

S. 2629, United States Public Health Service Modernization Act of 2019

As reported by the Senate Committee on Health, Education, Labor, and Pensions on November 5, 2019

By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	359	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

S. 2629 would establish a reserve component of the U.S. Public Health Service (PHS). The reserve component would consist of health professionals who would be responsible for providing PHS with additional capacity during public health and national emergencies. The reservists would undergo routine training and be eligible for compensation and benefits (comparable to the benefits provided to individuals who serve in the selected reserve of the U.S. Armed Forces).

Based on information from the Department of Health and Human Services (HHS), CBO estimates that PHS would gradually hire 2,500 reservists by 2024. CBO expects that an average of 500 incoming PHS reservists would complete the initial officer base course each year, at a cost of \$10,100 per officer. In addition, CBO estimates that about 1,700 PHS reservists would undergo routine training of at least 30 days each year, at an average cost of \$18,200 per officer. As a result, CBO estimates training costs would total \$133 million over the 2020-2025 period.

PHS reservists would receive basic pay and benefits (such as health care, housing allowance, special incentive pay and retirement) at a projected average cost of \$22,000 per officer. As a result, CBO estimates basic pay and benefit costs would total \$190 million over the 2020-2025 period. On the basis of information from HHS, CBO estimates start-up, administrative and recruitment costs would total \$37 million over the 2020-2025 period.



In total and assuming appropriation of the necessary amounts, CBO estimates that implementing S. 2629 would cost \$363 million over the 2020-2025 period. The costs of the legislation, detailed in Table 1, fall within budget function 550 (health).

Table 1.
Estimated Increases in Spending Subject to Appropriation Under S. 2629

	By Fiscal Year, Millions of Dollars						2020-2025
	2020	2021	2022	2023	2024	2025	
Estimated Authorization	6	20	64	94	115	114	413
Estimated Outlays	*	15	46	80	105	113	359

The CBO staff contacts for this estimate are Philippa Haven and Ann Futrell. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.