

At a Glance

Energy and Commerce Health Care Legislation

On September 9, 2020, the House Committee on Energy and Commerce ordered 25 bills related to federal health care programs and services to be reported; some of those bills have since been passed by the House of Representatives. This single, comprehensive document provides estimates for each piece of legislation.

Pay-as-you-go procedures would apply to six bills that would affect direct spending or revenues, and thus the deficit. Nineteen would increase spending (outlays), subject to appropriation. Two contain private-sector mandates. None of the bills would increase on-budget deficits in any of the four consecutive 10-year periods beginning in 2031. Detailed estimates are shown on the following pages.

Bill	Net Increase or Decrease (-) in the Deficit Over the 2021-2030 Period (\$ in Millions)	Changes in Spending Subject to Appropriation Over the 2021-2025 Period (Outlays, \$ in Millions)	Mandate Effects?
H.R. 945	1,130	0	
H.R. 2564	51	0	
H.R. 8158	634	0	
H.R. 1379	1,956	0	Yes, Private Sector
H.R. 2281	101	-8	
H.R. 3797	*	3	
H.R. 4078	0	35	
H.R. 4764	0	220	
H.R. 5855	0	28	
H.R. 3131	0	8	
H.R. 7948	0	758	
H.R. 2466	0	5,246	
H.R. 2519	0	58	
H.R. 4861	0	19	
H.R. 1109	0	465	
H.R. 5469	0	3,064	
H.R. 5572	0	20	
H.R. 2075	0	198	
H.R. 3539	0	115	
H.R. 7293	0	1	
H.R. 4439	0	12	
H.R. 8134	0	16	Yes, Private Sector
H.R. 8128	0	5	
H.R. 8121	0	2	
H.R. 4499	0	0	

* = between zero and \$500,000.



Summary

On September 9, 2020, the House Committee on Energy and Commerce ordered 25 bills related to federal health care programs and services to be reported. This document provides estimates for each piece of legislation.

Generally, the legislation would:

- Appropriate funds for seven new grant programs in various federal agencies and appropriate funds for new educational campaigns and research related to breast health in young women;
- Reauthorize four federal grant or health programs;
- Establish requirements for the Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration, group and nongroup health insurance plans, education institutions, and the Consumer Product Safety Commission (CPSC);
- Clarify the authority of the National Institute on Minority Health and Health Disparities; and
- Impose private-sector mandates on group and nongroup health insurance plans and on importers based in the United States.

Basis of Estimate

For this estimate, CBO assumes that each bill will be enacted before the end of calendar year 2020 and that appropriations will be provided beginning in fiscal year 2021. Estimated outlays are based on historical spending patterns for affected programs. The estimated budgetary effects of this legislation fall within budget functions 550 (health) and 570 (Medicare).

Direct Spending

Table 1 lists the six bills that would affect direct spending or revenues.



**Table 1.
Estimated Budgetary Effects of Energy and Commerce Health Care Legislation
From the Mark-Up of September 9, 2020**

	By Fiscal Year, Millions of Dollars										2021-2025	2021-2030
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030		
Increases and Decreases (-) in Direct Spending and Decreases in Revenues												
Legislation Primarily Affecting Medicare												
<i>H.R. 945, Mental Health Access Improvement Act of 2019</i>												
Estimated Budget Authority	0	0	80	120	135	140	150	165	160	180	335	1,130
Estimated Outlays	0	0	80	120	135	140	150	165	160	180	335	1,130
<i>H.R. 2564, Medicare Enrollment Protection Act</i>												
Estimated Budget Authority	0	0	3	5	6	6	7	7	8	8	15	51
Estimated Outlays	0	0	3	5	6	6	7	7	8	8	15	51
<i>H.R. 8158, to amend title XVIII of the Social Security Act to waive budget neutrality for oxygen under the Medicare program, and for other purposes</i>												
Estimated Budget Authority	21	65	73	55	51	58	65	77	77	92	265	634
Estimated Outlays	21	65	73	55	51	58	65	77	77	92	265	634
Legislation Affecting Other Programs												
<i>H.R. 1379, Ensuring Lasting Smiles Act</i>												
Estimated Budget Authority	0	16	23	24	25	25	26	27	27	28	88	221
Estimated Outlays	0	16	23	24	25	25	26	27	27	28	88	221
Estimated On-Budget Revenues	0	-80	-115	-120	-125	-144	-156	-163	-171	-178	-440	-1252
Estimated Off-Budget Revenues	0	-34	-49	-51	-53	-55	-57	-59	-61	-64	-187	-483
Net Increase in the Deficit	0	130	187	195	203	224	239	249	259	270	715	1,956

