

April 20, 2021

The Honorable Jeanne Shaheen
United States Senate
506 Hart Senate Office Building
Washington, DC 20510

The Honorable Jackie Speier
United States House of Representatives
2465 Rayburn House Office Building
Washington, DC 20515

The Honorable Veronica Escobar
United States House of Representatives
1505 Longworth House Office Building
Washington, DC 20515

The Honorable Marilyn Strickland
United States House of Representatives
1004 Longworth House Office Building
Washington, DC 20515

Dear Senator Shaheen and Congresswomen Speier, Escobar, and Strickland:

As organizations committed to protecting and improving access to health care, we write in support of the *Access to Contraception for Servicemembers and Dependents Act of 2021* and urge its inclusion in the National Defense Authorization Act for Fiscal Year 2022. As you know, this bill would ensure that all servicemembers and their dependents who rely on the military for health care have improved access to comprehensive contraceptive coverage and care, as well as family planning education. We thank you for your leadership on this issue and call on Congress to pass these commonsense provisions, which are more critical than ever during a public health and economic crisis.

Contraception and the ability to determine if and when to have children are inextricably tied to a person's wellbeing, equality, and ability to determine the course of one's life. People need coverage of all birth control methods without out-of-pocket costs so that they can use the specific birth control that is right for them without cost being an obstacle. Unfortunately, certain servicemembers and military family dependents currently face out-of-pocket costs for their contraceptive care. Although the Affordable Care Act (ACA) guarantees that employer-sponsored and marketplace health plans cover preventive services without cost sharing, including all Food and Drug Administration (FDA)-approved contraceptive birth control methods for women, counseling, and education, these protections do not extend to TRICARE. Due to this disparity, non-active duty servicemembers and military family dependents covered by TRICARE must still pay co-pays depending on where they obtain their prescription contraceptive and care. Your bill would remove cost sharing for birth control obtained through the mail-order pharmacy and the TRICARE retail pharmacy program, as well as eliminate out-of-pocket costs related to contraceptive counseling and services, ensuring that cost is no longer a barrier for people who seek such care.

In addition to eliminating cost barriers to contraceptive care, your bill would improve servicemembers' access to emergency contraception (EC) by codifying existing Department of Defense (DOD) regulations that all clinicians at military treatment facilities (MTFs), including those that do not specialize in reproductive health care, provide survivors of sexual assault with information regarding EC and offer EC upon a survivor's request.

Finally, this bill would enhance family planning education for all servicemembers. Survey data, including the DOD Survey of Health Related Behaviors Among Active Duty Military Personnel, have shown a need for comprehensive evidence-based contraceptive education among servicemembers.¹ This bill would create a standardized educational program across all branches of the military to ensure that all servicemembers receive the same, high quality information.

Increasing access to essential care such as contraception has become ever more urgent and necessary during the unprecedented COVID-19 crisis and economic crisis. A trend typical to economic downturns and high-mortality events like a pandemic is increased demand for contraception as more people decide to avoid pregnancy or have fewer children.²³ In a May 2020 survey of reproductive-age women, more than one-third (34%) wanted to get pregnant later or wanted fewer children because of the COVID-19 pandemic, a desire especially prevalent among Black (44%), Latina (48%), and queer women (46%).⁴

Black, Indigenous, and people of color and LGBTQ+ people already face substantial barriers in accessing healthcare, including systemic and deeply ingrained racism in the healthcare system and discrimination by providers because of a patient's actual or perceived sexual orientation or gender identity. These barriers are compounded by financial hurdles such as co-pays on preventive health services such as birth control, which put access to birth control even further out of reach during the pandemic and accompanying recession. Your bill would eliminate these unjust financial barriers and allow all TRICARE beneficiaries to more easily make decisions about contraception, which provides a myriad of health benefits and empowers one to determine when and how to create a family at a time when the ongoing public health crisis has increased the desire to prevent pregnancy.

We thank you for championing legislation that would help ensure that servicemembers and dependents receive the high-quality health care they deserve, including expanding access during a devastating global pandemic. Thank you again for your outstanding leadership and support for reproductive health care.

Sincerely,

¹ RAND National Defense Research Institute: *2015 Department of Defense Health Related Behaviors Survey (HRBS)* (2018) <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Survey-of-Health-Related-Behaviors/2015-Health-Related-Behavior-Survey-Active-Duty>.

² Melissa S. Kearney & Phillip Levine, *Half a Million Fewer Children: The Coming COVID Baby Bust* (June 15, 2020), <https://www.brookings.edu/research/half-a-million-fewer-children-the-coming-covid-baby-bust>; Guttmacher Institute, *A Real-Time Look at the Impacts of the Recession on Women's Family Planning and Pregnancy Decisions* 4 (Sep. 2009), <https://www.guttmacher.org/report/real-time-look-impact-recession-womens-family-planning-and-pregnancy-decisions>; Lyman Stone, *Short-Run Fertility Responses to Mortality Events: A Look to the Past*, 32 *APPLIED DEMOGRAPHY* 18 (Apr. 1, 2020), http://www.populationassociation.org/wp-content/uploads/CAD_SpecialEdition_COVID19_March2020.pdf.

³ See, e.g., Melissa S. Kearney & Phillip Levine, *Half a Million Fewer Children: The Coming COVID Baby Bust* (June 15, 2020), <https://www.brookings.edu/research/half-a-million-fewer-children-the-coming-covid-baby-bust>.

⁴ Laura D. Lindberg, *Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences* (June 2020), https://www.guttmacher.org/sites/default/files/report_pdf/early-impacts-covid-19-pandemic-findings2020-guttmacher-survey-reproductive-health.pdf.

American Civil Liberties Union
American College of Nurse-Midwives
American Medical Student Association
Catholics for Choice
Center for Biological Diversity
Center for Reproductive Rights
Endocrine Society
Guttmacher Institute
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Ibis Reproductive Health
Ipas
Jacobs Institute of Women's Health
Jewish Women International
Medical Students for Choice
NARAL Pro-Choice America
National Association of Nurse Practitioners in Women's Health
National Birth Equity Collaborative
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Institute
Power to Decide
Religious Coalition for Reproductive Choice
Reproductive Health Access Project
Service Women's Action Network
Society for Adolescent Health and Medicine
Union for Reform Judaism
Women of Reform Judaism