



WNTS Insight*

Comprehensive health care reform legislation with significant tax provisions enacted into law

March 30, 2010

President Barack Obama on March 30 signed into law the Health Care and Education Reconciliation Act of 2010 (H.R. 4872), amending comprehensive health care reform legislation enacted March 23 (the "Patient Protection and Affordable Care Act," P.L. 111-148, or "PPACA").

The reconciliation bill contains a number of significant tax provisions, including a new 3.8-percent tax on net investment income of individuals with incomes above \$200,000 for singles and \$250,000 for married couples filing jointly, effective in 2013. H.R. 4872 also includes codification of the economic substance doctrine, effective for transactions entered into after March 30, 2010, and several tax provisions affecting health insurance providers, pharmaceutical companies, and others in the health care sector.

This Insight provides a general overview of tax provisions in the final health care reform and reconciliation legislation, including significant new tax law changes affecting business, the health care industry, and individuals. For purposes of this report, the term "the legislation" refers to PPACA as modified by H.R. 4872. Various effective dates apply to the tax provisions in the legislation (see chart at the conclusion of this WNTS Insight).

Health care market reforms

The legislation contains major changes to laws governing health insurance practices, Medicare, Medicaid, and related tax provisions. According to the Congressional Budget Office (CBO), the legislation will expand health insurance coverage to 32 million Americans over the next several years. Once the law is fully implemented, CBO estimates that 94 percent of legal nonelderly U.S. residents will be covered by health insurance, compared to 83 percent of such individuals currently covered.

While some health care reforms will take effect later this year, most of the provisions expanding coverage take effect starting in 2014. Reforms taking effect in 2010 include requirements that plans offer coverage to dependents of plan participants until age 26, cover children with pre-existing conditions, and eliminate any lifetime limits on benefits. Small businesses will be eligible for new tax credits for purchasing health

insurance coverage for their employees. Beyond 2010, the legislation imposes other restrictions on health insurance markets, provides subsidies to individuals for the purchase of health insurance, and alters federal payments to providers under the Medicare and Medicaid programs.

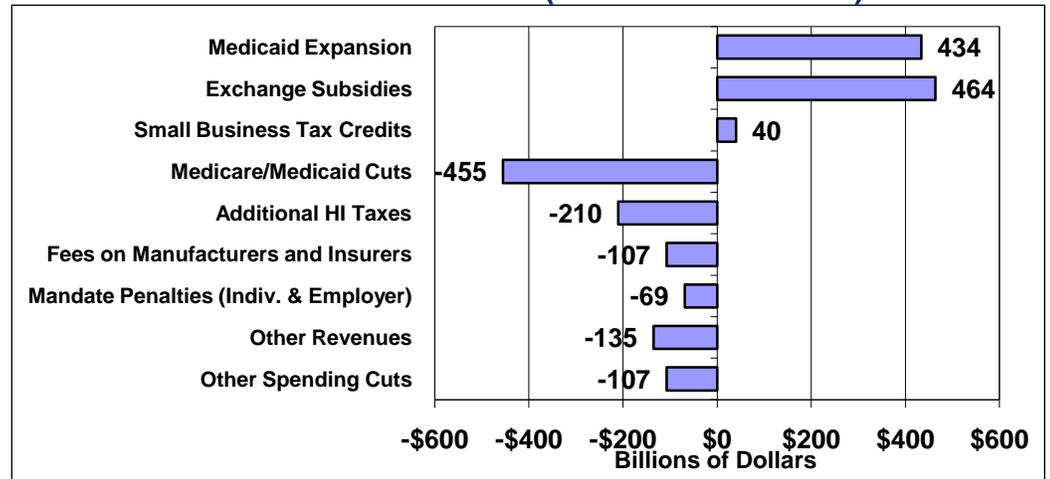
Effects on the federal budget

CBO projects that the gross cost of the legislation will be \$940 billion over 10 years. The legislation is estimated to more than offset the cost of expanded health care coverage through a combination of tax increases and changes to Medicare and Medicaid funding. CBO estimates that overall the legislation will reduce the federal deficit by \$143 billion over 10 years. Beyond the first 10 years, CBO estimates that the legislation will lower the federal budget deficit by approximately one-half percent of gross domestic product.

