



## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

*DHA-IPM 16-003  
December 20, 2016*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)  
DIRECTOR, DEFENSE HEALTH AGENCY  
DIRECTOR OF THE JOINT STAFF  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)  
DIRECTOR, HEALTH AND SAFETY, U.S. COAST GUARD

SUBJECT: Interim Procedures Memorandum (IPM) 16-003, "Clinical Practice Guidelines for Access to Methods of Contraception and Contraceptive Counseling"

References: See Attachment 1

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (i):

- Establishes comprehensive standards on care with respect to methods of contraception and counseling on methods of contraception for members of the Armed Forces and all who are eligible for medical services through the Military Health System (MHS).
- Meets requirements set forth in PUBLIC LAW 114-92, Sec. 718, "Comprehensive Standards and Access to Contraception Counseling for Members of the Armed Forces" (Reference (d)), which requires establishment of clinical practice guidelines that incorporate new or updated standards with respect to methods of contraception and counseling on methods of contraception.
- Is effective immediately; it will be incorporated into a future DHA Procedural Instruction. This DHA-IPM will expire effective 12 months from the date of issue.

Applicability. This DHA-IPM applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this IPM as the “DoD Components”).


Policy Implementation. This DHA-IPM establishes that the Defense Department shall adopt the Centers for Disease Control and Prevention (CDC) “U.S. Selected Practice Recommendations for Contraceptive Use” (SPR), current edition (Reference (e)), as the clinical practice guidelines for contraceptive methods and counseling to meet requirements set forth in PUBLIC LAW 114-92, Section 718, “Comprehensive Standards and Access to Contraception Counseling For Members of the Armed Forces” (Reference (d)).

Responsibilities. See Attachment 2.

Procedures

- The initial dissemination plan of the clinical practice guidelines must be completed by 60 days from the signature of this DHA-IPM. The dissemination plan must include assurance that members of the Armed Forces and eligible beneficiaries have access to comprehensive counseling on current contraceptive methods, and access to those methods within the MHS. The plan must also include a provision to proliferate updated guidelines, as necessary, when a new edition of the SPR guidance is issued.
- Contraceptive counseling must be provided by appropriate health care providers in the MHS during health care visits including, but not limited to:
  - Pre-deployment health care visits, including counseling that provides specific information a Service member may need regarding the interaction between anticipated deployment conditions and various methods of contraception.
  - Health care visits during deployment.
  - Annual physical examinations

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the DHA Website at <http://www.health.mil/dhapublications>.

  
Karen S. Guice, M.D., M.P.P.  
Principal Deputy, Performing the Duties of the  
Assistant Secretary of Defense for Health  
Affairs

Attachments:  
As stated

cc:  
Under Secretary of Defense for Personnel and Readiness  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Medical Officer of the Marine Corps  
Joint Staff Surgeon  
Surgeon General of the National Guard Bureau

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) PUBLIC LAW 114–92, Section 718, “Comprehensive Standards and Access to Contraception Counseling for Members of the Armed Forces,” November 25, 2015
- (e) Centers for Disease Control and Prevention, “U.S. Selected Practice Recommendations for Contraceptive Use,” current edition
- (f) Centers for Disease Control and Prevention, “U.S. Medical Eligibility Criteria for Contraceptive Use,” current edition and additions
- (g) Centers for Disease Control and Prevention, “Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs,” April 25, 2014; 63 (RR04); 1-29, or current edition
- (h) American College of Obstetricians and Gynecologists, Committee Opinion 577, November 2013, {Reaffirmed 2015}
- (i) American College of Obstetricians and Gynecologists, Contraceptive Counseling Position Statement, February 2016

ATTACHMENT 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA) will:

a. Develop strategy and policy.

b. Provide policy oversight for clinical practice guidelines that assure access to contraceptive counseling and contraceptive methods within the MHS.

2. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMBATANT COMMANDERS. The Secretaries of the Military Departments and the Combatant Commanders will:

a. Collaborate with the Director, Defense Health Agency (DHA), to devise a dissemination plan for clinical practice guidelines regarding contraceptive methods and counseling and assuring that health providers provide access to these services. The plan will include, at a minimum, the following:

(1) Assurance that members of the Armed Forces and other beneficiaries throughout the MHS have access to comprehensive counseling on the up-to-date full range of contraceptive methods. Contraceptive counseling shall take place by the Service Members Primary Care Manager (or equivalent) prior to departing for deployment training or the deployment itself.

(2) Assurance that members of the Armed Forces and other beneficiaries have access to an effective and medically appropriate method of contraception at each of the following episodes of care when feasible and medically appropriate.

(a) Predeployment health care visits, including counseling that provides specific information Service members need regarding the interaction between anticipated deployment conditions and various methods of contraception.

(b) Health care visits during deployment.

(c) Annual physical examinations, Physical Health Assessment, Well Woman Exam.

b. Collaborate with the Director, DHA, to develop a plan for assurance that updates to the clinical practice guidelines are disseminated in a timely manner.

3. DIRECTOR, DHA. Under the authority, direction, and control of the ASD(HA), the Director, DHA, will collaborate with the Secretaries of the Military Departments and the Combatant Commanders to devise a dissemination plan for clinical practice guidelines regarding contraceptive methods and counseling that assures that health providers provide access to these services in accordance with all requirements in Paragraph 2.a of this publication.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CDC	Centers for Disease Control and Prevention
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
MHS	Military Health System
SPR	Selected Practice Recommendations