



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

October 8, 2004

S. 1217

Keeping Seniors Safe from Falls Act of 2004

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on September 22, 2004*

SUMMARY

S. 1217 would direct the Secretary of Health and Human Services to intensify public education and research efforts to prevent falls among older adults. Many of the activities specified by the bill are conducted by the Centers for Disease Control and Prevention (CDC) under its general injury-prevention authority, but implementing the bill would increase the number and scope of such fall-reduction programs. Accordingly, assuming appropriation of necessary amounts, CBO estimates that implementing S. 1217 would cost \$1 million in 2005 and \$12 million over the 2005-2009 period. Enacting S. 1217 would not affect direct spending or revenues.

S. 1217 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

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

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 1217 will be enacted near the start of fiscal year 2005, that the necessary amounts will be appropriated for each fiscal year, and that outlays will follow the historical spending rates of similar CDC programs.

	By Fiscal Year, in Millions of Dollars				
	2005	2006	2007	2008	2009
SPENDING SUBJECT TO APPROPRIATION					
CDC Spending Under Current Law ^a					
Estimated Authorization Level	4,656	4,730	4,825	4,926	5,039
Estimated Outlays	4,462	4,553	4,688	4,830	4,931
Proposed Changes					
Estimated Authorization Level	3	3	3	3	3
Estimated Outlays	1	2	3	3	3
CDC Spending Under S. 1217					
Estimated Authorization Level	4,659	4,733	4,828	4,929	5,042
Estimated Outlays	4,463	4,555	4,691	4,833	4,934

a. Current-law estimates are CBO baseline projections that reflect the 2004 appropriation (\$4,589 million) adjusted for anticipated inflation.

S. 1217 would amend the Public Health Service Act (PHSA) to direct the Secretary of Health and Human Services to pursue programs to study and prevent falls among older adults. In general, the PHSA authorizes appropriations for the injury-prevention and control activities it defines. S. 1217 would authorize public education campaigns, demonstration projects, and research activities.

The CDC currently pursues many of the activities specified in S. 1217 under its general authority to research and prevent injuries. Its initiative, "Preventing Injuries Among Older Adults," focuses primarily on injuries from falls and motor vehicle crashes. This program operates demonstration programs with the states, funds research and education through non-profit organizations, and funds prevention research on falls among older adults, just as S. 1217 would require. In fiscal 2004, the CDC spent almost \$2 million on fall-prevention and other injury-reduction efforts directed at older adults. Based on information from CDC, CBO expects that implementing S. 1217 would lead to an expansion of those efforts, and that the expanded program would be comparable in scope to existing programs to prevent unintentional injuries. CBO estimates the new fall-prevention activities would cost \$1 million in 2005 and \$12 million over the 2005-2009 period, assuming appropriation of necessary amounts.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1217 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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