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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

To amend title 10, United States Code, to ensure that 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.

IN THE HOUSE OF REPRESENTATIVES

Ms. SPEIER introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title 10, United States Code, to ensure that 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 Servicemembers and Dependents Act of 2019”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Women are serving in the Armed Forces at
4 increasing rates, playing a critical role in the na-
5 tional security of the United States. Women com-
6 prise more than 17 percent of members of the
7 Armed Forces, and as of 2018 nearly 350,000
8 women serve on active duty in the Armed Forces or
9 in the Selected Reserve.

10 (2) 95 percent of women serving in the Armed
11 Forces are of reproductive age. And as of 2017,
12 more than 700,000 female spouses and dependents
13 of active duty members are of reproductive age.

14 (3) The TRICARE program covered 1,563,727
15 women of reproductive age in 2017, including female
16 spouses and dependents of active duty members.

17 (4) The benefits of contraception are widely rec-
18 ognized and include improved health and well-being,
19 reduced global maternal mortality, health benefits of
20 pregnancy spacing for maternal and child health,
21 and women's greater educational and professional
22 opportunities and increased lifetime earnings.

23 (5) Studies have shown that when cost barriers
24 to the full range of methods of contraception are
25 eliminated, and women receive comprehensive coun-
26 seling on the various methods of contraception (in-

1 including highly effective and more expensive long-act-
2 ing reversible contraceptives), rates of unintended
3 pregnancy decline.

4 (6) Research has also shown that investments
5 in effective contraception save public and private
6 dollars.

7 (7) In order to fill gaps in coverage and access
8 to preventive care critical for women's health, the
9 Patient Protection and Affordable Care Act (Public
10 Law 111-148) requires all non-grandfathered indi-
11 vidual and group health plans to cover without cost-
12 sharing preventive services, including a set of evi-
13 dence-based preventive services for women supported
14 by the Health Resources and Services Administra-
15 tion of the Department of Health and Human Serv-
16 ices. These women's preventive services include the
17 full range of female-controlled contraceptive meth-
18 ods, effective family planning practices, and steriliza-
19 tion procedures, approved by the Food and Drug
20 Administration. The Health Resources and Services
21 Administration has affirmed that contraceptive care
22 includes contraceptive counseling, initiation of con-
23 traceptive use, and follow-up care (such as manage-
24 ment, evaluation, and changes to and removal or dis-
25 continuation of the contraceptive method).

1 (8) Under the TRICARE program, women
2 members on active duty have full coverage of all pre-
3 scription drugs, including contraception, without
4 cost-sharing requirements, in line with the Patient
5 Protection and Affordable Care Act (Public Law
6 111–148), which requires coverage of all contracep-
7 tive methods approved by the Food and Drug Ad-
8 ministration for women and related services and
9 education and counseling. However, women members
10 not on active duty and female dependents of mem-
11 bers do not have similar coverage of all prescription
12 methods of contraception approved by the Food and
13 Drug Administration without cost-sharing when they
14 fill their prescriptions outside of a military medical
15 treatment facility.

16 (9) Studies indicate that women members need
17 comprehensive counseling for pregnancy prevention
18 and the lack thereof is contributing to unintended
19 pregnancies among women members. Additionally,
20 they need counseling on and availability of contra-
21 ception for non-contraceptive benefits (for example,
22 menstrual suppression and predictable menstrual
23 patterns) which is important in ensuring readiness
24 for deployment to remote or operational theaters.

1 (10) Research studies based on the Department
2 of Defense Survey of Health Related Behaviors
3 Among Active Duty Military Personnel found a high
4 rate of unintended pregnancy among women mem-
5 bers. Adjusting for the difference between age dis-
6 tributions in the Armed Forces and the general pop-
7 ulation, the rate of unintended pregnancy among
8 women members is higher than among the general
9 population.

10 (11) The Defense Advisory Committee on
11 Women in the Services has recommended that all
12 the Armed Forces, to the extent that they have not
13 already, implement initiatives that inform members
14 of the importance of family planning, educate them
15 on methods of contraception, and make various
16 methods of contraception available, based on the
17 finding that family planning can increase the overall
18 readiness and quality of life of all members of the
19 military.

20 (12) The military departments received more
21 than 6,700 reports of sexual assaults involving mem-
22 bers as victims or subjects during fiscal year 2017.
23 Through regulations, the Department of Defense al-
24 ready supports a policy of ensuring that women
25 members who are sexually assaulted have access to

1 emergency contraception, and the initiation of con-
2 traception if desired and medically appropriate.

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

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

7 (1) in subsection (a), by inserting “FOR MEM-
8 BERS AND FORMER MEMBERS” after “SERVICES
9 AVAILABLE”;

10 (2) by redesignating subsection (b) as sub-
11 section (d); and

12 (3) by inserting after subsection (a) the fol-
13 lowing new subsections:

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

18 “(c) PROHIBITION ON COST-SHARING FOR CERTAIN
19 SERVICES.—Notwithstanding section 1074g(a)(6), section
20 1075, or section 1075a of this title or any other provision
21 of law, cost-sharing may not be imposed or collected for
22 care related to the prevention of pregnancy provided pur-
23 suant to subsection (a) or (b), including for any method
24 of contraception provided, whether provided through a fa-
25 cility of the uniformed services, the TRICARE retail phar-

1 macy program, or the national mail-order pharmacy pro-
2 gram.”.

