



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

July 13, 2006

**S. 707
Prematurity Research Expansion and Education for Mothers who
deliver Infants Early Act**

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on June 28, 2006*

SUMMARY

S. 707 would amend the Public Health Service Act to direct the Secretary of Health and Human Services (HHS) to intensify and coordinate research and surveillance activities relating to preterm labor and delivery and infant mortality, to conduct demonstration projects designed to improve the outcomes for premature babies, and to host a conference on preterm birth. Several of those activities would be implemented through the Director of the National Institutes of Health (NIH), the Director of the Centers for Disease Control and Prevention (CDC), and the Surgeon General. The bill also would require the Secretary of HHS to establish an Interagency Coordinating Council on Prematurity and Low Birthweight to oversee and coordinate those activities.

For the activities described above, S. 707 would authorize the appropriation of \$19 million for fiscal year 2007 and \$18 million a year for 2008 through 2011. CBO estimates that implementing the bill would cost \$8 million in 2007 and \$76 million over the 2007-2011 period, assuming the appropriation of the authorized amounts. Enacting S. 707 would have no effect on direct spending or revenues.

The bill 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 S. 707 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	2007	2008	2009	2010	2011
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	19	18	18	18	18
Estimated Outlays	8	15	17	18	18

BASIS OF ESTIMATE

S. 707 would authorize the appropriation of \$19 million in 2007 and \$18 million a year for 2008 through 2011 to fund research and activities designed to reduce the rates of preterm labor and delivery and to reduce infant mortality and disabilities associated with prematurity.

For this estimate, CBO assumes that S. 707 will be enacted near the start of fiscal year 2007 and that the authorized amounts will be appropriated for each year. Using historical patterns of spending for similar programs, CBO estimates that the costs of the bill would be \$8 million in 2007 and \$76 million over the 2007-2011 period.

The National Institute for Child Health and Human Development (NICHD) currently administers several maternal and child health research programs through its Pregnancy and Perinatology Branch. Among these are the Maternal-Fetal Medicine Unit, the Neonatal Research Network, and the Genomic and Proteomic Network for Premature Birth Research. According to officials at NICHD, approximately \$22 million was spent on these programs in fiscal year 2005 through NICHD's broad authorization to conduct and support research with respect to gynecologic health, maternal health, and child health. S. 707 would specifically authorize funding through 2011 for the above research programs as well as other research programs at NIH that focus on preterm labor and delivery.

The CDC's National Center on Birth Defects and Developmental Disabilities currently administers many public health research and education programs targeted at the health of newborns. These activities include tracking the prevalence of birth defects, researching their causes, and educating providers and patients about the best techniques for avoiding birth defects. S. 707 would authorize funding for expanding research in such areas as it relates to preterm delivery and infant mortality. The bill would also require the Director of CDC to establish additional surveillance systems for monitoring maternal-infant clinical and biomedical information that could be linked with the Pregnancy Monitoring Risk Assessment System.

The bill would authorize the appropriation of \$3 million for the additional maternal-infant surveillance systems for each of fiscal years 2007 through 2011. For the other research and activities at the NIH and the CDC, the bill would authorize the appropriation of \$10 million for each of those fiscal years.

S. 707 also would authorize the appropriation of \$5 million for each of fiscal years 2007 through 2011 for the Secretary of HHS to provide grants to public and nonprofit organizations for demonstration projects designed to improve the treatment and outcomes for premature babies.

The bill also would require the Secretary to establish an Interagency Coordinating Council on Prematurity and Low Birthweight. The Council would be composed of representatives of the agencies of HHS and would oversee the coordination of activities authorized under this act. CBO expects that supporting the council would cost less than \$200,000 a year, subject to the availability of appropriated funds.

S. 707 also would require the Surgeon General to convene a conference on preterm birth within one year of the enactment of the bill. The bill would authorize the appropriation of \$1 million for this conference.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 707 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

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