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THE WHITE HOUSE

WASHINGTON

August 31, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: PHILLIP CAPLAN Phil

SUBJECT: Long-term care initiative

The attached Sperling/Reed/Jennings memo seeks your approval of a package of recommendations on a long-term care initiative. At your request, NEC/DPC ran a polic to explore how such a package could be added to the Administration's tax cut package. The initiative would be fully paid for by postponing or modifying some of our tax cut proposals, or adding additional offsets.

All of your advisors agree on the components of the initiative, which include:

Long-term care tax credit: broad-based, non-refundable $500 tax credit for people with long-term care needs (defined as those having two or more limitations, *e.g.* bathing, dressing, toileting, etc.), or for families who house and care for such relatives. The credit would be given on the basis of illness, rather than expenses, in order to capture people who receive unpaid long-term care and would help 3.4 million people and cost $3.9 billion over five years. The memo includes a discussion of whether the credit should be (i) larger ($1000) and cover less people, and/or (ii) refundable, but your advisors agree on the credit as outlined.

Tax credit for impairment-related work expenses for people with disabilities: $5000 tax credit for personal and medical care expenses incurred at the workplace -- such expenses are often a pre-condition for the disabled to leave home for work.

Private long-term care insurance for federal workers: there would be no government contribution for this coverage, but OPM would set standards for the plans and sort them into benefit classes to facilitate informed choice. This would be viewed as a small but symbolic step.

__✓__ Approve ____ Disapprove ____ Discuss

OK

Timing: There is a question of whether to announce this package in mid- to late-September, or to hold it ~~for sometime~~ later (NEC/DPC prefer to hold the $5000 impairment-related tax credit component for the State of the Union). While announcing the package soon would put you in a leadership position on this issue, it could also generate momentum for the Republican tax cut efforts; Hill Democrats think that inaction on the tax cut front is a good thing at this point. The memo includes a lengthy discussion of whether to announce now or wait, but bottom line: your advisors will come back to you on the timing issue in a couple of weeks once they have a better sense of how it would play on the Hill.

THE WHITE HOUSE

WASHINGTON

9/1/98

August 11, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: GENE SPERLING
BRUCE REED
CHRIS JENNINGS

SUBJECT: LONG-TERM CARE INITIATIVE

cc. THE VICE PRESIDENT, ERSKINE BOWLES, ROBERT RUBIN, JACK LEW, SYLVIA MATTHEWS, JANET YELLEN, MARIA ECHAVESTE, JOHN PODESTA, RON KLAIN, LARRY STEIN, RAHM EMANUEL, PAUL BEGALA, ELENA KAGAN

Per your request, an interagency NEC/DPC process examined long-term care policy options, specifically how long-term care options could be added to our tax cut package. This memo summarizes our recommendations on both the best policy and the advisability of announcing such an initiative in August or September or waiting until the State of the Union.

We developed a long-term care initiative that both assists people who provide or pay for long-term care and encourages workers to purchase high-quality, private long-term care insurance. The centerpiece of the initiative is a broad-based, non-refundable tax credit for people with long-term care needs or for families who house and care for such relatives. The credit could help defray the costs of formal care (e.g., home health care) and informal care (e.g., assisting parents who are bed-ridden). Second, to complement the ongoing work of your Task Force on the Employment of Adults with Disabilities, we could introduce a tax credit of up to $5,000 for impairment-related work expenses incurred by disabled individuals. Third, we could announce support for offering private long-term care insurance to Federal employees, which would have virtually no costs and bipartisan support. The long-term care tax options cost a total of $4 billion over 5 years and $14 billion over 10 years, and would be fully funded by savings from postponing or modifying our budget revenue proposals, plus a few offsets that were in the Senate IRS bill, but that were not included in the final bill, or in your FY 1998 budget.

The timing of an announcement of a long-term care initiative in a modified tax package depends on a number of factors that will be discussed later in the memo.

BACKGROUND
This policy initiative is motivated by an interest to address long-term care and issues facing the chronically ill, particularly the elderly.

Unlike Social Security and Medicare, long-term care has received little attention. Republicans have begun to raise policy options (e.g., MSAs for long-term care in their Patient Protection Act), but not aggressively. Along with the lack of coverage of prescription drugs, the poor coverage of long-term care represents a major concern for the elderly and their families. Medicare pays for only a limited amount of long-term care, and private insurance even less -- only 10 percent of home health care and 5 percent of nursing home care. As a result, long-term care costs account for nearly half of all out-of-pocket health expenditures for Medicare beneficiaries.

