

RFI Category and Number: Pregnancy in the Military, RFI #7

RFI Question:

In October 2022, Secretary Austin published a memorandum entitled, “Ensuring Access to Reproductive Health Care,” which directed that policy be developed to allow for administrative absences for non-covered reproductive health care, to establish travel and transportation allowances to facilitate official travel to access non-covered reproductive health care, and to extend command notifications of pregnancy to 20-weeks unless specific circumstances require earlier reporting. The Committee would like to understand how these policies are being implemented.

The Committee requests a written response from the Army, Navy, Marine Corps, Department of the Air Force, and Coast Guard, regarding implementation of the SecDef memorandum. Please provide the following:

- a. What guidance and directives have been published to implement the SecDef’s directives? Are those policies now in effect? If not, when?
- b. Provide copies or links to all relevant publications.
- c. Who/what position is the approval authority for granting non-covered administrative leave requests?
- d. What is the process or appeal mechanism for non-covered administrative leave requests which are disapproved? May the servicewoman appeal the disapproval? Is it a mandatory or discretionary appeal? Who/what position is the appeal authority and is there a minimum grade requirement?
- e. What are the published criteria and guidance defining whether and when a commander may disapprove a non-covered administrative leave request, and how does a commander document those reasons? Is a narrative reason required or just a “check the box” tick mark?
- f. How have servicewomen been made aware of the new policies regarding non-covered administrative leave requests, travel and transportation allowances, and delayed pregnancy notification policy provisions?

RFI Response 7a:

In February 2023, Navy issued ALNAV 017/23 (Command Notification of Pregnancy), ALNAV 018/23 (Administrative Absence or Travel for Non-Covered Reproductive Health Care) and NAVADMIN 058/23 (Navy Supplemental Guidance to Command Notification of Pregnancy Policy, Administrative Absence and Travel for Non-Covered Reproductive Health Care) that implemented and provided guidance to ensure our Sailors and their families have access to non-covered reproductive health care regardless of where they are stationed and to establish additional privacy protections for reproductive health care information. These policies are now in effect.

RFI Response 7b:

Copies attached.

RFI Response 7c:

Commanding Officers (COs) or approval authorities should grant an administrative absence to eligible Sailors and Marines when a non-covered reproductive health care need is identified by the eligible Service Member. Requests for administrative absence should be given all due consideration and should be granted to the greatest extent practicable, unless, in the CO's judgment, the Service Member's absence would impair proper execution of the military mission.

RFI Response 7d:

In NAVADMIN 058/23, requests for administrative absence should be given all due consideration and should be granted to the greatest extent practicable, unless, in the CO or approval authority's judgment, the Sailor's absence would impair proper execution of the military mission.

If the CO or approval authority denies the administrative absence or funded travel for non-covered reproductive health care, the CO or approval authority must notify the first O6/GS15 or higher immediate superior in command (ISIC). Sailors whose requests are denied may appeal to the same O6/GS15 or higher ISIC. Appeal decisions should be made NLT 5 days after the request is denied. CO or approval authority are also required to notify the same level of leadership if they choose to deny a request.

RFI Response 7e:

It is the responsibility of COs or approval authorities to meet operational requirements and protect the health and safety of those in their care. COs or approval authorities are expected to display objectivity, compassion, and discretion when addressing all health care matters, including reproductive health care matters, and have a duty to enforce existing policies against discrimination and retaliation in the context of reproductive health care choices. The CO or approval authority will protect the privacy of protected health information; such health information shall be limited to the minimum amount necessary to ensure eligibility and restricted to personnel with a specific need to know. Access to the information must be necessary for the conduct of official duties.

It is essential that COs or approval authorities act promptly and with appropriate discretion when considering a Service Member's request for an administrative absence to obtain non-covered reproductive health care, with due regard to the time-sensitive nature of many non-covered reproductive health care services. To the greatest extent practicable, delay in granting an administrative absence should not result in an eligible Service Member being unable to access the non-covered reproductive health care that served as the basis for the administrative absence request. In considering the mission impact of a Service Member's request for an administrative absence for non-covered reproductive health care - for example, where recurring care may be necessary over a period of time - COs or approval authorities should

coordinate with the eligible Service Member to balance operational requirements and the reproductive health care schedule. COs or approval authorities will not levy additional requirements on the eligible Service Member (including, but not limited to, consultations with a mental health provider or a chaplain, medical testing, or other forms of counseling) prior to approving or denying the administrative absence request.

