



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

May 22, 2007

**H.R. 2199  
Traumatic Brain Injury Health Enhancement and Long-Term  
Support Act of 2007**

*As ordered reported by the House Committee on Veterans' Affairs  
on May 15, 2007*

**SUMMARY**

H.R. 2199 would expand the health care available to veterans with traumatic brain injuries and would create a pilot program to provide mental health care and services to veterans in rural areas. CBO estimates that implementing this bill would cost the Department of Veterans Affairs (VA) \$27 million in 2008 and \$138 million over the 2008-2012 period, assuming the appropriation of the necessary amounts. Enacting the bill would not affect direct spending or revenues.

H.R. 2199 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 H.R. 2199 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

**BASIS OF ESTIMATE**

For this estimate, CBO assumes the legislation will be enacted near the end of fiscal year 2007, that the necessary funds for implementing the bill will be provided each year, and that the outlays will follow historical spending patterns for the VA medical services program.

H.R. 2199 would require the Secretary of VA to create several programs that would enhance the care provided to veterans with traumatic brain injuries. The bill also would establish a pilot program that would use mobile centers to provide counseling and other health services to veterans in rural areas. CBO estimates that implementing H.R. 2199 would cost \$27 million in 2008 and \$138 million over the 2008-2012 period, subject to appropriation of the necessary amounts.

---

	By Fiscal Year, in Millions of Dollars					
	2007	2008	2009	2010	2011	2012
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>						
Estimated Authorization Level	0	30	36	36	29	9
Estimated Outlays	0	27	35	36	29	11

---

### **Traumatic Brain Injury Centers**

Section 2 would require VA to establish and operate up to five centers for research, education, and clinical activities focused on traumatic brain injury. CBO expects that those centers would be located within existing VA medical centers and would be established after a facility submits a proposal to be designated as a traumatic brain injury center and a peer review panel determines that the proposal meets certain standards. H.R. 2199 would authorize the appropriation of \$10 million in 2008 and \$20 million in each of years 2009 through 2011 to support those centers. CBO estimates that implementing this provision would cost \$9 million in 2008 and \$70 million over the 2008-2012 period.

### **Long-Term Care for Traumatic Brain Injury**

Section 2 also would require a program of long-term care, to include residential facilities, community-based care, and home-based care for veterans with moderate-to-severe traumatic brain injuries. The program would be carried out at four VA medical centers that already specialize in care for servicemembers with multiple injuries. VA already provides long-term care for veterans with severe traumatic brain injuries, either at a VA medical facility, at a state-run veterans' nursing home, or through contract care provided in the veteran's community. VA has indicated that it would meet the requirements of this section by creating four centers that would specialize in caring for veterans with brain injuries, in addition to the four centers that already exist. Based on information from VA regarding the number of employees needed to staff these centers and the renovation and equipment needed to establish

a center, CBO estimates that implementing this provision would cost \$11 million in 2008 and about \$45 million over the 2008-2012 period, assuming appropriation of the necessary amounts each year.

### **Mobile Health Centers for Rural Veterans**

Section 3 would authorize a three-year pilot program in which VA would use mobile health centers to provide readjustment counseling and related health services to veterans in rural areas. The bill would require the use of two mobile centers in each of five specific geographic areas. Other mobile centers could be established if the Secretary determined they were needed. In addition to counseling and mental health services, the mobile centers would advise veterans of other benefits they may be eligible for and, to the extent possible, would help the veterans to apply for those additional benefits.

H.R. 2199 would authorize the appropriation of \$7.5 million a year for three years to fund the mobile centers. CBO estimates that implementing this section would cost \$7 million in 2008 and about \$22 million over the 2008-2012 period.

### **Other Provisions**

Section 2 also would require VA to:

- Screen all veterans for signs and symptoms of traumatic brain injury—which VA has already begun;
- Establish a committee to assess VA’s traumatic brain injury programs;
- Create a registry of veterans being treated for traumatic brain injury; and
- Establish offices at polytrauma centers to assist veterans who need care outside of VA.

CBO estimates that implementing those additional provisions would have an insignificant impact on discretionary spending.

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

H.R. 2199 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

### **ESTIMATE PREPARED BY:**

Federal Costs: Michelle S. Patterson

Impact on State, Local, and Tribal Governments: Melissa Merrell

Impact on the Private Sector: Victoria Liu

### **ESTIMATE APPROVED BY:**

Peter H. Fontaine

Deputy Assistant Director for Budget Analysis