



CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE

November 6, 2017

**H.R. 2123**  
**Veterans E-Health and Telemedicine Support Act of 2017**

*As ordered reported by the House Committee on Veterans' Affairs  
on November 2, 2017*

H.R. 2123 would allow medical professionals employed by or working with the Department of Veterans Affairs (VA) to use telemedicine to provide health care to veterans in any state, regardless of the state in which the medical professional is licensed. According to VA, that provision would codify the department's current practice. Within one year of enactment, the bill would require VA to submit a report to the Congress on the effectiveness of telemedicine. CBO estimates that implementing the bill would cost less than \$500,000 over the 2018-2022 period to prepare the required report; any such spending would be subject to the availability of appropriated funds.

Enacting H.R. 2123 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 2123 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 2123 would impose an intergovernmental mandate as defined in the Unfunded Mandates Reform Act (UMRA) by preempting state laws that prohibit VA physicians from practicing telemedicine to treat veterans across state lines. Although it would limit the application of state regulations, the bill would impose no duty on state governments that would result in additional spending or any significant loss of revenues.

The bill contains no private-sector mandates as defined in UMRA.

The CBO staff contacts for this estimate are Ann E. Futrell (for federal costs) and Jon Sperl (for mandates). The estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.