Medicaid and CHIP as a result of that reduction in offers of employment-based coverage.

**Provisions Affecting Coverage for People With Low Income**. Beginning in 2022, the bill would extend subsidized coverage to people whose income is below 100 percent of the FPL who otherwise meet eligibility requirements.

For each year from 2022 to 2024, sections 137504 and 137505 would:

- Expand access to subsidized coverage through the marketplaces by extending eligibility for premium tax credits and CSRs to people whose income is below 100 percent of the FPL;
- Expand eligibility for premium tax credits and CSRs to people whose income is below 138 percent of the FPL who have access to an offer of employment-based coverage that is considered affordable under the ACA;
- Modify the subsidy recapture and tax-filing requirements for people whose income is below 138 percent of the FPL; and
- Appropriate funds for outreach and education.

For 2023 and 2024, section 137505 also would increase CSRs for eligible enrollees whose income is below 138 percent of the FPL from the current-law actuarial value of 94 percent to 99 percent. Because funding for CSRs has not been appropriated under current law, most insurers use silver loading to cover those costs. Under section 137505, the federal government would directly reimburse insurers for a portion of the cost of CSRs for eligible people whose income was below 138 percent of the FPL in 2023 and 2024. CBO and JCT expect that most insurers would continue to use silver loading to finance the remaining costs.

For 2024 only, section 137505 would provide marketplace enrollees whose income was under 138 percent of the FPL with additional benefits, such as subsidies for transportation to medical appointments, that currently are covered by state Medicaid programs but not required for marketplace plans.

Starting in 2025, section 30701 would establish a federal Medicaid program to provide coverage to adults whose income is up to 138 percent of the FPL and who reside in a state that has not expanded its program. The Secretary of the Department of Health and Human Services would be required to administer the program through third-party entities and under contracts with Medicaid managed care organizations. The federal program would be required to provide health care services and enrollee protections that are consistent with the services and protections provided to adults residing in states with programs as expanded under the ACA.

In addition, the section would require states to maintain their Medicaid expansions or pay the federal government an amount approximately equal to the expenditures associated with maintaining expansions. That requirement would apply to states that had expanded their Medicaid programs as of January 1, 2022, but subsequently terminate those expansions. CBO expects that such a requirement would cause most states to maintain their expansion programs rather than have the new federal program cover their adult residents. As a result, CBO estimates that over the 2025-2031 period, states that continued their expansion programs would spend $86.6 billion to operate those programs; states that terminated their expansion programs would pay the federal government $3.6 billion.

After accounting for the effects of section 137501, CBO and JCT estimate that enacting sections 137504, 137505, and 30701 would increase federal deficits by $323.1 billion over the 2022-2031 period: An increase in direct spending of $335.6 billion would be partially offset by an increase in revenues of $12.5 billion. Those effects reflect a $390.0 billion net increase in Medicaid outlays and $27.2 billion in administrative costs, partially offset by a $75.6 million net decrease in subsidies for health insurance obtained through the marketplaces along with other smaller effects.

CBO and JCT estimate that enacting sections 137504, 137505, and 30701 would increase the number of adults who enroll in Medicaid, on average, by 3.8 million annually over the 2022-2031 period. That increase would result, on average, in 2.3 million fewer uninsured people per year, 700,000 fewer people with nongroup coverage, and 900,000 fewer people with employment-based coverage. The estimated effect on the number of people with employment-based coverage is primarily driven by fewer people taking up an offer of health insurance coverage.

CBO and JCT estimate that over the 2022-2024 period, during which eligibility for marketplace subsidies would be extended to people whose income was below 100 percent of the FPL, enrollment in nongroup coverage would increase by 2.3 million people annually, on average. The estimated increase consists of 1.7 million fewer uninsured people, 300,000 fewer people with employment-based coverage, and 200,000 fewer people enrolled in Medicaid.

