

At a Glance

H.R. 3482, Veterans Community Care Scheduling Improvement Act

As ordered reported by the House Committee on Veterans' Affairs on February 12, 2026

By Fiscal Year, Millions of Dollars	2026	2026-2031	2026-2036
Direct Spending (Outlays)	*	1	-4
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	1	-4
Spending Subject to Appropriation (Outlays)	*	1	3

Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2037? < \$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 2037? < \$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 implement an electronic system to schedule appointments for care furnished by VA or through the Veterans Community Care Program
- Direct VA to establish guidelines and provide training for use of the system
- Require VA to conduct outreach to community providers and report to the Congress on system performance
- Extend the reduction of pensions that VA pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from

- Developing guidelines, providing training, conducting outreach
- Reducing pension payments

Detailed estimate begins on the next page.

See also

[CBO's Cost Estimates Explained](#), [CBO Describes Its Cost-Estimating Process](#), [Glossary](#)

Bill Summary

H.R. 3482 would require the Department of Veterans Affairs (VA) to implement an electronic system that enables schedulers to make appointments for health care from VA providers and care furnished through the Veterans Community Care Program. The bill also would require the department to establish guidelines, provide training, and conduct outreach on that system. Finally, the bill would extend a temporary limitation on certain pension payments through June 30, 2033.

Estimated Federal Cost

The estimated budgetary effects of H.R. 3482 are shown in Table 1. The costs of the legislation fall within budget functions 550 (health) and 700 (veterans benefits and services).

Table 1. Estimated Budgetary Effects of H.R. 3482													
By Fiscal Year, Millions of Dollars												2026-2031	2026-2036
	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036		
Increases or Decreases (-) in Direct Spending													
Estimated Budget Authority	*	*	*	*	1	*	*	-5	*	*	*	1	-4
Estimated Outlays	*	*	*	*	1	*	*	-5	*	*	*	1	-4
Increases in Spending Subject to Appropriation													
Estimated Authorization	*	1	*	*	*	*	*	1	*	*	1	1	3
Estimated Outlays	*	1	*	*	*	*	*	1	*	*	1	1	3

* = between zero and \$500,000.

Basis of Estimate

For this estimate, CBO assumes that H.R. 3482 will be enacted in fiscal year 2026 and that outlays will follow historical spending patterns for affected programs.

Provisions That Affect Direct Spending and Spending Subject to Appropriation

The bill would require VA to implement an electronic system that allows schedulers to arrange appointments for care furnished by VA or through the Veterans Community Care Program. It also would require the department to establish guidelines governing the use of the system, provide training for relevant staff, and conduct outreach to community providers to encourage their participation in the system.

According to VA, the department is developing similar information technology capabilities to support appointment scheduling that would meet the requirements of the bill. Developing guidelines and providing training on the system to schedulers, and



conducting outreach to community care providers would increase VA's workload by the equivalent of two full-time employees, CBO estimates. Annual compensation, benefits, and operating expenses would average about \$170,000 per employee. CBO estimates that, in total, implementing those requirements would cost \$4 million over the 2026–2036 period.

VA uses several appropriation accounts to pay for the costs of health care, disability claims processing, medical research, and information technology (IT) modernization. One of those accounts, the Toxic Exposures Fund (TEF), is a mandatory appropriation that can be used to pay for some of the costs of those activities if they support veterans who were exposed to toxic substances or environmental hazards.¹ The other accounts are discretionary appropriations. H.R. 3482 would affect IT modernization that benefits veterans with and without toxic exposures; therefore, enacting the bill would increase direct spending from the TEF as well as spending subject to appropriation. CBO allocates the estimated costs of legislation between the TEF and the discretionary appropriation accounts on the basis of the portion of all funding for those activities that are projected, in CBO's baseline, to come from the TEF.

On that basis, CBO estimates that over the 2026-2036 period, implementing the consultation and notification requirements of H.R. 3482 would increase direct spending by \$1 million and spending subject to appropriation by \$3 million.

Direct Spending

In addition to requiring VA to develop guidelines for the electronic scheduling system, provide training, and conduct outreach to community providers, enacting H.R. 3482 would affect direct spending by extending a statutory limitation on VA pension payments. In total, enacting the bill would decrease net direct spending by \$4 million over the 2026-2036 period (see Table 2).

Pensions and Medicaid. Under current law, VA reduces pension payments to veterans and survivors who reside in Medicaid nursing homes to \$90 per month. That required reduction expires January 31, 2033. H.R. 3482 would extend that reduction for 5 months, through June 30, 2033. CBO estimates that extending that requirement would reduce VA benefits by \$2 million per month. As a result of that reduction in beneficiaries' income, Medicaid would pay more of the cost of their care, increasing spending for that program by \$1 million per month. Thus, enacting the provision would reduce net direct spending by \$5 million over the 2026-2036 period.

1. For additional information about estimated spending from the TEF, see Congressional Budget Office, "Toxic Exposures Fund—February 2026 Baseline" (February 2026), <https://tinyurl.com/5c2kp8fs>, and *How CBO Would Estimate the Effects of Future Authorizing Legislation on Spending From the Toxic Exposures Fund* (December 2022), www.cbo.gov/publication/58843.



Table 2.
Estimated Changes in Direct Spending Under H.R. 3482

	By Fiscal Year, Millions of Dollars											2026-2031	2026-2036
	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036		
Administrative Support													
Estimated Budget Authority	*	*	*	*	1	*	*	*	*	*	*	1	1
Estimated Outlays	*	*	*	*	1	*	*	*	*	*	*	1	1
Pensions and Medicaid													
Estimated Budget Authority	0	0	0	0	0	0	0	-5	0	0	0	0	-5
Estimated Outlays	0	0	0	0	0	0	0	-5	0	0	0	0	-5
Total Changes													
Estimated Budget Authority	*	*	*	*	1	*	*	-5	*	*	*	1	-4
Estimated Outlays	*	*	*	*	1	*	*	-5	*	*	*	1	-4

* = between zero and \$500,000.

Spending Subject to Appropriation

In addition to requiring VA to provide training, conduct outreach to community providers, and develop guidelines for the electronic scheduling system, the bill would require the department to submit reports to the Congress on the implementation and use of that system. Based on the costs of similar reporting requirements, CBO estimates that preparing those reports would cost less than \$500,000.

In total, CBO estimates that implementing H.R. 3482 would increase spending subject to appropriation by \$3 million over the 2026–2036 period (see Table 1).

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 direct spending outlays that are subject to those pay-as-you-go procedures are shown in Table 2.

Increase in Long-Term Net Direct Spending and Deficits

CBO estimates that enacting H.R. 3482 would not increase net direct spending by more than \$2.5 billion in any of the four consecutive 10-year periods beginning in 2037.

CBO estimates that enacting H.R. 3482 would not increase on-budget deficits by more than \$5 billion in any of the four consecutive 10-year periods beginning in 2037.



Mandates

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

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