



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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42-09 28th St.
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September 3, 2025

U.S. Department of Veterans Affairs

Via electronic submission - [Federal Register: Reproductive Health Services](#)

Re: The Department of Veterans Affairs (VA) proposing to reinstate the full exclusion on abortions and abortion counseling from the medical benefits package.

Abortion is necessary, life-changing medical care. Abortion bans prevent many people from accessing care they want and need, causing preventable harm and death. The NYC Health Department strongly opposes the Department of Veterans Affairs moving forward with this proposed rule and removing these necessary health services.

New York State has the fifth largest veteran population in the United States.¹ Over 200,000 veterans and active servicemembers, as well as their families and caretakers, currently live in New York City – making it an epicenter for those who have proudly served and continue to serve our country.² While the majority of veterans in New York City identify as male, about 10% identify as female and this population is steadily rising.³ Family members and dependents eligible for VA medical benefits will also be impacted by exclusions on abortion care .

The proposal does not provide a reasoned explanation for eliminating the existing rule regarding reproductive healthcare. Diminishing reproductive healthcare for veterans and CHAMPVA beneficiaries does not serve public health and denies veterans autonomy over their own bodies. Many people will be forced to travel long distances to obtain needed abortion

¹ New York Health Foundation. (2021). (issue brief). *New York's Veterans: An In-depth Profile*. Retrieved from <https://nyhealthfoundation.org/resource/new-yorks-veterans-an-in-depth-profile-2/>.

² NYC Veteran and Military Community Survey: Summary of Results. (2021). NYC Department of Veterans' Services. <https://www.nyc.gov/assets/veterans/downloads/pdf/nyc-dvs-veteran-and-military-community-survey-report.pdf>

³ Veteran Population 2023. National Center for Veterans Analysis and Statistics, U.S. Department of Veteran Affairs. https://www.va.gov/vetdata/veteran_population.asp

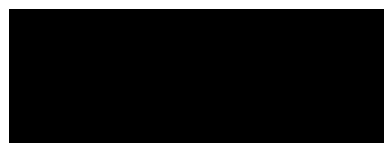
care, seek other methods of abortion beyond their method of choice, or continue a pregnancy against their will with potentially harmful health-related or financial consequences.⁴ People who do not obtain an abortion when they want one are four times more likely to live in poverty afterwards and experience long-lasting effects on their educational attainment and job opportunities.⁵

This proposal will shift the logistical and financial burdens of abortion care from a federal agency with responsibility for providing care for veterans to state and local governments and nongovernmental health care providers, and onto veterans themselves to come up with the out-of-pocket costs for their health care. Nearly 50% of veterans of childbearing age live in highly restrictive abortion access states. Rescinding the existing rule would leave veterans and their families in these states with no access to needed healthcare services or force them to travel to states or cities that provide abortion care, such as New York City, substantially increasing the populations served to include these VA/CHAMPVA residents in addition to their own.

Abortion bans with limited exceptions, as exists in this proposal, rarely allow patients to receive the care they need.⁶ In this regard, the proposed language is vague and would create confusion and fear, preventing clinicians from practicing evidence-based medicine. This policy would cause unnecessary delays or denials of care, further endangering the health and life of patients forced to continue pregnancies. Moreover, the operative language of the proposal draws an arbitrary distinction between veterans and CHAMPVA beneficiaries.

Ensuring safe, legal access to abortion care to people of all ages is a public health necessity. As evidence-based healthcare comes under fire, the New York City Health Department continues to support access for our veterans and anyone else seeking care to low barrier, high quality sexual and reproductive healthcare in NYC. To this end, the VA should withdraw this rule proposal and maintain existing requirements regarding reproductive healthcare.

Sincerely,



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⁴ Forouzan, K., Friedrich-Karnik, A., & Maddow-Zimet, I. (2023, December 7). The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care. Guttmacher Institute. <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>

⁵ Committee Statement: Increasing Access to Abortion. (2025, February). The American College of Obstetricians and Gynecologists. <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion>

⁶ Guttmacher Institute. (2022). Focusing on Exceptions Misses the True Harm of Abortion Bans. [Focusing on Exceptions Misses the True Harm of Abortion Bans | Guttmacher Institute](#)