

Serving Those Who Serve?

Access to contraception for servicemembers, veterans, and their dependents

Contraception plays an important role in women's healthcare, and for decades has allowed women to make huge strides towards social and economic equality. This issue brief, the second in a three-part series examining access to reproductive health services for servicemembers, veterans and their dependents, discusses the unique barriers these populations face in accessing contraception. First, we provide background on the importance of birth control as a key element of basic health care and its particular benefits to servicemembers. Second, we explain barriers to contraception for active duty servicemembers, particularly during deployment, and new guidance the Department of Defense has issued to address these problems. Third, we examine the lack of consistent family planning education servicemembers across service branches have historically experienced, and how the Department of Defense is working to update and standardize curricula. Finally, we describe the financial barriers non-active duty servicemembers, dependents of all servicemembers, and veterans face in accessing birth control.

BACKGROUND

Contraception is an essential part of health care. More than 99% of women have used birth control at some point in their lives,¹ and the CDC considers birth control one of the 10 greatest public health achievements of the 20th century.² Contraception has played a key role in advancing equality. It empowers people to achieve their educational, economic, and professional goals by allowing them to plan and space pregnancies to support their health and that of their families. In addition, birth control can be used for a variety of non-contraceptive benefits, including treating pre-menstrual dysphoric disorder, menstrual migraines, endometriosis, and

suppressing menstruation—any of which servicemembers may need to perform their duties at full capacity while deployed.

Thanks to modern medicine, patients can choose from many different methods and options for birth control, including hormonal birth control pills, shots or skin patches, vaginal rings and long-acting reversible contraceptives, such as birth control implants or intrauterine devices. Each method has varying effective rates, benefits and side effects, and the amount of effort required for consistent use of each method varies. For example, the birth control pill must be taken daily; a vaginal ring is inserted once a month and birth control patches must be replaced



weekly, while long-acting contraceptive devices last several years. Not everyone can tolerate all forms of contraception, and as the FDA has said: “No one product is best for everyone.”³ Because different bodies may have varying tolerances for certain birth control methods, and different methods may or may not address reasons for using birth control beyond pregnancy prevention—to manage a medical condition, or control menstrual cycles, for example—it is imperative that access to a patient’s preferred method is facilitated whenever possible. In addition, ensuring timely access to contraception is critical for consistent usage to prevent pregnancy, suppress menstruation or manage medical conditions. Timely access is particularly important for patients in need of access to emergency contraception, including sexual assault survivors.

Moreover, people who use birth control do not typically use just one method throughout all their reproductive years and may switch methods several times due to health needs, side effects, changes in lifestyle, work setting, family goals, or other needs. In fact, the median number of methods ever used by women in the U.S. have used is about three, but nearly one third of women have used five or more methods.⁴ Put simply, everyone is different and at different times in their lives people may need different methods of contraception to meet their needs.

Despite birth control’s clear benefits for members of the Armed Forces, servicemembers, veterans, and dependents face a number of barriers in accessing the contraception they need, particularly as compared to the civilian population. Active-duty servicemembers have frequently reported several different obstacles: receiving an insufficient supply of contraception during deployment; that their chosen birth control method is unavailable during deployment; or that

healthcare providers refuse to dispense or prescribe contraception. Non-active-duty servicemembers, servicemembers’ dependents, and veterans frequently face insurance copays on contraception.

All military personnel and their dependents, including members of the Army, Navy, Air Force, Marines, Coast Guard and National Guard/Reserves are eligible for insurance coverage under the TRICARE health care program. As of 2017, TRICARE covered 1,563,727 women of reproductive age, including female spouses and dependents. Women comprise more than 17 percent of the Armed Forces.⁵ Additionally, an estimated several thousand transgender men who serve on active duty and in the Guard or Reserve Forces,⁶ as well as thousands of transgender military dependents,⁷ are covered by TRICARE. Women are also now the fastest growing cohort within the veteran community and currently comprise more than ten percent of veterans.⁸ Eligible veterans receive coverage through the Veterans Health Administration.

When access to contraception is restricted, people are at greater risk for unintended pregnancy. Overall, the rate of unintended pregnancy in the Armed Forces is higher than among the general population.⁹ An analysis of the 2011 Survey of Health Related Behaviors found that seven percent of active-duty women of reproductive age reported an unintended pregnancy in the previous year. That same year, 4.5% of women of reproductive age in the general U.S. population reported an unintended pregnancy.¹⁰

Servicemembers also consistently report a desire to suppress or regulate menstruation. However, research has revealed that rates of this practice remain low—likely due to access and knowledge barriers discussed later in this paper.¹¹ For servicemembers, the ability to control and space pregnancies as well

as suppress menstruation and reduce or eliminate painful menstruation-related conditions can be a critical factor in their ability to optimally perform their duties.

