State of California
Office of the Attorney General

ROB BONTA
ATTORNEY GENERAL

October 11, 2022

Via Federal eRulemaking Portal

Dr. Shereef Elnahal
Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

RE: Comments on Interim Final Rule, Improving Access to Abortion and Abortion Counseling for Veterans and CHAMPVA Beneficiaries, RIN 2900-AR57, 87 Fed. Reg. 5,5287 (Sept. 9, 2022)

Dear Under Secretary Elnahal:

We, the Attorneys General of California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington (the "States"), write in support of the interim final rule, Improving Access to Abortion and Abortion Counseling for Veterans and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Beneficiaries, RIN 2900-AR57, 87 Fed. Reg. 5,5287 (Sept. 9, 2022) (the "Rule") published by the U.S. Department of Veterans Affairs ("VA"). The Rule expands veterans' and their families' access to vital reproductive health services in the wake of the Supreme Court overturning *Roe v. Wade*. Specifically, the Rule will permit the VA medical benefits package and CHAMPVA to provide abortion counseling for all pregnancies and abortion services in situations where the patient's life *or* health is threatened and in cases of self-reported rape or incest. We strongly support increasing reproductive autonomy by removing barriers to this essential medical care, especially at this critical time.

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i. The Pervasive Effect of *Dobbs v. Jackson Women's Health* (*Dobbs*) Makes This Rule Particularly Timely

The Supreme Court's *Dobbs* decision has already had a profound impact on people of reproductive age, their families, and the healthcare infrastructure. We applaud the VA for taking action to increase access to abortion services.

States like California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington have become havens for those in need of abortion services. Even before the issuance of *Dobbs*, other states' abortion restrictions had already forced many pregnant persons to travel out-of-state for care.[1] As one court predicted, the number of individuals choosing to cross state lines for abortion care will likely substantially increase as more severe and punitive abortion restrictions take effect. *See United States v. Texas*, 566 F.Supp.3d 605, 674-677 (W.D. Tex. 2021) (noting likely influx of Texas patients to other states), stay granted, No. 21-50949 (5th Cir. Oct. 7, 2021), cert. dismissed, No. 21-588, 142 S.Ct. 522 (2021). And this prediction has come true. In 2021, approximately one in ten abortions were performed on pregnant individuals who had traveled across state lines to obtain abortion care, rising 6% from 2011.[2] When more severe abortion restrictions took effect after *Dobbs*, women from these anti-choice states began crossing state lines in even greater numbers, crowding waiting rooms and leading to longer waiting times for this time-sensitive care.[3] In eastern Washington, clinics have already reported a massive influx of patients from Idaho: one clinic reported that 78% of its patients in July 2022 were from Idaho (almost double the rate from the prior year) and another clinic reported that it was already fully booked multiple weeks out due to increased demand. Likewise, in Oregon, one clinic reported that the average number of out-of-state patients seen in June and July was double the

[1] Smith, et al., *Abortion travel within the United States: An observational study of cross-state movement to obtain abortion care in 2017*, The Lancet (Mar. 3, 2022), https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00031-X/fulltext (finding that that in 2017 (before severe restrictions were imposed), more than 2,000 women from Texas crossed state lines in order to obtain an abortion).

[2] Maddow-Zimet, et. al., *Even Before Roe Was Overturned, Nearly One in 10 People Obtaining an Abortion Traveled Across State Lines for Care*, Guttmacher Inst. (Jul. 21, 2022), https://www.guttmacher.org/article/2022/07/even-roe-was-overturned-nearly-one-10-people-obtaining-abortion-traveled-across.

