

116TH CONGRESS
1ST SESSION

S. _____

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 SENATE OF THE UNITED STATES

Mrs. SHAHEEN (for herself, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Mr. COONS, Ms. CORTEZ MASTO, Ms. DUCKWORTH, Mrs. GILLIBRAND, Ms. HIRONO, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mr. MENENDEZ, Mr. REED, Mr. SANDERS, Ms. STABENOW, Mr. VAN HOLLEN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. KAINE, and Mrs. FEINSTEIN) introduced the following bill; which was read twice and 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 of the Ready Reserve of the
10 reserve components of the Armed Forces.

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

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

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

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 Ad-
24 ministration. 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 of the Armed Forces on active duty have
7 full coverage of all prescription drugs, including con-
8 traception, without cost-sharing requirements, which
9 is consistent with requirements under the Patient
10 Protection and Affordable Care Act (Public Law
11 111–148), which requires coverage of all contracep-
12 tive methods approved by the Food and Drug Ad-
13 ministration for women and related services and
14 education and counseling. However, women members
15 not on active duty and female dependents of mem-
16 bers do not have similar coverage of all prescription
17 methods of contraception approved by the Food and
18 Drug Administration without cost-sharing when fill-
19 ing a prescription outside of a military medical
20 treatment facility.

21 (9) Studies indicate that women members of
22 the Armed Forces need comprehensive counseling for
23 pregnancy prevention and the lack thereof is contrib-
24 uting to unintended pregnancies among such women
25 members. Additionally, they need counseling on and

1 availability of contraception for non-contraceptive
2 benefits (for example, menstrual suppression and
3 predictable menstrual patterns), which is important
4 in ensuring readiness for deployment to remote or
5 operational theaters.

6 (10) Research studies based on the Department
7 of Defense Survey of Health Related Behaviors
8 Among Active Duty Military Personnel found a high
9 rate of unintended pregnancy among women mem-
10 bers of the Armed Forces. Adjusting for the dif-
11 ference between age distributions in the Armed
12 Forces and the general population, the rate of unin-
13 tended pregnancy among women members of the
14 Armed Forces is higher than among the general
15 population.

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

1 (12) The military departments received more
2 than 6,700 reports of sexual assaults involving mem-
3 bers of the Armed Forces as victims or subjects dur-
4 ing fiscal year 2017. Through regulations, the De-
5 partment of Defense already supports a policy of en-
6 suring that women members of the Armed Forces
7 who are sexually assaulted have access to emergency
8 contraception, and the initiation of contraception if
9 desired and medically appropriate.

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

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

14 (1) in the header for subsection (a), by insert-
15 ing “FOR MEMBERS AND FORMER MEMBERS” after
16 “SERVICES AVAILABLE”;

17 (2) by redesignating subsection (b) as sub-
18 section (d); and

19 (3) by inserting after subsection (a) the fol-
20 lowing new subsections:

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

1 “(c) PROHIBITION ON COST-SHARING FOR CERTAIN
2 SERVICES.—Notwithstanding section 1074g(a)(6), section
3 1075, or section 1075a of this title or any other provision
4 of law, cost-sharing may not be imposed or collected for
5 care related to the prevention of pregnancy provided pur-
6 suant to subsection (a) or (b), including for any method
7 of contraception provided, whether provided through a fa-
8 cility of the uniformed services, the TRICARE retail phar-
9 macy program, or the national mail-order pharmacy pro-
10 gram.”.

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

20 (c) CONFORMING AMENDMENT.—Section
21 1077(a)(13) of such title is amended by striking “section
22 1074d(b)” and inserting “section 1074d(d)”.

1 **SEC. 4. PREGNANCY PREVENTION ASSISTANCE AT MILI-**
2 **TARY MEDICAL TREATMENT FACILITIES FOR**
3 **SEXUAL ASSAULT SURVIVORS.**

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

7 **“§ 1074p. Provision of pregnancy prevention assist-**
8 **ance at military medical treatment facili-**
9 **ties**

10 “(a) INFORMATION AND ASSISTANCE.—The Sec-
11 retary of Defense shall promptly furnish to sexual assault
12 survivors at each military medical treatment facility the
13 following:

14 “(1) Comprehensive, medically and factually ac-
15 curate, and unbiased written and oral information
16 about all methods of emergency contraception ap-
17 proved by the Food and Drug Administration.

18 “(2) Notification of the right of the sexual as-
19 sault survivor to confidentiality with respect to the
20 information and care and services furnished under
21 this section.

22 “(3) Upon request by the sexual assault sur-
23 vivor, emergency contraception or, if applicable, a
24 prescription for emergency contraception.

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

4 “(1) is clear and concise;

5 “(2) is readily comprehensible; and

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

10 “(c) DEFINITIONS.—In this section:

11 “(1) The term ‘sexual assault’ means the con-
12 duct described in section 1565b(c)(1) of this title
13 that may result in pregnancy.

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

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

19 “(B) is accompanied by another person
20 who states that the individual experienced a
21 sexual assault; or

22 “(C) whom the personnel of the facility
23 reasonably believes to be a survivor of sexual
24 assault.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of such chapter is amended by inserting
3 after the item relating to section 1074o the following new
4 item:

“1074p. Provision of pregnancy prevention assistance at military medical treatment facilities.”.

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

7 (a) EDUCATION PROGRAMS.—

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 establish a uniform standard
11 curriculum to be used in education programs on
12 family planning for all members of the Armed
13 Forces, including both men and women members,
14 during the following periods:

15 (A) The first year of service.

16 (B) When a member is in training to as-
17 sume command.

18 (C) When an enlisted member becomes a
19 senior enlisted member.

20 (2) SENSE OF CONGRESS.—It is the sense of
21 Congress that the education programs under para-
22 graph (1) should be evidence-informed and use the
23 latest technology available to efficiently and effec-

1 tively deliver information to members of the Armed
2 Forces.

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

5 (1) Information for members of the Armed
6 Forces on active duty to make informed decisions re-
7 garding family planning.

8 (2) Information about the prevention of unin-
9 tended pregnancy and sexually transmitted infec-
10 tions, including human immunodeficiency virus
11 (commonly known as “HIV”).

12 (3) Information on—

13 (A) the importance of providing com-
14 prehensive family planning for members of the
15 Armed Forces, including commanding officers;
16 and

17 (B) the positive impact family planning
18 can have on the health and readiness of the
19 Armed Forces.

20 (4) Current, medically accurate information.

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

22 (A) the full range of methods of contracep-
23 tion approved by the Food and Drug Adminis-
24 tration; and

1 (B) where members of the Armed Forces
2 can access their chosen method of contrac-
3 tion.

4 (6) Information on all applicable laws and poli-
5 cies so that members of the Armed Forces are in-
6 formed of their rights and obligations.

7 (7) Information on the rights of patients to
8 confidentiality.

9 (8) Information on the unique circumstances
10 encountered by members of the Armed Forces and
11 the effects of such circumstances on the use of con-
12 traception.