UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 26 2021

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to House Report 116-442, pages 155-156, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, is enclosed. The Committee directs the Secretary of Defense to submit a report on the status of implementation of guidance for ensuring access to contraception for Service members.

Ensuring female Service members have the information necessary to make informed decisions about their contraceptive health care needs and ease of access to such contraceptive health care continues to be a priority for the Department. The report summarizes findings from Military Department medical records review for Service members who deployed during fiscal year 2020 and preliminary data on Department of Defense Women's Reproductive Health Survey respondent experience with contraceptive healthcare access. Female Service members who sought contraceptive health care largely received their method of choice, and the full scope of contraceptive health care was available to them.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

Virginia S. Penrod

Virginia S. Penrod
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 26 2021

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,

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Acting

Enclosure:
As stated

cc:
The Honorable Mike D. Rogers
Ranking Member

REPORT TO THE COMMITTEES ON ARMED SERVICES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES

Report in response to House Report 116-442, Pages 155-156, Accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, on Status of Implementation Guidance for Ensuring Access to Contraception for Service Members

July 2021

The estimated cost of this report or study is approximately $11,800 in Fiscal Year 2021. This includes $11,800 in DoD labor and $0 in production and printing costs.

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EXECUTIVE SUMMARY

This report is in response to House Report 116-442, pages 155-156, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year (FY) 2021, that requests the Secretary of Defense to submit a report on "the status of implementation of Defense Health Agency Procedural Instruction (DHA-PI 6200.02)" which describes barriers to full implementation of the DHA-PI and: (1) Data on how many women obtained contraception sufficient for the duration of their deployments and which methods they accessed; (2) Data on Service members' ability to obtain the full range of contraceptive methods during deployment, including complaints received regarding the lack of ability to access preferred method and reasons why preferred method was not obtained; (3) Any identified barriers to implementing the requirement that providers ensure access to prescription contraceptives for the duration of Service members' deployments, dispensed prior to deployment; (4) A description of how each military Service is implementing the requirement to provide information to all Service members attending initial officer or enlisted training; (5) The status of implementation of the clinical counseling requirements; (6) A description of how Service members are being made aware of the policies, including their ability to secure the method they need for the duration of deployment and that they may receive up to 12 months' supply; and (7) A description of how each military service is implementing the responsibilities outlined regarding provider objections to provide comprehensive contraceptive care and counseling while also still ensuring patients receive counseling and timely access to care in the event that a health care provider has moral objections.

INTRODUCTION AND BACKGROUND

Ensuring female Service members have access to contraceptive health care is a priority for the Department of Defense (DoD). Ease of access to a full range of contraceptive counseling and methods promotes readiness and retention among the women Service members, by ensuring active participation in family planning, pregnancy prevention, and menstrual suppression. This report provides utilization data for female Service members who deployed during FY 2020 that were assembled through records reviews and a survey. The Women's Reproductive Health Survey (WRHS) gave the DoD invaluable information on various topics, such as perceived barriers to contraceptive health care and accession of contraceptive methods of choice, through survey respondent self-reporting. The WRHS is provided in this report to supplement the utilization data by answering congressional requirements regarding Service member perceptions of barriers to contraceptive health care.

Data indicates that while female Service members have access to the full range of contraceptive health care (e.g., contraceptive counseling, full scope of contraceptive methods) not all female Service members avail themselves of contraceptive health care in preparation for deployment or while on deployment. For the purposes of this report, "access" is defined as the availability of contraceptives and health care appointments, and health care refers to meeting with health care providers, including contraceptive counseling associated with contraceptive needs. The most requested method of choice, for those obtaining contraceptives, is oral contraceptives, with a 1-3 month supply typically provided.

This past year, the coronavirus disease 2019 (COVID-19) pandemic and DoD's focus on response efforts resulted in an extended pause in DoD's plan to transition the administration and management of all military medical treatment facilities (MTFs) to the Defense Health Agency (DHA), which initially began in October 2018. Consequently, DHA needs to better develop compliance oversight standards and guidelines for health care requirements, such as contraception counseling. While preliminary data is available about compliance with the requirements at the time of this report, key efforts by DHA and the Military Departments to ensure ease of access to contraceptive health care and information dissemination are highlighted.

Summary of DHA-PI 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception"

DHA-PI 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception," dated May 13, 2019, establishes procedures for comprehensive standards of contraceptive health care within the Military Health System (MHS). Included in the DHA-PI are requirements to provide comprehensive contraceptive counseling and access to the full range of contraceptive methods by health care providers during a number of patient encounters within the MHS. To ensure implementation of the DHA-PI, MTF directors are required to have a written plan ensuring female Service members have timely access to the full range of contraception and receive a prescription to their preferred method of contraception, a sufficient supply for deployment, and provisions for emergency contraception.

Definition of "Deployment"

The Military Departments define "deployment" differently. To ensure inclusion of all female Service members deployed during the timeframe for this report, the Military Departments identified female Service members with a deployment in their personnel records. While the elements of the deployments may vary based on Military Department, for the purposes of this report, whether female Service members had access to a MTF or civilian treatment facility during deployment was identified. To meet criteria for deployment, female Service members who were deployed for all, or part of FY 2020 (including a deployment beginning prior to FY 2020 or continuing after FY 2020) were selected. The Military Departments reviewed personnel records to identify female Service members who met this criterion. Their deployments included remote and non-remote locations, as well as aboard ships.

