



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MAR 26 2018

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to House Report 115-200, pages 145-146, to accompany H.R. 2810, the National Defense Authorization Act for Fiscal Year 2018, requesting a briefing on the Department's planned cryopreservation program.

The enclosed report outlines the reproductive services currently covered for all TRICARE beneficiaries as well as the services the Department of Defense (DoD) considered for the pilot. In July of 2016, the DoD placed implementation of the Oocyte and Sperm Cryopreservation Demonstration Pilot program on hold. Thereafter, an agreement was made to no longer fund the program. In December of 2017, the program was canceled.

Thank you for your interest in the health and well-being of our Service Members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

A handwritten signature in cursive script that reads "Robert L. Wilkie".

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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MAR 26 2018

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

**Report to Congressional Armed Services
Committees
On
Force of the Future Pilot Program on
Cryopreservation of Gametes**



House Report, Pages 145–146, to Accompany H.R. 2810, the
National Defense Authorization Act for Fiscal Year 2018

**The estimated cost of the report for the
Department of Defense (DoD) is
approximately \$11,000.00. This
includes \$0 in non-labor expense and
\$11,000.00 in DoD labor.
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Report to Congressional Armed Services Committees on Force of the Future Pilot Program on Cryopreservation of Gametes

Introduction

This report is the Department of Defense (DoD) response to the request for a briefing on the status of the Department's planned cryopreservation program, set forth in House Report 115–200, pages 145–146, to accompany H.R. 2810, the National Defense Authorization Act for Fiscal Year 2018. The House Armed Services Committee report states:

- Nearly 2,000 service members have suffered genitourinary and other blast injuries that could have a profound impact on Service members' reproductive health
- Some Service members are paying to freeze (cryopreserve) their reproductive material pre-deployment themselves
- DoD proposed a pilot cryopreservation program that includes deploying Service members

Background

Inspired during visits to Silicon Valley, then-Secretary of Defense, Dr. Ashton Carter, announced a set of Force of the Future initiatives to help enable the DoD to be fully competitive in the job market and recruit/retain the very best in the world. Initiative #35, “Egg and Sperm Cryopreservation,” was directed towards force retention. Rather than separate from the military to pursue having a family, the initiative proposed that DoD Service members could freeze their eggs and sperm and continue on Active Duty; a member could deploy with peace of mind about his/her reproductive future. The Assistant Secretary of Defense for Health Affairs was directed to develop and execute a two-year demonstration pilot.

DoD already covered medically necessary reproductive services for all beneficiaries, including Active Duty Service members, as follows:

- TRICARE pharmacy benefit – self-administered hormone drugs
- TRICARE basic benefit
 - Medically necessary fertility diagnostic services and genetic testing
 - Medically necessary reversal of surgical sterilization to treat disease or injury, such as post-vasectomy pain

Additionally, DoD offers assisted reproductive technologies (ART), including artificial insemination and in vitro fertilization (IVF) to Service members (on Active Duty for more than 30 days), as follows:

- Medical necessity required:
 - Urogenital trauma resulting in inability to procreate naturally
 - Oncofertility – cancer treatment that could affect reproductive capability
- Limitation – cryopreservation and brief storage, only until ART can be done

- Does not cover non-medically necessary circumstances, such as pending deployment.

Demonstration Pilot Program Features

The program was modeled after similar cryopreservation programs offered in the United States. For the two-year demonstration pilot, DoD Active Duty Service members (members on active duty for more than 30 days) with no pending deployment would be allowed up to three attempts to successfully collect, freeze, and store their own eggs or sperm in the TRICARE Network at zero out-of-pocket expense. The pilot featured the following:

- Collection/retrieval and cryopreservation of sperm and mature oocyte (unfertilized human female egg) – no fertilized embryos
- Primary Care Manager referral required, but no medical necessity required.
 - Age 39, or under, at the time of collection/retrieval
 - Prior surgical sterilization not disqualifying
- Storage for up to two years; member accepts costs of further storage and use.
- The program would not cover future thawing and use, disposal, IVF, implantation, or shipping (if the member were to transfer to another duty location or separate from the military).
- Two-year demonstration planned for October 1, 2016, through September 30, 2018.

Implementation Status

The DoD cost was projected at \$56.9M for the full featured, two-year demonstration pilot, through September 30, 2018. The Department placed program implementation on hold in July 2016 because it was unfunded. The Department decided not to fund the program and canceled it in December 2017.