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Defense Advisory Committee on Women in the Services Request for Information

Defense Health Agency
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Distribution Statement A

BLUF

- The Defense Health Agency (DHA) is responding to the March 2024 Defense Advisory Committee on Women in the Services (DACOWITS) request for information on institutional policies and procedures that potentially inhibit family planning, to include eligibility for fertility services.
- DHA has been asked to provide a briefing in response to sixteen specific questions, detailed herein, related to family planning.



Family Planning 6c.

- **Question:** How many OB/GYN medical providers are authorized at MTFs (does not include providers who may perform women's wellness or other family planning visits)? Are these facilities fully staffed or are they undermanned? What is the extent of the shortage? Is there a greater problem overseas and in rural/remote areas? If so, what are the challenges?
- **DHA Response:** As of March 2024, DHA operates 41 hospitals/inpatient facilities with Gynecologic Surgery & Obstetrics (GS&O) services worldwide. GS&O services are provided by more than 450 OB/GYN physicians (military, civilian, and contract), supported by women's health staff (nurse practitioners, certified nurse midwives, etc.), across the enterprise. Individual MTF staffing requirements are influenced by a variety of factors and can fluctuate regularly. DHA continually evaluates access to care standards to ensure beneficiaries can receive care in a timely manner, both in Direct Care (DC) and Private Sector Care (PSC).



Family Planning 6d.

- **Question:** How many CONUS/OCONUS installations do not have OB/GYNs assigned? Does not include non-OB/GYN providers who may perform women's wellness visits.
- **DHA Response:** Three hospitals/inpatient facilities do not currently have GS&O services (ACH Keller-West Point, NH Beaufort, and 51st Medical Group-Osan), while four MTFs with GS&O services provide outpatient GS&O but do deliveries in PSC (AMC Eisenhower, AHC Guthrie-Drum, Scott AFB, Offutt AFB). When beneficiaries require specialty care but cannot access an OB/GYN at an MTF they are referred to PSC. Many women's health concerns can be evaluated and managed in primary care, with specialty care best reserved for complex cases or surgical needs.



Family Planning 6e.

- **Question:** How many Service members seek mental health counseling for reproductive health issues? Provide data for last five years by gender
- **DHA Response:** There is no direct data to provide on mental health counseling for reproductive health issues. Mental health counseling can be obtained with or without a referral for both Active Duty and dependents.

All beneficiaries receive standardized mental health screening (Patient Health Questionnaire (PHQ)-2 or PHQ-9) at any MTF worldwide with additional screening in pregnancy and postpartum. Behavioral health personnel are available in specialty behavioral health clinics and many primary care clinics. Anxiety, depression, or altered coping are treated using the same therapy modalities (e.g., psychotherapy, cognitive-behavioral therapy, and pharmaceutical medications) irrespective of the source of the condition or when it is identified.



Family Planning 6f.

- **Question:** Provide an update on DHA pilot of reproductive behavioral health consultations program offering military behavioral health providers opportunities to receive free consultation from reproductive behavioral health experts on key issues in clinical practice involving reproductive health concerns.
- **DHA Response:** The MHS Reproductive Behavioral Health consultation pilot is intended to allow DoD providers to access consultation services provided by VA reproductive mental health subject matter experts. The pilot is expected to begin later in 2024 and will run for one year. Each consultation request will include provider type, MTF location, and qualitative feedback on consultation information and utility. The DoD and VA will evaluate results from the pilot in 2025 to determine feasibility and advisability of enterprise-wide adoption or continuation of the pilot.



Family Planning 6g.

- **Question:** In an article published by Military Times (dated December 6, 2023) cited DoD's long wait times, medical staff shortages at MTFs, and lack of easy access and coverage through TRICARE, particularly in overseas and rural or remote locations, leading to dissatisfaction. What is being done to mitigate these issues?
- **DHA Response:** Access and wait times are monitored monthly to ensure access standards are being met worldwide in DC and PSC. For specialty care (e.g., GS&O), this means an appointment within 28 days. As of December 2023, access to care standards for specialty care (e.g., GS&O) are meeting set targets at more than 94 percent of MTFs. Satisfaction with access to care, as well as patient experience, are monitored monthly via the Joint Outpatient Experience Survey (JOES) and other touch points.



Family Planning 6h.

- **Question:** What obstacles, barriers, and challenges do providers cite in providing family planning and fertility-related services to Service members?
- **DHA Response:** Fertility related services (including diagnosis and treatment of the underlying physical causes of infertility) can be provided in a variety of settings including primary and specialty care. While Assisted Reproductive Technology (ART) services (e.g., in-vitro fertilization) are specifically excluded from coverage under the TRICARE Basic benefit, ADSMs and eligible beneficiaries who either desire or need to conceive via ART may pursue treatments at specific MTFs, which provide ART services not otherwise covered at a greatly reduced cost, where available. All such care is subject to space availability at the respective MTF.



Family Planning 6i.

- **Question:** Provide detailed information explaining how DHA implemented [...] a comprehensive contraception education campaign to: (1) increase awareness; (2) expand publicly displayed information; (3) clarify types of medical care available through MHS following any abortion; and (4) include a point of contact to request assistance if they have trouble accessing reproductive health care.
- **DHA Response:** To ensure awareness, MTFs update individual web sites to include information on walk in contraception services access.

