



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

September 2, 2015

**H.R. 1344
Early Hearing Detection and Intervention Act of 2015**

As ordered reported by the House Committee on Energy and Commerce on July 29, 2015

SUMMARY

H.R. 1344 would amend the Public Health Service Act to authorize research and public health activities related to early detection, diagnosis, and treatment of hearing loss in newborns, infants, and young children. Those activities are conducted by the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

CBO estimates that implementing H.R. 1344 would cost \$212 million over the 2016-2020 period, assuming appropriation of the specified and necessary amounts. Enacting H.R. 1344 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1344 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 H.R. 1344 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2016- 2020
	2016	2017	2018	2019	2020	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
HRSA						
Authorization Level	18	18	18	18	18	89
Estimated Outlays	9	16	17	18	18	78
CDC						
Authorization Level	11	11	11	11	11	55
Estimated Outlays	4	9	10	11	11	45
NIH						
Estimated Authorization Level	21	21	22	22	23	109
Estimated Outlays	6	18	21	22	22	89
Total Changes						
Estimated Authorization Level	50	50	51	51	52	253
Estimated Outlays	19	43	48	51	51	212

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

BASIS OF ESTIMATE

CDC, HRSA, and NIH administer programs that support activities to detect, diagnose, and treat early hearing loss in newborns and infants. The Congress appropriated approximately \$50 million for such activities in 2015. For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016, that the authorized amounts will be appropriated in each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing H.R. 1344 would cost \$212 million over the 2016-2020 period, assuming appropriation of the specified and estimated amounts.

HRSA

The bill would authorize the appropriation of \$17.8 million for each of fiscal years 2016-2020 for HRSA to administer the Universal Newborn Screening program. The program makes grants to states to support testing of infants prior to hospital discharges, audiologic evaluation by three months of age, and early intervention activities. CBO estimates implementing those provisions would cost \$78 million over the 2016-2020 period.

CDC

H.R. 1344 would authorize the appropriation of \$10.8 million annually for each of fiscal years 2016-2020 for CDC to make grants and provide technical assistance to states to promote screening and to support surveillance activities and research about the causes of hearing loss among newborns, infants, and young children. In addition, the bill would authorize CDC to conduct research, monitor state programs, and develop procedures for assessing services, costs, and outcomes in those programs. CBO estimates implementing those provisions would cost \$45 million over the 2016-2020 period.

NIH

The bill would authorize NIH to conduct research on early detection and treatment of hearing loss. The authority for research programs at NIH expired at the end of fiscal year 2009; however, the Congress has continued to appropriate funds to operate those programs across all areas of research at NIH. Based on information from the agency, CBO estimates that the National Institute on Deafness and Other Communication Disorders at NIH spent about \$21 million on such research in fiscal year 2014. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that implementing this provision would cost \$89 million over the 2016-2020 period, assuming appropriation of the necessary amounts.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1344 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. Grant funds authorized in the bill would benefit states that provide hearing screening, evaluation, and intervention programs to newborns, infants, and young children.

ESTIMATE PREPARED BY

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