(Continued)



**Table 1.
Estimated Budgetary Effects of Energy and Commerce Health Care Legislation
From the Mark-Up of September 9, 2020**

	By Fiscal Year, Millions of Dollars										2021-2025	2021-2030
	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030		
Increases and Decreases (-) in Direct Spending and Decreases in Revenues												
<i>H.R. 2281, Easy MAT for Opioid Addiction Act^a</i>												
Estimated Budget Authority	-7	-8	-8	-8	-9	-9	-9	-10	-10	-11	-40	-89
Estimated Outlays	-7	-8	-8	-8	-9	-9	-9	-10	-10	-11	-40	-89
Estimated On-Budget Revenues	*	1	1	1	1	1	1	1	1	1	4	9
Estimated Off-Budget Revenues	*	*	*	*	*	*	*	*	*	*	1	2
Net Increase in the Deficit	-7	-9	-9	-9	-10	-10	-10	-11	-11	-12	-45	-101
<i>H.R. 3797, Medical Marijuana Research Act^a</i>												
Estimated Budget Authority	*	*	*	*	*	*	*	*	*	*	*	*
Estimated Outlays	*	*	*	*	*	*	*	*	*	*	*	*

Components may not sum to totals because of rounding. Unless noted in table, the bills contain no revenue effects; * = between zero and \$500,000.

a. If enacted, this legislation also would affect spending subject to appropriation; see Table 3.

Legislation Primarily Affecting Medicare. Three bills would affect direct spending for the Medicare program.

H.R. 945, the Mental Health Access Improvement Act of 2019, would expand the scope of mental health services provided under Medicare. The bill would expand Medicare coverage, beginning in 2023, to include services delivered by qualifying marriage and family therapists and mental health counselors for the diagnosis and treatment of mental illnesses. CBO expects that by covering services provided by those clinicians, Medicare would pay for more visits. Based on historical trends and projections for such spending, CBO estimates that implementing H.R. 945 would increase direct spending by \$1.1 billion over the 2023-2030 period.

H.R. 2564, the Medicare Enrollment Protection Act, would create, beginning in 2023, a special Medicare enrollment period for people enrolled in, or transitioning out of, continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (often referred to as COBRA). Under current law, people enrolled in continuation coverage who



decide to enroll in Medicare after they reach age 65 must wait until the next general enrollment period, which runs from January through March of each year. People who enroll during that period must wait until July 1 of the same year for Medicare Part B coverage to begin; they also are subject to late-enrollment penalties. Under H.R. 2564, the new special enrollment procedures would accelerate when Medicare begins to cover services for those beneficiaries. The bill also would exempt those people from Medicare's late-enrollment penalty. CBO estimates that implementing H.R. 2564 would increase direct spending by \$51 million over the 2023-2030 period.

H.R. 8158, a bill to amend title XVIII of the Social Security Act to waive budget neutrality for oxygen under the Medicare program, and for other purposes, would affect Medicare payments for oxygen and oxygen equipment. Under current law, when a new product for supplying oxygen to patients is added to Medicare's list of approved durable medical equipment, the resulting benefit must be added in a budget-neutral manner—the Centers for Medicare & Medicaid Services must adjust its payments for other products to offset any increase. H.R. 8158 would permanently waive the budget neutrality requirement. Using information about similar adjustments and about past and projected spending for oxygen and oxygen equipment, CBO estimates that removing the budget neutrality requirement under this bill would increase direct spending by \$634 million over the 2021-2030 period.

Other Legislation With Direct Spending and Revenue Effects. Two bills would affect federal subsidies for health insurance. A third bill would affect fees collected by the Drug Enforcement Agency.

