



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

March 20, 2009

H.R. 1246 **Early Hearing Detection and Intervention Act of 2009**

*As ordered reported by the House Committee on Energy and Commerce
on March 4, 2009*

SUMMARY

H.R. 1246 would amend the Public Health Service Act to authorize and expand research and public health activities related to the early detection, diagnosis, and treatment of hearing loss in newborns and infants. CBO estimates that implementing the bill would cost \$151 million over the 2010-2014 period, assuming the appropriation of the necessary amounts. Enacting H.R.1246 would not affect direct spending or federal revenues.

H.R. 1246 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 impact of H.R. 1246 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2010-
	2010	2011	2012	2013	2014	2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
HRSA						
Estimated Authorization Level	12	12	12	12	12	61
Estimated Outlays	6	11	12	12	12	53
CDC						
Estimated Authorization Level	11	11	11	11	11	55
Estimated Outlays	4	9	11	11	11	46
NIH						
Estimated Authorization Level	13	13	13	13	13	64
Estimated Outlays	3	11	12	13	13	51
Total Changes						
Estimated Authorization Level	36	36	36	36	36	180
Estimated Outlays	14	30	35	36	36	151

Note: CDC = Centers for Disease Control and Prevention.
HRSA = Health Resources and Services Administration.
NIH = National Institutes of Health.

BASIS OF ESTIMATE

H.R. 1246 would authorize funding for early hearing loss detection and intervention activities at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) for fiscal years 2010 through 2015. It also would require the Director of the National Institutes of Health to establish a postdoctoral research program to foster research and development in the area of early hearing detection and intervention. CBO estimates that those activities would require the appropriation of \$180 million over the 2010- 2014 period. Based on historical spending patterns for similar activities and assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1246 would cost \$151 million over the 2010-2014 period.

HRSA administers the Universal Newborn Screening program, which makes grants to states to support testing of infants prior to hospital discharge, audiologic evaluation by three months of age, and early intervention activities. CBO estimates that those activities would require the appropriation of \$61 million over the 2010-2014 period. Assuming the

appropriation of the necessary amounts, CBO estimates that implementing that grant program would cost \$53 million over the 2010-2014 period.

H.R. 1246 would authorize CDC to make grants to states and provide technical assistance to states to promote screening, surveillance, and research into the causes of hearing loss among newborns and infants. To fund that grant program, CBO estimates that the CDC would require the appropriation of \$55 million over the 2010-2014 period. Assuming the appropriation of the necessary amounts, CBO estimates that implementing the program would cost \$46 million over the 2010-2014 period.

H.R. 1246 would authorize the NIH to conduct research on early detection and treatment of hearing loss. The bill would direct the NIH to establish a postdoctoral fellowship program to train researchers in the field of detecting and intervening in early hearing loss. Based on information provided by the NIH, CBO expects that the new postdoctoral program would fund three postdoctoral fellows at an annual cost of approximately \$120,000 per fellow. Based on that information, historical program expenditures at NIH, and adjustments for inflation, CBO estimates that NIH would require the appropriation of \$64 million over the 2010-2014 period. CBO estimates that implementing those programs would cost \$51 million over the 2010-2014 period, assuming appropriation of the necessary amounts.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1246 contains no intergovernmental or private-sector mandates as defined in UMRA. States that participate in programs to detect, diagnose, and treat hearing loss in newborns and infants would benefit from activities and grants authorized in the bill.

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