Testimony

Women Veterans' Access to Reproductive Health Care

Considering VA's New Interim Final Rule

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Testimony of Kayla M. Williams[1]
The RAND Corporation[2]

Before the Committee on Veterans' Affairs
United States House of Representatives

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Chairman Takano, Ranking Member Bost, distinguished members of the committee, thank you for the opportunity to discuss women veterans' access to the full spectrum of medical care, particularly reproductive health care. I am testifying today as a senior policy researcher at the RAND Corporation. I formerly served as Director of the Center for Women Veterans at the Department of Veterans Affairs (VA). I am also a VA patient: I choose to get my health care from VA because the care I get from my patient-aligned care team is comprehensive and integrated; my provider takes the time to address all my needs. It is also important to me that my providers understand my military-specific risks and exposures; I am screened for military sexual trauma, and my doctor knows what burn pits are.

Among women veterans using VA health care, 43 percent are of reproductive age (18–44). Reproductive health needs, such as contraceptive care, pelvic exams, and obstetrics, are one of the top five reasons women veterans of reproductive age seek care from VA.[3] To meet the

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[3] Susan M. Frayne, Ciaran S. Phibbs, Fay Saechao, Sarah A. Friedman, Jonathan G. Shaw, Yasmin Romodan, Eric Berg, Jimmy Lee, Lakshmi Ananth, Samina Iqbal, Patricia M. Hayes, and Sally Haskell, *Sourcebook: Women Veterans in the Veterans Health Administration:* Vol. 4, *Longitudinal Trends in Sociodemographics, Utilization,*

fundamental health care needs of women veterans, it is important for VA to be able to provide the full spectrum of reproductive health care. On July 1, 2020, I testified before this committee's Subcommittee on Health on this topic, recognizing VA's areas of strength while also noting that there were deficits related to provision of in vitro fertilization, contraception, and abortion.[4] Since that time, VA has announced significant changes in provision of equitable, lifesaving care, on which I will focus my remarks today. This is a significant step in addressing a wide range of issues that affect women veterans.[5]

The recent *Dobbs v. Jackson Women's Health Organization* Supreme Court decision overturned the constitutional right to abortion. This ruling will limit some women veterans'[6] access to the full scope of reproductive health care, as those living in many states will no longer have access to abortion care in their communities. This could have a direct impact on their health, since abortion can be medically necessary.[7]

The interim final rule on reproductive health services that VA published on Friday, September 9, 2022, supports women veterans' access to needed abortion treatment by removing the exclusion on abortion counseling from the medical benefits package and allowing enrolled veterans "to obtain abortions, if determined needed by a health care professional, when the life or the health of the pregnant veteran would be endangered if the pregnancy were carried to term or the pregnancy is the result of an act of rape or incest."[8] While not expansive enough to cover all situations in which abortion could be beneficial for enrollees,[9] this rule will protect the lives and health of many vulnerable veterans.

By my estimation, approximately 260,000 women veterans of reproductive age currently live in states with significant abortion restrictions.[10] Not all veterans are eligible for Veterans Health

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Health Profile, and Geographic Distribution, Washington, D.C.: Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, 2018.

[4] Kayla M. Williams, "Veterans' Access to Reproductive Healthcare: Enhance Equity Now," testimony presented before the House Veterans Affairs Committee Subcommittee on Health on July 1, 2020, Washington, D.C.: Center for a New American Security, 2020.

[5] Dana Schultz, Kyleanne M. Hunter, Lauren Skrabala, and Jeannette Gaudry Haynie, *Improving Support for Veteran Women: Veterans' Issues in Focus*, Santa Monica, Calif.: RAND Corporation, PE-A1363-3, forthcoming, https://www.rand.org/pubs/perspectives/PEA1363-3.html.

[6] Because of the focus of this hearing, I will be primarily focusing on and using the term *women veterans*, while acknowledging that others, such as beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and veterans with other gender identities, also rely on VA for reproductive health care.

[7] American College of Obstetricians and Gynecologists and Physicians for Reproductive Health, "Abortion Can Be Medically Necessary," news release, September 25, 2019.

[8] U.S. Department of Veterans Affairs, "AR56 – Interim Final Rule – Reproductive Health Services," interim final rule with request for comments, VA-2022-VHA-0021-0001, September 9, 2022, https://www.regulations.gov/document/VA-2022-VHA-0021-0001.

[9] Advancing New Standards in Reproductive Health, "The Harms of Denying a Woman a Wanted Abortion: Findings from the Turnaway Study," fact sheet, University of California, San Francisco, April 22, 2020.

[10] According to the *New York Times* website "Tracking the States Where Abortion Is Now Banned," as of September 9, 2022, at 2 p.m., Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma,

Administration (VHA) care or choose to use it; of approximately 2 million U.S. women veterans, only 37 percent were enrolled in VA health care as of fiscal year 2019.[11] If we assume the same rate of use among women veterans of reproductive age in states with significant abortion restrictions, there are roughly 96,200 affected enrollees.

