

**Questions from the Force on Essential Women’s Health Care Services for  
Service Members, Dependents, Beneficiaries, and Department of Defense Civilian  
Employees**

Many members of the Department of Defense community have asked about essential women’s health care services following the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*. As Secretary Austin has made clear, the health and well-being of our Service members, the civilian workforce, and DoD families are top priorities for the Department.

The Under Secretary of Defense for Personnel and Readiness issued a memorandum on June 28, 2022, to address “Ensuring Access to Essential Women’s Health Care Services for Service Members, Dependents, Beneficiaries, and Department of Defense Civilians.” As explained in the Under Secretary’s memorandum, 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 (described in this document as “covered abortions”). The Supreme Court’s decision does not prohibit the Department from continuing to perform covered abortions, consistent with federal law. There will be no interruption to this care.

The Under Secretary’s memorandum also explained that the Supreme Court’s decision does not affect the Department’s leave policies. Existing Department policy authorizes active duty Service members to travel as necessary to receive abortion care — either as Government-funded, official travel for a covered abortion, or at the Service member’s own expense on regular leave for all other cases. Access to emergency or convalescent leave remains unchanged for all Service members. DoD civilian employees may continue to request sick leave and other forms of leave as necessary to meet the health care needs of the employee and his or her family members. Sick leave may be used to cover travel that is necessary to obtain any type of medical treatment.

The Under Secretary’s memorandum is available [here](#).

Since the issuance of the June 28, 2022 memorandum, members of our community have sought additional clarification about existing Departmental policy. This document provides answers to some commonly asked questions. The answers here are intended to provide a general overview of existing 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 direct any specific questions through your chain of command or supervisory chain or to the appropriate medical, legal, or personnel policy experts.

## Frequently Asked Questions

### Medical Care

#### **How do state laws affect the provision of health care through the Military Health System?**

DoD health care is provided through DoD-operated military medical treatment facilities (MTFs) and through TRICARE authorized providers in the private sector for eligible beneficiaries.

- MTFs may provide federally authorized and medically necessary care even if that care is prohibited by state law or licensing requirements.
- Private sector health care providers 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.

The Military Health System operates as an integrated health system. If federally authorized and medically necessary care is not available in the local area—either at an MTF or through a TRICARE authorized private sector provider—a beneficiary will be referred to another provider within the Military Health System. In some cases, the beneficiary may need to travel to another state to receive that care. Additional information on travel is provided below.

#### **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.

#### **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. FAP clinicians are required to report suspected child abuse/sexual abuse directly to local civilian child welfare services. 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.

**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 in the case in which the pregnancy is the result of an act of rape or incest (described as “covered abortions”). In the case in which a pregnancy is a result of an act of rape or incest, a patient can request an abortion from a MTF provider. Patients may seek assistance through a Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response Victim Advocate (SAPR VA) or the Family Advocacy Program (FAP), but may also seek assistance through their primary care manager (PCM), a women’s health provider, or at an emergency room. Military medical treatment facilities (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. In states where beneficiaries have little to no access to an abortion provider, referral to a local provider in the private sector may not be available. In such cases, the MTF provider’s referral may require the beneficiary to travel to a state where abortion care can be provided.

**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.

**Does DoD provide abortion services in the military medical system through MTFs? Or through the private care system?**

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 in the case in which the pregnancy is the result of an act of rape or incest (described as “covered abortions”). Covered abortions are provided in both MTFs and in the private sector care through TRICARE.

**Can state law restrict my ability to receive abortion services at a military medical treatment facility (MTF)?**

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 in the case in which the pregnancy is the result of an act of rape or incest (described as “covered abortions”). DoD health care providers’ current provision of covered abortions, as well as their provision of contraceptive care and other reproductive health services, continues to be legal and authorized under federal law, and it remains DoD policy to provide such services at MTFs. DoD providers at MTFs 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.

**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?**

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.

**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, dependent, or beneficiary accesses abortion services outside of the military health care 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.

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

Currently, 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](http://www.reproductiverights.gov).

**Medical Providers**

**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, 2018, providers who, as a matter of conscience or moral principle, do not wish to

perform abortion are not required to do so, unless it is necessary to prevent endangering the life of the mother.

**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, which 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.) DoD providers must be allowed to carry out their duties free from the threat of liability, and DoD has worked to ensure access to counsel for civilian employees and Service members who perform their duties in a manner authorized by federal law.

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.

**What information does a patient need to provide, if seeking abortion care due to 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. FAP clinicians are required to report suspected child abuse/child sexual abuse directly to local civilian child welfare services. 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 DoDI 6310.09 or advised by MTF legal counsel.

**Leave and Travel**

**May DoD civilian employees take leave to travel for abortion services?**

Yes. Consistent with existing policy, civilian employees are eligible for both paid and unpaid leave to obtain medical treatment. Additional information is available on the [Office of Personnel Management website](#).

