CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 27, 2010

H.R. 1230

Acquired Bone Marrow Failure Disease Research and Treatment Act of 2010

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

SUMMARY

H.R. 1230 would amend the Public Health Service Act to authorize the Secretary of the Department of Health and Human Services (HHS) to conduct research and outreach activities related to diseases involving the failure of acquired bone marrow. Additionally, the bill would authorize the Director of the Agency for Healthcare Research and Quality (AHRQ) to award grants to researchers to study best practices with respect to diagnosing and providing care to individuals with such diseases.

Assuming the appropriation of necessary amounts, CBO estimates that implementing the bill would cost \$2 million in 2011 and \$26 million over the 2011-2015 period. Enacting H.R. 1230 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1230 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. 1230 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

		By Fiscal Year, in Millions of Dollars				
	2011	2012	2013	2014	2015	2011- 2015
CHANGES IN S	SPENDING SU	вјест то	APPROPR	IATION		
Estimated Authorization Level	6	6	6	7	7	32
Estimated Outlays	2	5	6	6	6	26

BASIS OF ESTIMATE

For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2011 and that the necessary amounts will be appropriated for each year. Estimated outlays are based on historical spending patterns for similar federal programs and on information provided by HHS, AHRQ, and the Office of Minority Health (OMH).

H.R. 1230 would authorize the Secretary of HHS to conduct research on diseases involving the failure of acquired bone marrow in collaboration with the department's Radiation Injury Treatment Network. CBO does not anticipate that any costs would be incurred under this provision beyond what the National Institutes of Health will spend under current law to conduct similar research over the next several years.

H.R. 1230 also would authorize the Secretary to establish and coordinate outreach and informational programs targeted to minority populations that are affected by diseases involving the failure of acquired bone marrow. Based on information from OMH, CBO estimates that this provision would require appropriations totalling \$16 million over the 2011-2015 period. Assuming appropriation of those amounts, CBO estimates that implementing those programs would cost \$13 million over the 2011-2015 period.

The bill also would authorize AHRQ to award grants to researchers to study best practices with respect to diagnosing and providing care to individuals with diseases involving the failure of acquired bone marrow. Based on spending by AHRQ for similar activities, CBO estimates that implementing this provision would require appropriations totalling \$17 million over the 2011-2015 period. Assuming appropriation of those amounts, CBO estimates that implementing that grant program would cost \$13 million over the 2011-2015 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1230 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on the budgets of state, local, or tribal governments.

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