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-AR57)

Dear Steven Lieberman, Acting Under Secretary for Health:

As organizations committed to protecting and expanding abortion access for all people, including service members, veterans, and their family members, we strongly oppose the U.S. Department of Veterans Affairs' (VA) proposed rule on Reproductive Health Services. This proposed rule would eliminate comprehensive pregnancy options counseling, which includes abortion counseling, and severely restrict essential abortion care for veterans and their family members, which is particularly devastating in light of the ongoing reproductive health care crisis. Access to abortion is critical to veterans' freedom to make decisions about their health and well-being, and this proposed rule takes away veterans' autonomy and freedom over their bodies, lives, and futures, and jeopardizes their long-term health and well-being.

As a part of this country's commitment to providing for the needs of veterans after they leave the military, Congress has directed VA to furnish "hospital care and medical services which the Secretary determines to be needed" to veterans who meet a specific list of eligibility criteria.[1] These determinations are called the "medical benefits package."[2] VA regulations, in turn, provide that care is included in the medical benefits package "if it is determined by appropriate health care professionals that the care is needed to promote, preserve, or restore the health"[3] of the veterans they serve. VA's responsibility to provide care that promotes, preserves, or restores the health of veterans includes ensuring access to vital comprehensive pregnancy options counseling and abortion services without political interference. Lacking access to abortion and

[1] 38 U.S.C. § 1710(a)(1)–(3).
[2] 38 C.F.R. 17.38(b).
[3] See 38 CFR 17.38(b). For decades, and beginning with the rulemaking that implemented the very first medical benefits package in 1999, VA has interpreted "needed" care to mean "care that is determined by appropriate healthcare professionals to be needed to promote, preserve, or restore the health of the individual and in accord with generally accepted standards of medical practice. The care included in the proposed 'medical benefits package' is intended to meet these criteria." 64 Fed. Reg. 54207-01 (Oct. 6, 1999).

adequate reproductive health services can have profound impacts, including financial insecurity,[4] increased risk of intimate partner violence,[5] and maternal[6] and neonatal deaths.[7] These impacts are disproportionately felt by marginalized communities in the U.S. who have long faced systemic barriers to health care—including Black, Indigenous, and people of color, low-income people, rural populations, LGBTQI+ people, people with disabilities, and immigrants.[8] Those systemic barriers to accessing health care have only been worsened by this administration's withholding of funding from safety net providers,[9] some of whom have had to close health centers as a consequence.[10]

For these reasons, we strongly urge VA to rescind this proposed rule and leave in place the March 2024 Final Rule—which made permanent the September 2022 Interim Final Rule (IFR)—at minimum, which provided for abortion in cases of rape, incest, or where the life or health of the veteran was endangered and abortion counseling to veterans and their loved ones.

I. The proposed rule will only worsen the ongoing abortion crisis, and deepen the barriers veterans and their family members face when trying to access abortion.

Notably, VA provided 88 abortions in the first year the care was offered in the VA medical benefits package,[11] and as VA even references in the proposed rule, an average of 140 beneficiaries obtain abortions through the agency annually.[12] This shows that the September 2022 IFR was effective in its goal to provide coverage for abortion care and counseling for

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[4] Foster, D. G., Biggs, M. A., Ralph, L., Gerdts, C., Roberts, S., & Glymour, M. M. (2022, September). Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *American Journal of Public Health, 112*(9), 1290–1296. https://doi.org/10.2105/ajph.2017.304247r.

[5] Dave, D., Durrance, C., Bilge Erten, Wang, Y., & Wolfe, B. (2025, June). *Abortion Restrictions and Intimate Partner Violence in the Dobbs Era.* https://doi.org/10.3386/w33916.

[6] *Maternal mortality in the United States after abortion bans: Mothers living in abortion ban states at significantly higher risk of death during pregnancy and childbirth*. (2025, April). Gender Equity Policy Institute. https://thegepi.org/maternal-mortality-abortion-bans/.

[7] Gemmill, A., Franks, A. M., Anjur-Dietrich, S., Ozinsky, A., Arbour, D., Stuart, E. A., Ben-Michael, E., Feller, A., & Bell, S. O. (2025, February 13). US Abortion Bans and Infant Mortality. *JAMA, 333*(15). https://doi.org/10.1001/jama.2024.28517.

