



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

July 11, 2018

S. 2680 **Opioid Crisis Response Act of 2018**

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on May 7, 2018*

SUMMARY

S. 2680 would authorize appropriations totaling an estimated \$7.9 billion, for the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of the Secretary of the Department of Health and Human Services (HHS), Administration for Children and Families, and other agencies within HHS for programs to address the opioid epidemic in the United States. The bill also would make related changes to those agencies' programs.

In addition, S. 2680 contains provisions that would:

- Authorize appropriations totaling \$500 million over the 2019-2023 period for the Department of Labor to establish a grant program to alleviate the economic and workforce effects of opioid abuse,
- Authorize appropriations totaling \$1.5 billion over the 2019-2021 period for grants to states and Indian tribes to respond to the opioid abuse crisis, and
- Direct the Food and Drug Administration (FDA) to modify and strengthen its oversight of opioids and other controlled substances and medications that are used to manage pain.

CBO estimates that implementing the legislation would cost \$7.1 billion over the 2019-2023 period, assuming the appropriation of authorized and necessary amounts.

Enacting S. 2680 would not affect direct spending, but CBO estimates that it would affect revenues; therefore, pay-as-you-go procedures apply. However, CBO projects that any effect on revenues over the 2019-2028 period would total less than \$500,000.

CBO estimates that enacting S. 2680 would not increase net direct spending and not significantly increase on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

Title III of S. 2680 would impose a private-sector mandate as defined in the Unfunded Mandates Reform Act (UMRA) by permitting the Secretary of HHS to require drug developers and manufacturers to implement new drug-packaging and disposal systems. Because the effect of the new regulations on the regulated entities is uncertain, CBO cannot determine whether the aggregate cost of those requirements would exceed the annual threshold for private-sector mandates established in UMRA (\$160 million in 2018, adjusted annually for inflation).

The bill would not impose intergovernmental mandates as defined in UMRA.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The effects of the legislation (shown in Table 1) fall primarily within budget functions 500 (education, training, employment, and social services) and 550 (health).

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 2680 will be enacted late in 2018 and that authorized and estimated amounts will be appropriated each year. Outlay estimates are based on historical spending patterns for affected programs.

Spending Subject to Appropriation

S. 2680 would authorize funding and modify programs, primarily within HHS, to address the opioid epidemic in the United States and to reduce the effects of substance abuse on the public health and welfare. CBO estimates that implementing S. 2680 would cost \$7.1 billion over the 2019-2023 period, assuming appropriation of authorized and estimated amounts. Of that total, \$4.8 billion would be spent from specifically authorized amounts. CBO estimated other authorization amounts using information from affected government agencies.

TABLE 1. BUDGETARY EFFECTS OF S. 2680, THE OPIOID CRISIS RESPONSE ACT OF 2018

	By Fiscal Year, in Millions of Dollars						
	2018	2019	2020	2021	2022	2023	2019-2023
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Department of Health and Human Services							
Centers for Disease Control and Prevention							
Estimated Authorization Level	0	576	579	580	588	589	2,911
Estimated Outlays	0	213	487	553	571	581	2,406
Substance Abuse and Mental Health Services Administration ^a							
Estimated Authorization Level	0	671	673	674	188	238	2,446
Estimated Outlays	0	216	565	646	512	282	2,220
Office of the Secretary							
Estimated Authorization Level	0	411	410	409	409	409	2,048
Estimated Outlays	0	133	344	393	405	409	1,684
Administration for Children and Families							
Authorization Level	0	60	60	60	60	60	300
Estimated Outlays	0	6	21	36	48	60	171
Other HHS Programs							
Estimated Authorization Level	0	37	37	37	37	37	185
Estimated Outlays	0	18	30	36	36	36	157
Subtotal							
Estimated Authorization Level	0	1,756	1,758	1,761	1,283	1,333	7,890
Estimated Outlays	0	585	1,448	1,664	1,572	1,368	6,638
Department of Labor							
Authorization Level	0	100	100	100	100	100	500
Estimated Outlays	0	62	89	96	97	98	442
Other Agencies							
Estimated Authorization Level	0	*	*	*	*	*	*
Estimated Outlays	0	*	*	*	*	*	*
Total Increases							
Estimated Authorization Level	0	1,856	1,858	1,861	1,383	1,433	8,390
Estimated Outlays	0	647	1,537	1,760	1,669	1,466	7,080

Continued

TABLE 1. Continued

	By Fiscal Year, in Millions of Dollars						
	2018	2019	2020	2021	2022	2023	2019- 2023
CHANGES IN REVENUES							
Estimated Revenues	0	*	*	*	*	*	*

Components may not sum to totals because of rounding.