[3] *E.g.*, Angie Leventis Lourgos, *Abortions in Illinois for Out of State Patients Have Skyrocketed*, Chi. Trib. (Aug. 4, 2022), https://www.chicagotribune.com/news/breaking/ct-illinois-abortion-increase-post-roe-20220802-eottdwcfnjfjxdvbfgd4kwefwu-story.html, (reporting a 700% increase in the number of out-of-state patients served in Illinois); Matt Bloom & Bente Berkland, *Wait Times at Colorado Clinics Hit Two Weeks as Out-of-State Patients Strain System,* KSUT (July 28, 2022), https://www.ksut.org/health-science/2022-07-28/wait-times-at-colorado-abortion-clinics-hit-2-weeks-as-out-of-state-patients-strain-system, (100% increase in wait times from before Dobbs was decided); *see also* Marielle Kirstein et al., *100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care*, Guttmacher Inst. (Oct. 6, 2022), https://tinyurl.com/ya6zzcby (discussing that 66 clinics across 15 states have been forced to stop providing abortions since *Dobbs* and this forces even more individuals to have to travel to obtain abortion care).

average number of patients seen each month during the prior 14 months. Colorado has also seen a tremendous impact as nearly 13% of the abortions they perform are on out-of-state patients.[4]

In response to the number of patients seeking essential healthcare, some states are devoting significant financial resources as they triage in order to meet the medical needs of out-of-state abortion seekers. For example, New Mexico earmarked $10 million in public funds for a reproductive healthcare clinic near the Texas border to meet an expected rise in demand for abortions from women traveling from Texas.[5] Similarly, California is spending up to $20 million for out-of-state patients seeking abortions, while Oregon is spending $15 million in anticipation of a surge of out-of-state patients from Idaho.[6] New York is spending $10 million to support abortion clinics statewide in preparation for the anticipated increase in out-of-state residents seeking abortions in New York.[7]

Of course, traveling out-of-state for medical care is not an option for most women. The costs of travel are simply too great for some families.[8] Moreover, just getting to a medical appointment can require monumental efforts for lower-income patients, who must often obtain time off from work, arrange child care, and use public transportation.[9]

If individuals are unable to travel, there are severe negative health and socioeconomic consequences. Forcing a patient to carry an unwanted pregnancy to term greatly increases the risk of death, in part due to the dangerous risks of postpartum hemorrhage and eclampsia.[10] Physical violence is a further risk, because carrying an unwanted pregnancy to term can cause a pregnant person to remain in contact with a violent partner.[11] Lack of access to abortion also results in poorer socioeconomic outcomes, including lower rates of full-time employment and

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[4] Rae Bichell, *Colorado Doubles Down on Abortion Rights as Other States — And the High Court — Reconsider*, Kaiser Health Network (Mar. 29, 2022), https://khn.org/news/article/colorado-doubles-down-on-abortion-rights-as-other-states-and-the-high-court-reconsider/.

[5] Ivana Saric, *New Mexico to Establish $10M Abortion Clinic Near Texas Border*, Axios (Sept. 1, 2022), https://www.axios.com/2022/09/01/new-mexico-10-million-abortion-clinic.

[6] Adam Beam, *California Budget to Cover Some Out-of-State Abortion Travel*, KQED (Aug. 28, 2022), https://www.kqed.org/news/11923873/california-budget-to-cover-some-out-of-state-abortion-travel.

[7] *Governor Hochul Announces $10 Million Awarded in the First Round of Abortion Provider Support Fund*, (July 12 2022), Governor Hochul Announces $10 Million Awarded in the First Round of Abortion Provider Support Fund | Governor Kathy Hochul (ny.gov).

[8] Corinne Lewis et al, *Listening to Low-Income Patients: Obstacles to the Care We Need, When We Need It, The Commonwealth Fund*, https://www.commonwealthfund.org/blog/2017/listening-low-income-patients-obstacles-care-we-need-when-we-need-it.

[9] *Id.*; American Hospital Association, *Transportation and the Role of Hospitals* (Nov. 2017), https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-ofhospitals.pdf;

[10] Caitlin Gerdts, et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy*, Women's Health Issues (2016), https://tinyurl.com/56e3pb9d.

