



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

AUG - 6 2025

Dear Mr. Chairman:

The Department's response to Senate Report 118-58, pages 131-132, accompanying S. 2226, the National Defense Authorization Act for Fiscal Year 2024, "Assisted Reproductive Technology Services for Servicemembers," is enclosed.

This report provides an overview of the Department's policies regarding Assisted Reproductive Technology (ART) and a cost analysis of providing full coverage of ART to all Service members and their dependents. The Department recognizes that military service presents unique challenges to family building, including prolonged and unpredictable separations due to deployments and trainings, changes in duty station that may interrupt fertility treatment, and the desire to time family planning around military career progression. As such, the Department has taken steps to support Service member's family building goals. This includes expanding coverage of ART services as an extended benefit under the Supplemental Health Care program for qualifying active duty Service members; offering ART services, at a significantly reduced cost, through military medical treatment facility graduate medical education programs; and the development of policies to authorize the use of administrative absence and travel allowance for Service members to access ART.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending similar letters to the other congressional defense committees.

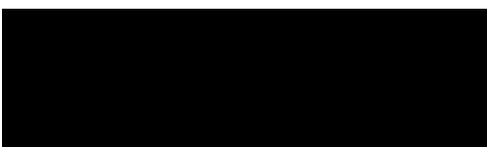
Sincerely,



Marylin 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





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

AUG - 6 2025

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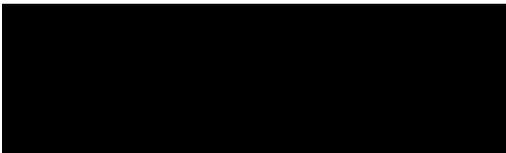
Sincerely,



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





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PERSONNEL AND  
READINESS

The Honorable Susan Collins  
Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

AUG - 6 2025

Dear Madam Chair:

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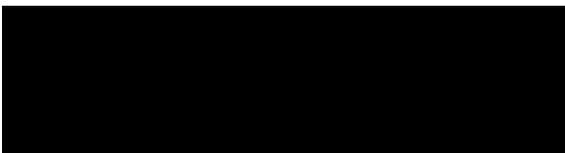
Sincerely,



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

Enclosure:  
As stated

cc:  
The Honorable Patty Murray  
Vice Chair





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PERSONNEL AND  
READINESS

The Honorable Tom Cole  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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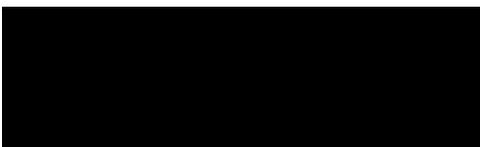
Sincerely, 



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

Enclosure:  
As stated

cc:  
The Honorable Rosa L. DeLauro  
Ranking Member



# Report to the Congressional Defense Committees



## Assisted Reproductive Technology Services for Servicemembers

**August 2025**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$44,797 in Fiscal Year 2024. This includes \$40,000 in expenses and \$4,797 in DoD labor.  
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## SUMMARY

This report is in response to Senate Report 118–58, pages 131-132, accompanying S. 2226, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2024, which requests that the Secretary of Defense submit a report on Assisted Reproductive Technology (ART) services for Service members, including:

- (1) An analysis of current Department of Defense policies and regulations related to infertility services, focusing on the effectiveness of current Departmental support in providing opportunities for servicemembers to receive ART services, including intrauterine insemination and in vitro fertilization;
- (2) A review of private-sector opportunities, including possible partnerships and best practices, for ART services, and an evaluation of their potential benefits and drawbacks for servicemembers;
- (3) Recommendations for expanding access to ART services, including any necessary changes to Department policies or regulations;
- (4) An estimate of the cost associated with expanding ART services for servicemembers;
- (5) An analysis of the possible long-term benefits to recruitment and retention, higher success rates and lower costs for subsequent healthcare services and improved mental health and overall well-being in servicemembers and their families; and
- (6) Any other matter the Secretary deems appropriate.

The Department 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.

## ELEMENTS OF THE REPORT

- (1) An analysis of current Department of Defense policies and regulations related to infertility services, focusing on the effectiveness of current Departmental support in providing opportunities for servicemembers to receive ART services, including intrauterine insemination and in vitro fertilization.*

### Current TRICARE Coverage of Infertility Services

TRICARE offers robust family planning and services related to the diagnosis and treatment of infertility. Specifically, TRICARE offers coverage for infertility testing and treatment, including correction of the physical causes of male and female infertility. Some examples of covered services include treatment for endometriosis, thyroid conditions, or removal of ovarian cysts, and may include medically necessary surgical procedures and fertility medications. TRICARE does not have a “watch and wait” policy for infertility testing or covered services. Those decisions are made by physicians based on best medical practice.

