

PROTECTING MOMS WHO SERVED ACT

MAY 12, 2021.—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

[To accompany H.R. 958]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 958) to codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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## PURPOSE AND SUMMARY

H.R. 958 was introduced by Representative Lauren Underwood of Illinois on February 8, 2021. H.R. 958, requires the Department of Veterans Affairs (VA) to implement the maternity care coordination program, and provide community maternity care providers (i.e., non-VA maternity care providers) with training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions in relation to the service of the veterans in the Armed Forces.

Additionally, HR 958 requires the Government Accountability Office to report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a focus on racial and ethnic disparities in maternal health outcomes for veterans.

## BACKGROUND AND NEED FOR LEGISLATION

Women veterans aged 18–44 represent more than 40 percent of women veterans using VA for their healthcare and represent the fastest-growing cohort of veterans. The Department of Veterans Affairs was authorized by Congress to provide reproductive health services to women beginning in 1992, and the services provided have expanded since then. Women veterans' service, including deployment to conflict zones, as well as environment and occupational hazards, may specifically impact reproductive health, as well as increase the risk of PTSD. Furthermore, the experiences of military sexual trauma (MST) and intimate partner violence (IPV) are high in the women veterans population. More than a quarter of women veterans report surviving MST and more than a third have experienced IPV. In fiscal year 2020, 44 percent of women veteran Veterans Health Administration (VHA) users had a confirmed mental health diagnosis. Therefore, it is critical to also consider the mental and behavioral health needs of pregnant veterans.

The United States is the only industrialized nation with a maternal mortality rate that is on the rise, increasing 26 percent between 2000 and 2014 and more than half of these deaths are preventable. Currently, VA does not report any disparities regarding maternal health (morbidity and mortality) based on race or ethnicity. However, Black women are three times more likely to die in childbirth than white women in the United States. In addition, Black women serve in the military in greater numbers than to their proportion to the U.S. population. Black women represent 12 percent of all women nationwide, and more than 30 percent of women using VHA. In addition, American Indian and Alaska Native (AI/AN) women are 2.5 times more likely to die from pregnancy-related complication than white women. AI/AN women are also heavily represented in the women veteran population.

Due to the large proportion of women veterans who are Black, indigenous, and women of color, VA must pay special attention to disparities in maternal mortality and morbidity. As nearly all women veterans receive maternity care in the community, women veterans likely experience institutionalized racism in civilian hospitals as much as non-veteran women, regardless of whether VA is paying for their care.

*Sec. 2. Support for maternity care coordination*

VA covers maternity care for women veterans, and in 2020, VHA paid for approximately 6000 deliveries. VHA does not have perinatal care infrastructure, and therefore all prenatal care after 12 weeks, as well as labor and delivery, occurs in the community. Maternity Care Coordinators (MCCs) play a vital role in care coordination. MCCs are at every facility and support pregnant Veterans through pregnancy and postpartum. However, many MCCs are serving in that position part-time. In addition, as all pregnant veterans receive care in the community, community providers may not be familiar with circumstances unique to women veterans. This section would codify the existing maternity care coordination and ensure it is in statute. It would also provide community providers with training and support regarding the needs of pregnant and postpartum veterans, particularly related to mental and behavioral health. This section also authorizes \$15,000,000 as additional resources for Fiscal Year 2022 to improve maternity care coordination.

*Sec. 3. Report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans*

The veteran population has characteristics that may put them at higher risk of severe maternal morbidity and mortality. Nearly half of women veterans are also a racial or ethnic minority, and more than a third are Black. In addition, mental health comorbidities, older maternal age, and hypertension create a higher risk for pregnancy complications. In addition 75% of women veterans do not use VHA for their healthcare.

This section mandates that the Comptroller General of the United States submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans. This section also mandates that veterans who are uninsured, are enrolled in private insurance, or are enrolled in Tribal health programs or other Federal programs besides VA are also included in this study.

The Committee expects that this study will help identify disparities not only in infertility, maternal mortality and morbidity among pregnant veterans, but also identify how types of healthcare coverage may impact mortality or morbidity, either positively or negatively.

This section also instructs the Comptroller General to include any other identified at-risk populations in the study in addition to defined racial and ethnic minority groups. For example, veterans of Ashkenazi Jewish descent may experience unique pregnancy risks, but are not specifically considered part of a racial or ethnic minority.

HEARINGS

H.R. 958 was examined at a legislative hearing by the Subcommittee on Health on April 15, 2021. The following witnesses testified at the hearing: The Honorable Mark Takano, U.S. House

of Representatives, 41st Congressional District of California; The Honorable Lauren Underwood, U.S. House of Representatives, 14th Congressional District of Illinois; The Honorable Steve Stivers, U.S. House of Representatives, 15th Congressional District of Ohio; The Honorable Cynthia Axne, U.S. House of Representatives, 3rd Congressional District of Iowa; The Honorable Brenda L. Lawrence (MI14), U.S. House of Representatives, 14th Congressional District of Michigan; The Honorable Hakeem S. Jeffries, U.S. House of Representatives, 8th Congressional District of New York; Mr. Marquis Barefield, Assistant National Legislative Director, Disabled American Veterans; Mr. Brian Dempsey, Government Affairs Director, Wounded Warrior Project; Ms. Lindsay Church, Executive Director/Co-Founder, Minority Veterans of America; Dr. Clifford A. Smith, Director, Analytics, Innovations and Collaborations Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Amanda Johnson, Director, Women's Reproductive Health Veterans Health Administration, U.S. Department of Veterans Affairs.

