

**STATEMENT OF  
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BEFORE THE SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**July 1, 2020**

Good Morning Chairwoman Brownley, Ranking Member Dunn, and distinguished Members of the Subcommittee. I appreciate the opportunity to discuss the high-quality care and support VA is providing to our women Veterans. I am accompanied today by Dr. Alicia Christy, Deputy Director of Reproductive Health, Women's Health Services, Veterans Health Administration (VHA).

**Introduction**

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.9% of today's active duty military forces and 19% of National Guard and Reserves. Based on the upward trend of women in all service branches, the expected number of women Veterans using VA health care will rise rapidly. More women are choosing VA for their health care than ever before, with women accounting for over 30% of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has tripled since 2001, growing from 159,810 to over 550,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans.

VA provides full services to women Veterans, including comprehensive primary care, gynecology care, maternity care, specialty care and mental health services. Women Veterans are offered assignments to trained and experienced designated Women's Health Primary Care Providers (WH-PCP). These providers can provide general primary care and gender specific primary care in the context of a longitudinal patient/provider relationship.

National VA satisfaction and quality data indicate that women who are assigned to WH-PCPs have higher satisfaction and higher quality of gender specific care than those assigned to other providers. Women assigned to WH-PCPs are twice as likely to choose to stay in VA care over time. Moreover, VA has at least two WH-PCPs at all of VA's health care systems while 90% of community-based outpatient clinics have a WH-PCP in place.

VA has trained over 4,700 primary care providers in the women's health mini-residency course since 2008. We have expanded our training program to now include a traveling training group to rural sites. In collaboration with VA Office of Rural Health, we are reaching nearly 40 rural sites per year, bringing the women's mini-residency to rural providers. In addition, we have focused trainings with primary care providers in a collaboration with VA SimLearn to target musculoskeletal conditions in women.

We remain focused on maintaining a welcoming environment to all who have worn the uniform, including all women Veterans who use VA care. As such, VHA has made a commitment to be fully equipped to address women Veterans' complex and unique needs. This entails access to holistic healthcare, including access to infertility treatments, and prenatal and maternity care. VA complies with title 38 CFR § 17.38 regarding Medical Benefits, which does not include abortion and abortion counseling.

VA offers reproductive health care tailored to women across their lifespan including contraceptive services, preconception care, access to maternity care services, postpartum care, specialized gynecology care for issues such as chronic pelvic pain which is known to disproportionately affect women Veterans, as well as management of menopause and associated reproductive health conditions. VA recognizes the importance of supporting the wellbeing of the whole woman through its innovative Whole Health program.

Whole Health is VA's cutting-edge approach to care that supports Veterans' health and well-being. VA is advancing Whole Health to transform health care and improve the lives of Veterans and health care teams. Whole Health is an approach to health care that empowers and equips Veterans to take charge of their health and well-being and live their life to the fullest. Successful Whole Health Systems are based on a partnership between Veterans and their health care team, empowering Veterans to improve their health and well-being. The health team, including family and friends, get to know the Veteran as a person before working with her to develop a personalized health plan based on her values, needs, and goals.

When the woman Veteran's needs include access to high quality gynecology care, VA is positioned to meet them. VA offers many gynecologic services, including complex gynecology care such as gynecologic surgery and treatment of gynecologic cancers. For those facilities where VA does not have a gynecologist on site (24 out of 160), Veterans receive services through care in the community. In 2017, VA held its first-ever national VA gynecology conference: VA Gynecology Health System—Optimizing Access and Facilitating Best Practices Training. The mission of this conference was to optimize access to gynecologic services for women Veterans. In 2019, VA held a national hands-on gynecology training, "VA Gynecology: Enhancing Access & Best Practices through Simulation Learning Training." The focus of this training was on gynecologic conditions that disproportionately affect women Veterans, such as chronic pelvic pain and trauma-informed care. The training also emphasized ways in which gynecologists can expand services provided to women Veterans locally at their facilities, such as enhancing access to office-based procedures and long-acting

reversible contraception.

