



U.S. Coast Guard Briefing to DACOWITS RFI #6 March 2024

Presented by:

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U.S. Coast Guard



6. a. 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

The CG initiated efforts to optimize contraceptive care and optimize family building resources for CG members. These efforts over the course of 2023 are being implemented in 2024.

UPSTREAM

- An NGO partner to optimize comprehensive contraceptive care through workflow optimization, provider training on initiating pregnancy intention discussion, and delivering the care needed at the first encounter.

WINFertility

- Leading for profit insurer for fertility services will provide CG members no-cost nurse counselling services to optimize the fertility journey for members in partnership with Coast Guard Mutual Assistance (CGMA), who provides financial support to CG members.



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UPSTREAM	WINFertility
No-cost gift to CG through Gratuitous Service Agreement (GSA)	No-cost support through MOU with CGMA
24-month implementation to all CG training clinics	Established 2024, ongoing
Comprehensive contraceptive counselling to include provider training (CME), LARC insertion/removal, clinic workflow enhancements, data capture	Nurse advocacy – counselling and education to CG families seeking family building services on fertility journey, best option providers to include MTFs, assessment of individual member needs and location



6. a. 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

- CG clinics treat active duty and eligible reserve service members. Family members receive care through TRICARE resources.
- A CG service member may request contraception and family planning information at any clinic encounter.
- There is no required contraception or family planning education linked to basic training or particular service points.
- Mandatory annual Period Health Assessment (PHA) includes questions related to medically related support needs to include family planning and contraception.
- Specific education on contraception and protection against sexually transmitted diseases occur at service entry points (CG Academy and Training Center Cape May)

6. b. 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?

- PHA is required annually for Coast Guard Service Members
 - Q22 asks about contraceptive methods being used to prevent pregnancy
 - Subparts to Q22 ask about why a member may not or may be actively taking steps to prevent pregnancy
- Q23 asks about concern for possible pregnancy, i.e., “pregnancy scare”.
- Section VII Women’s Health (Females only), Q1. “Do you wish to receive contraceptive counseling?” Yes/No.
 - Based on response, the medical provider will address contraception with the member to include prescribing, setting up a specific appointment as needed to meet the contraception needs of the member outside the PHA.
 - Members have an opportunity to raise any other health concerns, such as fertility issues.





6. b. 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.?

- The CG does not directly provide fertility related services. Referrals are either made to MTFs or through TRICARE. Contraception counselling is provided routinely in CG clinics.
- Notification of the update to the Joint Travel Regulation was communicated in an ALCOAST issued Mar 23, 2023, referencing updates to Reproductive Health Care in COMDTINST 1000.9 Pregnancy in the Coast Guard, COMDTINST M1000.8A, Military Assignments and Authorized Absences.
- Resources include a Mar 8, 2023 MyCG online article [Reproductive health care: 3 updates you should know > United States Coast Guard > My Coast Guard News \(uscg.mil\)](#); Mar 25, 2021 MyCG online, [Here's how the Coast Guard can support your fertility journey > United States Coast Guard > My Coast Guard News \(uscg.mil\)](#)
- Health.mil Ensuring Access to Reproductive Health Care: [Ensuring Access to Reproductive Health Care | Health.mil](#)



6. b. Specifically:

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.?



- CG service members have access to resources provided by Coast Guard Mutual Assistance (CGMA), an independent nonprofit charitable organization that provides various types of support to CG members.
- CGMA offers an interest free, reproductive services loan to help offset the costs related to fertility treatments not covered by TRICARE.



6. i. 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 Service members' awareness of resources available and the fact that TRICARE co-pays were eliminated for medical contraceptive services

CG took the following actions in response to SecDef's memo 10/20/2022:

- ALCOAST 087-23, Update to Reproductive Health Care released on 3/23/2023
 - Provided updates to COMDTINST 1000.9, Pregnancy in the CG; COMDTINST M1000.8A, Military Assignments and Authorized Absences, and the Joint Travel Regulation.
 - MyCG article highlighted the changes, "Reproductive health care: 3 updates you should know"
 - Highlighted allowing up to 20 weeks to notify a Command about a pregnancy
 - Administrative absences to allow access to non-covered reproductive care
 - Travel coverage for non-covered reproductive care



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- Section 707, House version of the NDAA –temporary requirement for Contraception coverage Parity Under the TRICARE program carved-out CG for 1 year that would bar imposing or collecting of cost-sharing through TRICARE for retail or mail-order contraception pharmaceuticals and services through a TRICARE Prime or TRICARE Select provider
- The CG joined an OMB conference letter with the USPHS and NOAA on 9/1/2023 informing that the section creates a disparity between the Uniformed Services by excluding the CG, an Armed Force, and both the NOAA and USPHS Commissioned Corps forcing dependents to pay increased out-of-pocket costs that DoD members would not.
- The language contradicts long-established statutory uniformity and applicability of the TRICARE system.
- Striking of the language excepting CG, NOAA, and USPHS members was recommended.



6. i. (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.