3 (b) CARE RELATED TO PREVENTION OF PREG-
4 NANCY.—Subsection (d)(3) of such section, as redesis-
5 nated by subsection (a)(2) of this section, is further
6 amended by inserting before the period at the end the fol-
7 lowing: “(including all methods of contraception approved
8 by the Food and Drug Administration, contraceptive care
9 (including with respect to insertion, removal, and follow
10 up), sterilization procedures, and patient education and
11 counseling in connection therewith)”.

12 (c) CONFORMING AMENDMENT.—Section
13 1077(a)(13) of such title is amended by striking “section
14 1074d(b)” and inserting “section 1074d(d)”.

15 **SEC. 4. PREGNANCY PREVENTION ASSISTANCE AT MILI-**
16 **TARY MEDICAL TREATMENT FACILITIES FOR**
17 **SEXUAL ASSAULT SURVIVORS.**

18 (a) IN GENERAL.—Chapter 55 of title 10, United
19 States Code, is amended by inserting after section 1074o
20 the following new section:

21 **“§ 1074p. Provision of pregnancy prevention assist-**
22 **ance at military medical treatment facili-**
23 **ties**

24 “(a) INFORMATION AND ASSISTANCE.—The Sec-
25 retary of Defense shall promptly furnish to sexual assault

1 survivors at each military medical treatment facility the
2 following:

3 “(1) Comprehensive, medically and factually ac-
4 curate, and unbiased written and oral information
5 about all methods of emergency contraception ap-
6 proved by the Food and Drug Administration.

7 “(2) Notification of the right of the sexual as-
8 sault survivor to confidentiality with respect to the
9 information and care and services furnished under
10 this section.

11 “(3) Upon request by the sexual assault sur-
12 vivor, emergency contraception or, if applicable, a
13 prescription for emergency contraception.

14 “(b) INFORMATION.—The Secretary shall ensure that
15 information provided pursuant to subsection (a) is pro-
16 vided in language that—

17 “(1) is clear and concise;

18 “(2) is readily comprehensible; and

19 “(3) meets such conditions (including condi-
20 tions regarding the provision of information in lan-
21 guages other than English) as the Secretary may
22 prescribe in regulations to carry out this section.

23 “(c) DEFINITIONS.—In this section:

1 “(1) The term ‘sexual assault survivor’ means
2 any individual who presents at a military medical
3 treatment facility and—

4 “(A) states to personnel of the facility that
5 the individual experienced a sexual assault;

6 “(B) is accompanied by another person
7 who states that the individual experienced a
8 sexual assault; or

9 “(C) whom the personnel of the facility
10 reasonably believes to be a survivor of sexual
11 assault.

12 “(2) The term ‘sexual assault’ means the con-
13 duct described in section 1565b(c) of this title that
14 may result in pregnancy.”.

15 (b) CLERICAL AMENDMENT.—The table of sections
16 at the beginning of such chapter is amended by inserting
17 after the item relating to section 1074o the following new
18 item:

 “1074p. Provision of pregnancy prevention assistance at military medical treat-
 ment facilities.”.

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

21 (a) EDUCATION PROGRAMS.—

22 (1) IN GENERAL.—Not later than one year
23 after the date of the enactment of this Act, the Sec-
24 retary of Defense shall establish a uniform standard

1 curriculum to be used in education programs on
2 family planning for all members of the Armed
3 Forces, including both men and women members,
4 during the following periods:

5 (A) The first year of service.

6 (B) When a member is in training to as-
7 sume command.

8 (C) When an enlisted member becomes a
9 senior enlisted member.

10 (2) SENSE OF CONGRESS.—It is the sense of
11 Congress that the education programs under para-
12 graph (1) should be evidence-informed and use the
13 latest technology available to efficiently and effec-
14 tively deliver information to members of the Armed
15 Forces.

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

18 (1) Information for members of the Armed
19 Forces on active duty to make informed decisions re-
20 garding family planning.

21 (2) Information about the prevention of unin-
22 tended pregnancy and sexually transmitted infec-
23 tions, including human immunodeficiency virus
24 (commonly known as “HIV”).

25 (3) Information on—

1 (A) the importance of providing com-
2 prehensive family planning for members, includ-
3 ing commanding officers; and

4 (B) the positive impact family planning
5 can have on the health and readiness of the
6 Armed Forces.

7 (4) Current, medically accurate information.

8 (5) Clear, user-friendly information on—

9 (A) the full range of methods of contracep-
10 tion approved by the Food and Drug Adminis-
11 tration; and

12 (B) where members can access their cho-
13 sen method of contraception.

14 (6) Information on all applicable laws and poli-
15 cies so that members are informed of their rights
16 and obligations.

17 (7) Information on patients' rights to confiden-
18 tiality.

19 (8) Information on the unique circumstances
20 encountered by members and the effects of such cir-
21 cumstances on the use of contraception.