

H.R. 6092, Veteran’s Prostate Cancer Treatment and Research Act

As ordered reported by the House Committee on Veterans’ Affairs on September 23, 2020

By Fiscal Year, Millions of Dollars	2021	2021-2025	2021-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	1	11	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 2031?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 6092 would require the Department of Veterans Affairs (VA) to establish programs related to the research, diagnosis, and treatment of all stages of prostate cancer. Those requirements include developing a clinical pathway for treatment, evaluating best practices, creating a prostate cancer registry, and preparing reports. In total, CBO estimates that implementing the bill would cost \$11 million over the 2021-2025 period. Such spending would be subject to the availability of appropriations.

On the basis of information from the department, CBO expects that VA would need an additional full-time project manager and two part-time oncologists to develop the clinical pathway that would be required by the bill. At an average cost of \$250,000 per year for the three employees, salaries and expenses would total \$1 million over five years. CBO also expects that VA would need to develop a data analytics tool to regularly acquire information on innovative therapies. Using cost data from similar information technology efforts, CBO estimates that it would cost \$2 million to develop and maintain the tool. Thus, CBO estimates that satisfying the bill’s requirement to establish a clinical pathway would cost \$3 million over five years.

The bill would require VA to create a prostate cancer registry. Presently, VA has a general cancer registry but does not have a component specifically for prostate cancer. On the basis of information from the department, CBO estimates that expanding the registry to include that component would cost \$5 million over the 2021-2025 period.

The bill also would require VA to evaluate best practices in the multidisciplinary treatment of prostate cancer. Using information on the costs of efforts of similar scope and size, CBO estimates that developing and maintaining a tool to monitor and evaluate developments in the treatment of prostate cancer would cost \$3 million.

Finally, the bill also would require VA to submit two reports to the Congress. Satisfying that requirement would cost less than \$500,000 over the 2021-2025 period, CBO estimates.

The costs of the legislation, detailed in Table 1, fall within budget function 700 (veterans' benefits and services).

Table 1.
Estimated Increases in Spending Subject to Appropriation Under H.R. 6092

	By Fiscal Year, Millions of Dollars					2021-2025
	2021	2022	2023	2024	2025	
Clinical Pathway						
Estimated Authorization	*	1	*	1	1	3
Estimated Outlays	*	1	*	1	1	3
Registry						
Estimated Authorization	1	1	1	1	1	5
Estimated Outlays	1	1	1	1	1	5
Evaluation Tool						
Estimated Authorization	0	2	*	*	*	3
Estimated Outlays	0	2	*	*	*	3
Total Changes						
Estimated Authorization	1	4	2	2	2	11
Estimated Outlays	1	4	2	2	2	11

Components may not sum to totals because of rounding; * = between zero and \$500,000.

The CBO staff contact for this estimate is Etaf Khan. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.