



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

October 1, 1997

### **H.R. 1679** **Cardiac Arrest Survival Act**

*As introduced on May 20, 1997*

H.R. 1679 specifies several activities the National Heart, Lung and Blood Institute (NHLBI) may undertake regarding emergency care for individuals who suffer cardiac arrest. If NHLBI undertook them, it would cost about \$10 million annually over the 1998-2002 period. The bill also calls for the establishment of a Commission on Cardiac Arrest Survival. CBO estimates this Commission would cost about \$500,000 over the 1998-1999 period. The Cardiac Arrest Survival Act would not affect direct spending and receipts; therefore, pay-as-you-go procedures would not apply. The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act of 1995 and would impose no costs on state, local, or tribal governments.

NHLBI activities under this bill could include development of core content for training programs regarding emergency medical care for cardiac arrest, implementation of a demonstration project using the core content, development of model state legislation, development of a national database for reporting and collecting information regarding cardiac arrest, and publication of a biennial public report. Although authorizing legislation for the National Heart, Blood Vessel, Lung, and Blood Diseases and Blood Resources Program of the NHLBI is already sufficiently broad to allow for all of these activities, only some activities specified in the bill are already underway. For example, the NHLBI National Heart Attack Alert Program already provides information for health care providers, patients, and the public regarding emergency response for patients with symptoms of a heart attack. Among the activities that NHLBI is not now carrying out, the most costly would be development of a national database. Based on information from NHLBI, CBO estimates the collection of standardized information would cost \$10 million dollars per year. H.R. 1679 would not require NHLBI to undertake every activity specified, and it would not authorize additional appropriations to the agency. The 1997 appropriation for NHLBI was \$1.4 billion.

H.R. 1679 would also establish a 15-member Commission on Cardiac Arrest Survival. The Commission would provide recommendations on effective methods to increase survival from cardiac arrest, and it would be required to complete a report for the Congress within 18

months. Based on information regarding the cost of meetings for the Prospective Payment Assessment Commission, which is similar in size, CBO estimates this provision would cost about \$500,000 over the 1998-1999 period.

The CBO staff contact for this estimate is Jennifer Jenson. The estimate was approved by Paul N. Van de Water, Assistant Director for Budget Analysis.