



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

April 11, 2018

**S. 292
Childhood Cancer Survivorship, Treatment, Access, and Research
Act of 2018**

As passed by the Senate on March 22, 2018

SUMMARY

S. 292 would amend the Public Health Service Act to authorize the Director of the National Institutes of Health (NIH) to support the collection of donated biospecimens from children, adolescents, and young adults with cancer. The bill would allow the Secretary of Health and Human Services (HHS) to establish pilot programs that develop or evaluate systems for monitoring and caring for childhood cancer survivors. S. 292 also would direct the Secretary of HHS, through the Centers for Disease Control and Prevention (CDC), to award grants to states to update and improve childhood cancer registries.

S. 292 would authorize the appropriation of \$30 million a year for fiscal years 2019 through 2023. CBO estimates that implementing the bill would cost \$128 million over the 2019-2023 period, assuming the appropriation of the specified amounts.

Enacting S. 292 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting S. 292 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

S. 292 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. 292 is shown in the following table. The costs of the legislation fall within budget function 550 (health services).

	By Fiscal Year, in Millions of Dollars						2019- 2023
	2018	2019	2020	2021	2022	2023	
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
Estimated Authorization Level	0	30	30	30	30	30	150
Estimated Outlays	0	11	27	30	30	30	128

BASIS OF ESTIMATE

S. 292 would instruct the Secretary of HHS, acting through the Director of NIH, to support the collection and maintenance of clinical and demographic information for children, adolescents, and young adults with specific cancers. The Secretary of HHS would be authorized to award grants establishing pilot programs to develop, study, or evaluate systems for monitoring and caring for childhood cancer survivors. S. 292 also would authorize the CDC to award grants to state cancer registries to collect information on the epidemiology of cancer in children, adolescents, and young adults.

The National Cancer Institute (NCI), which supports the majority of NIH’s pediatric cancer research, spent \$351 million on activities related to addressing childhood cancer in fiscal year 2016. Over the past few years, NCI has supported: clinical trials at more than 200 institutions, multidisciplinary cooperative research on treatment strategies for children with primary brain tumors, and a study examining the long-term adverse effects of cancer and cancer therapy.

S. 292 would authorize the appropriation of \$30 million annually for fiscal years 2019 through 2023. For this estimate, CBO assumes that S. 292 will be enacted by the end of fiscal year 2018 and that the authorized amounts will be appropriated each year. On the basis of historical patterns of spending for similar programs, CBO estimates that implementing S. 292 would cost \$128 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. 292 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

MANDATES

S. 292 contains no intergovernmental or private-sector mandates as defined in UMRA.

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