H.R. 1379, the Ensuring Lasting Smiles Act, would require group and nongroup health insurance plans to cover diagnosis and treatment of congenital anomalies (birth defects). CBO estimates that insurers in both the group and the nongroup insurance markets would increase premiums to newly cover such treatments. The premium increase would be incorporated into plan rates beginning in 2022, the first year insurers would be able to do so. Higher premiums for private health insurance would increase federal deficits because the federal government subsidizes most private insurance through tax preferences for employment-based coverage and through the health insurance marketplaces established by the Affordable Care Act. CBO estimates that the bill would reduce revenues by about \$1.7 billion and increase direct spending by \$221 million for a total effect on the deficit of about \$1.9 billion over the 2022-2030 period.

H.R. 2281, the Easy MAT for Opioid Addiction Act, would direct the Attorney General to revise regulations that permit practitioners to administer a narcotic to treat withdrawal reactions even though the practitioner is not registered to conduct a narcotic treatment program. The revision would allow such practitioners to provide a three-day supply of a narcotic rather than a one-day supply for three days. Using information from outside experts,



CBO expects that the bill would predominantly affect the administration of buprenorphine and naloxone by emergency personnel. CBO expects that the bill would lead to an increase in provision of those drugs but also to a decrease in the number of visits to hospital emergency departments. CBO estimates that implementing H.R. 2281 would reduce direct spending by \$89 million and increase revenues by \$12 million over the 2021-2030 period. (If enacted, H.R. 2281 also would affect spending subject to appropriation; see Table 3.)

H.R. 3797, the Medical Marijuana Research Act, would change the Drug Enforcement Agency's oversight of marijuana research under the Controlled Substances Act. CBO expects that those changes would increase the number of entities registered with the agency's Diversion Control Program to conduct marijuana research or to manufacture and distribute marijuana. The program is funded by registration fees, which are treated in the budget as reductions in direct spending and spent without further appropriation. CBO estimates that the net effect on direct spending stemming from the new fees and spending would be negligible each year. Provisions of the bill that would be subject to appropriation are shown in Table 3.

Spending Subject to Appropriation

For this document, CBO has grouped bills with spending that would be subject to appropriation into three general categories:

- Bills that would have no budgetary effect,
- Bills with provisions that would authorize specified amounts to be appropriated (see Table 2), and
- Bills with provisions for which CBO has estimated an authorization of appropriations (see Table 3).

No Budgetary Effect. CBO estimates that one of the 25 pieces of legislation would have no effect on direct spending, revenues, or spending subject to appropriation.

H.R. 4499, the NIMHD Research Endowment Revitalization Act of 2019, clarifies that the National Institute on Minority Health and Health Disparities has the authority to facilitate research through endowments at current and former centers of excellence. Because those provisions would affect criteria for funding eligibility for academic institutions, but not modify funding amounts, CBO estimates that enacting the bill would have no budgetary effect.

Specified Authorizations. Table 2 lists the 11 bills that would authorize specified amounts to be appropriated over the 2021-2025 period. Spending from those authorized amounts would be subject to appropriation.



