**Congressional Budget Office**
Cost Estimate

September 2, 2020

# S. 3643, VA Mission Telehealth Clarification Act

**As ordered reported by the Senate Committee on Veterans' Affairs on August 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) | 0 | 5 | not estimated |

| | | Mandate Effects | |
|---|---|---|---|
| Statutory pay-as-you-go procedures apply? | No | | |
| Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030? | No | Contains intergovernmental mandate? | Yes, Under Threshold |
| | | Contains private-sector mandate? | No |

S. 3643 would allow supervised medical interns and residents at the Department of Veterans Affairs (VA) to provide care using telemedicine to more patients. Under current practice, supervised medical trainees can use telemedicine to provide care to veterans in the state in which they are licensed. The bill would allow those trainees working with VA to use telemedicine to provide health care to veterans in any state.

On the basis of information from VA, CBO estimates that medical trainees would use telemedicine in about 5,400 appointments with veterans located in other states each year. CBO expects that half of those appointments would be an addition to the current workload of patient visits, at an average cost of $400 per appointment. The remainder would be substitutions of telemedicine appointments for in-person appointments, which would have insignificant net budgetary effects. CBO estimates that implementing the bill would cost $5 million over the 2020-2025 period; such spending would be subject to the availability of appropriated funds.

Enactment of this legislation would impose an intergovernmental mandate as defined in the Unfunded Mandates Reform Act (UMRA) by expanding an existing preemption of state law. Under current law, health care professionals at VA who provide care to patients using telemedicine can do so in any state regardless of the laws in that state. Permitting supervised medical interns and residents to provide care to patients in any state using telemedicine would expand this preemption. CBO estimates that the preemption would not affect the budgets of state governments because it would impose no duty on states that would result in

additional spending or a loss of revenues. Thus, the cost of the mandate would not exceed the annual threshold for intergovernmental mandates as defined in UMRA ($84 million in 2020, adjusted annually for inflation).

The bill would not impose a private-sector mandate as defined in UMRA.

The CBO staff contacts for this estimate are Ann E. Futrell (for federal costs) and Brandon Lever (for mandates). The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.