



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

January 28, 2015

**H.R. 203**  
**Clay Hunt Suicide Prevention for American Veterans Act**

*As ordered reported by the Senate Committee on Veterans' Affairs  
on January 21, 2015*

**SUMMARY**

H.R. 203 would require the Department of Veterans Affairs (VA) to have programs for mental health care and suicide prevention evaluated annually. The bill also would extend the period of eligibility for health care for combat veterans and establish pilot programs for community outreach and repayment of education loans. In total, CBO estimates that implementing the bill would cost \$24 million over the 2015-2020 period, subject to appropriation of the necessary amounts.

Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

H.R. 203 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

**ESTIMATED COST TO THE FEDERAL GOVERNMENT**

The estimated budgetary effect of H.R. 203 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

**BASIS OF ESTIMATE**

For this estimate, CBO assumes that the legislation will be enacted early in calendar year 2015, that the necessary amounts will be appropriated for each year, and that outlays will follow historical spending patterns for similar and existing programs.

	By Fiscal Year, in Millions of Dollars						2015- 2020
	2015	2016	2017	2018	2019	2020	
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>							
Evaluations of Mental Health Care and Suicide Prevention Programs							
Estimated Authorization Level	0	0	0	2	2	2	6
Estimated Outlays	0	0	0	2	2	2	6
Website on Mental Health Care Services							
Estimated Authorization Level	*	*	*	*	*	*	1
Estimated Outlays	*	*	*	*	*	*	1
Pilot Program for Repayment of Education Loans for Certain Psychiatrists							
Estimated Authorization Level	*	1	1	1	0	0	3
Estimated Outlays	*	1	1	1	*	0	3
Pilot Program on Community Outreach							
Estimated Authorization Level	1	2	2	2	0	0	7
Estimated Outlays	1	2	2	2	*	0	7
Collaborative Efforts to Prevent Suicide							
Estimated Authorization Level	*	*	*	*	*	*	1
Estimated Outlays	*	*	*	*	*	*	1
Extension of Enhanced Eligibility for Certain Veterans							
Estimated Authorization Level	1	1	1	1	1	1	7
Estimated Outlays	1	1	1	1	1	1	7
Total Changes							
Estimated Authorization Level	3	4	5	6	3	3	24
Estimated Outlays	3	4	5	6	3	3	24

Note: Components may not sum to totals because of rounding; \* = less than \$500,000.

CBO estimates that implementing H.R. 203 would have a discretionary cost of \$24 million over the 2015-2020 period, assuming appropriation of the estimated amounts.

### **Evaluations of Mental Health Care and Suicide Prevention Programs**

Section 2 would require VA to have an independent entity conduct annual evaluations of the mental health care and suicide prevention programs at the department. In 2013, VA

entered into a four-year contract with an independent entity for \$7.7 million to perform a comprehensive assessment of VA's mental health care system. That study will be completed at the end of fiscal year 2017. CBO assumes that assessment will address the requirements of this provision through 2017. As a result, we assume no additional cost from 2015 through 2017. Based on the costs of that assessment and adjusting for inflation, CBO estimates that section 2 would cost \$6 million over the 2018-2020 period for ongoing evaluations, assuming appropriation of the necessary amounts.

### **Website on Mental Health Care Services**

Section 3 would require VA to publish, at a centralized location on the Internet, up-to-date information for each Veteran Integrated Service Network (a regional VA health care system). That information would have to include the following items:

- Name and contact information of VA social work offices,
- Locations of VA mental health clinics, and
- Contact information of VA practitioners of mental health care.

We assume that VA would provide this information on their existing mental health care website. Based on previous efforts by VA to compile and publish information online, we estimate upfront costs in 2015 for information technology to revise the mental health care website and compile the data would total less than \$500,000. Thereafter, VA would be required to update the online material at least four times each year. Over the 2015-2020 period, CBO estimates the total cost of this provision would be \$1 million, assuming availability of discretionary funds.

### **Pilot Program for Repayment of Education Loans for Certain Psychiatrists**

Section 4 would require VA to carry out a three-year pilot program to repay the education loans of certain psychiatrists. Eligible psychiatrists would include those who are licensed as well as those in their last year of residency who agree to work at VA for a certain period of time. The department would be required to select at least 10 individuals each year for this pilot program, and to repay up to \$30,000 per individual for every year of obligated service.