HHS = Department of Health and Human Services; * = between -\$500,000 and \$500,000.

a. Reflects estimated spending for funds authorized under section 101 for grants to states to respond to the opioid crisis.

Assuming appropriation action consistent with the bill, CBO estimates that over the 2019-2023 period:

- Provisions administered by CDC would cost \$2.4 billion,
- Provisions administered by SAMHSA would cost \$2.2 billion,
- Provisions implemented by the Office of the Secretary of HHS would cost \$1.7 billion,
- Provisions administered by the Administration for Children and Families would cost \$171 million,
- Provisions affecting discretionary spending by other HHS programs would cost \$157 million,
- Provisions administered by the Department of Labor would cost \$442 million, and
- Provisions affecting discretionary spending by other federal agencies would cost less than \$500,000.

Table 2 provide more detail on spending subject to appropriation by title.

TABLE 2. AUTHORIZATIONS OF APPROPRIATIONS IN S. 2680, THE OPIOID CRISIS RESPONSE ACT OF 2018

	By Fiscal Year, in Millions of Dollars						2019- 2023
	2018	2019	2020	2021	2022	2023	
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Title I, Reauthorization of Cures Funding							
State Response to the Opioid Abuse Crisis							
Authorization Level	0	500	500	500	0	0	1,500
Estimated Outlays	0	160	420	480	335	80	1,475
Title II, Research and Innovation							
Advancing Research Opportunities at the National Institutes of Health							
Estimated Authorization Level	0	2	3	3	3	3	13
Estimated Outlays	0	1	2	2	3	3	10
Title III, Medical Products and Controlled Substances Safety							
First Responder Training ^a							
Authorization Level	0	24	24	24	36	36	144
Estimated Outlays	0	8	20	23	28	34	113
Expand the FDA's Regulatory Authority							
Estimated Authorization Level	0	4	4	4	4	4	21
Estimated Outlays	0	3	4	4	4	4	20
Other Provisions							
Estimated Authorization Level	0	*	*	0	0	0	*
Estimated Outlays	0	*	*	0	0	0	*
Subtotal, Title III							
Estimated Authorization Level	0	28	28	28	40	40	165
Estimated Outlays	0	11	24	27	32	38	133

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TABLE 2. Continued

	By Fiscal Year, in Millions of Dollars						2019- 2023
	2018	2019	2020	2021	2022	2023	
Title IV, Treatment and Recovery							
Supporting Coordination and Continuation of Care for Drug Overdose Patients							
Authorization Level	0	400	400	400	400	400	2,000
Estimated Outlays	0	128	336	384	396	400	1,644
Addressing Economic and Workforce Effects of the Opioid Crisis							
Authorization Level	0	100	100	100	100	100	500
Estimated Outlays	0	62	89	96	97	98	442
Plans of Safe Care							
Authorization Level	0	60	60	60	60	60	300
Estimated Outlays	0	6	21	36	48	60	171
SAMHSA-Administered Programs							
Estimated Authorization Level	0	68	68	68	69	69	343
Estimated Outlays	0	23	57	65	68	69	281
Loan Repayment for Substance-Use-Disorder Treatment Providers							
Authorization Level	0	25	25	25	25	25	125
Estimated Outlays	0	12	21	24	25	25	106
Other Provisions							
Estimated Authorization Level	0	9	9	9	9	9	45
Estimated Outlays	0	3	8	9	9	9	37
Subtotal, Title IV							
Estimated Authorization Level	0	663	663	663	663	663	3,313
Estimated Outlays	0	234	532	614	642	660	2,682