GENERAL INFORMATION REGARDING CONTRACEPTION ACCESS

The DoD Uniform Formulary contains a full range of oral contraception medications to include: Food and Drug Administration (FDA)-approved monophasic and multiphasic combination agents, extended cycle combination agents, and progestin only agents. The Uniform Formulary also includes FDA-approved vaginal insert systems and rings, transdermal patches, and vaginal gel. Emergency contraception is available, with or without a prescription, to female Service members.

Active duty Service members can get their contraceptives filled at MTF pharmacies, the DoD home delivery pharmacy, and at the retail network of pharmacies. Active duty females have a $0 co-pay for all prescription medications, which include all the listed FDA-approved contraceptive medications above. Roughly 20 percent of all contraceptive medications filled by TRICARE are for Service members. MTF pharmacies have a wide range of contraceptive options that must be available for local prescribing and these types of agents again are listed in the paragraph above.

Summary of Contraceptive Methods

The full range of contraceptive methods include: (1) sterilization surgery for women; (2) implants; (3) copper intrauterine devices (IUDs); (4) IUDs with progestin (all durations and doses); (5) progestin injection; (6) oral contraceptives (combined estrogen and progestin, progestin only, extended or continuous use pill); (7) the contraceptive patch; (8) vaginal contraceptive rings; (9) diaphragms; (10) cervical caps; (11) emergency contraception (levonorgestrel); and (12) emergency contraception (ulipristal acetate), and any additional methods as identified by the FDA. TRICARE covers these contraceptive methods when prescribed by a TRICARE authorized provider, with the exception of the over the counter products, such as sponges, condoms and spermicides. Depending on the local MTF formulary, select over the counter products may be available for dispensing. However, for the purposes of this report, the following predominant methods of contraception are captured.

IUD: A t-shaped device placed in the uterus by a health care provider to prevent pregnancy. Levonorgestrel IUDs release a small amount of the hormone, progestin, each day, and can be left in place for 3 to 7 years. Copper IUDs do not contain hormones and can be left in place for up to 10 years.

Implant: A single thin rod inserted under the skin of a woman's upper arm, releases the hormone, progestin, into the body for approximately 3 years.

Progestin injection: Hormone progestin injections by a health care provider every 3 months.

Oral Contraceptives: Commonly referred to as "the pill," it is available in a combined oral contraceptive, containing both estrogen and progestin or progestin only pills. The pill must be taken at the same time every day for 3 consecutive weeks, with a 1-week break for menstruation. Female Service members utilizing this method for menstrual suppression will continually take the pill without a break after the third week, under the care and advisement of their health care provider.

Patch: A skin patch worn on the lower abdomen, buttocks or upper body that releases the hormones progestin and estrogen into the bloodstream. The patch must be replaced weekly for 3 consecutive weeks. Female Service members utilizing this method for menstrual suppression will replace the patch weekly without a break, under the care and advisement of their health care provider.

Hormonal Vaginal Ring: Placed inside the vagina, the ring releases the hormones progestin and estrogen, and is worn for 3 consecutive weeks. Female Service members may replace the ring

every three weeks for menstrual suppression under the care and advisement of their health care provider.

CONTRACEPTION ACCESS DURING DEPLOYMENT

Data Collection and Analyses: Personnel Records and Self-Reported Survey Data

Two separate data analyses were utilized to address the reporting requirements. The Military Departments reviewed personnel records and identified female Service members who met criteria for a deployment in FY 2020. For purposes of this report, medical records were subsequently reviewed up to three months prior to deployment, the typical timeframe for pre-deployment medical assessments, to identify how many accessed contraceptive or menstrual suppression health care, the number of methods accessed, the type of method accessed, and amount of supply provided. Information was also gathered to determine whether these individuals had access to contraceptive or menstrual suppression health care while deployed.

There is no current mechanism within the respective Services or DHA to catalog complaints or individual barriers to accessing contraception for female Service members. Therefore, for this report, we are providing preliminary data from the WRHS regarding complaints or barriers to health care or contraceptive access. The WRHS, conducted between August and November of 2020, utilizing randomly selected active duty female Services members, covered several areas including birth control and contraceptive preferences, use, and availability; fertility and pregnancy; and infertility, in deployed and non-deployed locations. The first DoD survey of its kind since 1998, the WRHS had approximately 23,950 respondents complete the survey. While the official report capturing the comprehensive findings for the WRHS will be available later this year, preliminary findings on pre-deployment and deployment contraceptive access and usage were utilized in this report. The preliminary data is for informational purposes and will be further elaborated on in the full report anticipated for release in the fall of 2021.

Total Number of Deployed Female Service Members and Length of Deployment

Approximately 36,789 female Service members were deployed for all, or part of FY 2020. This number includes female Service members who may have deployed more than once within the timeframe of this report, for a total number of 39,707 deployments identified. Table 1 provides a summary of the number of deployments by Military Department and length of deployment.

Table 1. Deployment Length, provides detailed information on the length of deployments, by months, for Army, Navy (including Marine Corps) and Air Force female Service Members and the total number of deployments.

	Deployment Length (months)					# Total deployments
	0-3	3-6	6-9	9-12	12+	
Army	2,508	2,497	4,567	3,760	558	13,890
Navy	2,508	2,253	2,050	3,336	1,494	11,641
Air Force	3,899	3,734	5,513	556	474	14,206
TOTAL	8,915	8,484	12,130	7,652	2,526	39,707

Type of Deployment Location

Seventy-five percent (29,529) of deployments were for less than 9 months, with the largest percentage (31 percent) occurring for 6 to 9 months.

