118TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
118–426

DR. MICHAEL C. BURGESS PREVENTIVE HEALTH SAVINGS ACT

MARCH 15, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ARRINGTON, from the Committee on the Budget, submitted the following

R E P O R T

[To accompany H.R. 766]

[Including cost estimate of the Congressional Budget Office]

The Committee on the Budget, to whom was referred the bill (H.R. 766) to amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Dr. Michael C. Burgess Preventive Health Savings Act".

SEC. 2. SCORING OF PREVENTIVE HEALTH SAVINGS.

Section 202 of the Congressional Budget and Impoundment Control Act of 1974 (2 U.S.C. 602) is amended by adding at the end the following:

"(h) SCORING OF PREVENTIVE HEALTH SAVINGS.—

"(1) DETERMINATION BY THE DIRECTOR.—Upon a request by the chairman and ranking minority member of the Committee on the Budget of the Senate and chairman and ranking minority member of the committee of primary jurisdiction of the Senate or by the chairman and ranking minority member of the Committee on the Budget of the House of Representatives and the chairman and ranking minority member of the committee of primary jurisdiction of the House of Representatives, the Director shall determine if proposed legislation would result in net reductions in budget outlays in budgetary outyears through the use of preventive health care.

"(2) PROJECTIONS.—If the Director determines that proposed legislation would result in net reductions in budget outlays as described in paragraph (1), the Director—

"(A) shall include, in any projection prepared by the Director on such proposed legislation, a description and estimate of the reductions in budget outlays in the budgetary outyears and a description of the basis for such conclusions; and

"(B) may prepare a budget projection that includes some or all of the budgetary outyears, notwithstanding the time periods for projections described in subsection (e) and sections 308, 402, and 424.

"(3) LIMITATION.—Any estimate provided by the Director pursuant to paragraph (1) shall be used as a supplementary estimate and may not be used to determine compliance with the Congressional Budget Act of 1974 or any other budgetary enforcement controls.

"(4) DEFINITIONS.—As used in this subsection—

"(A) the term 'budgetary outyears' means the 2 consecutive 10-year periods beginning with the first fiscal year that is 10 years after the current fiscal year; and

"(B) the term 'preventive health care' means an action that focuses on the health of the public, individuals, and defined populations in order to protect, promote, and maintain health and wellness and prevent disease, disability, and premature death, including through the promotion and use of effective, innovative health care interventions that are demonstrated by credible and publicly available evidence from epidemiological projection models, clinical trials, observational studies in humans, longitudinal studies, and meta-analysis.".

SUMMARY AND PURPOSE OF LEGISLATION

H.R. 766, the *Dr. Michael C. Burgess Preventive Health Savings Act*, establishes a mechanism for the Congressional Budget Office (CBO) to provide Congress budgetary savings estimates of preventive health care legislation beyond the current 10-year budget window. The bill amends the *Congressional Budget and Impoundment Control Act of 1974* by inserting a new subsection after (2 U.S.C. § 601(g)), under which upon a bipartisan request by the chair and ranking member of the Committee on the Budget and the chair and ranking member of the committee of primary jurisdiction, in either the Senate or the House of Representatives, the CBO Director shall make a determination if preventive health legislation would result in a net reduction in budgetary outlays over a 30-year budget window. If the CBO Director determines the proposed legislation would result in net budgetary outlay reductions over the 30-year window, the Director shall provide in the cost estimate for the legislation projections of longer-term savings and the basis for such conclusions. Further, the bill includes an explicit limitation that any supplementary estimate provided by the CBO Director under this subsection shall not be used to determine compliance with Congres-

sional budget enforcement controls, including the *Congressional Budget and Impoundment Control Act of 1974*.