The Joint Committee on Taxation staff (JCT) has estimated that tax provisions in the legislation will raise \$437.8 billion over 10 years. The increased Medicare HI tax on wages and the new tax on net investment income of upper-income individuals account for \$210.2 billion of the total revenues associated with health care legislation through 2019.

Figure 1 provides the major spending and funding categories of the legislation.

Figure 1. Impact of Health Reform on the Federal Budget Deficit, Fiscal Years 2010-2019 (in billions of dollars)



Source: Congressional Budget Office, March 20, 2010, and PricewaterhouseCoopers calculations.

Business tax provisions

Employer penalties

Beginning in 2014, the legislation imposes new penalties on firms with 50 or more full-time employees that have employees enrolled in subsidized coverage in the new health insurance exchange created under the legislation. These subsidies are only available to individuals with incomes below 400 percent of the federal poverty level (in 2009, these caps would have been approximately \$43,000 for an individual and \$88,000 for a family of four). Employees meeting these income requirements will be eligible for the cost sharing and premium subsidies under the legislation if they meet any of the following conditions:

1. The employer does not offer coverage,
2. The employer plan fails to cover 60 percent of health expenses, or
3. The employee share of insurance premiums represents more than 9.5 percent of the employee's income.

If the employer does not offer coverage, the annual penalty is \$2,000 per full-time employee (or \$167 per month), but the penalty is waived on the first 30 employees. The penalty amount is indexed for inflation.

If the employer offers coverage but has employees who receive individual subsidies, the penalty is the lower of \$3,000 per full-time employee receiving a subsidy (\$250 per month) or \$2,000 per full-time employee (the first 30 employees are excluded). The penalty is indexed for inflation.

These penalties will be non-deductible on the employer's tax return.

CBO estimates that the employer mandates will raise \$52 billion in revenues between 2010 and 2019.

Excise tax on high-value health plans

The legislation imposes a 40-percent excise tax on "high-value" health plans, effective beginning in 2018. In general, plans with actuarial values in excess of specified thresholds (\$27,500 for a family plan and \$10,200 for a single plan) will owe the tax on amounts exceeding the thresholds. Higher thresholds apply for certain individuals age 55 and older, and for employees covered by an employer-provided plan in which the majority of employees covered by the plan are engaged in certain high-risk professions, such as construction, mining, agriculture, forestry, law enforcement, and fire protection. Other adjustments are provided by the legislation.

For 2019, the thresholds will be indexed for inflation (as measured by the consumer price index for urban consumers) plus one percent. In 2020 and thereafter, the thresholds will be indexed for general inflation. If health care costs increase at unexpected rates between now and 2018, the threshold amounts will be adjusted upward automatically.

The tax will be paid by the issuer of the insurance for an insured plan. In the case of an employer that self-insures, the tax will be paid by the plan administrator, which could be the employer itself or an insurance company administering the plan. The value of the plan will be calculated based on COBRA regulations for continuation of employee coverage.

The tax is calculated by reference to the overall value of the insurance, including:

- Total insurance premium costs, whether paid by the employer or the employee;
- Employee contributions to flexible spending accounts (FSAs), and
- Employer contributions to health reimbursement arrangements (HRAs) and health savings accounts (HSAs).

Certain benefits will not count toward the thresholds, including long-term care benefits, stand-alone dental and vision plan benefits, and accident and disability insurance.

JCT has estimated that the tax on high-value health plans will raise \$32 billion over the 2018 to 2019 period.

Medicare Part D retiree subsidies

Employers are eligible for a subsidy under the Medicare Part D program if they sponsor drug coverage meeting certain standards for their Medicare-eligible retirees. The subsidy is calculated as 28 percent of the drug spending by eligible retirees within certain ranges.