As previously discussed, some deployment locations may offer access to MTFs or civilian facilities. In reviewing personnel records, approximately 90 pecent of female Service members meeting deployment criteria for this report deployed to locations without access to MTFs or civilian facilities, thereby limiting their access to comprehensive contraceptive health care during deployment.

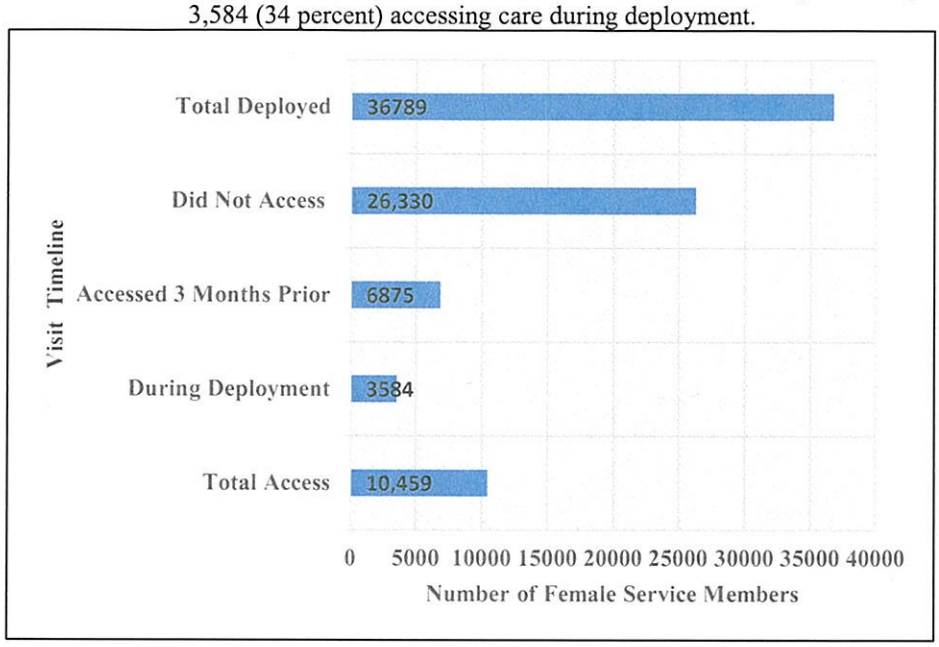
Contraceptive Access Timeframe

A review of medical records up to three months prior to deployment and during deployment revealed that approximately 72 percent (26,330) of female Service members did not access contraceptive health care either prior to or during their deployment. However, of the Service members seeking contraceptive health care, the majority did so prior to their deployment (Figure 1). It is important to note that contraceptive health care and counseling is not a requirement for deployment, but an individual choice. Some Service members may not be interested in contraceptives for pregnancy prevention, symptom management, or menstrual suppression or may have medical conditions precluding them from needing contraceptives.

Additionally, the medical records review was performed 3 months prior to deployment, which may have limited data on long-acting reversible contraceptives (LARCs) utilized. For instance, female Service members utilizing IUDs or implants for contraception may have accessed care outside of the medical records review timeframe and therefore would not be identified as part of this report.

Lastly, because use of contraceptives is a personal choice and one made in consultation with health care providers, a conclusion cannot be made that lack of access or awareness of available contraceptive health care is the cause of low utilization rates. As noted above, some Service members may not desire contraceptive health care or may have medical conditions that would preclude their use. Therefore, the Figure 1 category of "Did Not Access" could include any of these situations (personal choice, prior LARC insertion and/or medically inappropriate). Since medical records do not provide information on Service member preferences, the Self-Report Access to Contraception Methods section summarizes WRHS findings and will provide insight into female Service member contraception preferences.

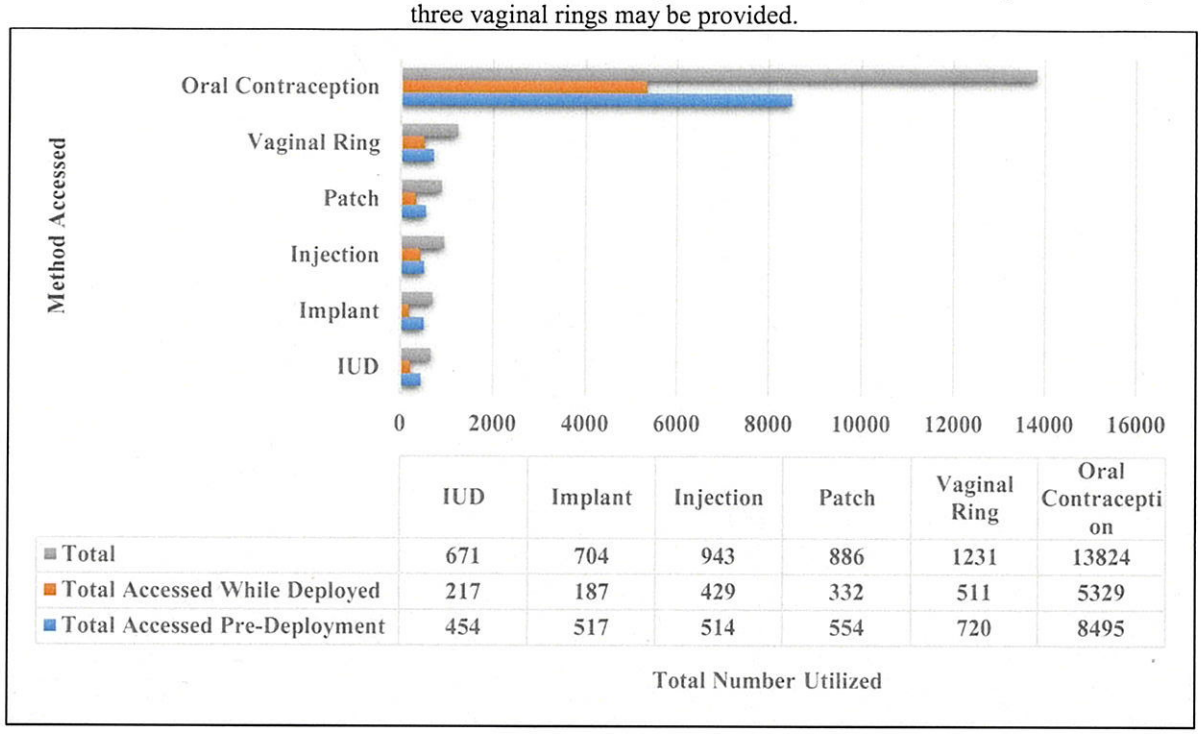
Figure 1: Contraceptive Visits features the data on timeframe for contraceptive access. The data indicates that 10,459 (28 percent) of female Service members accessed contraceptive care, either prior to deployment or while deployed. Of those who accessed contraceptive care, 6,875 (66 percent) accessed care prior to deployment, with 3,584 (34 percent) accessing care during deployment.



