



**WRITTEN RESPONSE TO DACOWITS
RFI #6 FOR MARCH 2018**

SERVICEWOMEN'S REPRODUCTIVE HEALTH

BACKGROUND: The Defense Advisory Council on Women in The Services (DACOWITS) has requested a written response from the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) to address the following:

DACOWITS QUESTIONS/REQUEST:

a. Provide details on access to procedures or treatments available to servicewomen, related to the management of menstruation and unplanned pregnancies, including prescription, over-the-counter (condoms, vaginal foam) other short-acting (injectable, intravaginal, transdermal and diaphragms/cervical caps), long acting contraceptives (intrauterine devices, implants), and pregnancy terminations, particularly in deployed environments, to include (but not limited to):

- i. Medical support;
- ii. Time off allocated to obtain the medical procedures;
- iii. Recovery time allocated (e.g., convalescent leave);
- iv. Guidance and counseling provided before/after the medical procedure; and
- v. Any other areas of support/resources provided.

b. What is the extent of the access and how does OASD(HA) ensure servicewomen are educated on availability of these resources?

OASD HEALTH AFFAIRS RESPONSE

a. *“Provide details on access to procedures or treatments available to servicewomen, related to the management of menstruation and unplanned pregnancies, including prescription, over-the-counter (condoms, vaginal foam) other short-acting (injectable, intravaginal, transdermal and diaphragms/cervical caps), long acting contraceptives (intrauterine devices, implants), and pregnancy terminations, particularly in deployed environments, to include (but not limited to):”*

i. **“Medical Support”**

RESPONSE: *All Services provide full scope contraceptive services for Active Duty (AD) service women, either at their assigned military treatment facility (MTF), or by referral to a local provider with the assistance of the TRICARE regional coordinator, where services are not available at the MTF. Health care is provided by either primary care or women’s health providers who can perform medical procedures, such as intrauterine device or contraceptive implant insertion, prescribe short-acting medications or devices to help manage menstruation and prevent pregnancy, and manage other obstetric and gynecologic health care needs, as medically appropriate for the service member.*

Emergency contraception is available over the counter at MTF pharmacies without prescription.

Contraceptive services include all forms of contraception:

- *Emergency contraception (see Attachment A)*
 - *Plan B One Step (levonogestrel 1.5 mg) (available over the counter at pharmacies without prescription)*
 - *Plan B (levonogestrel 0.75) (available by prescription)*
 - *Ella (ulipristal acetate) (available by prescription)*
- *Over the counter: condoms (available at walk-in contraceptive clinics)*
- *Short acting reversible contraceptives: oral, transdermal, intravaginal contraceptives, diaphragms, and depo provera (See Attachment B)*
- *Long acting reversible contraceptives (LARCs): implants (nexplanon) and intrauterine devices*
- *Permanent sterilization*
- *Counseling on natural family planning and lactational amenorrhea.*

Some short-acting contraceptives and LARCs can also be used for menstruation control. These methods are offered to all female Service members, as medically appropriate.

Surgical management of abnormal menstruation is offered through women’s health providers, when medically indicated, such as dilation and curettage, endometrial ablation, myomectomy, uterine artery embolization, and hysterectomy.

Pregnancy terminations for rape, incest or the life of the mother are covered by TRICARE, and can be performed in some MTFs. Service members are referred when necessary, care is coordinated by the TRICARE regional manager as needed. In some cases, the MTF provider

will make a direct referral. In other cases of pregnancy termination (outside rape, incest or the life of the mother), the Service member can be referred, but will pay for the services they receive.

In deployed settings, most short-acting contraceptive methods are available. The availability of long-acting methods varies depending upon the nature of the deployment, as some procedures may not be safely performed depending on the location and setting. If a procedure is deemed medically necessary or urgent, the Service member would be medically evacuated from the deployed environment.

ii. Time off Allocated to Obtain Medical Procedures

All Services assure members get necessary health services, but Service policies to obtain health care for medical procedures vary. Generally, the Service member is required to account for their absence and notify their commanding officer of their upcoming anticipated absence.

iii. Recovery Time Allocated (e.g., convalescent leave)

All Services allow convalescent leave which is at the discretion of the health care provider. If the allotted convalescent leave is expiring, the health care provider can extend leave if it is determined to be necessary. Military commanders may provide input into convalescent leave due to mission requirements.

iv. Guidance and Counseling Provided Before/After the Medical Procedure

The Services follow standards of care to provide guidance and counseling prior to and post procedure counseling is provided by health care personnel and individualized to the needs of the patient. Informed consent is obtained for the desired procedure, and patients are counseled on the risks, benefits, and alternatives to the desired procedure as appropriate. Service members are given instructions on signs of potential complications, as well as where to go, what phone numbers to call, and what do to in case of a complication, usually through verbal instruction and a standardized handout. At the procedure appointment, the Service member is discharged with verbal and written information concerning potential complications, specific after-care instructions, a follow-up appointment, and other directions such as activity limitations, etc.

v. Any other areas of support/resources provided

All MTFs provide local resource information including flyers, handouts and pamphlets. Medical in-processing includes information on these resources for each service member. In section b, below, specific information on access to information is described for each Service.