Concern about long-term care costs is not limited to the elderly and people with disabilities. Their children, other relatives and friends provide a large amount of formal and informal long-term care. According to an HHS study that has not yet been released, one in three Americans voluntarily provide some unpaid informal care to an ill or disabled family member or friend. Over 90 percent of people with three or more limitations in activities of daily living (ADLs) living in the community receive some kind of informal care, most often from a spouse or relative. This means that middle-class families may find themselves caring both for their parents and their children.

A second motivation for this initiative is to make our targeted tax cut package include a more progressive, senior-focused tax option. Most people with long-term care needs have lower incomes. For example, the poverty rate for the elderly with two or more limitations in ADLs is twice as high as the rate for all elderly.

POLICIES
The proposed long-term care initiative would consist of three policies: two new tax credits plus offering quality private long-term care insurance to federal workers. Savings to pay for this initiative would come from new offsets and savings from postponing or modifying our existing tax cut proposals.

1. Long-term care tax credit
The centerpiece of the long-term care initiative would be a tax credit for people with long-term care needs or the families who house and care for such relatives. A $500, non-refundable credit would cost $3.9 billion over 5 years and $12.4 billion over 10 years (according to preliminary Treasury estimates) and would help a total of 3.4 million chronically ill individuals (described below). People with long-term care needs are defined as having two or more limitations in ADLs (bathing, dressing, eating, toileting, transferring and incontinence management) lasting for longer than six months or severe cognitive impairment, as certified by a doctor. Virtually all people who meet these criteria need some type of long-term care. The credit would be given on

the basis of illness rather than expenses because, otherwise, it would not help people who receive unpaid long-term care. For example, a wife who cares for her husband herself rather than paying someone to do it would not receive a credit if it were based on receipts for long-term care expenses. This approach is also easier to administer than alternatives. About 1.7 million chronically ill individuals would directly get this credit on their own tax returns.

Certain families with "dependents" with long-term care needs could also receive the credit. Under current law, adults can be claimed by tax filers as dependents if they are related, have very low income, and receive at least half of their support from the tax payer (among other criteria). Adult dependents are generally not required to file tax returns themselves. For the purpose of this credit, we would broaden the definition of a "dependent" to include a person who needs long-term care (described above), lives with the family member, and generally does not have any income tax liability. Because by definition they live in the community, dependents are rarely nursing home residents. Simply stated, this allows families (other than spouses) who house and care for relatives needing long-term care to apply for the credit on their behalf. This improves the ability of the credit to help people who do not have enough income to file tax returns, although it does not help the elderly with no tax liability living alone or outside of their relatives' homes. Another 1.7 million families would get the credit in this way.

Over half of the chronically ill individuals benefiting from this credit are elderly, since the need for long-term care increases with age. Preliminary conversations with aging advocates suggest that this tax credit would be well received. However, private long-term care insurers could oppose the credit for fear that it will decrease interest in insurance since people may think that the credit protects them against long-term care costs.

Key Issues
Should the credit be refundable? A large proportion of people with long-term care needs are low-income and do not have tax liability. Refundability could improve the effectiveness of this policy at reaching its target population.

Pro:
- An additional several hundred thousand people would benefit from the credit if it were refundable, and, for those with a low tax liability, they would get the full amount of the credit.

Cons:
- It adds complexity to the policy because it creates a need to exclude certain groups. A large number of non-filers with long-term care needs are already receiving assistance through SSI and Medicaid if in a nursing home. Because a refundable credit would count against their eligibility for these programs, it makes sense to exclude them from the credit. However, this would be difficult, administratively and politically.

- It could jeopardize the initiative. Although we have been successful in our support for

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the refundability of the E.I.T.C. despite the strong Republican opposition. adding another refundable credit could risk the passage of the initiative and potentially undermine support for existing refundable credits as well.

- This proposal, as a refundable credit, may not be administrable at acceptable levels of compliance and intrusiveness.

Should we give a larger credit to few people or a smaller credit to more people? If we make the definition of needing long-term care stricter (i.e., three or more ADL limitations as opposed to two), fewer people would be eligible but we could increase the credit amount within the budget constraints.

Pros:

- Raising the credit amount to $1,000 would make the amount more meaningful. For example, it is enough to purchase a few hours of respite care per week.

- Eligibility based on two or more limitations in ADLs could be more subject to fraud, since it is a less strict standard.

