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Veterans Health Administration: Gender-Specific Health Care Services for Women Veterans

Introduction

Traditionally, the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) had predominantly provided gender-specific health care services to male veterans. The U.S. Census Bureau began asking women about their military service in 1980 and found that women veterans accounted for less than 3% of the U.S. veteran population, according to a VA report (VA, *Women Veterans Report*, <https://go.usa.gov/xPzNC>). Congress, in response to this revelation, requested investigative reports from the Government Accountability Office on women veterans' access to VA benefits (<https://go.usa.gov/xEBkM>). Congress also passed a number of laws such as the Women Veterans Health Program Act of 1992, which is Title I of the Veterans Health Care Act of 1992 (P.L. 102-585, as amended) to specifically increase women veterans' access to gender-specific health care services through the VHA. The number of women veterans accessing VA care is increasing. In 2005, for example, a total of 237,952 women veterans had accessed VA care and that number has increased by 46.4% to 455,875 women veterans receiving VA care in 2015, according to the aforementioned VA report. It is likely that more women veterans will access VA care because the population is projected to increase by more than half from 9.4% of the U.S. veteran population in 2015 to 16.3% of the U.S. veteran population by 2043.

VHA Enrollment Requirements

Note that the VHA enrollment requirements are the same for all veterans, whether women, men, transgender (whose gender identities are different from their sex assigned at birth), or intersex veterans (who are born with sexual and reproductive anatomies that are outside the definition of the male and female sex categories assigned at birth). The Veterans' Health Care Eligibility Reform Act of 1996 (P.L. 104-262) required the VA to establish an enrollment system that all veterans must meet in order to be eligible to receive VA health care services. Enrollment in the VA health care system is based primarily on veteran status (i.e., previous military service), service-connected disability, and income. Veterans can apply to enroll in VA health care by mail, telephone, and in person at a VA medical facility.

Access to Gender-Specific Health Care Services

The VHA operates more than 1,700 VA medical facilities where veterans can access gender-specific health care services. Veterans can also access these services from VA-contracted providers in their communities and from providers of the Department of Defense (DOD) at DOD medical facilities. (Note that veterans can access certain gender-specific services such as infertility treatments only

from non-VA providers.) In addition, veterans can access gender-specific health care services through *telehealth*. Telehealth refers to a health care service that is provided via a technological method. The VHA provides women's gender-specific telehealth services such as gynecology and mental health through the VA Tele-Women's Health program.

Gender-Specific Health Care Services

All veterans access gender-specific health care services through the VA as specified in the VA medical benefits package. The VA medical benefits package refers to a suite of health care services that the VA covers and provides to eligible veterans, generally at no cost to the veterans under certain circumstances. In FY2017, the VA spent \$453.9 million on gender-specific health care services for women veterans (VA, *FY 2019 Funding and FY 2020 Advance Appropriations: Volume II Medical Programs and Information Technology Programs*, p. VHA-169, <https://go.usa.gov/xPhnV>). Discussed below are some gender-specific health care services that women veterans can access through the VHA, unless otherwise noted. This discussion is not comprehensive.

Primary Health Care Services

Women veterans can access a range of gender-specific primary health care services such as contraceptives, breast and cervical screenings, and menopausal support services through the VHA, in a Women's Health Clinic and in a mixed gender primary care clinic by a designated women's health care provider. According to the VHA Directives 1341 and 1330.01(2), a transgender or intersex veteran can access the aforementioned primary health care services through the VHA, regardless of whether a change in sexual anatomy has transpired.

Maternity Health Care Services

The VHA currently provides and pays for a limited number of maternity and newborn health care services to eligible veterans and their family members. Women veterans can begin accessing VA maternity care as soon as their pregnancies are confirmed. The VHA is different from other integrated health care systems because VA medical facilities do not operate full-service birthing centers with medical units such as maternity wards, newborn nurseries, and neonatal intensive care units (NICUs). The VHA does not have the specialized health care providers or functioning birthing-related medical units in VA medical facilities to deliver babies on an ongoing basis. Women veterans deliver babies at non-VA medical facilities such as DOD medical facilities and community hospitals. The VA may perform, however, emergency childbirth deliveries.

In Vitro Fertilization (IVF). The Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019 (P.L. 115-929) allows the VA Secretary, among other things, to use FY2019 appropriations and FY2020 advanced appropriations to provide certain veterans with fertility services using assisted reproductive technology such as IVF. IVF refers to the process of combining a male's sperm with a woman's egg outside of the woman's body, which is performed in a medical laboratory.