[8] Bell, S. O., Franks, A. M., Arbour, D., Anjur-Dietrich, S., Stuart, E. A., Ben-Michael, E., Feller, A., & Gemmill, A. (2025, February 13). US Abortion Bans and Fertility. *JAMA*. https://doi.org/10.1001/jama.2024.28527.

[9] *Trump Administration's Withholding of Funds Could Impact 30% of Title X Patients.* (2025, April 8). Guttmacher Institute. https://www.guttmacher.org/2025/04/trump-administrations-withholding-funds-could-impact-30-percent-title-x-patients.

[10] Ollstein, A. M. (2025, April 22). *Clinics begin closing as Trump admin continues freeze on family planning funds.* Politico. https://www.politico.com/news/2025/04/22/clinics-begin-closing-as-trump-admin-continues-freeze-on-family-planning-funds-00302504.

[11] Kheel, R. (2023, October 19). *VA says it performed 88 abortions in the past year, but Congress again threatens subpoenas in pursuit of more details.* Military.com. https://www.military.com/daily-news/2023/10/19/va-says-it-performed-88-abortions-past-year-congress-again-threatens-subpoenas-pursuit-of-more.html.

[12] Reproductive Health Services; Department of Veterans Affairs 2025, 90 Fed. Reg. 36415.

veterans and their loved ones. Alex Ferencz, a veteran, shared how invaluable having access to abortion is for veterans saying:

> Because I'm older, if the VA takes away abortion as an option, I'd not even try [to become pregnant]. Abortion care is an essential part of my pregnancy care needs.
>
> My abortion was integral to my plans after the military. It's given me the ability to go to college and graduate school and pursue a career in social work. All the good I've been able to do in this country is because of my abortion. I went to war to protect the rights of my fellow Americans. And when I pledged the oath, I swore to protect freedom.[13]

The proposed rule would take away this access and place the burden back on veterans and family members to obtain and pay for this care. This is especially detrimental, as hostile states continue to strip away abortion access from their residents and create significant and potentially insurmountable barriers to abortion for veterans and their families.

As VA noted in its September 2022 IFR, the onslaught of state bans and restrictions have created "urgent risks to the lives and health of pregnant veterans and the health of pregnant CHAMPVA beneficiaries in [those] States."[14] According to VA, over 155,000 veterans who may need abortion and rely on VA for health care live in states with abortion bans and restrictions.[15] Women are the fastest growing cohort within the veteran community, and they are projected to make up 18% of all veterans by 2040.[16] Within that group, women of reproductive age between ages 18-44 are the fastest growing subset of new VA users.[17] Further, nearly one in five trans people, many of whom need abortion access, serves in the military or is a veteran.[18] They also serve at almost twice the rate of the general population.[19] Moreover, female veterans are more likely to live in poverty than male veterans,[20] and, similarly, trans veterans are more likely to live

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[13] Alex Ferencz provided this story directly to Planned Parenthood Federation of America in August 2025 for inclusion into this comment letter.
[14] Reproductive Health Services; Department of Veterans Affairs 2022, 87 Fed. Reg. 55288.
[15] Reproductive Health Services; Department of Veterans Affairs 2022, 87 Fed. Reg. 55295.
[16] *Facts and statistics.* (2025, May 9). U.S. Department of Veterans Affairs, Office of Women's Health. https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp.
[17] Gawron, L., Mohanty, A., Kaiser, J., & Gundlapalli, A. (2018). Impact of Deployment on Reproductive Health in U.S. Active-Duty Servicewomen and Veterans. *Seminars in Reproductive Medicine, 36*(06), 361–370. https://doi.org/10.1055/s-0039-1678749.
[18] Military & veterans | A4TE. Advocates for Trans Equality. (2025). https://transequality.org/issues/military-veterans.
[19] Military & veterans | A4TE. Advocates for Trans Equality. (2025). https://transequality.org/issues/military-veterans.
[20] Tsai, J., Mitchell, L., Nakashima, J., & Blue-Howells, J. (2023). Unmet needs of homeless U.S. veterans by gender and race/ethnicity: Data from five annual surveys. *Psychological Services, 20*(1), 149–156. https://doi.org/10.1037/ser0000557; Tsai, PhD, J., Kasprow, PhD, W. J., Kane, MSW, V., & Rosenheck, MD, R. A. (2014, January). National Comparison of Literally Homeless Male and Female VA Service Users: Entry

in poverty than their cisgender peers.[21] Importantly, the September 2022 IFR, made permanent by the March 2024 Final Rule, extended to CHAMPVA beneficiaries and expanded abortion access and counseling for many veterans' loved ones and caregivers.[22] According to VA, nearly 50,000 CHAMPVA beneficiaries who may need abortion live in states with abortion bans and restrictions.[23]