RFI Response 7f:

The Navy is committed to taking care of Sailors and their families, and ensuring access to the health care regardless of where they are stationed. Sailors who become pregnant, whose dependents become pregnant, or Sailors or dependents who desire to access ART can seek advice from command parenthood and pregnancy (CAPP) advisors, healthcare providers, mental health providers, and chaplains. Additional resources may also be available through their command, their nearest MTF, and the Fleet and Family Support Centers located on bases around the world.

In addition to the ALNAV 017/23 (Command Notification of Pregnancy), ALNAV 018/23 (Administrative Absence or Travel for Non-Covered Reproductive Health Care) and NAVADMIN 058/23 (Navy Supplemental Guidance to Command Notification of Pregnancy Policy, Administrative Absence and Travel for Non-Covered Reproductive Health Care), Service Members can find resources located at the below websites:

Additional resources.

<https://www.health.mil/News/In-the-Spotlight/Ensuring-Access-to-Reproductive-Health-Care>
<https://www.mynavyhr.navy.mil/References/Messages/ALNAV-2023/>
<https://www.mynavyhr.navy.mil/References/Messages/NAVADMIN-2023/>
<https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/>
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Parenthood-Pregnancy/>

Hours Expended Answering this RFI: 2

POC or office responsible: N174, Office of Women's Policy

CLASSIFICATION: UNCLASSIFIED//
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NAVADMIN 058/23

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SUBJ/NAVY SUPPLEMENTAL GUIDANCE TO COMMAND NOTIFICATION OF PREGNANCY POLICY,
ADMINISTRATIVE ABSENCE AND TRAVEL FOR NON-COVERED REPRODUCTIVE HEALTH CARE//

REF/A/MSG/SECNAV/271542ZFEB23//
REF/B/MSG/SECNAV/271617ZFEB23//
REF/C/DOC/OPNAV/12MAR18//

NARR/REF A IS ALNAV 017/23, COMMAND NOTIFICATION OF PREGNANCY POLICY.
REF B IS ALNAV 018/23, ADMINISTRATIVE ABSENCE OR TRAVEL FOR NON-COVERED
REPRODUCTIVE HEALTH CARE.
REF C IS OPNAVINST 6000.1D, NAVY GUIDELINES CONCERNING PREGNANCY AND
PARENTHOOD.//

RMKS/1. This NAVADMIN provides interim supplemental guidance to references (a) and (b) to ensure our Sailors and their families have access to reproductive health care, regardless of where they are stationed in service to our Nation. In doing so, this guidance ensures the privacy of protected health information. All hands shall be made immediately aware of this guidance.

2. Approval Timeline and Appeals. References (a) and (b) provide the methodology that must be applied for command notification of pregnancy and approval of administrative absence or funded travel for non-covered reproductive health care.

a. Approval Timeline. Commanding officers (CO) or approval authorities must act promptly and with appropriate discretion when considering a request for administrative absence or funded temporary duty (TDY) travel. If a command structure does not have a designated CO, the approval authority is defined as the head of the unit, activity, or organization who holds command and control authority. Due to the time-sensitive nature of many reproductive health care, approval decisions should be made no later than (NLT) 5 days after the request is submitted.

b. Appeal Process. If the CO or approval authority denies the administrative absence or funded travel for non-covered reproductive health care, the CO or approval authority must notify the first O6/GS15 or higher immediate superior in command (ISIC). The Service Member may appeal the request to the same O6/GS15 or higher ISIC. Appeal decisions should be made promptly, NLT than 5 days after the request is denied.

3. Administrative Procedures:

a. Requesting administrative absence. The Navy Standard Integrated

Personnel System (NSIPS) will be used for non-covered reproductive healthcare requests. NSIPS (to include NSIPS Web Afloat) will be updated to reflect administrative absence for non-covered reproductive health care. Until this update is completed, the following procedures will be used:

(1) Select *Convalescent* in block 12a of the leave request. Input comment *Administrative Absence for Non-Covered Reproductive Health Care* in block 24. Do not input any Health Insurance Portability and Accountability Act (HIPAA) information into NSIPS.

(2) Administrative absence requests will be limited to the lesser of 21 days, or the minimum number of days essential to receive the required care and travel needed to access the care by the most expeditious means of transportation practicable.

