

Frequently Asked Questions on Reproductive Health Care



On October 20, 2022, the Secretary of Defense released a memorandum, “Ensuring Access to Reproductive Health Care,” directing the Department take a series of actions to ensure Service members and their families can access non-covered reproductive health care. On February 16, 2023, the Department of Defense released those directed policies, which will be effective within 30 days from February 16, 2023.

This document provides answers to some commonly asked questions with regard to reproductive health care. The answers here are intended to provide a general overview of departmental policies and are not intended to alter or amend those policies. The answers in this document are intended to apply broadly to the Force as a whole and the term “Service member” is used with that intent. When there is a meaningful distinction between the Active and Reserve component, more specific terms are used to highlight and clarify the distinction.

The answers contained in this document do not constitute legal advice. Please refer to the policy documents and direct any specific questions through your chain of command or supervisory chain or to the appropriate medical, legal, or personnel policy experts.

For more information on the Department’s actions on non-covered reproductive health care, please visit: www.health.mil/EnsuringAccessToReproductiveHealth.

For comprehensive information and resources related to women’s and gender-specific care, information about reproductive health, information about the full range of contraception methods, and TRICARE benefits for contraceptive services, please visit: <https://health.mil/Military-Health-Topics/Womens-Health>.

FREQUENTLY ASKED QUESTIONS

SECRETARY OF DEFENSE OCTOBER 20, 2022 MEMORANDUM

What did the Secretary of Defense’s October 20, 2022 memorandum “Ensuring Access to Reproductive Health Care” do?

The memorandum directed the Department of Defense to take a series of actions to ensure Service members and their families can access reproductive health care; DoD health care providers can operate effectively, consistent with federal law; and to establish uniform policies to protect the privacy of reproductive health information. Those directed policies were released on February 16, 2023.

COMMAND NOTIFICATION OF PREGNANCY

What is the Department's policy on command notification of pregnancy?

This policy standardizes and extends the timeframe for Service members to inform their commanders about a pregnancy. Service members may now choose to delay command notification of a pregnancy until no later than the 20th week of pregnancy, except in certain circumstances. More information on this policy can be found at:

www.health.mil/EnsuringAccessToReproductiveHealth.

As a Service member, if I choose to delay notification of my pregnancy to my command, am I still able to access prenatal care?

Service members are encouraged to access prenatal care as soon as they learn of their pregnancy to promote the health and well-being of themselves and their pregnancy. If a Service member chooses to delay command notification of the pregnancy, they will be put on a limited duty status, but their pregnancy will not be disclosed, unless certain exceptions apply. This will ensure a balance between Service member privacy, their health and well-being, and unit/mission needs. More information on this policy can be found at:

www.health.mil/EnsuringAccessToReproductiveHealth.

Why did the Department decide to allow Service members to delay notification of their pregnancy until the 20th week?

Service members will be provided the time and flexibility to make private health care decisions in a manner consistent with the responsibility of commanders to meet operational requirements and protect the health and safety of those in their care. Service members who delay sharing their pregnancy status with their commanders will be placed on a limited duty status (as appropriate), as recommended by their treating health care provider. Additionally, there are some exceptions that may apply, based upon individual circumstances of the Service member, a potential upcoming deployment, or unit hazards. These safeguards balance Service member desire for privacy with their health and well-being, as well as unit and mission needs.

To learn more about this policy, please go to

www.health.mil/EnsuringAccessToReproductiveHealth.

As a Commander, what is my role with the new pregnancy privacy policy?

Commanders must protect the privacy of protected health information, and information shall be restricted to personnel with a specific need to know.

My position requires me to make mandatory notifications, such as those related to domestic abuse or sexual assault. Does this new pregnancy privacy policy prevent me from making such notifications?

No. Any DoD personnel required to make mandatory notifications, such as those related to domestic abuse or sexual assault, in accordance with application DoD or Military Department/Service regulations, must do so. However, those required notifications must be done without disclosing the Service member's pregnancy status.

As a Service member, what are the circumstances that would require me to notify my command of a pregnancy prior to the 20th week of pregnancy?

