



THE NATIONAL CATHOLIC BIOETHICS CENTER

600 REED ROAD, SUITE 102, BROOMALL, PA 19008 (215) 877-2660 (215) 877-2688 FAX NCBCENTER.ORG



August 30, 2025

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

Re: Proposed Rule - Department of Veterans Affairs, 38 CFR Part 17. RIN 2900-AS31 [*Proposal*]¹

Dear Secretary Lieberman:

On behalf of The National Catholic Bioethics Center, The Catholic Medical Association, The National Association of Catholic Nurses, USA, and The National Catholic Partnership on Disability, we write to support your *Proposal* to reinstate the full exclusion on abortions and abortion counseling from the Veterans Administration (VA) medical benefits package, which was removed in 2022. We also support the reinstatement of the exclusions on abortion and abortion counseling for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) that were removed in 2022, and the removal of the unnecessary exclusion which would allow an exception for protecting the life of the mother. As we will indicate, abortion does not represent a necessary “treatment” to save the life of the mother.

The National Catholic Partnership on Disability (NCPD) works with dioceses, parishes, ministers, and laity to promote the full and meaningful participation of persons with disabilities in the life of the Church. It promotes this ever-evolving mission to renovate and sustain ministry to-and-with all people with disabilities and their families, advocating for policies that respect the life, full dignity, and inclusion of all persons, especially those with varying abilities. It is a statistical fact that unborn children diagnosed with disabilities are very frequently the victims of abortion. Estimates suggest that 67% to 90% of pregnancies diagnosed with Down syndrome end in abortion, with similarly high rates for other conditions like spina

¹ 38 CFR Part 17, 2025-14687 (90 FR 36415).

bifida and Trisomies 13 and 18.² The Interim Final Rule of September 9, 2022,³ which this *Proposal* could remedy, clearly is not only a violation of human life, but also the human right to non-discrimination. The federal government should not be a perpetrator of such violations of rights.

The Catholic Medical Association (CMA) has over 3,000 physicians and allied health members nationwide. CMA members seek to uphold the principles of the Catholic faith in the science and practice of medicine—including the belief that every person’s life, physical, psychological, and spiritual integrity, and conscience and religious freedoms, should be protected. The CMA’s mission includes defending its members’ right to provide care to address the best interest of their patients, and in so doing follow their consciences and Catholic teaching within the physician/professional-patient relationship. Members engage in this ministry of health within numerous secular organizations, including the VA and CHAMPVA systems. Many health care professionals select health care environments that allow them to practice in environments, and associate with professionals, that respect their values that perpetuate a respect for human life and dignity. The Veterans Administration already has documented shortages of healthcare professionals.⁴ This can only be further escalated if physicians choose to practice in other environments protective of unborn human life.

The National Catholic Bioethics Center (NCBC) is a faith-based organization engaged in bioethics publication, education and consultation to thousands of persons seeking its services. It has a membership of 510 members, representing individuals, dioceses, parishes, health care corporations, educational institutions, among many others. Thus, the impact on membership far exceeds the official number of members. Through our services, increasingly we are made aware of challenges families face with unplanned and crisis pregnancies. When provided with the resources that support families and the life of their unborn child, they often choose life.⁵ If their insurance provider, be it VA, CHAMPVA, or other insurers, promotes the termination of unborn life as a financially supported option, the devaluation of the unborn child is a direct outcome. Furthermore, health care professionals who provide care through these same health care systems face the challenges identified under CMA, above.

The National Association of Catholic Nurses, USA (NACN-USA) is a non-profit organization of nurses from different backgrounds and specialties. NACN-USA shares the ministry of Catholic Nursing which advocates for human rights of vulnerable populations, the most significant being the right to life of an unborn child.

² Mary O’Callaghan, *Teaching human Dignity Prenatal Diagnosis & Disability Selective Abortion: An Expert Guide*, McGrath Institute for Church Life (University of Notre Dame, 2019).

³ [87 FR 55288](#).

