

**S. 3757, Congenital Heart Futures Reauthorization Act of 2024**

As reported by the Senate Committee on Health, Education, Labor, and Pensions on June 18, 2024

By Fiscal Year, Millions of Dollars		2025	2025-2029	2025-2034
Direct Spending (Outlays)		0	0	0
Revenues		0	0	0
Increase or Decrease (-) in the Deficit		0	0	0
Spending Subject to Appropriation (Outlays)		4	43	50
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Statutory pay-as-you-go procedures apply?		No
		<b>Mandate Effects</b>		
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Contains intergovernmental mandate?		No
		Contains private-sector mandate?		No

S. 3757 would reauthorize and expand activities administered by the Department of Health and Human Services (HHS) related to research, surveillance, and awareness of congenital heart disease. The bill would authorize the appropriation of \$10 million annually over the 2025-2029 period for those activities, which include convening a workshop to identify research gaps, assess workforce capacity, and foster collaboration among federal agencies and other entities. The bill also would require HHS to report to the Congress, within three years of enactment, on its strategy to advance research and address workforce shortages. In 2024, the Congress appropriated \$8 million for those activities.

Based on historical spending patterns for those activities and assuming appropriation of the authorized amounts, CBO estimates that implementing the bill would cost \$43 million over the 2025-2029 period and \$7 million after 2029.

On July 19, 2024, CBO transmitted a [cost estimate for H.R. 7189](#), the Congenital Heart Futures Reauthorization Act of 2024, as reported by the House Committee on Energy and Commerce on May 22, 2024. Both pieces of legislation reauthorize activities related to congenital heart disease, however, S. 3757 would expand those activities by establishing a workshop. CBO's estimates of the budgetary effects for both bills are the same.

The costs of the legislation, detailed in Table 1, fall within budget function 550 (health).

See also

[CBO's Cost Estimates Explained](#), [CBO Describes Its Cost-Estimating Process](#), [Glossary](#)



**Table 1.  
Estimated Increases in Spending Subject to Appropriation Under S. 3757**

	By Fiscal Year, Millions of Dollars					2025-2029
	2025	2026	2027	2028	2029	
Authorization	10	10	10	10	10	50
Estimated Outlays	4	9	10	10	10	43

The CBO staff contact for this estimate is Anthony Montano. The estimate was reviewed by Sarah Masi, Senior Adviser for Budget Analysis.

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