During the early days of the COVID-19 pandemic, when all routine visits and non-urgent procedures were suspended, VA gynecologists were able to leverage VA's robust telehealth technology infrastructure to continue to provide needed gynecology care to women Veterans. Across VA we have seen a 1,025% increase in telehealth video appointments since March 1st.

Federal agencies and professional health organizations created interim guidelines for management of women's health conditions during the pandemic, and, in general, VA care has been in alignment with those guidelines. Women's Health Services created a SharePoint page dedicated to COVID-19 and reproductive health where guidance from VA and CDC is shared and continually updated. We also partnered with Health Services Research & Development to produce a CyberSeminar dedicated to Women's Health and COVID-19 that included information about how to continue to provide essential gynecology care, such as contraceptive care, to women Veterans despite the challenges of the pandemic.

It is too soon to evaluate changes in pregnancy intention or pregnancy rates tied to COVID-19. One preliminary study investigated pregnancy intention among a cohort of Italian opposite-sex couples of reproductive age. Among couples who wanted to conceive prior to the pandemic, over 1/3 of couples put their plans on hold in the wake of COVID-19, citing concerns about the economy and adverse pregnancy outcomes. Among those not wanting to get pregnant before the pandemic, desire to conceive increased, particularly among females, citing a desire for change and needing something positive in their life; however, few proactively tried to conceive. Other natural disasters have demonstrated a short-term spike in desired pregnancies and birth subsequent to hurricanes and earthquakes; these spikes in fertility have been attributed to a positive reframing and a desire to have something to look forward to.

Recognizing the increased need to support women's reproductive plans during major disruptions such as natural disasters and pandemics, Women's Health Services created guidance for the field on innovative ways to deliver contraceptive services, including leveraging telehealth technologies and considering alternative means to administer injectable contraception.

## **Infertility Services**

VA provides infertility evaluation, management and treatment services to Veterans who are enrolled and eligible for VA health care. All enrolled and eligible Veterans may be provided with infertility services regardless of service connection, relationship or marital status. Infertility care is available at either a local VA medical facility or through referral to health care providers in the community.

In vitro fertilization (IVF) is also covered for certain Veterans and their spouses. Eligibility is based on the existence of a service-connected condition that results in the

inability of the Veteran to procreate without the use of fertility treatment. VA developed a Veteran-facing infertility services flyer to educate Veterans on the services VA provides for infertility, available online in both English and Spanish at [www.womenshealth.va.gov](http://www.womenshealth.va.gov).

Access to infertility services have been affected by the COVID-19 pandemic across the national health care landscape. The American Society of Reproductive Medicine (ASRM) called for a postponement of all but the most urgent care during the early days of the pandemic in order to avoid placing extra burdens on stressed health care systems. At that time, ASRM recommended delaying diagnostic evaluation and infertility treatments. For patients already receiving treatment, it was recommended to consider halting treatment with the exception of fertility preservation. Veterans, like all Americans receiving infertility care, have been affected by these delays.

Professional reproductive medicine organizations have now concluded, after careful study of the available data and latest research, that successful mitigation efforts allow for the selective resumption of infertility services. The risk of COVID-19 infection varies by location, and the availability of infertility services will vary by location and facility as operations resume. VA will continue to work with community providers to resume Veteran's infertility treatments as soon as community guidelines allow.

There is not yet national or Veteran specific data on delay in care directly related to the pandemic. It is too early for us to have this information. However, we know that for fertility treatment, particularly for women, timing is important. The older a woman gets, the more challenging it is to become pregnant, due to biological factors related to the aging of her eggs. For those eligible for the VA IVF benefit, we note the governing authority does not allow for use of donor eggs or sperm. Delaying care can mean the loss of the opportunity to achieve pregnancy, which can be devastating.

Throughout this pandemic Women's Health Services has communicated regularly with providers in the field, updating them about changes in access to infertility care related to the pandemic. In order to minimize disruption in care, VA providers have been encouraged to continue placing consults to the community for infertility treatment, if necessary, and to continue to provide care in alignment with the recommendations of ASRM leveraging VA's robust telehealth technology capability as much as possible.