Contraception Methods Utilized

Female Service members accessed a full range of contraception methods prior to and during deployment, for pregnancy prevention, menstrual suppression, and symptom management. However, the majority of methods accessed were oral contraceptives, with 1-3 month supplies the most often provided. This may correlate to the length of deployment for each oral contraceptive provided. However, Service members not receiving a sufficient supply of oral contraceptives for the duration of their deployment may be able to access the additional supply via prescription mail services, their DoD health care provider, and/or local health care providers, as appropriate. IUDs and implants were the least utilized methods of contraception during deployment (Figure 2). IUDs were available in some deployed locations and it is unclear whether the lower rate of utilization is a result of the need for a qualified health care providers to administer these methods. It is important to note that utilization of IUDs and implants by female Service members may be greater than the numbers provided in this report due to the insertion and longevity of the method placing utilization outside (prior) to the data analysis window.

Figure 2: Contraception Methods Utilized provides a comprehensive breakdown of the total number of contraception methods utilized. Given the nature of the preferred methods, data on methods accessed will not equal the number of female Service members who accessed contraception. For instance, one IUD may be accessed, while three vaginal rings may be provided.



	IUD	Implant	Injection	Patch	Vaginal Ring	Oral Contraception
Total	671	704	943	886	1231	13824
Total Accessed While Deployed	217	187	429	332	511	5329
Total Accessed Pre-Deployment	454	517	514	554	720	8495

Female Service members received a varied amount of supply prior to deployment and also while deployed. For all methods requiring a supply of contraception, the patch, vaginal ring and oral contraceptives, a 1- to 3-month supply was the most frequently provided, with 6- to 9-month supplies being offered the second most frequently provided (Table 2 below).

Table 2: Length of Supply provides a breakdown of each category of supply for the patch, vaginal ring, and oral contraceptives.

Length of Supply	Patch	Vaginal Ring	Oral Contraceptive	Total
Pre-Deployment				
1-3 Months	415	586	5608	6609
3-6 Months	71	73	1058	1202
6-9 Months	45	51	799	895
9-12 Months	23	10	430	463
12 Months +	0	0	40	40
While Deployed				
1-3 Months	274	465	4090	4829
3-6 Months	52	32	10009	10093
6-9 Months	6	90	90	186
9-12 Months	0	5	0	5
12 Months +	0	0	40	40

SELF-REPORTED ACCESS TO CONTRACEPTION METHODS OF CHOICE

Female Service member experiences concerning their access to care and the availability of their preferred method was also determined using the WRHS. The WRHS utilized measures developed by a multiservice subject matter expert advisory panel, who evaluated current women's reproductive health surveys and applicable research, in the identification of the measures. It provides some additional insight on Service member experience accessing contraceptive health care, based on respondent self-reporting. Respondents to the WRHS were randomly selected and not representative of the Service members identified through the records review. The preliminary data presented in this report is informational only; more detailed information on demographics representation of respondents will be provided in the full WRHS report. While the data provides insight into the experiences of respondents, it does not capture the reason for contraceptive utilization (i.e., pregnancy prevention, symptom management, or menstrual suppression).

Respondents were asked to identify timing of their last deployment from one year to over two years prior to completing the survey. Of the 23,950 respondents to the WRHS, 13.5 pecent reported a deployment 12 months, 8.4 percent were deployed between 12 and 24 months and 29.9 percent, more than 2 years prior to completing the survey. Since the survey was offered from August 2020 until November 2020, none of the respondents provided feedback based upon a deployment occurring within 2020, the timeframe for data analysis of female Service member medical records. The WRHS analysis provided in the following sections focuses solely on those respondents who indicated a past-year deployment; for all or part of 2019.

For female Service members reporting a past-year deployment, 17 percent reported receiving pre-deployment contraceptive counseling within three months of the deployment. Of those who received counseling, 70 percent indicated the counseling was adequate to address their needs.

