

HELPING EXPAND AND LAUNCH TRANSITIONAL HEALTH  
FOR WOMEN VETERANS ACT

JULY 23, 2019.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

Mr. TAKANO, from the Committee on Veterans' Affairs,  
submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 2942]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2942) to direct the Secretary of Veterans Affairs to carry out the Women's Health Transition Training pilot program through at least fiscal year 2020, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The Committee on Veterans' Affairs, to which was referred the bill (H.R. 2942) to direct the Secretary of Veterans Affairs to carry out the Women's Health Transition Training pilot program through at least fiscal year 2020, and for other purposes.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Helping Expand and Launch Transitional Health for Women Veterans Act” or “HEALTH Act”.

**SEC. 2. ENCOURAGEMENT OF PARTICIPATION IN WOMEN’S HEALTH TRANSITION TRAINING PILOT PROGRAM.**

(a) **DURATION.**—The Secretary of Veterans Affairs shall carry out the Women’s Health Transition Training pilot program (in this section referred to as the “pilot program”) until at least September 30, 2020.

(b) **REPORT.**—Not later than September 30, 2020, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate congressional committees a report on the pilot program that includes the following:

(1) For the period since the commencement of the pilot program—

(A) the number of women members by military department (with respect to Department of the Navy, separately for the Navy and Marine Corps) who participated in the pilot program;

(B) the number of courses held under the pilot program; and

(C) the locations at which such courses were held, and the number of seats available and the number of participants at each such location.

(2) With respect to the number of members who participated in the pilot program as specified under paragraph (1)—

(A) the number who enrolled in the health care system established under section 1705(a) of title 38, United States Code; and

(B) the number who attended at least one health care appointment at a medical facility of the Department of Veterans Affairs.

(3) Data relating to—

(A) satisfaction with courses held under the pilot program;

(B) improved awareness of health care services administered by the Secretary of Veterans Affairs; and

(C) any other available statistics regarding the pilot program.

(4) A discussion of regulatory, legal, or resource barriers to—

(A) making the pilot program permanent to enable access by a greater number of women members at locations throughout the United States;

(B) offering the pilot program online for women members who are unable to attend courses held under the pilot program in person; and

(C) the feasibility of automatically enrolling pilot program participants in the health care system established under section 1705(a) of title 38, United States Code.

(c) **APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.**—In this section, the term “appropriate congressional committees” means the Committees on Veterans’ Affairs and the Committees on Armed Services of the House of Representatives and the Senate.

**PURPOSE AND SUMMARY**

H.R. 2942, “To direct the Secretary of Veterans Affairs to carry out the Women’s Health Transition Training pilot program through at least fiscal year 2020, and for other purposes,” was introduced by Representative Gil Cisneros, along with Representative Chrissy Houlahan, on May 23, 2019. H.R. 2942 would require the Department of Veterans Affairs (VA) to extend an ongoing pilot program run by the U.S. Air Force (USAF) under VA’s Transition Assistance Program that educates transitioning servicewomen about women’s healthcare at VA.

## BACKGROUND AND NEED FOR LEGISLATION

Women veterans are the fastest growing demographic within the veteran population yet underutilize VA healthcare resources. This is primarily due to misperceptions about eligibility and available resources. Many women leaving the service may not realize they are eligible to use VA services, nor that VA offers extensive gender-specific care such as mammography, prenatal and maternity care, infertility, and mental health care that addresses complex trauma, including military sexual trauma (MST) and combat-related Post-Traumatic Stress Disorder (PTSD).

VA's Air Force Women's Health Transition Training pilot works to combat issues commonly experienced by women veterans when accessing VA care by building on a highly successful pilot program jointly run by the USAF and VA that educates servicewomen on the comprehensive women's healthcare services available at VA to ensure a "warm handoff" between DoD and VA. Specifically, the bill would authorize an extension of the program across all service branches. According to the Department of Defense, participants of the pilot program have shown higher rates of confidence in how to access services and benefits at VA and report an increased likelihood of actually using them.

In addition, this bill requires reporting on the feasibility of making the program permanent, creating an online version of the course, and on the feasibility of automatically enrolling program participants in VA's healthcare system.

## HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—the following hearings and meetings were used to develop or consider H.R. 2942.