[11] *See* Sarah C.M. Roberts, et al., *Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion*, BMC Medicine (2014), https://tinyurl.com/36jm874n.

increased reliance on publicly funded safety-net programs.[12] The lack of access to abortion may cause people to attempt self-induced abortion, which can result in grave long-term medical consequences.[13] Children born as a result of abortion denial are more likely to live below the federal poverty level than children born from a subsequent pregnancy to women who received the abortion.[14] And for those pregnant individuals who already have other children, research has shown that denying these pregnant individuals the abortion they seek leads all of their children to have lower mean child development scores and being more likely to live below the poverty line than children whose parent received a wanted abortion.[15]

While we welcome those seeking abortion care, the surging influx of patients puts a strain on our healthcare infrastructure. This Rule is an important first step to curbing the profound consequences our country is experiencing in this post-*Roe* landscape. By expanding access to abortions, even if just for veterans and their family members, this Rule will greatly assist our States in addressing this rapidly expanding need.

ii. Increasing Coverage and Availability of Abortion Services for Veterans and CHAMPVA Beneficiaries Is Particularly Important

The Rule fills a significant gap in healthcare for an important population, offering veterans and their families access to the same healthcare services available to many civilians. The Rule will impact an estimated 53%, or more than 240,000, U.S. service members and veterans of reproductive age who may be living in states that have already banned abortion or are likely to soon ban abortion.[16] Veterans of reproductive age, in particular, have high rates of chronic medical and mental conditions, such as post-traumatic stress disorder, severe hypertension, and renal disease—all of which could increase the health risks associated with

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[12] *See* Diana Greene Foster, et al., *Socioeconomic Outcomes of Women Who Receive and Women Who are Denied Wanted Abortions in the United States*, 108 Am. J. Pub. Health 103, no. 3, 407, 409-411 (Mar. 2018), https://tinyurl.com/yeawzmpf.

[13] Daniel Grossman et al., *Self-Induction of Abortion Among Women in the United States*, 18 Reproductive Health Matters 136, 143 (2010), https://tinyurl.com/7sfcfb9j (discussing medical risks associated with self-induced abortion).

[14] Diana Green Foster et. al., *Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion*, 172 JAMA Pediatrics 1053-60 (Sept. 2018), https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf.

[15] Diana Green Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 J. Pediatrics 183, 187 (Feb. 2019), https://pubmed.ncbi.nlm.nih.gov/30389101/.

[16] *VA to Provide Abortions, Counseling for Cases of Rape, Incest and Medical Complications from Pregnancy*, Military.com (Sept. 2, 2022), https://www.military.com/daily-news/2022/09/02/va-provide-abortions-counseling-cases-of-rape-incest-and-medical-complications-pregnancy.html; *Issue Brief: State Abortion Bans Could Harm Nearly 15 Million Women of Color*, Nat'l Partnership for Women & Families (July 2022), http://www.nationalpartnership.org/our-work/economic-justice/reports/state-abortion-bans-harm-woc.html.

pregnancy.[17] It is critical that these veterans are provided, at minimum, with full options' counseling and abortion services when necessary to protect their life or health.

Service members make incredible contributions to our national security and infrastructure, and provide critical aid during national emergencies. Service members and their families also make immense sacrifices for the benefit of civilians. They frequently relocate, often forgoing financial or professional opportunities in the private sector, disrupting educational development, and straining social relationships. Military service should not have to include sacrificing access to, or traveling out-of-state to obtain, the full scope of medical care. We strongly support increasing access to these important healthcare services for veterans and their families.

iii. Abortion Is a Critical Healthcare Service Where a Pregnant Person's Life or Health Is Threatened