⁴ The *OIG Determination of Veterans Health Administration’s Severe Occupational Staffing Shortages Fiscal Year 2023* report indicates that such facilities demonstrate a 19 percent increase of staffing shortages throughout VHA. See, U.S. Dept. of Veterans Affairs, Office of Inspector General, “Review of Veterans Health Administration Reproductive Health Services,” *National Review* (Sept. 28, 2023). <https://www.vaoig.gov> › VAOIG-22-03931-226.

⁵ Andrea Picciotti-Bayer, Counsel of Record the Catholic Association Foundation, In *National Institute of Family and Life Advocates, dba NIFLA, et al., Petitioners, v. Xavier Becerra, Attorney General of California, et al., Respondents*. On Writ of Certiorari to the United States Court of Appeals for the Ninth Circuit. Brief of 13 Women and the Catholic Association Foundation as amici curiae in support of petitioners. <https://nifla.org/decisions-decisions-why-women-choosing-life-is-so-important/>.

Through prayer, leadership, fellowship, education, and the formation of conscience, we strive to imitate Jesus Christ and His teachings. Our members endorse the dignity and sanctity of all human life from conception to natural death, and the innate dignity of all human beings, born or unborn. As professionals directly involved with patients and their family members facing unplanned or crisis pregnancies, the impact of providing abortion as a “remedy” for their complex needs, has lasting implications for not only the unborn baby, but his/her parents.⁶ The federal government should not be a party to creating such a false remedy with its lasting consequences. Furthermore, there is a national nursing shortage, and being among settings willing to engage in this false remedy of abortion will compound that for the VA.⁷

No Legal Foundation

As the *Proposal* indicates, the Interim Final Rule of September 9, 2022⁸ was promulgated reflecting an inconsistency with existing statutory provisions of section 106 of the *Veterans Health Care Act* of 1992 (VHCA), Public Law 102-585. Such provisions were not reversed in 1999 when VA established the medical benefits package.⁹ Until September 8, 2022, VA's “medical benefits package” did not authorize abortion interventions because they were not “needed” medical services. In fact, for decades, VA had consistently interpreted abortion interventions as not “needed” medical services.¹⁰ Similarly, despite the provisions of the Interim Final Rule of September 9, 2022, CHAMPVA was never authorized to provide for abortion coverage except to include the unnecessary provision to protect the life of the mother.¹¹

Similarly, other federally funded medical procedures consistently have excluded most abortions, most notably through the Hyde Amendment.¹² The Amendment provides for funding restrictions which Congress has regularly included in the annual appropriation acts (e.g., funding Medicaid and Medicare), for programs under the Departments of Labor, Health and Human Services, and Education, and related agencies. While not applied to VA and CHAMPVA programs, the Hyde Amendment represents the federal government's respect for not forcing taxpayers to fund abortions. Additionally, Tricare, the health insurance program administered by the United States Department of Defense (DoD) that provides medical coverage to active-duty military members, retirees, and their families, prohibits the federal

⁶ Editorial Staff, “How Does Abortion Affect Mental Health? Does It Have an Impact?” American Addiction Centers, Laguna Treatment Center (Dec. 6, 2024). <https://lagunatreatment.com/support-for-women/mental-health-abortion/>. Also, National Health Service (UK), “Complications of An Abortion” (Dec. 4, 2024). <https://www.nhs.uk/tests-and-treatments/abortion/risks/>.

⁷ Sarah DiGregorio, “Meet the Organizers Trying to Fix a Shortage of Abortion Nurses” (Aug 28, 2024). <https://rewirenewsgroup.com/2024/08/28/meet-the-organizers-trying-to-fix-a-shortage-of-abortion-nurses/#:~:text=In%20fact%2C%20McLemore%20said%20actions,assistants%2C%20doulas%2C%20and%20EMTs.>

⁸ [87 FR 55288](#).

⁹ See 38 CFR 17.38(c)(1).

¹⁰ From 1999, when VA established the medical benefits package in 17.38 of [title 38, Code of Federal Regulations](#) (CFR) until September 8, 2022, VA's “medical benefits package” did not authorize abortion services because they were not “needed” medical services under section 1710 of title 38 of the United States Code (U.S.C.). For decades, VA had consistently interpreted abortion services as not “needed” medical services and therefore not covered by the medical benefits package. See, *Proposal*, FN 1.

