Congress of the United States

Washington, DC 20515

September 3, 2025

The Honorable Douglas A. Collins Secretary U.S. Department of Veterans Affairs 810 Vermont Avenue NW Washington, D.C. 20420

RE: Comments on Proposed Rule: Reproductive Health Services, 90 FR 36415 (August 4, 2025) (RIN: 2900-AS31) (Docket ID: VA-2025-VHA-0073)

Secretary Collins,

We submit this comment in support of the Department of Veterans Affairs' (VA) proposed rule rescinding the Biden Administration's final rule titled, "Reproductive Health Services," that allows abortion on demand at VA facilities in violation of federal law. Congress mandated the VA adhere to abortion funding restrictions within the Veterans Healthcare Act of 1992, which have been in place for over the last two decades. Returning VA practices to following the law in 38 CFR 17.38 is the proper course of action for this law-abiding Administration under President Donald J. Trump.

Under former VA Secretary Denis McDonough, the agency conjured up an interpretation of 38 CFR 17.38 that clearly circumvented federal law by issuing an interim final rule claiming that abortion access was necessary to prevent death. The VA finalized the rule in March 2024. However, as the VA has noted in its proposed rule under current Secretary Doug Collins, no state law prohibits the performance of an abortion when deemed necessary to save the mother's life, exposing the Biden VA's rule for the illegal action that it was and a moot concern. It has long been recognized that lifesaving care for ectopic pregnancy and miscarriage management do not fall under the definition of abortion. Other potentially life-threatening complications and situations are clearly outlined using reasonable medical judgment in guidance from medical organizations like the American College of Obstetricians and Gynecologists, addressing conditions that range from gestational hypertension or preeclampsia to treating a critically ill patient in the Intensive Care Unit and cancer treatment during pregnancy.^{1 2} These heartbreaking circumstances may require the separation of mother and child, but they should never be used under a false light to push the pro-abortion agenda over genuine health care.

VA facilities should be empowered to provide the American veteran community with the best health care possible. The Biden rule conflated health care with abortion services, a practice that poses significant medical risks for pregnant women and directly intends to end the life of the second patient, the unborn child. Yet the Biden rule deemed that abortion was necessary to "protect the health" of the mother-patient with a broad and undefined health exception for pregnant women in TRICARE and CHAMPVA. With this broad health exception to operate under, the Biden rule was implemented with a series of VA training materials, including videos, documents, and presentation slides, that gave guidance to health providers on how to promote abortion as the safest option for pregnant veterans and their beneficiaries.³ Without a narrower definition or gestational limit for this health exception, the VA has been promoting abortion on demand, at any point during

¹ ACOG Practice Bulletin 222: Gestational Hypertension and Preeclampsia. Obstet Gynecol 2020;135(6):237-260

² ACOG Practice Bulletin 211. Critical Care in Pregnancy. Obstet Gynecol 2019;133:303-319

³ Martin, M. (2023, September 19). Exclusive: Veterans Administration training videos instruct health providers to promote abortion as safest "option" for pregnant veterans. The Post Millennial. https://thepostmillennial.com/exclusive-veterans-administration-training-videos-instruct-health-providers-topromote-abortion-as-safest-option-for-pregnant-veterans

pregnancy, so long as the mother-patient is able to secure a medical professional's opinion that having an abortion would be "beneficial" to her health in any way.

The abortion training that VA health care providers received imposed a manipulative and dehumanizing approach to engaging with mother-patients about their "options" in handling a pregnancy. VA caregivers were instructed to never use the words "baby, unborn child," or "mother." Instead, they must use "fetus, embryo," and "pregnancy capable person." They were also trained to discuss pregnancy in a dangerous light, framing it as a medical condition that is "most certainly not benign" and describing the impact of pregnancy on chronic health conditions. Further discussion of pregnancy options required providing information that emphasized studies from pro-abortion sources, such as the Guttmacher Institute and American College of Obstetricians and Gynecologists, claiming that abortion is ten times safer than carrying a pregnancy to term. This guidance is dangerously misleading and does not prioritize the health of pregnant veterans.

In reality, several harms and risks are directly associated with abortions performed at any stage of pregnancy. Complications that can arise from a surgical abortion range from hemorrhage and infection to damage of the reproductive organs, cardiovascular events, or even maternal death.⁴ In a recent comprehensive study of the chemical abortion pill where data was analyzed from 865,727 insurance claims regarding prescribed Mifepristone from 2017 to 2023, at least 1 in 10 women experienced a serious adverse event, such as sepsis, infection, or hemorrhaging.⁵ All of these risks are in addition to the fact that an abortion procedure almost always results in the death of one patient—the unborn child. Pregnant veterans deserve better and genuine health care. In addition, their VA caregivers should not be burdened with dangerous and unlawful requirements to promote abortion to their patients, potentially violating their conscience in the process. We applaud this proposal from Secretary Collins' VA to reverse course and prioritize compassionate, high-quality health care for pregnant veterans.

Rescinding the Biden Administration's rule is also a prime example of the appropriate deregulation that the American people expect from the Trump Administration. The Biden rule was an unconstitutional overreach that was not authorized by clear statutory authority. Congress passed the Veterans Healthcare Act of 1992, which specifically prohibits VA from providing abortion services unless a medical emergency presents a threat to the life of the mother.⁶ This governing law is reinforced by the longstanding traditional Hyde Amendment protections of federal tax dollars from supporting the abortion industry, a policy brought to the forefront by President Trump during the first week of his second term in office.⁷

As Senators and Members of Congress who value the inherent dignity of every human life, at every stage of life, we are grateful to see President Trump's VA return to genuine and lawful health care practices. We support Secretary Collins in his effort to reinstate the full exclusion of abortion services from the VA's medical package and CHAMPVA benefits. This effort reaffirms the profound respect we hold for America's veterans—ensuring genuine and high-quality health care is the top priority.

Sincerely,

⁴ Steupert, M. (2023, December 11). Wounded Women: The Consequences of "Choice" - Lozier Institute. https://lozierinstitute.org/wounded-women-the-consequences-of-choice/#_ftn7

⁵ Hall, J. B. (2025, May 10). The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event - Ethics & Public Policy Center. Ethics & Public Policy Center. https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/

⁶ Public Law 102-585 (1992, November 4)

⁷ The White House. (2025, January 28). *Enforcing the Hyde Amendment*. https://www.whitehouse.gov/presidential-actions/2025/01/enforcing-the-hyde-amendment/

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