When enacted in 2003, the subsidy was made tax-deductible to encourage employers to continue to offer retiree drug coverage. The legislation eliminates the deductibility of this subsidy, beginning in 2013.

The elimination of deductibility has an immediate impact on the income statements of companies receiving the subsidy. For a fuller discussion of the accounting implications, see WNTS Insight, "[Accounting for impact health law provision eliminating tax deduction related to Medicare Part D subsidy](#)," March 23, 2010.

JCT estimates that the elimination of the deduction for the retiree subsidy beginning in 2013 will increase revenues by \$4.5 billion over the 2010 to 2019 period.

Economic substance codification and related penalties

As developed by the courts, the economic substance doctrine permits to be disregarded for tax purposes a transaction that complies with the literal terms of the Internal Revenue Code but, except for the expected Federal income tax benefits, lacks economic substance. Under the legislation, a transaction is treated as having economic substance only if (1) the transaction changes in a meaningful way (apart from the Federal income tax effects) the taxpayer's economic position, and (2) the taxpayer has a substantial purpose (apart from Federal income tax effects) for entering into the transaction. Codification of the criteria to establish economic substance does not alter a court's determination as to whether the economic substance doctrine is relevant to a transaction.

A specific grant of regulatory authority that would have been provided by the original House version of health care legislation approved last November (H.R. 3962) is not included in the legislation. Notwithstanding the elimination of this provision, the IRS has general regulatory authority under section 7805 to provide guidance relating to the enforcement of this provision. It is anticipated that, in providing regulatory guidance under the new law, the IRS will take into consideration the technical explanation released by JCT. The JCT technical explanation states that codification of the economic substance doctrine is not intended to alter the tax treatment of certain basic business transactions that are respected under longstanding judicial and administrative practice merely because the choice between meaningful economic alternatives is largely or entirely based on comparative tax advantages. The explanation provides illustrative examples of such basic transactions, such as the choice between capitalizing a business enterprise with debt or equity.

For further explanation of this provision, see WNTS Insight, "[The codification of the economic substance doctrine will have broad impact](#)," March 29, 2010.

The legislation creates a new 20-percent penalty for underpayments attributable to any disallowance of claimed tax benefits by reason of the transaction lacking economic substance. If the relevant facts affecting the tax treatment of the transaction are not adequately disclosed, the penalty increases to 40 percent. This penalty is a strict liability penalty,

i.e., the taxpayer may not avoid this penalty by demonstrating reasonable cause. As a result, a taxpayer cannot rely on an opinion as protection from the imposition of this penalty if the underlying transaction is found by a court to lack economic substance.

The new codified economic substance standard applies to transactions entered into after March 30, 2010.

JCT estimates that this provision will raise \$4.5 billion over 10 years.

Exclusion of "black liquor" from biofuel producer tax credit

The cellulosic biofuel producer credit is a nonrefundable income tax credit for each gallon of qualified cellulosic fuel production of a producer during a taxable year. The amount of the credit generally is \$1.01 per gallon.

The legislation modifies the cellulosic biofuel producer credit to exclude certain "black liquor" fuels produced as a byproduct of the paper manufacturing process, effective for fuels sold or used after December 31, 2009.

JCT staff estimates that this provision will raise \$23.6 billion over 10 years.

Increased information reporting provisions

Business information reporting

The legislation expands current reporting rules to require a business to file an information return for all payments that total \$600 or more in the aggregate during a calendar year to a single business (other than to a tax-exempt corporation). The payments to be reported include amounts paid for property or services. The provision does not apply for certain payments currently excepted from reporting, such as securities and broker transactions. The provision is effective for payments made after December 31, 2011. JCT estimates that this provision will raise \$17.1 billion over the 2010 to 2019 period.

W-2 reporting

The legislation requires an employer to report on each employee's annual Form W-2 the value of the employee's health insurance coverage provided by the employer. The employer must include the value of all employer-sponsored plans in which the employee enrolls, including medical insurance, dental, and vision coverage. To determine coverage value of employer-sponsored health coverage, the employer would calculate the value of the plan using the rules for COBRA coverage. The provision is effective for tax years beginning after December 31, 2010.