Having a service-connected disability is a primary way veterans qualify to enroll in VHA care, and research has shown that VHA users tend to be older, sicker, and of lower socioeconomic status than veteran nonusers.[12] VA estimates that 72 percent of current veteran VHA users who are capable of pregnancy have a service-connected disability rating of 30 percent or higher.[13] Women veterans who use VA have high burdens of chronic disease and a significant rate of mental health conditions.[14] For example, pregnant women veterans have extremely high rates of depression and often discontinue medications for this and other conditions, such as posttraumatic stress disorder (PTSD), during their pregnancies.[15] Abortion counseling is especially important to ensure that veterans have accurate and unbiased information to inform health care decisions that are based on their health history and personal circumstances.

Furthermore, some mental health conditions are associated with worse pregnancy outcomes: Women veterans with PTSD are more likely to experience gestational diabetes, preeclampsia, and preterm birth.[16] Accordingly, it is exceedingly important that they be able to access the care

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South Dakota, Tennessee, Texas, and Wisconsin have near-total bans; Ohio and Georgia ban abortion after six weeks of pregnancy, before most women know they are pregnant. According to the National Center for Veterans Analysis and Statistics, the number of women veterans below age 45 in those states totals 260,771 (National Center for Veterans Analysis and Statistics, "Table 6L: VetPop2020 Living Veterans by State, Age Group, Gender, 2020-2050," undated, https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/6L_VetPop2020_State_NCVAS.xlsx.

[11] Jared S. Sussman, *Veterans Health Administration: Gender-Specific Health Care Services for Women Veterans*, Washington, D.C.: Congressional Research Service, updated March 11, 2021.

[12] Christine Eibner, Heather Krull, Kristine M. Brown, Matthew Cefalu, Andrew W. Mulcahy, Michael S. Pollard, Kanaka Shetty, David M. Adamson, Ernesto F. L. Amaral, Philip Armour, et al., "Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs," *RAND Health Quarterly*, Vol. 5, No. 4, 2016, https://www.rand.org/pubs/periodicals/health-quarterly/issues/v5/n4/13.html.

[13] U.S. Department of Veterans Affairs, "Regulatory Impact Analysis for RIN 2900-AR57(IF), Reproductive Health Services," Washington, D.C., August 29, 2022, p. 3, https://www.regulations.gov/document/VA-2022-VHA-0021-0002.

[14] Frayne et al., 2018.

[15] A "large study assessing needs [and] experiences of pregnant and postpartum veterans" found that 49 percent of pregnant women veterans had a history of depression and 34 percent had PTSD (Mike Richman, "Large Study Assessing Needs, Experiences of Pregnant and Postpartum Veterans," *VA Research Currents*, June 7, 2017).

[16] Yael I. Nillni, Danielle R. Shayani, Erin Finley, Laurel A. Copeland, Daniel F. Perkins, and Dawne S. Vogt, "The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation from Military Service," *Journal of Traumatic Stress*, Vol. 33, No. 3, June 2020; Jonathan G. Shaw, Steven M. Asch, Jodie G. Katon, Kate A. Shaw, Rachel Kimerling, Susan M. Frayne, and Ciaran S. Phibbs, "Post-Traumatic Stress Disorder and Antepartum Complications: A Novel Risk Factor for Gestational Diabetes and Preeclampsia," *Paediatric and Perinatal Epidemiology*, Vol. 31, No. 3, May 2017; Peggy Willoughby, "Improving Reproductive Health for Women with PTSD," U.S. Department of Veterans Affairs, March 30, 2021.

their providers deem medically necessary for their health. Recent restrictions on reproductive health care at the state level mean that women veterans in certain states are no longer able to access such care from non-VA providers. To ensure optimal health outcomes for women veterans, VA must be able to provide that care.

Although all states allow abortions to save the life of the woman and most allow abortions for the woman's health, restrictive abortion policies are having a "chilling effect" that can delay needed care, including treatment for cancer.[17] Providers in some states face prosecution and jail for providing abortion treatment and, given these risks, may delay or deny needed health care for pregnant women.[18] Access to medication needed for other services can also be affected, as pharmacists are reluctant to fill prescriptions for drugs that can have multiple uses in addition to medical abortions, such as managing miscarriage or treating chronic disease.[19] Even standard methods of long-acting reversible contraception, such as intrauterine devices, could be at risk in states that define *life* as beginning at fertilization.[20] VA's interim final rule will allow veterans to access care their VA providers determine is necessary to protect their lives or their health.