**Table 2.
Estimated Increases in Spending Subject to Appropriation for Bills With Specified Authorizations**

	By Fiscal Year, Millions of Dollars					2021-2025
	2021	2022	2023	2024	2025	
H.R. 4078, EARLY Act Reauthorization of 2019						
Authorization	9	9	9	9	9	36
Estimated Outlays	6	8	9	9	3	35
H.R. 4764, TRANSPLANT Act of 2019						
Authorization	53	53	53	53	53	265
Estimated Outlays	16	49	51	52	52	220
H.R. 5855, Bipartisan Solution to Cyclical Violence Act of 2020						
Authorization	10	10	10	0	0	30
Estimated Outlays	1	5	9	9	4	28
H.R. 3131, South Asian Heart Health Awareness and Research Act of 2020						
Authorization	2	2	2	2	0	8
Estimated Outlays	*	2	2	2	2	8
H.R. 7948, Tribal Health Data Improvement Act of 2020						
Authorization	185	185	185	185	185	925
Estimated Outlays	67	152	176	180	183	758
H.R. 2466, State Opioid Response Grant Authorization Act						
Authorization	1,000	1,500	1,500	1,500	1,500	7,000
Estimated Outlays	188	888	1,250	1,430	1,490	5,246
H.R. 2519, Improving Mental Health Access From the Emergency Department Act of 2019						
Authorization	15	15	15	15	15	75
Estimated Outlays	3	11	14	15	15	58
H.R. 4861, Effective Suicide Screening and Assessment in the Emergency Department Act of 2019						
Authorization	20	0	0	0	0	20
Estimated Outlays	1	4	5	5	4	19
H.R. 1109, Mental Health Services for Students Act						
Authorization	130	130	130	130	0	520
Estimated Outlays	24	99	117	127	0	465
H.R. 5469, Pursuing Equity in Mental Health Act of 2019						
Authorization	805	805	805	805	805	4,025
Estimated Outlays	160	558	754	788	804	3,064
H.R. 5572, Family Support Services for Addiction Act of 2020						
Authorization	5	5	5	5	5	25
Estimated Outlays	1	4	5	5	5	20

Components may not sum to totals because of rounding; * = between zero and \$500,000.

H.R. 4078, the EARLY Act Reauthorization of 2019, would increase authorized funds for education campaigns and research related to breast health in young women. The bill would authorize the appropriation of \$9 million for each fiscal year from 2021 to 2024 for the



Centers for Disease Control and Prevention to finance those activities. From 2015 to 2019, about \$5 million was authorized to be appropriated for those activities each year. Based on historical spending patterns, CBO estimates that the bill would cost \$35 million over the 2021-2025 period.

H.R. 4764, the TRANSPLANT Act of 2019, would reauthorize the National Cord Blood Inventory and the C.W. Bill Young Cell Transplantation Program. Those activities support efforts to collect and store umbilical cord blood and to conduct research on and facilitate transplants of bone marrow and the use of umbilical cord blood. In 2020, more than \$47 million was appropriated for those purposes. Over the 2021-2025 period, the legislation would authorize the appropriation of \$23 million and \$30 million each year for the National Cord Blood Inventory and the C.W. Bill Young Cell Transplantation Program, respectively. CBO estimates that implementing the legislation would cost \$220 million over the 2021-2025 period, assuming appropriation of the authorized amounts.

H.R. 5855, the Bipartisan Solution to Cyclical Violence Act of 2020, would establish a grant program for trauma centers to initiate or expand violence intervention or prevention programs and would authorize \$10 million per year over the 2021-2023 period for that purpose. Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 5855 would cost \$28 million over the 2020-2025 period.

H.R. 3131, the South Asian Heart Health Awareness and Research Act of 2020, would authorize appropriations for research grants to promote awareness of cardiovascular disease, focused on disproportionately affected communities such as South Asian communities. The legislation also would direct the Public Health Service to establish an Internet clearinghouse to catalog heart research and treatment options for those communities and to report to the Congress each year. The legislation would authorize \$2 million per year over the 2021-2024 period. CBO estimates that implementing H.R. 3131 would cost \$8 million over the 2021-2025 period. Such spending would be subject to appropriation.

H.R. 7948, the Tribal Health Data Improvement Act of 2020, would expand data sharing and cooperation between the federal government and Indian tribes and tribal organizations. Section 2 would require the Secretary of Health and Human Services to ensure that certain health care data are collected and reported for individual tribes. Section 3 would expand cooperation between the Centers for Disease Control and Prevention's National Center for Health Statistics and Indian tribes and tribal organizations. Section 3 also would authorize \$185 million annually for that center for the 2021-2025 period. Based on historical spending patterns, CBO estimates H.R. 7948 would cost \$758 million over the 2021-2025 period; such spending would be subject to appropriation.

H.R. 2466, the State Opioid Response Grant Authorization Act, would reauthorize and expand a grant program for states and Indian tribes to respond to substance use disorders and



require reporting to the Congress on that program. H.R. 2466 would authorize \$1.5 billion for each fiscal year between 2020 and 2026. Under current law, that program has an authorization of \$500 million for FY 2021. The bill would also require HHS to report to the Congress. Based on historical spending patterns for similar activities, CBO estimates that H.R. 2466 would cost \$5.2 billion over the 2021-2025 period.