## **Maternity Care**

Maternity benefits for eligible Veterans are included in the VA medical benefits package. VA medical facilities do not provide on-site obstetric care to pregnant Veterans. However, Veterans receiving their care through VA have their pregnancies diagnosed at a VA medical facility and receive further maternity care through community (non-VA) health care providers. In order for Veterans to better understand what is covered, VA developed an education campaign publicizing the maternity care benefit. The campaign clarifies who is eligible, what the benefit covers and does not cover, and any cost sharing that may be required with the benefit.

In addition to the maternity care they receive in the community, many Veterans will continue to receive other health care services during their pregnancies, such as mental health services, within the VA health care system. In order to ensure that pregnant Veterans experience seamless transitions between the care they receive at VA and the maternity care they receive in the community every VA offers maternity care coordination. Maternity Care Coordinators help pregnant Veterans navigate health care services both inside and outside of VA, connect to community resources, cope with pregnancy loss, and connect to needed care after delivery. We are aware that pregnant Veterans have unique risks related to pregnancy, including risks related to post-traumatic stress disorder (PTSD) and other comorbidities. Veterans who seek care from VHA who have PTSD are at higher odds of spontaneous preterm birth, gestational diabetes, preeclampsia and prolonged delivery hospitalization, relative to those without PTSD. Maternity Care Coordinators work to connect pregnant Veterans with VA's robust high-quality mental health support for PTSD and other common perinatal mental health conditions such as depression and anxiety.

Because of potential risks for pregnant women servicemembers transitioning out of Department of Defense, a VA-DOD Health Executive Committee workgroup has been established to identify potential issues for pregnant women transitioning out of military and into VA care and to provide solutions to those issues. VA is in the early stages of this active collaboration.

COVID-19 has created significant increased stressors for pregnant women across the Nation. Concerns about access to prenatal care, potential risks associated with infection, and limited numbers of visitors and support people in labor are just a few of these stressors. Women's Health positioned Maternity Care Coordinators in the field serve as valuable resources for pregnant Veterans to help manage these concerns. Maternity Care Coordinators reached out to every pregnant Veteran receiving maternity care services through VA with specific resources and information related to pregnancy, childbirth and breastfeeding and COVID 19. The Reproductive Mental Health team in the Office of Mental Health and Suicide prevention created written handouts for pregnant Veterans specifically addressing ways to cope with and mitigate the stressors related to the pandemic. These were disseminated to pregnant Veterans through many channels, including through Maternity Care Coordinators.

The COVID-19 global pandemic has affected all aspects of maternity care throughout our country. Routine prenatal care has been modified in almost every community to reduce the number of face-to-face visits, thereby reducing the need for pregnant women to enter health care environments where they might be exposed to coronavirus. Prenatal care has been modified by reducing the number of separate visits for provider encounters, lab work, and obstetrical ultrasounds and by implementing telehealth technology. VA responded to this modified care delivery system in the community, by offering use of VA telehealth technology for prenatal visits if not available in some communities, as well as creating infrastructure and processes to provided needed equipment for these visits, such as hand-held fetal dopplers.

## **Newborn Care**

VA offers newborn care for up to 7 days after the birth of a child, which includes, but is not limited to, inpatient care, outpatient care, medications, immunizations, circumcision, well-baby office visits, neonatal intensive care and other appropriate post-delivery services.

## **Conclusion**

VA has continued to enhance delivery of reproductive health care to Veterans and has implemented an aggressive public health response to protect and care for Veterans, their families, healthcare providers and staff in the face of this current pandemic. Responding to healthcare needs such as contraception, mental health services, and intimate partner violence support and intervention is especially crucial during this time.

VA continues to make significant strides in enhancing the language, practice, and culture of the Department to be more inclusive of women Veterans. These gains would not have been possible without consistent Congressional commitment in the form of both attention and financial resources. It is critical that we continue to move forward with the current momentum and preserve the gains made thus far. Your continued support is essential to providing high-quality care for our Veterans and their families.

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