



## Infertility in the Military

Six bills introduced in the 116<sup>th</sup> Congress aim to expand infertility health care services to servicemembers. Congress has become increasingly interested in this health care benefit, because infertility care is not a TRICARE-covered benefit and an increased number of female servicemembers and members of the public are interested in reproductive care. Some Members of Congress argue that health care coverage for service-connected disabilities and family reproductive care is essential to both recruitment and retention in the armed services. Others say the variety of modern treatments available would make the benefit too costly.

### Background

The U.S. Centers for Disease Control and Prevention (CDC), defines *infertility* as “not being able to conceive after one year of regular, unprotected sexual intercourse.” Some providers, military and civilian, choose to evaluate and treat females over age 35 after 6 months of unprotected intercourse. Any condition affecting the ovaries, fallopian tubes and/or uterus can result in infertility among females. Hormonal disorders or disruptions to testicular function can cause infertility in men. Increased age, smoking, excessive alcohol use, extreme weight gain or loss, sexually transmitted infections, exposure to radiation, exposure to environmental toxins, excessive physical stress, or emotional stress are all risk factors associated with increased infertility. CDC estimates that 6.7% of married females aged 15-44 experience infertility in the United States.

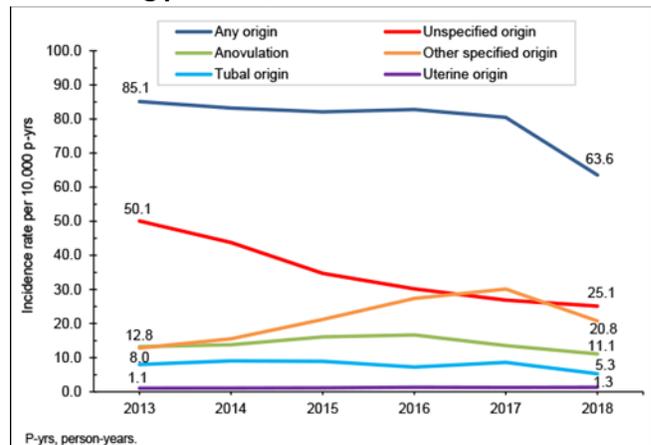
In 2015, then-Secretary of Defense (SECDEF) Ashton Carter introduced the “Force of the Future” (FoTF) initiative aimed at “maintaining the Department of Defense’s (DOD) competitive edge in bringing in top talent to serve the nation.” The goal of the FoTF was to recruit and retain a diverse and talented military. One aspect of the FoTF initiative was improving the quality of life of military parents, including their ability to start and support families. The new benefits included expanded adoption leave and a trial egg and sperm cryopreservation program. The department ended its pursuit of this initiative in 2017.

Infertility among female servicemembers garnered attention in 2018 when the Service Women’s Action Network (SWAN) reported on the experiences of military females who attempt to access reproductive care. The report was based on a survey that SWAN conducted of 799 military females, including 262 active duty females (<1% of the active duty female population). With regard to infertility, 37% of active duty respondents to the survey said they had trouble getting pregnant when actively trying to do so.

In response, DOD reported in June 2019 on the incidence (i.e., rate of new cases) and prevalence (i.e., proportion of

cases in military at a given time) of diagnosed female infertility among active duty females. An incident of infertility was defined by “having at least 2 outpatient medical encounters with an infertility diagnosis”. The report showed that diagnoses of female infertility decreased from 2013 to 2018 despite an increase in the number of females tested for infertility. Of the more than 200,000 total active female servicemembers, 8,744 were diagnosed with infertility from 2013 to 2018. The annual incidence rate of infertility diagnoses decreased by 25.3% (from 85.1 per 10,000 to 63.6 per 10,000) during this five-year period (see **Figure 1**). From 2013 to 2018, the average annual prevalence of diagnosed female infertility was 1.6% (number of active duty females with infertility at one time). This annual prevalence is considerably lower than what was found by the SWAN survey, which estimated infertility rates based on self-reporting.

**Figure 1. Annual incidence rates of female infertility diagnoses, active component service women of childbearing potential, 2013-2018**



**Source:** DOD Report, “Female Infertility, Active Component Service Women, U.S. Armed Forces, 2013-2018,” June, 1 2019.

While DOD found the incidence of diagnosed infertility to be decreasing, there were some groups of females found to be at higher risk. Infertility diagnoses were highest among non-hispanic black servicemembers over age 30. The Army had the highest incidence rate (101.7 per 10,000) of infertility diagnoses, while the Marine Corps had the lowest incidence rate (50.4 per 10,000). Active duty female servicemembers in health care occupations had the highest incidence followed by pilots and air crew. Health care personnel may be more likely to seek care, while pilots and air crew may be at higher risk due to radiation or physical job demands.