(3) Requests for convalescent leave following receipt of non-covered reproductive health care must be submitted as a separate convalescent leave period and may be approved based on a recommendation from a Department of Defense (DoD) health care provider or a non-DoD health care provider from whom the Service Member is receiving care.

(4) Leave approvers are responsible for ensuring the duration of the administrative absence is the minimum amount required to receive the required care and requisite travel within the limits outlined in this NAVADMIN.

b. Requesting funded TDY travel. If requesting funded TDY travel, the request shall be submitted in Defense Travel System (DTS) as a routine TDY. No HIPAA information will be uploaded into DTS as part of substantiating documentation for funded travel.

4. Command Tracking Requirement. Reference (b) guidance requires the Navy to track administrative absences and travel costs executed by all authorized travelers for non-covered reproductive health care. Until a permanent solution is implemented at a later date, the following is required:

a. Commands shall send monthly reports to
ALTN_pregnancyandparenthood(at)navy.mil.

b. Reports shall use the template located at
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Parenthood-Pregnancy/> which includes the required data in paragraphs 7.c.4(a) through paragraph 7.c.4(e) of reference (b).

5. Reference (c) will be updated to reflect new guidance and policies.

6. Additional resources. Additional fact sheets and frequently asked questions are located at the below addresses:

a. <https://www.health.mil/News/In-the-Spotlight/Ensuring-Access-to-Reproductive-Health-Care>

b. <https://www.mynavyhr.navy.mil/References/Messages/ALNAV-2023/>

c. <https://www.mynavyhr.navy.mil/References/Messages/NAVADMIN-2023/>

d. <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/>

e. <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Parenthood-Pregnancy/>

f. The Navy Fact Sheet will be available on the Navy Messages page at www.mynavyhr.navy.mil/References/Messages/NAVADMIN-2023/.

7. Point of contact for this matter is People and Culture (OPNAV N174) via e-mail at ALTN_pregnancyandparenthood(at)navy.mil.

8. This NAVADMIN will remain in effect until superseded or canceled.

9. Released by Vice Admiral Richard J. Cheeseman, Jr., N1.//

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ALNAV 017/23

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SUBJ/PREGNANCY NOTIFICATION POLICY//

REF/A/SECDEF MEMORANDUM/20OCT22//
REF/B/ALNAV 071/22//
REF/C/USD-PR MEMORANDUM/16FEB23//
REF/D/NMCPHC TM-6260.01D/MAY2019//
REF/E/DODI 6025.19/13JUL22//
REF/F/SECNAVINST 1000.10B/16JAN19//
REF/G/OPNAVINST 1300.20/25SEP18//
REF/H/OPNAVINST 6000.1D/12MAR18//
REF/I/MCO 5000.12F CH-1/10MAR21//
REF/J/DODI 1332.45/30JUL18//
REF/K/CNAF M-3710.7/15MAY22//
REF/L/BUMEDINST 6200.15A/28JUL16//
REF/M/MANMED, NAVMED P-117/06FEB23//

NARR/REF A IS GUIDANCE FROM THE SECRETARY OF DEFENSE ENTITLED, "ENSURING ACCESS TO REPRODUCTIVE HEALTH CARE."
REF B IS ALNAV ENTITLED "REPRODUCTIVE HEALTH SERVICES AND SUPPORT".
REF C IS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS GUIDANCE ENTITLED "CHANGES TO COMMAND NOTIFICATION OF PREGNANCY POLICY."
REF D IS NAVY AND MARINE CORPS PUBLIC HEALTH CENTER TECHNICAL MANUAL 6260.01D - REPRODUCTIVE AND DEVELOPMENTAL HAZARDS: A GUIDE FOR OCCUPATIONAL HEALTH PROFESSIONS.
REF E IS DOD ISSUANCE ENTITLED "INDIVIDUAL MEDICAL READINESS."
REF F IS SECNAV INSTRUCTION ENTITLED "DEPARTMENT OF THE NAVY POLICY ON PARENTHOOD AND PREGNANCY."
REF G IS OPNAV INSTRUCTION ENTITLED "DEPLOYABILITY ASSESSMENT AND ASSIGNMENT PROGRAM."
REF H IS OPNAV INSTRUCTION ENTITLED "NAVY GUIDELINES CONCERNING PREGNANCY AND PARENTHOOD."
REF I IS MARINE CORPS ORDER ENTITLED "MARINE CORPS POLICY CONCERNING PARENTHOOD AND PREGNANCY."
REF J IS DOD ISSUANCE ENTITLED "RETENTION DETERMINATIONS FOR NON -DEPLOYABLE SERVICE MEMBERS."
REF K IS CHIEF OF NAVAL AIR FORCES MANUAL ENTITLED "NAVAL AIR TRAINING AND OPERATING PROCEDURES STANDARDIZATION GENERAL FLIGHT AND OPERATING INSTRUCTIONS."
REF L IS ENTITLED "SUSPENSION OF DIVING DUTY DURING PREGNANCY."
REF M IS ENTITLED "MANUAL OF THE MEDICAL DEPARTMENT."//

