

**S. 711, Care and Readiness Enhancement for Reservist Act of 2019**

As reported by the Senate Committee on Veterans' Affairs on September 15, 2020

By Fiscal Year, Millions of Dollars	2021	2021-2025	2021-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	3	158	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 2031?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

S. 711 would authorize the Department of Veterans Affairs (VA), in consultation with the Department of Defense (DoD), to provide mental health care to members of the reserve components of the U.S. Armed Forces. CBO estimates that implementing the bill would cost \$158 million over the 2021-2025 period; such spending would be subject to the appropriation of the necessary amounts (see Table 1).

Under current policy, VA offers suicide prevention services to all veterans, regardless of whether they are enrolled in the VA health care system. Some reservists do not have enough active-duty service to qualify as veterans and thus are not eligible for that care. Section 4 would require VA to provide such services to those veterans.

In 2019, VA spent \$1.6 billion for suicide prevention services such as health care and outreach. Using information from DoD, CBO estimates that about 800,000 additional reservists would become eligible for suicide prevention services (a 4 percent increase in the number of people who are current eligible). On the basis of information from VA, CBO expects that reservists who are not veterans are about 70 percent less likely to attempt suicide than veterans. After factoring that information and adjusting for reservists' lower rate of reliance on VA for health care compared to veterans, CBO estimates that demand for suicide prevention services would increase by 1 percent. After accounting for inflation, CBO estimates that implementing section 4 would cost \$80 million over the 2021-2025 period.

**Table 1.  
Estimated Increases in Spending Subject to Appropriation Under S. 711**

	By Fiscal Year, Millions of Dollars					2021-2025
	2021	2022	2023	2024	2025	
<b>Suicide Prevention</b>						
Estimated Authorization	3	19	19	20	21	82
Estimated Outlays	3	17	19	20	21	80
<b>Readjustment Counseling</b>						
Estimated Authorization	0	19	20	21	21	81
Estimated Outlays	0	17	19	21	21	78
<b>Total Changes</b>						
Estimated Authorization	3	38	39	41	42	163
Estimated Outlays	3	34	38	41	42	158

Under current law, VA provides readjustment counseling services to veterans, active-duty service members (including current members of the National Guard and reserve components who have been activated), and their family members who experience challenges from deployment, combat, or military sexual trauma. Section 2 would allow VA to provide such services to any reservist with behavioral conditions or psychological trauma, regardless of whether they have been activated. The requirement to provide those services would take effect one year after enactment.

In 2019, VA spent \$260 million to provide readjustment counseling to about 134,000 people at 300 Vet Centers nationwide. On average, VA spent \$1,900 per person for that counseling in that year. Using information from VA and DoD, CBO estimates that about 130,000 additional reservists would become eligible for readjustment counseling each year. On the basis of information about the likelihood that veterans will use VA for health care, CBO estimates that 6.5 percent of those individuals would use VA for mental health care. After accounting for the delayed effective date and inflation, CBO estimates that implementing section 2 would cost \$78 million over the 2022-2025 period.

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