Con:

- Even with $500 credit and the broader definition of needing long-term care, the policy helps a subset of the people who need long-term care or their families. According to one estimate, about 50 million Americans provide some type of informal long-term care to family and friends.

- Because most people meeting the stricter definition (three plus limitations in ADLs) are ill enough to require institutionalization, even a $1,000 may be perceived as being too small relative to the larger costs incurred by these people and their family.

2. Tax credit for impairment-related work expenses for people with disabilities

To complement the work of the Task Force on Employment of Adults with Disabilities, people with disabilities could receive a new tax credit of up to $5,000 for their impairment-related work expenses. This credit could be used to offset expenses for personal care in the workplace, for example, which is often a pre-condition for leaving home for work. A similar credit was in the Health Security Act and a Republican "return-to-work" proposal this year. It costs about $500 million over 5 years, $1.2 billion over 10 years, and helps about 300,000.

Key Issue

Should this credit remain as part of the long-term care initiative or be saved for a separate announcement? Although this credit can be considered a long-term care policy, it also fits in the context of return-to-work policies for people with disabilities and could be announced by itself or in the State of the Union.

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Pro:

- Omission of a policy for people with disabilities within a long-term care initiative would be noticed. There is a heightened attention to disability issues both in Congress and the community, and especially close attention is being paid to Administration actions. Even the aging advocates support including people with disabilities to avoid this criticism.

Cons:

- The disability community seems happy with the Administration's work on the Jeffords-Kennedy legislation, so that an additional policy at this point may not be needed.

- Since we do not exclude people under age 65 from the long-term care tax credit, we would be helping people with more severe disabilities even if we dropped this specific credit. The overlap between the two credits, however, may be low.

<u>3. Offering private long-term care insurance to Federal workers</u>

The third piece of the initiative is the small but symbolic non-tax option to offer Federal employees and annuitants a range of high-quality private long-term care insurance policies. There would be no Federal contribution for this coverage, but Office of Personnel Management (OPM) would set standards for the plans and sort them into benefit classes (e.g., "core" policy plus several types of "enhanced" policies) to facilitate informed choice. A seriously flawed bill to allow a open-ended long-term care insurance option was introduced by Representative Mica (R-FL) last week. Democratic members of the Civil Service Subcommittee, plus some Republicans (e.g., Connie Morrella), have expressed interest in a substitute. Proposing an alternative would add to our series of policies for Federal workers that demonstrates our leadership as a responsible employer.

Key Issues. None on policy grounds, although it is not a tax policy like the others. However, your advisors recommend that we act on this as soon as possible to preempt the Republicans from claiming the policy.

<u>4. Offsets</u>

This long-term care initiative would cost about $4 billion over 5 years and $14 billion over 10 years. It could be offset by modifying our existing tax package and adding a few new policies. First, we would postpone the effective date of our proposed tax initiatives until January 1, 2000. Given the Year 2000 problem, we would probably have to do so regardless. Second, we would scale back the child and dependent care credit (make it a 40 percent credit as opposed to 50 percent and slow the phase-down). Third, we would add two new policies that were in the Senate IRS package, but weren't included in the final bill and that were in your FY 1998 budget. The first is to modify the Foreign Tax Credit carryover rules; the second is to reform the treatment of Foreign Oil and Gas Income and dual capacity taxpayers.

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Key Issues. None on policy grounds, although like any offsets. they are not universally liked.

RECOMMENDATIONS. Your advisors (Chief of Staff, Office of the Vice President, NEC, DPC, CEA, Legislative Affairs, Treasury and OMB) generally agree on all of the components of this long-term care initiative. On the issue of refundability of the long-term care tax credit, we recommend against it. In particular, NEC, DPC Treasury and Legislative Affairs fear that making the credit refundable could spur an overall attack against refundability and jeopardize the gains that we have made on the E.I.T.C. It does, however, leave us somewhat vulnerable to criticisms that it is regressive. We suggest responding to this concern by stating that we are willing to work with Congress to make this credit more progressive. There is also agreement choose a broader definition of eligibility (two plus limitations in ADLs) even though we would have to lower the credit to make it affordable. This could help broaden the base of support for the initiative. Finally, even though the credit for people with disabilities could be part of the long-term care package, we recommend making it a separate announcement. NEC/DPC think that this credit might be best announced in the State of the Union, since it is likely to be recommended by the Task Force's November report and such an announcement would be viewed as acting on that recommendation.