The ongoing abortion access crisis makes the VA's proposed rule especially egregious. Twelve states are enforcing total abortion bans, and four states ban abortion at six weeks.[24] Across the South and Midwest, these bans have decimated abortion access. Without abortion access through VA, many veterans who need this care would be forced to travel to another state to reach a distant clinic. The cost of traveling to obtain care in another state is often prohibitive, especially for people who already face systemic barriers to accessing health care and often do not have financial means.[25] This was the unfortunate reality for many veterans prior to the September 2022 IFR when VA neither provided nor covered abortions—meaning veterans faced unique barriers to care.[26] This crisis will only worsen under the new proposed rule.

II. The proposed rule would deny abortion care and counseling to survivors of sexual assault and those struggling with complex health needs, and does little to protect the lives of veterans and their loved ones.

VA's proposal to strip away abortion care and counseling from survivors of rape and incest, as well as those beneficiaries whose health would be endangered by continuing a pregnancy, is not only cruel but also completely arbitrary. For example, the proposed rule cites abortion coverage restrictions in Medicaid, the Child Health Insurance Program, TriCare, and the Federal Employee Health Benefits Program as consistent with its terms. Yet the proposed rule fails to acknowledge that each one of these federal programs permits abortion access when the pregnancy is the result of rape or incest, let alone justify removing these exceptions here. These other programs also do not explicitly prohibit comprehensive pregnancy options counseling.

Characteristics, Clinical Needs, and Service Patterns. Women Health Issues Journal. https://www.whijournal.com/article/S1049-3867(13)00085-6/fulltext.

[21] Carter, S. P., Montgomery, A. E., Henderson, E. R., Ketterer, B., Dichter, M., Gordon, A. J., Shipherd, J. C., Kauth, M. R., & Blosnich, J. R. (2019, October). Housing Instability Characteristics Among Transgender Veterans Cared for in the Veterans Health Administration, 2013–2016. *American Journal of Public Health, 109*(10), 1413–1418. https://doi.org/10.2105/ajph.2019.305219.

[22] Reproductive Health Services; Department of Veterans Affairs 2022, 87 Fed. Reg. 55296.

[23] Reproductive Health Services; Department of Veterans Affairs 2022, 87 Fed. Reg. 55295.

[24] Center for Reproductive Rights. (2025). *Abortion Laws by State.* Center for Reproductive Rights. https://reproductiverights.org/maps/abortion-laws-by-state/.

[25] Berglas, N. F., Barnes, J. T., Gonzalez, BA, E., Peters, L., & Foster, D. G. (2025, May 2). Changes in Abortion Access, Travel, and Costs Since the Implementation of State Abortion Bans, 2022–2024. *American Journal of Public Health,* e1–e10. https://doi.org/10.2105/ajph.2025.308191.

[26] Walsh, S. (2024, September 17). *A Navy vet opened up to Congress, stirring landmark policy change.* Virginia Center for Investigative Journalism. https://vcij.org/democracy-at-work-vcij/a-navy-vet-opened-up-to-congress-stirring-landmark-policy-change.

VA's reliance on abortion restrictions in other federal programs therefore does not support its proposal to remove the exceptions for rape and incest at VA.

Additionally, the proposed rule's preservation of abortion access in a limited circumstance—"when a physician certifies that the life of the mother would be endangered if the fetus were carried to term"—is a narrow exception that is not explicit in the proposed regulatory text. Indeed, the proposed rule seeks only to make that exception explicit in the regulatory text for the CHAMPVA program, but not the VA medical benefits package. The inconsistency between these two regulations will only create confusion for VA patients and providers alike. If VA truly seeks "the avoidance of doubt" as it claims, it must, at a minimum, codify the life endangerment exception under the medical benefits package.

