



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

May 23, 2017

**S. 652
Early Hearing Detection and Intervention Act of 2017**

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on May 1, 2017*

SUMMARY

S. 652 would amend the Public Health Service Act to reauthorize research and public health activities conducted by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Those activities are related to early detection, diagnosis, and treatment of hearing loss in newborns, infants, and young children.

CBO estimates that implementing S. 652 would cost \$127 million over the 2017-2022 period, assuming appropriation of the 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 S. 652 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

S. 652 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 effect of S. 652 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-
	2017	2018	2019	2020	2021	2022	2022
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
HRSA							
Authorization Level	0	18	18	19	19	20	93
Estimated Outlays	0	9	16	17	19	19	81
CDC							
Authorization Level	0	11	11	11	12	12	57
Estimated Outlays	0	4	9	11	11	12	46
Total Changes							
Authorization Level	0	29	29	30	31	31	150
Estimated Outlays	0	13	25	28	30	31	127

Notes: Components may not add to totals because of rounding; HRSA = Health Resources and Services Administration; CDC = Centers for Disease Control and Prevention.

BASIS OF ESTIMATE

HRSA and CDC administer programs that support activities to detect, diagnose, and treat early hearing loss in newborns and infants. For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2018, that the authorized amounts will be appropriated in each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing S. 652 would cost \$127 million over the 2018-2022 period, assuming appropriation of the specified amounts.

HRSA

The bill would authorize the appropriation of \$17.8 million in 2018 and would increase that amount in subsequent years to \$19.5 million by 2022 for HRSA to administer the Universal Newborn Screening program. About \$17 million was appropriated for this program in 2017. The program makes grants to states to support testing of infants prior to discharge from a hospital, audiologic evaluation by three months of age, and early intervention activities. CBO estimates implementing those provisions would cost \$81 million over the 2018-2022 period.

CDC

S. 652 would authorize the appropriation of \$10.8 million in 2018 and would increase that amount in subsequent years to \$11.8 million by 2022 for CDC to make grants and provide

technical assistance to states to promote screening and to support surveillance activities and research about the causes of hearing loss among children. About \$11 million was appropriated for these activities in 2017. In addition, the bill would authorize CDC to conduct research, monitor state programs, and develop procedures for assessing services, costs, and outcomes in those programs. CBO estimates that implementing those provisions would cost \$46 million over the 2018-2022 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting S. 652 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

S. 652 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

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