



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**  
SERVICES, INC.

September 3, 2025

Steven L. Lieberman  
Acting Under Secretary for Health  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

Submitted Electronically

**Attention: Reproductive Health Services, 38 CFR Part 17 (RIN 2900-AS31)**

Dear Steven Lieberman, Acting Under Secretary for Health:

The American Psychological Association and its companion organization APA Services, Inc. (APA/APASI) respectfully submit the following response to the Department of Veterans Affairs' (VA) proposed rule on Reproductive Health Services (RIN 2900-AS31). We strongly support high quality and comprehensive reproductive healthcare for America's women veterans. According to the Department of Veterans Affairs (VA) Office of Women's Health, the number of women veterans receiving Veterans Health Administration (VHA) health care has tripled since 2001, growing to more than 600,000.<sup>1</sup>

APA serves as the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Psychologists and the profession have a rich history within the VA, serving veterans since World War II.<sup>2</sup>

The recent VA proposal to exclude abortion and abortion counseling from both the medical benefits package as well as from the Civilian Health and Medical Program (CHAMPVA) is of tremendous concern given research that suggests that barriers to accessing reproductive services may increase symptoms of stress, anxiety and depression. Furthermore, restricting access to these services is most likely to affect those living in poverty, people of color, and those who live in rural or medically underserved areas. Forty-three percent of women veterans receiving care in the VHA in 2020 represented diverse backgrounds including an increasing number of women veterans living in rural areas.<sup>3</sup>

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<sup>1</sup> <https://www.womenshealth.va.gov/WOMENSHEALTH/about-us.asp>

<sup>2</sup> <https://www.womenshealth.va.gov/WOMENSHEALTH/about-us.asp>

<sup>3</sup> <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp#:~:text=Women%20are%20the%20fastest%20growing,1%2C112%20outpatient%20sites%20of%20care>

**APA.ORG**

**APASERVICES.ORG**

*Advocating for APA members and psychology*

750 First Street, NE

Washington, DC 20002-4242

202.336.5800

202.336.6123 TDD

## **Impact on Military Sexual Trauma (MST) Survivors**

The proposed rule removes all exceptions for an abortion including pregnancies as a result of sexual assault, limiting access to care for some of the most vulnerable patients. This change would have particularly harmful consequences for survivors of Military Sexual Trauma (MST).

Psychological science finds that women who are pregnant are significantly more likely to be killed by an intimate partner than unpregnant women of reproductive age. This research suggests that the inability to obtain an abortion increases the risk for domestic abuse among those who are forced to stay in contact with violent partners.<sup>4</sup> Comprehensive data from the CDC's National Intimate Partner and Sexual Violence Survey reveals that **41% of women** have experienced some form of intimate partner violence during their lifetime.<sup>5</sup> For women veterans who have experienced this type of violence, this proposed rule creates a double burden:

1. It removes access to abortion services for pregnancies resulting from sexual assault.
2. It prohibits counseling that addresses reproductive choices, potentially limiting therapeutic discussions about trauma and pregnancy.

Forcing MST survivors to continue pregnancies resulting from sexual assault, and even more, forcing MST survivors who may have received legal reproductive health services outside of the VA from being able to discuss their reproductive health choices with a mental health practitioner can significantly exacerbate trauma symptoms, including PTSD, depression, and anxiety. For MST survivors, comprehensive trauma treatment often requires addressing all aspects of the trauma, including potential pregnancies resulting from assault. The proposed rule would prevent psychologists from providing comprehensive care. We are deeply concerned that this rule would compound psychological harm for women veterans who have already experienced significant trauma while serving their country.

## **Concerns Regarding the Blanket Prohibition on Reproductive Health Counseling**

The proposed rule states in section 17.38(c)(1) that "Abortions and abortion counseling" are excluded from the medical benefits package, with no exceptions or qualifications. This blanket prohibition raises serious concerns, including the undefined scope of such a provision. In particular, the term "abortion counseling" is not defined in the proposed rule. This ambiguity creates significant uncertainty for mental health providers about what discussions are permitted during therapy and restricting their ability to provide comprehensive, trauma-informed care.

Psychologists play a critical role in supporting individuals navigating complex reproductive decisions. Their work is grounded in ethical standards that prioritize non-directive, comprehensive care, allowing patients to explore their options freely and confidentially. Reproductive counseling may include:

- Medical and procedural information: Clarifying risks, alternatives, and implications of various reproductive health choices.

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<sup>4</sup> Wallace ME, Stoecker C, Sauter S, Vilda D. States' Abortion Laws Associated With Intimate Partner Violence-Related Homicide Of Women And Girls In The US, 2014-20. *Health Aff (Millwood)*. 2024 May;43(5):682-690. doi: 10.1377/hlthaff.2023.01098. PMID: 38709960; PMCID: PMC11515949.

<sup>5</sup> [Military Sexual Trauma Fact Sheet](#)

- Emotional support: Creating space for individuals to process feelings, values, and concerns related to reproductive decisions.
- Ethical reflection: Facilitating thoughtful consideration of moral, spiritual, or cultural dimensions without steering toward any specific outcome.