#### SUBCOMMITTEE CONSIDERATION

H.R. 958 was considered before the Subcommittee on Health on April 15, 2021.

#### COMMITTEE CONSIDERATION

On May 4, 2021, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 958, as part of an en bloc package, favorably reported to the House of Representatives by a roll call 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. The results of the record vote on the motion to transmit, together with the names of those voting for and against, are printed below.

#### *Veterans' Affairs Committee record vote No. 3*

A Motion to favorably report the en bloc bills to the U.S. House of Representatives was agreed to by roll call vote. Passed: 22–6. The vote was as follows:

Majority Members	Vote	Minority Members	Vote
Mr. Takano .....	Aye	Mr. Bost .....	Aye
Ms. Brownley .....	Aye	Ms. Radewagen .....	.....
Mr. Lamb .....	Aye	Mr. Bergman .....	.....
Mr. Levin .....	Aye	Mr. Banks .....	Nay
Mr. Pappas .....	Aye	Mr. Roy .....	Nay
Ms. Luria .....	Aye	Mr. Murphy .....	Aye
Mr. Mrvan .....	Aye	Mr. Mann .....	Nay
Mr. Sablan .....	Aye	Mr. Moore .....	Nay
Ms. Underwood .....	Aye	Ms. Mace .....	Aye
Mr. Allred .....	Aye	Mr. Cawthorn .....	Aye
Ms. Frankel .....	Aye	Mr. Nehls .....	Nay
Mr. Brown .....	Aye	Mr. Rosendale .....	Nay
Ms. Slotkin .....	Aye	Ms. Miller-Meeks .....	Aye
Mr. Trone .....	Aye		
Ms. Kaptur .....	Aye		
Mr. Ruiz .....	Aye		

Majority Members	Vote	Minority Members	Vote
Mr. Gallego .....	Aye		

#### 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 improve resources and benefits for women veterans and other underserved veterans.

#### 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. 958 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. 958, 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. 958, 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 10, 2021.*

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. 958, the Protecting Moms Who Served Act.

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

Sincerely,

PHILLIP L. SWAGEL,  
*Director.*

Enclosure.

<b>H.R. 958, Protecting Moms Who Served Act</b>			
<b>As ordered reported by the House Committee on Veterans' Affairs on May 4, 2021</b>			
By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	16	not estimated
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 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 958 would direct the Department of Veterans Affairs (VA) to provide coordinators to support veterans through every stage of their pregnancies. The bill also would require VA to deliver training on the unique needs of pregnant and postpartum veterans to maternity-care professionals in medical facilities that are not operated by the department.

Currently, VA provides coordinators through its Maternity Care Coordination Program, and it also trains maternity-care workers in nondepartmental facilities through the Women's Health Education team.

H.R. 958 would authorize the appropriation of \$15 million for 2022 for those purposes. CBO estimates that those activities included in the bill would cost \$15 million over the 2021–2026 period. Assuming appropriation of the specified amount, CBO estimates that VA spending would increase by that amount.

H.R. 958 also would require the Government Accountability Office to report to the Congress on maternal mortality and morbidity among pregnant and postpartum veterans. Using information on similar reports, CBO estimates that satisfying the reporting requirement would cost \$1 million.

In total, CBO estimates that implementing H.R. 958 would cost \$16 million over the 2021–2026 period; such spending would be subject to the availability of appropriated funds.

The costs of the legislation, detailed in Table 1, fall within budget function 700 (veterans' benefits and services).

TABLE 1.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 958

	By fiscal year, millions of dollars—						
	2021	2022	2023	2024	2025	2026	2021–2026
Coordination Program:							
Estimated Authorization .....	0	15	0	0	0	0	15
Estimated Outlays .....	0	13	1	1	0	0	15
Report:							
Estimated Authorization .....	0	0	0	1	0	0	1
Estimated Outlays .....	0	0	0	1	0	0	1
Total Changes:							
Estimated Authorization .....	0	15	0	1	0	0	16
Estimated Outlays .....	0	13	1	2	0	0	16

The CBO staff contact for this estimate is Etaf Khan. The estimate was reviewed by LeoLex, Deputy Director of Budget Analysis.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 958 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. 958.

#### STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 958 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. 958 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.

#### 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. 958 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. 958 contains no directed rule making that would require the Secretary to prescribe regulations.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Sec. 1. Short title*

Section 1 names the Act the “Protecting Moms Who Served Act”

*Sec. 2. Support for maternity care coordination*

Section 2 permanently codifies in statutes the existing maternity care coordination program at VA, requires training of community maternity care providers, and authorizes for appropriations \$15,000,000 for fiscal year 2022 for maternity care coordination.

*Sec. 3. Report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans*

Section 3 mandates that the Comptroller General of the United States publish through the Government Accountability Office a publicly-available study on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans. This section also outlines the additional parameters of the report.

*Sec. 4. Definitions*

Section 4 defines “maternal mortality”, “postpartum and postpartum period”, “pregnancy-associated death”, “racial and ethnic minority group,” and “severe maternal morbidity.”

## 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, this bill makes no changes in existing law.