

113TH CONGRESS  
2D SESSION

# H. R. 5524

To amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2014

Ms. SPEIER (for herself, Ms. DEGETTE, Ms. SLAUGHTER, Ms. DELAURO, Ms. BROWN of Florida, Mr. RANGEL, Ms. CLARK of Massachusetts, Mr. MCGOVERN, Ms. JACKSON LEE, Mr. GRIJALVA, Ms. DELBENE, Mrs. NAPOLITANO, Ms. MCCOLLUM, Mr. HASTINGS of Florida, Ms. NORTON, Mrs. CAPPs, Ms. CLARKE of New York, Mr. BLUMENAUER, Mr. DEFazio, Ms. LOFGREN, Ms. LINDA T. SÁNCHEZ of California, Mr. LARSEN of Washington, Ms. MOORE, Ms. HAHN, Mr. CARSON of Indiana, Mr. CICILLINE, Ms. LEE of California, Mr. BERA of California, Mr. COHEN, Mr. QUIGLEY, Ms. PINGREE of Maine, Mr. ELLISON, Ms. CASTOR of Florida, Mr. DELANEY, Ms. TSONGAS, Ms. BONAMICI, Mr. LOEBSACK, Ms. MATSUI, Mr. HONDA, Mr. POCAN, Ms. CHU, Mrs. CAROLYN B. MALONEY of New York, Mr. HIMES, Mr. LOWENTHAL, Mr. RUIZ, Mr. KILMER, Mr. PETERS of California, Ms. KUSTER, Ms. BROWNLEY of California, Mr. BISHOP of New York, Ms. ESTY, Ms. SCHAKOWSKY, Mr. TAKANO, Mr. JOHNSON of Georgia, Ms. TITUS, Ms. SHEA-PORTER, Ms. WASSERMAN SCHULTZ, Ms. FUDGE, Mr. SHERMAN, Mr. BRADY of Pennsylvania, and Mr. THOMPSON of California) introduced the following bill; which was referred to the Committee on Armed Services

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## A BILL

To amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to

promote the health and readiness of all members of the Armed Forces, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Access to Contracep-  
5 tion for Women Servicemembers and Dependents Act of  
6 2014”.

7 **SEC. 2. FINDINGS.**

8       Congress makes the following findings:

9           (1) Women are serving in the Armed Forces at  
10       increasing rates, playing a critical role in the na-  
11       tional security of the United States. More than  
12       350,000 women serve on active duty in the Armed  
13       Forces or in the Selected Reserve.

14           (2) Nearly 10,000,000 members of the Armed  
15       Forces (including members of the National Guard  
16       and Reserves), military retirees, their families, their  
17       survivors, and certain former spouses, including  
18       nearly 5,000,000 female beneficiaries, are eligible for  
19       health care through the Department of Defense.

20           (3) Contraception is critical for women’s health  
21       and is highly effective at reducing unintended preg-  
22       nancy. The Centers for Disease Control and Preven-  
23       tion describe contraception as one of the 10 greatest  
24       public health achievements of the twentieth century.

1           (4) Contraception has played a direct role in  
2           the greater participation of women in education and  
3           employment. Increased wages and increased control  
4           over reproductive decisions provide women with edu-  
5           cational and professional opportunities that have in-  
6           creased gender equality over the decades since con-  
7           traception was introduced.

8           (5) Studies have shown that when cost barriers  
9           to the full range of methods of contraception are  
10          eliminated, and women receive comprehensive coun-  
11          seling on the various methods of contraception (in-  
12          cluding highly effective Long-Acting Reversible Con-  
13          traceptives (LARCs)), rates of unintended preg-  
14          nancy decline dramatically.

15          (6) Research has also shown that investments  
16          in effective contraception save public and private  
17          dollars.

18          (7) The 2011 recommendations of the Institute  
19          of Medicine on women’s preventive health services  
20          include recommendations that health insurance plans  
21          cover all methods of contraception approved by the  
22          Food and Drug Administration, sterilization proce-  
23          dures, and patient education and counseling for all  
24          women with reproductive capacity without any cost-  
25          sharing requirements.

