



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

January 8, 2014

**H.R. 1098
Traumatic Brain Injury Reauthorization Act of 2013**

*As ordered reported by the House Committee on Energy and Commerce
on December 11, 2013*

SUMMARY

H.R. 1098 would amend provisions of the Public Health Service Act that authorize the Department of Health and Human Services to conduct activities related to traumatic brain injury. Those activities, including the study and surveillance of traumatic brain injury and the awarding of grants that support access to services, are carried out by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

The bill would authorize the appropriation of about \$16 million annually for fiscal years 2014 through 2018 for activities related to traumatic brain injury. CBO estimates that implementing the bill would cost about \$74 million over the 2014-2019 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 impact of H.R. 1098 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars						2014-
	2014	2015	2016	2017	2018	2019	2019
CHANGES IN SPENDING SUBJECT TO APPROPRIATION							
CDC							
Authorization Level	6	6	6	6	6	0	31
Estimated Outlays	2	5	6	6	6	4	29
HRSA							
Authorization Level	10	10	10	10	10	0	49
Estimated Outlays	2	7	9	10	10	8	45
Total Changes							
Authorization Level	16	16	16	16	16	0	79
Estimated Outlays	4	12	15	16	16	11	74

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

BASIS OF ESTIMATE

H.R. 1098 would authorize annual appropriations of about \$16 million each year for fiscal years 2014 through 2018 for CDC and HRSA to administer activities related to traumatic brain injury. The Congress appropriated about \$16 million for such activities for fiscal year 2013. Sequestration under the Budget Control Act of 2011 reduced the 2013 funding to about \$15 million. That reduced funding level has been continued in fiscal year 2014 through January 15, 2014. For this estimate, CBO assumes that the bill will be enacted in early 2014 and that the authorized amounts will be appropriated for each year.

The bill would authorize the appropriation of \$6.1 million annually for the fiscal year 2014-2018 period for CDC to provide grants to states to develop or operate surveillance systems that measure the incidence and prevalence of traumatic brain injury. The authorized appropriations also would support CDC's efforts to study traumatic brain injury. Based on historical spending for those activities, CBO estimates that implementing those provisions would cost about \$29 million over the 2014-2019 period, assuming the appropriation of specified amounts.

H.R. 1098 would authorize the appropriation of \$9.7 million annually for fiscal years 2014 through 2018 for HRSA to provide grants to state and tribal governments to expand access to care and protection services for individuals with traumatic brain injury. Based on historical patterns of spending for those activities, CBO estimates that implementing those

provisions would cost about \$45 million over the 2014-2019 period, assuming appropriation of the specified amounts.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1098 contains no intergovernmental or private-sector mandates as defined in UMRA. State, local, and tribal governments that provide traumatic brain injury services could benefit from grant funds authorized by the bill.

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