Congressional Research Service
Informing the legislative debate since 1914

IN FOCUS

Updated May 26, 2021

Infertility in the Military

In recent years, Congress has become increasingly interested in the provision of infertility services and expanded reproductive care for servicemembers. Federal regulation (32 C.F.R. §199.4(g)) generally prohibits the Department of Defense (DOD) from paying for certain infertility services for most servicemembers and other beneficiaries eligible for the TRICARE program. Some Members of Congress argue that TRICARE coverage of infertility services is an essential benefit to recruit and retain an all-volunteer force, while others express concern that expanded coverage would make the benefit too costly. This In Focus describes the prevalence of infertility among servicemembers, available treatment options, and considerations when addressing expanded TRICARE coverage of infertility services for servicemembers.

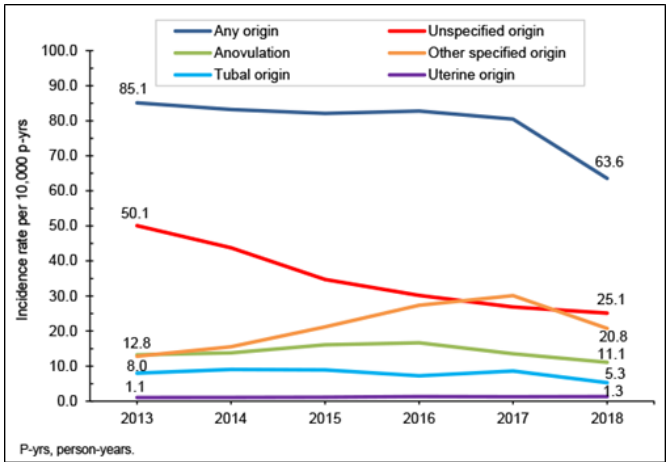
Background

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 health care 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 16.8% of married females in the United States, aged 25-44, experienced infertility and received infertility services. In men (of the same age group), CDC estimates that 9.4% experienced and received infertility services.

In 2015, then-Secretary of Defense (SECDEF) Ashton Carter introduced the "Force of the Future" (FoTF) initiative aimed at maintaining DOD's "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.

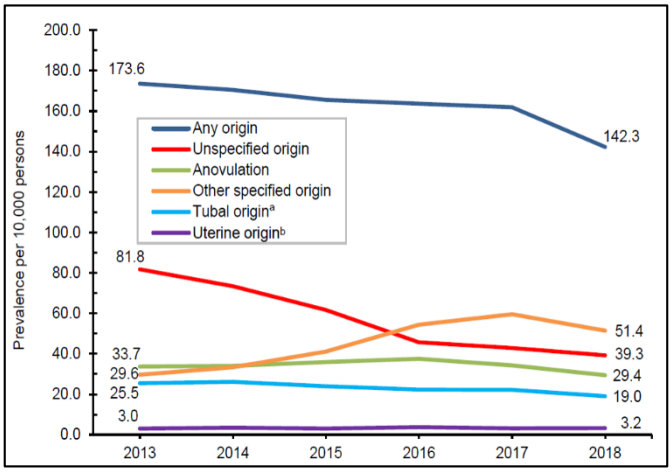
In June 2019, DOD reported on the incidence (i.e., rate of new cases) and prevalence (i.e., proportion of cases in the military at a given time) of diagnosed infertility among active duty females. An incident of infertility was defined as "having at least 2 outpatient medical encounters with an infertility 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. During this same time period, the annual incidence rate of infertility diagnoses decreased by 25.3% (from 85.1 per 10,000 to 63.6 per 10,000 [see **Figure 1**]); while the average annual prevalence of diagnosed female infertility decreased by 18% (from 173.6 per 10,000 to 142.3 per 10,000 [see **Figure 2**]).

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



Source: Defense Health Agency (DHA), Armed Forces Health Surveillance Branch (AFHSB), "Female Infertility, Active Component Service Women, U.S. Armed Forces, 2013-2018," *Medical Surveillance Monthly Report*, vol. 26, no. 6 (June 2019), p. 23.

Figure 2. Annual prevalence rates of female infertility diagnoses, active component servicewomen of childbearing potential, 2013-2018



Source: Ibid, p. 25.

Notes: [a]Block, occlusion, or stenosis of the fallopian tubes.
[b]Structural abnormality of the uterus or nonimplantation (includes fibroids).

DOD also found that some groups of females were at higher risk for infertility. 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.

Treatment Options

CDC recommends treating infertility with medicine, surgery, or assisted reproductive technology (ART). DOD offers certain counseling and treatment services for infertility, when medically necessary and combined with natural conception, including:

- correction of any physical cause of infertility;
- erectile dysfunction if it has a physical cause; or
- diagnostic services (e.g., semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, or bacteriologic investigation).

In general, DOD does not cover ART services, such as:

- 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.

At select DOD hospitals, limited ART services (e.g., sperm or egg retrieval; IVF; artificial insemination; or egg, sperm or embryo cryopreservation) are available to seriously ill or injured active duty servicemembers and their spouses, with a qualifying diagnosis (e.g., infertility). These services may also be available to other servicemembers on a space-available and cost-sharing basis.

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 ART services available to seriously ill or injured active duty servicemembers and their spouses, TRICARE does not cover ART services. Servicemembers seeking ART services from civilian health care providers must pay out-of-pocket for this care. The Society for Assisted Reproductive Technology estimates that the average cost of one IVF cycle (i.e., egg/sperm harvest, fertilization, and implantation) in the United States ranges from $10,000 to $15,000. In comparison, space-available IVF services at select DOD hospitals (e.g., Walter Reed ART Institute) range from $4,800 to $7,000 per cycle.

Considerations for Congress

Congress may debate on legislation that would expand or limit the provision of infertility services to servicemembers and in doing so, could face a number of considerations when addressing these issues.

Moral or 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 2019, CDC reported 77,998 live births from 330,773 ART cycles (23.5% 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 unused embryos.

Recruitment and Retention

In general, the military services have lower retention of females than males. A 2018 RAND Corporation report on Air Force female officer retention found that the lack of family and personal life affects their 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 the civilian job market. Others argue that military health care is already costly and more generous than many civilian health plans. Some point to expanding adoption services for infertile military couples as an additional benefit Congress could offer.

Defense Health Program Costs

In 2015, a Congressional Budget Office (CBO) cost estimate of a version 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 argue that the recruitment and retention numbers ART services could render outweighs the cost of an expanded health care benefit.

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

CRS Report R46785, *Federal Support for Reproductive Health Services: Frequently Asked Questions*, coordinated by Elayne J. Heisler

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," 2015.

Bryce H. P. Mendez, Analyst in Defense Health Care Policy

Disclaimer