



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

October 6, 2015

H.R. 1462
Protecting our Infants Act of 2015
As passed by the House of Representatives on September 8, 2015

SUMMARY

H.R. 1462 would authorize the Department of Health and Human Services (HHS) to plan and coordinate activities related to prenatal opioid abuse and neonatal abstinence syndrome (NAS). In addition, this bill would require the Centers for Disease Control and Prevention (CDC) to expand data collection and surveillance activities and would require the Agency for Healthcare Research and Quality (AHRQ) to study and recommend treatments for prenatal opioid abuse and NAS.

CBO estimates that implementing H.R. 1462 would cost \$27 million over the 2016-2020 period, assuming appropriation of the necessary amounts. Enacting H.R. 1462 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1462 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. 1462 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

Centers for Disease Control and Prevention						
Estimated Authorization Level	6	6	7	7	7	33
Estimated Outlays	2	5	6	7	7	27

BASIS OF ESTIMATE

HHS and two of its agencies, AHRQ and CDC, administer programs that support activities aimed at preventing and treating prenatal opioid abuse and neonatal abstinence syndrome, a medical condition in newborns who were exposed to addictive drugs taken by a mother during pregnancy. 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 each year, and that spending will follow historical patterns for similar programs. CBO estimates that implementing H.R. 1462 would cost \$27 million over the 2016-2020 period.

Centers for Disease Control and Prevention

The bill would authorize CDC to collect surveillance data and provide technical assistance to states to improve data collection regarding the incidence, prevalence, and other trends related to NAS. The bill also would require CDC to publish those data on the internet.

Those activities would build upon current activities related to improving pregnancy outcomes and would require additional staff and funding to support states' data collection and surveillance activities. Based on information provided by CDC, CBO estimates that implementing this provision would cost \$27 million over the 2016-2020 period.

Agency for Healthcare Research and Quality

AHRQ conducts research and produces studies on a wide range of topics designed to improve the outcomes and quality of health care. The bill would require AHRQ to conduct a study and provide recommendations on the treatment of prenatal opioid abuse and NAS. CBO estimates that implementing those provisions would cost less than \$500,000 over the 2016-2020 period.

HHS

H.R. 1462 would require the Secretary of HHS to develop a strategy to address research and program gaps related to treatment of prenatal opioid abuse and NAS. HHS has indicated it intends to carry out related activities under current law.¹ CBO estimates that requiring HHS to develop the strategy and transmit a report to the Congress, as specified in the legislation, would cost less than \$500,000 over the 2016-2020 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

1. US Government Accountability Office, *Prenatal Drug Use And Newborn Health: Federal Efforts Need Better Planning and Coordination* (February 2015).

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1462 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. States may benefit from technical assistance authorized by the bill for improving data collection and surveillance of neonatal abstinence syndrome.

ESTIMATE PREPARED BY

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