There are military duties, occupational health hazards, and medical conditions where the proper execution of the military mission outweighs the interests served by delaying commander notification of a pregnancy. If the DoD health care provider makes the notification to a commander, the Service member will be notified prior to the command notification except in exigent circumstances. A commander will be notified of a pregnancy prior to the 20th week if:

- The Service member is in a position pre-identified by Military Department/Service regulations as having mission responsibilities or being subject to occupational health hazards that would significantly risk mission accomplishment.
- The treating DoD health care provider has determined that there are special medical circumstances that require earlier notification.
- There are other special circumstances, determined on a case-by-case basis by a DoD health care provider, where the military mission outweighs the interests served by delaying notification.

As a Service member, are there circumstances where my DoD medical provider would be required to notify my commander about a pregnancy?

Health care providers may only disclose information to commanders in specific circumstances, such as when the Service member's duties will adversely impact the health and well-being of the Service member and the pregnancy. Health care providers will be required to discuss risks with Service members and recommend a limited duty status for all Service members opting to delay their notification, unless an exception applies. If the DoD health care provider makes the notification to a commander, the Service member will be notified prior to the command notification except in exigent circumstances. To address whether the Service member's preference to delay notification is possible, health care providers will discuss risks with Service members who may be adversely impacted if they delay notification.

*ADMINISTRATIVE ABSENCE FOR NON-COVERED REPRODUCTIVE HEALTH CARE,
REGULAR LEAVE, AND SPECIAL LIBERTY*

What is the new policy on administrative absence for non-covered reproductive health care? What is non-covered reproductive health care?

Service members may be granted an administrative absence from their normal duty station, without being charged leave, for a period of up to 21 days to receive, or to accompany a dual-military spouse or dependent who receives, non-covered reproductive health care.

Non-covered reproductive health care is defined in policy as lawfully available assisted reproductive technology, which includes egg retrieval, IUI, and IVF, and non-covered abortion. Non-covered reproductive health care is at the patient's expense.

Information on this policy is available at: www.health.mil/EnsuringAccessToReproductiveHealth.

What is included in Assisted Reproductive Technology (ART)?

For the purposes of these policies, ART includes:

- Ovarian stimulation and egg retrieval, including any needed medications and procedures required for retrieval, processing and utilization for ART or cryopreservation
- Sperm collection and processing for ART or cryopreservation
- Intrauterine insemination (IUI)
- In vitro fertilization (IVF) inclusive of the following procedures for beneficiaries when clinically indicated:
 - In vitro fertilization with fresh embryo transfer
 - Gamete intrafallopian transfer (GIFT)
 - Zygote intrafallopian transfer (ZIFT)
 - Pronuclear stage tubal transfer (PROST)
 - Tubal embryo transfer (TET)
 - Frozen embryo transfer

What is a covered abortion and what is a non-covered abortion?

The Department of Defense defines a covered abortion as an abortion, either medical or surgical, where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

A non-covered abortion is an abortion, either medical or surgical, that does not meet the criteria of a covered abortion.

Who is eligible to request an administrative absence under the new policy?

Active duty Service members, including Reserve or National Guard members when on active duty orders for 30 or more consecutive days, may request an administrative absence to access non-covered reproductive health care, or accompany a dependent to access non-covered reproductive health care.

When should a Service member consider requesting an administrative absence?

An administrative absence can be requested when a Service member needs to access, or accompany a dependent to access, non-covered reproductive health care so that they do not need to use chargeable leave. Service members who are already accessing ART through the Supplemental Health Care Program are not eligible as they are able to receive such care without using chargeable leave.

As a commander, what is my role and responsibility with regards to the new policy on administrative absence for non-covered reproductive health care?

It is the responsibility of commanders or approval authorities to meet operational requirements and protect the health and safety of those in their care. Commanders or approval authorities are expected to display objectivity, compassion, and discretion when addressing all health care matters, including reproductive health care matters, and have a duty to enforce existing policies against discrimination and retaliation in the context of reproductive health care choices.

Commanders or approval authorities must act promptly when considering a Service member's request for an administrative absence to access non-covered reproductive health care, with due regard to the time-sensitive nature of many non-covered reproductive health care services. Requests for administrative absence should be given all due consideration and should be granted to the greatest extent practicable unless, in the commanding officer's judgment, the Service member's absence would impair proper execution of the military mission.

Commanders or approval authorities will not levy additional requirements on the eligible Service member (including, but not limited to, consultations with a chaplain, medical testing, or other forms of counseling) prior to approving or denying the administrative absence request.

Commanders must protect the privacy of protected health information, and information shall be restricted to personnel with a specific need to know.