After establishment of the federal Medicaid program, Medicaid enrollment would increase by 5.6 million, on average over the 2025-2031 period, CBO and JCT estimate. That projected increase consists of an estimated 6.4 million people enrolling in the federal Medicaid program established by section 30701, partially offset by a decrease of 800,000 people enrolled in state-expanded Medicaid programs. The estimated reduction is associated with CBO's expectation that states that would have expanded after 2021 (according to the agency's baseline projections) would not do so and that few states that already have expanded would terminate their expansions once the federal program was implemented. CBO and JCT expect that people in those states would instead enroll in the federal Medicaid program. According to CBO and JCT's estimates, the net increase in Medicaid enrollment would result in 2.5 million fewer people being uninsured, 1.9 million fewer people having nongroup coverage, and 1.1 million fewer people with employment-based coverage.

**Special Rule for Individuals Receiving Unemployment Compensation.** Under current law, eligible people may receive a premium tax credit for health insurance through the marketplaces that equals the difference between the benchmark premium and a maximum contribution specified as a percentage of household income. (CBO and JCT estimated the effects of section 137507 relative to section 137501; for the maximum income contribution percentages for 2031 under section 137501, see Table 2 at the end of this estimate.)

Section 137507 would increase the amount of the premium tax credit for people who receive unemployment benefits for any length of time in a year between 2022 and 2025. Under that provision, people whose household income was above 100 percent of the FPL after excluding unemployment benefits, and who are otherwise eligible for premium tax credits, would receive the same credit available to them if their income was 150 percent of the FPL in the year they receive unemployment benefits.

After accounting for the effects of section 137501, CBO and JCT estimate that section 137507 would increase federal deficits by $10.6 billion over the 2022-2031 period as a result of an increase in outlays of $4.9 billion and a decrease in revenues of $5.7 billion. Those effects would stem primarily from the increase in premium tax credits for health insurance obtained through the marketplaces.

CBO and JCT estimate that 2.0 million people receiving unemployment compensation would be eligible for enhanced premium tax credits under section 137507 if they meet other eligibility requirements. The agencies estimate that, on average in each year from 2022 to 2025, roughly 500,000 people who already would be expected to enroll in marketplace coverage under section 137501 would receive an increased subsidy under section 137507. CBO and JCT estimate that, on average, about 500,000 people would newly enroll and receive a premium tax credit if section 137507 was enacted. The agencies estimate that most of those people would have otherwise been uninsured.

**Modification of Employer-Sponsored Coverage Affordability Test.** Section 137502 would modify the criteria used to determine an affordable offer of employer-sponsored health insurance for purposes of premium tax credit eligibility. Under current law, unaffordable offers are those that require employees to contribute more than 9.5 percent of their income (indexed annually for inflation) for self-only coverage. Section 137502 would modify that affordability threshold from an indexed 9.5 percent to a nonindexed 8.5 percent of income. If an employee's contribution exceeded 8.5 percent of household income, they and their dependents would be able to purchase subsidized coverage through the marketplaces.

After accounting for the effects of section 137501, CBO and JCT estimate that enacting section 137502 would increase federal deficits by $10.8 billion over the 2022-2031 period as a result of an increase in outlays of $12.1 billion and an increase in revenues of $1.2 billion. Those effects would stem primarily from an increase in premium tax credits for health insurance obtained through the marketplaces, partially offset by higher revenues stemming from higher taxable wages that would result from a reduction in employment-based coverage.

CBO and JCT estimate that, on average over the 2022-2031 period, 300,000 more people would enroll in nongroup coverage under the section. That increase consists of estimated reductions of fewer than 100,000 people without insurance and fewer than 300,000 people with employment-based coverage. The estimate of the reduction in employment-based coverage is driven primarily by the expectation that fewer people would take up an employment-based offer. Those choosing to take up nongroup coverage instead would do so because the premium tax credits for plans available through the marketplaces would make those plans less expensive than employment-based plans.

I hope this information is useful to you.

Sincerely,

Phillip L. Swagel
Director

cc: Honorable John Yarmouth
Chairman
Committee on the Budget

Identical letters sent to the Honorable Kevin Brady, Ranking Member, Committee on Ways and Means, the Honorable Cathy McMorris Rodgers, Ranking Member, Committee on Energy and Commerce, and the Honorable Virginia Foxx, Ranking Member, Committee on Education and Labor.

