BUMED INSTRUCTION 6300.9A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Personnel

Subj: FAMILY PLANNING SERVICES

Ref: (a) 32 CFR 199.4, 1 Jul 00 (NOTAL)  
(b) NAVMEDCOMINST 6320.3B  
(c) Title 10, U.S. Code, Section 1093 (NOTAL)  
(d) ASD(HA) policy memo 96-030 of 13 Feb 96  
(e) SECNAVINST 6300.4  
(g) BUMEDNOTE 6320 of 26 Oct 99  
(h) NAVMED Publication 6300-2C, Operational OB/GYN Manual, Jan 00, 2nd Edition  
(i) Title 5, U.S. Code Section 552a (NOTAL)  
(j) NAVMEDCOMINST 6320.16

1. Purpose. To provide Navy Department policy for family planning services. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6300.9.

3. Policy

   a. Family planning services are a TRICARE benefit and include birth control, surgical sterilization, and genetic testing in certain high risk situations per reference (a). Family planning services also include counseling on human sexuality, prevention of sexually transmitted diseases, and preconceptual issues.

   b. All beneficiaries, including members of foreign military services and their family members, beneficiaries of other Federal services, and other personnel categories contained in reference (b), are eligible for family planning services.

   c. Abortion is not considered a family planning service. Abortion policy is found in references (c), (d), and (e).

4. Family Planning Services

   a. For active duty members, family planning services shall be provided and may be offered in naval military treatment facilities (MTFs), including facilities on board naval vessels and in forward deployed field environments (fleet and Fleet Marine Force) as medically appropriate.
When a naval MTF does not have the capability to provide family planning services, the MTF will refer the member to another MTF where the services are available or will procure the services from civilian sources per reference (b), within access standards.

b. Per reference (f), eligible beneficiaries who are enrolled in TRICARE Prime shall be referred to a network provider, if care cannot be provided at the MTF within access standards. Eligible beneficiaries who are not enrolled in TRICARE Prime and who cannot be seen at the MTF should be counseled on the benefit and cost-sharing provisions of TRICARE Standard and TRICARE Extra, as applicable.

c. Family planning and counseling services will be provided by authorized medical personnel, where appropriately and safely accomplished, including MTFs, on board ships, and in forward deployed field environments. Medical personnel who object to participating in specific procedures related to family planning services on moral, ethical, or religious grounds shall not be required to perform or assist in such procedures unless their refusal poses an immediate threat to the health of a patient. However, if a practitioner, they are responsible for referring the patient for services required.

d. Contraceptive services include counseling on the various contraceptive methods and techniques (including abstinence), prescription of oral contraceptive drugs approved by the Food and Drug Administration, and prescription of other methods of contraception including, but not limited to, mechanical devices, chemical methods, and fertility timing techniques. References (g) and (h) apply.

e. For the purpose of this instruction, the term sterilization is limited to elective procedures for family planning purposes and not to sterilization which may be the secondary result of other medical procedures.

f. Sterilization is a covered benefit under TRICARE per reference (a). As such, access standards, as defined in reference (f), must be met for active duty personnel and other TRICARE Prime enrollees requesting sterilization. If the MTF cannot meet the access standards, the patient must be referred to another source of care, either MTF or civilian, within the access standards.

5. Informed Consent

a. Informed consent for family planning services is based upon the general principles of consent for all medical and dental treatment. If competent to make health care decisions, the patient alone has the authority to consent. Legal capacity to consent will normally be determined by the law of the State in which the facility is located.

b. To the extent possible, consistent with this instruction, contraceptive services must be provided following the law of the State in which the facility is located. In overseas areas, if not regulated by treaty or status of forces agreement, the general guidance of this instruction will be followed. The patient's privacy must be maintained per reference (i). In those jurisdictions where minors have the legal capacity to consent, they should be strongly encouraged to notify a parent or guardian.
c. Sterilization of nonemancipated minors or persons of questionable mental capacity may be performed only under a court order issued by a court of competent jurisdiction.

d. Written documentation of the patient’s consent must be provided in the progress notes and on the OF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, before any surgical or invasive procedure per reference (j). The practitioner must describe the proposed procedure in lay terms along with an explanation of the benefits, risks, expected results, the possibilities of failure, and alternatives to the procedure. Written evidence of counseling must be noted in the medical record. Patients seeking sterilization should be advised that sterilization should be viewed as a permanent procedure and attempts at reversals are not a covered benefit under TRICARE.


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