



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

FEB 26 2016

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 section 729 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which requires the Secretary of Defense to provide a report on efforts to treat infertility in military families. Key elements include: treatment services available at military treatment facilities (MTFs); factors that may disrupt treatment; the number of Active Duty Service members (ADSMs) and Active Duty family members that utilize these services; a comparison with other Federal health programs; and the associated costs within the Military Health System.

The current Assistive Reproductive Technology (ART) benefit for serious or severely ill or injured ADSMs, along with the availability of ART services through a number of MTFs, offers a valuable benefit to our members. In recognition of the unique requirements and demands of military service, as well as the potential impact to military readiness and mission capability, the Department continues to evaluate potential increased access to reproductive health services. Most recently the Secretary of Defense announced that the Defense Department will cover the cost of freezing sperm or eggs through a pilot program for active duty service members as part of his Force of the Future initiative.

A similar letter is being sent to the other congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Carson".

Brad Carson  
Acting Principal Deputy

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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WASHINGTON, DC 20301-4000

FEB 26 2016

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

Dear Mr. Chairman:

The enclosed report is in response to section 729 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which requires the Secretary of Defense to provide a report on efforts to treat infertility in military families. Key elements include: treatment services available at military treatment facilities (MTFs); factors that may disrupt treatment; the number of Active Duty Service members (ADSMs) and Active Duty family members that utilize these services; a comparison with other Federal health programs; and the associated costs within the Military Health System.

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Sincerely,

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Brad Carson  
Acting Principal Deputy

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

FEB 26 2016

The Honorable Thad Cochran  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to section 729 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which requires the Secretary of Defense to provide a report on efforts to treat infertility in military families. Key elements include: treatment services available at military treatment facilities (MTFs); factors that may disrupt treatment; the number of Active Duty Service members (ADSMs) and Active Duty family members that utilize these services; a comparison with other Federal health programs; and the associated costs within the Military Health System.

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Brad Carson  
Acting Principal Deputy

Enclosure:  
As stated

cc:  
The Honorable Barbara A. Mikulski  
Vice Chairwoman



PERSONNEL AND  
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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

FEB 26 2016

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

Dear Mr. Chairman:

The enclosed report is in response to section 729 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which requires the Secretary of Defense to provide a report on efforts to treat infertility in military families. Key elements include: treatment services available at military treatment facilities (MTFs); factors that may disrupt treatment; the number of Active Duty Service members (ADSMs) and Active Duty family members that utilize these services; a comparison with other Federal health programs; and the associated costs within the Military Health System.

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Brad Carson  
Acting Principal Deputy

Enclosure:  
As stated

cc:  
The Honorable Nita M. Lowey  
Ranking Member

# **Report to Congress Efforts to Treat Infertility of Military Families**



**Office of the Secretary of Defense**

**December 2015**

The estimated cost of report or study for the Department of Defense is approximately \$18,000 for FY15. This includes \$6,000 in expenses and \$12,000 in DoD labor.

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## EXECUTIVE SUMMARY

The Department of Defense (DoD) submits this report in accordance with section 729 of the Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2015 (Public Law 113-291) which directs the Secretary of Defense to submit a report assessing the access of members of the Armed Forces and their dependents to reproductive counseling and treatments for infertility.

This report identifies the infertility services generally provided through the Military Health System (MHS) and the limited coverage of Assistive Reproductive Technology (ART) services. The report identifies factors that may disrupt access to timely infertility services, numbers of Active Duty Service members (ADSMs) and Active Duty Family Members (ADFMs) accessing infertility services over the past 5 years, success rates, and associated costs. It also reviews coverage of infertility services available through the Federal Employee Health Benefits (FEHB) program and the Department of Veterans Affairs (VA).

