



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

July 26, 2018

**H.R. 1676**  
**Palliative Care and Hospice Education and Training Act**

*As passed by the U.S. House of Representatives on July 23, 2018*

**SUMMARY**

H.R. 1676 would amend the Public Health Service Act to authorize initiatives that support the delivery of palliative care and hospice services. It would authorize several grant programs for the education and training of the palliative care workforce. In addition, it would authorize the Director of the Agency for Healthcare Research and Quality (AHRQ) to disseminate information about palliative care to patients, family members, and health professionals. Finally, it would direct the National Institutes of Health (NIH) to develop a strategy for expanding research in palliative care.

CBO estimates that implementing H.R. 1676 would cost about \$86 million over the 2019-2023 period, assuming appropriations actions consistent with the legislation.

Enacting H.R. 1676 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 1676 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

H.R. 1676 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 H.R. 1676 is shown in the following table. The costs of the legislation fall within budget function 550 (health). For this estimate, CBO assumes that the legislation will be enacted near the end of fiscal year 2018 and that the necessary amounts will be appropriated each year.

	By Fiscal Year, in Millions of Dollars						2019-2023
	2018	2019	2020	2021	2022	2023	
<b>INCREASES OR DECREASES (-) IN SPENDING SUBJECT TO APPROPRIATION</b>							
Estimated Authorization Level	0	20	20	20	20	20	101
Estimated Outlays	0	10	17	20	20	20	86

Annual amounts may not sum to totals because of rounding.

## **BASIS OF ESTIMATE**

H.R. 1676 would amend the Public Health Service Act to authorize initiatives that support the delivery of palliative care and hospice services, including:

- Grants that support the education and training of the palliative care workforce and faculty. H.R. 1676 would authorize the appropriation of \$20 million per year over the 2019-2023 period for those grants, which would likely be administered by the Health Resources and Services Administration (HRSA). Based on historical patterns of spending for other HRSA workforce grants, CBO estimates that implementing those education and training grants would cost \$84 million over the 2019-2023 period; the remaining amounts would be spent after 2023.
- Permitting the director of the AHRQ to develop and disseminate information on palliative care for patients with serious or life-threatening illness. Based on historical spending for dissemination activities, CBO estimates that developing and circulating palliative care information would cost about \$1 million over the 2019-2023 period.
- A requirement that the NIH Office of the Director develop and implement a strategy to intensify NIH research programs in palliative care. Based on historical spending for similar activities, CBO estimates that implementing this requirement would cost less than \$500,000 over the 2019-2023 period.

In total, CBO estimates that implementing H.R. 1676 would cost about \$86 million over the 2019-2023 period.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

## **INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS**

CBO estimates that enacting H.R. 1676 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

## **MANDATES**

H.R. 1676 contains no intergovernmental or private-sector mandates as defined in UMRA.

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