Long-term care tax credit:

- ______ Include refundable credit
- __✓__ Include non-refundable credit (RECOMMENDED)
- ______ Do not include in the package

Tax credit for impairment-related expenses for people with disabilities:

- ______ Include tax credit for people with disabilities
- __✓__ Do not include in the package (RECOMMENDED)

Offering private long-term care insurance to federal employees:

- __✓__ Include in package (RECOMMENDED)
- ______ Do not include in the package

____________ Discuss some or all options further

ISSUES RELATED TO THE TIMING OF AN ANNOUNCEMENT

Assuming that the long-term care initiative and modified tax cut package are acceptable on policy grounds, the next question is about timing of an announcement. The following outlines the pros and cons of announcing this initiative in August or early September.

Pros:

- **Secures ownership of the long-term care issue**. A strong, affirmative long-term care message would not only be popular amongst the elderly, people with disabilities and most advocacy groups, but it would probably be well received by validators who think that this is the great, untouched baby-boom issue. This could complement and affirm your leadership on major, societal issues facing the country in the next century.

- **Provides an alternative to private long-term care insurance and MSAs as the only solution to the problem.** In September, the Republicans will probably take up the Mica federal employees' private long-term care insurance proposal and the Senate Patient Bill of Rights legislation that expands MSAs to include long-term care expenses. The mainstream advocates are concerned about the singular focus on private long-term care insurance and MSAs, since they will not come close to covering the costs of long-term care. Even the insurance industry, in its most optimistic projections, does not foresee that private insurance will cover even half of long-term care costs in thirty years. However, in the absence of alternatives, some may feel some pressure to support the Republicans' proposals.

- **Confirms our support for responsible tax cuts**. Presenting a tax cut package with explicit offsets would reaffirm that we support tax cuts, so long as they are paid for. As such, it could complement our Save Social Security First message. These credits also are attractive alternatives to some of the Republican proposals, since they focus on the elderly and people with disabilities who have lower income.

Cons:

- **Could provide impetus for an unacceptable tax cut this year**. The proposal would come at a time when Congressional Democrats, especially in the House, see the Social Security First message as strong and simple. They would probably perceive a new tax package as clouding that message. Also, Gingrich has been musing about settling for a tax cut this year of $70 billion or even less, so that our announcement of a revised tax package of about $30 billion could be read as a sign that we are willing to deal with the Republicans on their tax package in September and make our rule of not using the surplus less clear as well. Finally, given that our revenue raising provisions are unpopular on the Hill, an announcement with an attractive set of options could increase the chances of a tax cut that taps the surplus.

- **Democrats may prefer marriage penalty regardless.** The new package could have somewhat limited value for Congressional Democrats because it does not include marriage penalty relief, which is their main concern.

- **May appear political and not receive the attention and validation that it deserves.** Since it is unusual to propose policies with budget implications outside of the State of the Union and Budget process, the timing of the announcement, rather than the substance of it, may be what the press focuses on.

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RECOMMENDATIONS. Your advisors generally do not recommend an August or early September announcement. The importance of this initiative to your overall policy agenda would probably be obscured by a media focused on the timing. Moreover, Republicans could seize on the announcement to generate momentum in September for their tax package or one that uses the surplus. It appears, at this point, that Democrats think that inaction on the tax front is a good outcome for them.

However, we think that ~~the question of timing should be revisited in mid-September~~. At that point, we will have a better sense of the potential ramifications of the announcement for Congress. We can also assess when and how we can make this announcement so it clearly gets the attention it deserves and puts you in a leadership role on this important issue.

______ Announce in August or early September

______ Revisit timing decision in mid-September (RECOMMENDED)

______ Discuss further

DRAFT: LONG-TERM CARE TAX OPTIONS

Goal: Provide tax credit to people with long-term care needs and their families who care for them

Issues: How to get credit to non-filers; do you give lower dollars to more people or higher dollars to fewer people

ELIGIBILITY	BROADENING DEFINITION OF "DEPENDENTS" *		REFUNDABLE	
	$500 CREDIT	**$1,000 CREDIT**	**$500 CREDIT**	**$1,000 CREDIT**
More Disabled: 3+ ADLs	People getting credit: 2.9 million (about half are tax payers with dependents)		People getting credit: 3.2 million	
	$3.7 billion / 5 $11.3 billion / 10	$6.8 billion / 5 $20.7 billion / 10	$5.1 billion / 5 $15.1 billion / 10	$9.6 billion / 5 $28.3 billion / 10
Less Disabled: 2+ ADLs	People getting credit: 3.7 million (about half are tax payers with dependents)		People getting credit: 4.1	
	$4.4 billion / 5 $13.2 billion / 10	$8.1 billion / 5 $24.7 billion / 10	$6.5 billion / 5 $19.1 billion / 10	$12.4 billion / 5 $36.5 billion / 10

NOTES

Most of these estimates <u>are not</u> Treasury numbers but extrapolated based on Treasury estimates

All options include the up to $5,000 credit for work-related impairment expenses. This credit helps 300,000 and costs $600 million over 5, about $1.8 billion over 10 years.

