

Statement of the Honorable Mike Coffman
House Committee on Veterans Affairs – Health Subcommittee
Legislative Hearing – H.R. 1356 – *Women Veterans Access to Quality Care Act*
14 July 15

Thank you Chairman Benishek for holding this legislative hearing and including my bipartisan bill – the *Women Veterans Access to Quality Care Act*.

Although the Department of Veterans Affairs has made some progress in recent years, the fact remains that the VA is a system largely designed for male veterans. A recent comprehensive study conducted by the Disabled American Veterans (DAV) entitled “Women Veterans: The Long Journey Home,” found serious gaps in almost every aspect of programs that serve women vets.

In recent years the active-duty military has made incredible strides towards fully incorporating women into the ranks. Though more work needs to be done, these long-overdue changes in the Department of Defense have increased the pool of eligible recruits, raising the standards to make our military the most professional that our country has ever had. As more and more of these women leave military service and become veterans, it is critical that the VA quickly adapt its facilities and culture.

The aim of my bill is to increase gender-specific access to care within the VA, improve healthcare outcomes for our women veterans, and improve VA’s facilities to ensure they protect the privacy and dignity of all veterans.

The need for this bill is largely illustrated simply by reviewing the rapidly changing demographic composition of the VA patient population:

1. Between 2003 and 2012, the number of women veterans using VA healthcare nearly doubled.

2. In 2012 women made up only 6.5% of the VA patient population, but are estimated to encompass over 10% by 2020.
3. Meanwhile, nearly 20% of new recruits are women.

The women veteran patient population also has unique characteristics when compared to the male VA population:

1. The median age of a female patient in VA is 49 compared to 64 for male patients.
2. Only 13% of men within VA were 45 years old or younger compared to 45% of women.

These are dramatic changes to the VA's patient population, and the former - almost exclusively male - VA healthcare system simply hasn't kept up with the changes.

My bill addresses the VA's lapses in healthcare quality and access for its women patients in five ways:

First, my bill requires the VA to establish standards to ensure VA facilities meet the specific needs of women and integrates those standards into its Strategic Capital Investment Planning process.

The Government Accountability Office (GAO) found in 2010 that none of the VA hospitals it surveyed were fully compliant with the VA's own policies related to privacy for women veterans. Just to cite a few examples, the audit found that check-in desks were in busy mixed-gender areas and gynecological examination tables faced towards doorways. Additionally, despite VA requirements that gynecological exam rooms have immediately adjacent restrooms, often women were required to walk down long hallways in high-traffic, mixed-gender corridors to access restrooms.

At a hearing in this room in April, I asked a panel of Veteran Service Organization (VSO) experts whether these conditions have improved in the past five years, and the Committee learned that these problems continue to persist nationwide.

Second, my bill holds VA medical facility directors accountable to performance measures which include women's health outcomes and requires the reporting of those outcomes. As with many other areas in the VA, there is an incredible lack of accountability which is hindering true progress and reform.

Third, my bill ensures the availability of OB-GYN services at VA medical centers and requires VA to conduct a pilot program to increase residency and graduate medical education positions. In 2010, nearly half of the women Veterans who used V-A healthcare had at least one reproductive health diagnosis. It is absolutely essential that these veterans have quick and reliable access to appropriate gender-specific care.

Forth, my bill improves outreach to women veterans by requiring the VA to provide state veterans agencies with contact information for veterans. One of the DAV's findings in its report was that information on veteran programs and eligibility is often difficult to access and scattered across various programs or websites. Increasing outreach to women veterans through collaboration with VA state agency partners is vital.

Finally, my bill mandates a new comprehensive GAO study of the VA's ability to meet the needs of women veterans, including an examination of wait times, gender-specific care availability, VA training, differences in health outcomes, and security and privacy within VA facilities.

During my own military career, I have witnessed quite a number of challenges that the military has had to confront. Each time, it overcame the obstacles, and always emerged as a more effective fighting force. I have full confidence that the VA can do the same.

I hope my bill can jump-start the cultural sea change required at VA to ensure our women veterans are provided the same benefits they earned in service to our nation just like their male counter-parts.

I'm grateful for the support many of our nation's veterans and Veteran Service Organizations have provided for this bill, and I urge all of my colleagues on the Committee today to join me in this effort.