It is also important that VA be able to provide these services directly because VA provides high-quality, evidence-based, culturally competent care.[21] For example, VA trains providers to provide trauma-informed pelvic examinations, which can be particularly important for women veterans who have experienced military sexual trauma. Findings from the recent Women's Reproductive Health Survey show that the majority of active duty women do not receive contraceptive counseling and may be entering the VA health system unaware of the totality of their reproductive health care options.[22] A large percentage also were unable to access their first-choice contraception methods. VA providers can be armed with this knowledge to meet the

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[17] Selena Simmons-Duffin, "For Doctors, Abortion Restrictions Create an 'Impossible Choice' When Providing Care," NPR, June 24, 2022. See also Whitney Arey, Klaira Lerma, Anitra Beasley, Lorie Harper, Ghazaleh Moayedi, and Kari White, "A Preview of the Dangerous Future of Abortion Bans—Texas Senate Bill 8," *New England Journal of Medicine*, Vol. 387, No. 5, August 4, 2022.

[18] Lauren Coleman-Lochner and Elaine Chen, "Doctors Fearing Legal Blowback Are Denying Life-Saving Abortions," Bloomberg Law, July 12, 2022; Selena Simmons-Duffin, "Doctors Weren't Considered in Dobbs, But Now They're on Abortion's Legal Front Lines," NPR, July 3, 2022.

[19] See, for example, Christina Cauterucci, "Abortion Bans Are Already Messing Up Access to Other Vital Meds," Slate, May 24, 2022; and Dan Diamond, "Federal Officials Warn Pharmacists About Denying Abortion Medication," *Washington Post*, July 13, 2022.

[20] Caroline Kee, "Could IUDs Be Banned Post-Roe? Some Women Are Replacing Them Early," Today.com, July 19, 2022.

[21] Rebecca Anhang Price, Elizabeth M. Sloss, Matthew Cefalu, Carrie M. Farmer, and Peter S. Hussey, "Comparing Quality of Care in Veterans Affairs and Non–Veterans Affairs Settings," *Journal of General Internal Medicine*, Vol. 33, No. 10, 2018; Terri Tanielian, Coreen Farris, Caroline Epley, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael William Robbins, and Lisa H. Jaycox, *Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families*, Santa Monica, Calif.: RAND Corporation, RR-806-UNHF, 2014, https://www.rand.org/pubs/research_reports/RR806.html.

[22] Sarah O. Meadows, Rebecca B. Collins, Megan S. Schuler, Robin L. Beckman, and Matthew Cefalu, *The Women's Reproductive Health Survey (WRHS) of Active-Duty Service Members*, Santa Monica, Calif.: RAND Corporation, RR-A1031-1, 2022, www.rand.org/t/RRA1031-1.

needs of women veterans. It is important for VA to be able to provide this care because fragmented care can lead to worse health outcomes, particularly for those already at high risk.[23]

To be sure, implementing the final rule will require careful planning. Because VA has not previously provided abortion counseling or care, it will have to develop guidance and supply additional training to providers who have not conducted medical or surgical abortions recently. The system has a good track record of conducting mini-residencies in women's health and using a hub-and-spoke model so that experts can provide guidance and advice to providers at remote facilities. VA's reputation of diffusing knowledge and encouraging adherence to evidence-based practice is unparalleled and can serve VA well in this instance.

In addition, it is important for VA to ensure that veterans seeking these essential services are able to receive them in an environment of dignity and respect. The secretary's workgroup[24] and broader department efforts to counter harassment and assault could be beneficial resources as the change rolls out. Women and LGBTQ+[25] veterans are known to experience higher levels of harassment at VA;[26] no one should face discrimination or poor treatment simply for seeking medically necessary care. The relatively small number of patients who are likely to qualify for these services are particularly likely to be vulnerable veterans deserving of compassionate, respectful care during a difficult time.

In conclusion, veterans who need covered abortions will benefit from being able to receive them within the VA system, optimizing their continuity of care and access to needed support services.

Thank you again for inviting me to testify before you today on this important topic. I look forward to answering any questions you might have.

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[23] See, for example, Joshua M. Thorpe, Carolyn T. Thorpe, Walid F. Gellad, Chester B. Good, Joseph T. Hanlon, Maria K. Mor, John R. Pleis, Loren J. Schleiden, and Courtney Harold Van Houtven, "Dual Health Care System Use and High-Risk Prescribing in Patients with Dementia: A National Cohort Study," *Annals of Internal Medicine*, Vol. 166, No. 3, February 7, 2017.

[24] VA, "VA Assembles Sexual Assault and Harassment Prevention Workgroup," news release, September 9, 2021.

[25] *LGBTQ+* stands for *lesbian, gay, bisexual, transgender, queer* or *questioning, plus* (others).

[26] Nathalie Grogan, Emma Moore, Brent Peabody, Margaret Seymour, and Kayla Williams, *New York State Minority Veteran Needs Assessment*, Washington, D.C.: Center for a New American Security, 2020.