H.R. 2519, the Improving Mental Health Access from the Emergency Department Act of 2019, would fund a grant program for health providers to establish innovative approaches for follow-on care for patients who experience an acute mental health episode and seek treatment in a hospital emergency department. The bill would authorize \$15 million annually over the 2021-2025 period. Based on historical spending patterns for similar activities, CBO estimates that H.R. 2519 would cost \$58 million over the 2021-2025 period.

H.R. 4861, the Effective Suicide Screening and Assessment in the Emergency Department Act of 2019, would establish a grant program for hospital emergency departments to improve the identification, assessment, and treatment of patients who are at risk of suicide and authorize the appropriation of \$20 million each year for the period of 2020-2024. Based on historical spending patterns for similar activities, CBO estimates that H.R. 4861 would cost \$19 million over the 2021-2025 period.

H.R. 1109, the Mental Health Services for Students Act, would establish a grant program for school-based mental health services for children dealing with traumatic experiences, grief, bereavement, and risk of suicide. It would authorize \$130 million annually over the 2021-2024 period. Based on historical spending patterns for similar activities, CBO estimates that H.R. 1109 would cost \$465 million over the 2021-2025 period.

H.R. 5469, the Pursuing Equity in Mental Health Act of 2019, would authorize the appropriation of \$55 million annually over the 2021-2025 period for HHS to award grants from an integrated health care demonstration program. The program would focus on developing and implementing outreach and education concerning behavioral health treatment among racial and ethnic minority groups. The bill also would reauthorize the Minority Health Fellowship Program and authorize the appropriation of \$750 million annually in additional funding for the National Institutes of Health for the 2021-2025 period (including \$100 million annually for the National Center on Minority Health and Health Disparities). Based on historical spending patterns for similar activities, CBO estimates that H.R. 5469 would cost \$3 billion over the 2021-2025 period. The remaining amounts would be spent in years after 2025.

H.R. 5572, the Family Support Services for Addiction Act of 2020, would establish a grant program for community organizations to support people with substance use disorders and their families. It would authorize the appropriation of \$5 million for each fiscal year from



2021 through 2025. Based on historical spending patterns for similar activities, CBO estimates that H.R. 5572 would cost \$20 million over the 2021-2025 period.

Estimated Authorizations. Table 3 shows CBO’s estimates of the appropriations that would be necessary to implement 9 of the 25 bills in this estimate. All spending would be subject to appropriation.

**Table 3.
Estimated Spending, Subject to Appropriation, for Bills With Estimated Authorizations**

	By Fiscal Year, Millions of Dollars					2021-2025
	2021	2022	2023	2024	2025	
H.R. 2075, School-Based Health Centers Reauthorization Act of 2019						
Estimated Authorization	0	50	50	50	0	200
Estimated Outlays	30	48	50	50	20	198
H.R. 2281, Easy MAT for Opioid Addiction Act^a						
Estimated Authorization	-1	-2	-2	-2	-2	-9
Estimated Outlays	*	-2	-2	-2	-2	-8
H.R. 3539, Behavioral Intervention Guidelines Act of 2019						
Estimated Authorization	30	30	30	30	30	150
Estimated Outlays	6	23	27	29	30	115
H.R. 7293, STANDUP Act of 2020						
Estimated Authorization	1	0	0	0	0	1
Estimated Outlays	1	*	*	*	*	1
H.R. 4439, Creating Hope Reauthorization Act						
Estimated Authorization	2	2	2	5	2	13
Estimated Outlays	1	2	2	4	3	12
H.R. 8134, Consumer Product Safety Inspection Enhancement Act						
Estimated Authorization	2	3	4	4	3	16
Estimated Outlays	2	3	4	4	3	16
H.R. 8128, Consumer Safety Technology Act						
Estimated Authorization	2	1	1	1	*	5
Estimated Outlays	2	1	1	1	*	5
H.R. 8121, Pandemic Effects on Home Safety and Tourism Act						
Estimated Authorization	2	*	0	0	0	2
Estimated Outlays	2	*	0	0	0	2
H.R. 3797, Medical Marijuana Research Act^a						
Estimated Authorization	*	1	1	1	1	3
Estimated Outlays	*	1	1	1	1	3

Components may not sum to totals because of rounding; * = between -\$500,000 and \$500,000.

a. If enacted, this legislation also would affect direct spending; see Table 1.



