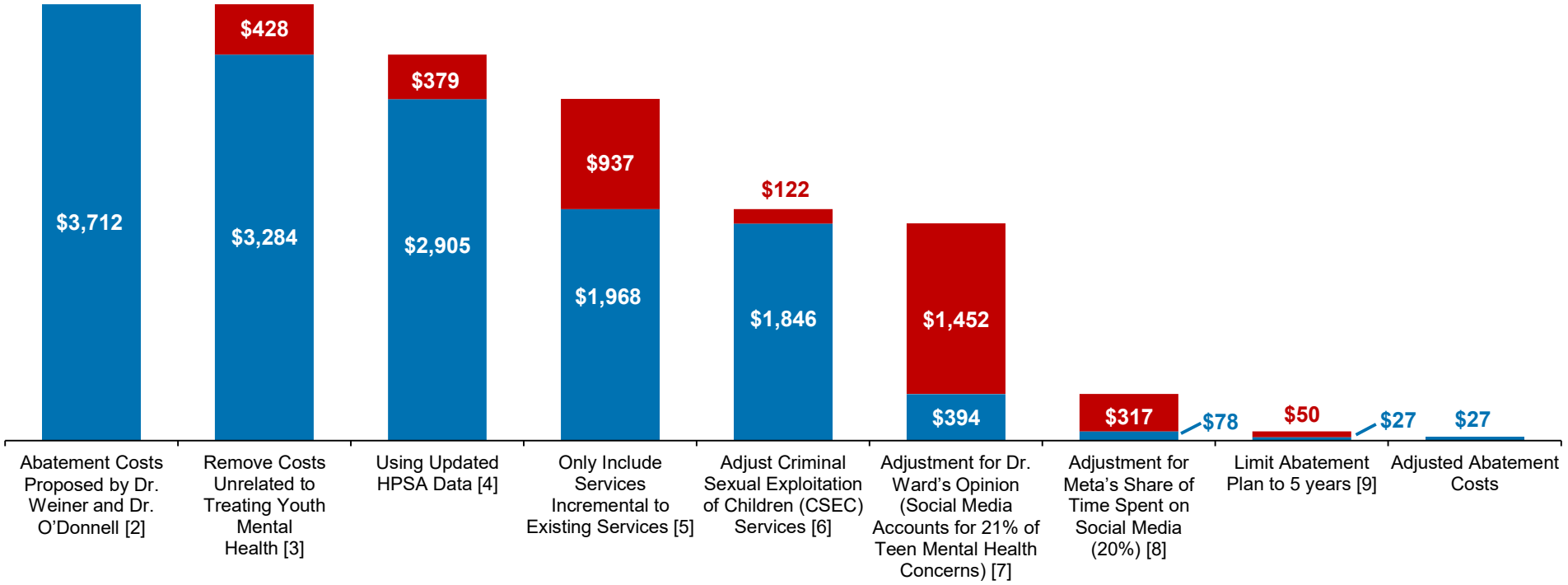
Reduction in Abatement Plan Costs[1]

(*in millions*)