On June 20, 2019, the Committee on Veterans' Affairs conducted a legislative hearing on various bills introduced during the 116th Congress, including H.R. 2942.

The following witnesses testified:

The Honorable Gilbert Cisneros, Member of Congress. The Honorable Seth Moulton, Member of Congress. The Honorable Luis Correa, Member of Congress. The Honorable Earl Blumenauer, Member of Congress. The Honorable Phil Roe, Member of Congress. The Honorable Scott Tipton, Member of Congress. Mr. Adrian Atizado, Deputy National Legislative Director, Disabled American Veterans. Mr. Travis Horr, Director, Government Affairs, Iraq and Afghanistan Veterans of America. Dr. Igor Grant, M.D., F.R.C.P.(C), Director, Center for Medicinal Cannabis Research, University of California. Mr. Carlos Fuentes, Director, National Legislative Service, Veterans of Foreign Wars. Mr. Derek Fronabarger, Director, Government Affairs, Wounded Warrior Project. Mr. Larry Mole, BA, PharmD, Chief Consultant, Population Health Services, Patient Care Services, Veterans Health Administration.

Statements for the record were submitted by:

Ms. Thelma Roach-Serry, BSN, RN, NE-BC, President, Nurses Organization of Veterans Affairs (NOVA). Mr. Eric Goepel, Founder & CEO, Veterans Cannabis Coalition (VCC). Mr. Morgan D. Brown, National Legislative Director, Para-

lyzed Veterans of America (PVA). Mr. J. David Cox, Sr., National President, American Federation of Government Employees (AFGE). Mr. Randy Erwin, National President, National Federation of Federal Employees (NFFE). Mr. William Attig, Executive Director, Union Veterans Council, AFL–CIO. Mr. Brett W. Copeland, Executive Director, Veterans Healthcare Policy Institute. Mr. David J. Holway, National Association of Government Employees (NAGE). Mr. Justin Strekal, Political Director, National Organization for the Reform of Marijuana Laws—(NORML).

#### SUBCOMMITTEE CONSIDERATION

H.R. 2942 was not considered in subcommittee.

#### COMMITTEE CONSIDERATION

On July 11, 2019, the Committee on Veterans' Affairs met in an open markup session, a quorum being present, and ordered H.R. 2942, as amended, reported favorably to the House of Representatives by voice vote. During the July 11, 2019 consideration, the Committee considered H.R. 2942 as introduced. The Committee adopted an amendment from Rep. Cisneros of California to add a short title to the bill by voice vote.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the recorded votes on the motion to report the legislation and amendments thereto. Mr. Cisneros's amendment to H.R. 2942 to add a short title was agreed to by voice vote. A motion by Ranking Member Phil Roe of Tennessee to report H.R. 2942, as amended favorably to the House of Representatives was agreed to by voice vote. There were no recorded votes on the consideration of amendments or on reporting H.R. 2942 as amended 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 continue to study and understand the issues surrounding transition of military service members and promote transition programs that have been shown to improve veteran outcomes.

#### 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. 2942, as amended 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. 2942, as amended prepared by the Director of 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. 2942 provided by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

According to the Congressional Budget Office estimate, H.R. 2942, as amended would increase the number of beneficiaries who would be eligible to receive the funds but would not change the total amount of scholarships awarded; thus, enacting the bill would not affect direct spending or spending subject to appropriation.

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, July 17, 2019.*

Hon. MARK TAKANO,  
*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. 2942, the Helping Expand and Launch Transitional Health for Women Veterans Act.

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

Sincerely,

PHILLIP L. SWAGEL,  
*Director.*

Enclosure.

<b>H.R. 2942, Helping Expand and Launch Transitional Health for Women Veterans Act</b>			
As ordered reported by the House Committee on Veterans' Affairs on July 11, 2019			
By Fiscal Year, Millions of Dollars	2019	2019-2024	2019-2029
<b>Direct Spending (Outlays)</b>	0	0	0
<b>Revenues</b>	0	0	0
<b>Deficit Effect</b>	0	0	0
<b>Spending Subject to Appropriation (Outlays)</b>	0	0	0
Statutory pay-as-you-go procedures apply?	No	<b>Mandate Effects</b>	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 2942 would require the Department of Veterans Affairs (VA) to continue, through fiscal year 2020, a pilot program that provides information about VA health care to women who are separating from the U.S. Armed Forces. The bill also would require VA to submit a report to the Congress on the results of the program by September 30, 2020.

