



AMERICA'S ARMY:

Army Medicine is Army Strong!

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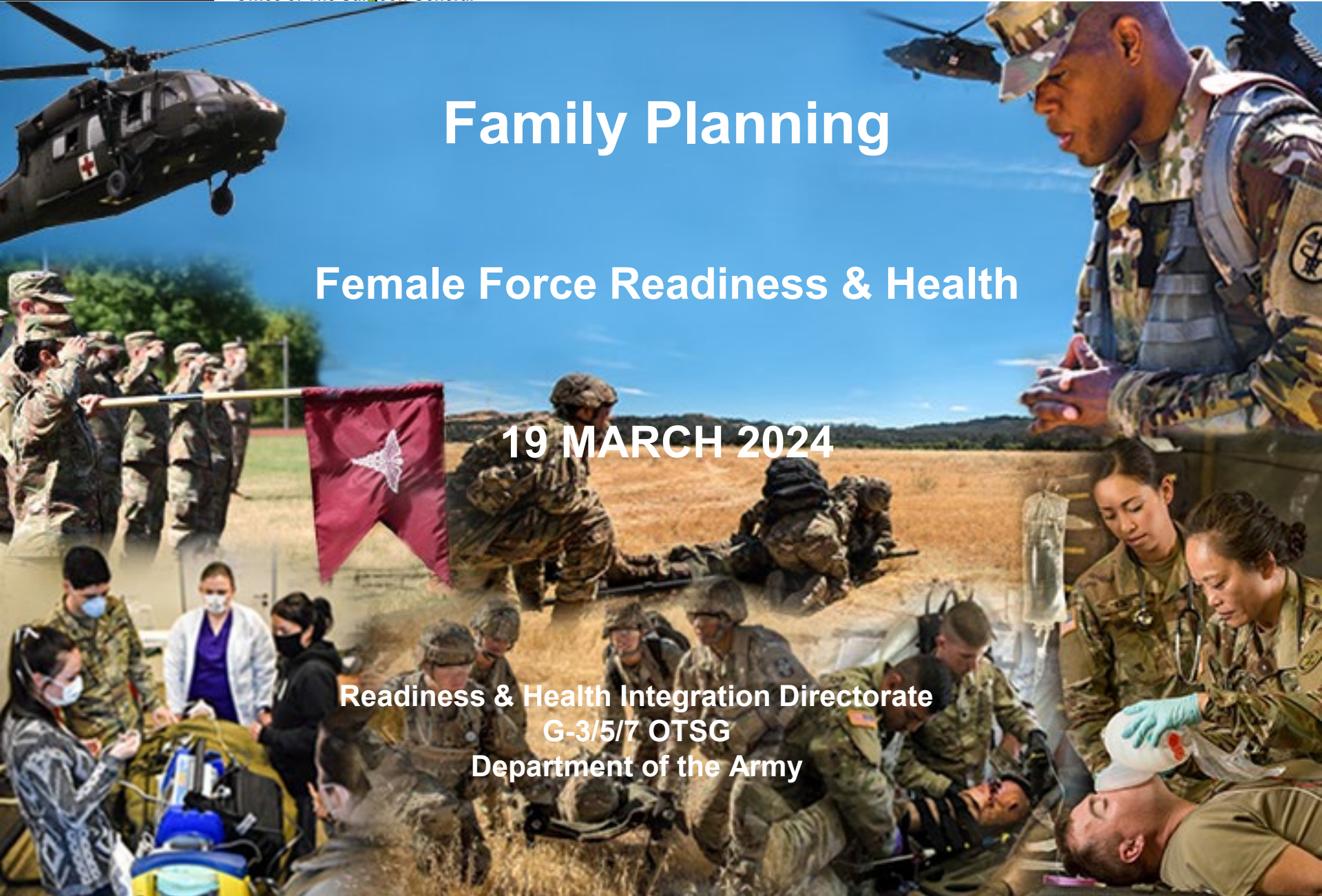
Office of The Surgeon General

Family Planning

Female Force Readiness & Health

19 MARCH 2024

Readiness & Health Integration Directorate
G-3/5/7 OTSG
Department of the Army





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Purpose

Office of The Surgeon General

To provide DACOWITS with Army's Responses to Family Planning RFI #6



What education regarding contraception and family planning is provided to Service members? Explain at what service career points (basic training, particular service points, wellness exams, etc.) that information is provided, whether it is voluntary or mandatory, and the frequency of such education.