RMKS/1. The Department of the Navy (DON) is committed to ensuring the health, safety, and well-being of those who serve our country, and their families in an environment of safety, privacy, and respect. References (a) and (b) announced the intent to establish additional privacy protections for reproductive health care information, including standardizing and extending the time Service Members have to fulfill their obligation to notify commanding officers (CO) of a pregnancy to no later than 20 weeks unless specific requirements to report sooner, such as those necessitated by

occupational health hazards, are set forth in policy. Reference (c) is newly-released policy that provides those privacy protections and associated procedures.

2. Policy

a. Service Members shall be provided the time and flexibility to make private health care decisions in a manner consistent with the responsibility of CO to meet operational requirements and protect the health and safety of those Service Members in their care.

b. To provide Service Members with appropriate privacy protections in the early months of pregnancy, in accordance with reference (c), DON health care providers shall follow a presumption that they are not to disclose to a Service Member's command authorities a Service Member's pregnancy status prior to 20 weeks gestation unless this presumption is overcome by one of the notification standards listed below. In making a disclosure pursuant to the notification standards established below, Department of Defense (DoD) health care providers shall provide the minimum amount of information required to satisfy the purpose of the disclosure, consistent with applicable policy.

c. Any DON personnel required to make mandatory notifications, such as related to domestic abuse or sexual assault, in accordance with applicable DoD, DON, or Service regulations, will do so without disclosing the Service Member's pregnancy status.

d. Consistent with existing law and Department policy, CO will protect the privacy of protected health information they receive under this policy, as they should with any other protected health information. Such health care information shall be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties. Personnel shall also be accountable for safeguarding this health care information consistent with existing law and Department policy.

3. Confirmation of Pregnancy, Procedures for Pregnancy Notification, and Assessment of Duties.

a. A Service Member believing they are pregnant should confirm the pregnancy as soon as possible through testing and counseling by a DoD health care provider, or through a licensed non-DoD health care provider from whom the Service Member is receiving care, to receive the benefits of prenatal care and occupational health counseling.

b. Pregnancy Notification. A Service Member who has confirmed pregnancy and intends to carry the pregnancy to term must make every effort to meet with a DoD health care provider at a military medical treatment facility, reserve medical unit, or with a TRICARE authorized provider, no later than 12 weeks gestation. The provider will assess whether the Service Member's duties could adversely impact their health, their pregnancy, or whether the pregnancy impacts the Service Member's ability to safely accomplish their mission using reference (d). The Service Member should also consult with appropriate public health officials, if available. While not all pregnancies will require significant alteration of the work environment, modification of job tasks may be required, based on medical advice and operational requirements, resulting in the need for light duty status.

(1) Notification to CO Upon Confirmation. A Service Member intending to carry the pregnancy to term is encouraged to notify appropriate command authorities upon confirmation of pregnancy, validated through a DoD health care provider or licensed non-DoD health care provider from whom the Service Member is receiving care. This notification should include the DoD health care provider's assessment of whether the pregnancy impacts the Service Member's ability to safely accomplish their mission, the potential impact of their duties on their pregnancy, and any limitations recommended by the provider. A Service Member receiving care from a licensed non-DoD health care provider is required to submit any limitations recommended by the provider to appropriate command authorities.

(2) Delayed Notification to CO. A Service Member who has confirmed their pregnancy and chooses to delay pregnancy notification to appropriate command authorities will notify the appropriate command authorities no later than 20 weeks gestation, unless notification must be made prior to 20 weeks gestation in the circumstances detailed in paragraph 4.

(a) When a Service Member chooses to delay notification, the DoD health care provider will - after consultation with the Service Member - place the pregnant Service Member in a medical temporary non-deployable status and light duty status without making any reference to the Service Member's pregnancy status for up to 20 weeks gestation. A Service Member choosing to delay notification will be advised by their health care provider that such delay could result in delayed access to non-medical resources or assessments, related to their pregnancy or health, which may benefit the Service Member.