¹¹ [8 CFR 17.272\(a\)\(64\)](#) and [\(65\)](#).

¹² P.L. 117-103. Div. H, §§ 506–507.

funding of most abortions.¹³ While both the Hyde Amendment and Tricare provide for abortion purportedly to save the life of the mother, and in cases of rape and incest, these exceptions are unwarranted, as will be addressed, herein.

The Supreme Court of the United States, in overturning *Roe v Wade*,¹⁴ has ruled in *Dobbs v. Jackson Women's Health Organization (Dobbs)*, that there is no federal constitutional right to abortion, returning the authority to regulate or ban abortion to individual states.¹⁵ The government funding of abortion clearly represents a "regulation" of abortion. Thus, there should be no federal funding of abortion. However, in what could be considered an attempt to circumvent the *Dobbs* decision, the U.S. Department of Veterans Affairs issued a rule removing the longstanding abortion and abortion counseling exclusions from medical benefits packages under the VA and CHAMPVA.¹⁶

The VA made the false claim that: "... State bans and restrictions on abortion present a serious threat to the health and lives of over one hundred thousand veterans and CHAMPVA beneficiaries who currently rely, or may rely in the future, on VA health care."¹⁷ However, data supports that only 140 VA and CHAMPVA beneficiaries have utilized the abortion option.¹⁸ Thus, there is no prevailing government interest in forcing the funding of abortion by many people of conscience of the United States, who absolutely oppose their tax dollars being used for this purpose, by providing abortion and abortion coverage by VA of CHAMPVA.

Unsubstantiated and Legally Unsupported Exceptions

Previous provisions of federal support for abortion were never warranted and since the *Dobbs* decision are not legally supported. As stated earlier, the U.S. Supreme Court has returned the regulation of abortion back to the states. Congressional appropriations for the federal funding of abortion clearly constitute federal regulation. Parallel federal legislation, precluding the use of federal dollars for most abortions, supports this.¹⁹ In January 2025, President Trump began advancing this *Proposal* through the VA and signed an executive order to reverse Biden-era enabling the federal funding of abortion, "Enforcing the Hyde Amendment."²⁰ Questions have been raised, both legally and clinically, concerning the appropriateness for the federal funding of abortion, even in cases of protecting the life of the mother, or in cases of rape, or incest.

- Life of the Mother

Abortion, understood as a direct action which is deliberately intended to end the life of an unborn child, is not a necessary "treatment" to save the life of the baby's mother; in fact, it directly kills her unborn child.

¹³ [32 CFR 199.2\(b\)](#) and [32 CFR 199.4\(e\)\(2\)](#).

¹⁴ 410 U.S. 113 (1973).

¹⁵ 597 U.S. 215 (2022).

¹⁶ 38 CFR Part 17.

¹⁷ *Op cit.*, [87 FR 55288](#), "VIII. Regulatory Requirements, B. Administrative Procedure Act."

¹⁸ *Op cit.*, 38 CFR Part 17, 2025-14687 (90 FR 36415), Footnote 2.

¹⁹ *Further Consolidated Appropriations Act, 2024* (Pub. L. No. 118-47)

²⁰ U.S. President. "Enforcing the Hyde Amendment, E.O. 14182." Federal Register 90, no. 20 (January 31, 2025): 8751-8752.

Protecting the life of the mother through the treatment of an ectopic pregnancy, a miscarriage, or other complications of pregnancy does not necessarily constitute “abortion.”²¹ Furthermore, reputable data suggests that exceptions for allowing federal funding of abortion to save the life of the mother are unwarranted. A survey of more than 2.4 million abortions on women performed by the states of Florida, Louisiana, Minnesota, Nebraska, South Dakota and Utah during the years 1996 to 2020 indicate that 1.14% of abortions are done to save the life or physical health of the mother.²² For decades we have known, despite erroneous claims, such situations are virtually non-existent. As far back as 1981, former Surgeon General of the United States Dr. C. Everett Koop has said “The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be nonexistent.”²³