This issue brief discusses the barriers to contraception that have been frequently encountered by servicemembers, veterans and their dependents. First, we explore the various ways access to contraception has been inconsistent for active duty servicemembers, particularly during deployment. Second, we examine attempts to update and standardize family planning education, which could provide all servicemembers with the information they need to make decisions about contraception. Finally, we describe the financial barriers non-active duty servicemembers, dependents of all servicemembers, and veterans face in accessing birth control, and make policy recommendations for Congress and the administration.

ACTIVE DUTY SERVICEMEMBERS

New guidance appears to address longstanding barriers to birth control during deployment

For years, active duty servicemembers have faced logistical barriers in accessing the prescription contraception they need during deployment. For example, servicemembers have reported receiving insufficient supplies of contraception for the duration of deployment, failures of the mail-order delivery system to replenish their supply, and providers who refused to prescribe the requested birth control.

Active duty servicemembers receive free medical care on base, including access to contraception without copays. However, published research suggests that contraceptive use decreases among servicemembers during deployment.¹² This decrease is likely in large part due to difficulties servicemembers have reported having in obtaining their chosen birth control

“I was unable to use the NuvaRing because pharmacy rules prohibited taking them to an area with probable lack of refrigeration. Even with my assurance and doctor’s permission that I would have available refrigeration, at a large base with an MTF.”

Air Force Officer, Reservist¹

method or refills for their prescription during deployment. One study showed that 41 percent of servicemembers in need of refills of their contraceptive method found them difficult to obtain.¹³ In its 2014 review of reproductive health care for military women, the Defense Advisory Committee for Women in the Services (DACOWITS),¹⁴ which is the leading advisory panel on women in the Armed Services, findings substantiated these experiences and concluded that there was a significant need for improving access to contraception during deployment. In response to years of collective pressure from advocates and Congress, the Defense Health Agency (DHA) issued procedural instructions in May 2019 designed to help alleviate some of these barriers.¹⁵ This new policy is a welcome and urgently needed step forward in improving contraceptive access.

Past Department of Defense policies have been plainly inadequate to address this problem. Prior to May 2019, policies stated that deployed military personnel could receive up to a 180-day supply of prescription contraceptives prior to their departure, and additional 90-day supply increments by mail while in-theater, through the Deployed Prescription

Program (DPP).¹⁶ In-theater military health care providers were authorized to issue new or renewal prescriptions that would be filled through the DPP.¹⁷ But implementation of these policies proved difficult. In practice, insufficient supplies provided pre-deployment could result in access issues later, due to the varying natures of deployments across service branches. Whether on months long naval ship deployments at sea or field deployment to remote locations in the Army or Coast Guard, servicemembers continued to report problems accessing contraception during the course of their deployment.

The procedural instructions issued in May of 2019 provided an urgently needed update to these policies. The instructions now require that

*female [active duty servicemembers] will receive an adequate supply of short-acting reversible contraceptives for the entire length of deployment. If menstrual suppression is planned, extra supply of the chosen method will be ordered and dispensed as necessary to ensure the member has enough active medication for the entire length of deployment.*¹⁸

In addition, the new policy requires a process for ensuring a pre-deployment servicemember “obtains a prescription/order for their chosen contraceptive method within 24 hours.”¹⁹ These efforts are a great improvement over the prior policies, and if implemented carefully and thoroughly will substantially improve contraceptive access for servicemembers.

Barriers to contraception previously reported by servicemembers include:

➤ Insufficient contraceptive supplies provided pre-deployment: Servicemembers frequently reported that limitations on the amount of birth control providers could prescribe at a time prevented them from receiving a sufficient supply of contraceptives to cover the full duration of their deployment.²⁰ Under the

new policy, servicemembers should be able to obtain a sufficient supply for the entire length of deployment.

