



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 22, 2017

H.R. 1222 **Congenital Heart Futures Reauthorization Act of 2017**

*As ordered reported by the House Committee on Energy and Commerce
on June 7, 2017*

SUMMARY

H.R. 1222 would direct the Secretary of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC), to enhance surveillance capabilities to track the epidemiology of congenital heart disease (CHD) and to provide grants to study the epidemiology of CHD across the lifespan. In addition, the legislation would require the Secretary to produce a report to Congress on CHD that includes information on the demographics and health care utilization of individuals with the disease. H.R. 1222 would authorize the appropriation of a total of \$20 million for fiscal years 2018 through 2022 to carry out those activities. Additionally, the bill would reauthorize research on CHD at the National Institutes of Health (NIH) and would require NIH to produce a report on its research efforts on CHD. CBO estimates that implementing all the provisions in H.R. 1222 would cost \$131 million over the 2018-2022 period, assuming appropriation of the necessary and specified amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

CBO estimates that enacting H.R. 1222 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 1222 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary effect of H.R. 1222 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars						2017- 2022
	2017	2018	2019	2020	2021	2022	
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Estimated Authorization Level	0	4	4	4	115	118	246
Estimated Outlays	0	2	4	4	30	93	131

Note: Components may not add to totals because of rounding.

BASIS OF ESTIMATE

H.R. 1222 would direct the Secretary of HHS to enhance surveillance capabilities, create a public education campaign, and provide grants to study congenital heart disease. In 2017, \$4 million was authorized for those activities at CDC related to CHD. The bill would require CDC to build upon current activities by expanding surveillance activities and providing a report to Congress that examines CHD epidemiology focussing on demographics, healthcare utilization, and outcome measures. H.R. 1222 would authorize \$4 million for each of fiscal years 2018 through 2022 to carry out those activities. Based on historical spending for similar activities, CBO estimates that implementing those provisions would cost \$17 million over the 2018-2022 period, primarily for additional staff and other administrative costs.

The bill would also reauthorize NIH to conduct research on CHD and would require NIH to report on those efforts. Under current law, research at NIH is authorized through fiscal year 2020. In fiscal year 2016, NIH supported about \$111 million in research on CHD. Although H.R. 1222 does not specify an authorized amount for that research, CBO expects that NIH would devote similar amounts of resources in fiscal years 2021 and 2022. Based on historical spending for similar activities, CBO estimates that subject to appropriation of the necessary amounts, implementing those provisions would cost \$115 million over the 2018-2022 period, primarily for research on CHD in 2021 and 2022.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting H.R. 1222 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1222 contains no intergovernmental or private-sector mandates as defined in UMRA.

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