**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 (where the life of the mother would be endangered if the fetus were carried to term or the pregnancy is the result of an act of rape or incest), DoD provides the following travel and transportation allowances:

- Active Duty: Active Duty Service members (including Reserve Component Service members on Active Duty 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.

**May a Service member on Active Duty be granted regular leave or special liberty to receive a covered abortion?**

Service members on Active Duty are not required to use regular leave or special liberty to receive a *covered* abortion (a "covered abortion" is one DoD is authorized to perform under federal law, which 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). A Service member does not need to be in a leave or liberty status in order to receive a covered abortion.

Following a covered abortion, and upon discharge from the treating medical facility, if applicable, Service members on Active Duty may be given convalescent leave for the number of days necessary for their recovery, based on a recommendation of a medical provider and with the approval of either the MTF Director or the Service member's unit commander (or other designated leave approval authority).

**May a Service member on active duty be granted regular leave or special liberty to receive a *non-covered* abortion?**

Yes, Service members on Active Duty may be granted leave or special liberty in order to receive a *non-covered* abortion. Special liberty, however, would be limited to no more than 4 days.

Following a non-covered abortion, and after having been in contact with a DoD medical care provider, Service members on Active Duty may be given convalescent leave for the number of days necessary for their recovery, based on a recommendation of a DoD medical provider, and with the approval of either the applicable MTF Director or the Service member's unit commander (or other designated leave approval authority). If, following a non-covered abortion, a Service member on Active Duty has not been in contact with a DoD medical provider, in lieu of convalescent leave, the member may be granted regular leave, or up to four days of special liberty, for recovery from the procedure.

**What is the process by which a Service member can request leave or special liberty to receive a *non-covered* abortion?**

Service members on Active Duty requesting regular leave or special liberty to receive a non-covered abortion would use their Military Service's normal procedures to request the leave or liberty.

**Do Service members have to disclose to their unit commanders (or designated leave approval authority) that they are requesting regular leave or special liberty for the purpose of receiving a *non-covered* abortion?**

DoD-level leave and liberty policies do not require Service members to share the specific reason they are requesting regular leave or special liberty.

However, inherent in the authority and responsibilities conferred upon a unit commander is the commander's discretionary authority to grant or deny leave or special liberty. In exercising their discretion, unit commanders are expected to consider the health and welfare, morale, and needs of individual Service members requesting leave (or special liberty), as well as the commander's responsibilities in maintaining the readiness and good order and discipline of his or her unit. Thus, Service members may be required to disclose the minimum amount of information necessary regarding the purpose of the requested regular leave or special liberty to allow the unit commander to make an informed decision on whether to grant the leave or special liberty.

**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 Military Health System (MHS). To better facilitate access at military medical treatment facilities (MTFs), the MHS is in the process of implementing walk-in contraceptive services at every MTF, expected to be completed by January 2023. These clinics do not require appointments and will be 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?**

There are currently 18 MTFs that offer walk-in contraceptive services at least one day per week.

These facilities are:

**California**

- Naval Hospital (NH) 29 Palms, CA

**Florida**

- NH Jacksonville, FL
- NH Pensacola, FL

**Hawaii**

- 15th Medical Group (MDG), Joint Base Pearl Harbor-Hickam, HI
- Naval Health (NH) Clinic Hawaii, Joint Base Pearl Harbor-Hickam, HI
- Tripler Army Medical Center Adolescent Health Clinic, HI

**Guam**

- NH Guam, Guam

**North Carolina**

- Naval Medical Center Camp Lejeune, NC

**New Mexico**

- 377 MDG Kirtland, Raymond G. Murphy VA Medical Center, NM

**Ohio**

- 78 MDG, Wright Patterson AFB, OH

**Texas**

- Brooke Army Medical Center, Joint Base San Antonio, TX

**Virginia**

- Fort Belvoir Community Hospital, VA
- 633 MDG, Joint Base Langley/Eustis (Hampton Roads), VA

**Washington**

- NH Bremerton, WA

**Outside the United States**

- Landstuhl Regional Medical Center, Germany
- NH Sigonella, Italy
- NH Okinawa, Japan
- NH Yokosuka, Japan



### **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.

Additionally, the Defense Health Agency will soon issue guidance removing copays for some forms of contraception requiring medical appointments, such as medical IUDs, implants, and sterilization. Additional information on this guidance will be publicized as soon as it is made final.

### **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 Mail Order Pharmacy 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 mail-order pharmacy, given potential delays in receipt of medications via mail order. Mail order utilization is best served for chronic conditions and not acute conditions where timing of medications, such as emergency contraceptive, is critical.

**Considerations for Adult Victims of Sexual Assault**

**If a Service member were sexually assaulted, what is the process by which they could access abortion services?**

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 or incest and seeking an abortion, 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 they were raped 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 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 report 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 or incest 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 those as a result of rape or incest) 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.

**Considerations Regarding Access to Covered Abortion Services for Minors**

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

As with adults, for minors, 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. 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 clinicians 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.

## **Other Assistance Available**

### **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 clinicians 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 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](http://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 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.