



Healthcare
Administration

DEFENSE HEALTH AGENCY
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MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Minors and Reproductive Health Care Services (Overseas)

- References. (a) Defense Health Agency (DHA)-Procedural Instruction (DHA-PI) 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception," May 13, 2019
- (b) DHA-Administrative Instruction 6025.09, "Walk-in Contraception Services at Military Medical Treatment Facilities," February 8, 2023
- (c) DHA-PI 5025.01, "Publication System," April 1, 2022

This memorandum establishes guidance for the Defense Health Agency Region (DHAR) Indo-Pacific (DHAR-IP) and DHAR-Europe to address contraceptive services for minors in military Medical Treatment Facilities (MTFs): (1) aligned to the DHARs, and (2) outside a state or United States territory in accordance with References (a) through (c). For purposes of this memorandum, these facilities will be referred to as "overseas MTFs," defined as MTFs in geographical areas and waters outside of the 50 United States and United States territories. Given the importance of providing this guidance in as timely a fashion as possible, I am approving this memorandum. It will be incorporated into formal DHA instruction consistent with reference (c) as soon as possible.

In overseas MTFs, where medical care delivery is provided by personnel assigned, allocated, detailed to, or otherwise used to perform duties and functions associated with the MTF's operations, clinicians may find no applicable state or federal law providing definitive guidance on defining mature minors and their ability to self-consent for reproductive health care services. Reproductive health care may include all or some of the following clinical needs: medications and treatment to prevent pregnancy, including short- and long-acting reproductive contraception methods and devices; any required examinations to diagnose and treat reproductive health conditions; and tests related to reproductive health, including prevention and treatment of sexually transmitted infections.

In overseas MTFs, where there is no applicable state or federal law, clinicians generally look to the general principles of American law to determine if a minor can self-consent. Unless modified by host nation law or a Status of Forces Agreement (SOFA), a minor who is authorized care under this memorandum is defined as a patient less than 18 years of age who maintains a SOFA dependent status and is not otherwise emancipated by virtue of marriage or military service. Unless modified by host nation law or a SOFA, and consistent with the general principles of American law, a mature minor is further defined in this guidance as being of sufficient age (age 15 or older) who, in the licensed independent practitioner's opinion, is also capable of making important decisions on their own behalf. Each country may interpret that

provision differently — particularly when it comes to children; hence, caution should be exercised when treating children that may be of the age of consent in the host nation.

When reproductive health care services are requested by a minor, and the healthcare provider is satisfied the minor meets the definition of a “mature minor,” the consent of the minor is sufficient to provide treatment. In this situation, notice to, or consent from, the minor’s parent, legal guardian, surrogate decision maker, or sponsor is not required. The provider shall ensure their assessment of the minor, as being cognitively mature to give informed consent, is clearly documented in the health record. The provider shall also encourage the mature minor to involve their parents, legal guardian, surrogate decision maker, or sponsor in these discussions and inform the minor of limitations on patient confidentiality as noted in the next paragraph below. This discussion is important because a parent, legal guardian, surrogate decision maker, or sponsor may inadvertently learn about the care the mature minor consented to in various ways (e.g., patient customer survey, bill, etc.).

Some complicating circumstances may necessitate the notification of a minor’s parent, legal guardian, surrogate decision maker, or sponsor. These include life-threatening conditions, conditions that may require the removal of reproductive organs, and a change in behavior that brings into question the maturity with which the minor is approaching their health care that may result in potential harm to themselves or others. In these complicating circumstances, healthcare personnel should consult with the appropriate servicing DHA Office of General Counsel (OGC) legal office for awareness and input into the specific situation.

The provisions in References (a) and (b) apply in these settings to those individuals meeting the definition of a mature minor, to include the processes and procedures for providers and healthcare personnel who, as a matter of conscience or moral principle, cannot provide this care.

This guidance also applies to healthcare personnel in facilities in the 50 United States and United States territories who provide virtual/telehealth services to individuals in overseas MTFs.

Please address questions regarding this memorandum to Dr. John Davison, Chief, Integrated Clinical Operations Policy Support (ICOPS), DHA Medical Affairs Directorate, at john.w.davison2.civ@health.mil or 703-681-0086. This memorandum is cleared for public release.

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