

**CBO's Estimate of the Statutory Pay-As-You-Go Effects of H.R. 2281, the Easy Medication Access and Treatment for Opioid Addiction Act, as Ordered Reported by the House Committee on Energy and Commerce on September 9, 2020**

	By Fiscal Year, Millions of Dollars										2021-2025	2021-2030
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030		
	<b>Net Decrease in the On-Budget Deficit</b>											
Pay-As-You-Go Effects	-7	-8	-8	-9	-9	-10	-10	-11	-11	-11	-41	<b>-94</b>
<b>Memorandum:</b>												
Decreases in Outlays (-)	-7	-8	-8	-8	-9	-9	-9	-10	-10	-11	-40	<b>-89</b>
Increases in Revenues	0	0	1	1	1	1	1	1	1	1	2	<b>5</b>

The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays and revenues that are subject to those procedures are shown here.

Staff Contact: Kate Young

Estimates relative to CBO's March 2020 baseline. Components may not sum to totals because of rounding.

H.R. 2281 would direct the Attorney General to revise regulations that permit practitioners who are not registered to conduct a narcotic treatment program to administer a narcotic for withdrawal. The revision would allow those practitioners to provide a three-day supply of a narcotic rather than a one-day supply for three days.

Based on discussion with outside experts, CBO expects the bill would predominately affect the provision of buprenorphine/naloxone in emergency departments. Although CBO expects that the bill would lead to an increase in the amount of buprenorphine/naloxone provided, it also expects a decrease in the number of emergency room visits. The estimated net effect of these changes would be to reduce the deficit by \$94 million over the 2021-2030 period.

Enacting the bill also would increase off-budget revenues by \$2 million because of estimated changes in Social Security revenues.