Although not a solution to all family building challenges, successful treatment of the physical causes of infertility may allow Service members and other TRICARE beneficiaries to conceive without ART.

### Current Departmental Coverage of ART

By law, non-coital reproductive services, including intrauterine insemination and ART services, are specifically excluded from coverage under TRICARE's Basic (i.e, medical) benefit. Under separate statutory authority, specifically section 1631 of the NDAA for FY 2008 (Public Law 110–181), the Department may pay for extended benefits under the Supplemental Health Care Program for Service members who suffer a serious or severe illness or injury on active duty. Section 1631 enables the Department offers ART services to those Service members who are unable to procreate without the use of ART as an extended, quality of life benefit, to reduce the disabling effects of their qualifying conditions. In March 2024, the then-Assistant Secretary of Defense for Health Affairs amended the existing policy to expand the eligibility criteria for qualifying Service members by eliminating the requirement that qualifying Service members be married and the categorical ban on the use of donor gametes and gestational carriers.<sup>1</sup> Qualifying Service members who require or choose to utilize donor gametes or donor embryos are responsible for expenses associated with procedures to retrieve such gametes, creation of donor embryos, storage, and transportation of donor gametes and embryos for use in ART procedures. Additionally, the qualifying Service member's spouse, unmarried partner, or a third-party gestational carrier may be eligible for care for the benefit of the Service member, as long as they are enrolled in a TRICARE health plan option. Extended benefits under the Supplemental Health Care Program also include fertility preservation services for qualifying Service members with a cancer or non-cancer related diagnosis that requires gonadotoxic therapy. The newly amended policies on ART for seriously ill or injured Service will help more qualifying Service members realize their family planning goals.

### ART Services Provided at Some Military Medical Treatment Facilities

Service members and TRICARE beneficiaries who either desire or need to conceive via ART may pursue treatment through select military medical treatment facilities (MTFs) that have obstetrics and gynecology reproductive endocrinology and infertility Graduate Medical Education (GME) programs that provide access to ART services, not otherwise covered by law, at a greatly reduced cost, where available. These MTFs collaborate with private-sector entities to directly support their GME programs. As such, care received through these collaborations is outside the military medical benefit and provided on a fee-for-service basis for components of care that are not provided by the MTF or Department of Defense (DoD) health care providers.

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<sup>1</sup> <https://media.defense.gov/2024/Mar/11/2003410399/-1/-1/0/AMENDED-POLICY-FOR-ASSISTED-REPRODUCTIVE-SERVICES-FOR-THE-BENEFIT-OF-SERIOUSLY-OR-SEVERELY-ILL-INJURED-CATEGORY-II-OR-II-ACTIVE-DUTY-SERVICE-MEMBERS.PDF>.

**Table 1: MTFs with GME Programs Offering ART Services**

MTF	Location
Walter Reed National Military Medical Center	Maryland
Tripler Army Medical Center	Hawaii
Womack Army Medical Center	North Carolina
Madigan Army Medical Center	Washington
Brooke Army Medical Center	Texas
Naval Medical Center San Diego	California
Wright Patterson Medical Center/88 <sup>th</sup> Medical Group	Ohio
Naval Medical Center Portsmouth	Virginia

Additional Efforts and Policies Supporting Service Member Access to ART

The Department allows Service members to request administrative leave and provides travel and transportation allowances to members and their authorized dependents to access ART services to have or grow their family. Service members may receive up to 21 days of administrative absence to receive ART procedures and/or to accompany their dependent in receiving ART procedures. In addition, Service members can request funded travel to the closest available capable facility that can provide the ART services they need.

*(2) A review of private-sector opportunities, including possible partnerships and best practices, for ART services, and an evaluation of their potential benefits and drawbacks for servicemembers.*

As discussed above, specific MTFs collaborate with private sector entities to support MTF GME programs. The primary purpose of this collaboration is to support graduate medical education for DoD health care providers, but it also allows members and covered beneficiaries to receive ART services at a significant discount as compared to private sector programs. Further, although outside the purview of the DoD, a number of private sector ART providers and organizations offer various discounts to military Service members and veterans. The MTF GME programs and other available commercial discounts help to reduce financial barriers Service members may face.

*(3) Recommendations for expanding access to ART services, including any necessary changes to Department policies or regulations.*

The Department has no specific recommendations at this time.