VA has conducted the pilot program since July 2018 and plans to conclude it at the end of 2020. It also plans to submit the report to the Congress at the conclusion of the program. Because the bill would codify VA's existing plans, CBO estimates that implementing H.R. 2942 would not affect the federal budget.

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 estimate of Federal mandates regarding H.R. 2942, as amended prepared by the Director of 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. 2942, as amended.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2942, as amended 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. 2942, as amended does not relate to the terms and conditions of employment or access to public services or accommodations within the legislative branch.

## 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. 2942, as amended 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 clause 3(c)(5) of rule XIII, the Committee estimates that H.R. 2942, as amended contains no directed rule making that would require the Secretary to prescribe regulations.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1: Short title*

*Section 2:*

Requires VA to continue carrying out the Women’s Health Transition Training pilot program at least through Fiscal Year 2020. By September 30, 2020, the Secretaries of Defense and Veterans Affairs shall jointly submit a report to Congress on the pilot program regarding the number and location of courses provided, outcomes and data related to participants of the courses, and recommendations for improving the transition for women veterans and service members.

## CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):  
No changes were made to existing law.

## MINORITY VIEWS

The Minority offers the following Minority views regarding H.R. 2942, as amended.

The Minority supports H.R. 2942, as amended, but believes that it could have been stronger if the Majority had considered and accepted an amendment offered by Representative Andy Barr of Kentucky to protect the children of our nation's veterans being cared for through the Department of Veterans Affairs (VA) child care program.

H.R. 2942, as amended, the Helping Expand and Launch Transitional Health for Women Veterans (HEALTH) Act, would extend the Women's Health Transition Training Pilot (the pilot) through fiscal year 2020 and require a report from the Department of Defense (DOD) and VA on the pilot. The pilot began as a partnership between VA's Office of Women's Health Services and DOD's Air Force Women's Initiative Team.<sup>1</sup> The purpose of the pilot is to increase utilization of the VA healthcare system among women veterans by raising awareness of the VA health care services available for women during servicewomen's transition out of the military.<sup>2</sup>

The lack of child care services at many VA medical facilities is frequently cited as a barrier to care for veterans, in general, and for women veterans, in particular. A 2015 independent study required by the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1130) on the barriers to comprehensive health care experienced by women veterans found that 42 percent of women who use the VA healthcare system considered finding childcare to attend medical appointments either "somewhat hard" or "very hard."<sup>3</sup> Furthermore, 42 percent of the women veterans surveyed had dependents 17 years or younger living at home and 62 percent indicated that they would find on-site childcare at a VA medical center "very helpful."<sup>4</sup>

On February 8, 2019, the House passed H.R. 840, as amended, the Veterans' Access to Child Care Act, to permanently extend a pilot program to provide child care assistance to veterans who are receiving mental health or certain other intensive healthcare services and expand it across the VA healthcare system. H.R. 840 was moved straight to the House Floor, bypassing regular order and any consideration or debate within the Committee. Upon House passage of that bill, Representative Julia Brownley of California, the bill's sponsor as well as the Chairwoman of the Subcommittee

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<sup>1</sup> *Veterans Affairs—Air Force Women's Health Transition Training Pilot*. June 11, 2019. Presentation for Committee on Veterans' Affairs Minority staff by VA Office of Women's Health Services and Air Force Women's Initiative Team staff.

<sup>2</sup> *Ibid.*

<sup>3</sup> *Study of Barriers for Women Veterans to VA Health Care*. U.S. Department of Veterans Affairs. April 2015. [https://www.womenshealth.va.gov/docs/Womens%20Health%20Services\\_Barriers%20to%20Care%20Final%20Report\\_April2015.pdf](https://www.womenshealth.va.gov/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf)

<sup>4</sup> *Ibid.*

on Health and the Bipartisan Women Veterans Task Force, noted that, “ensuring veterans have access to child care is especially important for our growing population of women veterans, who are more likely to be taking care of young children.”<sup>5</sup> The Minority concurs with Representative Brownley’s assessment of the importance of the VA child care program to women veterans. H.R. 840, as amended, passed the House by a recorded vote of 400–9.