Treasury has strong concerns about refundable credits.

* This credit is partially refundable, meaning that if the filer has three or more dependents, then the credit is refundable.

Targeting Individuals with Significant Long-term Care Needs Through Tax System

The NEC and DPC have been working with Treasury and other agencies to develop policies that provide financial support to taxpayers with significant long-term care needs or their caregivers. There are currently two options under consideration. **All estimates are still rough and preliminary, pending the addition of new information on disabilities to the tax model.**

There are Two Options Currently Under Discussion

Option 1

Taxpayers would receive a $500 or $1,000 tax credit if they are incapacitated or have an incapacitated spouse or dependent. Because the proposed credit is envisioned as an expansion of the $500 child credit, it would be partially refundable for those with three or more qualifying individuals (including children under 17 and incapacitated taxpayers, spouses, and dependents), would mitigate the effects the AMT, and would begin to phase out at $110,000 ($75,000 if the taxpayer is unmarried).

This option would replace the current dependency support test with a residency test. In particular, taxpayers would not have to demonstrate that they provide over half a chronically ill individual's support if the individual meets the following three requirements: (I) the individual meets a relationship test; (ii) the individual lives with the taxpayer for over half the year (if the taxpayer's parent or child) or a full year otherwise; and (iii) the individual's gross income is below the income tax threshold (roughly the poverty level for a nonelderly person or 200 percent of poverty for an elderly person).

- With a maximum credit of $1,000, this option would cost roughly **$6.2 billion** through 2003 and **$18.9 billion** through 2008. It would benefit roughly **2.6 million** chronically ill individuals.

- Dropping the residency test but restoring the support test (and eliminating any gross income test) would lower the cost to **$5 billion** through 2003 and **$15 billion** through 2008 and would reduce the number of beneficiaries to **2.1 million.**

Option 2

Taxpayers could not claim individuals as dependents for the tax credit unless they met all the current law dependency tests (including the support test). However, the credit would be refundable.

- With a maximum credit of $1,000, this option would cost roughly **$9.0 billion** through 2003 and **$26.5 billion** through 2008 if both nursing home residents and SSI recipients were ineligible. It would benefit roughly **2.9 million** chronically ill individuals. The estimates assume that a system could be established to prevent SSI recipients from claiming the credit. But such a system does not currently exist and would likely require additional legislative changes and administrative costs to establish.

- Allowing nursing home residents, who are not on Medicaid, to claim the refundable credit would increase the costs to **$10 billion** through 2003 and **$30.5 billion** through 2008.

The Options Incorporate Several Policy Calls

- Our primary focus has been on the population with severe disabilities: they either need hands-on or stand-by assistance with 3 or more activities of daily living (ADLs) or have a severe cognitive impairment (including limitations with 1 or more ADLs or instrumental ADLs).

  -- Under option 1, reducing the ADL test to 2 limitations would cost **$7.5 billion** and aid **3.4 million** chronically ill individuals.

- Because of the difficulty in administering a credit that depends on the type of institution in which care occurs and the small cost saving that arise from excluding nursing home residents, the nonrefundable options do not restrict the population based on the location of care.

- The options include children under 17. Excluding this group would save roughly **$.7 billion** under options 1 and 2 through 2003.

Pros and Cons of Options 1 and 2

Option 1 Pros:

- Provides assistance to chronically ill taxpayers or their taxpaying caregivers.

- Modifying the support test recognizes that taxpayers who reside with chronically ill relatives are probably providing significant in-kind services, even though they may not be paying for their relatives' expenses. It also eliminates burdensome record-keeping in order to prove support.

- Modifying the support test is also based on a FY 1998 budget proposal to simplify dependency exemptions for children.

Cons for Option 1:

- Adds to complexity of tax system by creating new definition of dependency. Duplicate claims by confused taxpayers are likely.