(b) No later than 20 weeks gestation, the Service Member will be placed on a medical temporary non-deployable status with limitations specific for pregnancy in accordance with references (e) through (i).

c. Pregnancy Termination. A Service Member considering terminating the pregnancy is encouraged to consult with a DoD health care provider or a licensed non-DoD health care provider from whom the Service Member is receiving care. The DoD health care provider will place the Service Member considering pregnancy termination in a medical temporary non-deployable status without reference to the Service Member's pregnancy status, until appropriate medical care and the necessary recovery period are complete.

d. Resources for Service Members. Service Members may access Military OneSource and chaplain resources, if desired, to understand the reproductive health care and other resources available to them.

e. Guidance for Remote Locations. Service Members assigned to remote locations, away from a military installation, and who receive care from a licensed non-DoD health care provider, are responsible for coordinating their individual medical readiness status with a DoD health care provider at the Navy Medicine Readiness and Training Command with medical cognizance, or reserve medical unit.

4. Special Circumstances Affecting Notification to a CO.

a. Duties, Hazards, and Conditions. There are military duties, occupational health hazards, and medical conditions where the proper execution of the military mission outweighs the interests served by delaying CO notification. In these situations, DoD health care providers will recommend the Service Member be placed in a light duty status, to include temporary non-deployable status, with limitations specific to a medically-confirmed pregnancy in accordance with references (e) and (j). These situations are:

(1) Special Personnel. Many occupations in the DON are subject to occupational hazards that pose a risk to the Service Member and pregnancy. Service Members should consult their relevant occupational guidelines for pregnancy. The DON has identified the following personnel as having mission responsibilities or being subject to occupational health hazards that would significantly risk mission accomplishment should notification to a CO of the Service Member's pregnancy be delayed.

(a) Naval Aviators, Naval Flight Officers, and Aircrew assigned to duty involving flight operations. These personnel shall adhere to the pregnancy regulations in accordance with reference (k).

(b) Sailors or Marines assigned to diving duty must immediately report presumptive pregnancy to a diving medicine representative as outlined in reference (l).

(c) Sailors on submarine duty must adhere to the guidelines outlined in reference (m), chapter 15-106.

(d) Sailors or Marines assigned or selected to other special duty assignments requiring completion of a Special Duty Assignment physical exam must adhere to the regulations governing those programs.

(2) Acute Medical Conditions Interfering with Duty. The treating DoD health care provider has determined that there are special medical circumstances related to the Service Member's pregnancy that would interfere with their ability to safely accomplish their military mission.

(3) Other Special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by delaying notification, as determined on a case-by-case basis by a DoD health care provider (or other authorized official of the military medical treatment facility involved) at the grade of

O-6 or higher, or civilian employee equivalent level. The DON has identified the following special circumstances as requiring earlier notification:

(a) Sailors and Marines who intend to carry the pregnancy to term and are in receipt of orders to an officer accession program, to include the United States Naval Academy, Naval Reserve Officers Training Corps, or Officer Candidate School, must inform the program offices no later than 90 days prior to the report date for the program. Commands will coordinate with the accession program to determine whether the orders can be executed or need to be deferred.

(b) Sailors and Marines who intend to carry the pregnancy to term and are in receipt of orders to a training or educational program that will not be completed prior to the expected delivery date must inform their commands no later than 90 days prior to the report date for the program. Commands will coordinate with Service assignment offices and the schoolhouses to determine whether the training orders can be executed or need to be deferred.

b. Required Pregnancy Testing. When pregnancy testing is included as part of health screenings for pre-deployment, specific job training, theater entry requirements, or other authorized reasons, test results will first be reviewed by the DoD health care provider, and will not be automatically sent to the appropriate command authorities. In the event of a positive pregnancy test, the DoD health care provider will consult with the Service Member to determine their preferred course of action, in accordance with this guidance.

(1) If the Service Member intends to carry their pregnancy to term, the Service Member must notify appropriate command authorities immediately. The Service Member will immediately be placed on a medical temporary non-deployable status with limitations specific for pregnancy in accordance with reference (e), applicable Department and Service specific policy and procedures, and this guidance.

