CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

May 9, 2000

H.R. 2260
Pain Relief Promotion Act of 2000

As ordered reported by the Senate Committee on the Judiciary on April 27, 2000

SUMMARY

H.R. 2260 would increase an existing authorization of appropriations to the Health Resources and Services Administration (HRSA) for the purpose of making grants to public and private entities to educate and train health care professionals in palliative care. The act also would direct the Agency for Health Care Research and Quality (AHRQ) to develop a program to improve palliative care, and would prohibit the use of controlled substances for assisted suicide or euthanasia, regardless of any state law authorizing such activity.

Assuming appropriation of the necessary amounts, CBO estimates that implementing H.R. 2260 would result in additional discretionary spending of about $25 million over the 2000-2005 period. Enacting this legislation could affect direct spending and receipts, so pay-as-you-go procedures would apply; however, CBO estimates that the amounts involved would be less than $500,000 a year.

H.R. 2260 contains both an intergovernmental and a private-sector mandate as defined in the Unfunded Mandates Reform Act (UMRA). CBO estimates that the act would result in no costs to state, local, or tribal governments, so the threshold established in UMRA ($55 million in 2000, adjusted annually for inflation) would not be exceeded. CBO also estimates that the costs of the private-sector mandate would fall below the threshold established in UMRA ($109 million in 2000, adjusted annually for inflation).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 2260 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					
	2000	2001	2002	2003	2004	2005
CHANGES IN SPENDING SUBJECT TO APPROPRIATION[a]						
Estimated Authorization Level	7	7	7	2	2	2
Estimated Outlays	2	6	7	5	3	2

a. The bill could also affect direct spending and receipts, but CBO estimates any additional costs and receipts would be less than $500,000 annually.

BASIS OF ESTIMATE

For the purposes of this estimate, CBO assumes that the legislation will be enacted during fiscal year 2000, that the necessary amounts will be provided each year, and that outlays will follow historical spending rates for these activities.

Spending Subject to Appropriation

The estimated change in spending subject to appropriation has two components: (1) an increase in the existing authorization of HRSA grants for education and training of health care professionals, and (2) a new AHRQ research program aimed at improving the quality of care for terminally ill patients.

The existing HRSA grant program received an appropriation of $23 million for fiscal year 2000. This program is part of a larger HRSA activity which has a current authorization of such sums as necessary through fiscal year 2002. H.R. 2260 would increase the existing target level of $23 million a year (within that "such sums" authorization) by $5 million. The agency would use the additional funds to award grants to public and private entities to develop, implement, and evaluate education and training programs in palliative care.

H.R. 2260 would direct AHRQ to develop a research program to improve palliative care, mainly through the collection and dissemination of guidelines for providing such care. CBO estimates that implementing this provision would cost about $1 million in fiscal year 2000 and $2 million annually thereafter, assuming the appropriation of the necessary amounts. (The agency received an appropriation of $111.4 million for 2000.)

Direct Spending and Revenues

Violations of the act's provisions regarding the use of controlled substances to assist in suicide could face revocation of their license to prescribe controlled substances. Upon revocation of an individual's license, the Drug Enforcement Administration could seize any such substances in their possession. Thus, enacting H.R. 2260 could lead to the seizure of more assets and their forfeiture to the United States, but we estimate that any such increase would be less than $500,000 annually in value. Proceeds from the sale of any such assets would be deposited as revenues into the Assets Forfeiture Fund of the Department of Justice and spent from that fund, generally in the same year. Thus, the changes in direct spending from the Assets Forfeiture Fund would match any increase in revenues to that fund.

Violators of the act's provisions also could be subject to criminal fines, so the federal government might collect additional fines if H.R. 2260 is enacted. Collections of such fines are recorded in the budget as governmental receipts (revenues), which are deposited in the Crime Victims Fund and spent in subsequent years. CBO expects that any additional receipts and direct spending would be negligible.

PAY-AS-YOU-GO CONSIDERATIONS

The Balanced Budget and Emergency Deficit Control Act sets up pay-as-you-go procedures for legislation affecting direct spending or receipts. Enacting H.R. 2260 could affect both direct spending and receipts, but CBO estimates that any such effects would be less than $500,000 a year.

ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS

H.R. 2260 contains an intergovernmental mandate as defined in UMRA, but CBO estimates that complying with the mandate would impose no costs on state, local, or tribal governments, and thus would not exceed the threshold established in that act ($55 million in 2000, adjusted annually for inflation).

In October 1997, an Oregon law that legalized doctor-assisted suicide for terminally ill patients went into effect. Since that time, the interaction of the Controlled Substances Act with that state law has been controversial. As it currently stands, under both Oregon and federal law, it is acceptable for doctors in Oregon to use federally controlled substances for the purposes set forth in state law. H.R. 2260 would direct the Attorney General to give no force and effect to such a state law when determining whether the federal registration of a doctor under the Controlled Substances Act is consistent with the public interest. This would be a preemption of the Oregon “Death with Dignity Act” because it would limit the options available to doctors acting under that state law. Because the state would not be required to take any action, the preemption would have no cost. The act also would authorize $5 million for education and training in palliative care for health care professionals, many of whom are employed by state and local facilities.

ESTIMATED IMPACT ON THE PRIVATE SECTOR

H.R. 2260 would create a new private-sector mandate for physicians registered to prescribe or administer federally controlled substances by prohibiting the use of such substances in physician-assisted suicides. Under current law, medical practitioners who are licensed by the state must also register with the U.S. Attorney General through the Drug Enforcement Administration if they intend to dispense or prescribe controlled substances. The act would amend the Controlled Substances Act to require the Drug Enforcement Administration to treat the use of controlled substances for physician-assisted suicide as a violation of the act without regard for state law permitting the practice. Doctors who violate the prohibition would have to give up their stocks of controlled substances and would no longer be permitted to use controlled substances in their medical practice. The prohibition would affect doctors in Oregon, which is the only state that permits physician-assisted suicide. CBO estimates that the direct costs associated with the mandate would fall below the threshold in UMRA ($109 million in 2000, adjusted annually for inflation).

PREVIOUS CBO ESTIMATE

On September 24, 1999, CBO transmitted a cost estimate for H.R. 2260, as ordered reported by the House Committee on the Judiciary on September 14, 1999. On October 18, 1999, CBO transmitted a cost estimate for H.R. 2260, as ordered reported by the House Committee on Commerce on October 13, 1999. The three versions of the legislation are similar and the cost estimates are nearly identical.

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