



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

October 8, 2015

**S. 799**  
**Protecting our Infants Act of 2015**  
*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions  
on October 1, 2015*

**SUMMARY**

S. 799 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 HHS to study and recommend treatments and would allow HHS to provide technical assistance to states in collecting data for prenatal opioid abuse and NAS.

CBO expects that implementing S. 799 would cost \$27 million over the 2016-2020 period, assuming appropriation of the necessary amounts. Enacting S. 799 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

S. 799 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. 799 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                                   | 2017 | 2018 | 2019 | 2020 | 2016-2020 |

**CHANGES IN SPENDING SUBJECT TO APPROPRIATION**

|   |   |   |   |   |   |    |
|---|---|---|---|---|---|----|
| Department of Health and Human Services |   |   |   |   |   |    |
| Estimated Authorization Level           | 6 | 6 | 7 | 7 | 7 | 33 |
| Estimated Outlays                       | 2 | 5 | 6 | 7 | 7 | 27 |

## **BASIS OF ESTIMATE**

HHS and its agencies 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 S. 799 would cost \$27 million over the 2016-2020 period.

S. 799 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. The bill would also require the Secretary to submit a report on that strategy.

The bill would authorize HHS to conduct a study and provide recommendations on the treatment of prenatal opioid abuse and NAS. In addition, it would allow HHS to collect surveillance data and provide technical assistance to states to improve data collection and to support the implementation of public health measures.

These activities would build upon current activities related to improving pregnancy outcomes, but additional staff and funding for grants to states would be necessary to support the activities authorized by the bill.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

S. 799 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

## **PREVIOUS CBO ESTIMATE**

On October 6 2015, CBO transmitted a cost estimate for H.R. 1462, the Protecting our Infants Act of 2015, as passed by the House of Representatives on September 8, 2015. H.R. 1462 and S. 799 would authorize HHS to perform similar activities related to prenatal opioid abuse and NAS. CBO's estimate of the budgetary effect of implementing the two bills is the same.

**ESTIMATE PREPARED BY**

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