



Military Women Should Have Full Access to Reproductive Health Care

Military women's access to reproductive health services has been severely restricted under current law and Department of Defense policy. Although the focus of this position paper is on the effect of the restrictions on military women, the restrictions also apply to the detriment of dependents of both military men and women. These restrictions are ones not faced by women in most private health insurance plans and should be changed as soon as possible.

Background:

The access of women in the military to federal funding for abortion procedures has been restricted by annual DoD funding bills since 1978, with qualifications for funding changing over time, until 1984 when the DoD authorization bill made the ban permanent, unless the woman's life is in danger. 10 U.S.C. § 1093(a). Pregnancies resulting from rape or incest do not qualify.

Prior to 1988, DoD had an informal policy that allowed abortion procedures to be performed at overseas military facilities if women paid for the procedures themselves. In 1988, DoD policy banned all abortions in military facilities, even if paid for by the patient. This ban was lifted in 1993 by President Clinton but reinstated in 1996 when Congress barred privately funded abortion procedures at DoD facilities, with certain limited exceptions. 10 U.S.C. § 1093(b). Thus, under current law, women are not permitted to pay for their own abortion procedures at DoD facilities unless their life is endangered or the pregnancy is the result of rape or incest.

Moreover, DoD does not include emergency contraception—a time-sensitive medication that prevents pregnancy—on its basic formulary of drugs that must be available at military treatment facilities. The Executive Council of the DoD Pharmacy and Therapeutics Committee voted in 2002 to add Plan B®, a dedicated emergency contraceptive pill, to the basic formulary based on its clinical and cost effectiveness. However, the inclusion on the formulary was rescinded a few months later without stated reasons. Because Plan B® is not part of the basic formulary, emergency contraception is not reliably available at military health

facilities stateside or overseas. This gap in availability leaves women at risk of unintended/unwanted pregnancy, with all concomitant costs and effects both to them and to the military services.

Recommendations:

1. Decisions about medical care provided to, or made available for, service members and their families should be based on clinical and cost effectiveness, not on political considerations.
2. The Obama Administration should propose legislation to repeal laws that restrict the access of military women and military dependents to reproductive health services.
3. DoD should immediately order Plan B® emergency contraception to be placed on the basic formulary of drugs available to service members and their families.

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