In addition to these resources, the Navy currently has 10 walk-in contraceptive clinics, where patients can receive same day full scope contraceptive services without the need for an appointment. These clinics have improved contraceptive access, as well as utilization of long acting reversible contraceptives (intrauterine devices and subdermal implants), which are usually more effective methods of contraception. Navy has slated eight more clinics to open over the next fiscal year.

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b. What is the extent of the access and how does OASD(HA) ensure servicewomen are educated on availability of these resources?

OASD(HA) ensures that servicewomen are educated on the availability of resources by convening a chartered working group, the HA Women's Health Issues Working Group (HAWHIWG), of Service and Defense Health Agency (DHA) women's health experts on a monthly basis. This group discusses women's health topics including current emerging issues, new programs, and ways to communicate and assure all servicewomen have access to high quality women's health care. In November, 2017, HAWHIWG began sponsoring webinars directed at women's health topics for all TRICARE beneficiaries, including servicewomen. These topics have included prenatal care and nutrition, and heart health. There are plans for additional webinars in May for women's mental health, and a topic to be determined for Midwifery Week in October. Additionally, HAWHIWG sponsored a webinar to support the adoption of the CDC "U.S. Selected Practice Recommendations for Contraceptive Use" following the initial issuance of DHA Interim Procedures Memorandum (IPM) 16-003, "Clinical Practice Guidelines for Access to Methods of Contraception and Contraceptive Counseling." This IPM requires access to contraceptive counseling and contraception that uses the Centers for Disease Control and Prevention Selected Practice Recommendations as the clinical practice guidelines (Attachment C).

The Department of Defense (DoD) is currently developing a DHA-Procedural Instruction (PI), scheduled to be published by September, 2018, that will include detailed guidance on contraceptive counseling and access for all TRICARE beneficiaries.

A recent assessment of contraceptive access and counseling was presented to Senator Shaheen's office (Attachment D). This presentation demonstrates effective implementation of the IPM, with increased access to LARCs (up 13.8 percent overall, and 25.3 percent among servicewomen aged 17-20). Additionally, the slide set describes the Navy implementation of walk-in clinics.

All Services assure that military medical beneficiaries have access to these resources. If a clinic or military treatment facility cannot provide a particular service, the patient is referred to the closest facility within the network that can provide the needed treatment. Service members also have access to the TRICARE regional manager to ask for assistance. Generally, when Service members move to a new location, there is medical in-processing that includes a briefing and written information about the MTF. Additionally, all Service members receive health care information during their initial training (Boot Camp or officer training) and at their school house.

In addition to the information above, each Service has specific procedures to assure servicewomen are educated on available resources.

1. Army

- *Servicewomen are educated during basic and advanced training on the availability of health care services.*
- *Army maintains a Women's Health Portal that includes information on a number of women's health topics including health and wellness, deployment health and mental health. It includes a number of resource materials that are maintained by the U.S. Army Public Health Center. Selected e-products can be downloaded. <https://phc.amedd.army.mil/topics/healthyliving/wh/Pages/default.aspx>*
- *Army has two policies Office of the Surgeon General Medical Command (OTSG/MEDCOM) Policy Memo 14-066 "Elective Termination of Pregnancy for Women who are Pregnant as a Result of an Act of Rape or Incest" and OTSG/MEDCOM Policy Memo 14-065 "Termination of Pregnancy for a Woman Whose Life is Endangered if the Pregnancy is Carried to Term" for cases of pregnancy termination within the DoD. These policies define guidelines for management of patients who may receive pregnancy termination services.*

2. Navy and Marines:

- *Recruits receive contraception and sexually transmitted disease counseling at Boot Camp, indoctrination and in school house settings. Sailors and Marines also receive this information during in-processing to their command through their medical departments.*
- *Educational materials are readily accessible via the Navy and Marine Corps Public Health Website. Informational resources are also provided at visits with providers for contraceptive counseling, and are accessible at all Navy clinics. Standardized resources have been shared among providers as well as free informational resources for both providers and patients. These resources are distributed through the specialty line leaders to providers, to ensure all providers receive the information, and are posted on the MilSuite websites to allow providers to download information as needed.*
- *Navy instruction 6300.16 A, 28 APR 2014, title "Navy Abortion Policy" defines the guidelines on management of abortion services. It outlines when it is permissible to perform in a Navy facility, what to do in cases where the service is not available at a facility, references for state abortion laws, how to maintain patient privacy, and guidelines for documentation. Please reference document for specific information. A list of MTFs and their abortion capabilities are updated annually to ensure the community is aware of the nearest military facility that can provide the necessary service. There are also resources provided on the Navy and Marine Corps Public Health Center website on abortion for both patients and providers. <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/Abortion-Information.aspx>*

3. Air Force

- *All AD Service members (regardless of gender) are required to meet with medical facility staff each time they move to a new location (medical in-processing). During the medical briefing, AD Service members are instructed regarding how*

to access care at the MTF and after-hours, their current TRICARE region, and services available at the local MTF(s). When scheduling an appointment, the patient has the option to speak with a nurse if there are questions regarding type of appointment needed. During an appointment with a primary care provider or specialist for women's health issues or during the annual Preventive Health Assessment, contraception methods are discussed and options given to the female AD Service member. These include options available at the MTF as well as by referral to a civilian provider.

- *Air Force maintains individual web pages, specific to the MTFs that discuss women's health services.*
- *AFI144-102 "Medical Care Management", Section 4B, 4.5 sets the guidelines for management of patients receiving pregnancy terminations.*