CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

September 24, 1999

H.R. 2260
Pain Relief Promotion Act of 1999

As ordered reported by the House Committee on the Judiciary on September 14, 1999

SUMMARY

H.R. 2260 would increase an existing authorization of appropriations to the Health Resources and Services Administration (HRSA) for the purpose of making grants to public and private entities to educate and train health care professionals in palliative care. The bill also would direct the Agency for Health Care Policy and Research (AHCPR) to develop a program to improve palliative care, and would prohibit the use of controlled substances for assisted suicide or euthanasia, regardless of any state law authorizing such activity.

Assuming appropriation of the necessary amounts, CBO estimates that implementing H.R. 2260 would result in additional discretionary spending of about $24 million over the 2000-2004 period. Enacting this legislation could affect direct spending and receipts, so pay-as-you-go procedures would apply; however, CBO estimates that the amounts involved would be less than $500,000 a year.

H.R. 2260 contains both an intergovernmental and a private-sector mandate as defined in the Unfunded Mandates Reform Act (UMRA). CBO estimates that the bill would result in no costs to state, local, or tribal governments, so the threshold established in UMRA ($50 million in 1996, adjusted annually for inflation) would not be exceeded. CBO also estimates that the costs of the private-sector mandate would fall below the threshold established in UMRA ($100 million in 1996, adjusted for inflation).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 2260 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars				
	2000	2001	2002	2003	2004
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	7	7	7	2	2
Estimated Outlays	3	6	7	5	3

BASIS OF ESTIMATE

For the purposes of this estimate, CBO assumes that the bill will be enacted by or near the beginning of fiscal year 2000, that the necessary amounts will be provided for each year, and that outlays will follow historical spending rates for these activities.

Spending Subject to Appropriation

The estimated change in spending subject to appropriation has two components: (1) an increase in the existing authorization of HRSA grants for education and training of health care professionals, and (2) a new AHCPR research program aimed at improving the quality of care for terminally ill patients.

The existing HRSA grant program received an appropriation of $21 million for fiscal year 1999. This program is part of a larger HRSA activity which has a current authorization of such sums as necessary through fiscal year 2002. H.R. 2260 would increase the existing target level of $23 million a year (within that "such sums" authorization) by $5 million. The agency would use the additional funds to award grants to public and private entities to develop, implement, and evaluate education and training programs in palliative care.

H.R. 2260 would direct AHCPR to develop a research program to improve palliative care, mainly through the collection and dissemination of guidelines for providing such care. CBO estimates that implementing this provision would cost about $1 million in fiscal year 2000 and $2 million annually thereafter, assuming the appropriation of the necessary amounts. (The agency received an appropriation of $100 million for 1999.)

Direct Spending and Revenues

Persons who violate the bill's provisions regarding the use of controlled substances to assist in suicide could face revocation of their license to prescribe controlled substances. Upon revocation of an individual's license, the Drug Enforcement Administration could seize any such substances in their possession. Thus, enacting H.R. 2260 could lead to the seizure of more assets and their forfeiture to the United States, but we estimate that any such increase would be less than $500,000 annually in value. Proceeds from the sale of any such assets would be deposited as revenues into the Assets Forfeiture Fund of the Department of Justice and spent from that fund, generally in the same year. Thus, the changes in direct spending from the Assets Forfeiture Fund would match any increase in revenues to that fund.

Violators of the bill's provisions also could be subject to criminal fines, so the federal government might collect additional fines if the bill is enacted. Collections of such fines are recorded in the budget as governmental receipts (revenues), which are deposited in the Crime Victims Fund and spent in subsequent years. CBO expects that any additional receipts and direct spending would be negligible.

PAY-AS-YOU-GO CONSIDERATIONS

The Balanced Budget and Emergency Deficit Control Act sets up pay-as-you-go procedures for legislation affecting direct spending or receipts. Enacting H.R. 2260 could affect both direct spending and receipts, but CBO estimates that any such effects would be less than $500,000 a year.

ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS

H.R. 2260 contains an intergovernmental mandate as defined in UMRA, but CBO estimates that complying with the mandate would impose no costs on state, local, or tribal governments, and thus would not exceed the threshold established in that act ($50 million in 1996, adjusted annually for inflation).

In October 1997, an Oregon law that legalized doctor-assisted suicide for terminally ill patients went into effect. Since that time, the interaction of the Federal Controlled Substances Act with that state law has been controversial. As it currently stands, under both Oregon and federal law, it is acceptable for doctors in Oregon to use federally controlled substances for the purposes set forth in state law. H.R. 2260 would direct the Attorney General to give no force and effect to such a state law when determining whether the federal registration of a doctor under the Controlled Substances Act is consistent with the public

interest. This would be a preemption of the Oregon "Death with Dignity Act" because it would limit the options available to doctors acting under that state law. Because the state would not be required to take any action, the preemption would have no cost. The bill also would authorize $5 million for education and training in palliative care for health care professionals, many of whom are employed by state and local facilities.

ESTIMATED IMPACT ON THE PRIVATE SECTOR

H.R. 2260 would create a new private-sector mandate for physicians registered to prescribe or administer federally controlled substances by prohibiting the use of such substances in physician-assisted suicides. The bill would require the Drug Enforcement Administration to treat the use of controlled substances for physician-assisted suicide as a violation of the Controlled Substances Act in all states, including those where the practice is permitted by law. Doctors who violate the prohibition would lose their registration, would have to give up their stocks of controlled substances, and could face criminal prosecution. Currently, Oregon is the only state that allows physician-assisted suicide. The number of doctors affected and the costs associated with the mandate would be small.

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