



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 22, 2016

H.R. 3216 **Veterans Emergency Treatment Act**

*As ordered reported by the House Committee on Veterans' Affairs
on September 21, 2016*

H.R. 3216 would require the Department of Veterans Affairs (VA) to examine any veteran who requests care at an emergency department of a VA medical facility and who is enrolled in VA's health care system. Further, if such a veteran was determined to have an emergency medical condition, the facility would be required to provide treatment to stabilize the veteran or to transfer the veteran to another medical facility that could provide such treatment. VA reports that this bill would codify VA's current practice of emergency care, as outlined in the Veterans Health Administration's Directive 1101.05. Updated on September 2, 2016, the directive outlines the procedures to ensure that all enrolled veterans receive access to emergency care at VA's emergency departments.

CBO believes that the requirements of the directive comply with the requirements of this bill. As a result, CBO estimates that implementing H.R. 3216 would have insignificant costs for updating regulations over the 2017-2021 period; that spending would be subject to the availability of appropriated funds.

Enacting the legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 3216 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 3216 contains no intergovernmental or private mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of states, local, or tribal governments.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.