If I don't want to request an administrative absence for non-covered reproductive health care, am I still able to request and be granted regular leave or special liberty for non-covered reproductive health care services?

Yes. Service members on Active Duty may choose to request regular leave or special liberty instead of an administrative absence to access non-covered reproductive health care. Special liberty would be limited to no more than 4 days.

Am I eligible to request an administrative absence for non-covered reproductive health care or regular leave or special liberty to receive a *covered* abortion?

Service members are already authorized to receive covered abortions and do not need to be in a leave or liberty status in order to access this care.

Service members who are eligible for a covered abortion may seek care at their local military medical treatment facility. Existing processes exist to fund travel for Service members who must receive covered care outside the local area.

Am I allowed to request an administrative absence in order to use ART to make money – for example, selling their eggs or sperm?

No. Service members will not be granted an administrative absence to access non-covered reproductive health care if the intent is to sell, offer for sale, or receive proceeds from a sale resulting from an ART procedure.

What if my unit commander denies my request?

Service members whose requests for an administrative absence to access non-covered reproductive health care are denied may appeal their request in accordance with applicable Military Service policy.

*TRAVEL AND TRANSPORTATION ALLOWANCES FOR NON-COVERED
REPRODUCTIVE HEALTH CARE*

What is the new policy on travel and transportation allowances for non-covered reproductive health care? What is non-covered reproductive health care?

Service members and eligible dependents may be authorized travel and transportation allowances to access non-covered reproductive health care services when timely access to non-covered reproductive health care services is not available within the local area of the member's permanent duty station, temporary duty location, or the last location the dependent was transported on authorized government orders.

Non-covered reproductive health care is defined in policy as lawfully available assisted reproductive technology and non-covered abortion. Non-covered reproductive health care is at the patient's expense.

More information on this policy is available at:
www.health.mil/EnsuringAccessToReproductiveHealth.

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A non-covered abortion is an abortion, either medical or surgical, that does not meet the criteria of a covered abortion.

**Who is eligible to request travel and transportation allowances under the new policy?
What information is required in the request?**

For non-covered ART, travel and transportation allowances for Service members (including Active Duty Service members and Reserve Component Service members on active duty orders for 180 days or more) and spouses of such Service members receiving care may be authorized when the non-covered ART procedure is substantiated in documentation by the licensed health care provider or clinic that will be performing the ART services. Funded travel can be requested by Service members for their own, or their spouse's, care and may include a non-medical attendant to accompany either the Service member or spouse, when necessary. Substantiating documentation provided by the traveler to the approving official (AO) must include details of the procedures to be performed, dates of consultation appointments and/or procedures, and include any of the following: identification of a treatment plan schedule, medical diagnosis, and patient names to verify eligibility. The non-covered reproductive health care is at the patient's expense.

For non-covered abortion, travel and transportation allowances for Service members (Active Duty Service members, Reserve Component Service members on active duty orders for more than 30 consecutive days, and Service academy cadets and midshipmen) and dependents of such Service members receiving care may be authorized when a licensed medical provider has validated the pregnancy and substantiating documentation is provided. Funded travel can be requested by Service members for their own, or their dependent's, care and may include a non-medical attendant to accompany either the Service member or dependent, when necessary. The non-covered reproductive health care is at the patient's expense.

What allowances are authorized?

Service members may be authorized standard travel and transportation allowances as detailed in the Joint Travel Regulations [par. 033001](#).

Eligible dependents and escorts may be authorized the actual cost of lodging, the actual cost of meals, and round-trip transportation between the Service member's permanent duty station or last location the dependent was transported on authorized government orders and the non-covered reproductive health care service care location. The non-covered reproductive health care is at the patient's expense.

Can a Service member request travel and transportation allowances for non-covered reproductive health care to receive a *covered* abortion?

Service members who are eligible for a covered abortion may seek care at their local military medical treatment facility and do not need to request travel and transportation allowances under this policy. Existing processes are in place to fund travel for Service members who must receive covered care outside the local area.

As a commander, what is my role and responsibility with regards to the new policy on travel and transportation allowances for non-covered reproductive health care?

It is the responsibility of commanders or approval authorities to meet operational requirements and protect the health and safety of those in their care. Commanders or approval authorities are expected to display objectivity, compassion, and discretion when addressing all health care matters, including reproductive health care matters, and have a duty to enforce existing

policies against discrimination and retaliation in the context of reproductive health care choices.

