WOMEN VETERANS AND OTHER HEALTH CARE IMPROVEMENT ACT OF 2013 LEGISLATION TO COMPLEMENT VA'S PROGRAMS FOR VETERANS AND THEIR FAMILIES

The Problem – VA's fertility treatment services do not meet the complex needs of severely wounded veterans.

After a decade at war, many women servicemembers are at risk for reproductive and urinary tract issues due to deployment conditions and a lack of predeployment women's health information, compounded by privacy and safety concerns. Moreover, the nature of the current conflict and increasing use of improvised explosive devices leaves servicemembers far more susceptible to blast injuries including spinal cord injury and trauma to the reproductive and urinary tracts. Department of Defense data shows that between 2003 and 2011 nearly 2,000 women and men suffered these life-changing battle injuries while serving in Iraq or Afghanistan.

As these injured servicemembers return home, they work to move forward with their lives and pursue their goals and dreams. For some this includes starting their own family. The Department of Defense and the Tricare program are already able to provide <u>fertility treatment</u> to servicemembers with these injuries. The Department of Veterans Affairs (VA) offers fertility treatments but these services don't always meet the complex needs of severely injured veterans. Little is known about the impact that these issues and injuries have on the long-term health care needs of veterans.

The Problem – VA is slow to adapt to the needs of women veterans.

As the population of women veterans continues to grow, VA must continue to adapt to meet the needs of women veterans and their families. Through the Caregivers and Omnibus Health Care Act enacted in 2010, Congress enhanced care for women veterans but more work remains to make VA a friendly environment for women veterans and veterans with families.

The Solution – The Women Veterans and Other Health Care Improvement Act of 2013

The Women Veterans and Other Health Care Improvement Act of 2013 complements VA's programs for women veterans and families of veterans by enhancing VA's fertility treatment services, along with other programs.

- Enhanced treatment and care: The Women Veterans and Other Health Care Improvement Act enhances the reproductive treatment and care options available to veterans, to include assisted reproductive technology¹. For example, a female veteran might experience an infection that causes scarring in her fallopian tubes. Enhancing VA's services would allow this veteran to conceive by having one of her fertilized embryos implanted into her womb.
- Fertility treatment for spouses: The Women Veterans and Other Health Care Improvement Act makes an eligible family member or surrogate of a severely wounded veteran eligible for the same fertility treatment and associated reproductive health care services that a veteran would be eligible for. For example, a male veteran may sustain spinal cord injuries that make it challenging to naturally fertilize an egg. Allowing spouses to be eligible for treatment would allow VA to provide comprehensive fertility treatment for the veteran and his family. The bill does not cover maternity treatment for spouses or surrogates.
- Adoption assistance: The Women Veterans and Other Health Care Improvement Act increases the family-building options available to veterans by allowing VA to provide limited financial assistance to severely wounded veteran to adopt one or more children.
- *Childcare assistance*: The Women Veterans and Other Health Care Improvement Act creates a permanent program that provides child care to veterans seeking readjustment counseling at VA's Vet Centers.
- Outreach: The Women Veterans and Other Health Care Improvement Act requires VA to improve outreach to women veterans by allowing its women veterans call center to accept incoming calls. This is so important to make sure that women veterans can get the information that they need in order to access VA health care and benefits.

¹ IVF is specifically excluded from VA's Medical benefits package by regulation (38 CFR 17.38 (c)(2)).