- The mail-order system frequently failed to deliver contraception in a timely manner or at all: Servicemembers reported problems with obtaining additional supplies via mail-order. For example, servicemembers stationed onboard a ship or in a remote location without consistent mail service have experienced delayed or lost shipments.²¹ The new policy’s requirement to provide sufficient supplies of contraception pre-deployment should eliminate dependence on unreliable mail-order services.
- Preferred methods not in stock at MTF during deployment: Servicemembers have also reported that their MTF at their place of deployment did not stock the contraceptive method needed. Where mail order is unavailable or unreliable and servicemembers received insufficient supplies pre-deployment, this could result in gaps in contraceptive use. The new policy’s requirement to provide sufficient supplies of contraception pre-deployment should likewise reduce issues related to the availability of a chosen method at the place of deployment.
- Prescriptions for preferred contraceptive methods denied due to logistical concerns: Some servicemembers have reported being unable to use a vaginal ring, their preferred method, during deployment, because additional supplies of vaginal rings required refrigeration when refrigeration was unavailable or limited during deployment. In some cases, servicemembers were denied a prescription for vaginal rings for their deployment, despite the servicemembers’ and their supervisors’ assurance that there would be refrigeration available.

“While on my 1st deployment in 2002 I was told I didn’t need contraception because of General Order #1 [prohibiting sex during deployment].”

Air Force Active Duty Enlistedⁱⁱ

“[They] didn’t have [my contraception] in stock and [I] was told since I was married and [my] husband wasn’t there it shouldn’t be an issue that I wait for it... 3 periods in a month in a half... NOT fun esp[ecially] deployed. Not to mention being more prone to cysts while not on the pill.”

Air Force, Active Duty
Enlistedⁱⁱⁱ

➤ Contraception denied citing prohibitions on sexual contact during deployment: General orders—directives published by a commander and binding on all personnel under their command—frequently prohibit sexual contact among unmarried personnel during deployment. Based on multiple reports from servicemembers, a pattern has emerged of providers denying birth control to servicemembers during deployment because of general orders prohibiting sexual activities.²² It appears that health care providers serving servicemembers before and during deployment are making assumptions about whether servicemembers will be sexually active. This misguided assumption also represents a fundamental misunderstanding of the varied reasons why servicemembers may seek contraception during deployment.

Because certain types of birth control must be used daily to be effective, delays resulting from the barriers listed above can lead to gaps in contraceptive use that could result in an unintended pregnancy and/or health issues. Birth control can be used for a variety of non-contraceptive benefits, including but not limited to treating pre-menstrual syndrome (PMS), menstrual migraines, acne, endometriosis, and menstrual suppression.²³ Menstruation suppression is of particular interest to servicemembers that wish to avoid menstruating while deployed. Yet, the barriers discussed above have made it difficult for servicemembers to consistently use methods that allow them to meet these needs.

The Defense Health Administration procedural instruction is a huge step towards eliminating many of these barriers. It is worth noting, however, that it remains unclear whether access to a servicemember’s preferred contraceptive method is guaranteed, and raises questions on whether the policy

applies equally for servicemembers who do not identify as female. Nonetheless, we applaud DHA for taking this needed step towards guaranteeing consistent access to contraception during deployment, and encourage Congress and the administration to ensure the new policy is executed in a timely and diligent manner.

New guidance addresses the need for high-quality family planning education in all service branches

The DHA procedural instructions issued in May 2019 also seek to address gaps in knowledge about family planning among servicemembers. For years, education has been lacking in certain service branches with respect to the variety of available birth control methods and the ability to use certain methods to aid in menstrual suppression during deployment.²⁴

There are several possible explanations for the knowledge gaps some service members have experienced with regards to contraception and sexual health. Many servicemembers join the military soon after high school and may not have received sex education that addresses contraception prior to enlisting. Currently, instruction on condoms or contraception when sex education or HIV/STI instruction is provided is required by only 16 states.²⁵ Accordingly, recruits may be unaware of their own gaps in knowledge on the subject, and of the availability of contraceptive counseling and services. Furthermore, servicemembers’ experiences demonstrate that not all providers that treat servicemembers are adequately trained to provide contraceptive counseling or are willing to provide it.²⁶ For example, servicemembers are not always treated by clinicians trained in women’s health and family planning.

The Navy’s Sexual Health and Responsibility Program (SHARP)²⁷ has been a model for high quality family planning education for servicemembers

“Thanks, birth control for letting me control my period in Iraq (nobody wants to change tampons in a sandstorm!)”

