



Impacting Reproductive
Care Worldwide

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October 11, 2022

The Honorable Dr. Shereef Elnahal
Under Secretary for Health Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Re: RIN 2900-AR57-Reproductive Health Services

Dear Dr. Elnahal:

On behalf of the American Society for Reproductive Medicine (ASRM), I write in strong support of the Department of Veterans Affairs' (VA) interim final rule (IFR) *Reproductive Health Services, 87 Fed Reg 55287*, that will allow VA to provide abortion counseling and, in some cases, abortions, to pregnant veterans and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) beneficiaries the VA IFR.

Access to abortion care is essential to every person's physical and emotional health, especially at a time when the national landscape is skewing increasingly towards restricting or rendering totally unavailable reproductive healthcare. ASRM's approximately 8,000 distinguished members, which include obstetricians and gynecologists, urologists, mental health professionals, and others, represent more than 100 countries and impact and inform all aspects of reproductive care and science worldwide. Our focus is on serving both our members, our patients, and the children born as a result of assisted reproductive technologies.

This rule is long overdue. Even before the *Dobbs* decision, Veterans have long struggled to access abortion care as VA has not permitted abortions and abortion counseling in its program under any circumstances. This health barrier has long harmed our Veterans and denied many the standard of care they expect from the VA. Providers must rely upon their expertise and medical judgment to determine the treatments indicated for each clinical situation and level of care. Shared decision-making in the clinician-patient relationship is fundamental and political interference in the patient/physician relationship is something ASRM will always oppose. The VA IFR recognizes that the practice of medicine is complex and requires individualization. There are many reasons why someone might need an abortion, all of which are valid.

Restricting access to abortion care can lead to harmful consequences to one's physical and mental health and otherwise threaten one's well-being. As the Department recognizes, Veterans are at greater risk of pregnancy-related complications due to increased rates of chronic health conditions. Restrictions on reproductive health care also threaten Veterans' economic security. Female Veterans are already more likely to live in poverty than their male counterparts, and trans-Veterans are more likely to live in poverty than their cisgender peers. Everyone,



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including those who put their lives on the line for this nation, should be able to access abortion care, no matter why they need it or where they obtain their care.

Attached, you will find testimony ASRM member Dr. Ginny Ryan’s testimony before the U.S House Committee on Veterans’ Affairs in a hearing on September 15, 2022, that focused on “examining women Veterans’ access to the full spectrum of medical care, including reproductive healthcare, through the Department of Veterans Affairs (VA) Veterans Health Administration (VHA).” Dr. Ryan testified in her capacity as a reproductive endocrinologist and infertility specialist with years of experience in providing infertility care to Veterans and their families. During this hearing, Dr. Ryan said it best:

“The recently released VA interim final rule on September 2nd removes the ban on abortion care or abortion counseling and allows for access in cases of rape and incest, and to protect the health and life of the pregnant person.¹ With the chaotic landscape of abortion changing by the minute, it’s essential that VA’s final rule on reproductive health care ensures that all Veterans can seamlessly access abortion care.”

As part of her expert testimony, Dr. Ryan also shared her experience studying the disproportionately high rates of sexual assault experienced by Veterans and the correlation between sexual assault, PTSD, and reproductive disorders. Denying Veterans who have already faced sexual trauma the additional indignity of denial of care fails to meet medical standards of care and should not be the policy of the VA. Abortion is part of reproductive health care, and Veterans are long overdue to have access to counseling for all reproductive health care services. ASRM urges the VA to continue to build on this progress work to ensure that Veterans can seamlessly access full coverage of abortion care and reproductive care.

We thank you for your attention to this issue and look forward to working together to ensure that our Veterans and their families have full access to the health care that they deserve. If you have any questions, don't hesitate to get in touch with Sarah Bogdan, Director of Government Affairs, at sbogdan@asrm.org.

Sincerely,

Sean Tipton
Chief Advocacy and Policy Officer
American Society for Reproductive Medicine
@seantipton

¹ (Department of Veterans Affairs, 2022)

Written Statement of Ginny Ryan, MD, MA

American Society for Reproductive Medicine

U.S. House of Representatives

House Committee on Veterans' Affairs

Full Committee Hearing

Examining women veterans' access to the full spectrum of medical care, including reproductive healthcare, through the Department of Veterans Affairs (VA) Veterans Health Administration (VHA)

September 15, 2022

Chairman Takano, Ranking Member Bost, and distinguished members of the Committee, thank you for the opportunity to testify on behalf of my patients and their families.

I am here today on behalf of the American Society for Reproductive Medicine and in my personal capacity as a physician, researcher, and ethicist. My name is Dr. Ginny Ryan, and I am a reproductive endocrinologist and the Division Chief for Reproductive Endocrinology and Infertility in the Department of Obstetrics and Gynecology at the University of Washington School of Medicine in Seattle. Since June 2021, I have also been employed at the Puget Sound VA in Seattle to provide Reproductive Endocrinology and Infertility care and help evaluate requests and manage questions around Directive 1334, which is the policy that defines access to in vitro fertilization (IVF) services for Veterans who are unable to have children as a result of their service-connected condition. ¹ From 2015 to 2020, I worked as a clinician and researcher at the Iowa City VA and also with the VA Central Office helping the VA expand their infertility care program to include care for non-Veteran spouses and IVF treatment for service-connected Veterans. I believe I've been one of only two Reproductive Endocrinology and Infertility subspecialty-trained physicians employed by the VA since 2015.

The views expressed in this testimony are my own and do not necessarily reflect the official policy or position of the University of Washington Medical Center, the Veterans Health Administration (VHA), or the United States Government.

