

114TH CONGRESS  
1ST SESSION

# H. R. 742

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

FEBRUARY 4, 2015

Ms. SPEIER (for herself, Mr. BERA, Mr. BLUMENAUER, Ms. BONAMICI, Ms. BROWN of Florida, Ms. BROWNLEY of California, Ms. CASTOR of Florida, Ms. CHU of California, Mr. CICILLINE, Ms. CLARK of Massachusetts, Mr. COHEN, Mr. DEFAZIO, Ms. DEGETTE, Mr. DELANEY, Ms. DELAURO, Ms. DELBENE, Mr. ELLISON, Ms. ESTY, Ms. FRANKEL of Florida, Mr. GRIJALVA, Mr. HASTINGS, Mr. HECK of Washington, Mr. HIMES, Mr. HONDA, Ms. JACKSON LEE, Mr. JOHNSON of Georgia, Mr. KILMER, Ms. KUSTER, Mr. LARSEN of Washington, Ms. LEE, Mr. LEVIN, Mr. LOEBSACK, Ms. LOFGREN, Mr. LOWENTHAL, Mrs. CAROLYN B. MALONEY of New York, Ms. MATSUI, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MCNERNEY, Ms. MOORE, Mrs. NAPOLITANO, Ms. NORTON, Mr. PETERS, Ms. PINGREE, Mr. POCAN, Mr. QUIGLEY, Mr. RANGEL, Mr. RUIZ, Mr. RUSH, Mr. RYAN of Ohio, Ms. LINDA T. SÁNCHEZ of California, Ms. SCHAKOWSKY, Mr. SHERMAN, Ms. SLAUGHTER, Mr. SWALWELL of California, Mr. TAKANO, Mr. THOMPSON of California, Ms. TITUS, Ms. TSONGAS, Mr. VAN HOLLEN, Ms. WASSERMAN SCHULTZ, Ms. WILSON of Florida, Ms. ESHOO, Mr. McDERMOTT, Ms. ROYBAL-ALLARD, and Ms. LORETTA SANCHEZ 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 2015”.

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) Research studies based on the Department  
2 of Defense Survey of Health Related Behaviors  
3 Among Active Duty Military Personnel found a high  
4 unintended rate of pregnancy among servicewomen.  
5 Adjusting for the difference between age distribu-  
6 tions in the Armed Forces and the general popu-  
7 lation, the rate of unintended pregnancy among  
8 servicewomen is higher than among the general pop-  
9 ulation.

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

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

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

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

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

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

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

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

24 (3) by inserting after subsection (a) the fol-  
25 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 redesis-  
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 members of the  
2 Armed Forces, including general practitioners, are pro-  
3 vided, through clinical practice guidelines, the most cur-  
4 rent evidence-based and evidence-informed standards of  
5 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 members of the Armed Forces.

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

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

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

24 (C) The Office of Population Affairs of the  
25 Department of Health and Human Services.

1 (D) The American College of Obstetricians  
2 and Gynecologists.

3 (E) The Association of Reproductive  
4 Health Professionals.

5 (F) The American Academy of Family  
6 Physicians.

7 (G) The Agency for Healthcare Research  
8 and Quality.

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

15 (4) DISSEMINATION.—

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

24 (B) UPDATES.—As soon as practicable  
25 after the adoption under paragraph (3) of any

1 update to the clinical practice guidelines com-  
2 piled pursuant to this subsection, the Secretary  
3 shall provide for the rapid dissemination of  
4 such clinical practice guidelines, as so updated,  
5 to health care providers described in subsection  
6 (a).

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

12 (c) CLINICAL DECISION SUPPORT TOOLS.—

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

23 (2) UPDATES.—The Secretary shall from time  
24 to time update the clinical decision support tools de-  
25 veloped under this subsection to incorporate into

1 such tools new or updated guidelines on methods of  
2 contraception and counseling on methods of contra-  
3 ception.

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

11 (d) ACCESS TO CONTRACEPTION COUNSELING.—As  
12 soon as practicable after the date of the enactment of this  
13 Act, the Secretary shall ensure that women members of  
14 the Armed Forces have access to comprehensive coun-  
15 seling on the full range of methods of contraception pro-  
16 vided by health care providers described in subsection (a)  
17 during health care visits, including, but not limited to, vis-  
18 its as follows:

19 (1) During predeployment health care visits, in-  
20 cluding counseling that provides specific information  
21 women need regarding the interaction between an-  
22 ticipated deployment conditions and various methods  
23 of contraception.

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

1           (3) During annual physical examinations.

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

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

11           (A) in accessing family planning services  
12 and counseling;

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

18           (C) if pregnant, whether the pregnancy  
19 was intended.

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

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

1 (B) The Health Care Survey of Depart-  
2 ment of Defense Beneficiaries.

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

5 (a) EDUCATION PROGRAMS.—

6 (1) IN GENERAL.—Not later than one year  
7 after the date of the enactment of this Act, the Sec-  
8 retary of Defense shall establish a uniform standard  
9 curriculum that will be used in education programs  
10 on family planning for all members of the Armed  
11 Forces, including both men and women members.

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

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

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

22 (2) Information about the prevention of unin-  
23 tended pregnancy and sexually transmitted infec-  
24 tions, including human immunodeficiency virus  
25 (HIV).

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

6           (4) Current, medically accurate information.

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

11          (6) Information on all applicable laws and poli-  
12          cies so that members are informed of their rights  
13          and obligations.

14          (7) Information on patients' rights to confiden-  
15          tiality.

16          (8) Information on the unique circumstances  
17          encountered by members of the Armed Forces, and  
18          the effects of such circumstances on the use of con-  
19          traception.

20 **SEC. 7. PREGNANCY PREVENTION ASSISTANCE AT MILI-**  
21 **TARY TREATMENT FACILITIES FOR WOMEN**  
22 **WHO ARE SEXUAL ASSAULT SURVIVORS.**

23          (a) **PURPOSE.**—The purpose of this section is to pro-  
24          vide in statute, and to enhance, existing regulations that  
25          require health care providers at military treatment facili-

1 ties to consult with survivors of sexual assault once clini-  
2 cally stable regarding options for emergency contraception  
3 and any necessary follow-up care, including the provision  
4 of the emergency contraception.

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

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

13 (2) Any woman who presents at a military  
14 treatment facility and is reasonably believed by per-  
15 sonnel of such facility to be a survivor of sexual as-  
16 sault.

17 (c) ASSISTANCE.—

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

20 (A) The prompt provision by appropriate  
21 staff of the military treatment facility of com-  
22 prehensive, medically and factually accurate,  
23 and unbiased written and oral information  
24 about all methods of emergency contraception



1 approved by the Food and Drug Administra-  
2 tion.

3 (B) The prompt provision by such staff of  
4 emergency contraception to a woman upon her  
5 request.

6 (C) Notification to the woman of her right  
7 to confidentiality in the receipt of care and  
8 services pursuant to this section.

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

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