

November 9, 2022

The Honorable Seileen Mullen  
Acting Assistant Secretary of Defense for Health Affairs  
Defense Health Agency  
7700 Arlington Blvd  
Falls Church, VA 22042

Re: TRICARE Coverage of Fertility Preservation Procedures

Dear Acting Assistant Secretary Mullen:

The undersigned organizations representing physicians and veterans are writing to urge the Defense Health Agency (DHA) to cover fertility preservation procedures for all TRICARE beneficiaries with medical indications and to cover gamete preservation prior to deployment for active-duty military personnel.

TRICARE only covers the full cost of in vitro fertilization (IVF) and infertility services for military personnel whose infertility was caused by an injury sustained in the line of duty at six military treatment facilities. While non-injured service members or their dependents also have access to these facilities, they must pay for the services out-of-pocket and priority is given to injured military personnel resulting in prolonged waits. Military families who can afford to do so often choose to pursue fertility services in the private sector thereby bypassing the lengthy TRICARE waits that often complicate fertility treatments due to sudden deployments or transfer orders, but at a high financial cost. As such, our organizations urge the DHA to mandate that TRICARE cover the full complement of fertility preservation procedures for active duty military personnel and their dependents when there is a medical indication.

Moreover, active duty military personnel are often deployed to combat zones where they risk life and limb on a daily basis in the service of our country. Our soldiers should not have to go into combat questioning whether their progeny will carry on given advances in cryopreservation technologies that enable the freezing of sperm, eggs, and even embryos.

The American Society for Reproductive Medicine used a Congressional Budget Office (CBO)-style score to estimate the cost of extending coverage for in vitro fertilization (IVF) treatments to any active-duty service member or their spouse struggling with infertility. In the first year coverage was available, it would cost \$260 million—or just 0.5% of the 2021 DHA Budget and 0.03% of the 2022 Department of Defense Budget—to meet “pent up” demand. For the remainder of a decade, the model projects an additional recurring budget expense of \$144 million—an even smaller share of the projected U.S. military budget.<sup>1</sup> Therefore, our

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<sup>1</sup> [ASRM Military Families, Infertility, & National Security: Why expanding service members' access to infertility treatment is easy, affordable, and the right thing to do.](#) A joint white paper by: The ASRM Center for Policy and Leadership Military Family Building Coalition. March 30, 2022

organizations urge the DHA to require TRICARE to cover gamete preservation for active duty military personnel prior to deployment.

Finally, the VA covers fertility preservation procedures for Veterans with a service-connected disability or medical indications, such as prior to cancer treatment, organ transplants, or treatment for rheumatologic diseases, which render them unable to naturally reproduce. As such, the VA offers more generous coverage for fertility preservation procedures. Given the joint DoD and VA Electronic Health Record modernization which aims to provide a seamless transition from TRICARE coverage to VA coverage, benefits under these two complementary systems should align to ensure continuity of care for our nation's military families.

Military personnel who wish to start families should not view their service as an impediment. The DoD has responded to this challenge by issuing new policies, such as Army Directive 2022-06,<sup>2</sup> that attempts to retain top military talent by making the services more family friendly. Expanding TRICARE coverage to include fertility preservation procedures for medical indications and gamete preservation prior to deployment would strengthen the DoD's commitment to military families and our organizations strongly urge the DHA to make this change.

Sincerely,

American Academy of Family Physicians  
American College of Obstetricians and Gynecologists  
American Medical Association  
American Society for Reproductive Medicine

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<sup>2</sup> Army Directive 2022-06 (Parenthood, Pregnancy, and Postpartum)  
<https://armyrepup.s3.amazonaws.com/site/wp-content/uploads/2022/04/21191150/AD-2022-06.pdf>