Chairwoman Wasserman Schultz, Ranking Member Carter, and Committee members, thank you for inviting me here today to discuss this important topic for our Veterans. As I prepared for my testimony today, I found the first testimony I submitted to Congress on this topic, dated June 26, 2012, nearly nine years ago. While much has been accomplished in that time to help our Veterans build their families, much is still left to be achieved.

Today I am representing the millions of Americans who suffer from infertility and other conditions that make procreating difficult and sometimes impossible. In other words, I am here to talk about families.

RESOLVE: The National Infertility Association is a non-profit patient advocacy organization, founded in 1974. The unique challenges of Veterans who are struggling to build their families first came to our attention in 2012, when a bill was introduced in Congress to offer infertility medical treatments to our Veterans with a service-connected injury. Along with our advocacy partners at the American Society for Reproductive Medicine, we were astounded to learn that the Veterans Health Administration is forbidden by statute to offer medical care such as in vitro fertilization, or IVF, to a Veteran suffering from infertility, even when that infertility was caused by a service-connected injury or illness. Can you imagine being injured in service to our country, having many of your needs met by the VA, then being told the one thing that will make you whole – a family – is out of reach? Yet, the medical treatments exist, are safe, and account
for 1 out of every 100 births in the U.S. That care is not withheld because the care doesn’t exist, it is withheld due to an outdated statute from nearly 30 years ago.

There is some good news. Thankfully, four years ago this Subcommittee agreed that Veterans deserve this care and authorized the VA to offer IVF care to wounded Veterans, designing the benefit to be linked to a DOD benefit for wounded active duty servicemembers. We are so grateful for this authorization and its continued re-funding. For many wounded Veterans, IVF may be their only hope of ever having a child with their partner, and since 2017, hundreds of Veterans have been referred to fertility specialists. Thank you for making that possible.

With that good news, there is an opportunity to continue this care and improve upon it in three significant ways. First, this benefit must become a permanent part of the healthcare benefit package at the VA. Having to ask for refunding before this Subcommittee every year or two is not a productive way of delivering healthcare, as family-building doesn’t neatly fit within the federal government’s fiscal year. The VA can provide better care if this is a permanent benefit, and Veterans have certitude that access to care exists no matter when they are ready to build or grow their family. Let’s fix this now and make this a permanent benefit at the VA.

Second, we recommend the benefit the VA offers be de-coupled from the DOD benefit. While it may seem logical to have VA provide the same treatment as active duty servicemembers, the current authorization is specifically tied to a 2012 DOD authorization, making it “frozen in time” to 2012. Medical treatments improve and advance, yet this linkage to DOD precludes any changes or improvements in the benefit the VA can offer. Why would we want our Veterans to receive sub-par care? Let’s allow the VA to offer the best and most current care to our Veterans wishing to build their families.

Last, we must ensure that the care our Veterans receive fits their unique needs. Many people with infertility need to access what is called “third-party reproduction” to build their family, and wounded Veterans are no different. Third-party reproduction refers to the need for another person to help make a baby. Let me simplify this: to procreate we need a sperm, an egg, and a uterus. Those three components must interact harmoniously to make a baby. The good news is that we have advanced medical science to such a degree that people can procreate with their
partner by using a sperm donor, an egg donor, or a gestational carrier, who is a woman who acts as a surrogate to carry the pregnancy. The problem is the VA doesn’t allow for any wounded Veteran to use in vitro fertilization while using donated sperm, donated eggs, or a gestational carrier. This is devastating to our Veterans who want to build a family with their partner and need these third-party services due to the nature of their injuries. We urge Congress to allow the VA to offer these services to our wounded Veterans.

On behalf of the millions of Americans who struggle to build their family, and especially our wounded Veterans, we thank the Subcommittee for addressing this life-affirming issue and stand ready to help.

Respectfully Submitted By:

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