

**At a Glance**

**S. 1863, Guaranteeing Healthcare Access to Personnel Who Served Act**

As ordered reported by the Senate Committee on Veteran’s Affairs on July 28, 2021

By Fiscal Year, Millions of Dollars	2022	2022-2027	2022-2032
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	21	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 2033?	No	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 create an online scheduling system that would allow veterans to make their own appointments with certain department-funded health care providers
- Require VA to establish an electronic portal to provide information about health care programs and benefits
- Require VA to enhance background checks on non-VA health care providers who treat veterans
- Require reports, plans, and studies related to veterans’ health care

**Estimated budgetary effects would mainly stem from**

- Implementing a system for self-scheduling appointments
- Establishing an electronic portal for access to information about veterans’ health care programs and benefits
- Preparing reports, developing plans, and conducting studies

**Areas of significant uncertainty include**

- Anticipating how VA would implement the appointment-scheduling system

**Detailed estimate begins on the next page.**

## Bill Summary

S. 1863 would require the Department of Veterans Affairs (VA) to:

- Institute a pilot program for an online system that veterans could use for self-scheduling medical appointments,
- Create an electronic portal for health care education,
- Require additional credentialing verification for providers in VA's Community Care program, and
- Prepare reports, plans, and studies related to veterans' health care.

## Estimated Federal Cost

The estimated budgetary effect of S. 1863 is 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. 1863**

	By Fiscal Year, Millions of Dollars						2022-2027
	2022	2023	2024	2025	2026	2027	
<b>Appointment System</b>							
Estimated Authorization	0	2	2	2	2	3	11
Estimated Outlays	0	1	2	2	2	3	10
<b>Health Care Education Portal</b>							
Estimated Authorization	0	1	*	*	*	*	2
Estimated Outlays	0	1	*	*	*	*	2
<b>Credentialing Requirements</b>							
Estimated Authorization	0	1	*	*	*	*	1
Estimated Outlays	0	1	*	*	*	*	1
<b>Reports</b>							
Estimated Authorization	0	*	3	1	*	0	5
Estimated Outlays	0	*	3	1	*	0	5
<b>Plans and Studies</b>							
Estimated Authorization	0	2	1	0	*	0	3
Estimated Outlays	0	2	1	*	*	0	3
<b>Total Changes</b>							
Estimated Authorization	0	6	6	4	3	3	22
Estimated Outlays	0	5	6	4	3	3	21

Components may not sum to totals because of rounding; \* = between zero and \$500,000.

## **Basis of Estimate**

For this estimate, CBO assumes that the legislation will be enacted late in fiscal year 2022 and that the estimated amounts will be appropriated each year. Under that assumption, CBO expects that most of the costs would be incurred in 2023 and later. Estimated outlays are based on historical patterns for the affected programs.

### **Spending Subject to Appropriation**

S. 1863 would change how VA administers some aspects of its health care programs. Assuming appropriation of the estimated amounts, CBO estimates that implementing the bill would cost \$21 million over the 2022-2027 period.

**Appointment System.** The bill would require VA to institute a pilot program for an online scheduling system that would allow veterans to request, schedule, and confirm medical appointments and to receive reminders. The program would operate for a minimum of 18 months and include at least five locations of VA's Community Care program, which provides health care outside of VA facilities. The bill would allow VA to meet that requirement by adding capabilities to its current scheduling system or by developing a new one.

To implement the system, CBO expects that VA would contract with an information technology entity. The entity would provide developers, testers, and support staff who would build the system and validate its capabilities. CBO expects that VA also would need to hire at least one full-time program manager for each Community Care region in the pilot program. CBO expects that VA would continue to use the system through 2027.

Based on costs for similar activities, CBO estimates that contract support would cost \$8 million over the 2022-2027 period and that, at an average annual rate of \$112,000 per program manager, VA personnel costs would total \$2 million over the same period. In total, CBO estimates, the cost of implementing the appointment-scheduling system would total \$10 million over the 2022-2027 period.

**Health Care Education Portal.** Section 501 would require VA to establish an online portal for providing information about VA health care services, including the Community Care program, telehealth services, and mental health services. It also would provide information about the process for appealing VA's decisions on eligibility for health care benefits. VA would update the information on the portal at least once a year. CBO expects that the department would hire a contractor to design and create the portal. Based on costs for similar activities, CBO estimates that implementing the requirement would cost \$2 million over the 2022-2027 period.

**Credentialing Requirements.** Section 121 would require VA to enhance its review of the credentials and qualifications of non-VA practitioners who participate in the Community

Care program. At least once every three years, VA would be required to review providers' history and check for sanctions or suspensions of licenses. The bill also would require VA to continuously monitor providers through the National Practitioner Data Bank. Under current law, the department utilizes the National Practitioner Data Bank, the Federation of State Medical Boards, and other entities that monitor sanctions and suspensions in health care professions. On that basis, CBO estimates that any incremental costs for additional monitoring would amount to \$1 million over the 2022-2027 period.

**Reports.** Several provisions of S. 1863 would require VA to submit to the Congress four onetime reports and two recurring reports. The bill also would require the Government Accountability Office to report on the self-scheduling pilot program, third-party transportation services, telehealth services, and the Foreign Medical Program. Based on costs for similar reports, CBO estimates that satisfying those requirements would cost \$5 million over the 2022-2027 period.

**Plans and Studies.** Section 102 would require VA to develop and regularly update a strategy to ensure that veterans continue to receive care if their access to a VA medical facility changes because the facility ceases operations or because the veteran moves. Section 201 would require the department to develop plans to improve telehealth technologies and virtual health care services, especially for veterans in rural areas.

In addition, the bill would require the department to study expanding benefits for caregivers of veterans who live in the Republic of the Philippines, analyze the feasibility of providing evidence-based therapy for veterans diagnosed with treatment-resistant depression, and assess psychotherapy services in VA's medical facilities.

Based on costs for similar activities, CBO estimates that implementing those requirements would cost \$3 million over the 2022-2027 period.

**Community Care Access Standards.** Section 101 would set criteria for veterans' access to receive health care through the Community Care program. Eligibility would be based on travel time to VA facilities and waiting times for appointments, and the Secretary of Veterans Affairs would be required to review the standards every three years. VA already has implemented similar requirements through regulation; thus, CBO estimates that implementing the provision would not have any additional cost.

### **Uncertainty**

CBO's estimate of discretionary spending depends largely on how VA would implement the appointment-scheduling system. For example, more locations could be chosen, and the duration of the program could be longer or shorter than CBO estimates, thus affecting costs.



**Pay-As-You-Go Considerations:** None

**Increase in Long-Term Deficits:** None

**Mandates:** None

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