



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

April 17, 2008

**S. 1551
Comprehensive Tuberculosis Elimination Act of 2007**

*As reported by the Senate Committee on Health, Education, Labor and Pensions on
December 18, 2007*

SUMMARY

S. 1551 would amend the Public Health Service Act to authorize funding for grants to states and local governments, research on treatment and prevention, and other activities intended to eliminate tuberculosis in the United States. CBO estimates that implementing S. 1551 would cost \$11 million in 2008 and \$2.2 billion over the 2009-2013 period, assuming appropriation of the authorized amounts.

S. 1551 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA), and would have no effect on direct spending or revenues of the federal government.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1551 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	2013
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law						
CDC						
Budget Authority	140	0	0	0	0	0
Estimated Outlays	135	86	50	5	1	0
NIH						
Budget Authority ^b	165	0	0	0	0	0
Estimated Outlays	159	118	40	15	5	0
Total Spending						
Budget Authority	305	0	0	0	0	0
Estimated Outlays	294	204	90	20	6	0
Proposed Changes						
CDC						
Estimated Authorization Level	290	440	448	457	468	0
Estimated Outlays	11	343	460	438	453	288
NIH						
Estimated Authorization Level	0	168	0	0	0	0
Estimated Outlays	0	44	79	26	10	5
Total Changes						
Estimated Authorization Level	290	608	448	457	468	0
Estimated Outlays	11	387	539	464	463	293
Spending Under S. 1551						
CDC						
Estimated Authorization Level	430	440	448	457	468	0
Estimated Outlays	146	429	510	443	454	288
NIH						
Estimated Authorization Level	165	168	0	0	0	0
Estimated Outlays	159	162	119	41	15	5
Total Spending Under S. 1551						
Estimated Authorization Level	595	608	448	457	468	0
Estimated Outlays	305	591	629	484	469	293

Note: CDC = Centers for Disease Control and Prevention, NIH = National Institutes of Health.

- a. The 2008 level is the amount appropriated for that year for tuberculosis control activities at CDC.
b. The 2008 level is the amount appropriated for that year for tuberculosis research at NIH.

BASIS OF ESTIMATE

S. 1551 would modify the Public Health Service Act to authorize programs to detect, prevent, and treat tuberculosis. The bill also would authorize research on new vaccines, treatment interventions, tests, and other tools to help eliminate tuberculosis in the United States. Those activities would be administered by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). CDC's activities would be authorized for fiscal years 2008 through 2012, and NIH's activities would be authorized for fiscal years 2008 and 2009. This estimate assumes that the authorized amounts would be provided in a supplemental appropriation for 2008 and near the start of subsequent fiscal years, and that outlays would follow historical patterns for similar activities. CBO estimates that implementing S. 1551 would cost \$11 million in 2008 and \$2.2 billion over the 2009-2013 period.

CDC's Activities. The bill would authorize CDC to administer grant programs, research and demonstration programs, and research activities related to tuberculosis. Based on information provided by CDC, CBO estimates that the agency will spend \$135 million of its 2008 appropriation for activities specified by the bill. In total, CBO estimates that the additional cost for CDC to implement S. 1551 would amount to \$11 million in fiscal year 2008 and \$2.0 billion over the 2008-2013 period.

The bill would authorize the appropriation of \$300 million for 2008 and such sums as may be necessary for the 2009-2012 period to provide grants to states, local governments, and other public entities for the prevention, control, and elimination of tuberculosis in the United States. CBO estimates that implementing that provision would cost \$8 million in 2008 and \$1.4 billion over the 2008-2013 period, assuming appropriation of the authorized amounts.

In addition, S. 1551 would authorize the appropriation of such sums as are necessary for research and demonstration programs that promote the elimination of tuberculosis in the United States. CBO estimates that the CDC would require the appropriation of an additional \$7 million for such activities in 2008 and \$134 million over the 2008-2012 period. Assuming the appropriation of the necessary amounts, CBO estimates that implementing that provision would cost less than \$500,000 in 2008 and \$126 million over the 2008-2013 period.

The bill also would authorize appropriation of \$100 million for 2008 and such sums as are necessary for the 2009-2012 period for research on new tools to help eliminate tuberculosis in the United States. The tools include vaccines, treatment, interventions, and diagnostic tests. That authorization would apply only for years in which the appropriated amount for other activities relating to the elimination of tuberculosis in the United States exceeds its level in 2007. (For 2008, the amount appropriated for those activities was \$6 million more than the amount appropriated for 2007.) Assuming that the 2007 level continues to be surpassed for

those other activities, CBO estimates that implementing that provision would cost \$3 million in 2008 and \$467 million over the 2009-2013 period.

NIH Activities. NIH estimates that it will spend \$159 million on tuberculosis research in fiscal year 2008. S. 1551 would modify title IV of the Public Health Service Act to direct the Director of the NIH to conduct research on tuberculosis, particularly with regard to drug-resistant tuberculosis and the relationship between tuberculosis and the human immunodeficiency virus. Activities under title IV are authorized through fiscal year 2009, so this estimate reflects an authorization of funding only for that year. Based on information provided by NIH, CBO expects that implementing S. 1551 would not have a significant effect on tuberculosis-related research or spending at NIH in fiscal year 2008, and would cost \$164 million over the 2009-2013 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1551 contains no intergovernmental or private-sector mandates as defined in the UMRA.

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