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TABLE 2. Continued

	By Fiscal Year, in Millions of Dollars						2019- 2023
	2018	2019	2020	2021	2022	2023	
Title V, Prevention							
Preventing Controlled-Substances Overdoses							
Authorization Level	0	486	486	486	486	486	2,430
Estimated Outlays	0	180	410	465	476	481	2,012
Improving Trauma Support Services and Mental Health in Educational Settings							
Estimated Authorization Level	0	73	73	75	77	78	377
Estimated Outlays	0	23	62	71	75	77	308
Prenatal and Postnatal Health							
Estimated Authorization Level	0	46	48	50	51	52	247
Estimated Outlays	0	17	40	46	49	51	202
Surveillance and Education Regarding Certain Types of Infection							
Authorization Level	0	40	40	40	40	40	200
Estimated Outlays	0	15	34	38	39	40	166
National Child Traumatic Stress Initiative ^b							
Authorization Level	0	7	7	7	7	54	82
Estimated Outlays	0	2	6	7	7	22	44
NASPER Act Reauthorization ^c							
Authorization Level	0	0	0	0	10	10	20
Estimated Outlays	0	0	0	0	4	8	12
Other Provisions							
Estimated Authorization Level	0	10	10	10	6	6	42
Estimated Outlays	0	5	8	9	8	6	36
Subtotal, Title IV							
Estimated Authorization Level	0	662	665	667	677	727	3,397
Estimated Outlays	0	242	559	636	657	685	2,780
Total							
Estimated Authorization Level	0	1,856	1,858	1,861	1,383	1,433	8,390
Estimated Outlays	0	647	1,537	1,760	1,669	1,466	7,080

Continued

TABLE 2. Continued

Components may not sum to totals because of rounding.

FDA = Food and Drug Administration; NASPER = National All Schedules Prescription Electronic Reporting; SAMHSA = Substance Abuse and Mental Health Services Administration; * = between zero and \$500,000.

- a. Current law provides an annual authorization of appropriation of \$12 million for first responder training over the 2017-2021 period. S. 2680 would authorize an annual appropriation of \$36 million for the 2019-2023 period. Amounts shown reflect additional annual funding of \$24 million under S. 2680 for the 2019-2021 period.
 - b. Current law provides an annual authorization of appropriations of about \$47 million for the National Child Traumatic Stress Initiative over the 2018-2022 period. S. 2680 would authorize an annual appropriation of about \$54 million for the 2019-2023 period. Amounts shown reflect additional annual funding of about \$7 million under S. 2680 for the 2019-2022 period.
 - c. Current law provides an annual authorization of appropriation of \$10 million for programs established under the NASPER Act through 2021. S. 2680 would authorize the appropriation of \$10 million for such programs through 2026.
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Title I, Reauthorization of Cures Funding. Title I would reauthorize a grant program under the 21st Century Cures Act to help states address the opioid crisis. Section 101 would authorize the appropriation of \$500 million annually for 2019 through 2021 and extend the program to Indian tribes. It also would require the Secretary of HHS to provide technical assistance to state agencies and Indian tribes for those grants and to report annually to the Congress on grant activities. CBO estimates that implementing title I would cost \$1.5 billion over the 2019-2023 period, assuming the availability of appropriated funds.

Title II, Research and Innovation. Title II of S. 2680 would expand the scope of activities eligible for funding through the National Institutes of Health to include research on responses to public health threats. CBO anticipates that such a change would result in additional funding of research on substance abuse and the opioid epidemic beyond what is awarded under current law. CBO estimates that expanding the scope of research would increase the amounts awarded by roughly \$2 million to \$3 million annually over the 2019-2023 period, and that implementing title II would cost \$10 million over the 2019-2023 period.

Title III, Medical Products and Controlled Substances Safety. Title III of S. 2680 would extend and increase the authorizations of appropriations for a SAMHSA-administered grant program for training first responders, expand the FDA's regulatory authority over controlled substances, and require the Government Accountability Office to conduct certain studies. CBO estimates that implementing title III would cost \$133 million over the 2019-2023 period, assuming appropriation of the authorized and estimated amounts.

First Responder Training. Section 306 would authorize the annual appropriation of \$36 million over the 2019-2023 period for a grant program to train first responders to respond opioid overdoses. Current law provides annual authorizations of appropriations of \$12 million for 2017 through 2021 for such program; S. 2680 would provide additional funding of \$24 million per year for 2019 through 2021. CBO estimates that implementing section 306 would cost \$113 million over the 2019-2023 period.