IVF is not a standard medical benefit to all veterans. Only certain female and male veterans who lack the ability to naturally procreate may request IVF services, for themselves and their spouses. Specifically, a female veteran must have a service-connected disability that restricts her eggs from being successfully fertilized by sperm. The female veteran must also have ovarian function and an open uterine cavity. A male veteran must have a service-connected disability that restricts the delivery of his sperm to a woman's egg. This benefit will cover three IVF treatment cycles, which are not provided within VA medical facilities.

Emergency contraception. Women veterans can access emergency contraception from VA medical facilities on the same day as their request for the medication.

Abortion. The VA medical benefits package does not include abortions, abortion counseling, or therapeutic abortions (i.e., abortions that are performed in instances when needed to save the life of a mother). Section 1710 of Title 38 of the *U.S. Code* allows the VA Secretary to provide therapeutic abortions as a covered benefit. The VA Secretary through VHA Directive 1330.01(2), however, has chosen to provide therapeutic abortions only to women veterans that incur spontaneous abortions (commonly referred to as "miscarriages").

Newborn Health Care Services

The Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111-163), among other things, allows the VA Secretary to cover postdelivery health care services for eligible newborns. The VA covers newborn care that is rendered on the day of the newborn baby's birth through the first seven full-days of the newborn's life.

The eligibility criteria for newborn care is based on the veteran-mother's VHA enrollment. (Congress chose to exclude from this VA benefit newborns born to women who are not veterans but have male veteran spouses.) The veteran-mother must meet three conditions for her newborn to become eligible to access care through the VHA. First, the veteran-mother must be enrolled in the VHA. Second, the veteran-mother must have received maternity care through the VHA while pregnant with the respective baby. Third, the veteran-mother must have delivered the baby in either a VA-contracted health care facility or VA medical facility. As noted earlier, babies generally are not delivered in VA medical facilities. P.L. 111-163 also allows the VA to cover newborn care when a newborn is abandoned or placed for adoption by his or her veteran-mother.

Hormone Therapy and Gender Confirming/Affirming Surgery

All veterans can access hormone therapy treatments through the VHA. The VA, however, does not provide or cover the costs of gender confirming/affirming surgeries.

Copayment (Copay) Requirements for VA Care

VA copay requirements for VA care are the same for all veterans. The VHA does not require veterans to pay for their VA health care services or medications to treat a service-connected disability/condition, or if the veteran generally meets at least one of four following criteria:

1. the veteran has a service-connected disability that is rated 50% or more;
2. the veteran is a former prisoner of war;
3. the veteran has an annual income that is below the income limit; or
4. the veteran is a medal of honor recipient.

Veterans who are not exempt from paying VA copays will incur the costs of their primary care services, specialty care services, inpatient care services, and medications (<https://go.usa.gov/xEBby>). Veterans pay \$15 per primary care visit and \$50 per specialty care visit. Copays for inpatient care services range from \$272 to \$1,364 for the first 90 days of care within a one-year period. Medication copays range from \$5-\$11 per 30-day or less supply of medication, \$10-\$22 for 31-60 days, and \$15-\$33 for 61-90 days. The VA has capped medication copays at \$700 annually.

Issues for Congress

Women veterans pay \$16 in copays per 60-day supply of contraceptives. In comparison, under the Affordable Care Act (ACA: P.L. 111-148), contraceptives are a mandated essential benefit that requires no copay. "Unmet need" for better information and affordable contraception for women veterans is also suggested by a recent study of 723 women veterans at risk of having unintended pregnancies. The findings indicated that over 38% believed that they would not get pregnant while having unprotected intercourse for a year (<https://go.usa.gov/xEg7a>). Some have argued that, as consistent with the ACA, Congress should consider eliminating the copay requirements for contraceptives. CRS is not aware of any costing estimates for this proposal.

Congress has also shown bipartisan interest in VA newborn care by considering measures such as the Newborn Care Improvement Act (H.R. 907; S. 970), with the aim of extending VA newborn care beyond seven days of health care coverage. To date, babies born to male veterans are not authorized access to VA newborn care. Congress could choose to consider a measure that would authorize newborn babies born to male veterans to have access to VA newborn care. Both the benefits and the costs associated with such a proposal would await evaluation by the VA and Congress.

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