

S. 3182, Helping Expand and Launch Transitional Health for Women Veterans Act

As reported by the Senate Committee on Veterans' Affairs on February 5, 2020

By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	11	135	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

Under current law, Department of Veterans Affairs (VA) may pay for neonatal health care for up to seven days after birth for newborn children of female veterans who receive maternity care from the department. Section 3 of S. 3182 would authorize VA to pay for more than seven days of neonatal health care provided to those children. It also would allow the department to reimburse those veterans for the cost of emergency transportation of those newborn children by ambulance or airlift to receive neonatal care. Implementing the bill would cost \$135 million over the 2020-2025 period, CBO estimates. Such spending would be subject to the availability of appropriated funds.

Using data from VA, CBO estimates that 15 percent (or about 580) of the 3,840 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. On the basis of information from VA, CBO estimates that the average daily cost for complicated births is about \$3,800. After adjusting for anticipated inflation and assuming enactment in the second half of 2020, CBO estimates that removing the seven-day limit on payments for neonatal care would cost \$131 million over the 2020-2025 period.

In addition, using data from the National Institute of Health on the frequency of neonatal transport, CBO estimates that VA would pay for about 300 emergency transportations each year at an average cost of \$1,600 per trip. The bill also would allow VA to reimburse veterans for the costs of neonatal transport provided after May 2010 and before the date of enactment of the bill, or waive repayment by the veteran if the department paid for such transportation during that period. CBO anticipates that VA will reimburse or waive payment from about 1,000 veterans for emergency transportation that occurred over the last 10 years. That travel for neonatal care would cost \$4 million over the 2020-2025 period, CBO estimates.

Section 2 of the bill would require VA to continue through 2020 a program that provides information to female service members about health services available to them from VA when they leave active duty. VA has provided that information at in-person sessions on numerous military installations since July 2018. The department currently plans to continue hosting those sessions in 2020 and will submit a report to the Congress upon completion of the program at the end of the fiscal year. Thus, CBO estimates that implementing the requirement in the bill would not result in additional costs.

In total, CBO estimates that implementing the bill would cost \$135 million over the 2020-2025 period (see Table 1).

Table 1.
Estimated Increases in Spending Subject to Appropriation Under S. 3182

	By Fiscal Year, Millions of Dollars						2020-2025
	2020	2021	2022	2023	2024	2025	
Estimated Authorization	12	24	24	25	26	27	138
Estimated Outlays	11	22	24	25	26	27	135

On November 8, 2019, CBO transmitted a [cost estimate for H.R. 3224](#), the Deborah Sampson Act, as ordered reported by the House Committee on Veterans' Affairs on October 29, 2019. Section 204 of H.R. 3224 is similar to section 3. The differences in the budgetary effects reflect an updated projection period.

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