

June 21, 2022

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 include language in the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 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. Fixing this inequity is especially critical given that reproductive health care access is in crisis: the Supreme Court is likely prepared to eliminate the constitutional right to abortion after decades of attacks on our rights from anti-abortion lawmakers—and states across the country are poised to ban abortion and are also targeting contraception. Reproductive freedom, including using birth control, allows people to make decisions about their health, lives, and futures that are best for them. But making meaningful decisions about our reproductive lives requires access to the full spectrum of reproductive health care.

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 contraceptive and care. The House-passed FY 2022 NDAA included 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 include and pass this provision, for one year at minimum, in 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.<sup>1</sup> Additionally, increasing access to essential care such as contraception has become ever more urgent and necessary during the unprecedented COVID-19 crisis and ensuing economic uncertainties. 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.<sup>2,3</sup> While the impact of the pandemic may have lessened for some since then, in a 2021 study, one in five (22%) people indicated that the pandemic had caused them to change their fertility plans - with a strong prevalence among people of color, LGBTQ individuals, and people struggling to make ends meet.<sup>4</sup> On top of this, inflation is at a 40-year high with the prices of gas, rent, and groceries increasing, forcing people to make difficult spending decisions with what little money they may have left.<sup>5</sup> At this moment, it is critical to remove a cost barrier for servicemembers and their families.

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 including birth control. This provision would eliminate these unjust financial barriers and allow all TRICARE beneficiaries to more easily make decisions about contraception, which provides myriad health benefits and empowers one to determine when and how to create a family.

This provision would help ensure that servicemembers and dependents receive the high-quality contraceptive care they deserve - a critical reform given the current crisis. The right to abortion and the right to contraception are founded on the same constitutional principle - the fundamental freedom to make the most personal decisions about our bodies, families, lives, and futures. These rights have never been under greater threat. Thank you for your support for reproductive health care and we urge you to do all you can to protect and expand access for service members and their loved ones.

Sincerely,

American Civil Liberties Union

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American Medical Student Association

American Society for Reproductive Medicine

Catholics for Choice

Center for Biological Diversity

Center for Reproductive Rights

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

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<sup>1</sup> Polling on file with the National Women's Law Center.

<sup>2</sup> 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](http://www.populationassociation.org/wp-content/uploads/CAD_SpecialEdition_COVID19_March2020.pdf).

<sup>3</sup> 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>.

<sup>4</sup> Laura D. Lindberg, The Continuing Impacts of the COVID-19 Pandemic in the United States: Findings from the 2021 Guttmacher Survey of Reproductive Health Experiences (December 2021), <https://www.guttmacher.org/report/continuing-impacts-covid-19-pandemic-findings-2021-guttmacher-survey-reproductive-health#figure3>.

<sup>5</sup> "Inflation soars to an over 40-year high. These are the ways Americans are coping." NPR, June 10, 2022. <https://www.npr.org/2022/06/10/1103995329/inflation-americans-spending-consumer-behavior-prices>.