I first became interested in studying reproductive health in and providing direct care for Veterans when I collaborated on a study of women Veterans and lifetime sexual assault. In that study of 1004 women Veterans in the Midwest, a remarkable 62% had experienced attempted or completed sexual assault in their lifetime and this trauma was associated not unexpectedly with sexually transmitted infection and PTSD as well as with higher rates of lifetime infertility and post-partum depression. Perhaps most remarkably, one in four of the Veterans who had experienced completed sexual assault reported that they had delayed having a family or decided against it because of their rape. This struck me as the most tragic part of this terrible story.

Because of these Veterans and their experiences, I became very interested in better understanding the connection between the all-too-common trauma that our military service people experience during and outside of their service, and later reproductive outcomes, especially infertility. A five-year follow-up study by our team of 3018 women and men Veterans from around the country consistently revealed significantly higher-than-average rates of infertility in Veterans than numbers seen in community

¹(Fertility Evaluation and Treatment, 2019)

samples.² For example, half of both women and men Veterans we surveyed reported no pregnancy after twelve months of unprotected sex, whether or not they were trying to get pregnant. Two in five women Veterans and one in three male Veterans who were trying to get pregnant were unable to do so after twelve months of trying. These remarkably high rates were true for the full population of women and men but appear to be a particular problem for those with PTSD and greater toxic environmental exposures during service. We are just beginning to understand all the elements of military service and a Veteran's lifetime experience that may predispose our Veterans to such high rates of infertility.

As I had the opportunity to see women Veterans for reproductive care at the VA and in the community, it became increasingly concerning to me that my patients were suffering from high rates of infertility and too frequently not receiving the seamless, comprehensive reproductive health care that they need and deserve. Indeed, they face roadblocks at every turn. It is difficult to pick just a few patient stories to highlight in my allotted time, as I can find examples every week of patients exhausted and discouraged by structural issues and unfair rules. There are disparities and inequities that affect every one of our military members and Veterans. I hope that hearing some of their stories today will start us on a path towards bridging some of those gaps in care.

There is the married quadruple amputee I cared for in Iowa whose testicles were irreparably damaged by the IED that took away his limbs and yet he didn't qualify for IVF or any care for his wife in their infertility journey because he didn't have any viable sperm remaining to be used.

There is the Veteran couple who navigated the system and successfully underwent an IVF cycle for service-connected infertility but then received multiple bills for their care and were sent to collection, which impacted their credit score and ability to buy a house, all because of a breakdown in communication between Community Care and the local clinic.

There is the 40-year-old fighter pilot hero who has not only been stationed apart from her husband but unable to take the time from her flight duties to get pregnant until her separation from service and is now facing age-related infertility. Yet she does not qualify for coverage for needed IVF because age is not a service-connected disability.

There is the woman Veteran I saw last week with her trans woman partner whose sperm counts are diminished due to gender-affirming hormone therapy forced to pay for and use anonymous donor sperm rather than having a fully genetically related child through IVF because they are not legally married and gender incongruity is not a service-connected disability.

There is the woman with severe intra-abdominal scarring who is willing to risk her health and life to undergo another surgery to try to reverse her tubal ligation because that is paid for by the VA but the much safer and more effective option of IVF treatment is not.

There is every woman whose polycystic ovarian disease or endometriosis or fibroids or tubal infection was undiagnosed during their military service, leaving them unable to access the full spectrum of infertility care they need because they were not disability rated for these diseases during VA-enrollment.

As America's largest integrated health care system providing care for nine million enrolled Veterans, the VHA is expected to provide the most current standard of care to Veterans experiencing any disease. Infertility is a disease, and just like any other disease, the VHA should provide access to full-spectrum care to help all Veterans who may struggle to build their family. And women of reproductive age are the

² (MD, Mengeling, Holcombe, & Ryan, 2022)

fastest growing subset of new VA users. For many such as those whose stories I shared, the ability to become a parent hinges on access to affordable IVF and care for their non-Veteran partners. The current coverage limits in the VA healthcare system are discriminatory, unnecessarily complex, and onerous. They require an unnecessarily complex and expensive system of checks and balances that guard against fraud that doesn't exist. And they ultimately perpetuate the status quo of inadequate reproductive health care for Veterans within the VA system.

I am also deeply concerned as a women's health care provider and a former abortion provider that accessible abortion care is not a part of reproductive health care at the VA. Abortion care is reproductive health care and every person should have the right to decide whether, when, and how they become a parent. This is vital to showing our Veterans the respect they deserve and helping them and their families to flourish. No Veteran should have to cobble their reproductive health care together piece by piece, not knowing where they can access which aspect of their care legally, affordably, and without judgment.

The recently released VA interim final rule is a step in the right direction, removing the ban on abortion care or abortion counseling and allowing for access in cases of rape and incest, and to protect the health and life of the pregnant person.³ With the chaotic landscape of abortion changing by the minute, however, it's essential that VA's final rule on reproductive health care ensures that all Veterans can seamlessly access abortion care.

The *Dobbs* decision created a national crisis, especially for Veterans already restricted in accessing abortion care. My patients' fear has only heightened since June, as they face state restrictions and rapidly changing bans which are confusing and anxiety-provoking for anyone who may become pregnant. Patients who had previously decided to face all the challenges related to bringing a child into the world are now taking an about-face in the current climate.

Every patient and their story stays with you. There are hard-fought successes that shouldn't have been so hard-fought. But the ones you remember longest are those you wish you could have helped more, had services been more available and systems more functional. Today, you all have the chance to help us help our patients change their lives for the better by removing the roadblocks they face. Our Veterans know what they need to survive and thrive and we are here as researchers and health care providers to get them there, with your support.

Thank you again for this opportunity to testify – and thank you for taking steps towards better serving our Veterans who have given so much to this country.

Respectfully Submitted,

Ginny Ryan, MD, MA

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³ (Department of Veterans Affairs, 2022)