

At a Glance

H.R. 3224, Deborah Sampson Act

As ordered reported by the House Committee on Veterans' Affairs on October 29, 2019

By Fiscal Year, Millions of Dollars	2020	2020-2024	2020-2029
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	41	322	not estimated

Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

The bill would

- Expand primary care for female veterans
- Increase the amount of health care provided to newborn children
- Pay for emergency transportation for newborn children to receive neonatal care
- Provide counseling in retreat settings to veterans and their dependents

Estimated budgetary effects would primarily stem from

- Hiring additional primary care physicians to provide services to female veterans
- Paying for additional days of medical care for complicated births

Areas of significant uncertainty include

- Estimating the number of physicians the Department of Veterans Affairs would hire to provide primary care services for female veterans and the amount of time needed to hire those staff
- Projecting the number of complicated births

Detailed estimate begins on the next page.

Bill Summary

H.R. 3224 would expand the medical care provided by the Department of Veterans Affairs (VA) to female veterans and newborn children. The bill also would require VA to operate a counseling program in retreat settings and establish a policy to address sexual harassment and sexual assault at department facilities. In total, implementing the bill would cost \$322 million over the 2020-2024 period, CBO estimates. Such spending would be subject to the appropriation of the estimated amounts.

Estimated Federal Cost

The estimated budgetary effects of H.R. 3224 are shown in Table 1. The costs of the legislation fall within budget function 700 (veterans benefits and services).

Table 1.
Estimated Increases in Spending Subject to Appropriation Under H.R. 3224

	By Fiscal Year, Millions of Dollars					2020-2024
	2020	2021	2022	2023	2024	
Primary Care for Female Veterans						
Estimated Authorization	10	19	40	41	42	152
Estimated Outlays	9	18	37	40	41	145
Care for Newborns						
Estimated Authorization	23	24	24	25	26	122
Estimated Outlays	20	23	23	24	25	115
Intimate Partner Violence and Sexual Assault						
Estimated Authorization	5	5	5	5	6	26
Estimated Outlays	4	5	5	5	6	25
Counseling in Retreat Settings						
Estimated Authorization	0	2	3	3	3	11
Estimated Outlays	0	2	3	3	3	11
Sexual Harassment and Assault						
Estimated Authorization	1	2	2	2	2	9
Estimated Outlays	1	2	2	2	2	9
Medical Residency Program						
Authorization	1	1	1	1	1	5
Estimated Outlays	1	1	1	1	1	5
Reports, Studies, and Other Administrative Requirements						
Estimated Authorization	6	3	1	1	1	12
Estimated Outlays	6	3	1	1	1	12
Total Changes						
Estimated Authorization	46	56	76	78	81	337
Estimated Outlays	41	54	72	76	79	322

Basis of Estimate

For this estimate, CBO assumes the legislation will be enacted at the beginning of 2020 and that the estimated amounts will be appropriated each year. Estimated outlays are based on historical spending patterns for the affected programs.

Primary Care for Female Veterans

Section 201 would require VA to provide primary care services to female veterans at each of the department's medical centers and outpatient clinics. According to VA, the department lacks primary care physicians who specialize in health care for female veterans at 96 of its outpatient clinics. CBO expects that in 2020 VA would hire 110 additional physicians on a full-time basis to provide primary care services to female veterans. At an average compensation of \$360,000, CBO estimates that employing those additional physicians would cost \$144 million over the 2020-2024 period.

In addition, section 201 would require VA to study the benefits of extending the hours during which it provides health care at VA facilities and to report the results of that study to the Congress. Based on similar studies, CBO estimates that satisfying that requirement would cost \$1 million over the 2020-2024 period.

In total, CBO estimates that implementing section 201 would cost \$145 million over the 2020-2024 period.

Care for Newborns

Under current law, VA may pay for health care for up to seven days after birth for newborn children of female veterans who receive maternity care from the department. Section 204 would authorize VA to provide more than seven days of health care to those children. It also would allow VA to reimburse those veterans for the cost of emergency transportation of those newborn children by ambulance or airlift to receive neonatal care.

