



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

December 3, 2010

S. 3199

Early Hearing Detection and Intervention Act of 2010

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on December 1, 2010*

SUMMARY

S. 3199 would amend the Public Health Service Act to authorize and expand research and public health activities related to the early detection, diagnosis, and treatment of hearing loss in newborns and infants. CBO estimates that implementing the bill would cost \$183 million over the 2011-2015 period. Enacting S. 3199 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

S. 3199 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 3199 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

BASIS OF ESTIMATE

S. 3199 would authorize funding for early hearing loss detection and intervention activities at the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH) for fiscal years 2011 through 2015. CBO estimates those activities would require the appropriation of about \$218 million over the 2011-2015 period. Based on historical spending patterns for similar activities and assuming the appropriation of the necessary amounts, CBO estimates that implementing S. 3199 would cost about \$183 million over the 2011-2015 period.

	By Fiscal Year, in Millions of Dollars					2011- 2015
	2011	2012	2013	2014	2015	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
CDC						
Estimated Authorization Level	11	11	11	12	12	57
Estimated Outlays	4	9	11	11	12	47
HRSA						
Estimated Authorization Level	19	19	19	19	19	97
Estimated Outlays	10	17	18	19	19	85
NIH						
Estimated Authorization Level	13	13	13	13	13	64
Estimated Outlays	3	11	12	12	13	51
Total Changes						
Estimated Authorization Level	43	43	43	44	45	218
Estimated Outlays	17	37	41	43	44	183

Notes: Components may not sum to totals because of rounding.
 CDC= Centers for Disease Control and Prevention; HRSA= Health Resources and Services Administration;
 NIH= National Institutes of Health.

S. 3199 would authorize CDC to make grants to states and provide technical assistance to states to promote screening, surveillance, and research into the causes of hearing loss among newborns and infants. CBO estimates that the CDC would require the appropriation of about \$57 million over the 2011-2015 period. Assuming appropriation of the necessary amounts, CBO estimates that implementing those programs would cost about \$47 million over the 2011-2015 period.

HRSA administers the Universal Newborn Screening program, which makes grants to states to support testing of infants prior to hospital discharge, audiologic evaluation by three months of age, and early intervention activities. CBO estimates those activities would require the appropriation of about \$97 million over the 2011-2015 period. Assuming appropriation of the necessary amounts, CBO estimates that implementing those provisions would cost about \$85 million over the 2011-2015 period.

S. 3199 would authorize the NIH to conduct research on early detection and treatment of hearing loss. Based on historical program expenditures at NIH and adjustments for inflation, CBO estimates that NIH would require the appropriation of about \$64 million over the 2011-2015 period. CBO estimates that implementing those programs would cost

about \$51 million over the 2011-2015 period, assuming appropriation of the necessary amounts.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 3199 contains no intergovernmental or private-sector mandates as defined in UMRA. Grant funds authorized in the bill would benefit states that provide hearing screening, evaluation, and intervention programs to newborns and infants.

PREVIOUS CBO ESTIMATE

On March 20, 2009, CBO transmitted a cost estimate for H.R. 1246, the Early Hearing Detection and Intervention Act of 2009, as ordered reported by the House Committee on Energy and Commerce on March 4, 2009. CBO estimated that implementing that bill would cost \$151 million over the 2010-2014 period. S. 3199 and H.R. 1246 would authorize funding for existing CDC, HRSA, and NIH programs over different time periods. H.R. 1246 also would authorize appropriations for a postdoctoral fellowship program not included in S. 3199. In estimating the costs of S. 3199, CBO obtained updated information from CDC, HRSA, and NIH on the amount of spending by the programs authorized in the bill. The cost estimates reflect those differences.

ESTIMATE PREPARED BY:

Federal Costs: Stephanie Cameron, Jamease Miles, and Lisa Ramirez-Branum
Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum
Impact on the Private Sector: Jimmy Jin

ESTIMATE APPROVED BY:

Holly Harvey
Deputy Assistant Director for Budget Analysis