Former Army Officer^{iv}

for decades. SHARP provides Navy and Marines Corps servicemembers with ongoing evidence-based education about family planning and sexual health, including contraception. All servicemembers receive training upon entering the Navy and Marines that includes information about the full range of contraceptive methods. SHARP also provides resources to health care providers to aid effective patient counseling and provision of contraceptive methods.

However, as recently as last year, family planning education for servicemembers still varied greatly by service branch. Some service branches provided family planning education only upon request or through a voluntary clinic for female trainees. In some cases, curricula were focused primarily on STI prevention and condoms, not other contraceptive methods. DACOWITS, the Defense Advisory Committee for Women in the Services, has recommended that “initiatives similar to the Navy’s Sexual Health and Responsibility Program, which informs Sailors of the importance of family planning, educates them on methods of contraception, and makes various contraceptive methods available, should be actively implemented by all the Services.”²⁸

The new DHA procedural instructions should help to close these knowledge gaps and empower servicemembers with the information they need to select contraceptive methods that best meet their needs. The procedural instructions now require that “all [service]members attending initial officer or enlisted training will... Receive comprehensive evidence-based family planning and contraceptive education on all available contraceptive methods, including EC, menstrual suppression, and the prevention of common sexually transmitted infections.”²⁹

Among other benefits, this education can help inform servicemembers’ decisions regarding contraceptive methods that best suit their deployment conditions.

It is important that Congress monitor the implementation of the new DHA requirement for family planning education and codify the current policy.

NON-ACTIVE DUTY SERVICEMEMBERS AND DEPENDENTS

Copays on contraception can be a barrier for non-active duty servicemembers, and for dependents of all servicemembers

Much of the civilian population has benefited from the Affordable Care Act (ACA)’s no-copay contraception benefit, which requires group and individual plans to cover all FDA-approved birth control methods for women and any related education or counseling without cost-sharing. Federal employees also have this coverage without cost sharing, as the Office of Personnel Management adopted the ACA’s birth control coverage benefit as part of the Federal Employees Health Benefits Program. However, the ACA’s birth control benefit does not extend to the TRICARE insurance program. While active duty servicemembers have coverage of all prescriptions, including birth control, without

cost sharing, this is not necessarily true for their family members. Military dependents as well as non-active duty servicemembers that are insured under TRICARE, such as members of the National Guard or Reserves, must still pay co-pays depending on their TRICARE plan, beneficiary category, preferred contraceptive method, and how they obtain their prescription.

The prohibitive cost of contraception may lead women to choose less effective methods of contraception to decrease costs or forego contraceptives altogether. Studies show that the costs associated with contraception, even when small, lead women to forgo it completely, to choose less effective methods, or to use it inconsistently.³⁰ This, in turn, leads to an increased risk of unintended pregnancy.³¹ Eliminating copays for all TRICARE beneficiaries could increase consistent use of contraception, eliminate cost barriers to using the method best for an individual, and prevent unintended pregnancies.

Principles of equity and fairness require that DOD bring its policies in line with other employer-based insurance plans. Servicemembers and their families deserve the same level of coverage and care as the civilians they fight to protect.

VETERANS

Veterans, unlike most civilians, must pay a copay for their contraception and related services.

Veterans who receive an honorable discharge are eligible for veteran health care benefits through the Veterans Health Administration (VHA) system.³² Accordingly, covered veterans can obtain nearly all essential services at VHA facilities. VHA is the country's largest integrated health care system—with more than 1,200 care locations serving nearly nine million veterans with essential health services each year.³³ This includes oral contraceptives that are provided to approximately 24,000 female veterans every year.³⁴ However, unlike civilians insured with ACA-compliant plans, most veterans who access contraception through VHA must pay a copay for their contraception.

Women are the fastest-growing population of veterans accessing care through VHA, and women veterans are more likely to live in poverty than male veterans.³⁵ Similarly, transgender veterans are more likely to live in poverty than their cisgender counterparts.³⁶ Even a small copay could be prohibitive for veterans struggling to make ends meet.³⁷

Rates of unintended pregnancies are similar among veterans and the non-veteran civilian population, but rates for both populations are significant. In recent research, over a third of pregnancies in both populations are unintended—about 10% of women at risk of unintended pregnancy are not using any method of contraception, and nearly 30% are not using prescription contraception.³⁸ In related research, 37.1% of pregnancies among veterans were reported as unintended.³⁹ There is much room for improvement in contraceptive access for both civilians and veterans.

