

116TH CONGRESS
1ST SESSION

H. R. 2091

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

APRIL 4, 2019

Ms. SPEIER (for herself, Miss RICE of New York, Ms. MOORE, Mr. FOSTER, Mr. COHEN, Mr. CICILLINE, Ms. SCHAKOWSKY, Ms. DELAURO, Ms. WASSERMAN SCHULTZ, Mr. ESPAILLAT, Ms. JUDY CHU of California, Mr. VEASEY, Ms. JAYAPAL, Ms. NORTON, Mr. RASKIN, Mr. GALLEGO, Ms. DELBENE, Mr. GRIJALVA, Ms. DEGETTE, Ms. MATSUI, Mr. LARSEN of Washington, Mr. POCAN, Mr. BERA, Mr. PASCRELL, Mr. TAKANO, Mr. HIMES, Mr. BLUMENAUER, Mr. PRICE of North Carolina, Mr. NADLER, Ms. BROWNLEY of California, Ms. LEE of California, Mr. SCHIFF, Ms. BONAMICI, Mr. MCGOVERN, Ms. MENG, Mrs. NAPOLITANO, Mr. DEUTCH, Mr. WELCH, Ms. HAALAND, Mr. KILMER, Mr. YARMUTH, Mr. HASTINGS, Mr. DEFazio, Mr. SHERMAN, Ms. ROYBAL-ALLARD, Mr. RYAN, Mr. AGUILAR, and Ms. TITUS) introduced the following bill; which was referred to the Committee on Armed Services

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Access to Contracep-
3 tion for Servicemembers and Dependents Act of 2019”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

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

13 (2) Ninety-five percent of women serving in the
14 Armed Forces are of reproductive age. And as of
15 2017, more than 700,000 female spouses and de-
16 pendents of active duty members are of reproductive
17 age.

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

21 (4) The benefits of contraception are widely rec-
22 ognized and include improved health and well-being,
23 reduced global maternal mortality, health benefits of
24 pregnancy spacing for maternal and child health,
25 and women’s greater educational and professional
26 opportunities and increased lifetime earnings.

1 (5) Studies have shown that when cost barriers
2 to the full range of methods of contraception are
3 eliminated, and women receive comprehensive coun-
4 seling on the various methods of contraception (in-
5 cluding highly effective and more expensive long-act-
6 ing reversible contraceptives), rates of unintended
7 pregnancy decline.

8 (6) Research has also shown that investments
9 in effective contraception save public and private
10 dollars.

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

1 includes contraceptive counseling, initiation of con-
2 traceptive use, and follow-up care (such as manage-
3 ment, evaluation, and changes to and removal or dis-
4 continuation of the contraceptive method).

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

20 (9) Studies indicate that women members need
21 comprehensive counseling for pregnancy prevention
22 and the lack thereof is contributing to unintended
23 pregnancies among women members. Additionally,
24 they need counseling on and availability of contra-
25 ception for non-contraceptive benefits (for example,

1 menstrual suppression and predictable menstrual
2 patterns) which is important in ensuring readiness
3 for deployment to remote or operational theaters.

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

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

23 (12) The military departments received more
24 than 6,700 reports of sexual assaults involving mem-
25 bers as victims or subjects during fiscal year 2017.

1 Through regulations, the Department of Defense al-
2 ready supports a policy of ensuring that women
3 members who are sexually assaulted have access to
4 emergency contraception, and the initiation of con-
5 traception if desired and medically appropriate.

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

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

10 (1) in subsection (a), by inserting “FOR MEM-
11 BERS AND FORMER MEMBERS” after “SERVICES
12 AVAILABLE”;

13 (2) by redesignating subsection (b) as sub-
14 section (d); and

15 (3) by inserting after subsection (a) the fol-
16 lowing new subsections:

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

21 “(c) PROHIBITION ON COST-SHARING FOR CERTAIN
22 SERVICES.—Notwithstanding section 1074g(a)(6), section
23 1075, or section 1075a of this title or any other provision
24 of law, cost-sharing may not be imposed or collected for
25 care related to the prevention of pregnancy provided pur-

1 suant to subsection (a) or (b), including for any method
2 of contraception provided, whether provided through a fa-
3 cility of the uniformed services, the TRICARE retail phar-
4 macy program, or the national mail-order pharmacy pro-
5 gram.”.

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

15 (c) CONFORMING AMENDMENT.—Section
16 1077(a)(13) of such title is amended by striking “section
17 1074d(b)” and inserting “section 1074d(d)”.

18 **SEC. 4. PREGNANCY PREVENTION ASSISTANCE AT MILI-**
19 **TARY MEDICAL TREATMENT FACILITIES FOR**
20 **SEXUAL ASSAULT SURVIVORS.**

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

1 **“§ 1074p. Provision of pregnancy prevention assist-**
2 **ance at military medical treatment facili-**
3 **ties**

4 “(a) INFORMATION AND ASSISTANCE.—The Sec-
5 retary of Defense shall promptly furnish to sexual assault
6 survivors at each military medical treatment facility the
7 following:

8 “(1) Comprehensive, medically and factually ac-
9 curate, and unbiased written and oral information
10 about all methods of emergency contraception ap-
11 proved by the Food and Drug Administration.

12 “(2) Notification of the right of the sexual as-
13 sault survivor to confidentiality with respect to the
14 information and care and services furnished under
15 this section.

16 “(3) Upon request by the sexual assault sur-
17 vivor, emergency contraception or, if applicable, a
18 prescription for emergency contraception.

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

22 “(1) is clear and concise;

23 “(2) is readily comprehensible; and

24 “(3) meets such conditions (including condi-
25 tions regarding the provision of information in lan-

1 guages other than English) as the Secretary may
2 prescribe in regulations to carry out this section.

3 “(c) DEFINITIONS.—In this section:

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

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

9 “(B) is accompanied by another person
10 who states that the individual experienced a
11 sexual assault; or

12 “(C) whom the personnel of the facility
13 reasonably believes to be a survivor of sexual
14 assault.

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

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

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

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

24 (a) EDUCATION PROGRAMS.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Defense shall establish a uniform standard
4 curriculum to be used in education programs on
5 family planning for all members of the Armed
6 Forces, including both men and women members,
7 during the following periods:

8 (A) The first year of service.

9 (B) When a member is in training to as-
10 sume command.

11 (C) When an enlisted member becomes a
12 senior enlisted member.

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

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

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

24 (2) Information about the prevention of unin-
25 tended pregnancy and sexually transmitted infec-

1 tions, including human immunodeficiency virus
2 (commonly known as “HIV”).

3 (3) Information on—

4 (A) the importance of providing com-
5 prehensive family planning for members, includ-
6 ing commanding officers; and

7 (B) the positive impact family planning
8 can have on the health and readiness of the
9 Armed Forces.

10 (4) Current, medically accurate information.

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

12 (A) the full range of methods of contracep-
13 tion approved by the Food and Drug Adminis-
14 tration; and

15 (B) where members can access their cho-
16 sen method of contraception.

17 (6) Information on all applicable laws and poli-
18 cies so that members are informed of their rights
19 and obligations.

20 (7) Information on patients’ rights to confiden-
21 tiality.

22 (8) Information on the unique circumstances
23 encountered by members and the effects of such cir-
24 cumstances on the use of contraception.

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