



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

August 8, 2018

S. 3016

Action for Dental Health Act of 2018

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on July 25, 2018*

SUMMARY

S. 3016 would amend the Public Health Service Act to reauthorize and amend grant programs administered by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Those programs provide assistance to states and tribal governments to increase access to oral health care services.

CBO estimates that implementing S. 3016 would cost \$136 million over the 2019-2023 period, assuming appropriation of the specified and estimated amounts.

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

CBO estimates that enacting S. 3016 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

S. 3016 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. 3016 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 specified and estimated amounts will be appropriated in each year.

| | By Fiscal Year, in Millions of Dollars | | | | | | 2018- 2023 |
|---|--|------|------|------|------|------|---------------|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | |
| INCREASES IN SPENDING SUBJECT TO APPROPRIATION | | | | | | | |
| HRSA | | | | | | | |
| Authorization Level | 0 | 14 | 14 | 14 | 14 | 14 | 70 |
| Estimated Outlays | 0 | 7 | 11 | 13 | 14 | 14 | 59 |
| CDC | | | | | | | |
| Estimated Authorization Level | 0 | 18 | 18 | 19 | 19 | 20 | 95 |
| Estimated Outlays | 0 | 7 | 15 | 18 | 19 | 19 | 78 |
| Total Changes | | | | | | | |
| Estimated Authorization Level | 0 | 32 | 32 | 33 | 33 | 34 | 164 |
| Estimated Outlays | 0 | 13 | 27 | 31 | 32 | 33 | 136 |

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

CBO estimates that implementing S. 3016 would cost \$136 million over the 2019-2023 period, assuming appropriation of the specified and estimated amounts. This estimate is based on historical spending patterns for the authorized programs.

HRSA

The bill would authorize the appropriation of about \$14 million in each of the fiscal years 2019 through 2023 for HRSA to provide grants to states for dentistry and dental hygiene programs that support the needs of rural and other underserved communities. The Congress appropriated about \$41 million for this program in 2018. The bill also would expand activities that can be carried out under the program such as developing initiatives to reduce emergency department utilization for dental issues that could be treated in primary care settings. CBO estimates implementing those provisions would cost \$59 million over the 2019-2023 period; the remaining amount would be spent in years after 2023.

CDC

The bill would authorize grants to community based organizations and dental health education programs to improve oral health education, promote disease prevention, and reduce disparities in oral healthcare. In fiscal year 2018, CDC received \$19 million for activities related to oral health promotion. Assuming appropriation of similar amounts and adjusting for inflation, CBO estimates implementing the provision would cost about \$78 million over the 2019-2023 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting S. 3016 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

MANDATES

S. 3016 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

PREVIOUS CBO ESTIMATE

On September 11, 2017, CBO transmitted a cost estimate for H.R. 2422 as ordered reported by the House Committee on Energy and Commerce on July 27, 2017. The HRSA provisions in H.R. 2422 and S. 3016 are similar, and the estimates are the same over 5 years. CBO's estimated cost for the CDC provisions of H.R. 2422 are lower than the estimate in S. 3016 because the House version included a specified authorization level of \$18 million annually for those provisions.

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