

S. 132, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act

As ordered reported by the Senate Committee on Veterans' Affairs on February 16, 2023

By Fiscal Year, Millions of Dollars	2023	2023-2028	2023-2033
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

S. 132 would require the Department of Veterans Affairs (VA) and the Department of Defense (DoD) to jointly carry out a 3-year pilot program that would assist service members who are separating from the U.S. Armed Forces. Under that program, a nurse or social worker from VA would meet with cohorts of at least 50 service members to provide information on the resources that are available to address certain risks such as mental health conditions, addiction, homelessness, and other factors that could contribute to suicide attempts. VA employees would also meet with service members individually to assess their eligibility for health care or counseling services and to help them schedule an initial appointment with VA if they so choose. The bill would require the departments to conduct the program at no fewer than 10 DoD locations that serve at least 300 military members.

Under current law, VA helps transitioning service members receive benefits and health care from the department and works with DoD and other federal agencies to provide resources to service members and their families as they transition to civilian life. The Veterans Health Administration has 48 nurses and social workers who work as liaisons at 26 DoD installations and military treatment facilities. These liaisons assess the needs of separating military personnel for services such as those to prevent suicide and homelessness. The



liaisons help people register for health care at VA and connect them to case management teams for ongoing care and services.

CBO expects that VA and DoD are generally satisfying the requirements of the bill under current law and would use existing processes and personnel to serve the program participants required under the bill. Thus, CBO estimates that implementing the pilot program would not significantly affect the federal budget.

The bill would require DoD and VA to report annually on the program's activities. Based on costs for similar reports, CBO estimates that satisfying that requirement would cost less than \$500,000 over the 2023-2028 period; such spending would be subject to the appropriation of available amounts.

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

A handwritten signature in black ink, appearing to read 'Phillip L. Swagel'.

Phillip L. Swagel
Director, Congressional Budget Office