



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

May 9, 2016

**H.R. 3680
Co-Prescribing to Reduce Overdoses Act of 2015**

As ordered reported by the House Committee on Energy and Commerce on April 28, 2016

SUMMARY

H.R. 3680 would authorize the Secretary of Health and Human Services (HHS) to establish a grant program to provide funds to eligible entities to develop guidelines and to provide resources for prescribing drugs that reverse opioid overdoses. The bill also would authorize the Secretary of HHS to provide information to prescribers and health care facilities of the Indian Health Service on best practices for prescribing certain drugs to patients with an elevated risk of opioid use disorders. Additionally, H.R. 3680 would reduce amounts authorized to be appropriated for certain existing activities related to bioterrorism and public health emergencies by the Centers for Disease Control and Prevention (CDC). Assuming appropriation actions consistent with the bill, CBO estimates that implementing H.R. 3680 would reduce net discretionary costs by \$1 million over the 2017-2021 period.

Pay-as-you-go procedures do not apply because enacting H.R. 3680 would not affect direct spending or revenues. CBO estimates that enacting H.R. 3680 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 3680 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary effect of H.R. 3680 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2017- 2021
	2017	2018	2019	2020	2021	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Health and Human Services						
Authorization Level	1	1	1	1	1	5
Estimated Outlays	*	1	1	1	1	4
Centers for Disease Control and Prevention						
Authorization Level	0	-5	0	0	0	-5
Estimated Outlays	0	-2	-2	-1	*	-5
Total Changes						
Authorization Level	1	-4	1	1	1	0
Estimated Outlays	*	-1	-1	*	1	-1

Notes: * = between -\$500,000 and \$500,000; details may not add to totals because of rounding.

BASIS OF ESTIMATE

For this estimate, CBO assumes that H.R. 3680 will be enacted near the end of fiscal year 2016 and that spending will follow historical patterns for similar programs.

Health and Human Services

The bill would require the Secretary of HHS to award grants to states to develop guidelines for prescribing drugs that help reverse opioid overdoses and to other eligible entities to establish and support programs for prescribing such drugs. The bill would authorize the appropriation of \$5 million over the 2017-2021 period for those purposes. Assuming availability of appropriated funds, CBO estimates that implementing the grant program would cost of \$4 million over the 2017-2021 period.

Centers for Disease Control and Prevention

Under current law, an authorization of appropriation of \$138 million exists for 2018 for CDC activities related to bioterrorism and public health emergencies. H.R. 3680 would reduce the authorized amount by \$5 million in 2018. Assuming future appropriations are reduced accordingly, CBO estimates that implementing this provision would result in \$5 million less in discretionary outlays for those activities over 2017-2021 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting H.R. 3680 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 3680 contains no intergovernmental or private-sector mandates as defined in UMRA. Any costs incurred by states or local governments that apply for grants authorized by the bill would be incurred voluntarily as a condition of federal assistance.

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