The evidence is clear, however, that even when abortion exceptions are codified, pregnant patients continue to be denied critical, and sometimes lifesaving, medical care. Providers are forced to prioritize consideration of the potential legal ramifications for providing care—rather than the health of their patient—fearing punishment from state-sanctioned abortion bans.[27] As a result, patients have been denied care or have faced delayed care for complications in a range of situations, including when facing miscarriage or ectopic pregnancies, which can cause serious injury or jeopardize the patient's future reproductive capacity.[28] Hospitals have implemented cumbersome procedures to ensure compliance with vaguely-worded laws, such as requiring multiple providers to sign-off for an emergency abortion and requiring detailed documentation.[29] The American Medical Association has expressed deep concern over the detrimental effects of state abortion bans and the ability of providers to make medically informed decisions for their patients.[30] These barriers are medically unnecessary and can substantially delay care of the pregnant person, putting their life and health and fertility at risk.[31]

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[27] Kimport, K., & Kaller, S. (2025, July 25). Not actively dying: An inductive categorization of obstetric cases negatively affected by post-Dobbs abortion bans. *Contraception*, 111043. https://doi.org/10.1016/j.contraception.2025.111043; Joffe, C., & Kimport, K. (2025, June 10). Caring for Pregnancy-Related Emergencies after Dobbs. *Journal of Women's Health*, 34(6), 754–759. https://doi.org/10.1089/jwh.2024.0589; Weiner, S. (2024, October 22). *Emergency Doctors Grapple with Abortion Bans.* Association of American Medical Colleges. https://www.aamc.org/news/emergency-doctors-grapple-abortion-bans.

[28] *Care Post-Roe: How post-Roe laws are obstructing clinical care.* (2024, September 9). ANSIRH. https://www.ansirh.org/research/research/care-post-roe-how-post-roe-laws-are-obstructing-clinical-care.

[29] Abrams, A. (2022, October 17). *The Fall of Roe v. Wade Has Permanently Changed the Doctor-Patient Relationship.* Time. https://time.com/6222346/abortion-care-after-roe-doctors-lawyers/.

[30] O'Reilly, K. B. (2022, June 14). With abortion under attack, doctors push back on criminalizing care. American Medical Association. https://www.ama-assn.org/delivering-care/population-care/abortion-under-attack-doctors-push-back-criminalizing-care.

[31] *Increased Risk of Maternal Morbidity Associated With Previable and Periviable Preterm Prelabor Rupture of Membranes.* (2025, June). ACOG. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2025/05/increased-risk-of-maternal-morbidity-associated-with-previable-and-periviable-preterm-prelabor-rupture-of-membranes.

The September 2022 IFR made significant progress toward addressing this issue and reinforced the duty of medical professionals to uphold their ethical duty to veterans. Indeed, Dr. Cat Russell, PhD, RN, WHNP-BC, an Army veteran and clinician, emphasized how impactful the expanded coverage from the September 2022 IFR was, noting:

> The current policy at VA recognizes that abortion is health care. It's so important to protect because women and pregnant veterans face numerous barriers to abortion care—and are denied their right to bodily autonomy—simply because of what state they reside in. If we trusted these veterans to protect our nation, we should trust them to know what is best for their health and their future.[32]

This perspective demonstrates that the September 2022 IFR meaningfully eliminated some of the longstanding barriers to accessing abortion.

The proposed rule cruelly rolls back this progress and takes away access to essential abortion care and counseling for veterans and loved ones who not only need this care, but have sacrificed their own health and safety to secure our freedoms.

III. Abortion access is essential to maintaining the health of our veterans, and the proposed rule will only harm the health and well-being of veterans and their loved ones.

Abortion care is essential to the health of our veterans and VA is plainly tasked with ensuring veterans receive the health care they need.[33] Childbirth can have severe health consequences. Each year in the United States, about 700 people die during pregnancy or in the year after.[34] This far exceeds the rate of maternal death in other several high-income countries, with the United States having the highest rate of maternal death.[35] Upwards of 60,000 people each year have unexpected outcomes of labor and delivery with serious short- or long-term health consequences.[36] Women denied abortion services report more life threatening complications and

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[32] Dr. Cat Russell provided this story directly to the National Women's Law Center in August 2025 for inclusion into this comment letter.

[33] Pursuant to 38 U.S.C. Section 1710, the Secretary must provide "hospital care and medical services which the Secretary determines to be needed" to veterans under VA care. As such, the Secretary has authority to determine and amend the scope of care as "needed" including the provision of abortion and abortion counseling.

