

115TH CONGRESS  
1ST SESSION

# H. R. 2180

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

APRIL 26, 2017

Ms. SPEIER (for herself, Ms. NORTON, Ms. DELBENE, Miss RICE of New York, Mr. GRIJALVA, Mrs. NAPOLITANO, Mr. FOSTER, Mr. CICILLINE, Mr. TAKANO, Ms. SLAUGHTER, Mr. LOWENTHAL, Ms. SINEMA, Ms. BONAMICI, Ms. JAYAPAL, Ms. TSONGAS, Ms. MENG, Mr. MCNERNEY, Mr. HECK, Ms. MCCOLLUM, Mr. KILMER, Mr. HASTINGS, Mr. ELLISON, Ms. DEGETTE, Ms. DELAURO, Mr. BLUMENAUER, Ms. BROWNLEY of California, Ms. PINGREE, Mr. AGUILAR, Ms. ROYBAL-ALLARD, Mr. YARMUTH, Ms. MOORE, Ms. SCHAKOWSKY, Mr. WELCH, Mr. BERA, Ms. ESHOO, Mr. LARSEN of Washington, Mr. DEFazio, Mr. HIMES, Mr. BRADY of Pennsylvania, Mr. RYAN of Ohio, Mr. SHERMAN, Mr. PRICE of North Carolina, Mr. RASKIN, Ms. JUDY CHU of California, Ms. LEE, Ms. CLARK of Massachusetts, Ms. WASSERMAN SCHULTZ, Mr. DELANEY, Ms. ESTY of Connecticut, Ms. TITUS, Mr. PETERS, Mr. COHEN, Mr. CORREA, Mr. ESPAILLAT, Ms. MATSUI, and Mr. SWALWELL 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       2017”.

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. Women com-  
12       prise just over 15 percent of military service mem-  
13       bers and more than 200,000 women serve on active  
14       duty in the Armed Forces or in the Selected Re-  
15       serve.

16              (2) More than 95 percent of women serving in  
17       the military are of reproductive age. And approxi-  
18       mately 1.1 million female spouses and dependents of  
19       active duty military personnel are of reproductive  
20       age.

21              (3) TRICARE covered 1.4 million women of re-  
22       productive age in 2015, including female spouses  
23       and dependents of active duty military personnel.  
24       For 900,000 of these women, TRICARE was their  
25       only source of coverage.

1           (4) Contraception is critical for women’s health  
2           and is highly effective at reducing unintended preg-  
3           nancy. The Centers for Disease Control and Preven-  
4           tion describe contraception as one of the 10 greatest  
5           public health achievements of the twentieth century.

6           (5) Contraceptive access is strongly connected  
7           to women’s greater educational and professional op-  
8           portunities and increased lifetime earnings. In-  
9           creased wages and increased control over reproduc-  
10          tive decisions provide women with educational and  
11          professional opportunities that have increased gen-  
12          der equality over the decades since contraception  
13          was introduced.

14          (6) Studies have shown that when cost barriers  
15          to the full range of methods of contraception are  
16          eliminated, and women receive comprehensive coun-  
17          seling on the various methods of contraception (in-  
18          cluding highly effective and more expensive Long-  
19          Acting Reversible Contraceptives (LARCs)), rates of  
20          unintended pregnancy decline. Costs can be prohibi-  
21          tive, particularly for LARCs which can have high  
22          upfront costs.

23          (7) Research has also shown that investments  
24          in effective contraception save public and private  
25          dollars.

1           (8) In order to fill gaps in coverage and access  
2           to preventive care critical for women’s health, the  
3           Affordable Care Act (ACA) requires, all non-grand-  
4           fathered individual and group health plans to cover  
5           without cost-sharing preventive services, including a  
6           set of evidence-based preventive services for women  
7           supported by the Health Resources and Services Ad-  
8           ministration (HRSA). These women’s preventive  
9           services include the full range of female-controlled  
10          U.S. Food and Drug Administration-approved con-  
11          traceptive methods, effective family planning prac-  
12          tices, and sterilization procedures. HRSA has af-  
13          firmed that contraceptive care includes contraceptive  
14          counseling, initiation of contraceptive use, and fol-  
15          low-up care (e.g., management, and evaluation as  
16          well as changes to and removal or discontinuation of  
17          the contraceptive method).

18          (9) Under the TRICARE program, service-  
19          women on active duty have full coverage of all pre-  
20          scription drugs, including contraception, without  
21          cost-sharing requirements. However, servicewomen  
22          not on active duty and female dependents of mem-  
23          bers of the Armed Forces do not have similar cov-  
24          erage of all prescription methods of contraception

1 approved by the Food and Drug Administration  
2 without cost-sharing.

3 (10) Studies indicate that servicewomen need  
4 comprehensive counseling for pregnancy prevention,  
5 particularly in their predeployment preparations,  
6 and the lack thereof is contributing to unintended  
7 pregnancies among servicewomen.

8 (11) Research studies based on the Department  
9 of Defense Survey of Health Related Behaviors  
10 Among Active Duty Military Personnel found a high  
11 unintended rate of pregnancy among servicewomen.  
12 Adjusting for the difference between age distribu-  
13 tions in the Armed Forces and the general popu-  
14 lation, the rate of unintended pregnancy among  
15 servicewomen is higher than among the general pop-  
16 ulation.

17 (12) The Defense Advisory Committee on  
18 Women in the Services (DACOWITS) has rec-  
19 ommended that all the Armed Forces, to the extent  
20 that they have not already, implement initiatives  
21 that inform servicemembers of the importance of  
22 family planning, educate them on methods of contra-  
23 ception, and make various methods of contraception  
24 available, based on the finding that family planning

1 can increase the overall readiness and quality of life  
2 of all members of the military.

