111TH CONGRESS
*1st Session*
HOUSE OF REPRESENTATIVES
REPORT
111–165

# WOMEN VETERANS HEALTH CARE IMPROVEMENT ACT

JUNE 18, 2009.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs, submitted the following

# R E P O R T

[To accompany H.R. 1211]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1211) to amend title 38, United States Code, to expand and improve health care services available to women veterans, especially those serving in Operation Enduring Freedom and Operation Iraqi Freedom, from the Department of Veterans Affairs, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

CONTENTS



79–006

## AMENDMENT

The amendment is as follows:

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

Page 10, strike line 17 and all that follows through the end of line 19, and insert the following:

**"'§ 1786. Hospital care and medical services for newborn children of women veterans receiving maternity care".**

Page 11, line 1, strike "14-day" and insert "seven-day".

Page 15, line 22, strike "(a)(2)(a)" and insert "(a)(2)(A)".

Page 16, line 8, strike "(a)(2)(a)" and insert "(a)(2)(A)".

## PURPOSE AND SUMMARY

H.R. 1211 was introduced on February 26, 2009, by Representative Stephanie Herseth Sandlin of South Dakota, Chairwoman of the Subcommittee on Economic Opportunity of the Committee on Veterans' Affairs. This legislation would expand and improve health care services available to women veterans, especially those who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). H.R. 1211 would require the Department of Veterans Affairs (VA) to implement a study on health care barriers and to conduct a comprehensive assessment of the VA's health care programs for women veterans. H.R. 1211, as amended, would provide medical care for newborn children of women veterans receiving maternity care; require training and certification for VA mental health care providers who provide care for veterans suffering from sexual trauma and post-traumatic stress disorder; authorize a pilot program for child care assistance to certain veterans receiving health care services at VA facilities; and, mandate the addition of recently separated women and minority veterans to serve on VA advisory committees.

## BACKGROUND AND NEED FOR LEGISLATION

The VA is facing a growing challenge to provide equal access and high quality health care to the ever-increasing population of women veterans. Today, there are approximately 1.7 million women veterans, or seven percent of the nearly 25 million veterans. Assuming that current enrollment rates remain the same, the number of female veterans who use the VA system will double in the next five years, making female veterans one of the fastest growing subgroups of veterans.

The Committee recognizes that the VA has made many improvements over the past two decades to the services offered to women veterans. For example, Public Law 98–160 (97 Stat. 994) mandated the establishment of the Advisory Committee on Women Veterans and over a decade later, Public Law 103–446 (108 Stat. 4668) established the Center for Women Veterans. These two entities have been instrumental in furthering the awareness of the needs and challenges women veterans face. While there have been some legis-

lative changes, VA remains largely a male-dominated physical environment.

Today's women veterans face unique challenges and barriers when seeking health care through the VA. For example, many physical VA facilities still do not provide proper accommodations for women veterans and often lack changing tables in the bathrooms or spaces to ensure privacy for women. In addition, the lack of child care, newborn care, and gender-sensitive care for military sexual trauma and post-traumatic stress disorder (PTSD) may hinder women veterans from seeking VA health care services.

To better understand the barriers women veterans face when accessing health care, the VA has taken steps to initiate gender-specific research studies focused on women veterans. The VA is currently conducting a study to identify the changing health care needs of the growing women veteran population and the barriers they experience within the VA health care system. The Committee is concerned that the sample size of this study, about 3,500 women veterans from a universe of about 1.7 million women veterans, may be both insufficient and not entirely representative of the overall population of women veterans. H.R. 1211 would require the VA to build on this study by requiring a larger sample size and ensuring representation of women veterans from each Veterans Integrated Service Network (VISN). In addition, H.R. 1211 would require the VA to conduct a comprehensive assessment of women's health care programs at each VA medical facility. This includes an assessment of specialized programs for women with PTSD, homeless women, women who require care for substance abuse or mental illnesses, and women who require obstetric and gynecologic care. With a more complete understanding of the health care barriers and the current offering of special programs geared toward women veterans, the VA will be better equipped to meet the needs of the growing women veteran population.

This growing women veteran population also includes a large subpopulation of women who are of childbearing age. In fact, of the OEF/OIF women veterans who are enrolled and access the VA health care system, almost all are under age 40. In fiscal year 2008, the VA provided obstetric care to over 1,100 unique patients. While the VA provides prenatal and obstetric care to women veterans, they do not have the authority to treat or pay for the care of newborns. This is an inequity when compared to other Federal health care programs, since generous newborn care is provided through such programs as TRICARE Prime and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs). H.R. 1211 would address this inequity by providing short-term newborn care for women veterans who receive their maternity care through the VA. Specifically, this provision allows for seven days of newborn care. According to the VA, 94 percent of mothers and their infants are released from VA medical facilities within the first seven days. In addition, this far exceeds the 48 to 96 hours of routine newborn care provided by private group health insurance policies. With this provision, women veterans will have the opportunity to make alternate arrangements and secure private health insurance for their newborns or enroll the infants in public insurance programs such as Medicaid or the State Children's Health Insurance Program.

