



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

November 6, 1997

### **H.R. 1289** **Mammography Quality Standards Reauthorization Act**

*As introduced on April 10, 1997*

#### **SUMMARY**

CBO estimates that enacting H.R. 1289 as introduced would cost the federal government \$17 million in fiscal year 1998 and \$91 million over the 1998-2002 period. Because the bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply.

H.R. 1289 contains no private-sector or intergovernmental mandates as defined in the Unfunded Mandates Reform Act of 1995 (UMRA) and would impose no costs on state, local, or tribal governments.

#### **ESTIMATED COST TO THE FEDERAL GOVERNMENT**

The estimated budgetary impact of H.R. 1289 as introduced is shown in the table below. The costs of this legislation fall within budget function 550 (Health).

#### **BASIS OF ESTIMATE**

For the purposes of this estimate, CBO assumed that all amounts authorized in the bill would be appropriated by the start of each fiscal year and that outlays would follow historical spending patterns.

H.R. 1289 would reauthorize the Mammography Quality Standards Act (MQSA) through 2002, with some slight modifications to current law. Section 2 would reauthorize the breast cancer screening surveillance research grant program, administered by the National Cancer Institute, at a cost of \$4 million in 1998 and \$19 million over the 1998-2002 period. This program, operated jointly with the Centers for Disease Control and Prevention and the Department of Defense, funds research to determine the cost and effectiveness of screening programs in reducing breast cancer mortality.

	By Fiscal Year, in Millions of Dollars					
	1997	1998	1999	2000	2001	2002
<b>SPENDING SUBJECT TO APPROPRIATION</b>						
Spending Under Current Law						
Authorization Level <sup>a</sup>	16	0	0	0	0	0
Estimated Outlays	16	3	1	0	0	0
Proposed Changes						
Authorization Level	0	17	18	18	19	19
Estimated Outlays	0	14	17	18	19	19
Spending Under H.R. 1289						
Authorization Level <sup>a</sup>	16	17	18	18	19	19
Estimated Outlays	16	17	18	18	19	19

a. The 1997 level is the amount appropriated for that year.

Section 2 would also reauthorize funding for program activities that are not supported by the MQSA user fees. These activities include administration of mammography facilities, consumer education, and mammography standards. This provision would cost the federal government \$13 million in 1998 and \$71 million over the 1998-2002 period.

Section 5 would permit Food and Drug Administration (FDA) inspectors to enter any mammography facility to determine compliance with MQSA certification requirements. Under current law, the agency is authorized to enter only certified facilities. According to the FDA, only a small number of unlicensed mammography facilities are operational; therefore, the agency would have to conduct few additional inspections under the proposal. Based on data provided by the FDA, CBO estimates that this provision would increase federal costs by less than \$1 million annually.

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

## **ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS**

H.R. 1289 as introduced contains no intergovernmental mandates as defined in UMRA and would impose no costs on the budgets of state, local, or tribal governments.

The bill would allow the Secretary of Health and Human Services to require certain mammogram facilities to notify patients if the quality of care in those facilities was found to fall short of existing statutory standards. While most of the affected mammogram facilities are privately owned, some are operated by state or local governments. Facilities would be free from the responsibility to make such notifications, however, if they were in compliance with the underlying standards. Consequently, this provision would not be considered a mandate under UMRA, but rather a sanction for violating an existing mandate. The bill would also allow local governments to be approved for conducting inspections of mammogram facilities.

## **ESTIMATED IMPACT ON THE PRIVATE SECTOR**

H.R. 1289 as introduced does not include any private-sector mandates as defined in UMRA.

**PREVIOUS CBO ESTIMATE:** H.R. 1289 is identical to S. 537 as introduced in the Senate on April 9, 1997. CBO's estimate of the cost of that bill is identical to this estimate.

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