JCT estimates that this provision will have a negligible revenue effect over 10 years.

Estimated tax payments

For corporations with assets of at least \$1 billion, the legislation increases the required payment of estimated tax otherwise due the third calendar quarter of 2014 by 15.75 percent. The provision is intended to make the legislation comply with budget reconciliation rules that require certain levels of deficit reduction in both the first and second five-year periods of the legislation, by moving an estimated \$8.8 billion in corporate tax payments from FY 2015 to FY 2014.

Health care industry taxes

Assessments on pharmaceutical companies

The legislation imposes an annual fee on brand pharmaceutical manufacturers and importers based on their sales to federal government programs, beginning in 2011. Each manufacturer's and importer's liability will depend on its share of "covered" sales to government purchasers in the prior year and a year-specific aggregate, as specified below:

Calendar Year	Annual Collections (Billions of dollars)
2011	\$2.5
2012	2.8
2013	2.8
2014	3.0
2015	3.0
2016	3.0
2017	4.0
2018	4.1
2019 and afterwards	2.8

Covered sales include sales to these government programs: Medicare Parts B and D, Medicaid, programs of the Department of Veterans' Affairs, the Department of Defense, and TRICARE. Sales will be adjusted to reflect any rebates, discounts, or price concessions provided to the government. Covered sales will exclude the first \$5 million in sales, 90 percent of sales between \$5 million and \$125 million, 60 percent of sales between \$125 million and \$225 million, and 25 percent of sales between \$225 million and \$400 million. All sales in excess of \$400 million will be included in covered sales. This phase-in will have the effect of imposing a smaller burden on small manufacturers/importers.

The relevant federal agencies will derive company sales under each of the programs and report the information to the Secretary of the Treasury. Treasury will calculate the amount of fee owed by each manufacturer/importer, and companies will have to pay the fee by September 30 of each year. The fee will not be deductible for tax purposes.

JCT estimates that this provision will raise \$27 billion over the 2010 to 2019 period.

Assessment on health insurance companies

The legislation imposes an annual fee on health insurance companies based on the value of net premiums written in the United States, beginning in 2014. (The fee will not apply to self-insured plans; other exclusions and special rules will apply.) Each insurer's liability will depend on its share of total premiums in the prior year and a year-

specific aggregate, as specified below:

Calendar Year	Annual Collections (Billions of dollars)
2014	\$8.0
2015	11.3
2016	11.3
2017	13.9
2018 and afterwards	14.3 ^a

^a Indexed to medical cost growth after 2018.

The share for each company will be calculated by taking a portion of net premiums written on U.S. health risk, summing those amounts together, and calculating the insurer's share of the overall total. Each company will be required to report net premiums written for each calendar year to the Secretary of the Treasury. Treasury will then calculate the insurer's share of the total fee based on its share of the market.

The first \$25 million in net premiums written will be excluded, as will 50 percent of premiums between \$25 million and \$50 million. All premiums in excess of \$50 million will be included in covered premiums. This phase-in will have the effect of imposing a smaller burden on small insurers.

Companies will have to pay the fee by September 30 of each year. The fee will not be deductible for tax purposes.

JCT staff estimates that this provision will raise \$60.1 billion over the 2010 to 2019 period.

Medical device excise tax

The legislation includes a 2.3-percent excise tax on the sale after 2012 of certain medical devices by a manufacturer, producer, or importer of such devices. The new tax will be deductible in the same manner as other excise taxes.

The excise tax will apply to certain medical devices that are intended for human use, as defined by section 201(h) of the Federal Food, Drug, and Cosmetic Act. The excise tax will not apply to the following:

- Eyeglasses, contact lenses, hearing aids, and any other medical device determined by the Secretary of Health and Human Services to be a type of device that generally is purchased by the general public at retail for individual use.
- Additional specific devices as determined by the Secretary to be sold at retail establishments (including over the Internet) to individuals for personal use.