Access to Contraceptive Method of Choice Prior to Deployment

Respondents were also asked whether they received their preferred method of contraception before their past-year deployment. The largest percentage of respondents indicated they did not want or need contraception before deployment, with the second largest number of respondents noting they received the preferred method. Of those who received contraceptives, over 72 percent noted receiving a sufficient supply prior to deployment. Table 3 outlines the respondent experiences with receiving contraceptives prior to their deployment.

Table 3: Ability to Access Preferred Method Prior to Deployment outlines the respondent answers to questions related to preferred contraceptive methods prior to deployment.

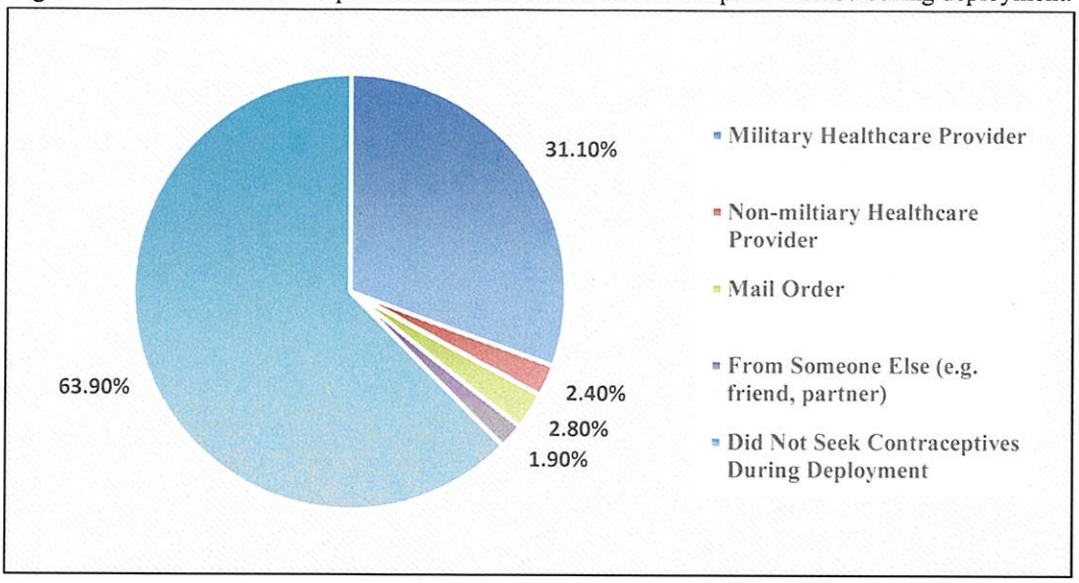
Ability to Access Preferred Method Prior to Deployment	Percentage of Respondents
Received preferred method	32.20%
Received other than preferred method	3.30%
Did not receive any form of contraceptive	21.10%
Did not want or need contraceptives before deployment	43.30%
Received adequate supply of contraceptives before deployment*	72.80%

**Reflects percentage of those who received contraceptives prior to deployment.*

Access to Contraceptive Method of Choice During Deployment

Of respondents who sought contraceptives during deployment, 25.4 percent indicated having ongoing access to contraceptives during deployment, with 14.4 percent indicating a lack of ongoing access during deployment. For those respondents who reported being unable to utilize the preferred contraceptive method, 48 percent were informed that the oral contraceptive of choice was not available in the deployed location, with 36 percent being informed the injection, patch or vaginal ring was not available in the deployed location. It is important to note that while the formulary has all types of contraceptives, it does not offer all brands and choices, possibly accounting for those who indicated their preferred method was not available. However, in addition to the availability in a deployed location, oral contraceptives are available through the Deployment Prescription Program that can mail Service members their prescriptions while on deployment, if they choose. For those respondents with ongoing access to contraceptive methods, information on the source of their supply is outlined in Figure 3.

Figure 3: Sources of Contraception features the source of contraceptive method during deployment.

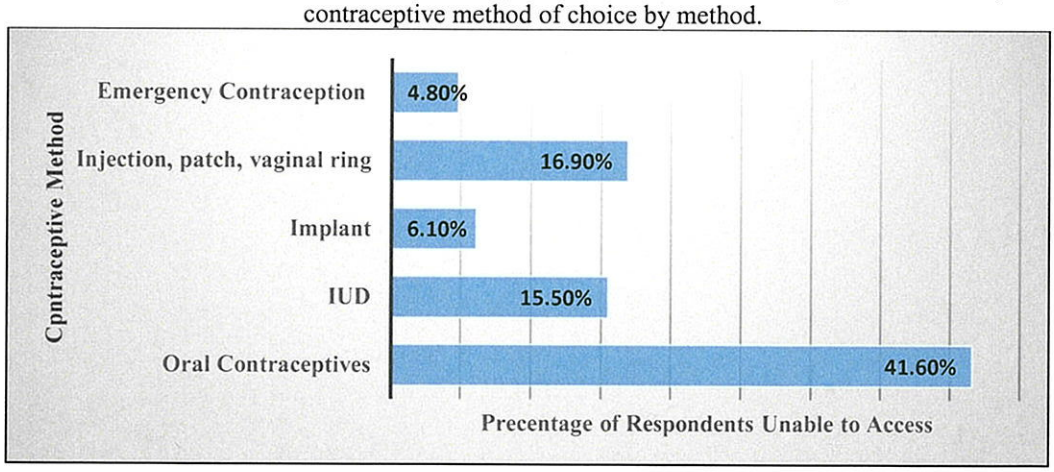


Difficulty Accessing Contraceptive Method of Choice

In addition to survey items specific to contraceptive access prior to and during deployment, the WRHS assessed overall experiences with access to contraception. Over 59 percent of respondents report not having an issue accessing the preferred method of contraception, with 18 percent indicating an inability to access their preferred method, and 22 percent indicating they never sought contraceptives through the MHS.