Commanders must protect the privacy of protected health information, and information shall be restricted to personnel with a specific need to know.

If a Service member has a dependent that is still covered by TRICARE, living in a state that restricts access to reproductive health services, will the Department pay for their travel to the nearest location that has such care available?

Active duty Service members and their dependents are eligible to request and receive funded travel when non-covered reproductive health care services are not available locally.

In order to receive travel allowances, does a dependent's sponsor need to be involved in the process?

Yes. For the Dependent Invitational Travel Order, certain conditions apply. Travel authorizations/vouchers are processed for the family member of a Service member. The sponsor can receive reimbursement for the dependent's transportation and approved travel expenses. Either the sponsor or a Defense Travel Administrator will assist with document processing as the dependent may have no access to DoD travel systems like the Defense Travel System or MyTravel.

What if a Service member's unit commander denies their request?

Service members whose requests for travel and transportation allowances for non-covered reproductive health care may appeal their request in accordance with applicable Military Service policy.

MEDICAL PROVIDERS

What resources are available to health care providers concerned about performing covered abortions at my military medical treatment facility because my current license is in a state with restrictive state laws?

Military and civilian health care providers working in military medical treatment facilities (MTFs) may request reimbursement to receive an alternate license when their current license is in a state where the provision of federally authorized health care is restricted.

In the event that a state passed a law restricting providers from performing abortions, would DoD health care providers still be able to perform abortions in an MTF?

Yes. DoD providers may continue to provide covered abortion services as part of their federal duties if medically appropriate, even if those services are prohibited by state law or licensing requirements. (A "covered abortion" is one DoD is authorized to perform under federal law, in cases where the life of the mother would be endangered if the fetus were carried to term, or where the pregnancy is the result of rape or incest.)

What religious protections are there for providers who do not wish to perform an abortion?

Consistent with DoD Instruction 6025.27, “Medical Ethics in the Military Health System,” November 8, 2017, providers who, as a matter of conscience or moral principle, do not wish to perform abortions are generally not required to do so.

If a Service Member, dependent, or beneficiary accesses abortion services outside of the military health system and requires follow-up care, can they access care through DoD?

Yes. Eligible DoD beneficiaries are encouraged to follow-up with their Primary Care Manager or Women’s Health Provider following a pregnancy termination to obtain necessary follow-up care, to include convalescent leave (as indicated) or provision of contraception. This follow-up care is available regardless of whether the abortion service was a covered or non-covered procedure. Additionally, if a patient comes to a MTF with acute complications following a pregnancy termination, it is the duty of the receiving provider to care for these acute issues. By regulation, Active Duty Service members who experience complications resulting from a non-covered treatment also may be authorized for treatment in the private sector if necessary, consistent with applicable law.

What information does a patient need to provide, if seeking a covered abortion due to a pregnancy resulting from a sexual assault or incest?

DoD providers must have a “good faith” belief that the patient is a victim of rape or incest to perform the abortion. Service members are not required to make a formal report or engage with the Sexual Assault Prevention and Response Program or Family Advocacy Program (FAP) to be eligible for an abortion, although providers are still required to notify the Sexual Assault Response Coordinator (SARC) or FAP that they are treating a patient who reports they are a victim of sexual assault, so that the SARC or FAP can inform the victim of services and reporting options. There is no requirement that the health care provider inform the SARC or FAP that the patient requested an abortion. DoD providers should engage MTF legal counsel and MTF leadership, as well as subject matter experts within SAPR Program or FAP, if there are concerns about making a “good faith” belief determination.

However, providers must not attempt to gain information from other sources in making their good faith determination (other than a consultation with SMEs as noted above) or compromise an adult patient’s reporting options by notifying the chain of command, or law enforcement, unless otherwise indicated in DoD Instruction 6310.09 “Health Care Management for Patients Associated With a Sexual Assault,” May 7, 2019, or advised by MTF legal counsel.

CONTRACEPTIVES

What steps is DoD taking to facilitate access to contraceptives?

