



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

May 6, 2016

H.R. 4843 **Infant Plan of Safe Care Improvement Act**

*As ordered reported by the House Committee on Education and the Workforce
on April 28, 2016*

Under the Child Abuse Prevention and Treatment Act (CAPTA), states that meet the necessary requirements, including the development of a plan of safe care for any drug-dependent infants, may receive grants to address child abuse and neglect. H.R. 4843 would amend CAPTA to require states to carry out certain activities as part of the plan of safe care, including determining whether local authorities have the resources necessary to provide services for a child and family. The legislation also would require states to report the number of drug-dependent infants, the number of infants for whom a plan of safe care has been developed, and the number of infants for whom a referral has been made for appropriate services. Finally, H.R. 4843 would require the Department of Health and Human Services (HHS) to monitor states to ensure compliance with the bill's requirements and, through the national clearinghouse for information relating to child abuse, to maintain and disseminate information regarding the requirements and best practices for the development of plans of safe care.

Based on information from HHS, CBO estimates that implementing the legislation would cost less than \$500,000 annually for additional personnel to carry out the new requirements; such spending would be subject to the availability of appropriated funds. Because enacting this bill would not affect direct spending or revenues, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 4843 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 4843 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments. Any costs states incur for complying with new grant requirements would be incurred voluntarily as a condition of receiving federal assistance.

On April 11, 2016, CBO transmitted a cost estimate for S. 2687, the Plan of Safe Care Improvement Act, as reported by the Senate Committee on Health, Education, Labor, and Pensions on April 4, 2016. The two bills have similar requirements, and the estimated budgetary effects for both bills are the same.

The CBO staff contact for this estimate is Jennifer Gray. This estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.