1           (8) The recommendations described in para-  
2           graph (7) are reflected in provisions of the Patient  
3           Protection and Affordable Care Act (Public Law  
4           111–148), and thus group and individual health in-  
5           surance plans must provide such coverage. The rec-  
6           ommendations have also been adopted by the Office  
7           of Personnel Management, and thus all health insur-  
8           ance plans that are part of the Federal Employees  
9           Health Benefits Program must provide such cov-  
10          erage.

11          (9) Under the TRICARE program, service-  
12          women on active duty have full coverage of all pre-  
13          scription drugs, including contraception, without  
14          cost-sharing requirements. However, servicewomen  
15          not on active duty, and female dependents of mem-  
16          bers of the Armed Forces, who receive health care  
17          through the TRICARE program do not have similar  
18          coverage of all prescription methods of contraception  
19          approved by the Food and Drug Administration  
20          without cost-sharing.

21          (10) Studies indicate that servicewomen need  
22          comprehensive counseling for pregnancy prevention,  
23          particularly in their predeployment preparations,  
24          and the lack thereof is contributing to unintended  
25          pregnancies among servicewomen.

1           (11) An analysis by Ibis Reproductive Health of  
2           the 2008 Survey of Health Related Behaviors among  
3           Active Duty Military Personnel found a high unin-  
4           tended pregnancy rate among servicewomen. Adjust-  
5           ing for the difference between age distribution in the  
6           Armed Forces and the general population, the rate  
7           of unintended pregnancy among servicewomen is  
8           higher than for the general population.

9           (12) With the integrated use of electronic med-  
10          ical records throughout the Department of Defense,  
11          the technological infrastructure exists to develop  
12          clinical decision support tools. These tools, which are  
13          incorporated into the electronic medical record, allow  
14          for a point-of-care feedback loop that can be used to  
15          enhance patient decisionmaking, case and patient  
16          management, and care coordination. Benefits of clin-  
17          ical decision support tools include increased quality  
18          of care and enhanced health outcomes, improved ef-  
19          ficiency, and provider and patient satisfaction.

20          (13) The Defense Advisory Committee on  
21          Women in the Services (DACOWITS) has rec-  
22          ommended that all the Armed Forces, to the extent  
23          that they have not already, implement initiatives  
24          that inform servicemembers of the importance of  
25          family planning, educate them on methods of contra-

1        ception, and make various methods of contraception  
2        available, based on the finding that family planning  
3        can increase the overall readiness and quality of life  
4        of all members of the military.

5            (14) Health care, including family planning for  
6        survivors of sexual assault in the Armed Forces is  
7        a critical issue. Servicewomen on active duty report  
8        rates of unwanted sexual contact at approximately  
9        16 times those of the comparable general population  
10       of women in the United States. Through regulations,  
11       the Department of Defense already supports a policy  
12       of ensuring that servicewomen who are sexually as-  
13       sailed have access to emergency contraception.

14 **SEC. 3. CONTRACEPTION COVERAGE PARITY UNDER THE**  
15 **TRICARE PROGRAM.**

16        (a) IN GENERAL.—Section 1074d of title 10, United  
17 States Code, is amended—

18            (1) in subsection (a), by inserting “FOR MEM-  
19        BERS AND FORMER MEMBERS” after “SERVICES  
20        AVAILABLE”;

21            (2) by redesignating subsection (b) as sub-  
22        section (d); and

23            (3) by inserting after subsection (a) the fol-  
24        lowing new subsections:

1       “(b) CARE RELATED TO PREVENTION OF PREG-  
2 NANCY.—Female covered beneficiaries shall be entitled to  
3 care related to the prevention of pregnancy described by  
4 subsection (d)(3).

