



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

May 5, 2017

### **S. 920**

#### **National Clinical Care Commission Act**

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

S. 920 would establish a National Clinical Care Commission within the Department of Health and Human Services (HHS) to evaluate federal programs related to clinical care for individuals with a complex metabolic or autoimmune disease such as diabetes. Commission members would include medical professionals, advocates, and representatives from many agencies within HHS, the Department of Veterans Affairs, the Department of Defense, and the Department of Agriculture. Within three years of convening, the Commission would be required to issue a report on its findings that includes suggested improvements for federally-funded clinical and educational initiatives focused on the targeted populations.

Based on an analysis of information provided by HHS, CBO estimates that implementing S. 920 would require the equivalent of about 3 employees each year, on average. This estimate reflects the staff time and other resources necessary to convene the Commission, to provide ongoing support to its mission, and to prepare its final report. CBO estimates that those employees would cost about \$2 million over the 2017-2022 period. Such spending would be subject to the availability of appropriated funds. Enacting S. 920 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting S. 920 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

The bill 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.

The CBO staff contact for this estimate is Andrea Noda. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.