The States applaud the VA for recognizing the necessity of providing abortions where the life or health of a pregnant patient is threatened, as determined by a medical professional. There is not consensus in the medical community about the distinction between a threat to life versus a threat to health, but physicians around the country have been sounding the alarm that limiting abortion to life-endangerment situations is inconsistent with how providers assess the need for abortion care and prohibits providers from being able to provide the standard of care in many situations. Often how quickly a medical emergency progresses to the point where death is imminent is unpredictable. As one reproductive health professor explained, "there are many circumstances in which it is not clear whether a patient is close to death. 'It's not like a switch that goes off or on that says, 'OK, this person is bleeding a lot, but not enough to kill them,' and then all of a sudden, there is bleeding enough to kill them,' …'It's a continuum, so even how someone knows where a person is in that process is really tricky.'"[18] Likewise, Dr. Maria Phillis, an OBGYN and Vice Chair of the American College of Obstetricians and Gynecologists' (ACOG) Junior Fellow College Advisory Council advised, "one of the things that is tricky about caring for those who are pregnant is that so many bodily systems are affected. 'There's not one button that says, "This one thing is threatening a woman's life"… A lot of it is a slow decline,

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[17] Peter Boersma, M.P.H., et. al., *Multiple Chronic Conditions Among Veterans and Nonveterans: United States, 2015-2018,* 153 Nat. Health Stat. Reports 1, 3-6; *Jonathan* Shaw, et al., *Post-traumatic Stress Disorder and Antepartum Complications: a Novel Risk Factor for Gestational Diabetes and Preeclampsia*, 31 Pediatric Perinatal Epidemiology 185, 190-193 (May 2017); David Jones & John P. Hayslett, *Outcome of pregnancy in women with moderate or severe renal insufficiency*, 335 New Eng. J. Med. 226, 231 (July 1996).

[18] Aria Bendix, *How life-threatening must a pregnancy be to end it legally?,* NBC News (June 30, 2022), https://www.nbcnews.com/health/health-news/abortion-ban-exceptions-life-threatening-pregnancy-rcna36026 (The same professor queried, "What does the risk of death have to be, and how imminent must it be? … Might abortion be permissible in a patient with pulmonary hypertension, for whom we cite a 30-to-50% chance of dying with ongoing pregnancy? Or must it be 100%?").

and at what point is a physician empowered to say that there is an emergency?'"[19] Dr. Stacey Beck, who specializes in high-risk pregnancy at the University of Pittsburgh Medical Center similarly queried "whether a woman with late-stage cancer who would have to cease treatments because of her pregnancy would be seen as an exception … Or would doctors have to be doing chest compressions on a woman in cardiac arrest for the exceptions to apply? … Getting rid of or narrowing the medical exceptions to abortion laws [] amounts to 'stripping women of access to medical care.' … 'These necessary terminations are rare, [] but without them we are going to see maternal mortality go up.'"[20]

The Rule also better aligns with the Emergency Medical Treatment and Labor Act, which has long been interpreted to include emergency medical conditions involving or affecting pregnancy for which necessary stabilizing treatment may include abortion care. Many pregnancy and miscarriage complications are emergency medical conditions requiring time-sensitive stabilizing treatment that can include abortion. In an emergency, any failure to provide, or delays in providing, necessary abortion care puts the pregnant patient's life or health at risk.[21] Provider accounts demonstrate that abortion is a regular and critical part of emergency healthcare. For example, a physician at Oregon's public academic health center, Oregon Health & Science University, described receiving transfers that require urgent or emergent pregnancy termination, including pregnant patients presenting with hemorrhage due to placenta previa and placental abruptions, peri-viable premature rupture of membranes with sepsis, peri-viable severe decompensating preeclampsia, acute leukemia, c-section scar ectopic pregnancies, cornual ectopic pregnancies, and hemorrhaging miscarriage, among other conditions.[22] The Rule will allow health professionals to act swiftly to address the needs of their patients without contending with administrative or legal obstacles, causing potentially fatal delays in access to care.

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[19] Ariana Eunjung Cha & Emily Wax-Thibodeaux, *Abortion foes push to narrow 'life of mother' exceptions*, Wash. Post (May 13, 2022), https://www.washingtonpost.com/health/2022/05/13/abortion-ban-exceptions-mothers-life/.

