

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 11, 2017

H.R. 2422 Action for Dental Health Act of 2017

As ordered reported by the House Committee on Energy and Commerce on July 27, 2017

SUMMARY

H.R. 2422 would amend the Public Health Service Act to reauthorize and amend grant programs conducted by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Those programs provide assistance to states and tribal governments to increase access to oral health care services.

CBO estimates that implementing H.R. 2422 would cost \$133 million over the 2018-2022 period, assuming appropriation of the specified amounts.

Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

CBO estimates that enacting H.R. 2422 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 2422 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 H.R. 2422 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars						
	2017	2010	2010	2020	2021	2022	2017-
	2017	2018	2019	2020	2021	2022	2022
INCREA	SES IN SPEN	DING SUB	JECT TO A	APPROPRI	ATION		
HRSA							
Authorization Level	0	14	14	14	14	14	70
Estimated Outlays	0	7	11	13	14	14	59
CDC							
Authorization Level	0	18	18	18	18	18	90
Estimated Outlays	0	7	15	17	18	18	75
Total Changes							
Authorization Level	0	32	32	32	32	32	160
Estimated Outlays	0	13	27	31	31	31	133

Notes: Components may not add to totals because of rounding; HRSA = Health Resources and Services Administration; CDC = Centers for Disease Control and Prevention.

BASIS OF ESTIMATE

For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2018, that the authorized amounts will be appropriated in each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing H.R. 2422 would cost \$133 million over the 2018-2022 period, assuming appropriation of the specified amounts.

HRSA

The bill would authorize the appropriation of \$13.9 million in each of the fiscal years 2018 through 2022 for HRSA to provide grants to states for dentistry and dental hygiene programs that support the needs of rural and other underserved communities. About \$37 million was appropriated for this program in 2017. The bill also would expand activities that can be carried out under the program such as providing dental care to residents of nursing homes. CBO estimates implementing those provisions would cost \$59 million over the 2018-2022 period; the remaining amount would be spent in years after 2022.

CDC

The bill would authorize the appropriation of \$18 million in each of the fiscal years 2018 through 2022 for CDC to provide grants to community based organizations and dental education programs to improve oral health education, promote disease prevention, and reduce disparities in oral healthcare. About \$18 million was appropriated for this program in 2017. CBO estimates implementing those provisions would cost \$75 million over the 2018-2022 period; the remaining amounts would be spent in years after 2022.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting H.R. 2422 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 2422 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

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