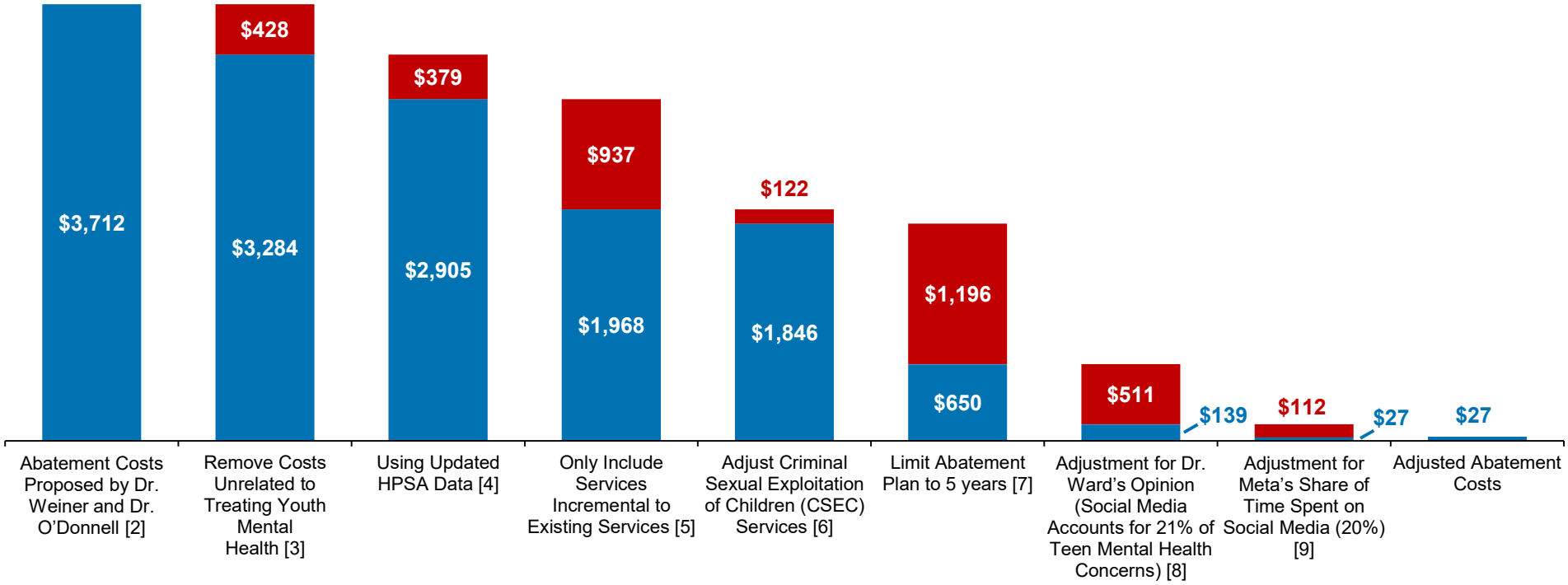


Source: Dr. Weiner's Supplemental Report and backup, December 19, 2025; Dr. O'Donnell's Supplemental Report and backup, December 19, 2025; "Designated HPSA Quarterly Summary", Bureau of Labor Statistics, March 31, 2026, pp. 6, 12; "2023-2024 Annual Status Report: New Mexico School-Based Health Centers," New Mexico Department of Health, pp. 6–7; Ward 1006 Exhibit "Attributable Fraction Estimates"; Trial Testimony of Dr. Zachary Ward, February 26, 2026, 6883:21–24, 6888:21–24; Trial Testimony of Dr. Jean Twenge, May 8, 2026.

Note:
[1] Costs are reported in net present value as estimated by Dr. O'Donnell.
[2] Based on Dr. Weiner's Amended Abatement Model from 12/19/25 and Dr. O'Donnell's Costing Calculations and Analysis amended on 12/19/25.
[3] Reduce costs of School-Based Health Centers (SBHCs) and Community-Based Health Centers (CBHCs) to reflect the share of SBHC behavioral health visits (34%) and the share of patients who are 11 to 17 years old. See, for example, Dr. Weiner's population estimates.
[4] Update the HPSA data Dr. Weiner uses from Q1 2025 with the most recent HPSA data from Q1 2026.
[5] Reduce the costs of all existing services and workforces that are modeled in the proposed abatement program, which includes operating costs for existing child advocacy center workforces, operating costs for existing mobile SBHC vans, and compensation for behavioral health workers including: child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, social workers, mental health technicians, community health workers, licensed and unlicensed support staff, and family support workers.
[6] Assume that any residual costs associated with the "Specialized Assessment for Criminal Sexual Exploitation of Children (CSEC)" and the "Public Safety Response to CSEC CyberTips" are zero.
[7] Apply a deflator equal to (100% - 21.4%) to account for Dr. Ward's opinion that social media accounts for 21.4% of teen mental health concerns.
[8] Adjust based on average time spent on Instagram and Facebook collectively, estimated by Dr. Ward (57 minutes), relative to all social media time, assuming the average time spent on social media is 4.8 hours per day as Dr. Twenge testified.
[9] Adjust by taking the cost of only the first five years of the program. Accelerate the ramp-up to five years for any program component that has not already ramped up fully within this time.

Reduction in Abatement Plan Costs[1]

(*in millions*)



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[4] Update the HPSA data Dr. Weiner uses from Q1 2025 with the most recent HPSA data from Q1 2026.