BACKGROUND AND NEED FOR LEGISLATION

CBO plays a critical role in the budget and legislative process by providing objective, nonpartisan information to lawmakers through cost estimates of legislation and analytic reports. The *Congressional Budget and Impoundment Control Act of 1974* established the Congressional Budget Office (CBO) and requires CBO to provide congressional committees with cost estimates of legislation reported by committees.[1] Section 402 of the *Congressional Budget and Impoundment Control Act of 1974* requires the Director of CBO to submit a cost estimate to any committee of the House of Representatives or the Senate (except the Committee on Appropriations of each House) that reports a bill.[2]

Cost estimates prepared by CBO of the budgetary effects of various legislative proposals serve as a guide of the fiscal impact of legislation considered by Congress.[3] Section 402 of the *Congressional Budget and Impoundment Control Act of 1974* also states such cost estimates are to capture "the costs which would be incurred in carrying out such bill or resolution in the fiscal year in which it is to become effective and in each of the four fiscal years following such fiscal year." Importantly, cost estimates of changes in direct spending and revenues generally cover the current year, the budget year, and the subsequent nine years, while estimates of changes in authorized spending subject to appropriation often cover only the subsequent five years.[4]

While CBO's current scoring window for cost estimates is generally 10 years, the full cost-saving potential of preventive health care legislation often occurs over a longer period. In fact, research has demonstrated that preventive health care can generate budgetary savings when longer-term effects are examined, but that such cost savings may not be apparent when only analyzing the first 10 years. As acknowledged by CBO, preventive medical services can reduce costs by "lessening the incidence of a disease or by detecting it early, when treatment may be more effective and less costly."[5] However, CBO further notes that "CBO's shorter time frame may not capture the full effects of the policies."[6] As a result, CBO's current 10-year scoring window for cost estimates does not capture potential longer-term savings from proposed preventive health care legislation. Furthermore, CBO has the technical capability to produce cost estimates and long-term analyses over a 30-year window, including through the production of annual Long-Term Budget Outlook reports.[7]

Accordingly, H.R. 766 provides a mechanism for CBO to provide Congress supplementary analysis of potential longer-term savings from proposed preventive health legislation to help lawmakers more accurately determine and debate the merits of policies, with

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[1] Congressional Budget and Impoundment Control Act of 1974 Pub. L. 93–344, Sec. 402(1974).
[2] Congressional Budget and Impoundment Control Act of 1974 Pub. L. 93–344, Sec. 402(1974).
[3] Congressional Budget Office, *CBO's Cost Estimates Explained* (Feb. 2020).
[4] Ibid.
[5] Congressional Budget Office, *How CBO Analyzes Approaches to Improve Health Through Disease Prevention* (June 2020).
[6] Ibid.
[7] Congressional Budget Office, *The 2023 Long-Term Budget Outlook* (June 2023).

a more comprehensive analysis of the corresponding impact to the federal budget.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

This section establishes the short title of the bill as the "Dr. Michael C. Burgess Preventive Health Savings Act".

Section 2. Scoring of Preventive Health Savings

Section (2) amends section 202 of the *Congressional Budget and Impoundment Control Act of 1974* (2 U.S.C. 602) by inserting at the end a new subsection on scoring of preventive health savings.

Paragraph (1) requires the Director of the Congressional Budget Office (CBO), upon receiving a bipartisan request from Congress, to determine if proposed legislation would reduce net outlays outside of the 10-year budget window (budgetary outyears) through the use of preventive health care.

Paragraph (2) requires that if the Director determines such proposed legislation would result in net reductions in budget outlays over the budgetary outyears, the Director shall include estimates of such net reductions in any projection published by the Director on the legislation.

Paragraph (3) stipulates the estimates provided pursuant to paragraph (1) are supplementary estimates and cannot be used to determine compliance with the *Congressional Budget and Impoundment Control Act of 1974* and any other budgetary enforcement controls.

Paragraph (4) defines budgetary outyears as the two consecutive 10-year periods following the current 10-year budget window. The paragraph also defines preventive health care as "an action that focuses on the health of the public, individuals, and defined populations in order to protect, promote, and maintain health and wellness and prevent disease, disability, and premature death, including through the promotion and use of effective, innovative health care interventions, that is demonstrated by credible and publicly available evidence from epidemiological projection models, clinical trials, observational studies in humans, longitudinal studies, and meta-analysis."

