

Preliminary Estimate

June 20, 2018

Estimated direct spending and revenue effects of H.R. 6, the SUPPORT for Patients and Communities Act, Rules Committee Print 115-76 as Amended by Rules Committee Print 115-78

Millions of dollars, by fiscal year

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2018-2023	2018-2028
INCREASES OR DECREASES (-) IN DIRECT SPENDING OUTLAYS													
TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS													
101. At-Risk Youth Medicaid Protection	0	*	5	5	5	10	10	10	10	10	10	25	75
102. Health Insurance for Former Foster Youth	0	0	0	0	0	*	10	21	33	46	61	*	171
103. Demonstration to increase substance use provider capacity under the Medicaid program	0	13	35	58	67	63	9	2	3	3	3	236	256
104. Drug management program for at-risk beneficiaries	0	*	-1	-1	-1	-1	-2	-2	-2	-2	-2	-4	-13
105. Medicaid drug review and utilization	0	*	*	1	1	1	1	1	1	1	1	2	5
107. Medicaid health homes for opioid-use-disorder Medicaid enrollees	0	94	58	62	56	52	48	43	38	32	25	323	509
TITLE II—MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS													
201. Authority not to apply certain Medicare telehealth requirements in the case of certain treatment of a substance use disorder or co-occurring mental health disorder	0	2	*	*	*	1	1	1	2	2	2	4	11
202. Encouraging the use of non-opioid analgesics for the management of post-surgical pain	0	0	0	0	10	20	15	25	30	35	45	30	180
203. Requiring a review of current opioid prescriptions for chronic pain and screening for opioid use disorder to be included in the Welcome to Medicare initial preventive physical examination	0	0	*	1	1	1	1	1	1	1	1	2	5
204. Modification of payment for certain outpatient surgical services	0	0	30	30	25	20	3	0	0	0	0	105	108
205. Requiring e-prescribing for coverage of covered part D controlled substances (a)	0	0	0	-24	-35	-33	-30	-33	-32	-31	-32	-92	-250
206. Requiring PDPs under Medicare to establish drug management programs for at-risk beneficiaries (a)	0	0	0	-6	-7	-7	-7	-8	-8	-9	-10	-19	-60
207. Medicare coverage of certain services furnished by opioid treatment programs (b)	0	0	0	15	20	25	30	35	40	40	45	60	250
TITLE III—OTHER HEALTH PROVISIONS TO ADDRESS THE OPIOID CRISIS													
303. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders (b, c)	0	1	4	7	48	57	55	56	56	56	54	117	395

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													2018-	2018-
Millions of dollars, by fiscal year	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2023	2028	
TITLE IV—OFFSETS														
401. Promoting value in Medicaid managed care	0	0	0	-144	-359	-305	-254	-339	-365	-390	-420	-807	-2,575	
402. Extending period of application of Medicare secondary payer rules for individuals with ESRD (c)	0	0	-27	-37	-38	-38	-39	-40	-41	-42	-43	-140	-344	
403. Requiring reporting by group health plans of prescription drug coverage information for purposes of identifying primary payer situations under the Medicare program	0	0	-5	-5	-5	-5	-5	-5	-5	-5	-5	-20	-45	
TITLE V—OTHER MEDICAID PROVISIONS														
5042. Medicaid providers are required to note experiences in record systems to help in-need patients	0	*	*	*	*	*	*	*	*	*	*	*	*	
TITLE VI—OTHER MEDICARE PROVISIONS														
6042. Opioid use disorder treatment demonstration program	0	0	0	15	26	24	23	15	4	*	*	66	107	
6052. Grants to provide technical assistance to outlier prescribers of opioids	0	8	19	38	8	4	0	0	0	0	0	75	75	
6062. Electronic prior authorization for covered Part D drugs	0	0	0	*	*	*	*	*	*	*	*	*	*	
6064. Expanding eligibility for medication therapy management programs under Part D	0	0	0	*	*	*	*	*	*	*	*	*	*	
6083. Expanding access under the Medicare program to addiction treatment in FQHCs and RHCs	0	2	4	2	0	0	0	0	0	0	0	8	8	
6102. Suspension of payments by Medicare PDPs and MA-PDPs pending investigations of credible allegations of fraud by pharmacies	0	0	-1	-1	-1	-1	-1	-1	-1	-1	-1	-4	-9	
TITLE VIII—MISCELLANEOUS														
8003. Mandatory advance electronic information for postal shipments (off-budget) (d)	0	3	3	3	3	3	3	3	3	3	3	15	30	
Total, Changes in On-Budget Direct Spending Outlays	0	121	122	16	-179	-112	-133	-218	-237	-255	-266	-32	-1,141	
Total, Changes in Unified-Budget Direct Spending	0	124	125	19	-176	-109	-130	-215	-234	-252	-263	-17	-1,111	

