

At a Glance

S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

As ordered reported by the Senate Committee on Veterans' Affairs on January 29, 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) | 7 | 277 | 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 |

The bill would

- Require the Department of Veterans Affairs (VA) to collect and analyze certain medical data from veterans receiving mental health care from VA
- Authorize VA to make grants for suicide-prevention services
- Require VA to provide hearing aid services at every VA medical center

Estimated budgetary effects would primarily stem from

- Acquiring and maintaining the computer systems to collect and disseminate medical data on a large number of veterans who use VA for mental health care
- Paying for suicide-prevention services for veterans and their family members
- Hiring hearing-aid specialists

Detailed estimate begins on the next page.

Bill Summary

S. 785 would require the Department of Veterans Affairs (VA) to collect and analyze medical data on veterans receiving mental health care from the department. The bill would also require VA to increase the services it provides for suicide prevention, hearing aids, and mental health care. In total, implementing the bill would cost \$277 million over the 2020-2025 period, CBO estimates; that spending would be subject to the appropriation of the estimated amounts.

Estimated Federal Cost

The estimated budgetary effects of S. 785 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 S. 785 | | | | | | | |
| | By Fiscal Year, Millions of Dollars | | | | | | |
| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2020-2025 |
| Mental Health Research | | | | | | | |
| Estimated Authorization | 3 | 12 | 16 | 21 | 22 | 23 | 97 |
| Estimated Outlays | 3 | 11 | 15 | 20 | 22 | 23 | 94 |
| Suicide Prevention | | | | | | | |
| Estimated Authorization | * | 20 | 20 | 40 | * | 0 | 80 |
| Estimated Outlays | * | 20 | 20 | 40 | * | 0 | 80 |
| Hearing Aid Specialists | | | | | | | |
| Estimated Authorization | 2 | 6 | 12 | 12 | 13 | 13 | 58 |
| Estimated Outlays | 2 | 5 | 11 | 12 | 13 | 13 | 56 |
| Telehealth | | | | | | | |
| Estimated Authorization | * | 1 | 1 | 1 | 1 | 1 | 5 |
| Estimated Outlays | * | 1 | 1 | 1 | 1 | 1 | 5 |
| Treatment Guidelines | | | | | | | |
| Estimated Authorization | 1 | 3 | 1 | 0 | 0 | 0 | 5 |
| Estimated Outlays | 1 | 3 | 1 | * | 0 | 0 | 5 |
| Scholarships for Readjustment Counselors | | | | | | | |
| Estimated Authorization | 0 | 1 | 1 | 1 | 1 | 1 | 5 |
| Estimated Outlays | 0 | 1 | 1 | 1 | 1 | 1 | 5 |
| Mental Health Program | | | | | | | |
| Estimated Authorization | * | 0 | 1 | 1 | 1 | 1 | 4 |
| Estimated Outlays | * | * | 1 | 1 | 1 | 1 | 4 |
| Pilot Program on Nontraditional Therapy | | | | | | | |
| Estimated Authorization | 0 | 1 | 1 | 1 | 0 | 0 | 3 |
| Estimated Outlays | 0 | 1 | 1 | 1 | 0 | 0 | 3 |
| Reports and Studies | | | | | | | |
| Estimated Authorization | 1 | 8 | 8 | 4 | 2 | 2 | 25 |
| Estimated Outlays | 1 | 8 | 8 | 4 | 2 | 2 | 25 |
| Total Changes | | | | | | | |
| Estimated Authorization | 7 | 52 | 61 | 81 | 40 | 41 | 282 |
| Estimated Outlays | 7 | 50 | 59 | 80 | 40 | 41 | 277 |

* = between zero and \$500,000.

Basis of Estimate

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

Mental Health Research

Section 305 would require VA to collect medical information from veterans receiving mental health care from the department and make anonymized data from that effort available to researchers at VA and elsewhere. The goal of that effort would be to identify possible physical and biological indicators of mental health conditions. In 2018, VA spent \$85 million to collect biological specimens and analyze health and genomics data from 734,000 veteran patients (about \$115 per patient) to determine how genetics and environment affect health. That effort did not collect data on mental health.

On the basis of information from VA, CBO expects that the department would collect mental health data from about 170,000 patients annually (10 percent of veteran patients receiving mental health care at VA). Using the costs of VA's current data collection effort, CBO estimates that collecting data from mental health patients would cost \$20 million each year. Allowing for the time necessary to acquire the computer systems to collect and disseminate that data, CBO estimates that implementing section 305 would cost \$94 million over the 2020-2025 period.

Suicide Prevention

Section 201 would require VA to make grants over a three-year period to organizations that provide suicide-prevention services for veterans and their family members. The bill also would require VA to train grant recipients on how to collect and report to VA the information they must provide as a condition of those grants. It would require VA to assess and report on the effectiveness of the program. The section also would require VA to provide mental health care to individuals who receive support through the grant program. CBO expects that most of those individuals are currently eligible for mental health care under the department's policies.