Expand the FDA's Regulatory Authority. Title III of S. 2680 would direct the FDA to coordinate efforts with U.S. Customs and Border Protection (CBP) to prohibit the entry of illegal drugs into the United States and would require the FDA to make new investments in facilities and technology. It also would expand the FDA's authority to restrict the importation of certain other drugs. In addition, the legislation would require the FDA to convene a public meeting and produce guidance to help address the challenges of developing nonaddictive medical products for treating pain and addiction. CBO estimates that implementing provisions relating to the FDA's regulatory authority would cost \$20 million over the 2019-2023 period; assuming appropriation of the necessary funds, spending would be as follows:

- \$10 million under section 303 for operating costs and expenses necessary to improve the FDA's ability to identify illegal drug imports and to enhance coordination with CBP at international mail facilities,
- \$8 million under section 305 for personnel costs and related expenses to support enhanced FDA authority to restrict entry into the United States of certain packages that contain controlled substances, and
- \$2 million under section 301 for administrative costs associated with conducting a public meeting and with producing guidance documents for industry.

Other Provisions. Other provisions of title III would require the Government Accountability Office to study the use and disposal of controlled substances in the homes of hospice patients and to assess access to and potential diversion of injected or implanted controlled substances. CBO estimates that implementing those provisions would cost less than \$500,000 over the 2019-2023 period.

Title IV, Treatment and Recovery. Title IV of S. 2680 would establish a variety of programs through HHS and the Department of Labor to focus on substance abuse treatment and recovery. CBO estimates that implementing title IV would cost \$2.7 billion over the 2019-2023 period, assuming appropriation of the authorized and estimated amounts.

Supporting Coordination and Continuation of Care for Drug Overdose Patients. Section 402 of title IV would direct the Secretary of HHS to develop best practices for

the treatment of drug overdose survivors and establish a grant program to fund medical care and peer support for them. Grants would be awarded to state alcohol or drug agencies or certain health care providers, with preference given to projects in states where there are high death rates from drug overdose and certain types of hospitals located in rural areas.

Using data provided by HHS, CBO estimated both the number of states with higher than average overdose rates and the number of preferred health care providers that would be eligible for grants under section 402. It also analyzed average grant amounts made by SAMHSA for opioid research programs authorized under the Comprehensive Addiction and Recovery Act of 2016. Using that information, CBO estimates that about 400 grantees annually would receive about \$1 million each, on average. Based on historical spending patterns for similar activities, CBO estimates that implementing section 402 would cost \$1.6 billion over the 2019-2023 period, assuming appropriation of the necessary funds.

Addressing Economic and Workforce Effects of the Opioid Crisis. Section 410 would direct the Department of Labor to make grants to workforce agencies or tribal entities in the states, U.S. territories, and the District of Columbia, to address the economic and workforce effects associated with high rates of substance use disorders. Such activities include employment and training services and outpatient treatment and recovery for workers affected by the opioid crisis. The legislation would authorize the appropriation of \$100 million each year for fiscal years 2019 through 2023. CBO estimates that implementing that provision would cost \$442 million over the 2019-2023 period.

Plans of Safe Care. The legislation would authorize the appropriation of \$60 million annually over the 2019-2023 period for state grants administered by the Administration for Children and Families to help health care and child welfare entities develop and implement plans of safe care. A plan of safe care addresses the needs of an infant affected by substance abuse, including the needs of family or caregivers, to ensure their safety and well-being after the infant has been released from the care of health providers. Under current law, states run monitoring programs to assess whether local entities are providing appropriate services in accordance with the plans of safe care. CBO estimates that the cost of the grant program would be \$171 million over the 2019-2023 period.

