



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

June 6, 2014

**H.R. 1281  
Newborn Screening Saves Lives Reauthorization Act of 2014**

*As ordered reported by the House Committee on Energy and Commerce  
on April 3, 2014*

**SUMMARY**

H.R. 1281 would amend the Public Health Service Act to reauthorize grant programs and other initiatives to promote expanded screening of newborns and children for heritable disorders. Authority to operate those programs expired at the end of fiscal year 2013. However, the Congress appropriated funds for fiscal year 2014 to continue the programs in 2014.

CBO estimates that implementing H.R. 1281 would cost \$80 million over the 2015-2019 period, assuming appropriation of the necessary amounts. H.R. 1281 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1281 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

**ESTIMATED COST TO THE FEDERAL GOVERNMENT**

The estimated budgetary impact of H.R. 1281 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2015- 2019
	2015	2016	2017	2018	2019	
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>						
<b>HRSA Activities</b>						
Authorization Level	12	12	12	12	12	60
Estimated Outlays	2	9	11	12	12	46
<b>CDC Activities</b>						
Authorization Level	8	8	8	8	8	40
Estimated Outlays	3	7	8	8	8	33
<b>Other Activities</b>						
Estimated Authorization Level	*	*	*	*	*	1
Estimated Outlays	*	*	*	*	*	1
<b>Total Changes</b>						
Estimated Authorization Level	21	20	20	20	20	101
Estimated Outlays	6	16	19	20	20	80

Notes: HRSA = Health Resources and Services Administration; CDC = Centers for Disease Control and Prevention.

\* = less than \$500,000.

Components might not sum to totals because of rounding.

## **BASIS OF ESTIMATE**

Most of the activities authorized under H.R. 1281 would be carried out by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). For this estimate, CBO assumes that H.R. 1281 will be enacted before the end of fiscal year 2014. The estimate is based on historical spending patterns for similar activities and assumes that the necessary amounts will be appropriated near the beginning of each fiscal year.

### **HRSA Activities**

H.R. 1281 would reauthorize grant programs that promote screening of newborns and children for heritable disorders for fiscal years 2015 through 2019. It also would reauthorize funding for HRSA activities that provide information regarding heritable disorders in newborns and children to individuals, health professionals, and federal officials. The Congress appropriated \$12 million for those programs in fiscal year 2014. The legislation would authorize the appropriation of about \$12 million a year for fiscal years 2015 through 2019. CBO estimates that implementing such provisions would cost \$46 million over the 2015-2019 period, assuming appropriation of the specified amounts.

## **CDC Activities**

The legislation also would reauthorize programs within the CDC to promote quality in clinical laboratories that test for heritable diseases and authorize surveillance activities relating to heritable disorders. The Congress appropriated \$7 million to CDC's newborn screening program for fiscal year 2014. The bill would authorize the appropriation of \$8 million annually over the 2015-2019 period. CBO estimates that implementing those provisions would cost \$33 million over the 2015-2019 period. In addition, H.R. 1281 would mandate that CDC's national contingency plan for newborn screening be updated at least every five years, but CBO estimates those costs would be insignificant.

## **Other Activities**

The bill would direct multiple agencies of the Department of Health and Human Services (HHS) to continue to collaborate in order to make recommendations for collecting, analyzing, and making data available on heritable disorders. CBO estimates that such activities would cost less than \$500,000 over the 2015-2019 period, assuming the availability of appropriated funds.

In addition, H.R. 1281 would direct the Government Accountability Office (GAO) and HHS to submit reports to the Congress. GAO would report on the timeliness of newborn screening for heritable disorders, and the Secretary of HHS would report on the ongoing activities related to newborn screening authorized by the bill and their associated costs. CBO estimates that these reports would cost about \$1 million over the 2015-2019 period.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

H.R. 1281 contains no intergovernmental or private-sector mandates as defined in UMRA. State and local governments that participate in newborn and child screening programs could benefit from funds authorized in the bill.

## **ESTIMATE PREPARED BY:**

Federal Costs: Santiago Vallinas and Lisa Ramirez-Branum  
Impact on State, Local, and Tribal Governments: J'nell L. Blanco  
Impact on the Private Sector: Samuel Trachtman

## **ESTIMATE APPROVED BY:**

Holly Harvey  
Deputy Assistant Director for Budget Analysis