Using information from VA regarding the time needed to publicize the program and select grantees, CBO expects that VA would make the first grants in 2021 and award 30 grants each year. Under the section, VA could award grants of up to \$750,000 to each recipient in any year. CBO estimates that awarding those grants would cost \$71 million over the 2021-2025 period. CBO expects that VA would hire four additional people, at an average annual compensation of \$130,000, to administer the grant program. CBO estimates that compensating those employees would cost \$2 million over the 2020-2025 period.

CBO estimates that other program expenses, such as training grantees and assessing the effectiveness of the program would cost \$7 million over the 2020-2025 period, based on similar grant programs. In total, CBO estimates that implementing section 201 would cost \$80 million over the 2020-2025 period.

Hearing Aid Specialists

Section 703 would require VA to hire at least one hearing-aid specialist at each VA medical center by 2023. The section also would require VA to establish standard job qualifications and report to the Congress on obstacles it faces in filling those positions. In 2019, the department employed 13 audiologists who are licensed as hearing aid specialists. Using salary data from the Bureau of Labor Statistics, CBO expects that the department would hire an additional 160 hearing aid specialists at an average annual compensation of \$78,000. Under the expectation that it would take about two years to fill all those new positions, CBO estimates that implementing this section would cost \$56 million over the 2020-2025 period.

Telehealth

Section 701 would require VA to make grants to entities to provide or improve telehealth capabilities. According to VA, the department plans to spend \$1 million in 2020 to partner with Walmart and veteran service organizations to offer telehealth services to veterans at their locations. Based on information from the department on their efforts to expand such services, CBO estimates that VA would provide \$1 million in grants each year to those entities. As a result, CBO estimates that implementing the section would cost \$5 million over the 2020-2025 period.

Treatment Guidelines

Sections 302 and 304 would require VA, in consultation with the Department of Defense (DoD), to develop treatment guidelines and related training material for VA medical personnel to use when treating certain mental health conditions. CBO expects that the departments would establish a working group to satisfy that requirement. Using information from VA about the costs of similar efforts, CBO estimates that developing the guidelines and training material would cost \$5 million over the 2020-2025 period.

Scholarships for Readjustment Counselors

Section 503 would require VA to provide scholarships to people pursuing a degree in psychology, social work, marriage and family therapy, or mental health counseling. Scholarship recipients would be required to agree to work at VA as readjustment counselors for six years. Currently, VA awards scholarships to medical professionals pursuing degrees or training in health care disciplines for which recruitment and retention are difficult. In 2018, VA provided \$5 million in scholarships to about 200

individuals training to become nurses, physical therapists, physician assistants, and medical technologists. Using information from VA, CBO estimates that the department would provide scholarships to 25 individuals with an average award of \$31,000 each year. As a result, CBO estimates that implementing the section would cost \$5 million over the 2020-2025 period.

Mental Health Program

Section 405 would require VA and DoD to jointly establish a center of excellence for mental health care within two years of enactment. The center would serve veterans and current service members who live in rural areas. Based on information from VA about its Center of Excellence for Suicide Prevention, CBO estimates that implementing the section would cost \$1 million each year starting in 2022 and \$4 million over the 2020-2025 period.

Pilot Program on Nontraditional Therapy

Section 203 would require VA to provide nontraditional therapy (such as equine therapy, other animal therapy, and outdoor sports therapy) to veterans with mental health conditions. VA would be required to provide that therapy over a three-year period in at least five facilities. VA currently offers equine therapy through its adaptive sports program. In 2018, VA spent \$1 million for equine therapy in four states. CBO expects that VA would spend a similar amount on the therapy it would be required to provide by section 203. On that basis, CBO estimates that implementing the section would cost \$3 million over the 2020-2025 period.

Reports and Studies

The bill would require VA to prepare nearly two dozen one-time reports, 6 recurring reports, and 11 studies on mental health care, suicide risk factors, and programs related to female veterans. The Government Accountability Office also would be required to provide 5 reports on similar topics. Based on the resources needed to complete similar reports and studies, CBO estimates that meeting those requirements would cost a total of \$25 million over the 2020-2025 period.

Pay-As-You-Go Considerations: None.

Increase in Long-Term Deficits: None.

Mandates: None.

Previous CBO Estimate

On December 19, 2019, CBO transmitted a [cost estimate for H.R. 3495](#), the Improve Well-Being for Veterans Act, as ordered reported by the House Committee on Veterans' Affairs on December 5, 2019. Section 201 is similar to that legislation but would authorize a different number of grant recipients. CBO's estimates of the costs reflect that difference.

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