[20] *Id.*

[21] *See, e.g.*, Reuters Fact Check, *Fact Check-Termination of pregnancy can be necessary to save a woman's life, experts say*, Reuters (Dec. 27, 2021), https://www.reuters.com/article/factcheck-abortion-false/fact-check-termination-of-pregnancy-can-be-necessary-to-save-a-womans-life-experts-say-idUSL1N2TC0VD (discussing, for example, that placental abruption presents a risk of hemorrhage, which if left untreated, threatens the pregnant person's life and that preeclampsia if not treated quickly can result in the pregnant person's death); ACOG, *Facts Are Important: Understanding Ectopic Pregnancy*, https://www.acog.org/advocacy/facts-are-important/understanding-ectopic-pregnancy (advising that "[a]n untreated ectopic pregnancy is life threatening; withholding or delaying treatment can lead to death").

[22] Tina Reed, *Defining "life-threatening" Can be Tricky in Abortion Law Exceptions*, Axios (June 28, 2022), https://www.axios.com/2022/06/28/abortion-ban-exceptions-women-medical-emergencies (Salt Lake City-based obstetrician Lori Gawron explained "[i]f [an] infection [resulting from a ruptured membrane in the second trimester] progresses to sepsis, the maternal life is absolutely at risk. But we can't say how long that will take or how severe the infection will get in that individual.").

iv. Abortion Access Is Crucial in Cases of Self-Reported Rape or Incest

We strongly support the VA's decision to permit abortion where a pregnancy is the result of self-reported rape or incest, particularly given the prevalence of sexual violence resulting in pregnancy. According to the Centers for Disease Control and Prevention, nearly 3 million women in the United States have experienced a rape-related pregnancy in their lifetime.[23] About 30% of women reporting rape by an intimate partner experienced a form of reproductive coercion by that partner such as preventing the use of contraception or refusing to wear a condom.[24]

The military in particular has a fraught legacy with respect to the rate of sexual violence and harassment toward female service members and the lack of legal or institutional recourse available to victims who serve. A recent Department of Defense report found there were 8,866 reports of sexual assault involving service members as victims in 2021, up 13% from the previous year.[25] The damage often reverberates after women leave the military: female victims of military sexual assault are twice as likely as other women veterans to later experience intimate-partner violence.[26]

We also applaud the VA for permitting self-reported rape or incest as the qualifying standard (as opposed to requiring other official confirmation, such as a police or medical report) for individuals to obtain an abortion. This is particularly important because so many instances of sexual violence are not reported to authorities. Patients who are victims of rape or incest are faced with extremely sensitive situations and may not be comfortable filing a police report for safety or other reasons. A physician's approach to care for these patients should be guided by the patients' best interests, not by any requirement that there be a mandated report before allowing a sexual assault or incest victim to obtain an abortion. Additionally, mandated reporting requirements for abortions provided in cases of rape or incest disrupt patient-provider confidentiality and may result in some women delaying seeking care until they are in emergency situations.[27]

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[23] U.S. Centers for Disease Control & Prevention, *Understanding Pregnancy Resulting from Rape in the United States* (as of Sept. 22, 2022), https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html

[24] *Id.*

[25] U.S. Dept. of Defense, *Annual Report on Sexual Assault in the Military Fiscal Year 2021* (Aug. 29, 2022), https://www.sapr.mil/sites/default/files/public/docs/reports/AR/DOD_Annual_Report_on_Sexual_Assault_in_the_Military_FY2021.pdf.

[26] Melinda Wenner Moyer, *'A Poison in the System': The Epidemic of Military Sexual Assault*, N.Y. Times (Aug. 3, 2021), https://www.nytimes.com/2021/08/03/magazine/military-sexual-assault.html.

[27] Gabriela Weigel et al., *Understanding Pregnancy Loss in the Context of Abortion Restrictions and Fetal Harm Laws,* Kaiser Family Found., Women's Health Policy (Dec. 4, 2019), https7/www.kff.org/womens-health-policy/issue-brief/understanding-pregnancy-loss-in-thecontext-of-abortion-restrictions-and-fetaHiarnrlaws/.

