

IMPROVING OVERSIGHT OF WOMEN VETERANS' CARE
 ACT OF 2017

MAY 18, 2018.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mr. ROE of Tennessee, from the Committee on Veterans' Affairs,
 submitted the following

R E P O R T

[To accompany H.R. 4334]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 4334) to provide for certain reporting requirements relating to medical care for women veterans provided by the Department of Veterans Affairs and through contracts entered into by the Secretary of Veterans Affairs with non-Department medical providers, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 4334, the “Improving Oversight of Women Veterans’ Care Act of 2017,” would (1) require the Department of Veterans Affairs to submit to Congress an annual report on the accessibility of covered gender-specific medical care furnished to female veterans under contracts with non-VA providers, (2) require VA Medical Centers (VAMC) to submit quarterly reports on compliance with environment of care standards for women veterans and (3) report to Congress, no later than 180 days after enactment, on the Department’s plan to strengthen such care standards for women veterans at VA facilities. Representative Louis Correa of California introduced H.R. 4334 on November 9, 2017.

BACKGROUND AND NEED FOR LEGISLATION

The Veterans Health Care Act of 1992 (P.L. 102–585) authorized VA to provide gender-specific services for eligible women veterans. That authority has become increasingly important in recent years as the number of women veterans continues to rise and reach critical levels. VA has responded to the growing number of women veterans by targeting programs and facilities to meet their unique health care needs.¹

However, while significant gains have also been made at VA medical facilities to ensure privacy and safety for women veterans and to ensure timely access to gender-specific care in the community when it is not available at VA medical facilities, the provision of care to women veterans continues to be an area of concern for veteran advocates, who call for increased oversight and attention to these issues.²

Section 2 of the bill would require VA to submit an annual report to congress on access to (1) mammograms, (2) maternity care, and (3) gynecological care for women veterans under community care networks, to include data and performance measures for wait times, drive times, and reasons why appointments could not be scheduled.

Section 3 of the bill would require each VA Medical Center to submit quarterly reports on compliance with environment of care standards and report to Congress with a plan to strengthen such standards, to include (1) a description of the process established to verify noncompliance, and (2) a description of the method by which VA will ensure that all patient care areas are inspected as required and expand the list of items that facility staff inspect for compliance to align with VA’s women’s health handbook.³

HEARINGS

On April 17, 2018, the Subcommittee on Health conducted a legislative hearing on a number of bills including H.R. 4334.

The following witnesses testified:

¹ Women Veterans Report: The Past, Present, and Future of Women Veterans. National Center for Veterans Analysis and Statistics, Department of Veterans Affairs, Washington, DC. February 2017

² Veterans of Foreign Wars. (2016). *In Their Words: Evaluating VA Health Care and Benefits for Women Veterans* [PDF File].

³ United States Department of Veterans Affairs. (2017). *VHA Directive 1330.01(1) Health Care Services For Women Veterans*.

The Honorable Beto O'Rourke, U.S. House of Representatives, 16th District, Texas;

The Honorable Tim Walberg, U.S. House of Representatives, 7th District, Michigan;

The Honorable Neal Dunn, U.S. House of Representatives, 2nd District, Florida;

The Honorable Luis Correa, U.S. House of Representatives, 46th District, California;

The Honorable Mike Coffman, U.S. House of Representatives, 6th District, Colorado;

Louis J. Celli, Director, National Veterans Affairs and Rehabilitation Division, The American Legion;

Adrian M. Atizado, Deputy National Legislative Director, Disabled American Veterans;

Sarah S. Dean, Associate Legislative Director, Paralyzed Veterans of America; and

Kayda Keleher, Associate Director, National Legislative Service, Veterans of Foreign Wars of the United States.

Statements for the record were submitted by:

The Elizabeth Dole Foundation; The Independence Fund; Veteran Cannabis Project; Wounded Warrior Project; and Iraq and Afghanistan Veterans of America.

SUBCOMMITTEE CONSIDERATION

There was no subcommittee consideration of H.R. 4334.

COMMITTEE CONSIDERATION

On May 8, 2018, the full Committee met in open markup session, a quorum being present, and ordered H.R. 4334 to be reported favorably to the House of Representatives by voice vote. A motion by Representative Tim Walz of Minnesota, Ranking Member of the Committee on Veterans' Affairs, to report H.R. 4334 favorably to the House of Representatives was adopted by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 4334 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are to ensure non-VA network providers adhere to and uphold established VA patient safety and privacy guidelines for women veterans, and are able to provide a timely and convenient alternative to VA-administered services.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX
EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 4334 does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 4334 prepared by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 4334 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 9, 2018.

Hon. PHIL ROE, M.D.,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4334, the Improving Oversight of Women Veterans' Care Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

KEITH HALL,
Director.

Enclosure.

H.R. 4334—Improving Oversight of Women Veterans' Care Act of 2017

H.R. 4334 would require the Department of Veterans Affairs (VA) to submit annual reports to the Congress about the access of women veterans to gender-specific health care. The bill also would require VA medical facilities to submit quarterly reports on health care standards for women veterans. On the basis of information from VA, CBO estimates that preparing such reports would cost about \$300,000 a year (or the equivalent of three full-time employees). CBO estimates that implementing this bill would cost \$2 million over the 2019–2023 period, assuming availability of appropriated amounts.

Enacting H.R. 4334 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 4334 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

H.R. 4334 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was reviewed by Leo Lex, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 4334 prepared by the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 4334.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 4334 is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 4334 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 4334 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 115th Cong. (2017), the Committee estimates that H.R. 4334 contains no directed rulemaking that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide the short title for H.R. 4334 as the, "Improving Oversight of Women Veterans' Care Act of 2017."

Section 2. Annual Report on Veteran access to covered sex-specific services under community care contracts

Section 2(a) of the bill would direct the Under Secretary of Veterans Affairs to submit to Congress an annual report on the provision of covered gender-specific care to women veterans under contracts with non-VA providers. Such a report shall include: (1) average wait time between the veteran's preferred appointment date and the date on which the appointment is completed, (2) driving time required for veterans to attend appointments, and (3) reasons why appointments could not be scheduled with non-Department medical providers.

Section 2(b) defines the term "covered sex-specific medical care."

Section 3(a) would require each VA Medical Center (VAMC) to submit quarterly reports to the Secretary of Veterans Affairs on the compliance or non-compliance of the facility with the environment of care standard for women veterans, including the names and roles of those responsible for compliance at each facility.

Section 3(b) would require the Secretary of Veterans Affairs, by no later than 180 days after enactment, to submit a report to Congress detailing plans to strengthen the environment of care standards for women veterans, including: (1) a description of the process established to verify that noncompliance information reported under section 3(a) is accurate and complete; and, (2) a description of the method by which the Secretary will (A) ensure that all patient care areas of each facility are inspected, as required; and, (B) expand the list of items that facility staff inspect for compliance with VA's women's health handbook.

Section 3(c) defines the term "environment of care standards for women veterans."

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.