[5] Reduce the costs of all existing services and workforces that are modeled in the proposed abatement program, which includes operating costs for existing child advocacy center workforces, operating costs for existing mobile SBHC vans, and compensation for behavioral health workers including: child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, social workers, mental health technicians, community health workers, licensed and unlicensed support staff, and family support workers.

[6] Assume that any residual costs associated with the "Specialized Assessment for Criminal Sexual Exploitation of Children (CSEC)" and the "Public Safety Response to CSEC CyberTips" are zero.

[7] Adjust by taking the cost of only the first five years of the program. Accelerate the ramp-up to five years for any program component that has not already ramped up fully within this time.

[8] Apply a deflator equal to (100% - 21.4%) to account for Dr. Ward's opinion that social media accounts for 21.4% of teen mental health concerns.

[9] Adjust based on average time spent on Instagram and Facebook collectively, estimated by Dr. Ward (57 minutes), relative to all social media time, assuming the average time spent on social media is 4.8 hours per day as Dr. Twenge testified.

Magnitude of Abatement Plan Adjustments

(in millions)

	Adjustment to Abatement Model	Change Relative to Dr. O'Donnell's Baseline Abatement Cost[1]
1.	Remove Costs Unrelated to Treating Youth Mental Health[2]	-$428
2.	Using Updated HPSA Data[3]	-$379
3.	Only Include Services Incremental to Existing Services[4]	-$937
4.	Adjust Criminal Sexual Exploitation of Children (CSEC) Services[5]	-$207
5.	Adjustment for Dr. Ward's Opinion (Social Media Accounts for 21% of Teen Mental Health Concerns)[6]	-$2,919
6.	Adjustment for Dr. Ward's Opinion (step 5 above) and Adjustment for Meta's Share of Time Spent on Social Media (20%)[7]	-$3,556
7.	Limit Abatement Plan to 5 years[8]	-$2,355

Source: Dr. Weiner's Supplemental Report and backup, December 19, 2025; Dr. O'Donnell's Supplemental Report and backup, December 19, 2025; "Designated HPSA Quarterly Summary", Bureau of Labor Statistics, March 31, 2026, pp. 6, 12; "2023-2024 Annual Status Report: New Mexico School-Based Health Centers," New Mexico Department of Health, pp. 6–7; Ward 1006 Exhibit "Attributable Fraction Estimates"; Trial Testimony of Dr. Zachary Ward, February 26, 2026, 6883:21–24, 6888:21–24; Trial Testimony of Dr. Jean Twenge, May 8, 2026.

Note:

[1] Costs are reported in net present value as estimated by Dr. O'Donnell. The change in cost reported is based on the assumption that the adjustment is made in isolation. The change in cost is relative to Dr. O'Donnell's $3.712 billion baseline abatement plan cost.

[2] Reduce costs of School-Based Health Centers (SBHCs) and Community-Based Health Centers (CBHCs) to reflect the share of SBHC behavioral health visits (34%) and the share of patients who are 11 to 17 years old. See, for example, Dr. Weiner's population estimates.

[3] Update the HPSA data Dr. Weiner uses from Q1 2025 with the most recent HPSA data from Q1 2026.

[4] Reduce the costs of all existing services and workforces that are modeled in the proposed abatement program, which includes operating costs for existing child advocacy center workforces, operating costs for existing mobile SBHC vans, and compensation for behavioral health workers including: child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, social workers, mental health technicians, community health workers, licensed and unlicensed support staff, and family support workers.

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[6] Apply a deflator equal to (100% - 21.4%) to account for Dr. Ward's opinion that social media accounts for 21.4% of teen mental health concerns.

[7] Apply a deflator equal to (100% - 21.4%) to account for Dr. Ward's opinion that social media accounts for 21.4% of teen mental health concerns, and apply another deflator based on average time spent on Instagram and Facebook collectively, estimated by Dr. Ward (57 minutes), relative to all social media time, assuming the average time spent on social media is 4.8 hours per day as Dr. Twenge testified.

[8] Adjust by taking the cost of only the first five years of the program. Accelerate the ramp-up to five years for any program component that has not already ramped up fully within this time.