

H.R. 5826, the Consumer Protections Against Surprise Medical Bills Act of 2020, as Introduced on February 10, 2020
Estimated Budgetary Effects

	By Fiscal Year, Millions of Dollars											2020- 2025	2020- 2030
	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030		
Decreases (-) in Direct Spending													
Protections Against Surprise Medical Bills													
Estimated Budget Authority	0	0	*	-32	-65	-76	-82	-88	-91	-94	-99	-173	-625
Estimated Outlays	0	0	*	-32	-65	-76	-82	-88	-91	-94	-99	-173	-625
Increases or Decreases (-) in Revenues													
Protections Against Surprise Medical Bills	0	0	655	1,360	1,629	1,749	2,012	2,203	2,360	2,537	2,728	5,393	17,233
On-budget revenues	0	0	465	965	1,160	1,247	1,474	1,629	1,748	1,881	2,025	3,837	12,595
Off-budget revenues	0	0	190	394	469	502	538	574	612	656	704	1,555	4,638
Transitional Rule Allowing Deduction for Surprise Billing Expenses	-3	-33	-42	-13	0	0	0	0	0	0	0	-90	-90
On-budget revenues	-3	-33	-42	-13	0	0	0	0	0	0	0	-90	-90
Off-budget revenues	0	0	0	0	0	0	0	0	0	0	0	0	0
Increases or Decreases (-) in the Deficit from Direct Spending and Revenues													
Estimated Effect on the Deficit	3	33	-613	-1,379	-1,695	-1,825	-2,094	-2,290	-2,451	-2,631	-2,827	-5,475	-17,769
Estimated Changes in On-Budget Deficits	3	33	-424	-984	-1,225	-1,323	-1,556	-1,717	-1,839	-1,975	-2,124	-3,920	-13,130
Estimated Changes in Off-Budget Deficits	0	0	-190	-394	-469	-502	-538	-574	-612	-656	-704	-1,555	-4,638

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

Components may not sum to totals because of rounding; * = between -\$500,000 and \$0.

H.R. 5826 would establish patient protections from surprise medical billing and establish a process to resolve disputes between health care providers and insurers that are unable to reach agreement on payments for out-of-network health care. In determining the most reasonable rates, dispute resolution entities would be instructed to look to the health plan's median payment rate for in-network rate care.

CBO and JCT expect that under the bill, in facilities where surprise bills are likely, average payment rates for both in- and out-of-network care would move toward the median in-network rate, which tends to be lower than average rates. CBO and JCT estimate that in most affected markets in most years, lower payments to some providers would reduce premiums by between 0.5 percent and 1 percent. Lower costs for health insurance would reduce federal deficits because the federal government subsidizes most private insurance through tax preferences for employment-based coverage and through the health insurance marketplaces established under the Affordable Care Act.