



February 19, 2019

## Defense Health Primer: Contraceptive Services

The Department of Defense (DOD) operates a Military Health System (MHS) that delivers certain health entitlements under Chapter 55 of Title 10, U.S. Code, to military personnel, retirees, and their families. Basic medical benefits are offered in military treatment facilities (MTFs) and through TRICARE, a health insurance-like program. By law, DOD is required to make contraceptive services available to all female active duty servicemembers. Additionally, these services are extended to all beneficiaries who are eligible for MHS care.

### What contraceptive services does DOD provide?

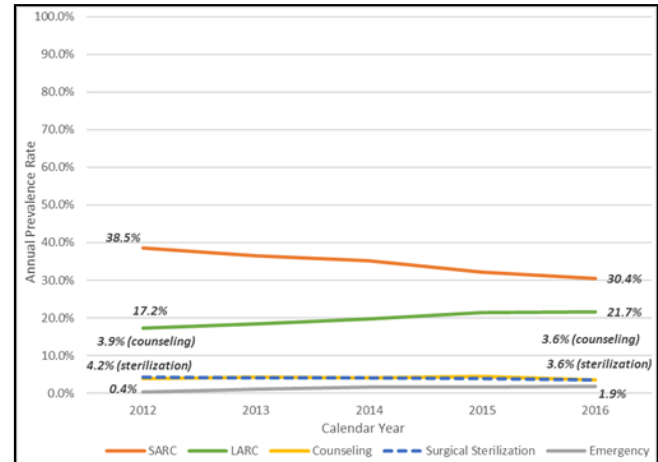
The U.S. Centers for Disease Control and Prevention (CDC) defines contraceptives as medical procedures, products, drugs, or services designed to “minimiz[e] the risk for an unintended pregnancy.” DOD administers counseling and contraception methods in accordance with the CDC’s medical eligibility and selected practice recommendations for contraceptive use. MTFs and TRICARE providers only offer methods of contraception that are recognized by the Food and Drug Administration (FDA). These include:

- *Short-Acting Reversible Contraceptives (SARCs)*: oral contraceptive, patch, vaginal ring, injection;
- *Long-Acting Reversible Contraceptives (LARCs)*: intrauterine device, implantable rod;
- *Barriers*: diaphragm, cervical cap, sponge, male/female condom;
- *Sterilization*: male/female surgical sterilization, permanent implant; and
- *Emergency Contraceptives*: *Plan B/Next Choice*, *Ella*.

Counseling on the methods of contraception is also available through *tele-health*. In general, DOD provides scheduled or just-in-time tele-health services (e.g., secure electronic messaging, video teleconferencing, mobile applications) for clinical specialties such as primary care, family medicine, and obstetrics/gynecology. These services often provide additional opportunities for patient education and counseling, as well as increased access for patients and other health care providers to clinical consultants or specialists that may be located at another MTF. Electronic prescriptions may also be generated through a tele-health appointment and transmitted to an MTF or retail pharmacy for dispensing.

**Figure 1** illustrates contraception use among female active duty servicemembers from 2012-2016. SARCs remained the most prevalent method of contraception. LARC use increased by 4.5% and was most common among those in the Marine Corps (23.6%) and Navy (22.7%), rather than the Air Force (19.5%) or the Army (16.5%).

**Figure 1. Contraceptive Use Among Female Active Duty Servicemembers, 2012-2016**



**Source:** Defense Health Agency, Medical Surveillance Monthly Report, *Contraception Among Active Component Service Women, U.S. Armed Forces, 2012-2016*, Vol. 24, No. 11, November 2017.

**Notes:** DOD did not report prevalence rates for barrier devices or nonsurgical sterilization.

### Patient Costs

Active duty military personnel incur no out-of-pocket costs for contraceptive services. If a servicemember accesses contraceptive services that are not directly provided, referred by a DOD health care provider, or otherwise covered by DOD, then they may be required to pay for those services. Other DOD beneficiaries, including certain members of the reserve component, may be subject to cost-sharing based on their TRICARE health plan, beneficiary category, and type of medical service received.

### Are all contraceptive methods available at every military treatment facility?

Since MTF clinical services vary by facility, they are not required to stock every FDA-approved contraceptive. If a contraceptive is not readily available at an MTF, a referral to another MTF or TRICARE provider is to be provided. Prescriptions may be filled at an MTF, retail, or mail-order pharmacy.