CG does not have control over MHS websites: Health.mil and Tricare.mil. Please defer to the appropriate authorities.

6. j. 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.

CG and the Defense Health Agency (DHA) sponsored a survey that led to the 2022 RAND Corporation study *The Women’s Reproductive Health Survey (WRHS) of Active-Duty Service Members*, “the first time in more than 30 years women have been the specific focus of a DoD –wide survey” (RAND survey p.5)

- 38% of 6,113 CG women responded to the survey (largest percentage among services)
- 8.2% of CG AD women reported an unmet need for fertility services since joining the military
- CG AD women travelled farther than those in any other service to obtain infertility advice and were less likely to receive infertility testing and drugs to improve ovulation at their home installation than ADSW serving in all DOD branches except the Marine Corps. This statistic is not surprising since CG does not offer these services and all women must be referred either through TRICARE or to a DoD MTF.





6. k. 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

1. Contraceptive services are available through appointments with PCM or healthcare providers in CG clinics enterprise wide.
2. In CG Clinics with Pharmacy officers assigned, Pharmacists provide walk-in contraceptive services based on each clinic's operating hours.
3. "Plan B" tablets (Levonorgestrel, i.e., the "morning after pill", are available at CG clinics enterprise-wide. Plan B is also on the Health Services Allowance List (HSAL) both ashore and afloat and can be provided by Independent Duty Health Services (IDHS) personnel at shore-based and underway sickbays



6. I. 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?



- Please see item 2, slide 10.
- Walk-in services are not available seven days a week.
- CG clinics are not staffed to operate all services on off-duty hours. Hours of availability may depend on staffing, size of the clinic, number of personnel assigned to the clinic and number of members receiving care.
- Please see previous response regarding types of services.



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



- The CG does not directly provide fertility service or family building reproductive health care.
- CG clinics serve only Active Duty and eligible Reserve members and do not provide services for family members.
- Appropriate referrals are made either to a DoD MTF or the civilian TRICARE network.
- Members may discuss family planning with a clinic provider in terms of contraceptive care or if they have concerns conceiving. Appropriate services are provided to the member or through referral if not available at the CG facility.



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

CG is unclear whether this question is asking

- Average wait times to see a provider to discuss contraception, or
- Time to obtaining the prescription from pharmacy?
- Time to obtaining a vasectomy appointment by a male?

For any of the above, it would be difficult to track this as many members receive care both at clinics and through the TRICARE network.

The RAND Women's Health Study found that 36.8 percent CG respondents waited between 8-28 days for their most recent health care appointment. 13.3 percent waited more than one month and 8.4 percent were unable to get an appointment. 42.7 percent of CG women said that it was usually or always easy to get an appointment with an OB-GYN (a referred service for CG women). 72.7 percent of CG women were able to access a well-woman visit within 28 days and 69.7 percent could access a specialty appointment within 28 days.



6. o. 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.



CG women access care at CG clinics, on the TRICARE network, and at DoD MTFs.

We cannot provide accurate information on the number of appointments made for family planning purpose, such as contraception.



6. o. ii. Number of servicewomen who inquired about fertility-related services (e.g., what kind? IVF, etc.), broken down by officer and enlisted.

- The CG cannot yet provide these data.
- We cannot yet obtain data in the MHS Genesis system that would accurately provide information on this appointment type.
- The CG does not directly provide fertility-related services.
- We could request referrals related to fertility from TRICARE, but it would not accurately capture the number of servicewomen who *inquired* about fertility-related services.
- Similarly, we could not accurately pull the data by officer and enlisted at this time.



6. p. 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 CG does not directly provide family planning, i.e. fertility services and therefore does not track this appointment type.



6. q. What data are available from DHA and all Services on Service members experiencing infertility? See [RAND Corporation Survey](#)

i. Number of Service members experiencing infertility?

According to the RAND WRHS, 15.2 percent of DOD and 10.7 percent of CG ADSW reported ever unsuccessfully trying to conceive for 12 or more months.

See Table 8.1A (next slide)

6. q. What data are available from DHA and all Services on Service members experiencing infertility? See [RAND Corporation Survey](#)

[Corporation Survey](#)

i. Number of Service members experiencing infertility?

