



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

July 25, 2014

S. 315
**Paul D. Wellstone Muscular Dystrophy Community Assistance,
Research, and Education Amendments of 2014**

*As reported by the Senate Committee on Health, Education, Labor,
and Pensions on July 23, 2014*

SUMMARY

S. 315 would amend the Public Health Service Act to reauthorize surveillance, research, and education activities relating to muscular dystrophy. The bill would expand the portfolios of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to include additional forms of muscular dystrophy. It also would direct CDC to capture more representative data regarding muscular dystrophy across populations.

CBO estimates that implementing S. 315 would cost \$323 million over the 2015-2019 period, assuming appropriation of the necessary amounts. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

S. 315 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 effect of S. 315 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2015- 2019
	2015	2016	2017	2018	2019	
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	78	80	81	83	85	407
Estimated Outlays	20	64	77	80	83	323

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

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 315 will be enacted near the end of fiscal year 2014, that the necessary amounts will be appropriated each year, and that outlays will follow historical spending patterns for the affected programs.

The CDC and NIH administer activities that support surveillance, research, and education activities for muscular dystrophy of various forms. Authority to operate NIH-funded programs expired at the end of fiscal year 2009. However, since 2009 the Congress has appropriated funds each year for NIH to continue operating its research programs. The Congress appropriated about \$30 billion to the NIH for fiscal year 2014. Of that total, NIH allocated about \$78 million for activities related to muscular dystrophy.

S. 315 would reauthorize NIH-funded initiatives for the advancement of muscular dystrophy education, research, and treatment. CBO estimates that implementing S. 315 would cost \$323 million for NIH activities over the 2015-2019 period, assuming the availability of appropriated funds. The bill would not increase CDC's current surveillance and research activities regarding muscular dystrophy; thus, CBO expects that the legislation would not affect spending by CDC to administer those programs.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 315 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

PREVIOUS COST ESTIMATE

On July 23, 2014, CBO transmitted a cost estimate for H.R. 594, the Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2014, as ordered reported by the House Committee on Energy and Commerce on July 15, 2014. The two bills are substantively identical and the cost estimates are the same.

Research projects related to muscular dystrophy are currently underway at the NIH. Among other things, both bills would slightly modify the scope of NIH research related to muscular dystrophy by specifying additional areas of investigation.

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