### Are contraceptives available to deployed servicemembers?

Deployed military personnel may also receive prescribed contraceptives (up to 180-day supply) prior to their departure and while in-theater (90-day supply increments) when subscribed to the Deployed Prescription Program (DPP). In-theater military health care providers are

authorized to issue new or renewal prescriptions that would be filled through the DPP.

**Does the Affordable Care Act’s contraception coverage requirement apply to DOD?**

The Patient Protection and Affordable Care Act’s (ACA; P.L. 111-148, §2713) requirement for private and certain employer-based health insurance plans to cover contraceptive services at no cost, does not apply to DOD. However, the Fiscal Year 2016 National Defense Authorization Act (P.L. 114-92, §718) requires DOD to ensure that contraceptive services are available to female servicemembers during health care visits.

**Can DOD provide abortion services?**

DOD is prohibited by 10 U.S.C. §1093 from directly providing or paying for abortion services. In certain instances, DOD health care providers may perform, or its health program may cover, abortion services if the “life of the mother would be endangered if a fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.”

**Are all DOD health care providers trained on the methods of contraception?**

The Defense Health Agency (DHA) and each military service medical department administers its own health care provider training on counseling and the methods of contraception. That training is offered to all DOD health care providers, however, primary care, women’s health, and emergency medicine providers are often the most knowledgeable about contraceptive services. Health care providers certified as sexual assault forensic examiners are required to be trained on emergency contraception counseling and referral procedures for follow-up care.

**Are all DOD health care providers required to provide contraceptive services?**

DOD policies allow for health care providers to *opt-out* of delivering specific health care services if the health care services contradict providers’ own religious or moral beliefs. DOD and military service-specific policies encourage health care providers to register their objections with their respective MTF leadership, disclose objections (related to course of treatment) to their patients, and require a transfer of patient care to another health care provider. MTF and TRICARE providers are also required to “disclose to patients financial arrangements, contractual restrictions, ownership of or interest in healthcare facilities, matters of conscience, or other factors that could influence medical advice or treatment decisions.”

**How does DOD collect data on the use of contraceptive services?**

DOD collects a wide range of administrative and clinical data through its electronic health record systems, including utilization and outcomes data on certain contraceptive services. The MHS reviews individual and population health metrics, monitors epidemiological trends, tracks health care utilization, and implements health care improvement initiatives. Collected data are used to monitor approximately 90 quality measures relating to women’s

health, which are selected by MHS leaders based on recommendations from various health care quality organizations. In 2017, DOD began surveying military personnel during annual periodic health assessments on methods of contraception used. Similar survey questions are included in the 2018 DOD Health Related Behavior Survey of Active Duty Military Personnel.

**Selected Issues for Congress**

Congress may consider legislation to address perceived issues with regard to DOD contraceptive services:

- Lack of standardization in DOD health care provider training plans, requirements, and curricula. DHA and the military services continue to develop their own training policies and lack a standardized plan to train all DOD health care providers on these services.
- Cost-sharing disparities between DOD and health insurance plans subject to ACA. Certain DOD beneficiaries are required to cost-share certain contraceptive services. This contrasts with ACA’s requirement for no cost-sharing of contraceptive services offered by private and certain employer based health insurance plans.
- Inconsistent access and delivery models of contraceptive services across the MHS. Clinic hours, delivery methods (e.g., walk-in clinics, appointment-based clinics, outreach in nonmedical settings), and access policies vary by military service, potentially serving as a barrier to care for DOD beneficiaries.

<p style="text-align: center;"><b>Relevant Statutes and Policies</b></p> <p>10 U.S.C. §1074d – Certain Primary and Preventive Health Care Services</p> <p>10 U.S.C. §1093 – Performance of Abortions: Restrictions</p> <p>Defense Health Agency Interim Procedures Memorandum 16-003 – Clinical Practice Guidelines for Access to Methods of Contraception and Contraceptive Counseling</p> <p>TRICARE Policy Manual 6010.60-M, Chapter 7, Section 2.3 – Family Planning</p>
<p style="text-align: center;"><b>CRS Products</b></p> <p>CRS Report R45399, <i>Military Medical Care: Frequently Asked Questions</i>, by Bryce H. P. Mendez</p> <p>CRS Report R44130, <i>Federal Support for Reproductive Health Services: Frequently Asked Questions</i>, coordinated by Elayne J. Heisler</p>
<p style="text-align: center;"><b>Other Resources</b></p> <p>U.S. Centers for Disease Control and Prevention, <i>CDC Contraceptive Guidance for Health Care Providers</i>, September 18, 2017, <a href="https://go.usa.gov/xEaZ3">https://go.usa.gov/xEaZ3</a></p>

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