These exceptions to the excise tax are not limited by device class as defined by section 513 of the Federal Food, Drug, and Cosmetic Act. It is anticipated that the Secretary will publish a list of medical device classifications that are of a type generally purchased by the general public at retail for individual use.

A current-law excise tax exemption for further manufacture and for export will apply to the new excise tax on sales of medical devices, but this current-law exemption will not apply to sales for use on vessels or aircraft. This exemption also will not apply for sales to State and local governments, nonprofit educational organizations, and qualified blood collector organizations.

JCT estimates that this provision will raise \$20 billion over 10 years.

Therapeutic discovery project credit

The legislation provides a two-year tax credit to encourage new therapies for acute and chronic diseases.

Under this provision, qualifying investments made by companies with up to 250 employees during 2009 and 2010 may be eligible for a 50-percent credit. The credit is based on the section 48C advanced energy project credit enacted as part of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5).

Companies must apply to the Secretary of the Treasury to obtain certification for qualifying investments. Projects receiving the certification cannot claim the credit on spending for certain executive compensation, interest expenses, facility expenses, and other costs deemed to be inappropriate. The total amount of credits under the program is limited to \$1 billion.

Qualified therapeutic discovery project expenditures do not qualify for the research credit, orphan drug credit, or bonus depreciation.

JCT estimates that the provision will reduce revenues by \$900 million over 10 years.

Deduction limit for insurance company compensation

The legislation imposes a new deduction limit on executive compensation paid by health insurance providers. The provision is effective for compensation paid in tax years beginning after 2012 with respect to services performed after 2009.

The provision limits the deductibility of executive compensation under section 162(m) for insurance providers if at least 25 percent of the provider's gross premium income from health business is derived from health insurance plans that meet the coverage requirements established under the bill. The provision does not apply to employers with self-insured plans.

The deduction is limited to \$500,000 per tax year and applies to all officers, employees, directors, and other workers or service providers performing services, for or on behalf of, a covered health insurance provider. This \$500,000 deduction limitation applies without regard to whether this compensation is paid during the tax year or a subsequent tax year. In determining whether the amount of compensation of an applicable individual for any tax year exceeds \$500,000, all compensation from all members of any controlled group of corporations, other businesses under common control, or affiliated service group are aggregated.

JCT estimates that this provision will raise \$600 million over 10 years.

Modification of section 833 treatment of certain health organizations

The legislation limits eligibility for section 833 tax benefits to organizations meeting a medical loss ratio standard of 85 percent for the tax year, effective for tax years beginning after 2009.

Under the provision, a Blue Cross Blue Shield organization that fails to meet the 85-percent standard will not be allowed the 25-percent deduction and the exception from the 20-percent reduction in the unearned premium reserve deduction under section 833.

An organization's medical loss ratio is determined as the percentage of total premium revenue expended on reimbursement for clinical services that are provided to enrollees under the organization's policies during the tax year, as reported under section 2718 of the Public Health Services Act. It is intended that the medical loss ratio under this provision be determined on an organization-by-organization basis, not on an affiliated or other group basis.

JCT estimates that this provision will raise \$400 million over 10 years.

Requirements for tax-exempt hospitals

The legislation adds four specific additional requirements that a hospital must satisfy to qualify for tax-exempt status as organizations described in section 501(c)(3). The requirements apply to an organization that operates a facility that is required by a State to be licensed, registered, or similarly recognized as a hospital and any other organization that Treasury determines has the provision of hospital care as its principal function or purpose. If an organization operates more than one hospital, each hospital facility must separately meet these requirements. These requirements, except as noted below, are effective for tax years beginning after March 23, 2010.

