

# United States Senate

WASHINGTON, DC 20510

July 24, 2019

Robert Wilkie  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue N.W.  
Washington, D.C. 20420

Dear Secretary Wilkie:

We write today regarding access to contraceptives among veterans in the United States. In light of a recent study, examining gaps in veterans' contraceptive use as a result of the oral contraceptive dispensing policies at the Department of Veterans Affairs (VA), we request an update on the Department's policies and plans to improve reproductive health care outcomes for veterans.

The VA is the largest integrated healthcare system in the United States and the primary source of reproductive health care for many veterans. It provides care to 9 million veterans and dispenses oral contraceptive pills (OCPs) to over 24,000 veterans annually.<sup>1</sup> Like many health plans, the VA limits dispensing of prescription medications, including OCPs, to three-month supplies in an attempt to lower costs.<sup>2</sup> However, this restriction requires prescriptions to be refilled multiple times a year, meaning OCP users could experience gaps in coverage several times annually if they are unable to refill their prescriptions. In fact, VA data indicates that 43% of veterans who receive a three-month supply of oral contraceptives experience a gap of at least 7 days over the course of a year.<sup>3</sup>

Individuals may face a number of barriers that could prevent them from refilling their prescriptions on time, including inability to afford the co-pay, difficulty getting to a clinic, or trouble accessing a pharmacy.<sup>4</sup> Some women have reported delaying or missing care at a VA clinic because prior experiences of sexual harassment at the clinic made them feel unsafe or threatened.<sup>5</sup> According to a recent study, one in four women veterans reported experiencing

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<sup>1</sup> Reuters, "12-month supply of birth control pills cuts unintended pregnancies, cost," Linda Carroll, July 8, 2019, <https://www.reuters.com/article/us-health-veterans-contraception/12-month-supply-of-birth-control-pills-cuts-unintended-pregnancies-cost-idUSKCN1U32KM>.

<sup>2</sup> *Ibid.*

<sup>3</sup> American Journal of Obstetrics & Gynecology, "Adherence to hormonal contraception among women veterans: differences by race/ethnicity and contraceptive supply," Sonya Borrero et al., August 2013, [https://www.ajog.org/article/S0002-9378\(13\)00298-6/fulltext](https://www.ajog.org/article/S0002-9378(13)00298-6/fulltext).

<sup>4</sup> Journal of Women's Health, "Prescription Birth Control Access Among U.S. Women at Risk of Unintended Pregnancy," Kate Grindlay and Daniel Grossman, March 15, 2016, <https://www.liebertpub.com/doi/full/10.1089/jwh.2015.5312>.

<sup>5</sup> Women's Health Issues, "Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missing Care" Ruth Klap et al., March-April 2019, [https://www.whijournal.com/article/S1049-3867\(18\)30194-4/pdf](https://www.whijournal.com/article/S1049-3867(18)30194-4/pdf).

sexual harassment at VA health care clinics.<sup>6</sup> Given the importance of continued and consistent OCP use for its efficacy, any barriers causing gaps in OCP use greatly increase the risk of unintended pregnancy.

To examine these risks, researchers with the University of Pittsburgh conducted a study on the potential benefits of providing year-long supplies of OCPs to veterans. The study found that year-long supplies could prevent nearly 600 unintended pregnancies per year and would save the VA more than \$2.1 million annually.<sup>7</sup> This study reaffirms the findings of the Centers for Disease Control (CDC) and the Department of Health and Human Services' Office of Population Affairs' Quality Family Planning Recommendations, which recommend providing up to one year's supply of birth control pills at a time.<sup>8</sup> Furthermore, a study conducted in a California family planning organization, found that by providing year-long supplies of OCPs, women's odds of pregnancy decreased by 30 percent and odds of abortion decreased by 46 percent.<sup>9</sup>

While the general US population faces similar risks with three-month prescriptions, research suggests that the VA disproportionately serves women who may have an increased risk for unintended pregnancy. Women receiving health care through the VA are disproportionately from lower income strata and from racial/ethnic minority groups, and they also have higher prevalence of medical and mental illness.<sup>10</sup> Unfortunately, rates of contraception use and unintended pregnancies among veterans are hardly studied—making it all the more important that the latest research specific to women veterans be considered and translated into action in the VA's health care delivery systems. As the largest integrated health care system in the country, the VA is uniquely suited to be an innovator in delivery system reform, especially as the number of women veterans it serves continues to grow.

Our veterans deserve the most effective access to reproductive health care the VA can provide. In light of this new analysis, and in order to better serve veterans, we ask that you establish a VA policy of covering dispensing of contraceptives in one-year supplies as well as work to address gaps in access to contraceptive care for veterans. We also ask that you provide responses to the following questions no later than August 7, 2019.

1. Is the VA considering adjusting the dispensing of OCP supplies from three-month cycles to one-year based on the outcomes of this study? If so, what is the procedure and timeline for implementation? If not, why not?

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<sup>6</sup> *Ibid.*

<sup>7</sup> JAMA Internal Medicine, "Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System," Colleen P. Judge-Golden et al., July 8, 2019, doi:10.1001/jamainternmed.2019.1678.

<sup>8</sup> Loretta Gavin, et al. *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs Recommendations and Reports*. U.S. Ctrs for Disease Control and Prevention (2014). Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>.

<sup>9</sup> American Journal of Obstetrics & Gynecology, "Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies," Diana Greene Foster et al., March 1, 2011, <https://www.ncbi.nlm.nih.gov/pubmed/21343759>.

<sup>10</sup> *Id.*

2. What other steps is the VA taking to reduce gaps in oral contraception supplies for veterans?
3. What efforts is the VA undertaking to improve access to contraceptive care among veterans?
4. What actions, such as addressing co-pays veterans incur for OCPs, can Congress take to better support contraception access among veterans?


We appreciate your attention to this matter. We look forward to continuing to work together on efforts to address contraceptive access and prevent unintended pregnancies among our veterans.

Sincerely,




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Elizabeth Warren  
United States Senator



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Jeanne Shaheen  
United States Senator



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Patty Murray  
United States Senator