LEGISLATIVE HISTORY AND CONSIDERATION

On February 2, 2023, Representatives Michael C. Burgess (R–TX–26) and Diana DeGette (D–CO–1) introduced H.R. 766, and the bill was referred to the Committee on the Budget.

On February 6, 2024, the Committee considered H.R. 766, and ordered the measure, as amended, reported to the House by a vote of 30 ayes to 0 noes.

HEARINGS

Pursuant to clause 3(a)(6) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop H.R. 766, the *Dr. Michael C. Burgess Preventive Health Savings Act:*

On January 31, 2024, the Committee held a hearing titled "Creating a Culture of Fiscal Responsibility: Assessing the Role of the

Congressional Budget Office." The Committee received testimony from:

The Honorable Phillip Swagel, Ph.D., Director of the Congressional Budget Office.

VOTES OF THE COMMITTEE

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires each committee report to accompany any bill or resolution of a public character to include the total number of votes cast for and against each roll-call vote, on a motion to report and any amendments offered to the measure or matter, together with the names of those voting for and against.

Listed below are the actions taken by the Committee on the Budget of the House of Representatives on H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act.

On February 6, 2024, the Committee met in open session, a quorum being present.

Chairman Arrington asked unanimous consent to be authorized, consistent with clause 1(a)(2) of rule XI of the Rules of the House of Representatives, to declare a recess at any time during the committee meeting.

There was no objection to this unanimous consent request.

Chairman Arrington asked unanimous consent to dispense with the first reading of the bill, the bill be considered read and open to amendment at any point, and to dispense with the reading of any amendments.

There was no objection to this unanimous consent request.

The Committee adopted and ordered reported H.R. 766, the *Dr. Michael C. Burgess Preventive Health Savings Act*. The Committee on the Budget took the following votes:

COMMITTEE ON THE BUDGET

HOUSE OF REPRESENTATIVES
118TH CONGRESS

RECORD OF COMMITTEE VOTE

Date: 2/6/24 Time: 10:00 AM Place: 210 Cannon HOB

Description of Vote: On Favorably Reporting, as amended, H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act

Name & State	Aye	No	Answer Present	Name & State	Aye	No	Answer Present
ARRINGTON (TX) (Chairman)	X			BOYLE (PA) (Ranking)	X		
NORMAN (SC)	X			SCHAKOWSKY (IL)	X		
McCLINTOCK (CA)	X			BLUMENAUER (OR)	X		
GROTHMAN (WI)	X			KILDEE (MI)	X		
SMUCKER (PA)	X			PETERS (CA)			
BURGESS (TX)	X			LEE (CA)			
CARTER (GA)	X			DOGGETT (TX)	X		
CLINE (VA)	X			PANETTA (CA)	X		
GOOD (VA)	X			WEXTON (VA)			
BERGMAN (MI)	X			JACKSON-LEE (TX)			
FERGUSON (GA)	X			OMAR (MN) (Vice Ranking Member)	X		
ROY (TX)	X			TRONE (MD)			
MOORE (UT)	X			BALINT (VT)	X		
VALADAO (CA)	X			SCOTT (VA)	X		
ESTES (KS)	X			ESPAILLAT (NY)	X		
McCLAIN (MI)	X			VACANT			
FISCHBACH (MN)	X						
YAKYM (IN)	X						
BRECHEEN (OK)	X						
EDWARDS (NC)	X						
VACANT							

TOTALS: Aye: 30 No: 0 Present: 0

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY REPRESENTATIVE BURGESS

The amendment was offered in the nature of a substitute to H.R. 766 and was made in order as original text. The amendment was agreed to by unanimous consent.

AMENDMENT OFFERED BY CHAIRMAN ARRINGTON

An amendment offered by Chairman Arrington to change the short title of the bill.

The amendment was agreed to by a voice vote.

