



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUL 25 2025

Dear Mr. Chairman:

The Department's response to House Report 118-125, pages 208-209, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Report on DoD's Fertility Preservation Policy," is enclosed.

This report provides a review of the Department's policies and regulations related to fertility preservation, a review of private sector opportunities, recommendations for expanding access to egg and sperm freezing for Service members, and an estimate of the near-term costs associated with expanding egg and sperm freezing opportunities for Service members. It is the Department's conclusion that expansion of existing military medical benefit to include additional fertility preservation services for all Service members is not recommended, would result in substantial cost, and would not guarantee improvement in enrollee satisfaction, recruitment, and/or retention. The Department continues to assess all available opportunities to support family building to the extent authorized.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,



Merlynn Carson, MD
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUL 25 2025

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Merlynn Carson, MD
Performing the Duties of the Deputy Under
Secretary of Defense for Personnel and
Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives



Report on DoD's Fertility Preservation Policy

July 2025

The estimated cost of this report or study for the Department of Defense is approximately \$13,000 in Fiscal Years 2023 - 2024. This includes \$1,000 in expenses and \$12,000 in DoD labor.

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I. Summary

This report responds to House Report 118–125, pages 208-209, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, which requests the Secretary of Defense provide:

- (1) an analysis of current DOD policies and regulations related to fertility preservation, focusing on the effectiveness of current DOD support in providing opportunities for service members to freeze their reproductive material;
- (2) a review of private-sector opportunities, including possible partnerships and best practices, for egg and sperm freezing and an evaluation of their potential benefits and drawbacks for Service members;
- (3) recommendations for expanding access to egg and sperm freezing for service members, including any necessary changes to DOD policies or regulations; and
- (4) an estimate of the near-term costs associated with expanding egg and sperm freezing opportunities for service members, and an analysis of the long-term benefits in terms of recruitment and retention, higher success rates and lower costs for subsequent healthcare services, and improved mental health and overall well-being of service members and their families.”

The Department of Defense (DoD) recognizes military service presents unique challenges that may impact family building. Deployments, training, and prolonged separations from partners may result in Service members choosing to delay family building to accommodate their military career progression. The Department remains committed to identifying avenues to support Service members with their family building goals.

II. Elements of the Report

Fertility preservation is the process of saving or protecting gametes (i.e., oocytes (eggs) or sperm), embryos, or reproductive tissue, commonly referred to as cryopreservation, so that a person can use them to have biological children in the future (National Institutes of Health, 2017).¹ Fertility preservation is most often utilized by persons with limited reproductive capabilities due to genetic, surgical, traumatic, and/or medical complexities, as well as those wishing to delay childbearing until later in life. For active duty Service members (ADSMs) and their dependents, the military introduces unique considerations related to family building. Military service and deployment have the potential to compromise fertility through combat-related injuries or exposures.

Element 1

An analysis of current DOD policies and regulations related to fertility preservation, focusing on the effectiveness of current DOD support in providing opportunities for service members to freeze their reproductive material.

In accordance with Federal law and regulations,² DoD covers medically necessary and appropriate supplies and procedures for the diagnosis and treatment of an illness, injury, or bodily malfunction of the male or female reproductive system, including those that may impact the beneficiary's fertility. However, Assisted Reproductive Technology (ART), including cryopreservation of gametes, embryos, and/or reproductive tissue, are excluded,³ except in limited circumstances.

Severely or seriously ill/injured ADSMs (defined as being Category 2 or 3 in accordance with Department of Defense Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009,⁴ may utilize cryopreservation and storage of gametes or embryos through the Supplemental Health Care Program as detailed in Section 3 of Chapter 17 of the TRICARE Operations Manual 6010.62-M.⁵

Additionally, to meet national accreditation requirements, select military medical treatment facilities (MTFs) have private-sector partnerships with Reproductive Endocrinology and Infertility programs or practices to directly support their Obstetrics/Gynecology Graduate Medical Education (GME) programs for training. These partnerships are explicitly for physician training purposes. As such, care received through these partnerships is outside the military medical benefit and provided on a fee-for-service basis for components of care not covered by the GME program. However, these services are nonetheless available to ADSMs and covered beneficiaries at a significant discount as compared to private sector programs.

¹ National Institutes of Health, *What is fertility preservation?*, <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/fertilitypreservation#:~:text=Fertility%20preservation%20is%20the%20process,biological%20children%20in%20the%20future> (January 31, 2017).

² See 10 U.S.C. § 1079(a)(12); 32 CFR § 199.4(a)(1)(i)

³ See 32 CFR § 199.4(e)(3)(i)(B)(2) and (g)(34)

⁴ <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130024p.pdf>.

⁵ <https://manuals.health.mil/pages/DisplayManualHtmlFile/2022-12-05/AsOf/TOT5/C17S3.html>.