For those indicating difficulty accessing the preferred method of contraception, the most experienced difficulty was securing oral contraceptives of choice, as outlined in Figure 4 below.

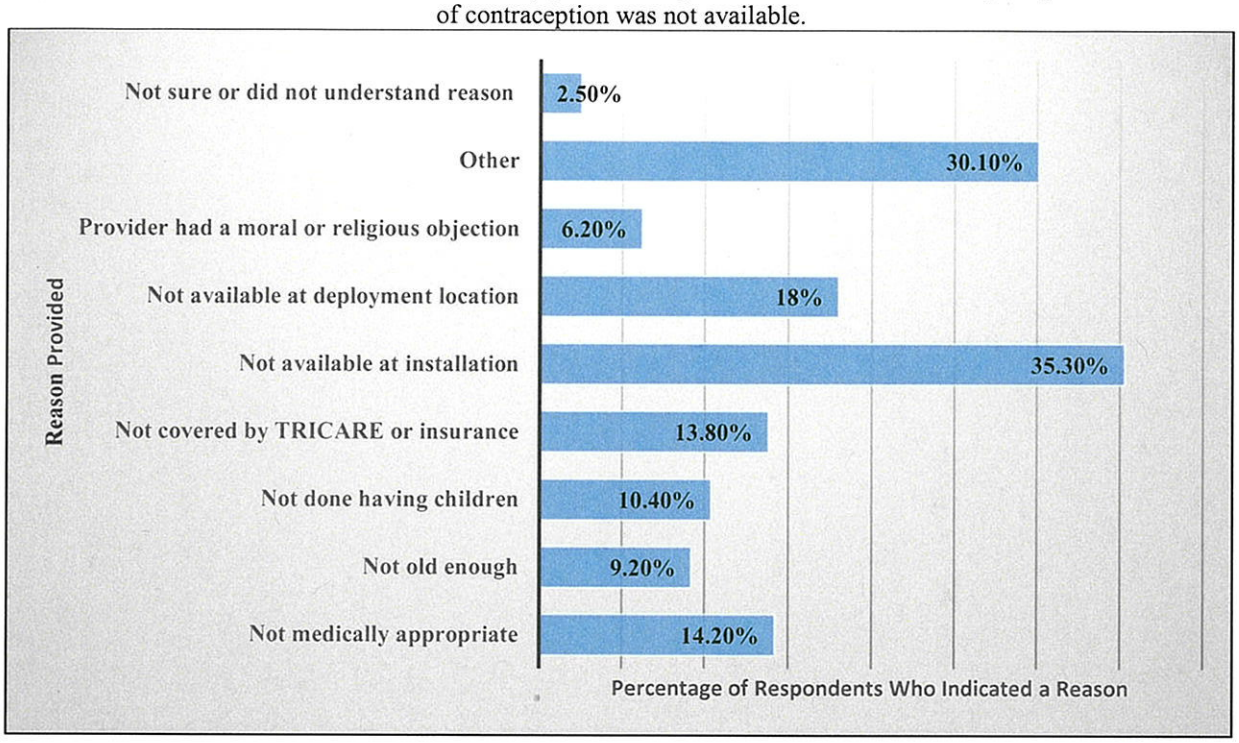
Figure 4: Inability to Access Contraceptive Method provides a breakdown of self-reported difficulty accessing contraceptive method of choice by method.



When a reason was provided for why a method of contraception was unavailable, respondents provided answers from a list of options as provided in Figure 5. It is important to note that of those who were unable to access the contraceptive of choice, 25.4 percent of respondents were identified to not be eligible for their contraceptive method of choice due to age or medical

assessment. Therefore, a quarter of respondents who indicated a lack of access were not impacted by a lack of availability. No additional information was provided regarding the "other" option; however, of note, lack of availability at the installation was the most frequently provided reason. As noted above, while the full range of FDA-approved contraceptives are available, not all methods and brands are carried, providing a possible explanation for respondents who indicated their method of choice was unavailable.

Figure 5: Reasons Given for Lack of Availability provides respondent select of reasons why the preferred method of contraception was not available.



MILITARY HEALTH SYSTEM AND SERVICE IMPLEMENTATIONS

The MHS is currently in the process of transitioning from Military Department-led MTFs to administration and management through DHA. The transition of MTFs moving under the auspices of DHA was delayed by the COVID-19 pandemic; therefore, not all MTFs have completed the transition at the time of this report. A number of the requirements as outlined in DHA-PI 6200.02 will be implemented by DHA as part of this transition. One area currently under review across DHA is compliance standardization guidelines. Evaluation of compliance with this DHA-PI is pending the issuance of standardization guidelines by DHA. In the interim, the following provides a summary of current efforts to implement the DHA-PI requirements by DHA and the Military Departments.

Key resources and initiatives provide female Service members with access to important information for their contraception options both during deployment and throughout their military career lifecycle and, ensure ease of appointments for contraception health care. Through the use

of multiple mediums, websites, in-person appointments, virtual appointments, secure messaging, and applications (apps), female Service members will have multiple opportunities to make informed decisions about their reproductive health. Additionally, Military Department efforts to ensure female Service members are informed of contraceptive options during training are identified below.

