



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

April 3, 2018

H.R. 1876
Good Samaritan Health Professionals Act of 2017

*As ordered reported by the House Committee on Energy and Commerce
on February 14, 2018*

H.R. 1876 would limit the liability of health care professionals who volunteer in response to a disaster or public health emergency. CBO estimates that implementing the legislation would result in no significant costs to the federal government.

Enacting H.R. 1876 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 1876 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 1876 would impose an intergovernmental mandate as defined in the Unfunded Mandates Reform Act (UMRA) by preempting state liability laws in some circumstances. Specifically, the bill would exempt health care professionals from liability under state tort laws if they are voluntarily providing their services during a disaster. Although the preemption would limit the application of state laws, it would impose no duty on states that would result in additional spending or loss of revenues.

H.R. 1876 would impose a private-sector mandate, as defined in UMRA, on individuals who otherwise might file claims by eliminating their right to seek compensation for injury. The direct cost of the mandate would be the forgone net value of awards and settlements in such claims. CBO has no information on the number of such lawsuits or related awards and therefore has no basis for predicting the level of potential foregone damage awards. Thus CBO cannot estimate whether the cost of the mandate would exceed the annual threshold established in UMRA for private-sector mandates (\$156 million in 2017, adjusted annually for inflation).

The CBO staff contacts for this estimate are Zach Byrum and Emily King. The estimate was approved by Leo Lex, Deputy Assistant Director for Budget Analysis.