



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

June 16, 2009

H.R. 1211 **Women Veterans Health Care Improvement Act**

As ordered reported by the House Committee on Veterans' Affairs on June 10, 2009

SUMMARY

H.R. 1211 would authorize several programs for women veterans. CBO estimates that implementing the bill would cost about \$160 million over the 2010-2014 period, assuming appropriation of the authorized and estimated amounts. Enacting the bill would not affect direct spending or revenues.

H.R. 1211 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 1211 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

BASIS OF ESTIMATE

The bill would authorize the appropriation of \$10.5 million in 2010 and \$1.5 million in 2011 for a comprehensive assessment of health care programs at the Department of Veterans Affairs (VA), a study on women veterans, and a pilot program to provide child care. In addition to those specified amounts, CBO estimates that other programs authorized in the bill would require the appropriation of \$152 million over the 2010-2014 period for care provided to newborns and certain training for mental health providers. In total, CBO estimates that implementing the bill would cost \$160 million over the 2010-2014 period, assuming appropriation of the specified and estimated amounts.

	By Fiscal Year, in Millions of Dollars					2010-
	2010	2011	2012	2013	2014	2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Care for Newborns						
Estimated Authorization Level	18	20	21	22	24	105
Estimated Outlays	16	19	21	22	24	102
Training for Mental Health Providers						
Estimated Authorization Level	10	9	9	9	10	47
Estimated Outlays	9	9	9	9	10	46
Assessment of Health Care Programs						
Authorization Level	5	0	0	0	0	5
Estimated Outlays	5	*	*	*	0	5
Study on Women Veterans						
Authorization Level	4	0	0	0	0	4
Estimated Outlays	4	*	*	0	0	4
Pilot Program on Child Care						
Authorization Level	2	2	0	0	0	3
Estimated Outlays	1	2	*	*	0	3
Total Changes						
Estimated Authorization Level	39	31	30	31	34	165
Estimated Outlays	35	30	30	31	34	160

Note: Components may not sum to totals because of rounding; * = less than \$500,000.

For this estimate, CBO assumes the legislation will be enacted near the start of fiscal year 2010, that the specified and estimated authorizations will be appropriated near the start of each fiscal year, and that outlays will follow historical patterns for similar and existing programs.

Care for Newborns. Section 201 would authorize VA to provide care for up to seven days to the newborn children of female veterans who receive maternity care through the department. Based on data from VA, CBO estimates that about 6,600 babies would become eligible for such care in 2010 at an average cost of \$2,770 per baby. After adjusting for inflation and population growth—the number of female veterans of child-bearing age is expected to rise in future years—CBO estimates that implementing this provision would cost \$102 million over the 2010-2014 period.

Training for Mental Health Providers. Section 202 would require VA to educate, train, and certify mental health professionals who specialize in treating sexual trauma. Based on information from VA's Office of Mental Health Services, CBO estimates that VA would need 66 employees a year to provide training at a cost of about \$46 million over the 2010-2014 period.

Assessment of Health Care Programs. Section 102 would require the Secretary to undertake a comprehensive assessment of VA's health care programs for women and would authorize the appropriation of \$5 million for that purpose.

Study on Women Veterans. Section 101 would require the Secretary to conduct a study on the barriers faced by women veterans in receiving VA health care and would authorize the appropriation of \$4 million for that purpose.

Pilot Program for Child Care. Section 203 would require VA to implement a pilot program providing child care for certain female veterans who use VA medical facilities, and would authorize annual appropriations of \$1.5 million for 2010 and 2011 for that purpose.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1211 contains no intergovernmental or private-sector mandates as defined in UMRA. Any costs to state or local governments or public entities would be incurred voluntarily.

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