



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

May 20, 2008

**H.R. 1553  
Caroline Pryce Walker Conquer Childhood Cancer Act of 2008**

*As ordered reported by the House Committee on Energy and Commerce  
on May 7, 2008*

**SUMMARY**

H.R. 1553 would amend the Public Health Service (PHS) Act to instruct the Director of the National Institutes of Health (NIH) to enhance, expand, and intensify research to generate effective treatments for pediatric cancer. The bill would authorize the Secretary of Health and Human Services (HHS) to award grants to professional and direct-service organizations to increase public awareness of treatments and support networks available for pediatric cancer patients and their families. H.R. 1553 also would require the Director of the Centers for Disease Control and Prevention (CDC) to create a registry to enhance epidemiological research on pediatric cancer.

H.R. 1553 would authorize the appropriation of \$30 million a year for fiscal years 2009 through 2013. CBO estimates that implementing the bill would cost \$119 million over the 2009-2013 period, assuming the appropriation of the specified amounts. Enacting H.R. 1553 would have no effect on direct spending or revenues.

The bill contains no private-sector or intergovernmental 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. 1553 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2009-2013
	2009	2010	2011	2012	2013	
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>						
Authorization Level	30	30	30	30	30	150
Estimated Outlays	9	24	28	29	29	119

## **BASIS OF ESTIMATE**

H.R. 1553 would authorize the appropriation of \$30 million for each of fiscal years 2009 through 2013. For this estimate, CBO assumes that H.R. 1553 will be enacted near the start of fiscal year 2009 and that the authorized amounts will be appropriated for each year. Using historical patterns of spending for similar programs, CBO estimates that implementing H.R. 1553 would cost \$119 million over the 2009-2013 period.

H.R. 1553 would instruct the Secretary of HHS, acting through the Director of NIH, to collaborate with other federal agencies to enhance, expand, and intensify their research to generate effective treatments for pediatric cancers. The Secretary would be authorized to award grants to professional and direct-service organizations to expand activities that increase awareness of treatments, long-term effects of pediatric cancer, and support networks for patients and parents. H.R. 1553 also would direct the Secretary of HHS, acting through the Director of the CDC, to award a grant to create a national registry of cases of pediatric cancer that could be used for epidemiological studies.

The National Cancer Institute (NCI), which supports the majority of pediatric cancer activities at the NIH, spent \$173 million on childhood cancer activities in fiscal year 2007. Over the past few years, childhood cancer activities at NCI have included: research on the causes, diagnosis, treatment, and prevention of childhood cancers; a national campaign to increase understanding of childhood cancer; and a study of the feasibility of establishing Childhood Cancer Research Network to develop a national registry of childhood cancers.

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

H.R. 1553 contains no private-sector or intergovernmental mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

## **PREVIOUS ESTIMATE**

On December 19, 2007, CBO transmitted an estimate for S. 911, the Conquer Childhood Cancer of 2007, as reported by the Senate Committee on Health, Education, Labor, and Pensions on December 12, 2007. H.R. 1553 is very similar to S. 911. The major difference between the bills is that H.R. 1553 would require an increased focus on health disparity issues that was not explicitly required in S. 911. CBO does not estimate any impact on costs from this change. The slight change in CBO's estimate for H.R. 1553 reflects updated historical information on spending for cancer research and outreach activities at NIH.

## **ESTIMATE PREPARED BY:**

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