H.R. 2075, the School-Based Health Centers Reauthorization Act of 2019, would reauthorize a grant program for School-Based Health Centers and would authorize such sums as may be necessary each year for the 2019-2024 period. In 2013, \$50 million was appropriated for a similar program. Assuming appropriation of similar amounts each year, CBO estimates that H.R. 2075 would cost \$198 million over the 2020-2025 period; the remaining amounts would be spent in years after 2025.

H.R. 2281, the Easy MAT for Opioid Addiction Act, would direct the Attorney General to revise regulations that permit practitioners to administer a narcotic to treat withdrawal reactions even though a practitioner is not registered to conduct a narcotic treatment program. The revision would allow such practitioners to provide a three-day supply of a narcotic rather than a one-day supply for three days. Using information from outside experts, CBO expects that the bill would predominantly affect the administration of buprenorphine by emergency personnel. CBO expects that the bill would lead to an increase in provision of those drugs but also to a decrease in the number of visits to hospital emergency departments. CBO estimates that implementing H.R. 2281 would reduce the number of visits to emergency rooms for a subsequent administration of buprenorphine and thus reduce spending subject to appropriation by \$8 million over the 2021-2025 period. (If enacted, H.R. 2281 also would affect direct spending; see Table 1).

H.R. 3539, the Behavioral Intervention Guidelines Act of 2019, would require the Substance Abuse and Mental Health Services Administration to develop and update best practices for behavioral health interventions in elementary schools, secondary schools, and postsecondary institutions and to develop a list of providers for training in threat assessments. Based on information provided by the agency and historical spending patterns for similar activities, CBO estimates that H.R. 3539 would cost \$115 million over the 2021-2025 period.

H.R. 7293, the STANDUP Act of 2020, would require educational agencies receiving funds under section 520A of title V of the Public Health Services Act to establish school-based student suicide awareness programs. It also would require the Secretary of HHS and the Secretary of Education to publish policies and make training available for those programs. In addition, the Secretary of HHS, in consultation with the Secretary of Education and the Bureau of Indian Education, would be required to publish best practices and guidance for training in suicide awareness and prevention. Based on information provided by the agency and historical spending patterns for similar activities, CBO estimates that H.R. 7293 would cost \$1 million over the 2021-2025 period.

H.R. 4439, the Creating Hope Reauthorization Act, would reauthorize an incentive program administered by the Food and Drug Administration that awards priority review vouchers to companies for obtaining approval for drugs and biologics that target rare pediatric diseases. Such vouchers allow a recipient to receive expedited review of a future drug application.



CBO estimates that implementing H.R. 4439 would require additional agency staff (on average, eight additional staff each year) to award such vouchers and would cost \$12 million over the 2021-2025 period, assuming appropriation of the necessary amounts.

H.R. 8134, the Consumer Product Safety Inspection Enhancement Act, would direct the Consumer Product Safety Commission to enhance targeting, surveillance, and screening of consumer products entering the United States at ports of entry; prioritize shipments from China through coordination with U.S. Customs and Border Protection; and file certificates of compliance electronically. The act also would require the CPSC to examine shipments at a representative sample of ports of entry; report to the Congress within 18 months on the commission's plans, metrics, and resource needs; and hire 16 additional full-time employees annually for port safety until the staffing requirements that the CPSC identifies are sustained. On the basis of information provided by the commission, CBO estimates that implementing H.R. 8134 would cost \$16 million over the 2021-2025 period.