Easy, convenient, and timely access to the full range of contraceptive methods and counseling is

a goal of the Military Health System (MHS). To better facilitate access at military medical treatment facilities (MTFs), the MHS has implemented walk-in contraceptive services at every MTF with appropriate clinical capabilities. These clinics do not require appointments and are staffed with health care personnel who are trained in the full range of contraceptive methods, including short-acting reversible contraceptives (e.g., birth control pill, patch, or ring) and Long Acting Reversible Contraceptives (LARCs), such as intrauterine devices (IUDs) and implants.

Where are MTFs that have walk-in contraceptive services located today?

To find the closest facility to you, please visit <https://tricare.mil/WalkinContraceptiveServices>

Why can't DoD waive copays for contraceptives?

Cost-sharing amounts for prescription pharmaceuticals obtained outside a MTF, including oral contraceptive pills, are set in law, and would require a statutory change to waive. However, prescription pharmaceuticals are available to all eligible TRICARE beneficiaries in a MTF at no cost.

Co-pays have been removed for medical procedures associated with contraceptive care, such as placement of intrauterine devices, implants and female tubal sterilization.

Could state abortion laws affect the provision of IUDs?

DoD will continue providing IUDs and other contraceptive care in MTFs, consistent with federal law, regardless of state law restrictions.

Who can provide Service members, dependents, or other beneficiaries with women's health care such as long acting reversible contraceptives (LARCs)? Do they have to be OB/GYNs or can they get it from a primary care physician? Where can they access this healthcare?

Primary care providers who have been trained in placement (e.g., Family Medicine Physicians, Adolescent Medicine Physicians, Family Nurse Practitioners (NPs)) and Women's health providers (e.g., OB/GYN physicians, Women's Health NPs, Certified Nurse Midwives) may place LARCs, as may other primary care providers who have been trained in placement (Family Medicine Physicians, Adolescent Medicine Physicians, Family NPs, etc.). In general, LARCs are provided during either an outpatient primary care, Certified Nurse Midwife, OB/GYN appointment, or less commonly, in a freestanding ambulatory surgery center or outpatient hospital department (e.g., when anesthesia is required). Beneficiaries outside an MTF may contact their Managed Care Support Contractor for assistance to locate a provider and navigating their plan.

What does DoD cover with regards to emergency contraceptives like Plan B? Where can beneficiaries pick them up?

Oral emergency contraceptives, such as Plan B and ella, are covered within DoD and by the TRICARE Pharmacy benefit. Plan B is available at MTF or network retail pharmacies without need for prescription and with no copay. Ella is available via prescription at MTF or network retail pharmacies (copay for non-Active Duty beneficiaries at retail only). For network retail pharmacies, the beneficiary (or a friend or partner picking up for the beneficiary) must provide documentation of patient identity and TRICARE eligibility, generally an appropriate ID card,

in order for the pharmacy to process the TRICARE Pharmacy benefit claim. Plan B is also available for purchase in many Military Exchanges, pharmacies, and other local retailers.

Could state abortion laws affect the provision of emergency contraceptives like Plan B or ella?

DoD will continue to provide Plan B, ella, and other contraceptive care in MTFs, consistent with federal law, regardless of state law restrictions. If a state prohibited emergency contraceptives, we expect that private sector retail pharmacies operating in that state would comply with state law.

Does DoD permit the mailing of emergency contraceptive pills through the TRICARE Pharmacy Home Delivery Program to Service members, dependents, or other beneficiaries in states that restrict access? Does DoD distribute emergency contraceptive pills to Service members, dependents, or other beneficiaries at MTFs in affected states?

Currently, emergency contraceptives like Plan B or ella are not available via home delivery, given potential delays in receipt of medications via mail order. Home delivery utilization is best served for chronic conditions and not acute conditions where timing of medications, such as emergency contraceptive, is critical.

COVERED ABORTIONS

When does the Department of Defense (DoD) provide abortion services? Who can receive those services?

The Department of Defense (DoD) can perform or pay for abortion services for Service members, dependents, or other eligible DoD beneficiaries in certain circumstances. Consistent with federal law, this care is provided in cases where the life of the mother would be endangered should the fetus be carried to term, or in the case in which the pregnancy is the result of an act of rape or incest (described within DoD as “covered abortions”). Federal law prohibits the DoD from performing, or paying for the performance of, abortions for any other reason.

What kinds of abortions can the Military Health System perform?

The Military Health System (MHS) has the capability to perform both medical abortions (which are performed with medication) and surgical abortions, in cases where the life of the mother would be endangered if the fetus were carried to term or in the case in which the pregnancy is the result of an act of rape or incest.