Related to the issue of newborns, the lack of child care is often cited as a key barrier to accessing health care by women veterans with young children. This is especially an issue for those who receive regular mental health or other intensive health care services. Without the assurance of proper child care, these women veterans are foregoing important services which are crucial to their well-being. To address this problem, H.R. 1211 would authorize the VA to implement a two-year pilot program providing child care in a minimum of three VISNs. The VA would have flexibility in designing the pilot program and would be required to provide a report which includes recommendations for the continuation or the expansion of this demonstration.

Another issue facing the growing women veteran population is sexual trauma and PTSD. This is especially magnified by the changing role of women servicemembers in the current conflicts in Iraq and Afghanistan, as evidenced by Team Lioness who were the first female soldiers in U.S. history to be sent into direct ground combat. Because of the historical predominance of male veterans in VA health care settings, many VA providers have little or no exposure to women veterans. To address this, H.R. 1211 would require the VA to provide graduate medical education, training, certification, and continuing medical education for mental health professionals caring for veterans suffering from military sexual trauma and PTSD.

To ensure that VA is responsive to the needs of OEF/OIF women veterans, who are accessing VA health care services at rates higher than women who served in previous conflicts, H.R. 1211 would require the VA to add recently separated women and minority veterans to serve on the Advisory Committee on Women Veterans and the Advisory Committee on Minority Veterans.

## HEARINGS

On March 3, 2009, the Subcommittee on Health held a legislative hearing on several bills introduced during the 111th Congress, including H.R. 1211.

The following witnesses testified: The Honorable Niki Tsongas of Massachusetts; The Honorable Stephanie Herseth Sandlin of South Dakota; Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Joseph L. Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion; Eric A. Hilleman, Deputy Director, National Legislative Service, Veterans of Foreign Wars; Todd Bowers, Director of Government Affairs, Iraq and Afghanistan Veterans of America; and Gerald M. Cross, M.D., FAAFP, Principal Deputy Under Secretary for Health, U.S. Department of Veterans Affairs, accompanied by Walter Hall, Assistant General Counsel, U.S. Department of Veterans Affairs. Those submitting statements for the record included: The Honorable Bob Filner of California; Thomas J. Berger, Ph.D., Senior Analyst for Veterans' Benefits and Mental Health Issues, Vietnam Veterans of America; and, the Paralyzed Veterans of America.

## SUBCOMMITTEE CONSIDERATION

On June 4, 2009, the Subcommittee on Health met in open mark-up session and ordered H.R. 1211, as amended, favorably for-

warded to the full Committee by voice vote. During consideration of the bill, the following amendment was considered:

An amendment by Mr. Michaud of Maine to amend the number of days of newborn care was agreed to by voice vote.

## COMMITTEE CONSIDERATION

On June 10, 2009, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 1211, as amended, reported favorably to the House of Representatives by voice vote.

## COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 1211 reported to the House. A motion by Mr. Stearns of Florida to order H.R. 1211, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

## COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1211 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1211 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1211 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
*Washington, DC, June 16, 2009.*

Hon. BOB FILNER,
*Chairman, Committee on Veterans' Affairs,*
*House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1211, the Women Veterans Health Care Improvement Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

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

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 | 2011 | 2012 | 2013 | 2014 | 2010–2014 |
| 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 |

| | By fiscal year, in millions of dollars.— | | | | | |
|---|---|---|---|---|---|---|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2010–2014 |
| 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 childbearing 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.

Estimate prepared by: Federal Costs: Sunita D'Monte; Impact on State, Local, and Tribal Governments: Shannon Fairchild; Impact on the Private Sector: Elizabeth Bass.

Estimate approved by: Theresa Gullo, Deputy Assistant Director for Budget Analysis.

## FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1211 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1211.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 1211 is provided by Article I, section 8 of the Constitution of the United States.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 101. Study of barriers for women veterans to health care from the Department of Veterans Affairs*

This section authorizes the VA to conduct a comprehensive study, building on the work of the existing VA study (the National Survey of Women Veterans in Fiscal Year 2007–2008) on the barriers faced by women veterans in accessing care in the VA health care system. The Study is to include a survey of women veterans who use the VA for their health care and those who do not use the VA. This survey is to be administered to a representative sample of women veterans from each VISN which is of sufficient sample size for the study results to be statistically significant. Required elements of the study include perceived stigma with seeking mental health care services; effect of driving distance or availability of transportation to the nearest medical facility; availability of child care; acceptability of integrated primary care and women's health clinics; understanding of eligibility requirements for and scope of services available at the medical center; perceptions of personal safety; gender sensitivity of health care providers and staff; effectiveness of outreach; location and operating hours of health care facilities; and, other significant barriers identified by the Secretary of VA.

This section also requires the VA to submit to Congress an implementation report no later than six months after the date the VA publishes a final report on its current study and a report no later than 30 months after the date of the VA publishing a final report on the study.

This section authorizes appropriations of $4 million to carry out the study.