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Millions of dollars, by fiscal year	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2018-2023	2018-2028
INCREASES OR DECREASES (-) IN REVENUES^e													
303. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders (b, c)													
On-budget	0	*	*	-1	-6	-9	-9	-9	-10	-11	-11	-16	-66
Off-budget	0	*	*	*	-2	-3	-3	-4	-4	-4	-4	-6	-25
402. Extending period of application of Medicare secondary payer rules for individuals with ESRD (c)													
On-budget	0	0	-3	-5	-6	-6	-6	-6	-7	-7	-8	-20	-54
Off-budget	0	0	-1	-2	-2	-2	-2	-2	-2	-3	-3	-8	-20
7101– Stop Counterfeit Drugs by Regulating and 7106. Enhancing Enforcement Now Act													
On-budget	0	*	*	*	*	*	*	*	*	*	*	*	*
Off-budget	0	0	0	0	0	0	0	0	0	0	0	0	0
7191– Stop Illicit Drug Importation Act 7194.													
On-budget	0	*	*	*	*	*	*	*	*	*	*	*	*
Off-budget	0	0	0	0	0	0	0	0	0	0	0	0	0
Total, Changes in On-Budget Revenues	0	*	-3	-6	-11	-14	-15	-15	-17	-18	-18	-35	-119
Total, Changes in Unified-Budget Revenues	0	*	-5	-9	-16	-20	-21	-21	-23	-24	-25	-50	-164

NET INCREASE OR DECREASE (-) IN DEFICITS FROM REVENUE AND DIRECT SPENDING

Changes in On-Budget Deficits	0	121	126	22	-167	-98	-118	-203	-220	-237	-248	3	-1,022
Total, Changes in Unified-Budget Deficits	0	124	130	28	-160	-89	-109	-194	-211	-228	-239	33	-947

Source: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Notes: Components may not add to totals because of rounding.

Medicare provisions include interactions with MA payments, the effect on Medicare Part A and B premiums, and TRICARE.

* = between -\$500,000 and \$500,000.

- (a) This estimate incorporates interactions between Sections 205 and 206. The effect of those interactions is reflected in the estimate for Section 206.
- (b) This estimate incorporates interactions between Sections 207 and 303. The effect of those interactions is reflected in the estimate for Section 207.
- (c) Proposal would affect both direct spending and revenues, which are shown separately.
- (d) Section 8003 of the legislation would require the U.S. Postal Service (USPS), by the end of calendar year 2018, to provide to Customs and Border Protection certain detailed information for all mail shipments from the People’s Republic of China. Enacting the bill could result in a loss of postal revenue if Chinese customers decline to provide the required information. In fiscal year 2017, USPS collected about \$2.7 billion in revenue for about 1 billion pieces of international mail. Information about the share of these totals from China is unavailable. However, if 10 percent of revenue comes from China, then the legislation could affect about \$270 million of annual postal revenue. If 1 percent of Chinese mailers opt not to send mail as a result of this provision, then USPS could lose roughly \$3 million in revenue per year. Annual loss of revenue would be higher if more Chinese customers decline to send mail through the Postal Service.
- (e) For revenues, positive numbers indicate a decrease in the deficit and negative numbers indicate an increase in the deficit.

ESRD = End-stage renal disease; FDA = Food and Drug Administration; FQHC = Federally qualified health center; GAO = Government Accountability Office; MA = Medicare Advantage; PDP = Prescription drug plan; RHC = Rural health clinic; TRICARE = The health plan operated by the Department of Defense.