SAMHSA-Administered Programs. Title IV contains several provisions that would expand SAMHSA's efforts to help individuals, families, and communities affected by the opioid epidemic. The legislation would direct the agency to provide grants; establish technical assistance centers; and publish best practices on substance abuse prevention, treatment, and recovery. CBO estimates that implementing those provisions would cost \$281 million over the 2019-2023 period; assuming appropriation of the authorized and necessary funds, spending would be as follows:

- \$124 million to reauthorize a grant program for residential treatment of pregnant and postpartum women and their children that includes health care, mental health services, and substance abuse counseling. (The bill would authorize an annual appropriation of \$30 million for the 2019-2023 period);
- \$66 million to establish an initiative to support substance abuse prevention, treatment, and recovery services for children, adolescents, and young adults;
- \$41 million to administer a new grant program to support comprehensive opioid recovery centers. (The bill would authorize an annual appropriation of \$10 million for the 2019-2023 period);
- \$29 million to establish a technical assistance center to provide training and other resources to organizations that offer peer support services related to substance abuse disorders;
- \$21 million to reauthorize a grant program to support recovery community organizations. (The bill would authorize an annual appropriation of \$5 million for the 2019-2023 period); and
- \$1 million for developing educational materials and implementing recommendations on pain management for pregnant women.

Loan Repayment for Substance-Use-Disorder Treatment Providers. S. 2680 would expand eligibility for the loan repayment program operated by the National Health Service Corps to include substance abuse counselors. The legislation would authorize the appropriation of \$25 million each year for the 2019-2023 period to fund loan repayment contracts. CBO estimates that implementing the provision would cost about \$106 million over the 2019-2023 period.

Other Provisions. Title IV of S. 2680 contains provisions that would require the Secretary of HHS to offer technical assistance to providers concerning pain management, make grants to certain hospitals for curricula development, and disseminate information related to opioid use and treatment. Taken together, CBO estimates, implementing those provisions would cost \$37 million over the 2019-2023 period; assuming appropriation of authorized and necessary funds, spending would be as follows:

- \$21 million to provide technical assistance (directly or through grants and contracts with public and private entities) to hospitals and other acute care facilities concerning alternatives to opioids for pain management. (The bill would authorize an annual appropriation of \$5 million for the 2019-2023 period);

- \$16 million to provide grants to accredited teaching hospitals and schools of allopathic or osteopathic medicine to support the development of curricula related to the treatment of substance use disorders. (The bill would authorize an annual appropriation of \$4 million for the 2019-2023 period), and
- \$1 million to produce a report on opioid use disorder during pregnancy and to develop and disseminate best practices and minimum standards for operating recovery housing (shared housing that incorporates peer support and services that promote recovery from substance use disorders).

Title V, Prevention. Title V of the bill would expand HHS programs to provide trauma support services, other interventions, and data collection and monitoring programs aimed at preventing substance abuse and treating mental health disorders. CBO estimates that implementing such provisions would cost \$2.8 billion over the 2019-2023 period, assuming appropriation of the authorized and estimated amounts.

Preventing Controlled-Substance Overdoses. Section 504 would allow CDC to expand data collection and analyses of controlled substances overdoses and provide technical assistance to states for those activities. Section 505 would allow CDC to expand programs for prescription drug monitoring and provide technical assistance and grants to states. The bill would authorize an annual appropriation of \$486 million for both sections and, CBO estimates, would cost \$2.0 billion over the 2019-2023 period.

Improving Trauma Support Services and Mental Health in Educational Settings. Section 514 of the bill would establish a grant program to facilitate student access to trauma support services. Based on spending patterns for similar programs, CBO estimates that implementation would cost about \$308 million over the 2019-2023 period.

Prenatal and Postnatal Health. Section 511 would require CDC to collect additional information—including family health histories and demographic data—and report on tobacco, alcohol, and substance abuse and among pregnant women. Based on funding for similar programs, CBO estimates that implementing section 511 would cost about \$202 million over the 2019-2023 period, assuming appropriation of the necessary funds.

Surveillance and Education Regarding Certain Types of Infection. Section 512 would allow CDC to provide education about and to perform surveillance of infections associated with illicit drug use. The bill would authorize an annual appropriation of \$40 million for fiscal years 2019 through 2023 and, CBO estimates, would cost \$166 million over the 2019-2023 period.

National Child Traumatic Stress Initiative. Section 515 of the bill would authorize the appropriation of about \$54 million each year over the 2019-2023 period for the National Child Traumatic Stress Initiative, a grant program aimed at developing treatments for

children and adolescents who have experienced trauma. Current law provides annual authorizations of appropriations of \$47 million for the 2018-2022 period. S. 2680 would provide additional funding of \$7 million annually for 2019 through 2022. CBO estimates that the reauthorization would cost \$44 million over the 2019-2023 period.

