



September 4th, 2025
The Honorable Douglas A. Collins
Secretary, U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, D.C. 20420

Dear Secretary Collins,

Veterans and their families deserve comprehensive access to quality health care when and where they need it. As members of the Reproductive Freedom Alliance (RFA), a nonpartisan coalition of 23 governors working together to protect and expand reproductive freedoms and health care access across the United States, we strongly urge the U.S. Department of Veterans Affairs (VA) to rescind proposed rule RIN 2900-AS31. The proposed rule would revoke the already-limited existing access to abortion care and counseling for veterans and their beneficiaries through the VA health system – undermining access to essential health care for veterans and their families.¹ Current rules at the VA already limit abortion access to situations of rape, incest and where the life or health of the pregnant patient are at risk. The new proposed rule threatens the health and wellbeing of those who served our country by further limiting access *only* to cases where the patient’s life is threatened, although it is unclear that even life-saving abortions will be available for veterans themselves, and eliminating access to counseling entirely. We are deeply concerned by the federal government’s proposed rollback of reproductive health care access to which veterans and their families are entitled. Proposed rule RIN 2900-AS31 betrays the federal government’s responsibility to provide critical health care services to veteran families, and we urge the VA to rescind it for the following reasons:

1. The proposed rule is extreme and would put the health of veterans and their family members at risk. Veterans served our country and deserve to access critical abortion care in traumatic situations and where their health and life are at risk. The 2022 rule that would be rescinded through this proposal recognized that in at least a limited number of cases, veterans and their families need access to abortion care through their trusted health care provider, the VA.² After the 2022 rule was adopted, only a small number of abortions have been provided at the VA, but over 70% of those, in the first year at least, were because of a threat to the woman's health.³ This proposed rule eliminates access to abortion care needed to preserve a patient’s health, or in cases of rape or incest, prohibits counseling on abortion as an option entirely, and allows abortion for those covered by CHAMPVA only “when a physician certifies that the life of the mother would be endangered if the fetus were carried to term.” For veterans themselves, it is unclear whether even those life-saving abortions will always be provided.
2. In states that similarly only allow abortions in cases of life endangerment, pregnancy complications and crisis situations put physicians in the difficult position of trying to determine whether they are legally allowed to save their patient’s life or manage their patient’s miscarriage.⁴ These policies have already resulted in multiple patient deaths as well as serious complications, especially after the administration’s rescission of

¹ *Reproductive Health Services*. (2025, August 4). Federal Register. <https://www.federalregister.gov/documents/2025/08/04/2025-14687/reproductive-health-services>

² Crowley, R., Atiq, O., Hilden, D., & Cooney, T. G. (2021). Health care for our nation’s veterans: A policy paper from the American College of Physicians. *Annals of Internal Medicine*, 174(11). <https://doi.org/10.7326/m21-2392>

³ Kime, P. (2025, August 4). *VA to Ban Nearly All Abortions at VA Facilities, Drop Coverage for Procedure for Dependents*. Military.com. <https://www.military.com/daily-news/2025/08/04/va-ban-nearly-all-abortions-va-facilities-drop-coverage-procedure-dependents.html>

⁴ Ziegler, M. (2025, January 28). *In States with Abortion Bans, When Does a Medical Emergency Trigger an Exception?* State Court Report. <https://statecourtreport.org/our-work/analysis-opinion/states-abortion-bans-when-does-medical-emergency-trigger-exception>

previous guidance on the Emergency Medical Treatment & Labor Act (EMTALA).⁵ For example, in one case, a woman who was six weeks pregnant was diagnosed with breast cancer and could not start treatment until the pregnancy was ended but could not get an abortion in her state because it would have been considered “health” saving instead of “life saving.”⁶ This patient had to travel to another state to end her pregnancy and the delays associated meant that it was several months before she could begin chemotherapy, giving the cancer an opportunity to spread.⁷ In another case, a woman who needed a liver transplant, typically required by individuals in cases of liver failure or with liver cancer,⁸ had matched with a donor and was set to begin her transplant when it was discovered that she was early in an unplanned, unwanted pregnancy. Despite the obvious need to preserve her health with this complex, planned operation, the hospital canceled the transplant rather than end the pregnancy to move forward with the procedure to protect her health, meaning that in addition to seeking abortion care elsewhere, the patient then was forced to wait to match with another donor, which could take months or even years, while living with her serious liver condition.⁹ Without the ability to treat patients who may need abortion care to preserve their long-term health, health care providers will be unable to provide high quality health care and patients may suffer significant health consequences from delayed abortion care, such as bleeding, infection, and uterine rupture.¹⁰ Under the proposed rule, veterans and their families could be denied access to critical or emergency reproductive health care services and be forced to travel and pay out of pocket for their care. These barriers to reproductive care will be particularly harmful for the 4.4 million veterans who live in rural areas and have few alternatives for health care providers.¹¹ Moreover, without the ability to access most abortion care (even under the 2022 rule) at the VA, counseling and referral to health care options outside of the VA is critical. The proposed rule’s draconian prohibition on abortion counseling would create a severe barrier to health care for veterans and their families.^{12,13}