Importantly, psychologists do not presuppose or promote any particular reproductive decision—including abortion. Instead, they uphold the principle of patient autonomy, ensuring that care is responsive to the individual's needs, values, and circumstances.

In contexts such as the VA or other federal systems, proposed rules that restrict therapeutic dialogue—especially around past reproductive experiences—risk fragmenting care and undermining mental health outcomes. Ambiguity around what constitutes “abortion counseling” can deter open communication and ultimately harm vulnerable populations. This undefined term could be interpreted to prevent mental health practitioners from providing any counseling related to a patient’s reproductive health decisions. The rule does not define the broad and accepted specifics of reproductive counseling.

Military service has long been a pathway to economic stability and education for individuals from underserved communities. These communities often face higher rates of poverty and exposure to violence, including childhood physical and sexual abuse.<sup>6</sup> A study of U.S. Army soldiers with suicidal behavior found that over 60% had experienced childhood trauma.<sup>7</sup> This means a significant number of service members enter the military with pre-existing trauma that requires comprehensive mental health support. For some, this trauma may include a sexual assault that resulted in a pregnancy and a legal abortion obtained *before* they ever enlisted.

Not only may veterans or CHAMPVA beneficiaries have experiences that occurred prior to enlisting, a veteran or CHAMPVA beneficiary who undergoes legal reproductive health services outside the VA system and with out-of-pocket funds, may still require mental health support to process the experience. The restriction on providing any type of “abortion counseling” conflicts with the principles of trauma-informed care, which requires mental health practitioners to create a safe space for patients to process all aspects of their traumatic experiences. This could prevent psychologists from providing appropriate care to women veterans who have obtained legal reproductive health care outside the VA system and subsequently experience distress. Women veterans then seeking mental health support related to reproductive decisions may be forced to seek care outside the VA system, leading to fragmented care and potentially worse mental health outcomes.

The proposed rule would significantly impact the ability of psychologists and other mental health practitioners to provide comprehensive mental health care. It would arbitrarily restrict psychologists and other mental health practitioners from engaging in full and open therapeutic

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<sup>6</sup> Mosley, E. A., Prince, J. R., McKee, G. B., Carter, S. E., Leone, R. M., Gill-Hopple, K., & Gilmore, A. K. (2021). Racial Disparities in Sexual Assault Characteristics and Mental Health Care After Sexual Assault Medical Forensic Exams. *Journal of Women's Health*, 30(10), 1448–1456. Available at: <https://doi.org/10.1089/jwh.2020.8935>; Gaines-Wheeler, S. (2025, February 11). *Survivor Safety: Sexual Violence and Access to Care in Low-Income Communities*. MCASA. Available at: <https://mcasa.org/newsletters/article/survivor-safety-access-to-care-low-income-communities>

<sup>7</sup> Institute for Veterans and Military Families. (n.d.). *Prevalence of childhood trauma among U.S. Army Soldiers with suicidal behavior*. Syracuse University. Available at: <https://ivmf.syracuse.edu/article/prevalence-of-childhood-trauma-among-u-s-army-soldiers-with-suicidal-behavior/>

discussions with vulnerable patients. The rule, as written, does not distinguish between counseling for future reproductive choices and counseling to address the mental health consequences of a past one. This failure to provide comprehensive mental health coverage is a critical flaw that would disproportionately harm the very populations the military actively recruits. The APA's ethical standards require psychologists to provide competent and comprehensive care. Prohibiting them from discussing a significant life event concerning a reproductive health decision would lead to fragmented and incomplete care.

In addition, the ambiguity around what constitutes "abortion counseling" creates uncertainty about how to document therapy sessions that may touch on reproductive issues. Overall, denying access to care, and more so the counseling that accompanies it, is contrary to the VA's mission of serving veterans' health needs.

## Recommendations

Based on these concerns, APA Services recommends the following modifications to the proposed rule:

- **Conduct Mental Health Impact Assessment.** Before implementing the rule, conduct a thorough assessment of its potential impact on the mental health of vulnerable veterans, particularly those with a history of MST.
- **Maintain Exceptions for Rape and Incest.** Reinstate the exception for pregnancies resulting from rape or incest, with specific consideration for MST survivors.
- **Define and Narrow "Abortion Counseling".** If the prohibition on abortion counseling is maintained, clearly define the term to exclude:
  - General discussions of reproductive health as part of comprehensive mental health treatment
  - Trauma-focused therapy that may include discussion of pregnancy resulting from assault.
  - Post-abortion mental health care

We have heard from psychologists who have expressed concern for women in states that have restricted or banned access to reproductive health services. To further limit women's health care by also restricting comprehensive care within the VA violates a commitment to those who have served our nation. We ask that the VA consider recommendations that put the physical and mental health needs of women veterans front and center.

Thank you again for the opportunity to comment on this proposed rule. Please contact K. Conwell Smith at [csmith@apa.org](mailto:csmith@apa.org) if you have any questions or need additional assistance.

Sincerely,



Katherine B. McGuire  
Chief Advocacy Officer