



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

September 6, 2007

S. 1183

Christopher and Dana Reeve Paralysis Act

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on August 3, 2007*

SUMMARY

S. 1183 would authorize the appropriation of \$25 million a year for fiscal years 2008 through 2011 for the Secretary of Health and Human Services (HHS) to undertake activities to improve the quality of life of those with paralysis and to establish a population-based database to be used for paralysis research. The bill also would authorize the Director of the National Institutes of Health (NIH) to award grants for the cost of planning, establishing, improving, and providing basic operating support to consortia focused on paralysis research and for multicenter networks focused on paralysis rehabilitation.

CBO estimates that implementing the bill would cost \$10 million in 2008 and \$93 million over the 2008-2012 period, assuming the appropriation of the authorized amounts. Enacting S. 1183 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); any costs to state and local governments would be incurred voluntarily.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1183 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	25	25	25	25	0
Estimated Outlays	10	20	24	24	15

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 1183 will be enacted near the start of fiscal year 2008 and that the authorized amounts will be appropriated for each year.

HHS Grants for Paralysis-Related Activities

S. 1183 would authorize the appropriation of \$25 million for each of fiscal years 2008 through 2011 for the Secretary of Health and Human Services to conduct studies and undertake activities to improve the quality of life with persons with paralysis, and to make grants to state and local agencies to establish a research database on paralysis. Based on historical spending patterns for similar activities, CBO estimates that implementing S. 1183 would cost \$10 million in 2008 and \$93 million over the 2008-2012 period.

NIH Support for Research Consortia

S. 1183 would explicitly authorize the Director of the NIH to award grants to public or private organizations for the cost of planning, establishing, improving, and providing basic operating support for consortia focused on paralysis research. Each consortium, which could be a single institution or multiple institutions, would be designated as a Christopher and Dana Reeve Paralysis Research Consortium.

The bill would authorize the Director of the NIH to award grants to public or private entities for planning, establishing, improving, and providing basic operating support for multicenter networks that would collaborate to design clinical intervention protocols.

According to officials at the NIH, the institutes are currently funding such activities. In fiscal year 2006, the NIH spent \$342 million on stroke research, \$85 million on traumatic brain injury research, and \$66 million on spinal cord injury research. Among the research funded

with this money are several research networks. For example, the Neurological Emergency Treatment Trials network funded through the National Institutes of Neurological Disorders and Stroke seeks to engage providers on the front lines in emergency rooms to carry out multicenter clinical trials to understand neurological emergencies. The National Institute for Child Health and Human Development (NICHD) funds several research networks. For example, in fiscal year 2006, NICHD funded six grants to build research infrastructure in the field of medical rehabilitation.

If S. 1183 were enacted, the most significant change at NIH would likely be the naming of research consortia after Christopher and Dana Reeve. CBO estimates that the NIH provisions of S. 1183 would not have any significant cost.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1183 contains no intergovernmental or private-sector mandates as defined in UMRA. Grants and research activities authorized in the bill for the study and treatment of paralysis and other physical disabilities would benefit state and local governments. Any costs to those governments to comply with grant conditions would be incurred voluntarily.

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