

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.

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## 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. GALLEG0, 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

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## 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 redesign-  
 8 nated 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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