

H.R. 1386, ENROLL Act of 2019

As ordered reported by the House Committee on Energy and Commerce on April 3, 2019

Millions of Dollars	2019	2019-2024	2019-2029
Direct Spending (Outlays)	0	n.e.	n.e.
Revenues	0	n.e.	n.e.
Deficit Effect	0	n.e.	n.e.
Spending Subject to Appropriation (Outlays)	0	0	0
Pay-as-you-go procedures apply?	Yes	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
n.e. = not estimated.			

H.R. 1386 would require CMS to annually obligate to the Navigator Program \$100 million of the user fees collected from insurers participating in the federally-facilitated health insurance marketplace established under the ACA. Additionally, the legislation would allow Navigator grantees to facilitate enrollment in Medicaid and the Children’s Health Insurance Program and would modify the criteria that CMS uses to award Navigator grants.

Enacting H.R. 1386 would affect direct spending and revenues. The legislation would designate a specific purpose for existing funding but would not appropriate additional amounts. Increased funding for the Navigator program could increase the number of people receiving subsidies and could improve the average health of enrollees in marketplace plans (and thus lower average premiums for those plans). However, because CBO and JCT do not have a basis for comparing the effects on enrollment and subsidies of using the funding for the newly specified activity rather than the choices under current law (which also could affect enrollment and subsidies), the agencies cannot estimate the magnitude or direction of those effects.

The CBO staff contact for this estimate is Kevin McNellis. The estimate was reviewed by Leo Lex, Deputy Assistant Director for Budget Analysis.