### Treatment Options

CDC recommends treating infertility with medicine, surgery, or assisted reproductive technology (ART).

Medical professionals determine the best treatment for infertility based upon the duration of infertility, the age of the patient, and the factors contributing to infertility and the treatment preference of the patient.

DOD offers certain infertility treatment services for active duty servicemembers or their spouses, such as

- for erectile dysfunction if it has a physical cause; or
- diagnostic services including semen analysis, hormone evaluation, diagnosis and treatment for illness or injury to reproductive system;
- care chromosomal studies, immunologic studies, special and sperm function tests, and bacteriologic investigation.

In general, DOD healthcare benefits do not cover

- artificial or intrauterine insemination;
- costs related to donors or semen banks;
- reversal of tubal ligation or vasectomy, unless medically necessary;
- care for erectile dysfunction from psychological causes including depression, anxiety, and stress; or
- non-coital reproductive procedures including in vitro fertilization (IVF), gamete intrafallopian transfer, zygote intrafallopian transfer, and tubal embryo transfer.

Nevertheless, DOD does offer some infertility services, such as IVF, intracytoplasmic sperm injection, and intrauterine insemination at some of its larger military treatment facilities, that servicemembers can purchase out of pocket.

### Patient Costs

Active duty servicemembers incur no out-of-pocket costs for health care services covered by DOD's health benefits program—also known as TRICARE. With the exception of infertility treatments needed due to service-related injuries, TRICARE does not cover ART services. Servicemembers seeking ART services from civilian health care providers must pay out-of-pocket for this care. IVF treatment at Walter Reed ART Institute ranges from \$4,800 to \$7,000. The cost of treatment is determined by the male evaluation test (semen viability analysis) and by the specific services provided. At the Walter Reed ART Institute, each payment is for one treatment cycle of IVF (i.e., egg/sperm harvest, fertilization, and implantation).

### Considerations for Congress

Senate Armed Services Committee report, S.Rept. 116-48, accompanying the FY2020 National Defense Authorization Act (NDAA; P.L. 116-92) directs the SECDEF to conduct a study on the incidence of infertility among servicemembers and provide a report to the Armed Services Committees no later than June 1, 2020. Required elements of the report include the number of current servicemembers diagnosed with infertility, the incidence of miscarriages among female servicemembers, comparison to the infertility rates of civilian counterparts, criteria for determining service-connection for infertility and the availability of infertility services. Congress may face a number of considerations when addressing these issues.

### Moral/ Religious Objections

There are certain moral or conscience issues surrounding general ART therapies, particularly around assisted methods to develop embryos and the disposal of unused embryos. In 2017, CDC reported 78,052 births from 284,385 ART cycles (27.4% ART cycle success rate). In each ART cycle 15-20 embryos are created and 1-4 embryos are used. The rest of the embryos are frozen for later use, donated to research or discarded. This process, occurring in the early stages of development, is seen by some as contrary to religious beliefs, and akin to abortion. Others say this process is moral and that ethical disposal procedures are used to discard unwanted embryos.

### Recruitment and Retention

All four services have lower retention of females than males. The RAND Corporation released a study in 2018 on Air Force female officer retention. RAND found that the lack of family and personal life affects female officer retention. Some argue that if the military is going to recruit and retain diverse talent from across the nation, it must offer services and benefits that are commensurate with those open to civilians. Others argue that military health care is already costly and more advantageous than many civilian health plans. Some point to expanding adoption services for military couples suffering from infertility as an additional benefit Congress could offer.

### Defense Health Program Costs

In 2015, a Congressional Budget Office (CBO) cost estimate of the FY2016 NDAA (H.R. 1735) forecast that TRICARE coverage of ART services would increase DOD discretionary spending by \$175 million annually. CBO said, "TRICARE would incur additional costs for the increased number of pregnancies resulting from those procedures," estimated at \$100 million annually. Military family advocates and service women's action groups say these costs are outweighed by the recruitment and retention numbers ART services could render.

#### Relevant Statutes

Title 10, U.S. Code, Chapter 55 – Medical and Dental Care  
Title 32, Code of Federal Regulations, Part 199 – Civilian Health and Medical Program of the Uniformed Services

#### CRS Products

CRS In Focus IF11109, *Defense Health Primer: Contraceptive Services*, by Bryce H. P. Mendez

#### Other Resources

U.S. Centers for Disease Control and Prevention. *2017 Assisted Reproductive Technology Fertility Clinic Success Rates Report*. Atlanta (GA): US Dept of Health and Human Services; 2019.  
Office of the Secretary of Defense, "Report to Congress Efforts to Treat Infertility of Military Families", December 2015.

Emily K. Lane, Defense Health Policy Fellow

IF11504

---

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.