

December 2, 2021

The Honorable Jack Reed
Chairman
Senate Armed Services Committee
228 Russell Senate Building
Washington, DC 20510

The Honorable Adam Smith
Chairman
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Reed and Smith:

As organizations committed to protecting and improving access to health care, we write to urge you to retain language during conference of the National Defense Authorization Act (NDAA) for Fiscal Year 2022 that 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 without cost-sharing.

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, 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 contraceptives and care. The House-passed NDAA includes a key one-year provision that 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. This provision was introduced in the *Access to Contraception for Servicemembers and Dependents Act of 2021*

(H.R. 2709/S. 1238). We strongly urge you to retain the House-passed provision, for one year at minimum, as you confer over the final NDAA text.

Overall, access to birth control has vast public support, with 84 percent of voters saying that everyone should have access to the birth control they want or need, when they want or need it, without any barriers standing in their way.ⁱ Additionally, increasing access to essential care such as contraception has become ever more urgent and necessary during the unprecedented COVID-19 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.ⁱⁱⁱⁱⁱ 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%).^{iv}

Black, Indigenous, and people of color and LGBTQ+ people already face substantial barriers in accessing health care, including systemic and deeply ingrained racism in the health care 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. This provision 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.

This provision would help ensure that servicemembers and dependents receive the high-quality health care they deserve, and expand access during a devastating global pandemic. Thank you again for your leadership and support for reproductive health care.

Sincerely,

American Civil Liberties Union
Center for Reproductive Rights
Endocrine Society
Guttmacher Institute
Ibis Reproductive Health
In Our Own Voice: National Black Women's Reproductive Justice
Agenda Ipas
Jacobs Institute of Women's Health
Medical Students for Choice
Minority Veterans of America
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 Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Power to Decide
Reproductive Health Access Project
Service Women's Action Network
Society for Adolescent Health and Medicine
Union for Reform Judaism

Women of Reform Judaism

ⁱ Polling on file with the National Women’s Law Center.

ⁱⁱ 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.

ⁱⁱⁱ 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>.

^{iv} 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.