Will TRICARE continue to provide coverage for abortion services in the case of rape, incest or when the life of the mother would be endangered? What if state law restricts my ability to receive an abortion?

Yes, TRICARE will continue to pay for abortions for Service members, dependents, or other eligible DoD beneficiaries in cases where the life of the mother would be endangered should the fetus be carried to term or in the case in which the pregnancy is the result of an act of rape or incest (described as “covered abortions”). Private sector health care facilities are subject to

the laws of the state where the care is provided. When state law restricts certain types of care, that care may no longer be available through private sector health care facilities in the local area.

However, military medical treatment facilities are still authorized to provide covered abortions, even when state laws restrict such care. When not available in the private sector, Service members and eligible beneficiaries may access care at a local military medical treatment facility or travel to the closest military medical treatment facility with the necessary capability.

The following question outlines current processes for accessing covered care not available locally for beneficiaries. Beneficiaries seeking assistance with access to a covered abortion can contact <https://health.mil/About-MHS/Contact-Us>, for assistance.

When a covered abortion is not available in the local area, does DoD provide travel and transportation allowances for a Service member or other health care beneficiary to receive a covered abortion? What is the process for requesting these allowances?

For a covered abortion, DoD provides the following travel and transportation allowances:

- Active Duty: Active Duty Service members (including Reserve Component Service members on Active Duty orders for a period greater than 30 days) who require authorized medically necessary care that is not available in their local area, including covered abortions, will be authorized to travel at government expense to receive the care. The Service member would need to provide their command with documentation from their medical provider indicating the need to travel for a necessary medical procedure. A description of the medical procedure would be contained in the individual's medical records. The Service member would not be required to take leave for the travel.
- Other Beneficiaries:
 - TRICARE Prime: For non-Active Duty patients enrolled in TRICARE Prime, if the closest available care is more than 100 miles away from their primary care manager's office, TRICARE may reimburse reasonable travel expenses for covered abortions in accordance with applicable rules and regulations.
 - TRICARE Select: For non-Active Duty patients enrolled in TRICARE Select, a referral will be made but there is no associated reimbursement for travel costs.
- Dependent Outside the Continental United States (OCONUS): Dependents accompanying Active Duty Service members (including Reserve Component members on Active Duty orders for a period greater than 30 days) stationed outside the Continental United States may be paid travel and transportation allowances to the nearest medical facility where a covered abortion could be performed. A written statement from a DoD medical authority must support the need for travel confirming both the seriousness of the condition and the absence of adequate military and civilian facilities for proper treatment.

What is the process that a Service member, dependent, or other beneficiary would use to seek covered abortion services?

DoD performs or pays for abortions for Service members, dependents, or other eligible DoD beneficiaries in cases where the life of the mother would be endangered should the fetus be carried to term or where the pregnancy is the result of an act of rape or incest (described as “covered abortions”). An eligible beneficiary can request a covered abortion from a MTF provider.

Patients may seek assistance from a Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response Victim Advocate (SAPR VA) or the Family Advocacy Program (FAP) who can connect them with the appropriate health care provider. They may also seek assistance through their primary care manager (PCM), a women’s health provider, or at an emergency room. MTFs either have providers who perform abortion services or have the ability to refer patients to an appropriate provider in the private sector or at another MTF.

What other care does DoD provide when a Service member, dependent, or other beneficiary receives a covered abortion?

Complete care generally includes an initial diagnosis of pregnancy, counseling regarding pregnancy options, any necessary pre-procedural evaluation, peri-operative care (care provided around the time of a surgical procedure), contraception counseling and provision, screening for sexually transmitted infections, referral for mental health services, and follow-up/post-operative care as required. Sexual Assault Response Coordinators (SARCs) or the Family Advocacy Program (FAP) are notified by a DoD medical provider at an MTF if a patient informs the provider that the patient is a victim of a sexual assault so that the SARC or FAP can inform the victim of services and reporting options. There is no requirement that the health care provider inform the SARC or FAP that the patient requested an abortion. Health care provider communications to a SARC or FAP are confidential. As a result, if the patient has made, or desires to make, a Restricted Report, that option is not affected by health care provider notifications to a SARC or FAP.

Will DoD continue to provide care for ectopic or molar pregnancies, including termination of the pregnancy?