(2) If the Service Member informs the DoD health care provider that they intend to or are considering pregnancy termination, the Service Member will be placed in a medical temporary non-deployable status without reference to pregnancy status, until appropriate medical care and the necessary recovery period are complete. Neither the Service Member nor the DoD health care provider shall be required to notify the appropriate command authorities that pregnancy is the basis for the restricted duty status, in accordance with this guidance.

c. Deployed or Underway. If a Service Member is confirmed to be pregnant while deployed or underway, the treating DoD health care provider will consult with the Service Member to determine their preferred course of action.

(1) If the Service Member intends to carry their pregnancy to term, the DoD health care provider will place the Service Member on a temporary non-deployable status with limitations consistent with reference (d). The Service Member will redeploy to their permanent duty station in accordance with references (h) and (i), and/or theater-level policy.

(2) If the Service Member informs the DoD health care provider that they intend to or are considering pregnancy termination, the DoD health care provider will place the Service Member in a medical temporary non-deployable status without reference to the Service Member's pregnancy status. The Service Member will be redeployed to their permanent duty station if required by theater-level policy or based on the recommendation from the DoD health care provider. When the appropriate medical care and the necessary recovery period are complete, the Service Member may be eligible to return to the theater based on mission requirements and applicable theater-level policy.

d. Provider Notification to the Service Member. For notifications made pursuant to sections 4.a., 4.b(1), and 4.c(1), DoD health care providers must provide the Service Member reasonable notice of no less than 1 business day, unless exigent mission requirements necessitate notification more quickly, prior to placing the Service Member on a medical temporary non-deployable status or light duty status with limitations specific to a medically-confirmed pregnancy.

5. References (f), (h), and (i) will be updated to conform with this policy.

The Navy and Marine Corps will ensure regulations governing special duty assignments that trigger notification earlier than 20 weeks under paragraph 4.a.(1)(d) do so only when non-disclosure prior to 20 weeks would significantly risk mission accomplishment.

6. I encourage you to visit the Navy and Marine Corps Public Health Center's, "Women's Health Toolbox," at <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/> for additional information and resources on myriad women's health issues. More information about the DoD policies can be found at <https://www.health.mil/EnsuringAccessstoReproductiveHealth>.

7. Rest assured that the DON's work to implement the DoD's new policy is a priority. I expect cooperation from leaders across the Navy and Marine Corps to ensure appropriate input and efficient implementation of this new policy.

8. Released by the Honorable Carlos Del Toro, Secretary of the Navy.//

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SUBJ/ADMINISTRATIVE ABSENCE OR FUNDED TRAVEL FOR NON-COVERED REPRODUCTIVE
HEALTH CARE//

REF/A/SECDEF MEMORANDUM/20OCT22//
REF/B/ALNAV 071/22//
REF/C/USD-PR MEMORANDUM/16FEB23//
REF/D/DODI 1327.06/15JAN21
REF/E/JOINT TRAVEL REGULATIONS//
REF/F/SECNAVINST 1000.10B/16JAN19//
REF/G/OPNAVINST 6000.1D/12MAR18//
REF/H/MCO 5000.12F CH-1/10MAR21//

NARR/REF A IS GUIDANCE FROM THE SECRETARY OF DEFENSE ENTITLED, "ENSURING
ACCESS TO REPRODUCTIVE HEALTH CARE."
REF B IS ALNAV ENTITLED "REPRODUCTIVE HEALTH SERVICES AND SUPPORT."
REF C IS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS GUIDANCE
ENTITLED "ADMINISTRATIVE ABSENCE FOR NON-COVERED REPRODUCTIVE HEALTH CARE."
REF D IS DOD INSTRUCTION 1327.06 ENTITLED "LEAVE AND LIBERTY PROCEDURES."
REF E IS JOINT TRAVEL REGULATIONS.
REF F REF F IS SECNAV INSTRUCTION ENTITLED "DEPARTMENT OF THE NAVY POLICY ON
PARENTHOOD AND PREGNANCY."
REF G OPNAV INSTRUCTION ENTITLED "NAVY GUIDELINES CONCERNING PREGNANCY AND
PARENTHOOD."
REF H IS MARINE CORPS ORDER ENTITLED "MARINE CORPS POLICY CONCERNING
PARENTHOOD AND PREGNANCY."//

RMKS/1. The Department of the Navy (DON) is committed to ensuring the
health, safety, and well-being of those who serve our country, and their
families in an environment of safety, privacy, and respect. Our Sailors,
Marines, and their families are often required to travel or relocate their
households to meet our staffing, operational, and training requirements.
Such relocations should not limit their access to reproductive health care.
References (a) and (b) announced the intent to establish policies allowing
Service Members authorization to either an administrative absence to obtain
non-covered reproductive health care or provided travel and transportation
allowances to facilitate official travel to access non-covered reproductive
health care that is unavailable within the local area of a Service Member's
permanent duty station.