H.R. 8128, the Consumer Safety Technology Act, would direct the CPSC to establish a pilot program to use artificial intelligence for at least one specified agency function related to tracking consumer product safety and to report to the Congress on findings and data derived from the program. The legislation also would require the Department of Commerce to study and report to the Congress on current and potential uses of blockchain technology in commerce and on potential benefits of blockchain technology for limiting fraud. It would require the Federal Trade Commission to report annually on efforts to prevent unfair or deceptive acts or practices relating to digital tokens. Based on information from the CPSC and on the cost of similar studies, CBO estimates that implementing H.R. 8128 would cost \$5 million over the 2021-2025 period.

H.R. 8121, the Pandemic Effects on Home Safety and Tourism Act, would require the CPSC to study and report to the Congress every three months, through the end of the public health emergency, on injuries and deaths associated with consumer products related to the coronavirus pandemic. The Department of Commerce would be directed to study and report to Congress on the pandemic's effects on domestic travel and tourism. Based on information from CPSC and on the cost of similar activities, CBO estimates that implementing H.R. 8121 would cost \$2 million over the 2021-2025 period.

H.R. 3797, Medical Marijuana Research Act of 2019, would require HHS to issue guidance and oversee authorized marijuana manufacturers and researchers. It also would require HHS to expedite applications for medical research, ensure the continued supply of marijuana for researchers through the National Institute of Drug Abuse's Drug Supply Program, and prohibit HHS from reinstating additional review protocols for marijuana research. Finally, the bill would direct HHS to review and report to the Congress within five years on marijuana research and policy. Using information provided by HHS, CBO estimates that



implementing those provisions would cost \$3 million over the 2021-2025 period, assuming appropriation of the estimated amount. (If enacted, H.R. 3797 also would affect mandatory spending; see Table 1.)

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 net changes in outlays and revenues for six bills discussed in this document are shown in Table 1.

Increase in Long-Term Deficits: None.

Mandates

H.R. 1379, the Ensuring Last Smiles Act, would impose a private-sector mandate as defined in the Unfunded Mandates Reform Act (UMRA) by requiring group and individual health insurance plans to cover diagnosis and treatment of congenital anomalies (birth defects). The cost of the mandate would include the additional cost to plans to provide the new mandatory coverage. Although CBO expects that insurance plans would raise premiums to cover this duty, such an action would not offset the cost of the mandate under UMRA. Based on the estimated change in insurance premiums, CBO expects that the cost of the mandate would average more than \$400 million annually and would exceed the annual private-sector threshold established in UMRA (\$168 million in 2020, adjusted annually for inflation).

H.R. 8134, the Consumer Product Safety Inspection Enhancement Act, would impose a private-sector mandate as defined in UMRA on importers based in the United States. The bill would require electronic filing of certificates of compliance for products intended for entry into the United States. Under current law, those certificates must provide manufacturing and contact information and state that products comply with consumer safety laws. Because the bill would change only the manner of filing, CBO estimates that the cost of the estimate would not exceed the annual private-sector threshold established in UMRA.

The remaining bills included in this estimate would not impose private-sector or intergovernmental mandates.



Estimate Prepared By

Federal Costs:

Alice Burns (Health Resources and Services Administration)
Ryan Greenfield (National Institutes of Health)
Cornelia Hall (Medicare)
Stuart Hammond (Medicare)
Lori Housman (Medicare)
Hudson Osgood (Medicare)
Lisa Ramirez-Branum (Health and Human Services)
Lara Robillard (Medicare)
Asha Saavoss (Medicare)
Sarah Sajewski (Centers for Disease Control and Prevention, Medicare)
Emily Vreeland (health insurance marketplaces, private health insurance)
Ellen Werble (Food and Drug Administration)
Kate Young (Substance Abuse and Mental Health Services Administration)
Ellen Werble (Food and Drug Administration)
Lindsay Wylie (Department of Justice)

Mandates: Andrew Laughlin

Compilation and Fact Checking: Rachel Matthews and Ann Futrell

Editing and Production: Kate Kelly and Janice Johnson

Estimate Reviewed By

Chad Chirico
Chief, Low-Income Health Programs and Prescription Drugs Cost Estimates Unit

Kathleen FitzGerald
Chief, Public and Private Mandates Unit

Paul Masi
Chief, Health Systems and Medicare Cost Estimates Unit

Leo Lex
Deputy Director of Budget Analysis

Theresa Gullo
Director of Budget Analysis