

S. 1840, SCREENS for Cancer Act of 2023

As reported by the Senate Committee on Health, Education, Labor, and Pensions on February 1, 2024

By Fiscal Year, Millions of Dollars		2024	2024-2029	2024-2034
Direct Spending (Outlays)		0	0	0
Revenues		0	0	0
Increase or Decrease (-) in the Deficit		0	0	0
Spending Subject to Appropriation (Outlays)		0	1,079	not estimated
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Statutory pay-as-you-go procedures apply?		No
	Mandate Effects			
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Contains intergovernmental mandate?		No
		Contains private-sector mandate?		No

S. 1840 would reauthorize the appropriation of \$275 million each year from 2024 to 2028 for the National Breast and Cervical Cancer Early Detection Program, which is administered by the Centers for Disease Control and Prevention (CDC). Under the program, CDC provides grants to states to support access to screening, diagnosis, and treatment of breast and cervical cancer. The bill also would expand the eligible purposes for those grants and amend the program’s evaluation and reporting requirements. In 2024, CDC allocated \$235.5 million for the program. In addition, S. 1840 would require the Government Accountability Office (GAO) to report to the Congress on the program’s operations.

Based on the costs of similar activities, CBO estimates that it would cost less than \$500,000 for GAO to complete the required report. Assuming appropriation of the specified and estimated amounts, and using historical spending patterns for similar activities, CBO estimates that implementing S. 1840 would cost \$1.1 billion over the 2024-2029 period.

On August 22, 2024, CBO transmitted a [cost estimate for H.R. 3916](#), the SCREENS for Cancer Act of 2024, as reported by the House Committee on Energy and Commerce on May 24, 2024. The two bills are similar; however, S. 1840 would reauthorize the program for a different period and require a GAO report. CBO’s estimates of the bills reflect those differences.

The costs of the legislation, detailed in Table 1, fall within budget function 550 (health).

See also

[CBO’s Cost Estimates Explained](#), [CBO Describes Its Cost-Estimating Process](#), [Glossary](#)



Table 1.
Estimated Increases in Spending Subject to Appropriation Under S. 1840

	By Fiscal Year, Millions of Dollars						2024-2029
	2024	2025	2026	2027	2028	2029	
Estimated Authorization	40	275	275	275	275	0	1,140
Estimated Outlays	0	132	257	264	269	157	1,079

The CBO staff contact for this estimate is Jada Ho. The estimate was reviewed by Sarah Masi, Senior Adviser for Budget Analysis.

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