



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

August 14, 2015

**H.R. 1725
National All Schedules Prescription Electronic Reporting
Reauthorization Act of 2015**

As ordered reported by the House Committee on Energy and Commerce on July 29, 2015

SUMMARY

H.R. 1725 would reauthorize funding for grants to states and territories to establish, improve, or maintain an electronic database system for monitoring the dispensing of controlled substances. Under current law, most states operate such systems and receive funding from a variety of sources to maintain or improve those systems. The bill also would require the Secretary of Health and Human Services to monitor the states' efforts to achieve interoperability of the database systems for the purpose of sharing information with bordering states and with other systems such as those for electronic health records.

The bill would authorize the appropriation of \$10 million a year for fiscal years 2016 through 2020. Assuming appropriation of those amounts, CBO estimates that implementing H.R. 1725 would cost \$43 million over the 2016-2020 period. Enacting H.R. 1725 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1725 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary effects of H.R. 1725 are shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2016- 2020
	2016	2017	2018	2019	2020	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	10	10	10	10	10	50
Estimated Outlays	4	9	10	10	10	43

BASIS OF ESTIMATE

For this estimate, CBO assumes that H.R. 1725 will be enacted near the start of fiscal year 2016, that the Congress will appropriate the authorized amounts for each year, and that spending will follow historical patterns for the authorized program.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1725 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. The bill would authorize funding for grants to states to monitor the distribution of controlled substances and to notify authorities when they suspect that controlled substances are being imported, dispensed, or used. Any costs incurred for complying with those conditions for receiving federal funds would be incurred voluntarily.

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