5       “(c) PROHIBITION ON COST-SHARING FOR CERTAIN  
6 SERVICES.—Notwithstanding section 1074g(a)(6) of this  
7 title or any other provision of law, cost-sharing may not  
8 be imposed or collected for care related to the prevention  
9 of pregnancy provided pursuant to subsection (a) or (b),  
10 including for any method of contraception provided,  
11 whether provided through a facility of the uniformed serv-  
12 ices, the TRICARE retail pharmacy program, or the na-  
13 tional mail-order pharmacy program.”.

14       (b) CARE RELATED TO PREVENTION OF PREG-  
15 NANCY.—Subsection (d)(3) of such section, as redesi-  
16 gnated by subsection (a)(2) of this section, is further  
17 amended by inserting before the period at the end the fol-  
18 lowing: “(including all methods of contraception approved  
19 by the Food and Drug Administration, sterilization proce-  
20 dures, and patient education and counseling in connection  
21 therewith)”.

22       (c) CONFORMING AMENDMENT.—Section  
23 1077(a)(13) of such title is amended by striking “section  
24 1074d(b)” and inserting “section 1074d(d)”.

1 **SEC. 4. ACCESS TO BROAD RANGE OF METHODS OF CON-**  
2 **TRACEPTION APPROVED BY THE FOOD AND**  
3 **DRUG ADMINISTRATION FOR MEMBERS OF**  
4 **THE ARMED FORCES AND MILITARY DEPEND-**  
5 **ENTS AT MILITARY TREATMENT FACILITIES.**

6 (a) IN GENERAL.—Commencing not later than 180  
7 days after the date of the enactment of this Act, the Sec-  
8 retary of Defense shall ensure that every military treat-  
9 ment facility has a sufficient stock of a broad range of  
10 methods of contraception approved by the Food and Drug  
11 Administration, as recommended by the Centers for Dis-  
12 ease Control and Prevention and the Office of Population  
13 Affairs of the Department of Health and Human Services,  
14 to be able to dispense at any time any such method of  
15 contraception to any women members of the Armed  
16 Forces and female covered beneficiaries who receive care  
17 through such facility.

18 (b) COVERED BENEFICIARY DEFINED.—In this sec-  
19 tion, the term “covered beneficiary” has the meaning  
20 given that term in section 1072(5) of title 10, United  
21 States Code.

22 **SEC. 5. COMPREHENSIVE STANDARDS AND ACCESS TO**  
23 **CONTRACEPTION COUNSELING FOR MEM-**  
24 **BERS OF THE ARMED FORCES.**

25 (a) PURPOSE.—The purpose of this section is to en-  
26 sure that all health care providers employed by the De-



1 partment of Defense who provide care for women members  
2 of the Armed Forces, including general practitioners, are  
3 provided, through clinical practice guidelines, the most  
4 current evidence-based and evidence-informed standards  
5 of care with respect to methods of contraception and coun-  
6 seling on methods of contraception.

7 (b) CLINICAL PRACTICE GUIDELINES.—

8 (1) IN GENERAL.—Not later than one year  
9 after the date of the enactment of this Act, the Sec-  
10 retary of Defense shall compile clinical practice  
11 guidelines for health care providers described in sub-  
12 section (a) on standards of care with respect to  
13 methods of contraception and counseling on methods  
14 of contraception for women members of the Armed  
15 Forces.

16 (2) SOURCES.—The Secretary shall compile  
17 clinical practice guidelines under this subsection  
18 from among clinical practice guidelines established  
19 by appropriate health agencies and professional or-  
20 ganizations, including the following:

21 (A) The United States Preventive Services  
22 Task Force.

23 (B) The Centers for Disease Control and  
24 Prevention.

1 (C) The Office of Population Affairs of the  
2 Department of Health and Human Services.

3 (D) The American College of Obstetricians  
4 and Gynecologists.

5 (E) The Association of Reproductive  
6 Health Professionals.

7 (F) The American Academy of Family  
8 Physicians.

9 (G) The Agency for Healthcare Research  
10 and Quality.