In February 2023, the Department announced policies on access to non-covered reproductive health care, which includes ART. An administrative absence for non-covered reproductive health care provides Service members the ability to request an administrative absence from their normal duty station for non-covered reproductive health care without being charged leave. Service members may be granted an administrative absence for a period of up to 21 days to receive, or to accompany a dual-military spouse or a dependent who receives, non-covered reproductive health care. Travel and transportation allowances for non-covered reproductive health care may be authorized for Service members and dependents who must travel to access non-covered reproductive health care and would otherwise have to pay for that travel themselves. Travel and transportation allowances may be authorized when timely access to non-covered reproductive health care services is not available within the local area of the member's permanent duty station, temporary duty location, or the last location the dependent was transported on Government orders. For both the administrative absence and travel and transportation allowances, the non-covered reproductive health care procedure is at the patient's expense.

Element 2

A review of private-sector opportunities, including possible partnerships and best practices, for egg and sperm freezing and an evaluation of their potential benefits and drawbacks for service members.

DoD is not authorized to cover ART, including cryopreservation for fertility preservation purposes, except as outlined above for the benefit of severely or seriously ill or injured ADSMs. Processes already exist to provide cryopreservation to qualifying ADSMs through the Supplemental Health Care Program. As such, there are no current efforts to explore partnerships with private-sector practices or providers to support elective cryopreservation for fertility preservation purposes for the general ADSM population.

As noted above, MTF Reproductive Endocrinology and Infertility GME programs may offer ART, including cryopreservation, at a significantly reduced cost through partnerships with private-sector providers or programs.

Element 3

Recommendations for expanding access to egg and sperm freezing for service members, including any necessary changes to DOD policies or regulations.

Currently, the Department has no recommendations for expanding access.

Element 4

An estimate of the near-term costs associated with expanding egg and sperm freezing opportunities for service members, and an analysis of the long-term benefits in terms of recruitment and retention, higher success rates and lower costs for subsequent healthcare services and improved mental health and overall well-being of service members and their families.

The Department recognizes that the uniqueness of military service may result in a greater interest by Service members to preserve their fertility. Further, the Women’s Reproductive Health Survey⁶ identified that close to half of Service women would consider cryopreservation, if it was fully covered by TRICARE. This varies greatly from comparable annual utilization rates among civilian women (0.1 percent) seeking fertility preservation. Therefore, the Department conducted a cost analysis, with three different intervals of Service women utilization (10 percent, 25 percent, 50 percent) to account for potential variation of utilization among Service women. The table below provides a breakdown of 5-year costs associated with covering oocyte cryopreservation for Service members and military dependents, with inclusion of the utilization intervals for Service women. Costs associated with sperm cryopreservation are far less than those associated with oocyte retrieval and cryopreservation and thus are not considered a key component of the overall cost.

Table: 5 Year Cost Estimate for Coverage of Oocyte Cryopreservation	
Percentage of Service Women Utilizing Cryopreservation	Estimated Cost
10%	\$1,108,791,158
25%	\$2,479,873,171
50%	\$4,765,009,860

While all methods of fertility preservation are considered safe, sperm cryopreservation most commonly only requires a simple donation while oocyte cryopreservation is more complex, requiring hormonal stimulation and harvest through surgical procedure. The latter may require more significant time away from duty, carries higher risk of complications, and is more likely to impact ADSM readiness.

Timely access to lawfully available reproductive health care is a recruitment, retention, and readiness issue. The Women’s Reproductive Health Survey found that over 50 percent of active duty Service women reported delaying getting pregnant or starting a family during their service. Further, 51.3 percent of female ADSMs indicated they would consider fertility preservation, if full or partially covered, by TRICARE (Meadows, 2020). While the Department does not have the authority to provide elective fertility preservation services and the costs to provide them would be significant, the policies on administrative absence and travel and transportation allowances for ART ensure that Service members and their families are able to

⁶ Meadows, S. O, et. al., “The Women’s Reproductive Health Survey (WRHS) of Active-Duty Service Members,” September 2022.

access non-covered reproductive health care while being afforded the time and flexibility to make private health care decisions in a manner consistent with the responsibility of the Department to meet operational requirements.

While the Women's Reproductive Health Survey provided the Department with helpful insights, indicating that fertility preservation services could be a beneficial tool for Service women in facilitating timing of family building, the Department does not have any longitudinal data or other information to draw any specific conclusions regarding whether expanding cryopreservation services to all Service members will result in long-term benefits to recruitment and retention.

III. Summary

The Department is committed to beneficiaries having access to the care they need, as permitted by law. Expansion of the existing military medical benefit to include elective fertility preservation services requires changes to departmental authorities and would result in substantial cost to DoD. DoD continues to assess all available opportunities to support family building to the extent authorized.