Yes. DoD will continue to provide necessary medical services to treat ectopic or molar pregnancies. DoD providers at MTFs will continue to provide services as part of their federal duties if medically appropriate, even if those services are restricted or prohibited by state law.

If a Service member and accompanying family members are stationed at an overseas location where abortion is legal, will TRICARE coverage extend to an abortion performed by a network provider?

Yes, but only in cases where the life of the mother would be endangered should the fetus be carried to term, or in the case in which the pregnancy is the result of an act of rape or incest (described as “covered abortions”). There has been no change in policy or practice related to provision of abortions overseas.

If a Service member was sexually assaulted, what is the process by which they could access abortion services for a pregnancy resulting from the sexual assault?

Federal law restricts the Department from performing abortions or paying to have them performed unless the life of the mother would be endangered if the fetus were carried to term, or unless the pregnancy is the result of rape or incest. In the case of a Service member who seeks an abortion related to a sexual assault, the Service member would seek these services through their medical provider and does not need to obtain permission or other forms of documentation from their Command. The treating provider must document their good faith belief that the pregnancy is a result of rape, and would then either perform the procedure at the MTF or refer to another provider within the same MTF to provide the abortion. If the abortion cannot be performed at the MTF, the provider would refer the patient to the private sector or transfer the patient to another MTF with the capability to perform the abortion. If the Service member reported a sexual assault to a Sexual Assault Response Coordinator (SARC), a Sexual Assault Prevention and Response Victim Advocate (SAPR VA), or the Family Advocacy Program (FAP), the Service member would be asked if they want referrals for services, to include for medical and mental health services. The member could receive a referral from the SARC, SAPR VA, or FAP to an appropriate health care provider wherein their request for an abortion could be made. SARCs, SAPR VAs, and FAP would not discuss the details of health care with victims, since they are not qualified or authorized to discuss health-related matters or to provide personal opinions on health care issues.

If a Service member is a victim of sexual assault and seeking an abortion for a pregnancy resulting from the sexual assault, with whom would they need to disclose their rape or sexual assault?

The patient need only share this information with their MTF health care provider for a referral to a DoD provider who can perform the abortion. Providers are required, per DoD policy, to notify a Sexual Assault Response Coordinator (SARC) or Family Advocacy Program (FAP) that they are treating a patient who reports to have been sexually assaulted so that the SARC or FAP can inform the victim of services and reporting options. There is no requirement that the health care provider inform the SARC or FAP that the patient requested an abortion. A SARC or FAP staff member may also assist in connecting Service members with a provider for medical care, including abortion. However, that Service member will need to share with the medical provider that the pregnancy was the result of a sexual assault in order to receive a covered abortion.

Does the DoD provide abortion services for Service members or beneficiaries who have been sexually assaulted even if they have *not* reported the assault, there is *no* ongoing investigation, or if an investigation has *not* been completed?

There is **no** requirement for a patient to formally report or participate in a formal investigation of a sexual assault for the patient to access abortion services at an MTF. The treating provider is required to notify the Sexual Assault Response Coordinator or Family Advocacy Program that they are treating a patient who indicates they are a victim of sexual assault and the

pregnancy was the result of a sexual assault, so that information on available resources and reporting options can be provided; however, a beneficiary is not required to utilize any of the services or make a formal restricted or unrestricted report of a sexual assault to be eligible for the abortion. In addition, the provider does not provide the name of the patient to the SARC when the patient declines to make a report of sexual assault or speak with the SARC. The health care provider will document that they, in good faith, believe the pregnancy is a result of rape or incest, based on the patient's report.

Do state laws that require a victim of sexual assault to have reported the alleged offense to law enforcement apply to Service members, dependents, or other beneficiaries who are seeking abortion services from an MTF?

Provision of covered abortions (which includes abortions performed to terminate pregnancies resulting from rape) continues to be legal and authorized under federal law and it remains DoD policy to provide such services, consistent with federal law, even in states that require a law enforcement investigation to be eligible for abortion service. No such investigation is required for DoD providers at an MTF to perform an abortion. DoD providers at an MTF may continue to provide such services as part of their Federal duties if medically appropriate, even if those services are restricted or prohibited by state law.

Can victims of rape also request an administrative absence or travel and transportation allowances for an abortion?