ON FAVORABLY REPORTING, H.R. 766, AS AMENDED

The bill was ordered reported, as amended, by a vote of 30 ayes to 0 noes.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

CONGRESSIONAL BUDGET ACT COMPLIANCE

The provisions of clauses 3(c)(2) and (3) of rule XIII of the Rules of the House of Representatives and Section 308(a)(1) of the *Congressional Budget and Impoundment Control Act of 1974* (relating to estimates of new budget authority, new spending authority, new credit authority, or increased or decreased revenues or tax expenditures) are not considered applicable. The estimate and comparison required to be prepared by the Director of the Congressional Budget Office pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and sections 402 and 423 of the *Congressional Budget and Impoundment Control Act of 1974* submitted to the committee prior to the filing of this report are as follows:

H.R. 766, Dr. Michael C. Burgess Preventive Health Savings Act
As ordered reported by the House Committee on the Budget on February 6, 2024

By Fiscal Year, Millions of Dollars	2024	2024-2029	2024-2034
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2035?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2035?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

H.R. 766 would amend the Congressional Budget Act of 1974 to direct the Congressional Budget Office, at the request of the Chair and Ranking Member of the Committee on the Budget and of the relevant authorizing committee, in each respective chamber, to estimate the budgetary effects over a 30-year period of legislation related to preventive health care services. Under current law, CBO is required to estimate the cost of legislation approved by Congressional committees for the period specified in law, typically 10 years.

Under H.R. 766, if CBO determined that a bill would result in preventive health savings sufficient to reduce federal spending in subsequent decades, the agency would provide additional long-term projections to the Congress. Such long-term estimates could not be used for budget enforcement, however.

Because H.R. 766 would not significantly increase the cost of producing legislative cost estimates, CBO estimates that the administrative expenses associated with implementing the bill would total less than $500,000 over the 2024–2029 period; any spending would be subject to the availability of appropriated funds.

The CBO staff contacts for this estimate are Matthew Pickford and Lara Robillard. The estimate was reviewed by Chad Chirico, Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d) of rule XIII of the Rules of the House of Representatives, the committee report incorporates the cost estimate prepared by the Director of the Congressional Budget Office pursuant to Sections 402 and 423 of the *Congressional Budget and Impoundment Control Act of 1974*.

FEDERAL MANDATES STATEMENT

Pursuant to section 423 of the *Unfunded Mandates Reform Act*, the Committee has determined that the bill does not contain federal mandates on the private sector. The Committee has determined that the bill does not impose a federal intergovernmental mandate on state, local, or tribal governments.

ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the *Federal Advisory Committee Act* was created by this legislation.

APPLICABILITY TO THE LEGISLATIVE BRANCH

The committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the *Congressional Accountability Act* (P.L. 104–1).

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, no provision of H.R. 766, the *Dr. Michael C. Burgess Preventive Health Savings Act*, establishes or reauthorizes a program of the Federal government known to be duplicative of

another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

PERFORMANCE GOALS AND OBJECTIVES

With respect to the requirement of clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of this legislation are to allow greater authority for the Congressional Budget Office to provide Congress with more comprehensive cost estimates detailing longer-term budgetary savings from proposed preventive health legislation. This bill would amend the *Congressional Budget and Impoundment Control Act of 1974* to create a mechanism for the Congressional Budget Office to create budgetary savings estimates of proposed preventive health care legislation over a 30-year budget window, while protecting against the manipulation of these supplementary estimates to justify partisan policies or be used to determine compliance with existing budget enforcement requirements.

EARMARK STATEMENT

In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 766 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(e), 9(f), or 9(g) of rule XXI of the Rules of the House of Representatives.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

CONGRESSIONAL BUDGET AND IMPOUNDMENT CONTROL ACT OF 1974

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TITLE II—CONGRESSIONAL BUDGET OFFICE

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DUTIES AND FUNCTIONS

SEC. 202. (a) ASSISTANCE TO BUDGET COMMITTEES.—It shall be the primary duty and function of the Office to provide to the Committees on the Budget of both Houses information which will assist such committees in the discharge of all matters within their jurisdictions, including (1) information with respect to the budget, appropriation bills, and other bills authorizing or providing new budget authority or tax expenditures, (2) information with respect to revenues, receipts, estimated future revenues and receipts, and

changing revenue conditions, and (3) such related information as such Committees may request.