**Table 1.**
**Estimated Budgetary Effects of Provisions in Reconciliation Legislation That Would Affect Health Insurance Coverage for People Under Age 65**

| | 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** | | | | | | | | | | | | |
| **Sec. 137501 - Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers** | | | | | | | | | | | | |
| Budget Authority | 1,463 | 19,949 | 12,519 | 11,521 | 11,110 | 10,867 | 11,347 | 12,199 | 13,815 | 14,939 | 56,562 | 119,729 |
| Estimated Outlays | 1,463 | 19,949 | 12,519 | 11,521 | 11,110 | 10,867 | 11,347 | 12,199 | 13,815 | 14,939 | 56,562 | 119,729 |
| **Sec. 137504, 137505, and 30701 - Provisions Affecting Coverage for People With Low Income** | | | | | | | | | | | | |
| Budget Authority | 8,330 | 16,942 | 17,055 | 27,433 | 36,562 | 39,003 | 44,334 | 47,456 | 48,488 | 50,034 | 106,322 | 335,637 |
| Estimated Outlays | 8,330 | 16,942 | 17,055 | 27,433 | 36,562 | 39,003 | 44,334 | 47,456 | 48,488 | 50,034 | 106,322 | 335,637 |
| **Sec. 137507 - Special Rule for Individuals Receiving Unemployment Compensation** | | | | | | | | | | | | |
| Budget Authority | 1,309 | 1,821 | 1,419 | 1,139 | -778 | 0 | 0 | 0 | 0 | 0 | 4,910 | 4,910 |
| Estimated Outlays | 1,309 | 1,821 | 1,419 | 1,139 | -778 | 0 | 0 | 0 | 0 | 0 | 4,910 | 4,910 |
| **Sec. 137502 - Modification of Employer-Sponsored Coverage Affordability Test in Health Insurance Premium Tax Credit** | | | | | | | | | | | | |
| Budget Authority | 671 | 1,824 | 1,493 | 1,264 | 982 | 1,060 | 950 | 1,276 | 867 | 1,672 | 6,234 | 12,059 |
| Estimated Outlays | 671 | 1,824 | 1,493 | 1,264 | 982 | 1,060 | 950 | 1,276 | 867 | 1,672 | 6,234 | 12,059 |
| **Interactions[a]** | | | | | | | | | | | | |
| Budget Authority | -131 | -176 | -95 | -53 | 40 | 0 | 0 | 0 | 0 | 0 | -415 | -415 |
| Estimated Outlays | -131 | -176 | -95 | -53 | 40 | 0 | 0 | 0 | 0 | 0 | -415 | -415 |
| **Total Changes in Direct Spending** | | | | | | | | | | | | |
| Budget Authority | 11,642 | 40,360 | 32,391 | 41,304 | 47,916 | 50,930 | 56,631 | 60,931 | 63,170 | 66,645 | 173,613 | 471,920 |
| Estimated Outlays | 11,642 | 40,360 | 32,391 | 41,304 | 47,916 | 50,930 | 56,631 | 60,931 | 63,170 | 66,645 | 173,613 | 471,920 |
| **Increases or Decreases (-) in Revenues** | | | | | | | | | | | | |
| **Sec. 137501 - Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers** | | | | | | | | | | | | |