3 (13) Health care, including family planning for  
4 survivors of sexual assault in the Armed Forces is  
5 a critical issue, particularly given the prevalence of  
6 sexual assault in the military. Recent data show that  
7 women in the military are five times more likely to  
8 be victims of sexual assault than men. Servicewomen  
9 who are survivors of sexual assault should not be  
10 treated differently from civilian survivors. The De-  
11 partment of Defense reported that there were over  
12 3,000 reported sexual assaults involving service  
13 members in fiscal year 2011.

14 (14) Servicewomen on active duty report rates  
15 of unwanted sexual contact at approximately 16  
16 times those of the comparable general population of  
17 women in the United States. Through regulations,  
18 the Department of Defense already supports a policy  
19 of ensuring that servicewomen who are sexually as-  
20 saulted have access to emergency contraception.

21 **SEC. 3. CONTRACEPTION COVERAGE PARITY UNDER THE**  
22 **TRICARE PROGRAM.**

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

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

4           (2) by redesignating subsection (b) as sub-  
5       section (d); and

6           (3) by inserting after subsection (a) the fol-  
7       lowing new subsections:

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

12      “(c) PROHIBITION ON COST-SHARING FOR CERTAIN  
13      SERVICES.—Notwithstanding section 1074g(a)(6), section  
14      1075, or section 1075a of this title or any other provision  
15      of law, cost-sharing may not be imposed or collected for  
16      care related to the prevention of pregnancy provided pur-  
17      suant to subsection (a) or (b), including for any method  
18      of contraception provided, whether provided through a fa-  
19      cility of the uniformed services, the TRICARE retail phar-  
20      macy program, or the national mail-order pharmacy pro-  
21      gram.”.

22      (b) CARE RELATED TO PREVENTION OF PREG-  
23      NANCY.—Subsection (d)(3) of such section, as redesign-  
24      ated by subsection (a)(2) of this section, is further  
25      amended by inserting before the period at the end the fol-

1 lowing: “(including all methods of contraception approved  
 2 by the Food and Drug Administration, contraceptive care  
 3 (including with respect to insertion, removal, and follow  
 4 up), sterilization procedures, and patient education and  
 5 counseling in connection therewith)”.

6 (c) CONFORMING AMENDMENT.—Section  
 7 1077(a)(13) of such title is amended by striking “section  
 8 1074d(b)” and inserting “section 1074d(d)”.

9 **SEC. 4. EDUCATION ON FAMILY PLANNING FOR MEMBERS**  
 10 **OF THE ARMED FORCES.**

11 (a) EDUCATION PROGRAMS.—

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

18 (2) SENSE OF CONGRESS.—It is the sense of  
 19 Congress that the education programs should use  
 20 the latest technology available to efficiently and ef-  
 21 fectively deliver information to members of the  
 22 Armed Forces.

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

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

4           (2) Information about the prevention of unin-  
5           tended pregnancy and sexually transmitted infec-  
6           tions, including human immunodeficiency virus  
7           (HIV).

8           (3) Information on the importance of providing  
9           comprehensive family planning for members of the  
10          Armed Forces, and their commanding officers, and  
11          on the positive impact family planning can have on  
12          the health and readiness of the Armed Forces.

13          (4) Current, medically accurate information.

14          (5) Clear, user-friendly information on the full  
15          range of methods of contraception and where mem-  
16          bers of the Armed Forces can access their chosen  
17          method of contraception.

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

21          (7) Information on patients' rights to confiden-  
22          tiality.

23          (8) Information on the unique circumstances  
24          encountered by members of the Armed Forces, and

1 the effects of such circumstances on the use of con-  
2 traception.

3 **SEC. 5. PREGNANCY PREVENTION ASSISTANCE AT MILI-**  
4 **TARY TREATMENT FACILITIES FOR WOMEN**  
5 **WHO ARE SEXUAL ASSAULT SURVIVORS.**

6 (a) PURPOSE.—The purpose of this section is to pro-  
7 vide in statute, and to enhance, existing regulations that  
8 require health care providers at military treatment facili-  
9 ties to consult with survivors of sexual assault once clini-  
10 cally stable regarding options for emergency contraception  
11 and any necessary follow-up care, including the provision  
12 of the emergency contraception.

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

16 (1) Any woman who presents at a military  
17 treatment facility and states to personnel of the fa-  
18 cility that she is a victim of sexual assault or is ac-  
19 companied by another individual who states that the  
20 woman is a victim of sexual assault.

21 (2) Any woman who presents at a military  
22 treatment facility and is reasonably believed by per-  
23 sonnel of such facility to be a survivor of sexual as-  
24 sault.

25 (c) ASSISTANCE.—

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

3           (A) The prompt provision by appropriate  
4       staff of the military treatment facility of com-  
5       prehensive, medically and factually accurate,  
6       and unbiased written and oral information  
7       about all methods of emergency contraception  
8       approved by the Food and Drug Administra-  
9       tion.

10          (B) The prompt provision by such staff of  
11       emergency contraception to a woman upon her  
12       request.

13          (C) Notification to the woman of her right  
14       to confidentiality in the receipt of care and  
15       services pursuant to this section.

16          (2) NATURE OF INFORMATION.—The informa-  
17       tion provided pursuant to paragraph (1)(A) shall be  
18       provided in language that is clear and concise, is  
19       readily comprehensible, and meets such conditions  
20       (including conditions regarding the provision of in-  
21       formation in languages other than English) as the  
22       Secretary may provide in the regulations under this  
23       section.

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