(b) ASSISTANCE TO COMMITTEES ON APPROPRIATIONS, WAYS AND MEANS, AND FINANCE.—At the request of the Committee on Appropriations of either House, the Committee on Ways and Means of the House of Representatives, or the Committee on Finance of the Senate, the Office shall provide to such Committee any information which will assist it in the discharge of matters within its jurisdiction, including information described in clauses (1) and (2) of subsection (a) and such related information as the Committee may request.

(c) ASSISTANCE TO OTHER COMMITTEES AND MEMBERS.—

(1) At the request of any other committee of the House of Representatives or the Senate or any joint committee of the Congress, the Office shall provide to such committee or joint committee any information compiled in carrying out clauses (1) and (2) of subsection (a), and, to the extent practicable, such additional information related to the foregoing as may be requested.

(2) At the request of any committee of the Senate or the House of Representatives, the Office shall, to the extent practicable, consult with and assist such committee in analyzing the budgetary or financial impact of any proposed legislation that may have—

(A) a significant budgetary impact on State, local, or tribal governments;

(B) a significant financial impact on the private sector; or

(C) a significant employment impact on the private sector.

(3) At the request of any Member of the House or Senate, the Office shall provide to such member any information compiled in carrying out clauses (1) and (2) of subsection (a), and, to the extent available, such additional information related to the foregoing as may be requested.

(d) ASSIGNMENT OF OFFICE PERSONNEL TO COMMITTEES AND JOINT COMMITTEES.—At the request of the Committee on the Budget of either House, personnel of the Office shall be assigned, on a temporary basis, to assist such committee. At the request of any other committee of either House or any joint committee of the Congress, personnel of the Office may be assigned, on a temporary basis, to assist such committee or joint committee with respect to matters directly related to the applicable provisions of subsection (b) or (c).

(e) REPORTS TO BUDGET COMMITTEES.—

(1) On or before February 15 of each year, the Director shall submit to the Committees on the Budget of the House of Representatives and the Senate, a report for the fiscal year commencing on October 1 of that year, with respect to fiscal policy, including (A) alternative levels of total revenues, total new budget authority, and total outlays (including related surpluses and deficits), (B) the levels of tax expenditures under existing law, taking into account projected economic factors and any changes in such levels based on proposals in the budget submitted by the President for such fiscal year, and (C) a state-

ment of the levels of budget authority and outlays for each program assumed to be extended in the baseline, as provided in section 257(b)(2)(A) and for excise taxes assumed to be extended under section 257(b)(2)(C) of the Balanced Budget and Emergency Deficit Control Act of 1985. Such report shall also include a discussion of national budget priorities, including alternative ways of allocating new budget authority and budget outlays for such fiscal year among major programs or functional categories, taking into account how such alternative allocations will meet major national needs and affect balanced growth and development of the United States.

(2) The Director shall from time to time submit to the Committees on the Budget of the House of Representatives and the Senate such further reports (including reports revising the report required by paragraph (1)) as may be necessary or appropriate to provide such Committees with information, data, and analyses for the performance of their duties and functions.

(3) On or before January 15 of each year, the Director, after consultation with the appropriate committees of the House of Representatives and Senate, shall submit to the Congress a report listing (A) all programs and activities funded during the fiscal year ending September 30 of that calendar year for which authorizations for appropriations have not been enacted for that fiscal year, and (B) all programs and activities for which authorizations for appropriations have been enacted for the fiscal year ending September 30 of that calendar year, but for which no authorizations for appropriations have been enacted for the fiscal year beginning October 1 of that calendar year.

