



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

July 30, 2014

S. 2539

Traumatic Brain Injury Reauthorization Act of 2014

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

SUMMARY

S. 2539 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 also would require the Secretary of Health and Human Services and CDC to undertake additional activities including providing reports to the Congress relating to traumatic brain injury.

The bill would authorize the appropriation of about \$15 million annually for fiscal years 2015 through 2019 for activities related to traumatic brain injury. CBO estimates that implementing the bill would cost \$61 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. 2539 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						
CDC						
Authorization Level	7	7	7	7	7	33
Estimated Outlays	3	6	6	6	6	27
HRSA						
Authorization Level	9	9	9	9	9	43
Estimated Outlays	2	6	8	8	8	33
Reports to Congress						
Estimated Authorization Level	*	*	0	0	0	*
Estimated Outlays	*	*	0	0	0	*
Total Changes						
Authorization Level	15	15	15	15	15	76
Estimated Outlays	5	12	14	15	15	61

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

BASIS OF ESTIMATE

S. 2539 would authorize annual funding of about \$15 million each year for fiscal years 2015 through 2019 for CDC and HRSA to administer activities related to traumatic brain injury. The Congress appropriated \$16 million for such activities for fiscal year 2014. For this estimate, CBO assumes that the bill will be enacted before the end of fiscal year 2014 and that the authorized amounts will be appropriated for each year.

Out of the \$15 million specified for each year through 2019, the bill would authorize the appropriation of:

- \$6.6 million annually for the 2015-2019 period to support CDC's efforts to study traumatic brain injury and for CDC to provide grants to states to develop or operate

surveillance systems that measure the incidence and prevalence of traumatic brain injury. Based on historical spending for those activities, CBO estimates that implementing those provisions would cost \$27 million over the 2015-2019 period, assuming the appropriation of specified amounts.

- \$8.6 million annually for fiscal years 2015 through 2019 for HRSA to provide grants to state and tribal governments to expand access to care, advocacy, 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 \$33 million over the 2015-2019 period, assuming appropriation of the specified amounts.

In addition, the bill would require the Secretary to review interagency efforts for coordinating and providing recommendations regarding traumatic brain injuries and to report to the Congress on the adoption of recommendations made by CDC. Finally, S. 2539 would direct CDC in consultation with the National Institutes of Health to review brain injury management in children and submit a report to the Congress on such findings. Based on historical patterns of spending for similar activities, CBO estimates that implementing those provisions would cost less than \$500,000 over the 2015-2019 period, assuming the availability of appropriated funds.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 2539 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.

PREVIOUS CBO ESTIMATE

On January 8, 2014, CBO transmitted a cost estimate for H.R. 1098, the Traumatic Brain Injury Reauthorization Act of 2013, as ordered reported by the House Committee on Energy and Commerce on December 11, 2013. H.R. 1098 would authorize the appropriation of about \$16 million each year for fiscal years 2014 through 2018 for HRSA and CDC to administer the grant programs. The differences in the cost estimates reflect the differences in the two bills.

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