Female and male health and readiness education is given monthly for one-hour block of instruction at Initial Entry Training (IET). It is a mandatory training for IET trainees.



Are routine health exams required? Where? At what intervals? What family planning and contraceptive information is provided in well visit or other health exams and are these mandated? Specifically:

- i. Is there information and counseling provided on contraception, fertility-related services, transportation allowances, relevant policies, and outside resources? Where is this information located?
- ii. Are there other means of educating Service members, beyond routine health exams, about resources and information on family planning resources including briefings, information materials, one-on-one discussions, etc?

- ***Routine health examinations are not mandatory. However, IAW AR 40-502 the Army mandates an annual Periodic Health Assessment (PHA), which may necessitate a follow-up in-person medical appointment if specific health concerns are identified. During the Periodic Health Assessment family planning and contraceptive information is discussed with and given to the Service member, if the Service member indicates the desired for such counseling.***
- ***Service members are always welcome to schedule an appointment with their healthcare provider to discuss any concerns or explore options.***
- ***Counseling on contraception and fertility-related services are proactively offered to Service members upon scheduling an appointment with their primary care provider or obstetrician/gynecologist. Primary care and OB/GYN clinics provide pamphlets and hand-outs for additional information. Service members can also access resources on websites like Health.mil, Tricare.mil, and Decide + Be Ready (health.mil).***



Provide detailed information explaining how DHA and Military Services have implemented provisions outlined in SecDef's Memo (dated October 20, 2022) mandating by the end of 2022, a comprehensive contraception education campaign would: (1) increase Services members' awareness of resources available and the fact that TRICARE co-pays were eliminated for medical contraceptive services; (2) expand publicly displayed information highlighting the resources available if Service members experience difficulties accessing reproductive health care at military medical treatment facilities; (3) improve TRICARE and other Military Health System websites to clarify types of medical care available through MHS following any abortion; and (4) update the Military Health System websites, HEALTH.mil and TRICARE.mil, to include a clear and easy-to-find point of contact that Service members or beneficiaries can contact to request assistance if they experience difficulty accessing reproductive health care.

The Defense Health Agency (DHA) implemented a public relations campaign that enhanced the visibility of information through the improvement of military websites, including the individual Military Treatment Facilities (MTFs) websites. This increased Service members' awareness of resources available and the fact that TRICARE co-pays were eliminated for medical contraceptive services. It also expanded publicly displayed information highlighting the resources available if Service members experience difficulties accessing reproductive healthcare at military medical treatment facilities.



What surveys does DHA and Services 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.

- (1) There are no surveys conducted to measure Service members knowledge and awareness of family planning or fertility-related services.***
- (2) Joes Surveys are dispatched to Service members immediately following their appointments; however, these surveys do not categorize responses based on the types of appointments.***
- (3) There are no surveys conducted to measure availability/accessibility of family planning or fertility-related services.***



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)
- iii. Morning after pill

Service members may obtain contraception services by scheduling appointments at their primary care clinic (reproductive health planning) or obstetrics and gynecology clinic (specialty care). For services off the installation, a referral is required. Additionally, walk-in contraception clinics are available, offering immediate access without an appointment to contraceptives, including oral contraceptives and Long-Acting reversible contraception. Service members can obtain most emergency contraception (Morning after pill) over the counter (without a prescription) at their MTF pharmacy. They can also obtain from their local pharmacy and process it under Tricare pharmacy benefit without a copay.



What is the implementation status on the SecDef's Memo (dated October 20, 2022) that all military medical treatment facilities (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?

In accordance with the Secretary of Defense October 20, 2022, Memorandum Walk-in Contraception Services are available, offering immediate access without an appointment 5-6 days a week, depending on location, 40-45 hours a week. Where Service members can obtain if no contraindications, oral contraceptives, implants, Long-Acting Reversible Contraception (LARC), or progesterone only injection.



Does DHA or the Services track the number of family planning appointments? If so, provide numbers of appointments for the last three years.

The Army does not track the number of family planning appointments.

What are the average wait times for obtaining contraception by Service members? Please include for men and women.

The Army does not track average wait times for obtaining contraception by Service members.



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.

The Army does not track the number of appointments made for family planning purposes.



How does 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?

The Army does not track wait times. The Army monitors access to care standards for readiness reasons.



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?

The Army does not track the number of Service members experiencing infertility.

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.

The Army does not track infertility causes or the incidence of infertility.