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

Introduction

VHA had predominately provided general health care and gender-specific services (e.g., prostate exams) that were geared to men, because the demographics of the veteran population had been predominately male. 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 at the time. (VA, *Women Veterans Report*, <https://go.usa.gov/xPzNC>). In 1981, Congress requested reports from the Government Accountability Office (GAO) on women veterans' access to VA benefits (<https://go.usa.gov/xEBkM>). At that time, GAO found that there was inadequate access to general health, gynecological, and obstetrical care. Since then, Congress passed a number of laws, such as the Women Veterans Health Program Act of 1992 (Title 1 of P.L. 102-585, as amended), to specifically increase women veterans' access to gender-specific health care services through the VHA. Recently, Title III of the Veterans COMPACT Act of 2020 (P.L. 116-214) required VA to report locations where women veterans use health care, among other things.

Today, VHA offers a full suite of gender-specific health care services for women veterans. Gender-specific care is specialized care that is sensitive to the unique needs of women. It includes not only reproductive system specific care but also general care that is sensitive to gender differences.

Of the total population of about 2.03 million women veterans, 755,807 were enrolled in the VA health care system in FY2019. The states where the largest numbers of women veteran VHA enrollees resided in FY2019 were Texas, Florida, California, Georgia, and Virginia. Demand for gender-specific care may grow, as the proportion of women veterans to the total veteran population is projected to increase by 0.6% annually through 2045. (*Report to Congress, Locations Where Women Veterans Are Using Health Care From the Department of Veterans Affairs, February 2021*).

Transitioning to VA Care

The VA and the Department of Defense (DOD) jointly administer the Women's Health Transitioning Training (WHTT) Program, which aims to prepare servicewomen and women veterans for VHA enrollment. The free training is delivered in-person and virtually. During the interactive training sessions, servicewomen and women veterans receive information on, but not limited to, the

- process of becoming a service-connected veteran,
- differences in the delivery of health care services between VA and DOD medical facilities,

- various types of women's health care services that can be accessed through the VA, and
- available support for other concerns, such as homelessness.

Since its inception in the summer of 2018 through August 2020, more than 1,100 women had completed the training.

VHA Enrollment Requirements

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 DOD providers at DOD medical facilities. (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 through the VA Tele-Women's Health program.

Overall, in FY2019, women veterans completed 5.6 million in-person appointments, 224,584 telehealth appointments, and 1.7 million telephone appointments.

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 FY2019, the VA spent \$6.3 billion on health care services for women veterans. Discussed below are some gender-specific health care

services that women veterans can access through the VHA, unless otherwise noted. This is not a comprehensive list.

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(4), 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.

Intimate Partner Violence (IPV) Services

IPV is a subset of domestic violence, which in this context, involves a veteran's experience of reoccurring violent physical, sexual, and psychological behaviors performed by a current or former intimate partner. All veterans and their intimate partners can access IPV services through the VA's IPV Assistance Program (IPVAP), which was established in 2014. IPVAP consists of a suite of integrated VA and non-VA prevention, intervention, treatment, and support services. According to the aforementioned VA funding report, 142 VA medical facilities and health systems have designated IPVAP Coordinators. IPVAP Coordinators are responsible for identifying, screening, assessing, and coordinating IPV related services.

Military Sexual Trauma (MST) Services

MST refers to physical sexual assault or sexual harassment occurring during military service that causes psychological trauma. P.L. 102-585 and subsequent laws require, among other things, the VA Secretary to administer an MST program whereby veterans can access counseling and medical and support services. The VA Military Sexual Trauma (MST) Program is available to all veterans, regardless of a veteran's eligibility status for VA care and service connection. A veteran does not have to disclose the details of his or her MST experience to a VA provider in order to access MST services. There are no out-of-pocket costs associated with MST care. In addition, the VA does not require veterans' respective secondary health insurance plans to cover the costs of any MST-related health care services. Each VA medical facility has an MST Coordinator who is responsible for VA outreach and coordination of MST care.

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. 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 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2021, which is Division J of the Consolidated Appropriations Act, 2021 (P.L. 116-260), allows the VA Secretary to use funds appropriated to the "Medical Services" account to provide certain veterans with fertility services using assisted reproductive technology such as in vitro fertilization (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.

Abortion. The VA medical benefits package does not include abortions, abortion counseling, or therapeutic abortions.

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.

Recent legislation expanded the newborn health care benefit to add coverage for transportation and extend coverage beyond seven days when medically necessary. (See Section 9201 of P.L. 116-283 and Section 3006 of P.L. 116-315).

The eligibility criteria for newborn care is based on the veteran-mother's VHA enrollment. (Newborns born to women who are not veterans but have male veteran spouses are not eligible for this benefit.) 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.

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