Service members and beneficiaries who seek an abortion as a result of rape are eligible to receive that abortion, referred to as a "covered" abortion, from a military medical treatment facility or network provider, without cost. They need to disclose that the pregnancy is the result of having been the victim of rape to their health care provider, who can facilitate access to that covered abortion.

What considerations should be given to access to covered abortion services for minors?

In all cases involving minors, DoD personnel should immediately consult with the servicing legal counsel.

All necessary medical and psychological services and supplies related to a covered abortion may be provided by the MTF or by a TRICARE authorized provider for eligible dependents of a Service member. This may include ultrasound performed prior to the abortion, pathology services, pregnancy tests, office visits, and any applicable requirements mandated by state and/or local laws.

When an MTF provider encounters a child the provider suspects has been sexually abused, the child will be given priority for care at an MTF. MTF providers will refer DoD minor-dependents who are victims of sexual assault for follow-on care, which may include referral to a Domestic Abuse Victim Advocate (DAVA) or Family Advocacy Program. A DAVA coordinates and manages care for a victim of sexual assault that occurs within a family or between intimate partners. FAP/DAVA personnel are covered professionals who are required to report suspected child abuse directly to local civilian child welfare services in accordance with law and DoD policy.

ADDITIONAL RESOURCES

Does TRICARE maintain a list of providers who perform abortions in states that allow abortions? Where can I find that information?

DoD does not maintain a list of private sector providers who provide abortion care. Beneficiaries in need of covered services should engage with their Primary Care Manager or OB/GYN for a referral to a provider in their community. Beneficiaries may also call their TRICARE managed care support contractor (MCSC) for assistance in obtaining covered services. General information regarding access to reproductive health care, including abortion, can be found at www.reproductiverights.gov.

What other type of support services, such as financial support, might be available to help families with pregnancies?

DoD's Office of Military Community and Family Policy establishes policy for the provision of a range of support services to help military families with major life events, such as a pregnancy.

- Installation-based Military and Family Support Centers provide programs and services to increase resilience. These programs and services include non-medical counseling, personal and family life education, financial readiness, and information and referral services.
 - The New Parent Support Program is a program for expectant parents or those with children ages three and younger and offers pregnancy and parenting education and support primarily through home visitation services. New Parent Support Program staff are child development professionals, including registered nurses and clinical social workers, who are able to connect new and expectant parents to local pregnancy and parenting related resources. It is available to Service members, eligible spouses and partners. In some locations, they may also offer pregnancy and parenting related groups and classes.
 - Family Advocacy Program personnel and staff address child abuse and neglect and domestic abuse through prevention, early identification, intervention (i.e., clinical services), victim advocacy, and abuser treatment when appropriate.
 - Military and Family Support Centers also provide access to military or service relief organizations who may provide financial assistance and support in the form of no interest loans, grants, and other assistance programs.
- Military and Family Life Counseling services support military members and families with licensed mental health providers who provide non-medical counseling and psychoeducational presentations on various topics to include parenting, communication, stress, and relationship issues.
- Military OneSource is available 24/7 (<http://www.militaryonesource.mil> or 800-342-9647) to support the holistic needs of military families. Services include confidential non-medical counseling, financial counseling, peer-to-peer support, and specialty consultation sessions for expectant parents. Depending on the specific need or request, Military OneSource can also facilitate connections to installation- and community-based services.

In addition to providing help with accessing military resources, Sexual Assault Response Coordinators can provide information about a range of off-installation services, some of which

may be able to provide or assist with obtaining crime victim compensation or limited financial assistance. The availability of off-installation services varies by location and by state. Information about off-installation (no DoD affiliation) services can also be obtained from DoD Safe Helpline, the sole secure, confidential, and anonymous crisis support service specially designed for members of the Department of Defense community affected by sexual assault. (www.safehelpline.org or 877- 995-5247).

Can a Service member or family member get assistance from a judge advocate if charged with violating state criminal laws concerning abortion for actions outside the scope of their official duties?

A Service member or family member who is charged by civilian authorities with violating state criminal law for actions outside the scope of their official duties should consider retaining a private attorney. A legal assistance office at the Service member's installation may be able to help the Service member or eligible family member identify private attorneys who are licensed to practice in the local jurisdiction. Service Members and eligible family members are also able to receive legal assistance in connection with their personal *civil* (non-criminal) legal affairs, subject to the availability of legal resources, but generally will not be provided advice regarding violations of state criminal law charged by civilian authorities.