



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

July 23, 2007

### **S. 793**

### **Reauthorization of the Traumatic Brain Injury Act**

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions  
on June 27, 2007*

#### **SUMMARY**

S. 793 would amend the Public Health Services Act to authorize research and public health activities related to trauma and traumatic brain injury (TBI). CBO estimates that implementing the bill would cost \$106 million in 2008 and \$1.5 billion over the 2008-2012 period, subject to the appropriation of the necessary amounts. Enacting S. 793 would not affect direct spending or federal revenues.

S. 793 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state governments and Indian consortia would result from complying with conditions of federal assistance.

#### **ESTIMATED COST TO THE FEDERAL GOVERNMENT**

The estimated budgetary impact of S. 793 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

#### **BASIS OF ESTIMATE**

S. 793 would authorize funding for research, treatment, surveillance, and education activities related to trauma and traumatic brain injury at the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). It also would direct the Government Accountability Office to conduct a study on the care for members of the armed forces who have acquired disabilities serving in Iraq. CBO estimates that those activities would require the appropriation of \$373 million in 2008 and \$1.5 billion over the years 2008-2012. Assuming the appropriation of necessary amounts, CBO estimates that implementing S. 793 would cost \$106 million in 2008 and \$1.5 billion over the 2008-2012 period.

	By Fiscal Year, in Millions of Dollars					
	2007	2008	2009	2010	2011	2012
<b>SPENDING SUBJECT TO APPROPRIATION</b>						
Spending Under Current Law						
Budget Authority <sup>a</sup>	366	0	0	0	0	0
Estimated Outlays	367	263	59	11	4	0
Proposed Changes						
Estimated Authorization Level <sup>a</sup>	0	373	381	390	397	6
Estimated Outlays	0	106	315	370	386	285
Spending Under S. 793						
Estimated Authorization Level <sup>a</sup>	366	373	381	390	397	6
Estimated Outlays	367	369	374	381	390	285

a. The 2007 level is the amount appropriated for that year for research and other federal activities related to traumatic brain injury.

The NIH estimates that it will allocate \$352 million for trauma-related activities in fiscal year 2007. S. 793 would authorize the appropriation of such sums as are necessary for those activities over the 2008-2011 period. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that NIH would require the appropriation of \$359 million for 2008 and \$1.5 billion over the 2008-2012 period to conduct the authorized activities. Implementing those programs would cost \$101 million in 2008 and \$1.4 billion over the 2008-2012 period, assuming appropriation of the necessary amounts.

HRSA allocated \$9 million in 2007 for grants to states to expand access to care and protection services for TBI. S. 793 would authorize the appropriation of such sums as are necessary for those activities over the 2008-2011 period, and would expand the program to allow consortia of American Indians to receive such grants. Based on historical spending of the programs, CBO estimates that the agency would require the appropriation of \$9 million in 2008 and \$38 million over the 2008-2011 period to carry out activities specified by the bill. CBO estimates that implementing those provisions of S. 793 would cost \$3 million in 2008 and \$34 million over the 2007-2011 period, assuming appropriation of necessary amounts and that future rates of spending resemble historical patterns for similar activities.

In 2007, the Centers for Disease Control and Prevention allocated \$5 million for TBI-related activities, including grants to states' TBI surveillance programs and educational activities. S. 793 would authorize the appropriation of necessary amounts for those and other TBI-related activities, which CBO estimates would require \$5 million in 2008 and \$29 million over the 2008-2012 period. Based on historical spending patterns for those activities, and

assuming appropriation of necessary amounts, CBO estimates that implementing S. 793's CDC provisions would cost \$2 million in 2008 and \$23 million over the 2008-2012 period.

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

S. 793 contains no intergovernmental or private-sector mandates as defined in UMRA. State governments and Indian consortia would benefit from grant funding authorized by the bill. Any costs incurred by those entities to qualify for such grants would be incurred voluntarily as conditions of federal assistance.

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