Certain policy changes could increase consistent use of oral contraceptives and prevent unintended pregnancies in the veteran population.⁴⁰ Like most insurance systems in the country, the VA currently distributes three-month supplies of birth control pills, which must be refilled.⁴¹ However, VA data indicates that 43% of veterans who receive a three-month supply of oral contraceptives experience a gap of at least 7 days or more between contraceptive refills over the course of a year.⁴² Such gaps leave veterans at risk of an unintended pregnancy. Recent research suggests that VHA could prevent nearly 600 unintended pregnancies a year by adjusting how it dispenses oral contraceptives.⁴³ The study indicates that requiring VHA to dispense a 12-month supply of contraception could reduce unintended pregnancy rates among veterans and improve adherence to contraceptive methods.

Recommendations

Family planning education and access to contraceptives can increase the overall readiness and quality of life for members of the Armed Forces. The vast majority of people in the U.S. believe that birth control should be considered a basic part of women's health (76%) and support access to all methods of contraception (86%).⁴⁴ Congress and the administration should take swift action to ensure access to comprehensive family planning information and contraceptive services and supplies.

FOR SERVICEMEMBERS AND DEPENDENTS

- Congress must pass legislation to ensure all TRICARE beneficiaries can access contraception without the cost barrier of copays.
 - For example, the Access to Contraception for Military Servicemembers & Dependents Act (H.R. 2091/S. 1049, 116th Cong.) would eliminate copays on contraception for all TRICARE beneficiaries.
- Congress must codify the policy requiring an evidence-based, comprehensive educational program across all branches of the military to ensure that all servicemembers receive high-quality information regarding family planning.
 - For example, the Access to Contraception for Military Servicemembers & Dependents Act (H.R. 2091/S. 1049, 116th Cong.) would direct the administration to establish a uniform family planning curriculum for all service branches.
 - Congress should also monitor implementation of the existing DHA procedural instruction requiring comprehensive evidence-based family planning education.
- Congress must codify regulations ensuring prompt emergency contraception access for sexual assault survivors.
 - For example, the Access to Contraception for Military Servicemembers & Dependents Act (H.R. 2091/S. 1049, 116th Cong.) would codify these regulations.

FOR VETERANS

- Congress must ensure contraceptive equity by requiring birth control to be covered without copays for all veterans.
 - For example, the Equal Access to Contraception for Veterans Act (H.R. 3798, 116th Cong.) would require birth control to be covered without copays for veterans.
- Congress must allow veterans to receive a full year supply of contraception.
 - For example, the Access to Contraception Expansion for Veterans Act "ACE Veterans Act" (H.R. 4281/S. 2821, 116th Cong.) would allow veterans to fill a prescription for a full year supply of contraception.

Women have served with distinction in every U.S. military conflict since the American Revolution. Ensuring that today's servicemembers, veterans, and their families do not face barriers in access to contraception is the least we can do for those who serve.

