

House Committee on Veterans' Affairs Subcommittee on Health

Legislative Hearing on:

H.R. 272; H.R. 353; H.R. 359; H.R. 421; H.R. 423; H.R. 1356; H.R. 1688; H.R. 1862; H.R. 2464; H.R. 2914; H.R. 2915; draft legislation to clarify the role of podiatrists in VA; and, draft legislation to authorize VA major medical facility construction projects for FY 2015 and to make certain improvements in the administration of VA medical facility construction projects”

Testimony of Congressman Doug Collins, as prepared for delivery
Ninth Congressional District of Georgia

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Chairman Benishek, Ranking Member Brownley, and distinguished members of subcommittee, thank you for the opportunity to testify on H.R. 423, the “Newborn Care Improvement Act”. My legislation amends title 38, United States Code, to improve the care provided by the Secretary of Veterans Affairs to newborn children. I am very appreciative of the Subcommittee’s consideration of this legislation.

The motto of the Veterans Administration comes straight from Abraham Lincoln’s Second Inaugural. He got the idea straight from scripture. So the challenge for us to “care for him who shall have borne the battle, and for his widow, and his orphan,” isn’t a new one.

Since September 11, 2001, more than a quarter of a million women have answered the call to serve. They’ve faced terrorism in the deserts and mountains of Iraq and Afghanistan. So in the 21st century, we must also consider she who shall have borne the battle.

When she returns, what of her children?

The finest military in the world is powered by men and women in their physical prime. The young women who decide to serve this country in the armed forces aren’t immune from the same questions that all young women face about whether they pursue a career, a family, or both. Yet they are offered a healthcare system that for so many years has been designed to serve men.

With the increasing number of female veterans, the VA must expand its care and services to meet their needs. Maternity care tops that list of needs, and I’ve offered one way we can help. In 2010, Congress passed and the President signed the “Caregivers and Veterans Omnibus Health Services Act of 2010” to provide short-term newborn care for women veterans who received their maternity care through the VA. Signed into law on May 5, 2010, this legislation authorized up to seven days of newborn care.

On January 27, 2012, The Department of Veterans Affairs published a regulation officially amending VA’s medical benefits package to include up to seven days of medical care for

newborns delivered by female Veterans who are receiving VA maternity care benefits. The rule, which became effective Dec. 19, applied retroactively to newborn care provided to eligible women vets on or after May 5, 2011.

Since this seven day authorization was enacted by Congress in 2010, we've learned more about the unique challenges facing female veterans and the changing trends in these veterans seeking maternity and newborn care from the VA. According to a study published in the *Women's Health Issues Journal* this year, from 2008-2012 the overall delivery rate by female veterans utilizing VA maternity benefits increased by 44 percent and a majority of the women using VA maternity benefits had a service-connected disability.

Just last week, the U.S. Navy announced it has tripled the amount of paid maternity leave for personnel in the Navy and Marine Corps. Effective immediately, 18 weeks of maternity leave will be available. Secretary Mabus stated in a press release that "with increased maternity leave, we can demonstrate the commitment of the Navy and Marine Corps to the women who are committed to serve."

In the same way, unless Congress extends the authorization for length of newborn care coverage provided by the VA, there will be veterans who face difficult financial decisions and complexity in navigating insurance options at the same time that their newborn is fighting for their life.

This is why I introduced H.R. 423- to demonstrate Congress' commitment to meeting the needs of female veterans by providing a little longer for their newborn. My legislation extends the authorization of care from seven days to 14 days and provides for an annual report on the number of newborn children who received such services during such fiscal year. Improved data on the trends in female veterans utilizing newborn care will help Congress and the VA better meet their needs in the years to come.

Should this subcommittee place my legislation on their markup calendar, which I hope they do, I would request an amendment be made to add the reporting requirement to an existing report that the VA is already required to produce. Although it's vitally important that Congress and the VA have this data, I don't want VA to produce yet another report when instead we could add this requirement to an existing report.

Some may ask why the VA should provide more newborn care coverage to female veterans than the average private sector employee would receive. These women have risked their lives to protect our nation. Just because they are no longer serving in active duty does not mean our responsibility to them ends. In fact, their service to our country may jeopardize the very lives of their future children and thus our responsibility to them is even greater. A recent study examined more than 16,000 births to female veterans. Having PTSD in the year before delivery increased a woman's risk of spontaneous premature delivery by 35 percent, the research showed.

“This study gives us a convincing epidemiological basis to say that, yes, PTSD is a risk factor for preterm delivery,” said the study’s senior author, Ciaran Phibbs, PhD, associate professor of pediatrics and an investigator at the March of Dimes Prematurity Research Center at Stanford University. “Mothers with PTSD should be treated as having high-risk pregnancies.”

Premature infants often need long hospitalizations after they are born and are more likely than full-term infants to die. Those premature infants who survive may face long-term developmental problems. And unfortunately, the number of female veterans with PTSD is not insignificant. According to the VA, 20% of female veterans of the conflicts in Iraq and Afghanistan have been diagnosed with PTSD. And these are not just the female veterans serving in combat.

I know what it’s like to be the parent of a little baby who needed intensive medical care for an extended period the moment she was born. It’s my hope that any new mother, who has given selflessly to her country, wouldn’t have to worry about Congress standing in her way as she tries to give selflessly to her own child.

Our goal should always be to provide the mother with the pre-natal care she needs to give her newborn the best chance of a healthy delivery with no post-natal complications. There are significant needs and challenges that a female veteran faces when returning home from the battlefield such as homelessness, sexual and physical abuse, and mental health conditions such as Post Traumatic Stress Disorder. And this legislation won’t solve all of those great challenges. But my hope is H.R. 423 will give her a little peace of mind knowing her newborn will get some extra help from the VA and that Congress is committed to her and her family.

In a focus group conducted on Women Veterans’ Reproductive Health Preferences and Experiences and published by *Women’s Health Issues Journal* in 2011, one Marine said, “I can essentially say that I gave my reproductive years to the Marine Corps. And those are the years you can serve... You know, you do sacrifice and you say, well, “mission first before a family mission,” type of thing and the more I think about I think, you know, the VA probably should address that part of womanhood and have that understanding.”

There are multitudes of ways that the VA must adapt to better meet the needs of female veterans. By increasing the authorization of care, we can ensure that Congress is not standing in the way of the VA seeking to do just that. Absent the legislative change made by H.R. 423, the VA cannot provide more than 7 days of care. And I believe that is unacceptable.

In closing, we owe it to our female veterans to expand and improve the health care services that the VA can provide them and their children. Female veterans face unique challenges and barriers, including very limited newborn care coverage. While the majority of female veterans who receive maternity care from the VA are able to return home with their newborn within the current seven day time frame, some cannot due to newborn health complications. It is these veterans and their children that need Congress’ help today.

Expanding the authorization of care from seven to 14 days will give these female veterans more time to make alternate arrangements and secure private or public insurance for their newborn's continued health needs.

I thank the Chairman and Ranking Member for holding this hearing and I'm happy to discuss this legislation further with any of my colleagues. Thank you.