TABLE 8.1A

Lifetime Infertility, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever tried to conceive for 12 months or more and were not successful						
Yes	15.2% (14.6–15.9)	14.3% ^{b, c, e} (13.6–15.0)	17.9% ^{a, c, d, e} (16.6–19.2)	9.6% ^{a, b, d} (7.9–11.3)	14.3% ^{b, c, e} (13.0–15.6)	10.7% ^{a, b, d} (9.5–11.9)
Ever tried to conceive for 12 months or more and were not successful, married ADSW ages 18–44 (excluding those with hysterectomy or female sterilization)						
Yes	21.8% (20.7–22.9)	21.1% ^{c, e} (19.9–22.3)	23.3% ^{c, e} (21.2–25.4)	15.2% ^{a, b, d} (11.9–18.4)	22.2% ^{c, e} (19.8–24.6)	16.5% ^{a, b, d} (14.4–18.6)
Ever told by a doctor that you have fertility problems not related to age						
Yes ^z	12.4% (11.8–13.0)	12.4% (11.7–13.1)	13.2% (12.1–14.3)	10.0% (8.0–12.1)	12.1% (10.8–13.3)	12.1% (10.7–13.4)
Ever told by a doctor that your male partner has fertility problems						
Yes	2.5% (2.2–2.7)	2.8% ^{c, d} (2.5–3.2)	3.0% ^{c, d, e} (2.5–3.5)	1.1% ^{a, b} (0.5–1.7)	1.8% ^{a, b} (1.4–2.1)	1.9% ^b (1.3–2.4)
No ^z	88.3% (87.6–89.0)	89.0% (88.3–89.7)	87.4% (86.0–88.9)	89.0% (86.7–91.3)	88.3% (87.0–89.7)	87.6% (86.1–89.1)
I have never had a male partner since joining the military ^z	9.3% (8.6–9.9)	8.1% (7.5–8.8)	9.6% (8.2–11.0)	9.9% (7.7–12.1)	9.9% (8.6–11.2)	10.5% (9.0–11.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

^a Statistically significantly different from the Air Force estimate.

^b Statistically significantly different from the Army estimate.

^c Statistically significantly different from the Marine Corps estimate.

^d Statistically significantly different from the Navy estimate.

^e Statistically significantly different from the Coast Guard estimate.

^z The omnibus chi-square test was not statistically significant ($p < 0.05$).



6. q. ii. Number of Service members requesting fertility treatment?
- q. iii. Number of Service members utilizing fertility treatment?



RAND WRHS Table 8.4A (next slide) identifies types of fertility treatment sought by Service members.

The table indicates categories of Fertility services/treatment and provides the percent of CG women that responded to the survey who received services.

CG does not have direct data to provide the number of service members requesting fertility treatment.

6. q. ii. Number of Service members requesting fertility treatment?
 q. iii. Number of Service members utilizing fertility treatment?



TABLE 8.4A
Infertility Services or Treatments Received Within the MHS, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Advice	87.3% (85.7–88.9)	89.4% ^b (87.7–91.1)	84.6% ^a (81.6–87.6)	89.9% (84.7–95.1)	88.1% (84.8–91.4)	87.7% (82.9–92.5)
Infertility testing ^y	40.8% (38.7–43.0)	38.2% (35.4–40.9)	39.2% (35.4–43.1)	40.3% (31.5–49.0)	45.6% (41.0–50.2)	40.1% (33.0–47.1)
Drugs to improve ovulation ^z	25.5% (23.7–27.4)	24.9% (22.5–27.3)	24.4% (21.1–27.6)	28.2% (20.1–36.2)	27.2% (23.3–31.2)	26.6% (20.2–32.9)
Surgery to correct blocked tubes ^z	4.7% (3.8–5.6)	3.7% (2.7–4.8)	5.7% (4.0–7.4)	3.5% (0.6–6.4)	4.6% (2.9–6.4)	1.4% (0.0–3.1)
Artificial insemination ^z	10.2% (9.0–11.4)	8.3% (6.8–9.8)	11.2% (8.9–13.6)	8.1% (4.1–12.2)	11.1% (8.9–13.3)	15.4% (10.3–20.5)
Surgery or drug treatment for endometriosis ^z	5.4% (4.3–6.5)	4.7% (3.5–5.9)	5.6% (3.3–7.9)	2.6% (0.5–4.7)	6.1% (4.0–8.3)	3.1% (0.5–5.6)
IVF ^y	7.6% (6.6–8.5)	7.6% (6.1–9.1)	9.0% (7.2–10.8)	4.1% (1.6–6.6)	6.2% (4.7–7.7)	5.7% (2.6–8.7)
Surgery or drug treatment for uterine fibroids ^z	4.9% (4.1–5.7)	4.1% (3.0–5.3)	5.5% (4.0–7.0)	3.9% (1.0–6.8)	5.1% (3.6–6.7)	3.3% (0.8–5.7)
Some other female pelvic surgery ^z	5.6% (4.7–6.5)	4.5% (3.4–5.6)	6.0% (4.4–7.6)	4.3% (1.4–7.2)	6.4% (4.6–8.2)	2.8% (0.5–5.0)
Other types of medical help	17.6% (15.9–19.4)	15.0% (13.0–17.1)	19.4% ^e (16.0–22.9)	13.3% (6.5–20.0)	18.7% ^e (15.3–22.1)	9.5% ^{b, d} (5.4–13.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. IVF = in vitro fertilization.

^a Statistically significantly different from the Air Force estimate.

^b Statistically significantly different from the Army estimate.

^c Statistically significantly different from the Marine Corps estimate.

^d Statistically significantly different from the Navy estimate.

^e Statistically significantly different from the Coast Guard estimate.

^y At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

^z The omnibus chi-square test was not statistically significant ($p < 0.05$).



6. r. 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 CG does not currently track infertility causes.