



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

October 12, 2007

**H.R. 20
Melanie Blocker-Stokes Postpartum Depression Research and Care Act**

*As ordered reported by the House Committee on Energy and Commerce
on September 27, 2007*

SUMMARY

H.R. 20 would encourage the Secretary of Health and Human Services (HHS) to continue ongoing activities at the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) related to research and dissemination of information concerning postpartum depression or postpartum psychosis. The bill also would direct the Secretary to provide grants to public or nonprofit entities to establish and operate programs that provide health care and support services to individuals with postpartum depression or postpartum psychosis.

The bill would authorize the appropriation for those purposes of \$3 million for fiscal year 2008 and such sums as necessary for fiscal years 2009 and 2010. CBO estimates that implementing the bill would cost less than \$500,000 in 2008 and \$18 million over the 2008-2012 period, assuming the appropriation of the authorized amounts. Enacting H.R. 20 would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state and local governments would be incurred voluntarily.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 20 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	3	3	13	0	0
Estimated Outlays	*	2	6	8	2

Note: * = less than \$500,000.

BASIS OF ESTIMATE

For this estimate, CBO assumes that H.R. 20 will be enacted near the start of the fiscal year 2008, that the authorized amounts will be appropriated for each year, and that outlays will follow historical spending patterns for similar programs.

Research on Postpartum Depression and Psychosis

H.R. 20 would encourage the Secretary of HHS, acting through the Director of the NIH, to continue research efforts related to postpartum depression and postpartum psychosis. Such research includes basic research, epidemiological research, the development of improved diagnostic techniques, clinical research, and information and education programs. According to officials at the NIH, the institutes currently support all of those activities.

The bill also would encourage the Director of the NIH and the Administrator of HRSA carry out a national campaign, potentially including public service announcements, to raise awareness of postpartum depression. According to officials at the NIH, the institutes already communicate and disseminate their research findings as required by law. Both the NIH and HRSA sponsor Web sites devoted to postpartum depression. According to officials at HHS, HRSA frequently uses public service announcements to communicate messages to the public.

CBO estimates that there would be no cost to HRSA to implement those provisions, because they would not involve any change in the agency's activities. Likewise, CBO estimates that the NIH would incur no costs in 2008 or 2009, because those provisions would not require any new activities at the NIH. However, under current law (title IV of the Public Health Service Act) authorization for the activities of the NIH expires at the end of fiscal year 2009. Based on the proportion of grants for depression-related research that is specifically for postpartum-related depression, CBO estimates that NIH would require about \$10 million for

2010 to continue its research and information-dissemination programs on postpartum depression and psychosis. Assuming the appropriation of the necessary amount, CBO estimates that implementing those programs would cost \$9 million over the 2010-2012 period.

Grants for Services Related to Postpartum Depression and Psychosis

H.R. 20 would authorize the Secretary of HHS to make grants to public or nonprofit entities for the establishment, operation, and coordination of systems for delivery of services to individuals with postpartum depression or postpartum psychosis. Not more than 5 percent of these grants could be used for administration, accounting, reporting, or program oversight. These grants would not be permitted to supplant funds from other sources, including federal and state health programs.

For carrying the activities in the entire bill, H.R. 20 would authorize the appropriation of \$3 million in fiscal year 2008 and such sums as necessary in fiscal years 2009 and 2010. CBO estimates that the \$3 million authorized for appropriation in 2008 would fund a postpartum services grant program consistent with the requirements of the bill (none of the \$3 million would be required for the other activities under the bill as described above). CBO estimates that an additional \$3 million a year would be necessary to fund the grant program in 2009 and 2010. Implementing the grant program would cost less than \$500,000 in 2008 and \$9 million over the 2008-2012 period, CBO estimates.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 20 contains no intergovernmental or private-sector mandates as defined in UMRA. Grants authorized in the bill for the study and treatment of paralysis and other physical disabilities would benefit state and local governments that provide services for diagnosing and managing postpartum depression. Any costs to those governments to comply with grant conditions would be incurred voluntarily.

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