

**Congress of the United States**  
**Washington, DC 20515**

February 9, 2021

The Honorable Denis McDonough  
Secretary of Veterans Affairs  
810 Vermont Ave., NW  
Washington, D.C. 20420

Dear Secretary McDonough:

Warmest congratulations on your confirmation as Secretary of the U.S. Department of Veterans Affairs. I look forward to working together with you and the Biden Administration on behalf of America's veterans and their families.

As a registered nurse and returning Member of the House Committee on Veterans' Affairs, I have spent my time in Congress fighting to expand mental health services for veterans, improve the care women receive at VA, and to ensure all veterans have full access to the benefits and support they have earned. As you begin your tenure as Secretary, I write to highlight several pressing health policy priorities that can be advanced solely by the Secretary and would immediately and significantly improve the care that veterans receive at VA.

First, as you discussed in your confirmation hearing, the veteran suicide crisis demands bold action and data-driven solutions. Consequently, I encourage you to immediately expand lethal means safety training for all VA staff and community care providers who interact with veterans. Lethal means safety is an evidence-based intervention that is proven to reduce suicide risk, and our veterans deserve providers who are prepared to have these important, potentially life-saving conversations. My legislation, the *Lethal Means Safety Training Act*, sets a high standard for these conversations and is endorsed by leading suicide prevention experts—including those at VA—and veterans service organizations. However, the Secretary can also take immediate action to expand and improve lethal means safety (especially since VA has already developed the training and requires it of some providers), and I urge you to do so.

Second, I look forward to working with you to ensure that veterans receiving care at the VA are not charged copayments for preventive services, including vaccinations for COVID-19, influenza, and other conditions. As you may know, while federal law prohibits private insurers from charging copays for certain preventive services, this requirement does not extend to VA. Veterans should not have to pay out-of-pocket for this care, especially in the midst of a historic pandemic. My bipartisan bills, the *Veterans Preventive Health Coverage Fairness Act* and the *No Coronavirus Copays for Veterans Act*, must be a priority for this Congress and Administration, and I stand ready to work with you to address this unfair burden on our veterans.

Third, much work remains to be done to ensure equitable treatment for women veterans at VA, including access to reproductive health care. A key priority in this space is ensuring women veterans have the option to receive a full year's supply of oral contraception at once, rather than in three-month intervals, as laid out in my bill, the *ACE Veterans Act*. A 2019 study published in

*JAMA Internal Medicine* found that a full-year dispensing option for oral contraceptive pills at VA would both improve health outcomes for women veterans and produce cost savings for VA.<sup>1</sup> In 2020, the House of Representatives took steps through the appropriations process to direct VA to improve full-year dispensation, and I look forward to working with you to ensure its successful implementation.

Additionally, VA has a key opportunity to improve maternal health outcomes and help end our country's maternal mortality crisis. Women are currently the fastest-growing group within the veteran population, and more than 500,000 women veterans are currently under the age of 40. At the same time that more American women are serving, more American women are also dying of pregnancy-related causes; yet too little is known about adverse maternal health outcomes among women veterans. My bipartisan *Protecting Moms Who Served Act* would commission the first-ever comprehensive study of the scope of America's maternal health crisis among women veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes, and would make investments in maternity care coordination for women veterans. These policies would lay an essential foundation as VA prepares to serve an increasingly younger, more diverse, and more female veteran population. Please consider me your enthusiastic partner on VA's efforts to improve maternal health outcomes.

Congratulations again on your confirmation and thank you for dedication to America's veterans. I am confident that your commitment to restoring trust and integrity in the VA will serve our veterans well and help our nation heal. Please do not hesitate to reach out to me or to my staff at [Jack.DiMatteo@mail.house.gov](mailto:Jack.DiMatteo@mail.house.gov) as we work together to deliver world-class care at the U.S. Department of Veterans Affairs.

Sincerely,

A handwritten signature in black ink that reads "Lauren Underwood". The signature is fluid and cursive, with the first name "Lauren" and last name "Underwood" clearly distinguishable.

Lauren Underwood

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<sup>1</sup> Colleen P. Judge-Golden, et al.; *Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System*, *JAMA Internal Medicine* (Jul. 8, 2019).