Additional contraception and reproductive health information is shared on DHA websites (health.mil, tricare.mil) for all genders (detailed on slide 24). DHA also established a portal for beneficiaries to reach out directly for help accessing reproductive health or contraceptive care, which has received only a few inquiries to date.



Family Planning 6j.

- **Question:** What surveys does DHA conduct to measure Service members' (1) knowledge and awareness of family planning and fertility-related services, (2) satisfaction with such services, and (3) availability/accessibility of such services? Provide findings from such surveys.
- **DHA Response:** The DoD, Military Services, and DHA independently conduct various surveys to assess satisfaction and experience with family planning and fertility-related services. Examples include the Women's Reproductive Health Survey (WRHS) regarding access to family planning and counseling services among Active-Duty Service women; the Services administer the Periodic Health Assessment annually to evaluate the individual medical readiness of Service members; and the DHA's JOES requests information on the beneficiary experience in MTF healthcare visits.

[MHS Patient Satisfaction Surveys | Health.mil](#); [Women's Reproductive Health Survey \(WRHS\) of Active-Duty Service Members: Summary Findings and Policy Implications | RAND](#)



Family Planning 6k.

- **Question:** How are contraception services made available to servicewomen (e.g., by appointment, walk-in, other? On/off installation? Identify what walk-in/non-appointment services are available). Address availability of the contraceptive measures below and how obtained (appointment only, other)? i. Birth control pill; ii. Long-acting reversible contraception (LARC); and iii. Morning after pill.
- **DHA Response:** Contraception services (e.g., LARC, short-acting reversible contraception (SARC), emergency contraception (EC), counseling) are available through both appointment (primary or specialty care) and walk-in at more than 130 designated MTFs worldwide. Service members do not have co-pays at any point of service for contraceptives (non- Active-Duty beneficiaries filling prescriptions through mail order or retail network pharmacies have a co-pay).

LARCs include hormonal and non-hormonal subdermal contraceptive implants and intrauterine devices; SARCs include oral contraceptive pills that require prescriptions, patches, and rings; EC includes oral levonorgestrel (i.e., Plan B), ulipristal acetate (i.e., Ella), and copper intrauterine devices.



Family Planning 6l.

- **Question:** What is the implementation status on the SecDef's Memo (dated October 20, 2022) that all MTFs with appropriate clinical capability expand services to include dedicated hours for walk-in contraceptive care for Service members. Detail what walk-in services are available and whether they are available 7 days/week?
- **DHA Response:** On February 16, 2023, the Department of Defense released directed policies in response to the SECDEF memo, which were effective within 30 days. This included policy guidance on Command notification of pregnancy, administrative absence for non-covered reproductive health care, and travel and transportation allowances for non-covered reproductive health care. Walk-in contraception services (WiCS) have been available since January 30, 2023, at 130 designated parent MTFs on an at-least weekly basis; individual sites define the specific locations and hours that best serve the needs of their populations.



Family Planning 6m.

- **Question:** Does DHA or the Services track the number of family planning appointments? If so, provide numbers of appointments for the last three years.
- **DHA Response:** There is no direct data to provide on family planning, as it can occur in a variety of appointment settings and during various interactions within the health care system. Initial data from WiCS locations specifically show that among 63 reporting WiCS locations, between April 2023 and September 2023, there were 4,269 encounters, which include 2,601 LARC encounters; 1,717 SARC encounters; 223 counseling only encounters; and 11 EC encounters (noting that more than one service can be delivered during a single encounter).



Family Planning 6n.

- **Question:** What are the average wait times for obtaining contraception by Service members? Please include for men and women.
- **DHA Response:** Service members (men and women) can obtain contraception at any one of the 130 designated parent MTF locations that provide WiCS on at least a weekly basis. Service members (men and women) can also obtain contraception during a primary care appointment within seven days, or they can choose to wait to obtain contraception during a specialty care (e.g., GS&O) appointment within 28 days. Access to care standards are the same regardless of gender.



Family Planning 6o.

- **Question:** Please provide statistics on the number of appointments made for family planning purposes (e.g., contraception) from servicewomen in the most recent year of complete data: i. Number of servicewomen who inquired about contraception, broken down by officer and enlisted; ii. Number of servicewomen who inquired about fertility-related services (e.g., what kind? IVF, etc.), broken down by officer and enlisted.
- **DHA Response:** There is no direct data to provide on appointments made for family planning purposes, nor can information be provided on Service women who inquired about either contraception or fertility-related services. These conversations can occur in a variety of appointment settings and during various interactions within the health care system. Data on contraception through WiCS is reported annually.



Family Planning 6p.

- **Question:** How do DHA and the Services track wait times for Service members who schedule a family planning appointment? If tracked, what are the average wait times for Service members to schedule an appointment for family planning services?
- **DHA Response:** Wait times are reviewed monthly to ensure TRICARE access-to-care standards are being met worldwide for primary and specialty care appointing, but there is no direct data to provide as it relates specifically to family planning appointments. WiCS have no appointment times as patients are seen on a walk-in basis.