During Floor consideration of H.R. 840, as amended, Representative Mikie Sherrill of New Jersey offered an amendment to prohibit a child care center, agency, or provider from caring for a veteran’s child under the VA child care program if they employ an individual who has been *convicted* of a sex crime, a violent crime, a drug felony, or another offense VA considers appropriate. Representative Mark Takano of California, the Chairman of the Committee, noted during Floor debate regarding Representative Sherrill’s amendment that, “at the very minimum, veterans who need childcare so they can see their healthcare providers must trust that those who are watching their children will keep their children safe.”<sup>6</sup> The Minority concurs with Chairman Takano’s assessment of the importance of ensuring that children in the VA child care program are safe. Representative Sherrill’s amendment was agreed to by a recorded vote of 401–19.

Prior to the passage of H.R. 840, Representative Barr offered a Motion to Recommit (MTR). Representative Barr’s MTR would affirmatively prohibit VA from paying a child care provider if they employ an individual who has been *charged* with a sex offense, an offense involving a child victim, a violent crime, a drug felony, or other offense that VA determines appropriate *unless the child care provider has suspended the individual from having any contact with children while on the job until the case has been resolved*. Current law allows, *but does not require*, a child care facility operated by or under contract with a federal agency to suspend a child care worker if they have been charged with a sex crime, an offense involving a child victim, a violent crime, or a drug felony but whose charge is still pending. The MTR failed by a recorded vote of 200–214.

During the Full Committee markup of H.R. 2942, as amended, Representative Barr offered an amendment that was identical to the MTR he offered to H.R. 840, as amended. Both H.R. 2942, as amended, and the amendment that Representative Barr offered share a primary goal of increasing utilization of VA healthcare among women veterans. Despite this, Chairman Takano ruled the amendment non-germane. This is the first time in at least a decade that a Chairman of the Committee refused to consider an amendment due to germaneness. During debate regarding the germaneness of the amendment, Chairman Takano repeatedly gaveled down members of the Minority arguing in favor of the amendment’s germaneness. Representative Barr moved to appeal Chairman Takano’s ruling. However, Representative Conor Lamb of

<sup>5</sup>House Passes Brownley Bill to Expand Child Care Program to Improve Veterans’ Access to Healthcare. February 8, 2019. <https://juliabrownley.house.gov/house-passes-brownley-bill-to-expand-child-care-program-to-improve-veterans-access-to-healthcare/>. Accessed July 14, 2019.

<sup>6</sup>Representative Mark Takano of California. “Veterans’ Access to Child Care Act.” *Congressional Record* p. H1475. <https://www.congress.gov/116/crec/2019/02/08/CREC-2019-02-08-pt1-PgH1469-2.pdf>. Accessed: July 14, 2019.

Pennsylvania successfully moved to table the appeal. Representative Lamb's motion was agreed to by a recorded vote of 14–13, with 14 members of the Majority voting to end debate on the germaneness of the amendment and 2 members of the Majority joining with 11 members of the Minority in voting to continue debating the germaneness of the amendment.

The Minority believes that the willingness of women veterans with minor children to use the VA child care program—and, therefore, access the services available to them through the VA healthcare system—is directly correlated to their assurance that their children will be safe in the child care facilities that VA provides, either in VA facilities or through contracts with other child care entities. Representative Barr's amendment would close a loophole that would allow an individual who has been charged with a serious crime—such as a sexual or physical assault of a child—from caring for a veteran's child under the VA child care program. While the amendment does not presuppose guilt for an individual charged with one of these offenses, it does recognize the considerable amount of time it takes for some cases to proceed through the criminal justice system and the pressing need to ensure the safety of veterans' children by preventing them from being preyed upon by potential predators.

The Minority also believes that the procedural tactics Chairman Takano used in a partisan manner during the markup of H.R. 2942, as amended, do an immense disservice to the Committee and, more importantly, to our nation's veterans. Throughout its 73-year history, the Committee has prided itself on a shared spirit of bipartisanship and compromise on behalf of the men and women who have honorably served our country. Refusing to consider a constructive amendment offered by a Member of the Minority to protect the vulnerable children of those men and women is an unprecedented affront to that history.

DAVID P. ROE, M.D.,  
*Ranking Member, Committee  
on Veterans' Affairs, House  
of Representatives.*