Sexual violence is far too common in our culture and has pervasive physical and mental health consequences, which are often exacerbated by a resulting pregnancy. While nothing can erase the damage caused by rape or incest, permitting an abortion in these cases when sought by the pregnant person offers these victims of humanity's most egregious crimes the power to make a medical decision that could help regain a sense of control and healing for those whose bodily autonomy has been violated.

v. Abortion Counseling Is Critical to Ensuring Patients Make Informed Healthcare Decisions and Building Trust in the Provider-Patient Relationship

Expanding access to abortion counseling is critical to ensure patients can make informed medical decisions. This is especially true for veterans who, as noted above, have high rates of chronic medical and mental health conditions that may increase the risks associated with pregnancy. ACOG recommends that a "pregnant woman who may be ambivalent about her pregnancy should be fully informed in a balanced manner about all options, including raising the child herself, placing the child for adoption, and abortion. . . . There is an ethical obligation to provide accurate information that is required for the patient to make a fully informed decision."[28] Similarly, the American Medical Association states in its Code of Medical Ethics that providers should "present relevant information accurately and sensitively, in keeping with the patient's preferences" and that "withholding information without the patient's knowledge or consent is ethically unacceptable."[29] In healthcare, information can "save lives," permit "alleviation of physical pain," and enable people to act in "their own best interest." *Sorrell v. IMS Health Inc.*, 564 U.S. 552, 566 (2011); *Va. State Bd. of Pharmacy v. Va. Citizens Consumer Council, Inc.*, 425 U.S. 748, 764, 770 (1976). Such medical information allows patients to take control of their most intimate and personal choices, central to personal dignity and autonomy.

Further, ensuring access to abortion counseling is part of patient-centered care, which builds trust among providers and patients. Effective healthcare requires building trust to ensure a patient is comfortable sharing their concerns with the provider, especially if the patient faces challenges like linguistic barriers, behavioral health issues, substance use, trauma, or is a member of a marginalized group who has experienced discrimination from the healthcare system, either directly or historically. If a patient feels judged, maligned, or misled, it would unravel the patient-provider relationship, undermining the provider's effectiveness. Patients should have an opportunity to discuss their reproductive healthcare options with a qualified

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[28] Am. Coll. of Obstetricians & Gynecologists, *Abortion Policy* (Nov. 2020), https://www.acog.org/clinicalinformation/policy-and-position-statements/statements-of-policy/2020/abortion-policy.

[29] Am. Med. Ass'n, Opinion 2.1.3-*Withholding Information from Patients, Code of Medical Ethics, Current Opinions* (2017), https://policysearch.amaassn.org/policyfinder/detail/1.1.1%20PatientPhysician%20Relationships?uri=%2FAMADoc%2FEthics.xml-E-1.1.1.xml ("Truthful and open communication between physician and patient is essential for trust in the relationship and for respect for autonomy. Withholding pertinent medical information from patients . . . creates a conflict between the physician's obligations to promote patient welfare and to respect patient autonomy.").

medical professional prior to making a medical decision—abortion is no different than any other medical treatment. Having access to abortion counseling with a trusted provider is particularly important because of the immensely personal nature of choosing whether or not to terminate a pregnancy.

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The Attorneys General of California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington enthusiastically support the VA's interim final rule, which will expand access to abortion services, including abortion counseling. Increasing access to reproductive healthcare is absolutely critical at this time. This Rule accomplishes that by offering a lifeline to veterans and their families who are living in states that rob them of these critical healthcare services.

Sincerely,

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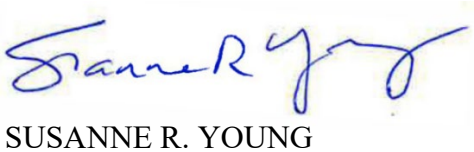

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