



FACT SHEET

# Access to Contraception for Women Serving in the Armed Forces

By Julia Rugg and Donna Barry February 4, 2015

Today, lawmakers reintroduced the Access to Contraception for Women Servicemembers and Dependents Act in the House and Senate.<sup>1</sup> The bill strives to reduce barriers to affordable contraception for military women. At a time when women make up an increasing share of the armed forces,<sup>2</sup> more than 95 percent of women serving are of reproductive age,<sup>3</sup> and unplanned pregnancies are higher for servicewomen than for the general public,<sup>4</sup> it is important to make key policy changes to improve their reproductive health care.

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## Military health care and contraception

Tricare, the military's health insurance program, provides inpatient and outpatient care for more than 200,000 active-duty servicewomen<sup>5</sup> and many female military spouses. It also provides coverage for every female dependent who lives on a military base and for National Guard and Reserve members and retirees.<sup>6</sup> There are approximately 4 million women and girls enrolled in Tricare or another military health insurance program.<sup>7</sup> Of these 4 million people, roughly 1.1 million are of reproductive age.<sup>8</sup>

Tricare benefits do not provide contraceptive coverage that is as comprehensive as that which private insurance plans are required to provide under the Affordable Care Act. These plans cover all forms of contraception approved by the U.S. Food and Drug Administration without additional cost sharing—such as copayments for visits and medication or devices. Tricare covers diaphragms; multiple types of oral contraceptives; intrauterine devices, or IUDs; surgical sterilization, and more.<sup>9</sup> However, women who are not on active duty or women who are dependents of an armed forces member covered by Tricare must pay copayments on contraceptives.

## Contraceptive use

While a lack of comprehensive data across all military branches creates challenges when studying contraceptive use, a review of numerous studies suggests that when compared with the general population, servicewomen stationed in the United States use contraception at higher rates.<sup>10</sup>

- In the general U.S. population, the contraceptive utilization rate is about 62 percent among women of reproductive age.<sup>11</sup>
- On U.S. military bases, overall contraceptive use ranges from 50 percent to 88 percent.<sup>12</sup>
- Given the additional barriers to accessing contraception,<sup>13</sup> utilization rates drop to between 39 percent and 77 percent upon deployment.<sup>14</sup>

## Barriers to contraceptive use

Military treatment facilities, or MTFs, regulate contraceptive access on military bases and stock the medications included in the U.S. Department of Defense's Basic Core Formulary, or BCF. The BCF is a list of medications for primary care treatment and prevention that MTFs are required to have available.<sup>15</sup>

- Tricare covers most commonly used methods of contraception, and the BCF includes a range of oral contraceptive pills.<sup>16</sup>
- However, some other forms of contraception are not in the BCF,<sup>17</sup> including the contraceptive ring, Depo-Provera injections, and IUDs. These devices are prescribed less often but used more consistently.<sup>18</sup>
- Tricare does not cover barrier methods such as condoms. These methods also are not included in the BCF.<sup>19</sup>

Servicewomen face many challenges in accessing contraception while deployed:<sup>20</sup>

- One-third of servicewomen were unable to obtain their preferred birth control method before being deployed.<sup>21</sup>
- 41 percent had difficulty refilling their prescriptions while deployed.<sup>22</sup>
- 59 percent did not discuss their contraceptive options with a health care provider before being deployed.<sup>23</sup>

Many servicewomen said their health care providers discouraged them from using long-acting birth control methods—such as IUDs and sterilization—for outdated reasons. These reasons included the fact that they had not previously given birth.<sup>24</sup>

Continuing to use previously prescribed contraceptives poses even further challenges:

- Because some servicewomen received reproductive health care from a civilian doctor before being deployed, military doctors would not supply them with their previously prescribed birth control method.<sup>25</sup>
- Crossing multiple time zones during deployment can make it difficult to stick to an oral contraceptive schedule.<sup>26</sup>
- Iraq’s desert conditions can cause the contraceptive patch to detach.<sup>27</sup>

### Need for proper access to contraceptive services

- Servicewomen use contraception for reasons beyond preventing pregnancy. These include menstrual suppression and symptom reduction.<sup>28</sup>
- Inadequate contraceptive counseling and care before deployment—as well as lack of care and supplies while deployed—may contribute to increased rates of unintended pregnancy among servicewomen.<sup>29</sup>
- The high sexual assault rate among female service members highlights the importance of having access to contraceptives.<sup>30</sup>

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### Recommendations

As discussed in the Center for American Progress report “Out of Range: Obstacles to Reproductive and Sexual Health Care in the Military,” increasing access to contraception would allow Congress and the armed forces to keep servicewomen healthier and support military readiness. Congress and the armed forces should:<sup>31</sup>

- Give all service members complete information and counseling about the birth control methods that have been shown to be most effective during deployment.<sup>32</sup>
- Offer predeployment contraceptive counseling to all service members.<sup>33</sup>
- Institute consistent and comprehensive data collection to gather information on access to and use of contraceptives in every service branch.<sup>34</sup>
- Pass a bill to ensure that no contraceptive method requires cost sharing, including that which is provided through a uniformed-services facility, the national mail-order pharmacy program, or Tricare’s retail pharmacy program.<sup>35</sup>

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## Endnotes

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