NASPER (National All Schedules Prescription Electronic Reporting) Act Reauthorization. Section 507 would reauthorize a provision of the NASPER Act that provides funding to monitor controlled-substances in each state. S. 2680 would authorize the appropriation of \$10 million annually over the 2022-2026 period. CBO estimates that implementation would cost \$12 million over the 2019-2023 period with additional outlays occurring after 2023.

Other Provisions. Other provisions of title V would direct the Secretary of HHS to collect data, conduct research, and educate the public about opioid abuse, including issues related to childhood trauma. CBO estimates that implementing those provisions would cost \$36 million over the 2019-2023 period; assuming appropriation of the necessary funds, spending would be as follows:

- \$21 million to award grants or enter into cooperative agreements and contracts administered by the Health Resources and Services Administration with health professions schools, hospice programs, and other public and private entities to support education and training of health care professionals in pain management;
- \$9 million to monitor and collect data about trauma in children, youth, and adults through the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and other relevant public health surveys;
- \$4 million for education and awareness campaigns;
- \$1 million to create a task force on best practices for medical, social, and educational support services for children and their families who have experienced, or are at risk of experiencing, trauma; and
- \$1 million for the Secretary of HHS to study limits on prescribing opioids and to develop best practices for how health care providers should use and maintain medical records related to opioid use disorder while also preserving privacy.

REVENUES

Section 305 would expand the FDA's authority to transfer packages offered for import and found to be in violation of the Controlled Substances Act, the Controlled Substances Import and Export Act, and the Federal Food, Drug, and Cosmetic Act (FDCA). The bill

would allow the FDA to transfer to CBP any packages that appear similar to packages found to be in violation. That action could reduce amounts collected in customs duties if the legislation resulted in fewer imports. CBO estimates that the provision would reduce revenues by less than \$500,000 over the 2018-2028 period.

The legislation also would subject more people to debarment under the FDCA for committing certain acts prohibited by federal law, thus increasing the potential for violations, and subsequently, the assessment of civil penalties. (Such penalties are recorded in the budget as revenues.) People newly subject to debarment would be prevented from importing products in the future, thus potentially reducing amounts collected from customs duties. CBO estimates that all of those effects would total less than \$500,000 over the 2018-2028 period.

In total, CBO estimates, enacting S. 2680 would not have a significant effect on revenues over the 2019-2028 period.

PAY-AS-YOU-GO CONSIDERATIONS

The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The changes in revenues that are subject to pay-as-you-go procedures are shown in Table 3.

TABLE 3. CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR S. 2680, AS REPORTED BY THE SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS ON MAY 7, 2018

	By Fiscal Year, in Millions of Dollars													
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2018-2023	2018-2028	
NET CHANGE IN THE DEFICIT														
Statutory Pay-As-You-Go Effect	0	0	0	0	0	0	0	0	0	0	0	0	0	0

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting S. 2680 would not increase net direct spending and not significantly increase on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

MANDATES

Title III of S. 2680 would impose a private-sector mandate as defined in UMRA by permitting the Secretary of HHS to require drug developers and manufacturers to implement new drug-packaging and disposal systems as part of a strategy to evaluate and mitigate risk. CBO expects that the Secretary would use the new regulatory authority to require such systems; however, CBO is uncertain about how and when those requirements would be implemented. Consequently, CBO cannot determine whether the aggregate cost of the requirements would exceed the annual threshold for private-sector mandates established in UMRA (\$160 million in 2018, adjusted annually for inflation).

The bill would not impose intergovernmental mandates as defined in UMRA.

PREVIOUS CBO ESTIMATES

On June 6, 2018, CBO issued estimates for other opioid-related legislation:

- Estimates for 59 bills as ordered reported by the House Committee on Energy and Commerce on May 9 and 17, 2018; and
- Estimates for 7 bills as ordered reported by the House Committee on Ways and Means on May 16, 2018.

Some of those bills contain provisions that are similar or identical to provisions in S. 2680. For those provisions, CBO's estimates are the same. Any differences among the cost estimates are attributable to differences in the provisions.

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