113TH CONGRESS
2D SESSION

# S. 2687

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 SENATE OF THE UNITED STATES

JULY 30, 2014

Mrs. SHAHEEN (for herself, Mr. REID, Mrs. MURRAY, Mr. BROWN, Mrs. GILLIBRAND, Mrs. BOXER, Mr. DURBIN, Ms. BALDWIN, Mr. BLUMENTHAL, Ms. STABENOW, Mrs. FEINSTEIN, Ms. HIRONO, Mr. FRANKEN, Mr. SCHATZ, Mr. TESTER, Mr. WYDEN, Ms. WARREN, and Mr. BEGICH) introduced the following bill; which was read twice and 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the ''Access to Contracep-
3 tion for Women Servicemembers and Dependents Act of
4 2014''.

5 **SEC. 2. FINDINGS.**

6 Congress makes the following findings:

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

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

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

23 (4) Contraception has played a direct role in
24 the greater participation of women in education and
25 employment. Increased wages and increased control
26 over reproductive decisions provide women with edu-

1 cational and professional opportunities that have in-
2 creased gender equality over the decades since con-
3 traception was introduced.

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

11 (6) Research has also shown that investments
12 in effective contraception save public and private
13 dollars.

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

22 (8) The recommendations described in para-
23 graph (7) are reflected in provisions of the Patient
24 Protection and Affordable Care Act (Public Law
25 111–148), and thus group and individual health in-

1 surance plans must provide such coverage. The rec-
2 ommendations have also been adopted by the Office
3 of Personnel Management, and thus all health insur-
4 ance plans that are part of the Federal Employees
5 Health Benefits Program must provide such cov-
6 erage.

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

17 (10) Studies indicate that servicewomen need
18 comprehensive counseling for pregnancy prevention,
19 particularly in their predeployment preparations,
20 and the lack thereof is contributing to unintended
21 pregnancies among servicewomen.

22 (11) An analysis by Ibis Reproductive Health of
23 the 2008 Survey of Health Related Behaviors among
24 Active Duty Military Personnel found a high unin-
25 tended pregnancy rate among servicewomen. Adjust-

1 ing for the difference between age distribution in the
2 Armed Forces and the general population, the rate
3 of unintended pregnancy among servicewomen is
4 higher than for the general population.

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

16 (13) The Defense Advisory Committee on
17 Women in the Services (DACOWITS) has rec-
18 ommended that all the Armed Forces, to the extent
19 that they have not already, implement initiatives
20 that inform servicemembers of the importance of
21 family planning, educate them on methods of contra-
22 ception, and make various methods of contraception
23 available, based on the finding that family planning
24 can increase the overall readiness and quality of life
25 of all members of the military.

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

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

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

(1) in subsection (a), by inserting ''FOR MEMBERS AND FORMER MEMBERS'' after ''SERVICES AVAILABLE'';

(2) by redesignating subsection (b) as subsection (d); and

(3) by inserting after subsection (a) the following new subsections:

''(b) CARE RELATED TO PREVENTION OF PREGNANCY.—Female covered beneficiaries shall be entitled to care related to the prevention of pregnancy described by subsection (d)(3).

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

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

18 (c) CONFORMING AMENDMENT.—Section
19 1077(a)(13) of such title is amended by striking "section
20 1074d(b)" and inserting "section 1074d(d)".

**SEC. 4. ACCESS TO BROAD RANGE OF METHODS OF CONTRACEPTION APPROVED BY THE FOOD AND DRUG ADMINISTRATION FOR MEMBERS OF THE ARMED FORCES AND MILITARY DEPENDENTS AT MILITARY TREATMENT FACILITIES.**

(a) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall ensure that every military treatment facility has a sufficient stock of a broad range of methods of contraception approved by the Food and Drug Administration, as recommended by the Centers for Disease Control and Prevention and the Office of Population Affairs of the Department of Health and Human Services, to be able to dispense at any time any such method of contraception to any women members of the Armed Forces and female covered beneficiaries who receive care through such facility.

(b) COVERED BENEFICIARY DEFINED.—In this section, the term ''covered beneficiary'' has the meaning given that term in section 1072(5) of title 10, United States Code.

**SEC. 5. COMPREHENSIVE STANDARDS AND ACCESS TO CONTRACEPTION COUNSELING FOR MEMBERS OF THE ARMED FORCES.**

(a) PURPOSE.—The purpose of this section is to ensure 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:

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

(B) The Health Care Survey of Department of Defense Beneficiaries.

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

(a) EDUCATION PROGRAM.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall establish an education program for all members of the Armed Forces, including both men and women members, consisting of a uniform standard curriculum on family planning.

(2) SENSE OF CONGRESS.—It is the sense of Congress that the standard curriculum should use the latest technology available to efficiently and effectively deliver information to members of the Armed Forces.

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

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

(2) Current, medically accurate information.

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

(4) Information on all applicable laws and policies so that members are informed of their rights and obligations.

(5) Information on patients' rights to confidentiality.

(6) Information on the unique circumstances encountered by members of the Armed Forces, and the effects of such circumstances on the use of contraception.

**SEC. 7. PREGNANCY PREVENTION ASSISTANCE AT MILITARY TREATMENT FACILITIES FOR WOMEN WHO ARE SEXUAL ASSAULT SURVIVORS.**

(a) PURPOSE.—The purpose of this section is to provide in statute, and to enhance, existing regulations that require health care providers at military treatment facilities to consult with survivors of sexual assault once clinically stable regarding options for emergency contraception and any necessary follow-up care, including the provision 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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