

EQUAL ACCESS TO CONTRACEPTION FOR VETERANS ACT

JUNE 14, 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. 239]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 239) to amend title 38, United States Code, to provide for limitations on copayments for contraception furnished by the Department of Veterans Affairs, and for other purposes, having considered the same, report favorably thereon and recommend that the bill do pass.

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TEXT OF REPORTED BILL

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Equal Access to Contraception for Veterans Act”.

SEC. 2. LIMITATION ON COPAYMENTS FOR CONTRACEPTION.

Section 1722A(a)(2) of title 38, United States Code, is amended—

(1) by striking “to pay” and all that follows through the period and inserting “to pay—”; and

(2) by adding at the end the following new subparagraphs:

“(A) an amount in excess of the cost to the Secretary for medication described in paragraph (1); or

“(B) an amount for any contraceptive item for which coverage under health insurance coverage is required without the imposition of any cost-sharing requirement pursuant to section 2713(a)(4) of the Public Health Service Act (42 U.S.C. 300gg-13(a)(4)).”.

PURPOSE AND SUMMARY

H.R. 239 was introduced by Representative Julia Brownley of California on January 11, 2021. H.R. 239 eliminates co-payments for contraceptives, so that veterans have the same access to birth control as required by the Affordable Care Act.

BACKGROUND AND NEED FOR LEGISLATION

Access to contraception is part of providing comprehensive health services. However, cost sharing can be a barrier for some veterans who need health care services or treatment. Eliminating co-pays will ensure that cost is not a barrier to all veterans accessing preventative health care. Currently, only veterans and the uninsured are required to pay co-pays for their contraception. This bill brings parity with the Department of Defense and coverage for contraception under the Affordable Care Act. Access to affordable contraceptives is an essential component of comprehensive health care, and since VA patients tend to be sicker and poorer than non-veteran patients, eliminating this inequity will particularly help this population, especially women veterans.

Sec. 2. Limitation on copayments for contraception

Women represent the fastest growing subpopulation of veterans in the nation, while the population of male veterans is growing smaller. The preventative health care needs of female veterans include access to contraceptives. This bill would exempt from copayment liability the provision of contraceptives by amending section 1772A of title 38, United States Code (USC).

The committee expects that this will apply to all contraceptives available at the pharmacy, including both prescription methods and over-the-counter methods including emergency contraception. In addition, the committee expects that this will also apply to eliminating co-pays for placement of long-acting reversible contraceptives (LARCs), including intra-uterine devices (IUDs) and im-

plants that the Veterans Health Administration (VHA) classifies as prosthetics.

HEARINGS

No hearing was held on H.R. 239.

SUBCOMMITTEE CONSIDERATION

There was no Subcommittee markup of H.R. 239.

COMMITTEE CONSIDERATION

On May 4, 2021, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 239, favorably reported to the House of Representatives by 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		
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. 239 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. 239, 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. 239 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 25, 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. 239, the Equal Access to Contraception for Veterans 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.

H.R. 239, Equal Access to Contraception for Veterans Act			
As ordered reported by the House Committee on Veterans' Affairs on May 4, 2021			
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)	*	5	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
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
* = between zero and \$500,000.			

H.R. 239 would eliminate copayments that the Department of Veterans Affairs (VA) charges to veterans who receive contraceptive items from the Veterans Health Administration. Those copayments are deposited in the Medical Care Collections Fund. VA spends those collections, subject to appropriation, to partially offset the cost of medical care for veterans.

Using historical information from VA on copayments, CBO estimates that collections would decline by \$400,000 each year. CBO estimates that lower out-of-pocket costs would lead to a 10 percent increase in the number of contraceptive prescriptions that veterans fill through VA and would increase department spending by \$700,000 each year. Over the 2021–2026 period, CBO estimates that the change would cost \$5 million. Such spending would be subject to the availability of appropriated funds.

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

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 239, 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. 239.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 239 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. 239 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. 239 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. 239 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 “Equal Access to Contraception for Veterans Act”

Sec. 2. Limitation on copayments for contraception

Section 2 amends section 1722A (a)(2) of title 38, United States Code to eliminate copayments on contraceptive items.

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, and existing law in which no change is proposed is shown in roman):

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, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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**CHAPTER 17—HOSPITAL, NURSING HOME,
DOMICILIARY, AND MEDICAL CARE**

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**SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING
TO HOSPITAL AND NURSING HOME CARE AND MEDICAL
TREATMENT OF VETERANS**

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§ 1722A. Copayment for medications

(a)(1) Subject to paragraph (2), the Secretary shall require a veteran to pay the United States \$2 for each 30-day supply of medication furnished such veteran under this chapter on an outpatient basis for the treatment of a non-service-connected disability or condition. If the amount supplied is less than a 30-day supply, the amount of the charge may not be reduced.

(2) The Secretary may not require a veteran [to pay an amount in excess of the cost to the Secretary for medication described in paragraph (1).] *to pay*—

(A) *an amount in excess of the cost to the Secretary for medication described in paragraph (1); or*

(B) *an amount for any contraceptive item for which coverage under health insurance coverage is required without the imposition of any cost-sharing requirement pursuant to section 2713(a)(4) of the Public Health Service Act (42 U.S.C. 300gg-13(a)(4)).*

(3) Paragraph (1) does not apply—

(A) to a veteran with a service-connected disability rated 50 percent or more;

(B) to a veteran who is a former prisoner of war;

(C) to a veteran whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension which would be payable to such veteran if such veteran were eligible for pension under section 1521 of this title; or

(D) to a veteran who was awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491 of title 14.

(4) Paragraph (1) does not apply to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.

(b) The Secretary, pursuant to regulations which the Secretary shall prescribe, may—

(1) increase the copayment amount in effect under subsection (a); and

(2) establish a maximum monthly and a maximum annual pharmaceutical copayment amount under subsection (a) for veterans who have multiple outpatient prescriptions.

(c) Amounts collected under this section shall be deposited in the Department of Veterans Affairs Medical Care Collections Fund.

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