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Endnotes

- 1 Guttmacher Institute, *Fact Sheet: Contraceptive Use in the United States*, July 2018 <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>.
- 2 Centers for Disease Control and Prevention, "Ten Great Public Health Achievements -- United States, 1900-1999," 48 *Morbidity & Mortality Weekly* (1999) <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.
- 3 U.S. Food & Drug Admin., Birth Control Guide, <https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM517406.pdf>.
- 4 Centers for Disease Control and Prevention, Contraceptive Methods Women Have Ever Used: United States, 1982–2010, 62 *National Health Statistics Reports* (Feb. 14, 2013) <https://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf>.
- 5 U.S. DEP'T OF DEFENSE, 2017 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY, (2017) [available at http://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf](http://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf); *Facts and Statistics about Women Veterans*, U.S. DEP'T OF VETERAN'S AFFAIRS, [available at https://www.womenshealth.va.gov/WOMENSHEALTH/latest-information/facts.asp](https://www.womenshealth.va.gov/WOMENSHEALTH/latest-information/facts.asp) (last visited Nov. 6, 2019).
- 6 Gary J. Gates & Jody L. Herman, THE WILLIAMS INST. AT UCLA SCHOOL OF LAW, *Transgender Military Service in the United States* 4 (2014) [available at https://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Military-Service-May-2014.pdf](https://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Military-Service-May-2014.pdf).
- 7 Patricia Kime, *More Military Children Seeking Transgender Medical Care, Report Finds*, MILITARY.COM, Mar. 28, 2019, [available at https://www.military.com/daily-news/2019/03/28/more-military-children-seeking-transgender-medical-care-report-finds.html](https://www.military.com/daily-news/2019/03/28/more-military-children-seeking-transgender-medical-care-report-finds.html).
- 8 NAT'L CTR. FOR VETERANS ANALYSIS AND STATISTICS, U.S. DEP'T OF VETERANS AFFAIRS, THE PAST, PRESENT AND FUTURE OF WOMEN VETERANS 10 (2017), [available at https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf); *Facts and Statistics about Women Veterans*, U.S. DEP'T OF VETERAN'S AFFAIRS, [available at https://www.womenshealth.va.gov/WOMENSHEALTH/latest-information/facts.asp](https://www.womenshealth.va.gov/WOMENSHEALTH/latest-information/facts.asp) (last visited Nov. 6, 2019).
- 9 IBIS REPRODUCTIVE HEALTH, SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN IN THE US MILITARY, ISSUE BRIEF 4: THE IMPACT OF UNINTENDED PREGNANCY ON SERVICEWOMEN AND THE MILITARY (2013) [available at https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%201%202017-02-10_0.pdf](https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%201%202017-02-10_0.pdf) (last updated February 2017).
- 10 *Id.*
- 11 Sheena M. Eagan, *Menstrual Suppression for Military Women: Barriers to Care in the United States*, 134 *OBSTETRICS & GYNECOLOGY* 72, (2019) [available at https://journals.lww.com/greenjournal/Abstract/2019/07000/Menstrual_Suppression_for_Military_Women__Barriers.11.aspx](https://journals.lww.com/greenjournal/Abstract/2019/07000/Menstrual_Suppression_for_Military_Women__Barriers.11.aspx).
- 12 IBIS REPRODUCTIVE HEALTH, SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN IN THE US MILITARY, ISSUE BRIEF 1: CONTRACEPTION, UNINTENDED PREGNANCY, AND ABORTION (2012) [available at https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%201%202017-02-10.pdf](https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%201%202017-02-10.pdf) (last updated February 2017).
- 13 Kate Grindlay & Daniel Grossman, *Contraception access and use among US servicewomen during deployment*, 87 *CONTRACEPTION* 162, (2012) [available at https://www.contraceptionjournal.org/article/S0010-7824\(12\)00829-3/pdf](https://www.contraceptionjournal.org/article/S0010-7824(12)00829-3/pdf).
- 14 DACOWITS is composed of civilian women and men who are appointed by the Secretary of Defense to provide advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. Historically, DACOWITS' recommendations have been instrumental in effecting changes to laws and policies pertaining to military women.
- 15 Defense Health Agency, *Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception*, PROCEDURAL INSTRUCTION Number 6200.02, May 13, 2019 (hereafter: "DHA Procedural Instruction").
- 16 CONGRESSIONAL RESEARCH SERVICE, DEFENSIVE HEALTH PRIMER: CONTRACEPTIVE SERVICES (2019) [available at https://fas.org/sgp/crs/natsec/IF11109.pdf](https://fas.org/sgp/crs/natsec/IF11109.pdf).
- 17 *Id.*
- 18 DHA Procedural Instruction, p. 12.
- 19 *Id.*, p. 11.
- 20 SERVICE WOMEN'S ACTION NETWORK, ACCESS TO REPRODUCTIVE HEALTH CARE: THE EXPERIENCES OF MILITARY WOMEN 10 (2018) [available at https://www.servicewomen.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf](https://www.servicewomen.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf).
