

Statement of Congressman Doug Collins
Veterans Subcommittee on Health Hearing
Newborn Care Improvement Act (H.R. 907)
March 29, 2017
Veterans Subcommittee on Health

Chairman Wenstrup and Members of the Subcommittee, thank you for the opportunity to testify on legislation that I introduced, H.R. 907, the Newborn Care Improvement Act. This bill improves the care provided by the Department of Veterans Affairs to the newborn children of female veterans, and I appreciate the Subcommittee's consideration of this legislation.

In his Second Inaugural Address, President Lincoln derived his idea for the VA from Scripture stating, "...the challenge for us is to care for him who shall have borne the battle and for his widow and his orphan." In the 21st Century, we must apply Lincoln's statement more broadly to "she who hath borne the battle," and one way we can do that is to provide better maternity and newborn care.

Historically, much of the VA healthcare system was created and designed to meet the needs of men. As an increasing number of females serve in our military, it is essential for the VA to update and expand its care and services to meet the needs of female veterans and their families.

Maternity care is often among the needs of our female veterans, and I believe the Newborn Care Improvement Act is one important way to help. In 2010 when the Caregivers and Veterans Omnibus Health Services Act was signed into law, it provided short-term newborn care for female veterans who receive maternity care through the VA. Under this law, newborns were provided with up to seven days of care at hospitals covered by the VA.

In January 2012, the Department of Veteran's Affairs issued a rule to officially implement the law. The rule was retroactively applied to newborn care provided to eligible female veterans on or after May 5, 2011.

Since the law's implementation, we have learned significantly more about the challenges impacting female veterans and the evolving needs of veterans seeking care for their newborns from the VA. According to a 2008-2012 study in one women's health journal, for example, the overall delivery rate of female veterans using VA maternity benefits increased by 44 percent, and a majority of these women had service-connected disabilities.

However, a recent December 2016 Government Accountability Office (GAO) report illustrated that there is still a long way to go to meet the care needs of our female veterans and their newborns. The GAO found that approximately 27 percent of VA facilities reported maternity care was “significantly delayed” and that all veterans, including women, face consistent challenges in receiving timely access to care.

We know we must take action to address access to care issues at the VA, including maternity and newborn care.

Absent Congressional action to achieve parity between the number of days new mothers and newborns can receive care covered by the VA, female veterans may be forced to navigate complex insurance options and face challenging financial decisions – even as their child’s life is in danger.

I introduced H.R. 907, the Newborn Care Improvement Act, to ensure that newborns are better able to receive the care they need, particularly if they are born prematurely or face birth complications.

As some of you may remember, I introduced similar legislation in the 114th Congress, and it was favorably reported by this Committee. Last Congress, my legislation extended the length of covered VA care for newborns from 7 to 14 days and provided an annual report on the number of newborns who receive such care during each Fiscal Year.

The 115th Congress' version provides an important update to the length of covered care for newborns by extending it from 14 to 42 days. This 42 day standard creates parity for newborns with the length of time the VA covers care for mothers, incorporating an amendment offered by Chairman Roe that was included when the House passed this legislation last year. I hope that the Committee will once again place the Newborn Care Improvement Act on its markup calendar to move forward this legislation for newborns and their mothers.

Many of our female veterans have paid the ultimate price, and those who have risked their lives to serve our nation deserve the highest standard of care. Our duties to the women in our Armed Services do not end because they are no longer serving on active duty, and should they choose to receive maternity care at the VA, they should be confident it will be quality care.

In fact, research has indicated that some female veterans may have unique maternity needs as a result of their service. One recent study illustrated a link between a veteran having PTSD in the year prior to giving birth and a 35 percent increase in risk of spontaneous premature delivery. This study indicates that PTSD could be a significant epidemiological risk factor for pre-term delivery, and it is only one of the service-connected issues that our female veterans, who have bravely sacrificed for us, may face.

Tragically, PTSD impacts a substantial number of our female veterans. Over 20 percent of female veterans in the recent conflicts in Iraq and Afghanistan have been diagnosed with PTSD. These diagnoses are not limited to women serving in combat roles.

Female veterans who may have higher-risk pregnancies should feel confident they will receive appropriate and necessary maternity care and care for their newborns. This care becomes even more critical for premature babies who may face greater complications than full-term infants and potential long-term developmental problems absent proper care.

From a personal perspective, I understand the fear and heartache of parents when their beautiful new baby needs intensive medical care. My daughter, Jordan, was born with spina bifida and was over 10 days old before I could hold her. When a parent is in this situation, they shouldn't be worried that their insurance will no longer cover the child or that the facility where the baby was born can't or won't provide necessary care. As a parent, I know the only thing you're thinking about is the safety, health, and well-being of your child. That's why I introduced this legislation—in those situations where longer care is necessary, it should be available for the newborns of our female veterans.

Our goal should be to ensure that mothers receive the best prenatal and maternity care possible, so that newborns can have the best chance of a healthy delivery and a long life. Our female veterans have served our country with honor and distinction, and this is one small step we can take to show our gratitude.

The Newborn Care Improvement Act is a commonsense measure to support the changing needs of women in the Armed Services. H.R. 907 represents a significant step forward for maternity and newborn care at the VA that builds on research and existing programs.

Thank you again for the opportunity to testify before you today, and for all that you do to improve care for our nation's veterans.

I yield back.