To require the Secretary of Veterans Affairs to establish a pilot program to furnish doula services to veterans.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2020

Mrs. LAWRENCE (for herself, Mrs. LESKO, Ms. DEAN, and Miss GONZÁLEZ-COLO´N of Puerto Rico) introduced the following bill; which was referred to the Committee on Veterans’ Affairs

A BILL

To require the Secretary of Veterans Affairs to establish a pilot program to furnish doula services to veterans.

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 “Delivering Optimally Urgent Labor Access for Veterans Affairs Act of 2020” or the “DOULA for VA Act of 2020”.

SEC. 2. PILOT PROGRAM ON DOULA SUPPORT FOR VETERANS.

(a) FINDINGS.—Congress finds the following:
(1) There are approximately 2,300,000 women within the veteran population in the United States.

(2) The number of women veterans using services from the Veterans Health Administration has increased by 28.8 percent from 423,642 in 2014 to 545,670 in 2019.

(3) During the period of 2010 through 2015, the use of maternity services from the Veterans Health Administration increased by 44 percent.

(4) Although prenatal care and delivery is not provided in facilities of the Department of Veterans Affairs, pregnant women seek care from the Department for other conditions may also need emergency care and require coordination of services through the Veterans Community Care Program under section 1703 of title 38, United States Code.

(5) The number of unique women veteran patients with an obstetric delivery paid for by the Department increased by 1,778 percent from 200 deliveries in 2000 to 3,756 deliveries in 2015.

(6) The number of women age 35 years or older with an obstetric delivery paid for by the Department increased 16-fold from fiscal year 2000 to fiscal year 2015.
(7) A study in 2010 found that veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom who experienced pregnancy were twice as likely to have a diagnosis of depression, anxiety, posttraumatic stress disorder, bipolar disorder, or schizophrenia as those who had not experienced a pregnancy.

(8) The number of women veterans of reproductive age seeking care from the Veterans Health Administration continues to grow (more than 185,000 as of fiscal year 2015).

(b) PROGRAM.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a pilot program to furnish doula services to covered veterans through eligible entities by expanding the Whole Health model of the Department of Veterans Affairs, or successor model, to measure the impact that doula support services have on birth and mental health outcomes of pregnant veterans (in this section referred to as the “pilot program”).

(2) CONSIDERATION.—In carrying out the pilot program, the Secretary shall consider all types of
doulas, including traditional and community-based
doulas.

(3) Consultation.—In designing and imple-
menting the pilot program the Secretary shall con-
sult with stakeholders, including—

(A) organizations representing veterans,
including veterans that are disproportionately
impacted by poor maternal health outcomes;

(B) community-based health care profes-
sionals, including doulas, and other stake-
holders; and

(C) experts in promoting health equity and
combating racial bias in health care settings.

(4) Goals.—The goals of the pilot program are
the following:

(A) To improve—

(i) maternal, mental health, and in-
fant care outcomes;

(ii) integration of doula support serv-
ices into the Whole Health model of the
Department, or successor model; and

(iii) the experience of women receiving
maternity care from the Department, in-
cluding by increasing the ability of a
woman to develop and follow her own
birthing plan.

(B) To reengage veterans with the Depart-
ment after giving birth.

c) LOCATIONS.—The Secretary shall carry out the
pilot program in—

(1) the three Veterans Integrated Service Net-
works of the Department that have the highest per-
centage of female veterans enrolled in the patient
enrollment system of the Department established
and operated under section 1705(a) of title 38,
United States Code, compared to the total number
of enrolled veterans in such Network; and

(2) the three Veterans Integrated Service Net-
works that have the lowest percentage of female vet-
erans enrolled in the patient enrollment system com-
pared to the total number of enrolled veterans in
such Network.

d) OPEN PARTICIPATION.—The Secretary shall
allow any eligible entity or covered veteran interested in
participating in the pilot program to participate in the
pilot program.

e) SERVICES PROVIDED.—

(1) IN GENERAL.—Under the pilot program, a
covered veteran shall receive not more than 10 ses-
sions of care from a doula under the Whole Health
model of the Department, or successor model, under
which a doula works as an advocate for the veteran
alongside the medical team for the veteran.

(2) SESSIONS.—Sessions covered under para-
graph (1) shall be as follows:

(A) Three or four sessions before labor and
delivery.

(B) One session during labor and delivery.

(C) Three or four sessions after post-
partum, which may be conducted via the mobile
application for VA Video Connect.

(f) ADMINISTRATION OF PILOT PROGRAM.—

(1) IN GENERAL.—The Office of Women’s
Health of the Department of Veterans Affairs, or
successor office, shall—

(A) coordinate services and activities under
the pilot program;

(B) oversee the administration of the pilot
program; and

(C) conduct onsite assessments of medical
facilities of the Department that are partici-
pating in the pilot program.

(2) GUIDELINES FOR VETERAN-SPECIFIC
CARE.—The Office shall establish guidelines under
the pilot program for training doulas on military
sexual trauma and post traumatic stress disorder.

(3) Amounts for care.—The Office may rec-
ommend to the Secretary appropriate payment
amounts for care and services provided under the
pilot program, which shall not exceed $3,500 per
doula per veteran.

(g) Doula Service Coordinator.—

(1) In general.—The Secretary, in consulta-
tion with the Office of Women’s Health, or successor
office, shall establish a Doula Service Coordinator
within the functions of the Maternity Care Coordi-
nator at each medical facility of the Department
that is participating in the pilot program.

(2) Duties.—A Doula Service Coordinator es-
tablished under paragraph (1) at a medical facility
shall be responsible for—

(A) working with eligible entities, doulas,
and covered veterans participating in the pilot
program; and

(B) managing payment between eligible en-
tities and the Department under the pilot pro-
gram.

(3) Tracking of information.—A doula pro-
viding services under the pilot program shall report
to the applicable Doula Service Coordinator after each session conducted under the pilot program.

(4) **COORDINATION WITH WOMEN’S PROGRAM MANAGER.**—A Doula Service Coordinator for a medical facility of the Department shall coordinate with the women’s program manager for that facility in carrying out the duties of the Doula Service Coordinator under the pilot program.

(h) **TERM OF PILOT PROGRAM.**—The Secretary shall conduct the pilot program for a period of 5 years.

(i) **TECHNICAL ASSISTANCE.**—The Secretary shall establish a process to provide technical assistance to eligible entities and doulas participating in the pilot program.

(j) **REPORT.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, and annually thereafter for each year in which the pilot program is carried out, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program.

(2) **FINAL REPORT.**—As part of the final report submitted under paragraph (1), the Secretary shall include recommendations on whether the model
studied in the pilot program should be continued or
more widely adopted by the Department.

(k) AUTHORIZATION OF APPROPRIATIONS.—There
are authorized to be appropriated to the Secretary, for
each of fiscal years 2021 through 2026, such sums as may
be necessary to carry out this section.

(l) DEFINITIONS.—In this section:

(1) The term “covered veteran” means a preg-
nant veteran or a formerly pregnant veteran (with
respect to sessions post-partum) who is enrolled in
the patient enrollment system of the Department of
Veterans Affairs under section 1705 of title 38,
United States Code.

(2) The term “eligible entity” means an entity
that provides medically accurate, comprehensive ma-
ternity services to covered veterans under the laws
administered by the Secretary, including under the
Veterans Community Care Program under section
1703 of title 38, United States Code.

(3) The term “VA Video Connect” means the
program of the Department of Veterans Affairs to
connect veterans with their health care team from
anywhere, using encryption to ensure a secure and
private session.