[34] Maternal Mortality in the United States, 2025. (2025, July). *The Commonwealth Fund.* https://doi.org/10.26099/kdfd-fc19.

[35] Gunja, M. Z., Gumas, E. D., Masitha, R., & Zephyrin, L. C. (2024, June 4). *Insights into the U.S. maternal mortality crisis: An international comparison.* The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison.

[36] Declercq, E., & Zephyrin, L. C. (2021, October 28). Severe Maternal Morbidity in the United States: A Primer. The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternal-morbidity-united-states-primer.

chronic health conditions than those who receive abortion care. These complications include chronic migraines, joint pain, gestational hypertension, eclampsia, and postpartum hemorrhage as well as infertility.[37] Pregnancy is especially dangerous for Black and Native women in the United States: Black women are 3.5 times more likely to experience a pregnancy-related death than white women[38] and Native women more than twice as likely.[39] In addition, veterans of reproductive age, in particular, have high rates of service and combat-related and other complex and chronic medical and mental health conditions that may increase the risks associated with pregnancy.[40] Such conditions include chronic post-traumatic stress disorder, severe hypertension, and chronic renal disease.[41] Being denied an abortion also has negative impacts on people's mental health and is associated with elevated levels of anxiety.[42]

VA's September 2022 IFR provided necessary relief to veterans who needed this care, and made meaningful headway in tackling the abortion access issues veterans in this country face. With the coverage provided in the September 2022 IFR, veterans could rely on their VA medical benefits package to protect their health and life.

In addition, comprehensive pregnancy options counseling, which includes abortion counseling, allows veterans to make informed decisions about their own body, health, and well-being. Lifting the abortion counseling ban ensured that veterans and their loved ones are provided the opportunity to receive counseling on all of their options, have their questions answered, and receive information relevant to whatever options they might choose, as well as receive any referral they request. As VA noted in the September 2022 IFR, abortion counseling "is a

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[37] Committee on Practice Bulletins-Obstetrics (2017, October). Practice Bulletin No. 183: Postpartum Hemorrhage. Obstetrics and gynecology, 130(4), e168–e186. https://doi.org/10.1097/aog.0000000000002351; American College of Obstetricians and Gynecologists, & Society for Maternal-Fetal Medicine (2018, December). Obstetric Care Consensus No. 7: Placenta Accreta Spectrum. Obstetrics and gynecology, 132(6), e259–e275. https://doi.org/10.1097/AOG.0000000000002983; Committee on Practice Bulletins-Obstetrics (2018, September). ACOG Practice Bulletin No. 198: Prevention and Management of Obstetric Lacerations at Vaginal Delivery. Obstetrics and gynecology, 132(3), e87–e102. https://doi.org/10.1097/AOG.0000000000002841; Pharmacologic Stepwise Multimodal Approach for Postpartum Pain Management: ACOG Clinical Consensus No. 1. (2021, September). Obstetrics and gynecology, 138(3), 507–517. https://doi.org/10.1097/AOG.0000000000004517.

[38] Hoyert, D. (2025, February 4). *Maternal mortality rates in the United States, 2023.* Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm.

[39] *Disparities and Resilience among American Indian and Alaska Native People who are Pregnant or Postpartum*. (2023, January 4). Centers for Disease Control and Prevention. https://www.cdc.gov/hearher/aian/disparities.html.

[40] Combellick, J. L., Bastian, L. A., Altemus, M., Womack, J. A., Brandt, C. A., Smith, A., & Haskell, S. G. (2020, April 17). Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans. *Journal of Women's Health (2002), 29*(4), 577–584. https://doi.org/10.1089/jwh.2019.7948.

[41] Shaw, J. G., Asch, S. M., Katon, J. G., Shaw, K. A., Kimerling, R., Frayne, S. M., & Phibbs, C. S. (2017, March 22). Post-traumatic Stress Disorder and Antepartum Complications: a Novel Risk Factor for Gestational Diabetes and Preeclampsia. *Paediatric and Perinatal Epidemiology, 31*(3), 185–194. https://doi.org/10.1111/ppe.12349; Jones, D. C., & Hayslett, J. P. (1996, July 25). Outcome of pregnancy in women with moderate or severe renal insufficiency. *The New England Journal of Medicine, 335*(4), 226–232. https://doi.org/10.1056/NEJM199607253350402.