- Provides no benefit to adult children who care for their parents but do not live with them or pay for most of their expenses.

- Non-dependent chronically ill individuals who live alone or with a spouse would not benefit from this option.

Pros for Option 2:

- Provides assistance to low-income, chronically ill families who do not pay taxes.

- Full refundability may be less complicated than other options (though for revenue reasons, this option restricts credit eligibility in other ways that may add to complexity). For example, a new definition of dependency would not be created only for purposes of this tax credit.

Cons for Option 2:

- Individuals would be eligible for a flat check of $1,000 even if they had zero income. This is different from the EITC which is phased-in as earned income increases. The IRS does not have experience administering a negative income tax, and the effects on compliance are not known.

  -- There are other key differences between the EITC and the proposed credit that may make the latter more difficult to administer. Since the EITC is based on wage income and wage income is subject to a well-established comprehensive independent reporting system, the IRS has procedures and experience in distinguishing between real and fraudulent claims. Further, most EITC claimants have a reason, other than the EITC, to file a tax return (for example, claiming a refund of overwithheld taxes). But if someone submitted a claim for the proposed credit with no income, a false physician's certificate, and a borrowed or stolen social security number for an elderly person who hasn't had to file a return in years, the IRS would have little independent information to determine that the claim was bogus before the money was paid out.

- Previous proposals to make credits refundable have led to Congressional counter-attacks on the earned income tax credit (EITC). The imminent release of new GAO report on EITC compliance problems may make the credit particularly vulnerable to attack at this time (even though the report is generally a rehash of old news).

- Adds new filers to tax system. Many elderly, disabled individuals who have no reason to file a tax return would be required to file in order to obtain the tax credit.

- Could become magnet to refund anticipation loan industry who charge high interest rates on loans to low-income populations anxious for their tax refund checks.

- Denying eligibility to nursing home residents (both private payors and Medicaid recipients) and SSI recipients will be administratively cumbersome (at best) and difficult to enforce.
  - -- IRS will not know if a chronically ill individual is at home or in a nursing home, unless an audit is initiated. But the IRS will generally not be able to identify a questionable return for audit based on the information reported on the tax return.
  - -- The IRS generally does not know who is receiving SSI or Medicaid, and the states must rely on the SSI or Medicaid beneficiary to report receipt of tax refunds. Enforcing a firewall between tax credit recipients and SSI and Medicaid beneficiaries will require, at a minimum, states to report information on SSI and Medicaid receipt in a timely fashion to the IRS so that it can be used during processing. This will probably require new funding for the necessary automation requirements and time.
- Nursing home residents who pay for their own care also incur significant costs, and it would be inequitable to deny them eligibility for the tax credit.

Payfors

The attached list gives some possible ways of paying for the long-term care proposal.

- The first three items are relatively noncontroversial and <u>not</u> included in the FY99 Budget. The first two were all included in the Senate's version of the IRS Restructuring legislation.
  - - The FTC item is supported in the Senate and anathema to Chairman Archer.

Several issues need to be noted with the **liquidating REIT** proposal.

- - There is an enormous baseline scoring difference between Treasury and the JCT on the liquidating REIT proposal. The JCT scores it as raising nearly $5 billion through 2003. Treasury scores it as raising roughly $500 million through 2003.
  - -- Using liquidating REITs as a payfor could possibly lead to the charge that under the President's scoring, the long-term care initiative is not fully paid for.
- - By next January, <u>both</u> the JCT and Treasury may score the liquidating REIT proposal as raising even more money than the current JCT estimate (because the erosion of the tax base caused by liquidating REITs will be fully reflected in the respective baselines).
  - -- Given Y2K and IRS Restructuring concerns, the long-term care initiative would have a 1/1/2000 effective date. If Congressional action on the proposal did not take place until next year, the baseline scoring difference between the JCT and Treasury would likely not exist.

Possible Revenue Offsets
[$ in millions]

		1998-2003	1998-2008
Modify Foreign Tax Credit carryover rules*	/1	1,925	3,391
Liquidating REITs (see attached discussion)	/1	4,900	8,600
Constructive ownership (Kennelly)*		150	300
	Subtotal	6,825	11,991
Superfund AMT tax*		3,800	5,000
Superfund excise tax*		3,600	5,000
10-cent tobacco excise tax (could be scaled down or up) +		7,500	15,000
	Subtotal	14,900	25,000

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* = JCT scoring
+ = rough guess
1. Used in the Senate's version of IRS Restructuring