Walk-In Contraception Clinics: There are currently thirty walk-in contraception clinics across the MHS. Efforts to standardize access across the MTFs is in process. Walk-in contraception clinics allow women immediate access to a full spectrum of contraception to include oral pills, IUDs, implants, and other methods. The walk-in contraception clinic allows for self-referral and removes the need for repeated appointments or prolonged visits which takes time away from training or duty.

Decide + Be Ready App: Specifically created for female Service members, taking into account unique deployment issues, the app uses a shared decision-making model by providing key information and options on contraception that can be shared with their health care provider. It is available for free in app stores and may be used by women outside the military as well.

The Deployment Readiness Education for Service Women App and Handbook: Developed by the Navy Bureau of Medicine and Surgery (BUMED), the handbook provides female Service members with women's health resources, including contraception, and information on general female anatomy/functionality, deployment and self-care. The Navy handbook is publicly available.

Training and Information Dissemination

In addition to the resources identified in the above section, some of the Military Departments have implemented additional processes to ensure information dissemination to female Service members and health care providers to ensure comprehensive contraceptive health care is available. This includes creation of the following curriculum and web-based resources.

Department of the Navy:

"Introduction to Contraception, Sexually Transmitted Infections, and Bootcamp Wellness": Developed by the BUMED Office of Women's Health, the video is viewed by all female recruits at Recruit Training Command, Great Lakes and Marine Corps Recruit Depot, Parris Island as a component of required health training.

Patient and Provider Education Resources: The BUMED Office of Women's Health, in collaboration with the Navy Medicine Female Force Readiness Clinical Community, developed resource information available online and also disseminated to the fleet and battalions through operational medical leadership across the Navy and Marines Corps. The materials may be accessed at: https://www.med.navy.mil/sites/nmcphc/health-promotion/womens-health/Pages/default.aspx.

BUMED's Family Planning Sub-Community Board: The Family Planning Sub-Community Board includes a diverse community of Navy medical health care providers and specialty

leaders. Information sharing, health care provider education and standard operating procedures are discussed and generated, including implementation guidance identified in the DHA-PI.

Embedded Women's Health Provider Program: The "Women's Health at the Waterfront", underway at the Naval Brand Health Clinic Mayport and Sewell's Point Branch Health Clinic offers active duty Service members the ability to self-refer to the embedded health care providers for the full range of contraceptives, including contraceptive counseling.

Department of the Air Force:

Healthy Sexual Lifestyle Curriculum: Basic Military Training students receive contraception education, including contraception options throughout the military career lifecycle, including options during deployment. In addition to the training, students have access to a contraception clinic twice weekly where the full scope of contraception counseling is available. The Air Force is currently investigating mechanisms to incorporate comprehensive counseling into Officer Training School, with specific discussions on deployment contraception. Currently, comprehensive contraception counseling is only available if students attend medical appointments during their training.

Department of the Army:

Provider and patient education information and resources were developed by the Army Office of the Surgeon General and Medical Command Women's Health Service Line to increase awareness.

In addition to the multiple efforts and resources already identified in this section of the report that ensure female Service member awareness of their contraceptive options and the requirements outlined in the DHA-PI, the following additional efforts have been made.

- Dissemination of requirements through Chief Medical Officer, Deputy Commander, Brigade and Battalion level surgeons, and creation of local level policies or standard operating procedures.
- Creation of pharmacy policies and procedures to ensure compliance with DHA-PI prescription requirements.
- Contraceptive counseling during all pre-deployment appointments.

Implementation of Clinical Counseling Requirements

MTF directors or commanders are responsible for providing a written plan that ensures female Service members receive comprehensive contraception counseling consistent with current standards of care. While DHA is responsible for ensuring compliance with this requirement, the following are key Military Department efforts to ensure access to contraceptive counseling.

Both the Departments of the Navy and the Army have developed additional curriculum and resources to assist health care providers in performing contraceptive counseling. The Navy created the Women's Health Guide for Leadership and provides policies and instructions on their Women's Health Webpage. The Department of Air Force disseminated the requirement for implementation, with the understanding that compliance oversight is provided by DHA.

DD Form 2795, "Pre-Deployment Health Assessment," is in the process of being updated to include an assessment of a female Service member's need or desire for contraception counseling as part of the medical pre-deployment checklist. Additionally, the Base Operational Medical Clinic at U.S. Air Force School of Aerospace Medicine created a Deployment Related Health Assessment #1 checklist for use in conjunction with the current DD Form 2795 to assess the need for contraception counseling. If the female Service member requests contraception counseling, the Base Operational Medical Clinic health care provider may provide the counseling or refer the female Service member to her primary care manager or a women's health care provider. The checklist has been beta tested at several sites and is awaiting full implementation across the Air Force.

Handling of Health Care Provider Moral or Religious Objections

Responsibility for the implementation of handling health care providers with moral or religious objections will fall to DHA, not the Military Departments. As mentioned, DHA is still establishing compliance metrics in other aspects regarding contraceptive services. It is a delicate balance with trying to establish metrics to measure how implementation is going regarding provider objections to provide contraceptive counseling services while ensuring patients receive counseling and timely access, given religious freedom protections.

