



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 24, 2010

### **H.R. 5354** **Gestational Diabetes Act of 2010**

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

#### **SUMMARY**

H.R. 5354 would require the Secretary of the Department of Health and Human Services (HHS) to develop research projects and award grants for the purposes of tracking and reducing the prevalence of gestational diabetes. Assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 5354 would cost \$32 million over the 2011-2015 period. Enacting H.R. 5354 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 5354 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. 5354 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- 2015
	2011	2012	2013	2014	2015	
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>						
Authorization Level	0	10	10	10	10	40
Estimated Outlays	0	4	8	10	10	32

## **BASIS OF ESTIMATE**

H.R. 5354 would require the Secretary of HHS, acting through the Director of the Center for Disease Control and Prevention (CDC), to conduct research and grant activities relating to gestational diabetes. For example, the bill would require CDC to expand surveillance data and public health research, to test approaches for screening for the disease, and to award grants to entities that implement interventions to reduce the incidence of the disease.

H.R. 5354 would authorize appropriations for fiscal years 2012 through 2016 of \$5 million a year for the research activities and \$5 million a year for the grant activities. Based on historical spending patterns for similar activities, and assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 5354 would cost \$32 million over the 2012-2015 period, and an additional \$18 million after 2015.

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

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

H.R. 5354 contains no intergovernmental or private-sector mandates as defined in UMRA. Grant funds authorized in the bill would benefit states that implement programs to reduce the incidence of gestational diabetes.

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