

Veterans' Access to Reproductive Healthcare

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Statement of

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For the Record

United States House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

With Respect To

“Veterans’ Access to Reproductive Healthcare”

Washington, D.C.

Chairwoman Brownley, Ranking Member Dunn, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to offer recommendations on how the Department of Veterans Affairs’ (VA) can improve access to reproductive health care for veterans.

Reproductive health follows a woman veteran throughout the seasons of her life. In FY 2015, 89% of women veterans were between 18-64 years of age. The average age of women veterans who use VA for health care is 51 years old, which is almost 15 years younger than male veterans according to VA data from FY 2017. Therefore, the majority of women veterans require family planning resources, prenatal and maternity care, or premenopause and perimenopause care. Our VFW women veterans have routinely stated that VA must improve privacy at women’s health clinics, access to gender-specific health care, prenatal and maternity care, mental health care to treat military sexual trauma and postpartum depression, and target outreach to women to ensure that no veteran is left to wonder what

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benefits she is eligible to receive. Accordingly, the VFW believes that the future needs of women veterans can be met through continued research and studies specifically tailored toward women veterans.

The VFW surveyed women veterans from December 21, 2015, to January 18, 2016, and received 2,475 responses. The survey was logic-based, meaning the questions the participants were prompted to answer were based on their initial responses. To ensure only women veterans answered the survey, the VFW screened for participants' gender and service status. Nearly 2,000 participants responded to being women and active duty military, Guard or Reserve, military retiree, or veteran. The survey question topics included homelessness, benefits, primary care, women's clinics, and maternity care.

With more work to be done, VA has made improvements to gender-specific care for women veterans. According to the VFW survey data, the majority of women veterans, 97%, use VA for primary health care services. The next most utilized treatment is gender-specific care at 57%. More than half of the respondents stated that their VA medical facility has a women's health care clinic. Out of that percentage, 66% indicated they receive care from that clinic, and the majority said they were either very satisfied or somewhat satisfied with their care. When asked how VA can continue to improve women's health care services, respondents mentioned more women providers, additional staff, appropriate equipment, gowns to fit all sizes, feminine products, location options, available services, appointment availability, and breast and vaginal prostheses.

Women veterans mentioned their preference to receive health care from women primary care providers, as they are more likely to be satisfied with their VA health care experience. According to VA, most women veterans are assigned to Designated Women's Health Primary Care Providers (DWHP). The VA Women's Health Mini-Residency continues to reinforce the expertise of VA's primary care teams and women's health providers to address the full range of women veterans' medical needs and bring awareness to the high prevalence of post-traumatic stress disorder, intimate partner violence, and military sexual trauma. The VFW asks Congress to provide VA with the resources it needs to continue expanding outreach for knowledge of and access to providers with necessary gender-specific specializations.

While the DWHP program continues expanding and providing high-quality care to patients, the VFW understands there is still a need for trained gynecologists within VA. Gynecology is a specialty that has traditionally been understaffed at VA medical facilities across the country. While some providers can provide treatment and perform specific procedures in which gynecologists specialize, it is important to increase the number of doctors trained in the specialization of gynecology. The continuum of care between a woman veteran and her gynecologist leads to trust and treatment compliance. The VFW urges Congress to provide oversight of the *VA MISSION Act of 2018* to ensure the implementation of VA's recruitment

and retention programs to retain the highest quality of specialized health care providers.

With the lack of facility space and gender-specific health care providers, women veterans often seek care in the community to fill that void. The VFW's survey data revealed that 41% of women veterans received gender-specific services (mammography, pregnancy care, OB/GYN, etc.) in the community. A quarter of those respondents experienced billing errors, which had a detrimental impact on their credit scores.

Timely screening, diagnosis, notification, and treatment of breast cancer are essential to early detection and optimal patient outcomes. More women veterans are screened for breast cancer by VA than their civilian counterparts. According to VA Women's Health Services, 94.4% of women veterans under the care of DWHP received mammograms compared to 86.3% seen by other VA providers.

In 2018, VA had 50 locations with on-site mammography suites. With limited access at VA facilities, most women veterans who are enrolled in VA receive their mammograms through community care. Maintaining a complete breast health history and communicating this information with other health care providers can bridge any potential medical information gap, and save women veterans from unnecessary medical procedures. The Office of Inspector General has identified a deficiency with mammogram results not electronically linked to the radiology orders in women veterans' VA electronic health records.

The VFW supports VA research on evidence-based telehealth programs such as teleradiology services. Similar to teleICU, telehealth can be expanded to mammography with teleradiology services that include the latest mammogram technologies. A centrally located radiologist in an adequately equipped reading room can read and digitally enter their diagnoses of scans from several VA mammography suites. One radiologist reading films for several mammography suites reduces the need to employ a radiologist for every location.

According to VA's official website, women veterans of childbearing age comprise the second largest age group enrolled in VA health care. A small percentage, 2.5%, of women veteran VFW survey respondents stated they received prenatal care from VA, and 75% of those women veterans continued to receive VA health care after pregnancy. Health care providers can continue to collect data on newborns' health through the mothers' postpartum visits. The VFW asks VA and its Center for Women Veterans to target outreach to women veterans postpartum to ensure they continue their care at VA after delivery.

For women veterans who rely on VA for postnatal care, the VFW urges Congress to extend the number of days in which VA covers newborn care. Typically, in private-sector health care, a new mother has a month to enroll her newborn child in an insurance program. The time following the birth of a child is a hectic time for new parents. Whether their newborns

have health care coverage is the last thing on their minds. Currently, VA covers newborn care for only seven days. One week of coverage is not enough to provide medical services if needed, especially in the relatively common instances of false-positive newborn disease testing. The VFW understands the importance of high-quality neonatal health care and its long-term impact on the lives of veterans and their families. The VFW supports H.R. 3224, Deborah Sampson Act, which would expand VA's authority to provide health care to a newborn child, whose delivery is furnished by VA, from seven to 14 days post-birth.

A woman veteran's health and quality of life outcome should be the priority, which may include the termination of a pregnancy under extreme circumstances of rape, incest, or risk to the mother's life. Under the Hyde Amendment, federal funds may be used to pay for an abortion to save the woman's life, or if the pregnancy arises from rape or incest. TRICARE covers these services under these circumstances and includes mental health services related to these procedures. Women veterans deserve to have the same health care procedure coverage as when they served on active duty. It is challenging to ask VA health care professionals to provide only counseling and resources on termination of pregnancy under specific circumstance, which is a service they currently do not offer at VA facilities -- but which VA does offer to certain dependents through CHAMPVA.

Physical reproductive health is just as important as mental health conditions connected to the reproductive system. In VFW surveys, women veterans have voiced concerns over what they view as a lack of gender-specific training for mental health care providers. Congress and VA must work to ensure every VA medical center has mental health care providers trained in conditions such as postpartum depression, and conditions that stem from menopause or military sexual trauma. The VFW urges the House to incorporate the parts of S.785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, into the House companion bill, which would assess the number of women veterans and women mental health providers at each VA medical facility, the number of mental health appointments that women veterans have received in the community, and telehealth capabilities.

The VFW believes that VA can provide the highest quality of care to women veterans to guide and assist them during their seasons of life. The VFW commends the House for moving the needle in the right direction with the passing of H.R. 3224, *Deborah Sampson Act*, in November 2019.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2020, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.