



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

April 11, 2008

S. 1810

Prenatally and Postnatally Diagnosed Conditions Awareness Act

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on March 13, 2008*

SUMMARY

S. 1810 would amend the Public Health Service (PHS) Act to authorize the Secretary of Health and Human Services (HHS) to collect and disseminate information regarding Down syndrome or other prenatally or postnatally diagnosed diseases and to coordinate the provision of support services for those who receive a diagnosis of one of those diseases. CBO estimates that implementing the bill would cost \$19 million over the 2009-2013 period, subject to the appropriation of the necessary amounts. Enacting S. 1810 would not affect direct spending or federal revenues.

S. 1810 would impose intergovernmental and private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) by placing new requirements on health care providers. CBO estimates that the aggregate costs of those mandates would be well below the thresholds established in UMRA (in 2008, \$68 million for intergovernmental mandates and \$136 million for private sector mandates, as adjusted annually for inflation).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1810 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					
	2008	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	5	5	5	5	5	0
Estimated Outlays	0	2	4	5	5	3

BASIS OF ESTIMATE

S. 1810 would add a section to the PHS Act to authorize the Secretary of HHS to collect and distribute information relating to Down syndrome and other prenatally or postnatally diagnosed conditions. (The bill defines a prenatally diagnosed condition as "any fetal health condition identified by prenatal genetic testing or prenatal screening procedures." A postnatally diagnosed condition is defined as "any health condition identified by postnatal genetic testing or postnatal screening procedures during the 12-month period beginning at birth".) The bill also would authorize the Secretary to coordinate the provision of supportive services for patients receiving a positive diagnosis of a prenatally or postnatally diagnosed condition. The activities described above would be administered by the Health Resources and Services Administration, the Centers for Disease Control and Prevention (CDC), or the National Institutes of Health.

S. 1810 would require the Secretary of HHS to issue guidance and complete biennial reports on the implementation of the activities described above as well as on the new requirements for health care providers established by the bill (described in the Intergovernmental and Private-Sector Impact section). It also would require the Director of the CDC to assist state and local health departments to integrate testing results into surveillance systems.

S. 1810 would authorize the appropriation of \$5 million a year for fiscal years 2008 through 2012. For this estimate, CBO assumes that the bill will be enacted near the end of the fiscal year and that the authorized amounts will be appropriated. Assuming an enactment date late in the fiscal year, CBO does not expect any outlays from 2008 budget authority. Based on historical spending for similar activities, CBO estimates that implementing S. 1810 would cost \$19 million over the 2009-2013 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1810 contains two intergovernmental and private-sector mandates as defined in UMRA. The bill would require health care providers, including public and private hospitals and clinics, to provide certain information to patients who test positive for Down syndrome or other prenatally or postnatally diagnosed conditions. The bill also would require those entities to provide disclosure statements and to obtain patients' consent before reporting prenatal and postnatal test results to the state or local health department. Both mandates would probably involve minor adjustments to existing administrative procedures. Consequently, CBO estimates that the cost of compliance with both mandates would be small.

ESTIMATE PREPARED BY:

Federal Costs: Sarah Evans

Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum

Impact on the Private Sector: Patrick Bernhardt

ESTIMATE APPROVED BY:

Keith J. Fontenot

Deputy Assistant Director for Health and Human Resources,
Budget Analysis Division