2. It is the responsibility of the commanding officer (CO) or approval
authorities to meet operational requirements and protect the health and
safety of those in their care. COs or approval authorities are expected to
continue to display objectivity, compassion, and discretion when addressing
all health care matters, including reproductive health care matters, and have
a duty to enforce existing policies against discrimination and retaliation in
the context of reproductive health care choices.

3. Consistent with existing law and Department policy, COs will protect the
privacy of protected health information received under this policy, as they

should with any other protected health information. Such health care information shall be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties. Personnel shall also be accountable for safeguarding this health care information consistent with existing law and Departmental policy.

4. Administrative absence to obtain non-covered reproductive health care.

a. Reference (c) authorizes the expanded use of administrative absence to include the ability for a Sailor or Marine to request administrative absence from their duties at their normal duty station for non-covered reproductive health care without loss of pay or being charged leave, thus ensuring access to lawfully available non-covered reproductive health care regardless of duty station. Reference (d) will be updated to reflect this change.

b. Eligibility. Active duty Service Members, including Reserve Component members when on active duty orders for 30 or more consecutive days, may be granted an administrative absence to receive, or to accompany a dual-military spouse or a dependent who receives, non-covered reproductive health care as defined in paragraph 6. This administrative absence should be granted whether or not such care is available within the local area of the eligible Service Member's duty location as defined in reference (e), section 0206, "Travel In and Around the Permanent Duty Station (PDS)," or whether the dual-military spouse or dependent resides with, or are geographically separated from, the eligible Service Member.

c. Duration. The administrative absence may be granted for a period up to 21 days per request. The period of absence will be limited to the minimum number of days essential to receive the required care and travel needed to access the care by the most expeditious means of transportation practicable. COs will limit health information required to the minimum amount necessary to ensure eligibility and be reasonably sure the duration of the time authorized meets this criteria. Should a Service Member or dependent decide not to proceed with the non-covered reproductive care, the DON will not charge the time away as leave and the member should expeditiously return to the unit.

d. Approval Guidance. COs or approval authorities should grant an administrative absence to eligible Sailors and Marines when a non-covered reproductive health care need is identified by the eligible Service Member. Requests for administrative absence should be given all due consideration and should be granted to the greatest extent practicable, unless, in the CO's judgment, the Service Member's absence would impair proper execution of the military mission. If the CO denies the request, the Sailor or Marine may appeal the request to the next level of leadership.

(1) It is essential that COs or approval authorities act promptly and with appropriate discretion when considering a Service Member's request for an administrative absence to obtain non-covered reproductive health care, with due regard to the time-sensitive nature of many non-covered reproductive health care services. To the greatest extent practicable, delay in granting an administrative absence should not result in an eligible Service Member being unable to access the non-covered reproductive health care that served as the basis for the administrative absence request.

(2) In considering the mission impact of a Service Member's request for an administrative absence for non-covered reproductive health care - for example, where recurring care may be necessary over a period of time - COs or approval authorities should coordinate with the eligible Service Member to balance operational requirements and the reproductive health care schedule.

(3) COs or approval authorities will not levy additional requirements on the eligible Service Member (including, but not limited to, consultations with a mental health provider or a chaplain, medical testing, or other forms of counseling) prior to approving or denying the administrative absence request.

(4) Eligible Service Members shall not be granted an administrative absence if their intention is to sell, to offer for sale, or to receive proceeds from a sale resulting from an Assisted Reproductive Technology (ART) procedure while on, or in connection with taking, such absence (including, but not limited to, selling eggs, embryos, sperm, or services as a

surrogate).

e. Convalescent Leave. COs or approval authorities may also grant a Service Member convalescent leave, as permitted under reference (d), following receipt of non-covered reproductive health care based on a recommendation from a Department of Defense (DoD) health care provider or a non-DoD health care provider from whom the Service Member is receiving care.

