



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

July 29, 2014

**S. 2405**  
**Trauma Systems and Regionalization of Emergency Care**  
**Reauthorization Act**

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

**SUMMARY**

S. 2405 would amend the Public Health Service Act to authorize funding for public and private entities that provide trauma and emergency care services and for the administration of the Federal Interagency Committee on Emergency Medical Services (FICEMS).

The bill would authorize the appropriation of \$24 million a year for each of fiscal years 2015 through 2019. CBO estimates that implementing the bill would cost \$101 million over the 2015-2019 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 S. 2405 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-<br>2019 |
|---|--|------|------|------|------|---------------|
|   | 2015                                   | 2016 | 2017 | 2018 | 2019 |               |
| <b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b> |  |      |      |      |      |               |
| Authorization Level                                 | 24                                     | 24   | 24   | 24   | 24   | 120           |
| Estimated Outlays                                   | 10                                     | 21   | 23   | 23   | 24   | 101           |

**BASIS OF ESTIMATE**

For this estimate, CBO assumes that S. 2405 will be enacted before the end of fiscal year 2014, that the Congress will appropriate the authorized amounts, and that spending will follow historical patterns for similar programs. In fiscal year 2014, no funds were appropriated for the programs that would be authorized by this bill.

S. 2405 would authorize the appropriation of \$24 million a year for 2015 through 2019 for public and private entities that provide trauma and emergency care services and for the administration of FICEMS. The bill also would require states that receive grant aid to comply with national standards and requirements for designating verified burn centers. Finally, the bill would require the Secretary of Health and Human Services to submit a report to the Congress on federal and state activities associated with trauma and emergency care services.

Based on historical patterns of spending for similar activities, CBO estimates that implementing the bill would cost \$101 million over the 2015-2019 period, assuming appropriation of the specified amounts.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

**INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

S. 2405 contains no intergovernmental or private-sector mandates as defined in UMRA. The bill would reauthorize grant programs that state governments could use to improve trauma care systems. Any costs to those governments for complying with grant conditions would be incurred voluntarily.

## **PREVIOUS CBO ESTIMATE**

On April 16, 2014, CBO transmitted a cost estimate for H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, as ordered reported by the House Committee on Energy and Commerce on April 3, 2014. The two bills are nearly identical and the cost estimates are the same.

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