(f) USE OF COMPUTERS AND OTHER TECHNIQUES.—The Director may equip the Office with up-to-date computer capability (upon approval of the Committee on House Oversight of the House of Representatives and the Committee on Rules and Administration of the Senate), obtain the services of experts and consultants in computer technology, and develop techniques for the evaluation of budgetary requirements.

(g) STUDIES.—

(1) CONTINUING STUDIES.—The Director of the Congressional Budget Office shall conduct continuing studies to enhance comparisons of budget outlays, credit authority, and tax expenditures.

(2) FEDERAL MANDATE STUDIES.—

(A) At the request of any Chairman or ranking member of the minority of a Committee of the Senate or the House of Representatives, the Director shall, to the extent practicable, conduct a study of a legislative proposal containing a Federal mandate.

(B) In conducting a study on intergovernmental mandates under subparagraph (A), the Director shall—

(i) solicit and consider information or comments from elected officials (including their designated representatives) of State, local, or tribal governments as may provide helpful information or comments;

(ii) consider establishing advisory panels of elected officials or their designated representatives, of State,

local, or tribal governments if the Director determines that such advisory panels would be helpful in performing responsibilities of the Director under this section; and

(iii) if, and to the extent that the Director determines that accurate estimates are reasonably feasible, include estimates of—

(I) the future direct cost of the Federal mandate to the extent that such costs significantly differ from or extend beyond the 5-year period after the mandate is first effective; and

(II) any disproportionate budgetary effects of Federal mandates upon particular industries or sectors of the economy, States, regions, and urban or rural or other types of communities, as appropriate.

(C) In conducting a study on private sector mandates under subparagraph (A), the Director shall provide estimates, if and to the extent that the Director determines that such estimates are reasonably feasible, of—

(i) future costs of Federal private sector mandates to the extent that such mandates differ significantly from or extend beyond the 5-year time period referred to in subparagraph (B)(iii)(I);

(ii) any disproportionate financial effects of Federal private sector mandates and of any Federal financial assistance in the bill or joint resolution upon any particular industries or sectors of the economy, States, regions, and urban or rural or other types of communities; and

(iii) the effect of Federal private sector mandates in the bill or joint resolution on the national economy, including the effect on productivity, economic growth, full employment, creation of productive jobs, and international competitiveness of United States goods and services.

(h) SCORING OF PREVENTIVE HEALTH SAVINGS.—

(1) DETERMINATION BY THE DIRECTOR.—Upon a request by the chairman and ranking minority member of the Committee on the Budget of the Senate and chairman and ranking minority member of the committee of primary jurisdiction of the Senate or by the chairman and ranking minority member of the Committee on the Budget of the House of Representatives and the chairman and ranking minority member of the committee of primary jurisdiction of the House of Representatives, the Director shall determine if proposed legislation would result in net reductions in budget outlays in budgetary outyears through the use of preventive health care.

(2) PROJECTIONS.—If the Director determines that proposed legislation would result in net reductions in budget outlays as described in paragraph (1), the Director—

(A) shall include, in any projection prepared by the Director on such proposed legislation, a description and estimate of the reductions in budget outlays in the budgetary out-

years and a description of the basis for such conclusions; and

(B) may prepare a budget projection that includes some or all of the budgetary outyears, notwithstanding the time periods for projections described in subsection (e) and sections 308, 402, and 424.

(3) LIMITATION.—Any estimate provided by the Director pursuant to paragraph (1) shall be used as a supplementary estimate and may not be used to determine compliance with the Congressional Budget Act of 1974 or any other budgetary enforcement controls.

(4) DEFINITIONS.—As used in this subsection—

(A) the term "budgetary outyears" means the 2 consecutive 10-year periods beginning with the first fiscal year that is 10 years after the current fiscal year; and

(B) the term "preventive health care" means an action that focuses on the health of the public, individuals, and defined populations in order to protect, promote, and maintain health and wellness and prevent disease, disability, and premature death, including through the promotion and use of effective, innovative health care interventions that are demonstrated by credible and publicly available evidence from epidemiological projection models, clinical trials, observational studies in humans, longitudinal studies, and meta-analysis.

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