| Total Revenues | 499 | 197 | -9,761 | -9,518 | -9,068 | -10,529 | -11,408 | -12,367 | -13,259 | -14,592 | -27,651 | -89,806 |
| *On-budget Revenues* | 332 | -275 | -10,640 | -10,790 | -10,464 | -12,018 | -12,991 | -14,080 | -15,101 | -16,517 | -31,837 | -102,544 |
| *Off-budget Revenues* | 167 | 472 | 879 | 1,272 | 1,396 | 1,489 | 1,583 | 1,713 | 1,842 | 1,925 | 4,186 | 12,738 |
| **Sec. 137504, 137505, and 30701 - Provisions Affecting Coverage for People With Low Income** | | | | | | | | | | | | |
| Total Revenues | 53 | -1,586 | -3,560 | -1,908 | 3,105 | 3,211 | 3,224 | 3,243 | 3,315 | 3,399 | -3,896 | 12,496 |
| *On-budget Revenues* | -28 | -1,819 | -3,824 | -2,753 | 2,037 | 2,143 | 2,152 | 2,160 | 2,211 | 2,277 | -6,387 | 4,556 |
| *Off-budget Revenues* | 81 | 233 | 264 | 845 | 1,068 | 1,068 | 1,072 | 1,083 | 1,104 | 1,122 | 2,491 | 7,940 |
| **Sec. 137507 - Special Rule for Individuals Receiving Unemployment Compensation** | | | | | | | | | | | | |
| Total Revenues | 21 | -916 | -1,645 | -1,566 | -1,577 | 2 | 2 | 0 | 0 | 0 | -5,683 | -5,679 |
| *On-budget Revenues* | 10 | -944 | -1,683 | -1,615 | -1,592 | 2 | 2 | 0 | 0 | 0 | -5,824 | -5,820 |
| *Off-budget Revenues* | 11 | 28 | 38 | 49 | 15 | 0 | 0 | 0 | 0 | 0 | 141 | 141 |
| **Sec. 137502 - Modification of Employer-Sponsored Coverage Affordability Test in Health Insurance Premium Tax Credit** | | | | | | | | | | | | |
| Total Revenues | 106 | 159 | -170 | -120 | 83 | 174 | 137 | 241 | 128 | 474 | 58 | 1,212 |
| *On-budget Revenues* | 52 | -71 | -457 | -390 | -178 | -80 | -126 | -56 | -206 | 59 | -1,044 | -1,453 |
| *Off-budget Revenues* | 54 | 230 | 287 | 270 | 261 | 254 | 263 | 297 | 334 | 415 | 1,102 | 2,665 |
| **Interactions[a]** | | | | | | | | | | | | |
| Total Revenues | -4 | 119 | 152 | 103 | 103 | 0 | 0 | 0 | 0 | 0 | 473 | 473 |
| *On-budget Revenues* | -2 | 123 | 156 | 106 | 104 | 0 | 0 | 0 | 0 | 0 | 487 | 487 |
| *Off-budget Revenues* | -2 | -4 | -4 | -3 | -1 | 0 | 0 | 0 | 0 | 0 | -14 | -14 |
| **Total Changes in Revenues** | 675 | -2,027 | -14,984 | -13,009 | -7,354 | -7,142 | -8,045 | -8,883 | -9,816 | -10,719 | -36,699 | -81,304 |
| *On-budget Revenues* | 364 | -2,986 | -16,448 | -15,442 | -10,093 | -9,953 | -10,963 | -11,976 | -13,096 | -14,181 | -44,605 | -104,774 |
| *Off-budget Revenues* | 311 | 959 | 1,464 | 2,433 | 2,739 | 2,811 | 2,918 | 3,093 | 3,280 | 3,462 | 7,906 | 23,470 |

