

At a Glance

S. 216, Reinforcing Enhanced Support through Promoting Equity for Caregivers Act of 2023

As ordered reported by the Senate Committee on Veterans' Affairs on February 16, 2023

By Fiscal Year, Millions of Dollars	2023	2023-2028	2023-2033
Direct Spending (Outlays)	*	54	159
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	54	159
Spending Subject to Appropriation (Outlays)	*	239	369
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2034?	< \$2.5 billion	Statutory pay-as-you-go procedures apply?	Yes
Mandate Effects			
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2034?	< \$5 billion	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and \$500,000.

The bill would

- Require the Department of Veterans Affairs (VA) to revise the ways it evaluates applications for the department's Program of Comprehensive Assistance for Family Caregivers
- Authorize VA to provide grants to entities offering counseling and mental health supports to caregivers
- Require VA to establish new procedures for reviewing documents in applications and for documenting cases of veterans in the program who seek urgent mental health care or who are judged to be at risk of suicide
- Require studies of and reports on the program

Estimated budgetary effects would mainly stem from

- Hiring additional medical personnel at VA's medical centers
- Providing grants to entities that provide counseling and support to caregivers
- Adding procedures for assessing program applications
- Training staff, updating information technology systems, and providing studies and reports to the Congress

Areas of significant uncertainty include

- Projecting the number of additional health care professionals needed to meet the bill's requirements

Detailed estimate begins on the next page.



Bill Summary

S. 216 would modify the Program of Comprehensive Assistance for Family Caregivers, under which the Department of Veterans Affairs (VA) provides monthly compensation to family caregivers and offers them medical training, health benefits, and access to respite care (short-term relief for primary caregivers).

The bill would require VA to change the way it assesses veterans' and caregivers' eligibility for the program when their applications are based on a claim of a neurological disorder, psychological trauma, or mental illness. The bill also would require VA to establish procedures for mental health clinicians at VA medical facilities to document incidents in which a participating veteran shows an urgent need for mental health treatment or is judged to be at risk of suicide. In addition, the bill would authorize VA to provide grants to entities that support caregivers' mental well-being. Finally, S. 216 would require VA and the Government Accountability Office (GAO) to conduct several studies and to report to the Congress on the program and its outcomes.

Estimated Federal Cost

The estimated budgetary effects of S. 216 are shown in Table 1. The costs of the legislation fall within budget function 700 (veterans benefits and services).

Table 1. Estimated Budgetary Effects of S. 216													
By Fiscal Year, Millions of Dollars												2023-2028	2023-2033
2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033			
Increases in Spending Subject to Appropriation													
Estimated Authorization	50	59	65	20	27	27	27	27	27	27	27	248	383
Estimated Outlays	*	52	63	67	30	27	26	26	26	26	26	239	369
Increases in Direct Spending													
Estimated Budget Authority	*	3	7	11	16	17	18	20	21	22	24	54	159
Estimated Outlays	*	3	7	11	16	17	18	20	21	22	24	54	159

* = between zero and \$500,000.

Basis of Estimate

For this estimate, CBO assumes that the bill will be enacted in fiscal year 2023. Under that assumption, VA could incur some costs in 2023, but we expect that most of the costs would be incurred in 2024 and later. Estimated outlays are based on historical spending patterns for the affected programs.



Provisions That Affect Spending Subject to Appropriation and Direct Spending

S. 216 would increase the cost of hiring medical professionals who typically are paid from discretionary appropriations. Some veterans who would be treated by those clinicians have been exposed to environmental hazards, and CBO expects that some costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF), which was established by the Honoring our PACT Act of 2022. The TEF is a mandatory appropriation that VA can use to pay for health care, process disability claims, and fund medical research and information technology modernization to benefit veterans exposed to environmental hazards. Thus, in addition to increasing spending subject to appropriation, the bill would increase direct spending from the TEF.

Additional mandatory spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. CBO estimates that 23 percent of those additional costs would be paid from the fund in 2023; that amount would increase to 47 percent in 2033 as the activities' costs rise over time. Those percentages are based on the amount of discretionary appropriations that CBO estimated would be provided through the new mandatory appropriation as specified in the Honoring our PACT Act.¹

Eligibility of Veterans and Caregivers. VA currently uses a multidisciplinary team of experts in neurology and mental health to evaluate applications for the family caregiver program, and the department relies on other staff to manage the applications' administrative aspects. Under section 3 of the bill, if an application claims as a basis a neurological disorder, psychological trauma, or mental illness, the clinicians who treat the applicant for those conditions also would be required to participate in the evaluation.

Because S. 216 would require those experts to be more involved in the evaluation process, VA would need to hire additional medical and mental health care staff to maintain the quality and amount of health care that it otherwise provides to veterans. To implement that requirement, CBO expects that the department would need to hire one mental health care or neurological specialist, on average, for each VA medical center, at an average annual compensation of about \$250,000. In total, CBO estimates, implementing that requirement would cost \$376 million over the 2023-2033 period. CBO estimates spending subject to appropriation would increase by \$217 million and direct spending from the TEF would rise by \$159 million.