Typically, when health care providers apply for privileges, they have an option of marking a "not requested" for specific medical procedures or services. This often indicates services the health care provider does not intend to provide at that MTF. It is important to note that while a moral or religious objection is different than a lack of training or expertise, documentation for such limitations in scope of practice may be the same. While this is not specific to moral or religious objections, it provides the ability for the MTF to know the provider's scope of practice. However, this annotation can be a result of limited scope of practice or expertise as well, making it difficult to ascertain the reason for the limited or partial privileging.

It is ultimately the responsibility of the MTF director or commander to ensure patients receive the health care they need. The goal of this requirement is to ensure that patients are provided options when their health care provider has an objection, with minimal disruption to their health care. To achieve this, MTF directors or commanders are required to create a process that ensures health care providers who have a moral or religious objection disclose their objection to their MTF supervisory chain so that this can be properly documented in their scope of practice. This ensures that information about objections is known as early as possible to avoid disruption in patient care. Further, health care providers must refer patients to appropriate health care providers for provision of the needed health care. Lastly, facilitating a "warm hand-off" for care outside the scope of practice is consistent with standards of care across the MHS and professional licensing requirements.

BARRIERS AND CHALLENGES TO IMPLEMENTATION

Ensuring comprehensive contraception access to female Service members is critical to promoting individual and unit readiness across the Department. A query of Military Departments identified the following feedback on barriers.

- Many forms of LARCs require health care providers to be credentialed and privileged for insertion and removal; this is not required for all health care providers, and Service members must be able to obtain their LARC from a credentialed and privileged health care provider prior to deployment. Additionally, health care providers who see female Service members prior to deployment do not typically have the credentialing or privileging for LARCs and are more comfortable discussing reversible and less reliable contraception methods that can be provided through a prescription (e.g., oral contraceptives). This adversely impacts female Service member awareness of LARC methods like IUDs.

- Consistent with industry standards, Pharmacy Prime Vendor contracts only require vendors to deliver products with a 6-month expiration date, so pharmacies may not have adequate stock to provide the required duration for deployment. Requesting longer dated products, by exception, could be explored to determine whether this would adequately address this barrier.

- The Authorized Medication Allowance List is a list of medications that support a ship's required operational capabilities, providing new starts of medication, with the maintenance medications being obtained through different means, such as the Deployed Prescription Program. The Authorized Medication Allowance List does not provide the full range of contraceptive methods. As a result, Service members must be able to obtain their contraception of choice from a clinic that is not limited to the Authorized Medication Allowance prior to deployment (which may not always be possible).

CONCLUSION

Ensuring female Service members have the information necessary to make informed decisions about their contraceptive health care needs and ease of access to such contraceptive care continues to be a priority for the Department. Data analyses of deployed female Service members in FY 2020 indicates that a small percentage of female Service members accessed available contraceptive health care and those that did, largely received the method of choice. More information is needed to determine whether those identified female Service members accessed contraceptive health care, including LARCs, such as IUDs and implants, outside the data analysis timeframe, as part of a comprehensive understanding of female Service member utilization over the military lifecycle.

DHA and the Military Departments have demonstrated a commitment to ensuring access to the full scope of contraceptive health care, including counseling. More information is needed regarding female Service members' experience to determine whether female Service members

have access to the information necessary to make informed decisions related to their contraceptive needs, including how contraception can assist with menstrual suppression and other conditions.

The Department will utilize information provided in the final WRHS report to better understand the needs, preferences, and experiences of female Service members regarding contraception and access to contraceptive care. This increased knowledge will assist in the development of additional policies, procedures and programs that best meet the needs of female Service members. Lastly, as DHA continues to explore implementation compliance standards and guidelines, more data may be available to assess compliance with this DHA-PI.

APPENDIX:

Additional LARC Contraceptive Data

In addition to the data provided by the Services from medical records analyses, the Departments of the Air Force and Army provided additional data on female Service members, meeting criteria for deployment in FY 2020, who had a LARC, such as an IUD or implant inserted, 90 days or more prior to deployment and was still in place during the deployment. While the Air Force provided a total of LARCs inserted, the Army provided details on which types of LARCs were utilized in this timeframes; 641 IUDs and 944 implants.

Figure 6: Additional Data on LARCs provides information on the number of LARCs inserted more than 90 days prior to deployment.

Department	LARC Total
Air Force	2305
Army	1585

This data was not included in the initial information presented on access to contraceptive health care prior to deployment because the data is outside the scope of data analyses. Further, it does not represent a complete picture of LARCs inserted more than three months prior to deployment across the Department. The data is included in the appendix to demonstrate that data on contraceptive utilization in preparation for and during deployment is just one element of a larger picture of contraceptive needs, preferences and utilization by female Service members.

References

DHA-PI 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception, May 13, 2019

DD Form 2795, "Pre-Deployment Health Assessment"

DoD Instruction, 6000.14, "DoD Patient Bill or Rights and Responsibilities in the Military Health System

DoD Women's Reproductive Health Survey (WRHS) Preliminary Results for Contraceptive Use, Draft Report, March 2021

Acronyms

BUMED	Navy Bureau of Medicine and Surgery
COVID-19	coronavirus disease 2019
DHA	Defense Health Agency
DHA-PI	Defense Health Agency Procedural Instruction
DoD	Department of Defense
FDA	Food and Drug Administration
FY	Fiscal Year
IUD	intrauterine device
LARC	long-acting reversible contraceptive
MHS	Military Health System
MTF	military medical treatment facility
WRHS	Women's Reproductive Health Survey