The additional requirements are as follows:

- Each hospital facility must conduct a community health-needs assessment at least once every three years and adopt an implementation strategy to meet the identified community needs, effective for tax years beginning after the date that is two years after March 23, 2010;
- Each hospital facility must adopt, implement, and widely publicize a written financial assistance policy containing certain required components;
- Each hospital facility may not bill for emergency or other medically necessary care provided to individuals who qualify for assistance under the hospital's financial assistance policy more than the amounts generally billed to individuals who have insurance covering such care and the hospital must prohibit the use of gross charges; and
- Each hospital facility may not undertake extraordinary collection efforts against an individual without first taking reasonable efforts to determine if the individual is eligible for financial assistance under the hospital's financial assistance policy.

Facilities failing to meet these requirements could lose their tax-exempt status.

New excise tax on tax-exempt hospitals

The legislation imposes an excise tax penalty of \$50,000 for any tax-exempt hospital that fails to satisfy the community health-needs assessment requirement for any tax year, effective for failures occurring after March 23, 2010.

Reporting and disclosure requirements

The legislation requires that tax-exempt hospitals file with their annual information return a description of how the organization is addressing the needs identified in its community health needs assessment, including a description of any needs that are not being addressed along with the reason why such needs are not being addressed and a copy of its audited financial statements (single company or part of a consolidated financial statements).

In addition, the legislation requires the IRS to review at least once every three years the community benefit activities of each tax-exempt hospital. Annually, the Secretary of the Treasury (in consultation with the Secretary of Health and Human Services) must submit a report to Congress that addresses information with respect to private tax-exempt, taxable, and government-owned hospitals. The report is to include information related to the levels of charity care provided, bad debt expenses, unreimbursed costs for services provided through means-tested government programs, unreimbursed costs for services provided through non-means-tested government programs, and information about costs incurred by private hospitals for community benefit activities. Moreover, the Secretary must issue a report to Congress on the trends in the information reported in its annual report no later than five years after March 23, 2010.

JCT estimates that the provisions affecting tax-exempt hospitals will have a negligible impact on federal revenues between 2010 and 2019.

Tanning salons

The legislation imposes a 10-percent tax on amounts paid for indoor tanning services. The tax is to be collected by tanning salon service providers. The provision is effective for services performed on or after July 1, 2010.

JCT estimates that this provision will raise \$2.7 billion over 10 years.

Individual Tax Provisions

Medicare tax on wages

The legislation increases the employee portion of Medicare Hospital Insurance taxes (HI tax) by an additional 0.9 percent on wages received in excess of \$250,000 for a married couple filing a joint return, \$125,000 for a married individual filing a separate return, and \$200,000 for all other individuals (These thresholds are not indexed for inflation). An employer must withhold on wages of an employee in excess of \$200,000 for the year, disregarding, for purposes of this rule, the amount of any wages received by the employee's spouse. The additional tax also applies to the Medicare portion of self-employment taxes.

This provision will apply to wages received in tax years beginning after December 31, 2012. (For revenue estimate, see next section.)

New tax on investment income

The legislation imposes a 3.8-percent tax (designated a "Medicare contribution") on certain net investment income over a threshold amount. The tax applies to investment income less any deductions properly allocated to such income.

Investment income includes gross income from interest, dividends, annuities, rents, and royalties (other than income derived from an active trade or business), as well as net capital gain. Working capital interest will be subject to the new tax. For a disposition of a partnership interest or S corporation stock, investment income includes only the net gain attributable to property held by the entity that is not properly attributable to an active trade or business. Interest on tax-exempt bonds, veterans' benefits, and excluded gain from the sale of a principal residence are excluded from investment income for these purposes. Further, investment income does not include distributions from a qualified retirement plan or amounts subject to self-employment taxes.

For an individual, the new tax on investment income is imposed on the lesser of net investment income or modified adjusted gross income (AGI) over a threshold amount (\$250,000 for a married couple filing a joint return, \$125,000 for a married individual filing a separate return, and \$200,000 for all other individuals). Modified AGI is defined as AGI plus any foreign income excluded under section 911.

For an estate or trust, the 3.8-percent tax is imposed on the lesser of undistributed net investment income or the excess of adjusted gross income over the dollar amount at which the highest income tax bracket applicable to the estate or trust begins. The tax does not apply to nonresident aliens, tax-exempt trusts, or certain charitable remainder trusts.

