



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 27, 2010

H.R. 1032 **Heart Disease Education, Analysis Research,** **and Treatment for Women Act**

*As ordered reported by the House Committee on Energy and Commerce
on September 23, 2010*

SUMMARY

H.R. 1032 would amend the Public Health Service Act to improve the prevention and treatment of cardiovascular disease in women. H.R. 1032 would extend the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program administered by the Centers for Disease Control and Prevention (CDC) through fiscal year 2016. In addition, the bill would require several reports from federal agencies and a study by the Government Accountability Office (GAO) on the extent to which sponsors of clinical studies adhere to requirements and guidelines for the presentation of clinical study safety and effectiveness data by sex, age, and racial subgroups.

CBO estimates that implementing H.R. 1032 would cost less than \$500,000 in 2011 and \$82 million over the 2011-2015 period. Enacting H.R. 1032 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1032 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. 1032 is shown in the following table. The costs of this legislation fall primarily within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2011- 2015
	2011	2012	2013	2014	2015	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	*	23	25	28	31	107
Estimated Outlays	*	9	20	25	28	82
Note: * = less than \$500,000.						

BASIS OF ESTIMATE

For this estimate, CBO assumes that H.R. 1032 will be enacted near the beginning of fiscal year 2011, that the necessary amounts will be appropriated each year, and that outlays will follow historical patterns for similar activities of the Department of Health and Human Services. CBO estimates that implementing H.R. 1032 would cost less than \$500,000 in 2011 and \$82 million over the 2011-2015 period.

The WISEWOMAN program provides chronic disease screening and educational services to low-income women between the ages of 40 and 64. H.R. 1032 would authorize the appropriation of \$107 million over the 2012-2015 period and an additional \$34 million for fiscal year 2016 to the CDC to extend the WISEWOMAN program. Assuming the appropriation of the specified amounts, CBO estimates that provision would cost \$82 million over the 2012-2015 period and an additional \$57 million after 2015. In addition, H.R. 1032 would require several reports from federal agencies on quality and access to care for women with cardiovascular disease and from the GAO on adherence to requirements and guidelines for the presentation of data in clinical studies. CBO estimates that these provisions would cost less than \$500,000 over the 2011-2015 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS

H.R. 1032 contains no intergovernmental mandates as defined in UMRA. Grant funds authorized in the bill would benefit states that provide blood pressure and cholesterol screening and education services to women.

ESTIMATED IMPACT ON THE PRIVATE SECTOR

This bill contains no private-sector mandates as defined in UMRA.

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