Other Application Requirements. Section 3 also would require VA to help applicants obtain private medical records and other required documentation and to waive periodic reassessments of veterans with chronic or degenerative conditions. Because VA already

1. For additional information about spending from the TEF, see Congressional Budget Office, *Statement for the Record Regarding How CBO Would Estimate the Effects of Future Authorizing Legislation on Spending From the Toxic Exposures Fund* (December 2022), www.cbo.gov/publication/58843.



supports such activities, CBO estimates that satisfying those requirements would not affect the federal budget.

Spending Subject to Appropriation

In total, CBO estimates, implementing S. 216 would increase spending subject to appropriation by \$369 million over the 2023-2033 period (see Table 2). Such spending would be subject to the appropriation of the estimated and specified amounts.

Table 2.
Estimated Increases in Spending Subject to Appropriation Under S. 216

	By Fiscal Year, Millions of Dollars											2023-2028	2023-2033
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033		
Eligibility of Veterans and Caregivers													
Estimated Authorization	*	7	13	20	27	27	27	27	27	27	27	94	229
Estimated Outlays	*	6	12	18	25	26	26	26	26	26	26	87	217
Grant Program													
Authorization	50	50	50	0	0	0	0	0	0	0	0	150	150
Estimated Outlays	*	44	49	49	5	1	*	0	0	0	0	148	148
Procedural Requirements													
Estimated Authorization	*	1	1	*	*	*	*	*	*	*	*	2	2
Estimated Outlays	*	1	1	*	*	*	*	*	*	*	*	2	2
Studies and Reports													
Estimated Authorization	0	1	1	*	0	0	0	0	0	0	0	2	2
Estimated Outlays	0	1	1	*	0	0	0	0	0	0	0	2	2
Total Changes													
Estimated Authorization	50	59	65	20	27	27	27	27	27	27	27	248	383
Estimated Outlays	*	52	63	67	30	27	26	26	26	26	26	239	369

* = between zero and \$500,000.

The discussion above addresses some increases in spending subject to appropriation that would occur under section 3. The bill also would authorize VA to provide grants to entities that support the mental health of caregivers, direct the department to establish new procedures for clinicians who treat veterans in the caregiver program, and direct VA and GAO to study the program and its outcomes and report their findings to the Congress.

Grant Program. Section 4 would authorize the appropriation of \$50 million annually over the 2023-2025 period for VA to make grants to entities that would expand or create



programs that offer counseling and improve family caregivers' mental health. Grant funds also could be used to pay for caregivers' travel and transportation. Based on costs for similar activities, CBO estimates that implementing the provision would increase discretionary spending by \$148 million over the 2023-2033 period.

Procedural Requirements. Section 2 would require VA to review documentary evidence in medical records from the preceding three years for any application that is based on claims of a neurological disorder, psychological trauma, or mental illness. The review would be used to determine the amount of personal care services the program would provide. To obtain and review those records, CBO anticipates that VA's review board would need to hire two administrative assistants, at an average annual compensation of \$66,000. CBO estimates the total cost would be about \$2 million over the 2023-2033 period.

Section 2 also would require VA to establish procedures for clinicians at the department's facilities to document cases in which a program participant seeks treatment for an urgent mental health crisis or is assessed to be at risk of suicide. All clinicians would be required to provide documented safety plans and referrals to the department's suicide prevention coordinator. CBO anticipates that VA's existing training staff would provide annual training for clinicians on those requirements. The department also would need to update information technology systems used to complete documentation. CBO estimates that the required increases in staff time and system updates would cost less than \$500,000 over the 2023-2033 period.

In total, CBO estimates, implementing the procedural requirements in section 2 would increase spending by \$2 million over the 2023-2033 period.

Studies and Reports. S. 216 would require VA to provide plans relating to the new procedural requirements and to report on the outcomes from the grants to entities working on the mental well-being of caregivers. The bill also would require the Government Accountability Office to evaluate services provided by VA to caregivers. Based on costs for similar reports and activities, CBO estimates that satisfying those requirements would cost \$2 million over the 2023-2033 period.

Direct Spending

The provision described above in "Provisions That Affect Spending Subject to Appropriation and Direct Spending" would increase direct spending from the Toxic Exposures Fund by \$159 million over the 2023-2033 period (see Table 3).



Table 3.
CBO's Estimate of the Statutory Pay-As-You-Go Effects of S. 216, as Ordered Reported by the Senate Committee on Veterans' Affairs on February 16, 2023

	By Fiscal Year, Millions of Dollars											2023-2028	2023-2033
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033		
	Net Increase in the Deficit												
Pay-As-You-Go Effect	0	3	7	11	16	17	18	20	21	22	24	54	159

Uncertainty

Estimated spending under section 3 primarily depends on the number of additional medical professionals VA would need to hire to maintain the quality and amount of care provided to veterans. Costs would differ if that number was greater or less than CBO estimated.

Pay-As-You-Go Considerations

The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 3.

Increase in Long-Term Net Direct Spending and Deficits

CBO estimates that enacting S. 216 would increase net direct spending by less than \$2.5 billion in any of the four consecutive 10-year periods beginning in 2034.

CBO estimates that enacting S. 216 would increase on-budget deficits by less than \$5 billion in any of the four consecutive 10-year periods beginning in 2034.

Mandates: None.



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