5. Travel allowances

a. Eligibility, reimbursement amounts, and procedures for travel allowances to obtain non-covered reproductive health care services will be provided in reference (e). This policy does not apply to travel for covered procedures, such as when a pregnancy termination is covered because the pregnancy was the result of rape or incest, or where the life of the mother would be endangered if the fetus were carried to term.

b. Travel funding is the responsibility of the command authorizing the travel. Commands must adhere to fiscal regulations and may not authorize travel which is not required or for which funding is not available, but all levels of leadership are expected to support this policy and prioritize available resources accordingly. If funding is an issue, commands will work with their chain of command and budget submitting office to obtain additional funds.

c. Should a Service Member or dependent decide not to proceed with non-covered reproductive health care after travel requested in good faith has commenced, the DON will not recoup travel funds and the Service Member should expeditiously return.

6. Non-covered reproductive health care consists of lawfully available ART and non-covered abortion.

a. A covered abortion is an abortion, either medical or surgical, where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

b. A non-covered abortion is an abortion, either medical or surgical, that is not a covered abortion.

c. ART consists of only the following:

(1) Ovarian stimulation and egg retrieval, including any needed medications and procedures required for retrieval, processing, and utilization for ART or cryopreservation.

(2) Sperm collection and processing for ART or cryopreservation.

(3) Intrauterine insemination (IUI).

(4) In vitro fertilization (IVF) inclusive of the following procedures for beneficiaries when clinically indicated.

(a) IVF with fresh embryo transfer.

(b) Gamete intrafallopian transfer (GIFT).

(c) Zygote intrafallopian transfer (ZIFT).

(d) Pronuclear stage tubal transfer (PROST).

(e) Tubal embryo transfer (TET).

(f) Frozen embryo transfer.

7. Tracking Mechanisms. The DON will be tasked to report cost and usage of the administrative absence and funded travel policies authorized by reference (c), changes to reference (e), and this ALNAV.

a. The tracking requirements in this message apply to DON organizations and Service Members assigned to DON organizations. The cost and usage by Sailors and Marines assigned to organizations in other DoD components will be tracked using the mechanisms established by those components.

b. The Navy and Marine Corps are directed to provide plans to track days used for administrative absence to the Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs (ASN (M&A))) by 27 March 2023. The number of days used will be reported by the Service of the member, regardless of whether assigned to a Navy or Marine unit. Reports will include no Personally Identifiable Information (PII) or Health Insurance Portability and Accountability Act (HIPAA) information and will not disclose the type of non-covered reproductive health care.

(1) The Navy will be responsible for reporting use by Sailors,

regardless of whether assigned to a Navy or Marine Corps unit.

(2) The Marine Corps will be responsible for reporting use by Marines, regardless of whether assigned to a Navy or Marine Corps unit.

c. The Navy and Marine Corps are directed to provide their plans to track cost and usage of travel and transportation allowances to the Office of the ASN (M&RA) by 27 March 2023.

(1) The Marine Corps will be responsible for reporting usage by Service Members whose travel was funded by Marine Corps commands, regardless of the branch of the Service Member.

(2) The Navy will be responsible for reporting usage by Service members whose travel was funded by Navy commands, regardless of the branch of the Service Member.

(3) The reports will not include PII or HIPAA information. The reports will not specify whether the travel was for ART or a non-covered abortion.

(4) The Navy and Marine Corps will be responsible for tracking and reporting the following information for each TDY period authorized:

(a) Command name.

(b) Branch of the Service Member (e.g., Navy, Marine Corps).

(c) Fiscal quarter in which the travel completed.

(d) Number of travel days used by the Service Member. Note that the days authorized or used by a dependent on the same trip may be more or less than this amount. Days of travel by non-Service Members are not required to be reported.

(e) Total cost. A single cost is to be provided for the entire trip and inclusive of all authorized travelers. Do not break down costs by traveler or by any other basis. Provide the actual cost of the trip after travel claims are completed.

8. References (f) through (h) will be updated to conform with this policy.

9. I encourage you to visit the Navy and Marine Corps Public Health Center's, "Women's Health Toolbox," at <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/> for additional information and resources on myriad women's health issues. Additional information on these policies can also be found at <http://www.health.mil/ensuringaccesstoreproductivehealth>.

10. Rest assured that the DON's work to implement the DoD's new policy is a priority. I expect cooperation from leaders across the Navy and Marine Corps to ensure appropriate input and efficient implementation of this new policy.

11. Released by the Honorable Carlos Del Toro, Secretary of the Navy.//

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