*Section 102. Comprehensive assessment of women's health care programs of the Department of Veterans Affairs*

This section requires the VA to conduct a comprehensive assessment of the women's health care programs at each VA medical center. The assessment is to include information on demographics of the women veterans population; frequency with which health care services are available and provided for women veterans; sites where such services are available and provided; and, the impact of waiting lists, geographic distance, and, other factors in obstructing the receipt of services. Upon conclusion of this comprehensive assessment, the VA is to develop a plan to improve services for women veterans at each VA medical center.

This section requires the VA to submit to Congress a report no later than one year after the date of the enactment of the Act and a GAO report is required no later than six months after the VA submits the report, and authorizes $5 million in appropriations to carry out the assessment.

*Section 201. Medical care for newborn children of women veterans receiving maternity care*

This section authorizes the VA to provide medical care for newborn children of women veterans receiving maternity care for a period of seven days beginning on the date of the birth of the child.

*Section 202. Training and certification for mental health care providers of the Department of Veterans Affairs on care for veterans suffering from sexual trauma and post-traumatic stress disorder*

This section mandates the VA to carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals at the VA caring for veterans suffering from military sexual trauma and PTSD.

This section requires an annual report to Congress covering the number of mental health professionals, graduate medical education trainees, and primary care providers certified under the program required by this provision; number of women veterans who received counseling, care, and services; number of graduate medical education, training, certification, and continuing medical education courses provided; number of trained full-time employees required at each VA facility to meet the needs of sexual trauma and PTSD; and any recommended improvements for treating women veterans with sexual trauma and PTSD.

*Section 203. Pilot program for provision of child care assistance to certain veterans receiving certain types of health care services at department facilities*

This section authorizes appropriations of $1.5 million annually for FY 2010 and FY 2011 for the VA to conduct a child care pilot program in at least three VISNs. Covered veterans include those receiving regular mental health care services, intensive mental health care services, and any other intensive health care services deemed appropriate by the Secretary. Child care assistance may in-

clude stipends for child care offered by licensed child care centers either directly to the providers or through a voucher program; development of partnerships with private agencies; collaboration with facilities or programs of other Federal agencies; and, the arrangement of after-school care.

*Section 204. Addition of recently separated women and minority veterans to serve on advisory committees*

This section requires the VA to add recently-separated women and minority veterans to serve on the Advisory Committee on Women Veterans and the Advisory Committee on Minority Veterans, respectively.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

**TITLE 38, UNITED STATES CODE**

* * * * * * *

**PART I—GENERAL PROVISIONS**

* * * * * * *

**CHAPTER 5—AUTHORITY AND DUTIES OF THE SECRETARY**

* * * * * * *

SUBCHAPTER III—ADVISORY COMMITTEES

* * * * * * *

**§ 542. Advisory Committee on Women Veterans**

(a)(1) * * *

(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

(i) * * *

(ii) individuals who are recognized authorities in fields pertinent to the needs of women veterans, including the gender-specific health-care needs of women; **[**and**]**

(iii) representatives of both female and male veterans with service-connected disabilities, including at least one female veteran with a service-connected disability and at least one male veteran with a service-connected disability**[**.**]***; and*

*(iv) women who are recently separated veterans.*

* * * * * * *

**§ 544. Advisory Committee on Minority Veterans**

(a)(1) * * *

(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

(i) * * *

* * * * * * *

(iii) veterans who are minority group members and who have experience in a military theater of operations; **[**and**]**

(iv) veterans who are minority group members and who do not have such experience**[**.**]***; and*

*(v) recently separated veterans who are minority group members.*

* * * * * * *

## PART II—GENERAL BENEFITS

* * * * * * *

## CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

Sec.
1701. Definitions.

* * * * * * *

*1786. Hospital care and medical services for newborn children of women veterans receiving maternity care.*

* * * * * * *

### SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

* * * * * * *

### § 1720D. Counseling and treatment for sexual trauma

(a) * * *

* * * * * * *

*(d) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services under subsection (a). In carrying out such program, the Secretary shall ensure that all such mental health professionals have been trained in a consistent manner and that such training includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.*

*(e) The Secretary shall submit to Congress an annual report on the counseling, care, and services provided to veterans pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:*

*(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.*

*(2) The number of women veterans who received counseling and care and services under subsection (a) from professionals and providers who received training under subsection (d).*

*(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).*

*(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of veterans requiring treatment and care for sexual trauma and post-traumatic stress disorder.*

*(5) Any recommended improvements for treating women veterans with sexual trauma and post-traumatic stress disorder.*

*(6) Such other information as the Secretary determines to be appropriate.*

[(d)] *(f)* In this section, the term "sexual harassment" means repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.

* * * * * * *

SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

* * * * * * *

***§ 1786. Hospital care and medical services for newborn children of women veterans receiving maternity care***

*In the case of a child of a woman veteran who is receiving hospital care or medical services at a Department facility (or in another facility pursuant to a contract entered into by the Secretary) relating to the birth of that child, the Secretary may furnish hospital care and medical services to that child at that facility during the seven-day period beginning on the date of the birth of the child.*

* * * * * * *

○