

Estimated Budgetary Effects of H.R. 6833, the Affordable Insulin Now Act, as posted on the Website of the House Committee on Rules on March 28, 2022

		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											
Secs. 2 and 3.	Cost-Sharing for Certain Insulin Products ^a												
	Estimated Budget Authority	2	276	538	676	1,341	904	747	651	712	719	2,833	6,566
	Estimated Outlays	1	277	538	676	1,341	904	747	651	712	719	2,833	6,566
Sec. 4.	One Year-Extension on Moratorium on Implementation of Rule Relating to Eliminating the Anti-Kickback Statute Safe Harbor Protection for Prescription Drug Rebates												
	Estimated Budget Authority	0	0	0	0	-14,970	-5,430	0	0	0	0	-14,970	-20,400
	Estimated Outlays	0	0	0	0	-14,970	-5,430	0	0	0	0	-14,970	-20,400
Sec. 5.	Medicare Improvement Fund												
	Estimated Budget Authority	9,042	0	0	0	0	0	0	0	0	0	9,042	9,042
	Estimated Outlays	5,787	3,255	0	0	0	0	0	0	0	0	9,042	9,042
Total Changes in Direct Spending													
	Estimated Budget Authority	9,044	276	538	676	-13,629	-4,526	747	651	712	719	-3,096	-4,793
	Estimated Outlays	5,788	3,532	538	676	-13,629	-4,526	747	651	712	719	-3,096	-4,793
		Increases or Decreases (-) in Revenues											
Secs. 2 and 3.	Cost-Sharing for Certain Insulin Products ^b												
	<i>On-Budget Revenues</i>	0	-161	-401	-486	-546	-587	-612	-640	-666	-694	-1,594	-4,793
	<i>Off-Budget Revenues</i>	0	-114	-284	-344	-398	-432	-451	-472	-492	-513	-1,140	-3,500
	<i>Off-Budget Revenues</i>	0	-47	-117	-142	-148	-155	-161	-168	-174	-181	-454	-1,293
		Net Increase or Decrease (-) in the Deficit From Changes in Direct Spending Outlays and Revenues											
Estimated Effect on the Deficit		5,788	3,693	939	1,162	-13,083	-3,939	1,359	1,291	1,378	1,413	-1,501	0
	<i>On-Budget Deficit</i>	5,788	3,646	822	1,020	-13,231	-4,094	1,198	1,123	1,204	1,232	-1,955	-1,293
	<i>Off-Budget Deficit</i>	0	47	117	142	148	155	161	168	174	181	454	1,293

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

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H.R. 6833 would impose limits on private health insurance plans and plans offering coverage under Medicare Part D with respect to insulin products. Under the bill, Medicare beneficiaries would pay no more than \$35 for each 30-day insulin prescription. Cost sharing for beneficiaries in private plans would be limited to the lesser of \$35 or 25 percent of the plan's negotiated price for a 30-day prescription. In addition, plans would be required to offer first-dollar coverage of insulin, without any deductible. H.R. 6833 also would delay for one year the implementation of a rule affecting the treatment of pharmaceutical manufacturers' rebates in Medicare Part D and increase funding for the Medicare Improvement Fund.

H.R. 6833 would impose a private-sector mandate as defined in the Unfunded Mandates Reform Act (UMRA) by capping the amount that certain group and individual health insurance plans may require enrollees to pay out of pocket for insulin products. CBO estimates that the average annual cost to comply with the mandate would be \$2 billion and would exceed the private-sector threshold established in UMRA (\$170 million in 2021, adjusted annually for inflation).

Components may not sum to totals because of rounding.

- a. Includes effects on Medicare and outlays associated with premium tax credits for health insurance purchased through the marketplaces.
- b. Includes revenue effects for premium tax credits and employment-based coverage. Changes in premiums for employment-based coverage affect both income and payroll taxes.