- 21 *Id.*
- 22 *Id.* at 2.
- 23 AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, *Noncontraceptive Uses of Hormonal Contraceptives*, Practice Bulletin, January 2010, [available at http://unmfamilyplanning.pbworks.com/w/file/fetch/82693909/ACOG%20Bulletin%20%23110.pdf](http://unmfamilyplanning.pbworks.com/w/file/fetch/82693909/ACOG%20Bulletin%20%23110.pdf).
- 24 Eagan, *supra* note 11.
- 25 SIECUS: Sex Ed for Social Change, *The SIECUS State Profiles*, last visited April 2020, <https://siecus.org/state-profiles-2019/>.
- 26 See generally SERVICE WOMEN'S ACTION NETWORK, ACCESS TO REPRODUCTIVE HEALTH CARE: THE EXPERIENCES OF MILITARY WOMEN 10 (2018) [available at https://www.servicewomen.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf](https://www.servicewomen.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf).
- 27 Sexual Health and Responsibility Program (SHARP), <https://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/sharp.aspx> (last visited Apr. 2, 2020).
- 28 DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES, 2013 Report 26 (2013) [available at https://dacowits.defense.gov/Portals/48/Documents/Reports/2013/Annual%20Report/2013_DACOWITS_Report_FINAL.pdf](https://dacowits.defense.gov/Portals/48/Documents/Reports/2013/Annual%20Report/2013_DACOWITS_Report_FINAL.pdf).
- 29 DHA Procedural Instruction, p. 12-13.
- 30 See, e.g., GUTTMACHER INST., A REAL-TIME LOOK AT THE IMPACT OF THE RECESSION ON WOMEN'S FAMILY PLANNING AND PREGNANCY DECISIONS 5 (2009) [available at http://www.guttmacher.org/pubs/RecessionFP.pdf](http://www.guttmacher.org/pubs/RecessionFP.pdf).
- 31 See, e.g., Rachel Benson Gold, The Need for and Cost of Mandating Private Insurance Coverage for Contraception, 1 *GUTTMACHER REP. ON PUB. POL'Y* 5, 6 (1998).
- 32 U.S. DEP'T OF VETERANS AFFAIRS, *Eligibility for VA health care*, <https://www.va.gov/health-care/eligibility/> (last updated Feb. 11, 2020) (last visited Nov. 6, 2019).
- 33 U.S. DEPARTMENT OF VETERANS AFFAIRS, *About VHA*, <https://www.va.gov/health/aboutvha.asp> (last updated Jul. 14, 2019) (last visited Apr. 2, 2020).
- 34 Ariana Puzzo, *Yearlong birth control supply for female vets could cut costs and unplanned pregnancies*, MILITARY TIMES (July 11, 2019), <https://www.militarytimes.com/veterans/2019/07/11/yearlong-birth-control-supply-for-female-vets-could-cut-costs-and-unplanned-pregnancies/>.
- 35 DISABLED AMERICAN VETERANS, *Women Veterans: The Journey Ahead* 9 (2018) [available at https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf](https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf).
- 36 *Id.* See also Press Release, The Williams Inst. at UCLA Sch. of Law, Transgender veterans as healthy as cisgender veterans, study finds (Jul. 11, 2018) [available at https://williamsinstitute.law.ucla.edu/press/trans-vets-health-press-release/](https://williamsinstitute.law.ucla.edu/press/trans-vets-health-press-release/).
- 37 GUTTMACHER INST., EVIDENCE YOU CAN USE: INSURANCE COVERAGE OF CONTRACEPTION (2020) [available at https://www.guttmacher.org/evidence-you-can-use/insurance-coverage-contraception](https://www.guttmacher.org/evidence-you-can-use/insurance-coverage-contraception).
- 38 Sonya Borrero, *Examining Contraceptive Use and Unmet Need Among Women Veterans*, U.S. DEP'T OF VETERANS AFFAIRS, Health Services Research & Development Study IIR 12-124, [available at https://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141702501](https://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141702501).
- 39 Sonya Borrero, Lisa Callegari, Xinhua Zhao et al., *Unintended Pregnancy and Contraceptive Use Among Women Veterans: The ECUUN Study*, 32 *J. Gen. Intern. Med.* 900 (2017)
- 40 Colleen Judge-Golden, Kenneth Smith, Maria Mor et al., *Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System*, 179 *JAMA INTERN MED* 1201, (2019) [available at https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2737751](https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2737751).

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41 Kathleen Davis, Study: *VA Could Prevent Hundreds Of Unintended Pregnancies By Adjusting Birth Control Supplies*, 90.5 WESA (July 18, 2019) <https://www.wesa.fm/post/study-va-could-prevent-hundreds-unintended-pregnancies-adjusting-birth-control-supplies#stream/0>.

42 *Id.*

43 *Id.*

44 POWER TO DECIDE, SURVEY SAYS: THANKS BIRTH CONTROL (2019) *available at* https://powertodecide.org/sites/default/files/2019-11/Survey%20Says_Thx%20BC_2019.pdf.

Quote Endnotes

- i SERVICE WOMEN'S ACTION NETWORK, Survey Data (2018) (on file with the Service Women's Action Network).
- ii *Id.*
- iii *Id.*
- iv Kayla M. Williams (@kwilliams101), Twitter (Nov. 17, 2016, 6:15 PM), <https://twitter.com/kwilliams101/status/799390476533112832>.

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