11 (3) UPDATES.—The Secretary shall from time  
12 to time update the list of clinical practice guidelines  
13 compiled under this subsection to incorporate into  
14 such guidelines new or updated standards of care  
15 with respect to methods of contraception and coun-  
16 seling on methods of contraception.

17 (4) DISSEMINATION.—

18 (A) INITIAL DISSEMINATION.—As soon as  
19 practicable after the compilation of clinical  
20 practice guidelines pursuant to paragraph (1),  
21 but commencing not later than one year after  
22 the date of the enactment of this Act, the Sec-  
23 retary shall provide for rapid dissemination of  
24 the clinical practice guidelines to health care  
25 providers described in subsection (a).

1 (B) UPDATES.—As soon as practicable  
2 after the adoption under paragraph (3) of any  
3 update to the clinical practice guidelines com-  
4 piled pursuant to this subsection, the Secretary  
5 shall provide for the rapid dissemination of  
6 such clinical practice guidelines, as so updated,  
7 to health care providers described in subsection  
8 (a).

9 (C) PROTOCOLS.—Clinical practice guide-  
10 lines, and any updates to such guidelines, shall  
11 be disseminated under this paragraph in ac-  
12 cordance with administrative protocols devel-  
13 oped by the Secretary for that purpose.

14 (c) CLINICAL DECISION SUPPORT TOOLS.—

15 (1) IN GENERAL.—Not later than one year  
16 after the date of the enactment of this Act, the Sec-  
17 retary shall, in order to assist health care providers  
18 described in subsection (a), develop and implement  
19 clinical decision support tools that reflect, through  
20 the clinical practice guidelines compiled pursuant to  
21 subsection (b), the most current evidence-based and  
22 evidence-informed standards of care with respect to  
23 methods of contraception and counseling on methods  
24 of contraception.

1           (2) UPDATES.—The Secretary shall from time  
2           to time update the clinical decision support tools de-  
3           veloped under this subsection to incorporate into  
4           such tools new or updated guidelines on methods of  
5           contraception and counseling on methods of contra-  
6           ception.

7           (3) DISSEMINATION.—Clinical decision support  
8           tools, and any updates to such tools, shall be dis-  
9           seminated under this subsection in accordance with  
10          administrative protocols developed by the Secretary  
11          for that purpose. Such protocols shall be similar to  
12          the administrative protocols developed under sub-  
13          section (b)(4)(C).

14          (d) ACCESS TO CONTRACEPTION COUNSELING.—As  
15          soon as practicable after the date of the enactment of this  
16          Act, the Secretary shall ensure that women members of  
17          the Armed Forces have access to counseling on the full  
18          range of methods of contraception provided by health care  
19          providers described in subsection (a) during health care  
20          visits, including, but not limited to, visits as follows:

21                (1) During predeployment health care visits,  
22                with the counseling to be provided during such visits  
23                emphasizing the interaction between anticipated de-  
24                ployment conditions and various methods of contra-  
25                ception.

1           (2) During health care visits during deploy-  
2           ment.

3           (3) During annual physical examinations.

4           (e) INCORPORATION INTO SURVEYS OF QUESTIONS  
5 ON SERVICEWOMEN EXPERIENCES WITH FAMILY PLAN-  
6 NING SERVICES AND COUNSELING.—

7           (1) IN GENERAL.—Not later than 90 days after  
8           the date of the enactment of this Act, the Secretary  
9           shall integrate into the Department of Defense sur-  
10          veys specified in paragraph (2) questions designed to  
11          obtain information on the experiences of women  
12          members of the Armed Forces—

13                 (A) in accessing family planning services  
14                 and counseling;

15                 (B) in using family planning methods,  
16                 which method was preferred and whether de-  
17                 ployment conditions affected the decision on  
18                 which family planning method or methods to be  
19                 used; and

20                 (C) if pregnant, whether the pregnancy  
21                 was intended.