*(4) An estimate of the costs associated with expanding ART services for servicemembers.*

This preliminary estimate is based upon available civilian utilization data to assume utilization among Service members. Because Service members face no copays for their medical care and pharmacy benefits, and Prime-enrolled active duty family members face no copays for medical procedures, rates of utilization may vary from any civilian-based utilization data. The estimate includes costs associated with cryopreservation and storage of gametes (i.e., sperm and

eggs) and embryos, including for fertility preservation purposes, in vitro fertilization, and intrauterine insemination, as well as indirect health care costs associated with prenatal, labor and delivery, and postpartum care after successful ART procedures, and applicable administrative costs. It also includes costs for ART services rendered to an active duty Service member’s TRICARE-enrolled spouse, partner, or gestational carrier for the Service member’s benefit, similar to the Department’s existing extended benefit for seriously or severely ill or injured active duty Service members. The Department estimates that the cost to cover ART services is between 4.9 and 8.7 billion dollars over the next five years. Table 2 provides a breakdown of annual costs associated with covering ART.

**Table 2: Cost Estimate for ART Coverage**

<b>Estimated Annual Cost</b>	<b>Total Cost with 10% of Service Women Using Cryopreservation</b>	<b>Total Cost with 25% of Service Women Using Cryopreservation</b>	<b>Total Cost with 50% of Service Women Using Cryopreservation</b>
FY 2025	\$425.3M	\$563.2M	\$793.1M
FY 2026	\$975.9M	\$1,266.1B	\$1,749.7B
FY 2027	\$1,102.3B	\$1,408.4B	\$1,918.7B
FY 2028	\$1,192.6B	\$1,516.0B	\$2,055.0B
FY 2029	\$1.286.8B	\$1,627.7B	\$2,195.8B
<b>Total 5 Year Costs</b>	<b>\$4,983.0B</b>	<b>\$6,381.5B</b>	<b>\$8,712.3B</b>

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 Survey<sup>2</sup> 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. While these estimates are included in Table 2 overall cost estimates, Table 3 provides a breakdown of 5-year costs associated with covering cryopreservation for all Service members and military dependents, with inclusion of the utilization intervals for Service women. While costs associated with sperm cryopreservation are included in the total costs reflected in Table 2, it is not a key component of the overall cost because such costs are far less than those associated with oocyte retrieval and cryopreservation.

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<sup>2</sup> Meadows, S. O, et. al., “The Women’s Reproductive Health Survey (WRHS) of Active-Duty Service Members”. September 2022.

**Table 3: Five Year Cost Estimate for Coverage of Cryopreservation**

Percentage of Service Women Utilizing Cryopreservation	Estimated Cost
10%	\$1,108,791,158
25%	\$2,479,873,171
50%	\$4,765,009,860

(5) *An analysis of the possible long-term benefits to recruitment and retention, higher success rates and lower costs for subsequent healthcare services and improved mental health and overall well-being of servicemembers and their families.*

While the Women’s Reproductive Health Survey provided the Department with helpful insights, indicating that ART services could be a beneficial tool for Service women in facilitating timing of family building and addressing infertility challenges, the Department does not have any longitudinal data or other information to draw any specific conclusions regarding whether expanding ART services to all Service members will result in long-term benefits to recruitment and retention. However, the Department would note that according to the Department’s 2022 Demographics Profile of the Military Community, since 2005, the percentage of active duty military women has increased by 2.9 percent while the percentage of women in the Selected Reserve has risen by 4.4 percent.<sup>3</sup>

(6) *Any other matter the Secretary deems appropriate.*

The Department has no additional information to share relevant to this report.

## CONCLUSION

The Department recognizes that military service presents unique challenges to family building, including prolonged and unpredictable separations due to deployments and trainings, changes in duty station that may interrupt fertility treatment, and the desire to time family planning around military career progression. As such, the Department has taken steps to support Service member’s family building goals. This includes expanding coverage of ART services as an extended benefit under the Supplemental Health Care program for qualifying active duty Service members, offering ART services, at a significantly reduced cost, through MTF GME programs, and the development of policies to authorize the use of administrative absence and travel allowance for Service members to access ART. In keeping with Executive Order 14216, “Expanding Access to In Vitro Fertilization,” February 18, 2025, the Department will continue to assess available options to support family building, including by easing unnecessary burdens to make in vitro fertilization more readily available.

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<sup>3</sup> <https://www.defense.gov/News/Releases/Release/Article/3580676/defense-department-report-shows-decline-in-armed-forces-population-while-percen/#:~:text=Over%20the%20same%20period%2C%20the,reserve%20has%20risen%20by%204.4%25>.