For this estimate, CBO assumes that VA would completely repay the loans of 10 individuals in each year of the pilot program, and that half of the participants would be newly licensed psychiatrists and half would be established psychiatrists. Based on information from the National Center for Education Statistics and the Association of American Medical Colleges, we estimate that newly licensed and established psychiatrists would have average education loan debts of \$120,000 and \$50,000, respectively, in 2015. After factoring in the growth in costs for higher education, CBO estimates that

implementing the pilot program would cost \$3 million over the 2015-2020 period, assuming appropriation of the necessary amounts.

### **Pilot Program on Community Outreach**

Section 5 would require VA to conduct a three-year pilot program to assist veterans who recently left active-duty service in accessing mental health services offered by the department. The program would operate peer support networks and outreach programs at the local level in five regions of the VA health care system. To carry out this program, we estimate that VA would hire five peer support specialists at an annual salary of \$60,000 each, five clinical support staff (certified mental health professionals) at a salary of \$120,000 each, and a total of 10 support staff for the community outreach teams at a salary of \$60,000 each. After including benefits and taking account of inflation, CBO estimates that implementing this provision would increase costs for salary and benefits by \$6 million over the 2015-2020 period.

Section 5 also would require VA to hold an annual mental health summit during the three-year period of the pilot program. After factoring in costs for transportation, hotel accommodations, food, and conference space, CBO estimates discretionary costs of roughly \$200,000 each year for the annual summit. In total, CBO estimates that implementing section 5 would cost \$7 million over the 2015-2020 period, assuming appropriation of the necessary amounts.

### **Collaborative Efforts to Prevent Suicide**

Section 6 would authorize VA to collaborate with nonprofit organizations that provide mental health services. This section also would require VA to appoint a Director of Suicide Prevention Coordination to manage the collaborative efforts. According to VA, such collaboration is already ongoing. As a result, we estimate that the only additional cost would be for hiring a new director. Assuming a salary level of GS-15, CBO estimates those costs would total \$1 million over the 2015-2020 period.

### **Extension of Enhanced Eligibility for Certain Veterans**

Section 7 would extend—for one year after the date of enactment of H.R. 203—the period of enhanced enrollment in the VA health care system for certain veterans. Under current law, veterans who served after 2003 have up to five years after being discharged from the military to enroll in the VA health care system with enhanced priority (priority group 6).<sup>1</sup>

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1. Enrollment in the VA health care system is based on eight priority groups. The highest priority group consists of veterans who have the most severe service-connected disabilities (priority groups 1-3); the lowest priority group consists of higher-income veterans who have no compensable service-connected disabilities (priority groups 7-8). Section 7 would allow certain veterans to enroll under priority group 6, which makes veterans eligible for lower copayments when they receive services.

This section would extend that window by one year for veterans who separated from active-duty service between January 1, 2009, and January 1, 2011.

Based on data from VA on historical participation rates, CBO estimates that about 4,600 veterans would take advantage of the extended period of enhanced enrollment. This number does not include veterans who would qualify for higher priority groups (1 through 5). Using income data from the U.S. Census Bureau, we estimate that 3,200 of those veterans (or 70 percent) would have qualified and enrolled for VA health benefits under the income criteria of the lowest priority groups (priority groups 7 and 8). For those veterans, during the one-year period of enhanced eligibility, we estimate an annual difference in VA health care costs per enrollee of \$200. After the enhanced eligibility expires, we assume VA would shift those veterans to the lower priority groups that they would have otherwise enrolled in—therefore resulting in no additional costs in those years.

We expect that the remaining 1,400 veterans would not be eligible to enroll in the VA health care system under current law. For those veterans we estimate average annual costs of \$1,000 per enrollee, during the one-year period of enhanced eligibility. After that period, we assume VA would shift those veterans to the lower priority groups—with average annual costs of about \$800 per enrollee.

In total, CBO estimates that implementing this section would cost \$7 million over the 2015-2019 period, assuming appropriation of the necessary amounts.

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

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

H.R. 203 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

### **ESTIMATE PREPARED BY:**

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