22          (2) COVERED SURVEYS.—The surveys into  
23          which questions shall be integrated as described in  
24          paragraph (1) are the following:

1 (A) The Health Related Behavior Survey  
2 of Active Duty Military Personnel.

3 (B) The Health Care Survey of Depart-  
4 ment of Defense Beneficiaries.

5 **SEC. 6. EDUCATION ON FAMILY PLANNING FOR MEMBERS**  
6 **OF THE ARMED FORCES.**

7 (a) EDUCATION PROGRAM.—

8 (1) IN GENERAL.—Not later than one year  
9 after the date of the enactment of this Act, the Sec-  
10 retary of Defense shall establish an education pro-  
11 gram for all members of the Armed Forces, includ-  
12 ing both men and women members, consisting of a  
13 uniform standard curriculum on family planning.

14 (2) SENSE OF CONGRESS.—It is the sense of  
15 Congress that the standard curriculum should use  
16 the latest technology available to efficiently and ef-  
17 fectively deliver information to members of the  
18 Armed Forces.

19 (b) ELEMENTS.—The standard curriculum under  
20 subsection (a) shall include the following:

21 (1) Information on the importance of providing  
22 comprehensive family planning for members of the  
23 Armed Forces, and their commanding officers, and  
24 on the positive impact family planning can have on  
25 the health and readiness of the Armed Forces.

1 (2) Current, medically accurate information.

2 (3) Clear, user-friendly information on the full  
3 range of methods of contraception and where mem-  
4 bers of the Armed Forces can access their chosen  
5 method of contraception.

6 (4) Information on all applicable laws and poli-  
7 cies so that members are informed of their rights  
8 and obligations.

9 (5) Information on patients' rights to confiden-  
10 tiality.

11 (6) Information on the unique circumstances  
12 encountered by members of the Armed Forces, and  
13 the effects of such circumstances on the use of con-  
14 traception.

15 **SEC. 7. PREGNANCY PREVENTION ASSISTANCE AT MILI-**  
16 **TARY TREATMENT FACILITIES FOR WOMEN**  
17 **WHO ARE SEXUAL ASSAULT SURVIVORS.**

18 (a) PURPOSE.—The purpose of this section is to pro-  
19 vide in statute, and to enhance, existing regulations that  
20 require health care providers at military treatment facili-  
21 ties to consult with survivors of sexual assault once clini-  
22 cally stable regarding options for emergency contraception  
23 and any necessary follow-up care, including the provision  
24 of the emergency contraception.

1 (b) IN GENERAL.—The assistance specified in sub-  
2 section (c) shall be provided at every military treatment  
3 facility to the following:

4 (1) Any woman who presents at a military  
5 treatment facility and states to personnel of the fa-  
6 cility that she is a victim of sexual assault or is ac-  
7 companied by another individual who states that the  
8 woman is a victim of sexual assault.

9 (2) Any woman who presents at a military  
10 treatment facility and is reasonably believed by per-  
11 sonnel of such facility to be a survivor of sexual as-  
12 sault.

13 (c) ASSISTANCE.—

14 (1) IN GENERAL.—The assistance specified in  
15 this subsection shall include the following:

16 (A) The prompt provision by appropriate  
17 staff of the military treatment facility of com-  
18 prehensive, medically and factually accurate,  
19 and unbiased written and oral information  
20 about all methods of emergency contraception  
21 approved by the Food and Drug Administra-  
22 tion.

23 (B) The prompt provision by such staff of  
24 emergency contraception to a woman upon her  
25 request.



1           (C) Notification to the woman of her right  
2           to confidentiality in the receipt of care and  
3           services pursuant to this section.

4           (2) NATURE OF INFORMATION.—The informa-  
5           tion provided pursuant to paragraph (1)(A) shall be  
6           provided in language that is clear and concise, is  
7           readily comprehensible, and meets such conditions  
8           (including conditions regarding the provision of in-  
9           formation in languages other than English) as the  
10          Secretary may provide in the regulations under this  
11          section.

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