The new tax is subject to the individual estimated tax provisions. It is not deductible in computing individual income tax.

The tax will apply for tax years beginning after December 31, 2012.

JCT estimates that the increased HI tax on wages and the new tax on net investment income together will raise \$210.2 billion over 10 years.

Health-related savings account changes

Limits on flexible savings accounts (FSAs)

Under the legislation, the maximum contribution to a health FSA will be limited to \$2,500 annually beginning with years after 2012. This amount will be indexed for inflation based on the consumer price index (CPI-U) after 2013.

JCT estimates that this provision will raise \$13 billion over 10 years.

Health savings account penalties

Distributions from a health savings account (HSA) or Archer medical savings account (MSA) must be used for qualified medical expenses, or they are subject to income taxation and an additional tax penalty. Starting in 2011, the legislation increases the penalty for nonqualified HSA or Archer MSA purchases or distributions from 10 to 20 percent and 15 to 20 percent respectively.

JCT estimates that this provision will raise \$1.4 billion over 10 years.

Conform definition of medical expenses

The legislation conforms the definition of medical expenses for HSAs, 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). The provision is effective for tax years beginning after December 31, 2010.

JCT estimates that this provision will raise \$5 billion over 10 years.

Increase in AGI floor on medical expense deductions

The legislation increases the adjusted gross income threshold for claiming the itemized deduction for medical expenses from 7.5 percent to 10 percent beginning after 2012. The 7.5-percent threshold is retained through 2016 for individual taxpayers who have attained age 65 (or have a spouse who has attained age of 65) before the close of an applicable tax year.

JCT estimates that this provision will raise \$15.2 billion over 10 years.

Other individual provisions

State loan repayment

The legislation excludes from gross income amounts received under state loan repayment or forgiveness programs whose purpose is to increase the availability of health care services in areas that are underserved or have a shortage of health professionals.

JCT estimates that this provision will reduce revenues by \$100 million over 10 years.

Modification to adoption credit

The legislation increases the child adoption tax credit and adoption assistance exclusion in 2010 from \$12,170 to \$13,170 (and indexes that amount for inflation). The legislation also extends the credit through 2011 and makes it refundable to taxpayers.

JCT estimates that this provision will reduce revenues by \$1.2 billion over 10 years.

Select Tax Provisions in Healthcare Reform Legislation

Select Revenue Provisions	Effective	2010 - 2019 Revenue Impact
Economic substance doctrine codified, with related penalties	3/31/10	\$ 4.5 billion
Biofuel producer credit for "black liquor" eliminated	2010	\$ 23.6 billion
W-2 reporting expanded	2011	Negligible
Definition of medical expenses conformed	2011	\$ 5.0 billion
Annual fee on drug manufacturers	2011	\$ 27.0 billion
Business information reporting expanded	2012	\$ 17.1 billion
Additional 0.9% HI tax on wages exceeding \$200,000/\$250,000, plus 3.8% tax on certain net investment income over threshold	2013	\$210.2 billion
Eliminate expense deduction for Medicare Part D subsidy	2013	\$ 4.5 billion
Health FSAs in cafeteria plans limited to \$2,500	2013	\$ 13.0 billion
Excise tax on medical device manufacturers	2013	\$ 20.0 billion
Employer health coverage penalties	2014	\$ 52 billion
Annual fee on health insurance providers	2014	\$ 60.1 billion
40% excise tax on coverage exceeding \$10,200/\$27,500	2018	\$ 32.0 billion
Other Provisions		\$ 20.8 billion
Total		\$437.8 billion

Source: Joint Committee on Taxation, March 20, 2010.

Link to HR 3590 (PPACA), enrolled version

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Link to HR 4872 (reconciliation), enrolled version

<http://www.gpo.gov/fdsys/pkg/BILLS-111hr4872ENR/pdf/BILLS-111hr4872ENR.pdf>

Link to JCX-18-10 (March 21)

<http://www.ict.gov/publications.html?func=startdown&id=3673>

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