



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

February 14, 2013

S. 252
Prematurity Research Expansion and Education
for Mothers who deliver Infants Early Reauthorization Act

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on February 13, 2013*

SUMMARY

S. 252 would amend provisions of the Public Health Service Act that authorize the Secretary of Health and Human Services to conduct research and education activities relating to preterm labor and delivery and infant mortality. Those activities would be implemented by the Director of the Centers for Disease Control and Prevention (CDC) and the Administrator of the Health Resources and Services Administration (HRSA). The bill also would authorize the Secretary to establish a council that would provide advice and recommendations on research, education, and programs on preterm birth through the Department of Health and Human Services.

For the activities described above, the bill would authorize the appropriation of about \$10 million a year for each of fiscal years 2014 through 2018. CBO estimates that implementing the bill would cost \$4 million in 2014 and \$42 million over the 2014-2018 period, assuming the appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it 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).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 252 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars						2013- 2018
	2013	2014	2015	2016	2017	2018	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION							
Estimated Authorization Level	0	10	10	10	10	10	51
Estimated Outlays	0	4	8	10	10	10	42

Note: Components may not sum to totals because of rounding.

BASIS OF ESTIMATE

S. 252 would authorize the appropriation of about \$10 million for each of the fiscal years 2014 through 2018 to fund research and education activities designed to reduce the rates of preterm labor and delivery and to reduce the infant mortality and disabilities associated with prematurity.

For this estimate, CBO assumes that S. 252 will be enacted before the end of fiscal year 2013 and that the full amounts authorized will be appropriated for each year. Based on historical patterns of spending for the similar programs, CBO estimates that implementing the bill would cost \$4 million in 2014 and a total of \$42 million over the 2014-2018 period, assuming appropriation of the specified amounts.

The CDC's National Center on Birth Defects and Developmental Disabilities currently administers 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. 252 would authorize the appropriation of \$5 million for each of the fiscal years 2014 through 2018 for expanding research in such areas as it relates to preterm delivery and infant mortality.

The bill would authorize the appropriation of \$5 million for each of the fiscal years 2014 through 2018 for HRSA to provide grants to public and nonprofit organizations for testing and evaluating education strategies designed to improve the treatment and outcomes for

premature babies. In addition, the bill would extend a preference to eligible entities that apply for telehealth network grants if they provide prenatal care for high-risk pregnancies.

S. 252 also would terminate the Interagency Coordinating Council on Prematurity and Low Birthweight and authorize the Secretary to establish an Advisory Committee on Infant Mortality. The advisory committee would be responsible for providing the Secretary with advice and recommendations on research, education, and programs on preterm birth through the Department of Health and Human Services. CBO expects that supporting the council would cost less than \$250,000 a year, subject to the availability of appropriated funds.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 252 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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