

Legislation on Military and Veteran Women Health Care

One of the most difficult parts of being in the military or as a veteran is also being a minority due to their gender. Between World War II and the 1990s, there were complaints that women veterans were being turned away from VA hospitals when they attempted to enroll.

First, Congress directed the VA to establish an Advisory Committee on Women Veterans in [H.R. 2920 - Veterans Health Care Amendments of 1983](#). The VA Administrator (same term as the VA Secretary) is supposed to consult and seek advice from this committee about the administration of benefits for women veterans, reports and studies about women veterans, and whatever women veterans may need with compensation, health care, rehabilitation, outreach, etc. However, this legislation did not directly establish any health care benefits or compensation.

One of the first and most comprehensive pieces of legislation that covered veteran women's healthcare is [H.R. 5193 - Veterans Health Care Act of 1992](#). It specified what programs will be made available to women veterans, which includes sexual trauma counseling (like MST), pap smears, breast examination, mammography, and general reproductive health care. This law has been brought up numerous times following VA Secretary's Denis McDonagh decision to institute an interim final rule regarding providing abortion counseling and care when the pregnancy is a source of rape, incest, or high risk to the mother's life or health. Many anti-abortion advocates quote section 106, which states that the VA cannot provide "infertility services, abortions, or pregnancy care" to women veterans. This is where many pro-life advocates stop there when quoting this law. But that section

doesn't end there, it continues to say, "except for such care relating to a pregnancy that is complicated or in which the risks of complication are increased by a service-connected condition." To clarify, the VA only provides "abortion counseling and abortions to pregnant veterans and VA beneficiaries in cases of rape, incest, or when the life or health of the Veteran would be endangered if the pregnancy were carried to term."

While it is important to highlight legislation that helped women veterans, it is also important to point out what legislation did not help. One, in particular, is [S. 2372 – VA MISSION Act of 2018](#), championed by the GOP and former President Donald Trump, which did not address anything that women veteran advocates have been asking. The legislation that is addressed below is what should have been included in previous legislation.

The Deborah Sampson Act was something that was definitely been in the works prior to the passage of the MISSION Act. But some of the important details of the Deborah Sampson Act did not pass until it was included in [H.R. 7105 – Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020](#). This bill established the Veterans Health Administration and the Office of Women's Health. This office is to help implement and monitor everything that has to do with women veterans. One big piece of legislation that was left out of the final Deborah Sampson section was the elimination of co-pays for contraception. Due to the Affordable Care Act, civilian women qualify for zero co-pay charges on contraception, but this does not include women veterans with the VA. This is one thing that has yet to pass on any bill. A few years after Senator Tammy Duckworth have her own baby, she was able to pass [S. 796 – Protecting Moms Who Served Act of 2021](#). This law codified maternity care coordination programs at the VA, which has been a gray area because of H.R. 5193.

A [study](#) published in 2009 with Walter Reed Hospital found that military women have a 20 to 40% increased risk of developing breast cancer. Another [study](#) found that military women under the age of 40 are at a higher risk of being diagnosed at a higher stage and tumor grade. So, [S. 2533 – Making Advances in Mammography and Medical Options for Veterans Act](#) and [S.2102 – Dr. Kate Hendricks Thomas SERVICE Act](#) was passed in 2022. The purpose of S. 2533 is to improve the mammography services that the VA provides by establishing a pilot program for telescreening for mammography, upgrading the VA’s breast imaging facilities to have 3D digital mammography, and studying the availability of testing for breast cancer genes. S. 2102 was named after Dr. Kate Hendricks Thomas, a Marine veteran and mental health advocate diagnosed with late-stage breast cancer before the average screening age of 45. She passed in early 2022 at the age of 38. S. 2102 added toxic exposure for Gulf War and Post-9/11 veterans to the breast cancer screening that is not restricted by age.



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