3. The proposed rule shirks the federal government’s responsibility to care for our nation’s veterans, including the nearly 400,000 veteran women of reproductive age living in RFA member states, who already face high risk of post-traumatic stress disorder (PTSD), suicide, and sexual trauma.^{14,15,16} More broadly, more than 9 million veterans receive their health care from the VA, and women veterans of reproductive age represent the largest growing cohort of new VA patients.¹⁷ The federal government has a responsibility to provide the full range of health care services to veterans when they return to civilian life, particularly in emergency or health-threatening circumstances. Under the proposed rule, pregnant patients who were the victims of rape or incest or in situations where the pregnancy threatens their health would be forced to seek care outside of the VA

⁵ Weiner, S. (2024, October 22). *Emergency Doctors Grapple with Abortion Bans*. AAMC. <https://www.aamc.org/news/emergency-doctors-grapple-abortion-bans>

⁶ *Care Post-Roe: How post-Roe laws are obstructing clinical care*. (2024). ANSIRH. <https://www.ansirh.org/research/research/care-post-ro-how-post-ro-laws-are-obstructing-clinical-care>

⁷ *Id.*

⁸ (n.d.). *Liver Transplantation* [Review of *Liver Transplantation*]. Cleveland Clinic. <https://my.clevelandclinic.org/health/procedures/8111-liver-transplantation>

⁹ *Care Post-Roe: How post-Roe laws are obstructing clinical care*. (2024). ANSIRH. <https://www.ansirh.org/research/research/care-post-ro-how-post-ro-laws-are-obstructing-clinical-care>

¹⁰ *Id.*

¹¹ Rural Health Information Hub. (2021, February 3). *Rural Veterans and Access to Healthcare Introduction - Rural Health Information Hub*. [www.ruralhealthinfo.org](https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health). <https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health>

¹² Gronlund, K. (2025, August 6). *Fact Sheet: Abortion Access for Veterans* | Center for Reproductive Rights. Center for Reproductive Rights. <https://reproductiverights.org/fact-sheet-abortion-access-veterans/>

¹³ *National Partnership Praises Veteran Affairs Final Abortion Care Rule* | National Partnership for Women & Families. (2024, March 7). National Partnership for Women & Families. https://nationalpartnership.org/news_post/npwf-praises-veteran-affairs-final-abortion-care-rule/

¹⁴ *Veteran Population - National Center for Veterans Analysis and Statistics*. (2016). Va.gov. https://www.va.gov/vetdata/veteran_population.asp

¹⁵ *Dexter Leads 130 Democrats Demanding VA Protect Abortion Access for Veterans*. (2025, April 8). Representative Maxine Dexter. <https://dexter.house.gov/media/press-releases/dexter-leads-130-democrats-demanding-va-protect-abortion-access-veterans>

¹⁶ U.S. Department of Veterans Affairs. (2014). *Military Sexual Trauma: Issues in Caring for Veterans - PTSD: National Center for PTSD*. Va.gov. https://www.ptsd.va.gov/professional/treat/type/sexual_trauma_military.asp

¹⁷ Veterans Health Administration. (2023, November 8). *About VHA*. Va.gov. <https://www.va.gov/health/aboutvha.asp>

system. They would have to pay out of pocket or rely on the states that support a full range of reproductive health care to help pay for that care. While RFA states are committed to providing abortion access to all who need it, this new proposal comes at a time when state governments are facing unprecedented strain on their budgets, leaving limited resources.¹⁸ Moreover, appallingly, those seeking life-saving emergency care through the VA may not be able to get it in time.

We urge the Trump-Vance Administration to rescind proposed rule RIN 2900-AS31 and ensure that veterans and their families have access to the critical health care services they deserve. Veterans fought to protect our rights and freedoms, and now we must fight for theirs. Thank you for your consideration.

Sincerely,

Andy Beshear
Governor of Kentucky

Tony Evers
Governor of Wisconsin

Bob Ferguson
Governor of Washington

Maura Healey
Governor of Massachusetts

Katie Hobbs
Governor of Arizona

Kathy Hochul
Governor of New York

Laura Kelly
Governor of Kansas
Non-RFA Member

Tina Kotek
Governor of Oregon

Ned Lamont
Governor of Connecticut

Lourdes A. Leon Guerrero
Governor of Guam

Michelle Lujan Grisham
Governor of New Mexico

Dan McKee
Governor of Rhode Island

Matt Meyer
Governor of Delaware

Janet Mills
Governor of Maine

Wes Moore
Governor of Maryland

Phil Murphy
Governor of New Jersey

Gavin Newsom
Governor of California

Jared Polis
Governor of Colorado

JB Pritzker
Governor of Illinois

Josh Shapiro
Governor of Pennsylvania

Josh Stein
Governor of North Carolina

Gretchen Whitmer
Governor of Michigan

¹⁸ Tharpe, W. (2025, June 24). *Roundup: State Budgets Increasingly Strained as House, Senate Republican Plans Would Impose Major Costs* | Center on Budget and Policy Priorities. <https://www.cbpp.org/research/state-budget-and-tax/roundup-state-budgets-increasingly-strained-as-house-senate>