Other health care professionals have documented this same fact, differentiating abortion from life-affirming care. *The Women’s Healthcare Declaration* brought together a coalition of health care professionals and policy leaders urging for a restoration of healthcare for women, especially surrounding pregnancy, pregnancy complications, and state laws. The *Declaration* calls for accurate information impacting patients, policy and the law concerning medical standards of care for pregnant women and women facing miscarriage, ectopic pregnancy, an incomplete abortion, or any other life-threatening condition related to pregnancy. Please note one of the signatories is the Catholic Health Care Leadership Alliance, of which CMA and NCBC are members.²⁴ Furthermore, this *Declaration* represents an excellent resource documenting that the life of the mother can be protected without a direct abortion.²⁵

The history of the implementation of the *Emergency Medical Treatment and Labor Act (EMTALA)*²⁶ demonstrates the fallacy that abortion is a necessary “treatment” to save the life of the mother, despite President Joseph Biden’s executive order mandating its misuse to terminate the lives of unborn children.²⁷ Since *EMTALA*’s promulgation in 1986, Catholic emergency rooms have provided excellent health care to both the mother and baby consistent with the requirements of *EMTALA*. The *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* specifically give direction for those situations where there is a risk to the life of the mother and treatment of the mother will unintentionally cause the death of the unborn child; this treatment is justified and acceptable. Directive 47 of the ERDs states: “Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed

²¹ American Association of Prolife Obstetricians and Gynecologists, “AAPLOG Statement: Clarification of Abortion Restrictions,” *Integrity in Medicine* (July 14, 2022). https://aaplog.org/aaplog-statement-clarification-of-abortion-restrictions/#_edn2

²² Human Life International Staff, “Why Women Abort,” *Human Life International* (May 5, 2021). <https://www.hli.org/resources/why-women-abort/>

²³ Everett Koop, M.D., former U.S. Surgeon General. “How Often is Abortion Necessary to ‘Save the Life of the Mother’?” October 19, 2012, at <https://www.nrlc.org/archive/abortion/pba/HowOftenAbortionNecessarySaveMother.pdf>.

²⁴ *Women’s Healthcare Declaration* (October 22, 2024). <https://womenshealthmatters.org/>.

²⁵ John A. Di Camillo and Josef D. Zalot “Medical Interventions in Light of *Dobbs*,” *Ethics & Medics* 47:8 (August 2022). https://static1.squarespace.com/static/5e3ada1a6a2e8d6a131d1dcd/t/62fd2714a7bfe76313e74b48/1660757780241/E%26M_August_22_publish.pdf.

²⁶ 42 U.S.C. § 1395dd.

²⁷ Exec. Order No. 14,076, 87 Fed. Reg. 42,053 (July 8, 2022).

until the unborn child is viable, even if they will result in the death of the unborn child.”²⁸ In fact, such procedures do not constitute an abortion, as cited, above. Furthermore, *EMTALA* unambiguously requires the protection of the life and health of an unborn child, mandating stabilizing care for, “...a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to result in—(i) placing the health of the individual (*or, with respect to a pregnant woman, the health of the woman or her unborn child*) in serious jeopardy”²⁹ [Emphasis added]

Thus, federal law mandates that every effort be made to save the life of both the mother and her unborn child. Again, a “life exception” in VA and CHAMPVA health care policy, thus allowing and federal funding of abortion is not only unnecessary, but inconsistent with *EMTALA*, as well as the *Dobbs* decision as previously cited. Thus, even the CHAMPVA provision, prior to 2022, that provided funding of abortion for the life of the mother, would be virtually impossible to justify, even though medical certification of need is required.³⁰ However, if such a “life” provision is reinstated, the requirement for medical certification should also be retained.

- Rape and Incest

A society that punishes the victim for the offense of the perpetrator is an unjust society. Killing an unborn child, one of the two victims of rape or incest, because of the action of the father is not only unthinkable but destructive to the very fabric of society. Both victims of these actions, the mother and her unborn child, must be provided with every necessary resource to overcome this tragedy. The aforementioned study of *Why Women Abort* indicates that only 0.14% of abortions are procured for rape or incest.³¹ For the government that represents all the people of the United States to fund such an unjust remedy to these horrific actions perpetuates an injustice. Clearly, there is no prevailing government interest in forcing the funding of abortion by many people of conscience of the United States who absolutely oppose their tax dollars being used for this purpose. Furthermore, as it already has been cited, *Dobbs* precludes the federal government from regulating abortion, and developing implementing policies for its funding also should be precluded.

