

**H.R. 239, Equal Access to Contraception for Veterans Act**

As ordered reported by the House Committee on Veterans' Affairs on May 4, 2021

By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	5	not estimated
Statutory pay-as-you-go procedures apply?	No	<b>Mandate Effects</b>	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

\* = between zero and \$500,000.

H.R. 239 would eliminate copayments that the Department of Veterans Affairs (VA) charges to veterans who receive contraceptive items from the Veterans Health Administration. Those copayments are deposited in the Medical Care Collections Fund. VA spends those collections, subject to appropriation, to partially offset the cost of medical care for veterans.

Using historical information from VA on copayments, CBO estimates that collections would decline by \$400,000 each year. CBO estimates that lower out-of-pocket costs would lead to a 10 percent increase in the number of contraceptive prescriptions that veterans fill through VA and would increase department spending by \$700,000 each year. Over the 2021-2026 period, CBO estimates that the change would cost \$5 million. Such spending would be subject to the availability of appropriated funds.

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