Based on data from VA, CBO estimates that 15 percent (or 580) of the 3,820 births covered by VA each year are complicated births (for example, premature delivery, low birth weight, and fetal-growth retardation) that require neonatal care for more than seven days. According to the Agency for Healthcare Research and Quality, complicated births require inpatient neonatal care for an average of 18 days. Using information from VA, CBO estimates that the average daily cost for complicated births is about \$3,700. After adjusting for anticipated inflation, CBO estimates that removing the seven-day limit on payments for neonatal care would cost \$113 million over the 2020-2024 period.

In addition, based on data from the National Institute of Health on the frequency of neonatal transport, CBO estimates that VA would pay for about 300 new emergency transportations each year at an average cost of \$1,500 per trip. As a result, CBO estimates that travel for neonatal care would cost \$2 million over the 2020-2024 period.

In total, CBO estimates that implementing section 204 would cost \$115 million over the 2020-2024 period.

Intimate Partner Violence and Sexual Assault

Section 325 would require VA to provide assistance to former members of the Armed Forces who have experienced intimate partner violence or sexual assault. Intimate partner violence is a type of domestic abuse that can include physical violence, sexual assaults, stalking, or psychological aggression. Since 2014, VA has operated the Intimate Partner Violence Assistance Program (IPVAP), which coordinates access to benefits such as medical treatment, counseling, and housing assistance for veterans who are victims of intimate partner violence. In 2018, VA spent \$20 million for IPVAP and employed 143 coordinators at most medical centers to manage the program, train staff, and conduct outreach.

Currently, IPVAP does not serve veterans who are victims of sexual assault by someone who is not an intimate partner. The bill would require VA to expand the program to do so. Based on information from VA and the Centers for Disease Control and Prevention, CBO expects that VA would increase staffing by 25 percent, hiring an additional 35 personnel. At an average compensation of \$152,000, CBO estimates that employing those additional coordinators would cost \$25 million over the 2020-2024 period.

Counseling in Retreat Settings

Section 203 would require VA to establish a permanent program, beginning in 2021, to provide counseling in group retreat settings to veterans enrolled in the VA health care system and to eligible survivors and dependents of veterans. Participants in the program would receive services such as financial, occupational, and mental health counseling. The bill also would require VA to report to the Congress biennially on the outcomes of the program.

VA will complete the final year of a pilot program that provides similar services to female veterans at the end of 2020. According to VA, each year roughly 70 women participated in the program at three retreat settings, at an average cost of \$3,500 per participant. On the basis of information from VA, CBO expects that the department would establish the permanent program to serve about 700 veterans and dependents annually who are enrolled in the VA health care system. As a result, CBO estimates that implementing this program would cost \$11 million over the 2021-2024 period, after accounting for anticipated inflation.

Sexual Harassment and Assault

Section 321 would require VA to address sexual assaults and sexual harassment that occur at department facilities. It would require VA to appoint an employee at each facility to monitor reports of sexual assault and harassment and to collect data from those reports. Under current law, VA is required to provide training to its employees on reporting sexual assault. Section 321 would require VA to also train employees on the need to report incidents of sexual harassment and on methods for intervening when they

witness sexual harassment. In addition, VA would be required to report annually to the Congress on incidents of sexual assault and harassment that occur at VA facilities.

Using information from VA and studies regarding the prevalence of sexual assault and harassment in the workplace, CBO estimates that VA would need to hire the equivalent of 10 full-time staff at an average compensation of \$175,000 to monitor incidents at department facilities. CBO estimates that updating the training curriculum and preparing the required reports would not significantly increase costs. In total, implementing section 321 would cost \$9 million over the 2020-2024 period, CBO estimates.

Medical Residency Program

Section 106 would authorize appropriations of \$1 million each year for a residency program focused on providing health care to female veterans at VA facilities. CBO estimates that implementing this section would cost \$5 million over the 2020-2024 period.

Reports, Studies, and Other Administrative Requirements

The bill would require VA to conduct more than a dozen one-time and reoccurring reports and studies, and to fulfill administrative duties regarding the health care and services provided to female veterans at the department. Based on the costs of similar activities, CBO estimates that meeting those requirements would cost a total of \$12 million over the 2020-2024 period.

Pay-As-You-Go Considerations: None.

Increase in Long-Term Deficits: None.

Mandates: None.

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