



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

March 19, 2007

H.R. 727

Trauma Care Systems Planning and Development Act of 2007

*As ordered reported by the House Committee on Energy and Commerce
on March 15, 2007*

SUMMARY

H.R. 727 would amend the Public Health Service Act to authorize several emergency services and trauma care programs administered by the Health Resources and Services Administration (HRSA). The trauma care programs include grants and cooperative agreements to assist states in the improvement and development of trauma care systems and emergency care residency training programs.

Assuming that the specified amounts are appropriated for fiscal years 2008 through 2012, CBO estimates that implementing H.R. 727 would cost \$40 million over the 2008-2012 period. The legislation would not affect direct spending or receipts.

H.R. 727 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would benefit states. The bill would authorize grant programs designed to improve the quality of trauma care systems. States that choose to apply for those grants would have to provide matching funds, but any costs they face would be incurred voluntarily.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 727 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Authorization Level	12	10	8	8	8
Estimated Outlays	5	10	9	8	8

BASIS OF ESTIMATE

H.R. 727 would authorize the appropriation of \$12 million in fiscal year 2008, \$10 million in 2009, and \$8 million in each of fiscal years 2010 through 2012 for trauma-related grant programs. The bill also would authorize the appropriation of \$400,000 a year for grants to plan and develop residency programs in emergency medicine. Based on spending patterns for similar grant programs (which were funded through 2006), and assuming authorization of specified amounts, CBO estimates that implementing H.R. 727 would cost \$5 million in 2008 and \$40 million over the 2008-2012 period.

The bill would authorize HRSA to make grants to states for the planning, development, and improvement of trauma care centers and systems. H.R. 727 also would authorize HRSA to make grants to public and private nonprofit entities to improve access to trauma care and to conduct research and demonstration projects to improve the availability and quality of emergency medical services in rural areas.

The planning grant part of the program provides federal matching payments to funds spent by states. The federal government would provide \$1 for every \$1 of state spending in the second and third year and \$1 for every \$2 of state spending in the fourth and subsequent years. The grants to public or private nonprofit agencies would not require matching payment by those agencies. CBO estimates that implementing the grant programs would cost \$5 million in 2008 and \$38 million over the 2008-2012 period, assuming the appropriation of the specified amounts.

The grants for residency training programs in emergency medicine would provide funding to public and private nonprofit entities to develop residency programs with an emphasis on treatment and referral of domestic violence cases. CBO estimates that implementing this provision would cost \$2 million over the 2008-2012 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

The bill contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments. The bill would authorize grant programs designed to improve the quality of trauma care systems. States that choose to apply for those grants would have to provide matching funds, but any costs they face would be incurred voluntarily.

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