continued

**Table 1.**
**Estimated Budgetary Effects of Provisions in Reconciliation Legislation That Would Affect Health Insurance Coverage for People Under Age 65**

| | By Fiscal Year, Millions of Dollars | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2022-2026 | 2022-2031 |
| | **Net Increases or Decreases (-) in the Deficit** | | | | | | | | | | | |
| **Sec. 137501 - Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers** | | | | | | | | | | | | |
| Effect on the Deficit | 964 | 19,752 | 22,280 | 21,039 | 20,178 | 21,396 | 22,755 | 24,566 | 27,074 | 29,531 | 84,213 | 209,535 |
| *On-budget Deficit* | 1,131 | 20,224 | 23,159 | 22,311 | 21,574 | 22,885 | 24,338 | 26,279 | 28,916 | 31,456 | 88,399 | 222,273 |
| *Off-budget Deficit* | -167 | -472 | -879 | -1,272 | -1,396 | -1,489 | -1,583 | -1,713 | -1,842 | -1,925 | -4,186 | -12,738 |
| **Sec. 137504, 137505, and 30701 - Provisions Affecting Coverage for People With Low Income** | | | | | | | | | | | | |
| Effect on the Deficit | 8,277 | 18,528 | 20,615 | 29,341 | 33,457 | 35,792 | 41,110 | 44,213 | 45,173 | 46,635 | 110,218 | 323,141 |
| *On-budget Deficit* | 8,358 | 18,761 | 20,879 | 30,186 | 34,525 | 36,860 | 42,182 | 45,296 | 46,277 | 47,757 | 112,709 | 331,081 |
| *Off-budget Deficit* | -81 | -233 | -264 | -845 | -1,068 | -1,068 | -1,072 | -1,083 | -1,104 | -1,122 | -2,491 | -7,940 |
| **Sec. 137507 - Special Rule for Individuals Receiving Unemployment Compensation** | | | | | | | | | | | | |
| Effect on the Deficit | 1,288 | 2,737 | 3,064 | 2,705 | 799 | -2 | -2 | 0 | 0 | 0 | 10,593 | 10,589 |
| *On-budget Deficit* | 1,299 | 2,765 | 3,102 | 2,754 | 814 | -2 | -2 | 0 | 0 | 0 | 10,734 | 10,730 |
| *Off-budget Deficit* | -11 | -28 | -38 | -49 | -15 | 0 | 0 | 0 | 0 | 0 | -141 | -141 |
| **Sec. 137502 - Modification of Employer-Sponsored Coverage Affordability Test in Health Insurance Premium Tax Credit** | | | | | | | | | | | | |
| Effect on the Deficit | 565 | 1,665 | 1,663 | 1,384 | 899 | 886 | 813 | 1,035 | 739 | 1,198 | 6,176 | 10,847 |
| *On-budget Deficit* | 619 | 1,895 | 1,950 | 1,654 | 1,160 | 1,140 | 1,076 | 1,332 | 1,073 | 1,613 | 7,278 | 13,512 |
| *Off-budget Deficit* | -54 | -230 | -287 | -270 | -261 | -254 | -263 | -297 | -334 | -415 | -1,102 | -2,665 |
| **Interactions**[a] | | | | | | | | | | | | |
| Effect on the Deficit | -127 | -295 | -247 | -156 | -63 | 0 | 0 | 0 | 0 | 0 | -888 | -888 |
| *On-budget Deficit* | -129 | -299 | -251 | -159 | -64 | 0 | 0 | 0 | 0 | 0 | -902 | -902 |
| *Off-budget Deficit* | 2 | 4 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 14 | 14 |
| **Total Effect on the Deficit** | 10,967 | 42,387 | 47,375 | 54,313 | 55,270 | 58,072 | 64,676 | 69,814 | 72,986 | 77,364 | 210,312 | 553,224 |
| *On-budget Deficit* | 11,278 | 43,346 | 48,839 | 56,746 | 58,009 | 60,883 | 67,594 | 72,907 | 76,266 | 80,826 | 218,218 | 576,694 |
| *Off-budget Deficit* | -311 | -959 | -1,464 | -2,433 | -2,739 | -2,811 | -2,918 | -3,093 | -3,280 | -3,462 | -7,906 | -23,470 |

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

a: Estimates for all provisions account for interactions with Sec. 137501; the estimated interaction effects between other provisions are shown in this line.

Table 2.

**Comparison of Maximum Household Contributions for Premium Tax Credits in 2031**

| | Percentage of Income | |
|---|---|---|
| **Percent of Federal Poverty Limit** | **Under Current Law[a]** | **Under Section 137501** |
| 100-133 | 2.1 | 0 |
| 133-150 | 3.1 to 4.2 | 0 |
| 150-200 | 4.2 to 6.6 | 0 to 2.0 |
| 200-250 | 6.6 to 8.5 | 2.0 to 4.0 |
| 250-300 | 8.5 to 10.0 | 4.0 to 6.0 |
| 300-400 | 10.0 | 6.0 to 8.5 |
| 400+ | n.a. | 8.5 |

Data source: Congressional Budget Office.
n.a. = not applicable.

a. Reflects CBO's current-law estimate of the maximum income contributions in 2031.