Family Planning 6q.

- **Question:** What data are available from DHA and all Services on Service members experiencing infertility? i. Number of Service members experiencing infertility?; ii. Number of Service members requesting fertility treatment?; iii. Number of Service members utilizing fertility treatment?
- **DHA Response:** As of 2021, 2.2 percent of ADSMs and their spouses were diagnosed with infertility; CDC reports that, “among married women aged 15 to 49 years with no prior births, about 1 in 5 (19 percent) are unable to get pregnant after one year of unprotected sex (infertility).” However, there are notable differences between clinically diagnosed infertility and survey-based data. The TRICARE benefit covers diagnosis and treatment of the underlying physical causes of infertility. The Department does not define or monitor an access standard for ADSMs or their spouses’ needing fertility services beyond the TRICARE benefit.



Family Planning 6r.

- **Question:** Do the DHA or the Services track infertility causes or the incidence of infertility (i.e., Service-related, or non-Service-related)? If so, provide data collected for the last five years.
- **DHA Response:** DHA has tracked and reported on infertility causes (where known) in multiple Reports to Congress, most recently in November 2020 and 2024 (publication forthcoming). Findings are consistent with national data which suggest the most common causes of infertility (among cases where a specific cause was identified) was anovulation (among females) and azoospermia (among men). In both males and females, whether ADSM or ADSM spouses, unexplained infertility is diagnosed in 15 to 30 percent of cases. A Service-related determination is not made at the time of diagnosis; the DoD gives Military Disability Ratings only at the time a Service member is separated from the military.



Conclusion

- DHA recognizes that the military introduces unique challenges to family building, including unpredictable separations between partners, disruptions to treatment due to relocation and/or deployment, and challenges accessing care due to the location of duty stations and lack of coverage for potential treatments.
- The Department continues to assess all available opportunities to support family building to the extent authorized.



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BACKUP

BACK UP: GME Programs

- Eight MTFs through their OB/GYN Graduate Medical Education (GME) programs provide fertility treatment services based on their program capacity on a fee-for-service basis. The DHA continues to assess all available opportunities to support family building to the extent authorized.

OB/GYN GME REI Program	Location
Walter Reed National Military Medical Center	Maryland
Tripler Army Medical Center	Hawaii
Womack Army Medical Center	North Carolina
Madigan Army Medical Center	Washington
Brooke Army Medical Center	Texas
Naval Medical Center San Diego	California
Wright Patterson Medical Center/88th Medical Group	Ohio
Naval Medical Center Portsmouth	Virginia



BACK UP: SHCP

- Severely or seriously ill/injured ADSMs (defined as being Category 2 or 3 in accordance with Department of Defense Instruction 1300.24 (DoD, 2009)) who have experienced urogenital trauma, and severely or seriously ill ADSMs with a diagnosis of cancer and who are scheduled to undergo gonadotoxic therapy (e.g., therapies that may damage ovarian or testicular tissue) and their lawful spouses may utilize cryopreservation and storage of gametes or embryos for up to three years, through the Supplemental Health Care Program (SHCP), detailed in Chapter 17 of the TRICARE Operations Manual (DoD, 2021).



BACK UP: Health.mil and TRICARE.mil updates

- [Women's Health | Health.mil](#)
- [Ensuring Access to Reproductive Health Care](#)
- [Contraceptive Care Covered Services](#)
- [Find Walk-in Contraceptive Services at your Military Hospital or Clinic](#)
- [See What TRICARE Covers](#)
- [Find a Military Hospital or Clinic](#)
- [Well Woman Exams & Screenings](#)
- [Maternity \(Pregnancy\) Care](#)
- [Mental Health](#)
- [Sexual Trauma](#)
- [TRICARE Contraceptive Care](#)
- [Reproductive Health](#)
- [Abortion](#)



BACK UP: RAND WRHS

- Just over 60 percent of DoD Active-Duty Service Women (ADSW) indicated that they received an appointment with a primary care physician within one week, and almost three-quarters indicated that they received an appointment with an OB-GYN within 28 days, per TRICARE guidelines.
- Roughly 60 percent of ADSW reported any current contraceptive use. Approximately three in ten were currently using a highly effective form of contraception. Approximately one in five ADSW reported being unable to access their preferred form of birth control through the MHS at some point since joining the military.
- Among ADSW who deployed within the past 24 months, a minority reported receiving any contraceptive counseling from an MHS provider prior to deployment: 18 percent of DoD ADSW and 9 percent of Coast Guard ADSW.
- Just over 16 percent of DoD ADSW and 13 percent of Coast Guard ADSW were pregnant in the one-year period covered by the survey. The unintended pregnancy rate was 5.9 percent. Half of DoD who had been pregnant in the year prior to the survey reported depression during or after the pregnancy.
- Fifteen percent of DoD ADSW were unable to conceive after 12 months of trying, a common definition of self-reported infertility. Twelve percent of DoD ADSW reported an unmet need for fertility services since joining the military.

https://www.rand.org/pubs/research_reports/RRA1031-1.html