Conclusion

The National Catholic Bioethics Center (NCBC), The Catholic Medical Association (CMA), The National Association of Catholic Nurses, USA (NACN-USA), and The National Catholic Partnership on Disability (NCPD) thank you for this opportunity to impact just public policy for mothers and babies cared for by the

²⁸ U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*. 6th Ed. (2018). N. 47.

²⁹ 42 U.S.C. §1395dd(e)(1)(A) (emphasis added).

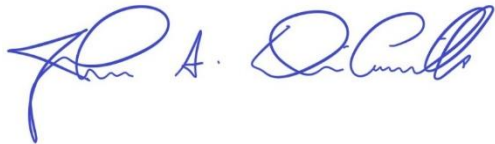
³⁰ CHAMPVA, *CHAMPVA OPERATIONAL POLICY MANUAL*, “Abortions” (Nov. 29, 1973) Chapter 2, Section 14.2, Title Abortions, IV., Policy E. CFR 17.270(a) and 17.272(a).

[https://www.vha.cc.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001036/content/554400000009000/021402-ABORTIONS#:~:text=2.,required%20for%20non%2Dcovered%20abortions.&text=EXCLUSION\(S\)-,A.,gestation%20were%20carried%20to%20term.](https://www.vha.cc.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001036/content/554400000009000/021402-ABORTIONS#:~:text=2.,required%20for%20non%2Dcovered%20abortions.&text=EXCLUSION(S)-,A.,gestation%20were%20carried%20to%20term.)

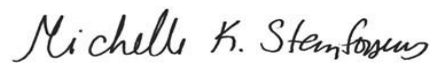
³¹ *Op cit.*, Human Life International Staff.

Veterans Administration (VA) and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). We write to support your *Proposal* to reinstate the full exclusion on abortions and abortion counseling from VA medical benefits package, which was removed in 2022. We also support the reinstatement of the exclusions on abortion and abortion counseling for CHAMPVA that were removed in 2022, and to remove the unnecessary exclusion for protecting the life of the mother.

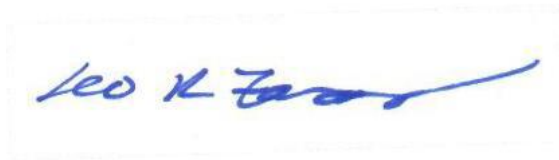
Sincerely yours,



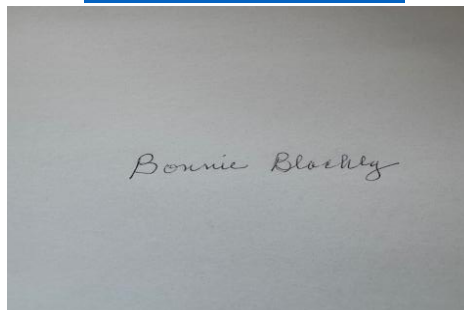
John A. Di Camillo, PhD, BeL
President, The National Catholic Bioethics Center
600 Reed Road, Suite 102
Broomall, PA, USA 19008
(USA) 215-677-2660
jdicamillo@ncbcenter.org



Michelle Stanford, MD
President, The Catholic Medical Association
550 Pinetown Road, Suite 205
Fort Washington, PA, USA 19034
(USA) 484-270-8002
dickerson@cathmed.org



Leo Zanchettin
Chair, Board of Directors
The National Catholic Partnership on Disability
415 Michigan Avenue, N.E, Suite 95
Washington, D.C. USA 20017
(USA) 202-529-2933
lrz@wau.org



Bonnie Blachly, MN, BSN, RN, CEOLD
President
The National Association of Catholic Nurses, USA
450 State Road 13, North-Suite-106 Box 124
St. Johns, FL 32259
<https://nacn-usa.org/contact-us/>

Encl: "Medical Interventions in Light of *Dobbs*."