



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

July 28, 2014

S. 2154
Emergency Medical Services for Children Reauthorization
Act of 2014

*As reported by the Senate Committee on Health, Education, Labor,
and Pensions on July 23, 2014*

SUMMARY

S. 2154 would amend the Public Health Service Act to reauthorize activities intended to reduce child morbidity and mortality by improving emergency medical services for children. Those activities are supported by grants administered by the Health Resources and Services Administration (HRSA).

The bill would authorize appropriations of about \$20 million in 2015 and \$101 million over the 2015-2019 period. CBO estimates that implementing S. 2154 would cost \$90 million over the 2015-2019 period, assuming appropriation of the authorized amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

The bill 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. 2154 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2015-2019
	2015	2016	2017	2018	2019	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	20	20	20	20	20	101
Estimated Outlays	10	20	20	20	20	90

Note: Numbers may not sum to totals because of rounding.

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 2154 will be enacted before the end of fiscal year 2014, that the Congress will appropriate the authorized amounts, and that spending will follow historical patterns for HRSA activities.

S. 2154 would authorize the appropriation of about \$20 million a year for fiscal years 2015 through 2019 for HRSA to provide grants to states, territories, and institutions of higher education. Those grants support research and training to improve the quality of emergency care services provided to children. In fiscal year 2014, the HRSA allocated \$20 million of its appropriation for such activities. CBO estimates that implementing the bill would cost \$90 million over the 2015-2019 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 2154 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. The bill would reauthorize grant funding to expand and improve emergency medical services for children in need of treatment for trauma or critical care. State, local, or tribal governments that choose to apply for those grants would benefit from the additional support.

PREVIOUS CBO ESTIMATE

On July 22, 2014, CBO transmitted a cost estimate for H.R. 4290, the Wakefield Act of 2014, as ordered reported by the House Committee on Energy and Commerce on July 15, 2014. H.R. 4290 would authorize the appropriation of about \$30 million a year for fiscal years 2015 through 2019 for HRSA to administer the grant program. The different authorization amounts are reflected in the cost estimates for the two bills.

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