[42] Worrell, F. C. (2023, April). Denying Abortions Endangers Women's Mental and Physical Health. *American Journal of Public Health, 113*(4), 382–383. https://doi.org/10.2105/ajph.2023.307241.

component of comprehensive, patient-centered, high quality reproductive health care both as a responsibility of the provider and a right of the pregnant veteran."[43] Banning VA providers from comprehensive pregnancy options counseling is cruel and extreme; patients have the right to decide what is best for them.

We firmly oppose the proposed rule which denies veterans the freedom to decide whether to have an abortion, on their own terms, with the information they need.

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As anti-abortion lawmakers continue to decimate abortion access, veterans face significant barriers to care. The significant and well-established evidence, data, and studies included in this comment letter clearly show the hardships veterans and their loved ones continue to face in accessing this care. As mentioned earlier, VA has a core responsibility to provide care if it is medically determined that such care is needed to "promote, preserve, or restore the health"[44] of the veterans it serves. The proposed rule runs counter to this responsibility and dangerously eliminates essential health coverage that veterans and their family members need.

We strongly urge VA to put the health and lives of veterans in this country—including women of color, trans people, and people with disabilities, who face even greater barriers to care—first and foremost, and to work towards fulfilling, rather than undermining, VA's core mission to care for veterans and their family members. For these reasons, VA should rescind the proposed rule and maintain the 2024 Final Rule, at minimum.

Our comments include numerous citations to supporting research, including direct links to the research, for VA's benefit in reviewing our comments. We direct VA to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Signed,

Abortion Action Missouri
Abortion Care Network
Abortion Forward
ACCESS REPRODUCTIVE JUSTICE
Advance Maryland

[43] Reproductive Health Services; Department of Veterans Affairs 2022, 87 Fed. Reg. 55292.
[44] 38 CFR 17.38(b).

Advocates for Trans Equality
Advocates for Youth
All* Above All
American Association of University Women (AAUW)
American Atheists
American Civil Liberties Union (ACLU)
American College of Nurse Midwives - Maryland Affiliate
American Medical Women's Association
Amnesty International USA
Arkansas Black Gay Men's Forum
Autistic Self Advocacy Network (ASAN)
Autistic Women & Nonbinary Network
Bayard Rustin Center for Social Justice
Black Women for Wellness
Black Women for Wellness Action Project
Black Women's Health Imperative
California LGBTQ Health and Human Services Network
Center for Biological Diversity
Center for Reproductive Rights
CenterLink: The Community of LGBTQ Centers
Chicago Abortion Fund
Clearinghouse on Women's Issues
Connecticut Veterans Legal Center
Disability Rights Education and Defense Fund (DREDF)
Doctors for America
Equality California
Equality Florida
Equality Illinois
Equality New Mexico
Families USA
Family Equality
Feminist Majority
Florida National Organization for Women
Greenbelt Alliance for Reproductive Freedom (GARF)
Guttmacher Institute
Human Rights Campaign
Ibis Reproductive Health
Indivisible
Interfaith Voices for Reproductive Justice
Ipas US

Japanese American Citizens League
Joint Action Committee
Justice and Joy National Collaborative
Lawyering Project
League of Women Voters of the United States
Legal Momentum, The Women's Legal Defense & Education Fund
Los Angeles LGBT Center
Maryland National Organization for Women
Modern Military
MomsRising
MoveOn
National Asian Pacific American Women's Forum
National Association of Social Workers
National Council of Jewish Women
National Health Law Program
National Institute for Reproductive Health
National Latina Institute for Reproductive Justice
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
National Women's Political Caucus
New Disabled South
Oregonizers
People Power United
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Institute
Positive Women's Network-USA
Power to Decide
Prairie Abortion Fund
Progress Florida
ProgressNow New Mexico
Public Citizen
Religious Community for Reproductive Choice
Reproductive Freedom for All
Reproductive Justice Maryland
Rocky Mountain Equality
Service Employees International Union (SEIU)
Service Women's Action Network

Sexual Violence Prevention Association (SVPA)
SisterReach, Inc.
State Innovation Exchange (SiX)
State Voices Florida
The National Association of Nurse Practitioners in Women's Health (NPWH)
Transcanwork
Transgender Law Center
Union for Reform Judaism
Vet Voice Foundation
Vote Pro-Choice
VoteVets
Wild West Access Fund
Wisconsin Coalition Against Sexual Assault
Women of Reform Judaism