In general, the MHS provides infertility services through the private sector under the TRICARE Basic Program limited to services and supplies which are medically necessary to diagnose or treat a physical illness, injury, or bodily malfunction. This includes services and supplies required in the diagnosis and treatment of illness or injuries involving the genital system and the correction of the physical cause of infertility. As part of good medical practice, reproductive counseling would be considered an integral part of the provider’s evaluation and management of the beneficiary’s condition. Specifically excluded under the basic program are all non-coital reproductive procedures, such as:

- Artificial insemination, [e.g., intravaginal insemination, intra-cervical insemination, and intrauterine insemination (IUI)] is the deliberate introduction of sperm into a female’s uterus or cervix for the purpose of achieving a pregnancy through in vivo fertilization by means other than sexual intercourse;
- In-vitro fertilization (IVF) is a process by which an egg is fertilized by sperm outside the body;
- Embryos (fertilized eggs), eggs, and sperm can be preserved for future use by cryopreservation (freezing); and,
- All other forms of ART.

These services are excluded for both ADSMs under the Supplemental Health Care Program (SHCP) and all other TRICARE beneficiaries under the TRICARE Basic Program because they are elective in nature and do not specifically diagnose or treat an illness or injury, as required by statute.

Congress has authorized the Secretary to consider appropriate conditions under which extended care benefits for ADSMs may be necessary to assist in the reduction of the disabling effects of a qualifying condition. This additional authority has allowed the Department to provide respite care, custodial care, and other non-medical services that go

beyond ensuring the adequate availability of health care if the Department believes such services will assist the member in his or her recovery or reduce the disabling effects of the member's serious illness or injury. The provision of ART services for the benefit of seriously or severely ill or injured ADSMs has been extended under this expanded authority in order to allow SHCP funds to be used to pay for ART services not covered under the TRICARE Basic Program. To date, 20 members who met the criteria under the Policy for Assisted Reproductive Services and their lawful spouses have utilized this benefit. The two most common reasons for utilizing the benefit have been trauma (blast injuries) and cancer treatment (chemotherapy/radiation therapy). This unique program provides an important quality of life benefit to our seriously ill and injured members and their spouses. Seriously ill or injured beneficiaries eligible for this benefit may utilize the direct care system (i.e., military treatment facilities (MTFs)) or the civilian purchased care system.

Although not a TRICARE-covered benefit, ART services are offered at six MTFs where reproductive endocrinologist services are available in collaboration with civilian partners (i.e., civilian ART centers and/or contracted laboratory services). These services are available to ADSMs as well as all other TRICARE eligible beneficiaries, including not only ADFMs but also retirees and their dependents. The costs for required embryology laboratory services and any other service that are not provided by the MTF are borne by the beneficiary since non-coital reproductive services are excluded from coverage. These programs support graduate medical education programs while also offering ADSMs and other TRICARE beneficiaries access to ART services which are considerably discounted from civilian sector costs. In 2014, 3,179 Active Duty and family members have utilized MTFs for ART. In 2012, our most recent data show 401 live births in families using ART services at MTFs.

Health insurance coverage of infertility treatment is limited in the private sector as well. The Affordable Care Act does not require coverage for infertility treatment by group health plans and health insurers. Further, within plans sponsored by the Federal Government, the Office of Personnel Management does not require coverage for infertility treatment under the Federal Employee Health Benefit Plans (FEHBPs), but allows individual plans to voluntarily offer coverage. Therefore, coverage is dependent on the specific insurance plan, with only five of the 29 plans reviewed covering IVF and embryo transfer. Additionally, the VA does not cover IVF.

Military service can present additional challenges with respect to reproductive decisions in general, and infertility treatment in particular, including deployment and permanent changes in duty stations, which may limit access to available services. While ART services are offered at a considerable discount through specific MTFs, costs can still be a factor, especially in the lower ranks.

The current ART benefit for serious or severely ill or injured ADSMs, along with the availability of ART services through a number of MTFs, offer a valuable benefit to our members. In recognition of the unique requirements and demands of military service, as well as potential impact to military readiness and mission capability, the Department



continues to evaluate potential increased access to reproductive health services. In general, additional legislative authority would be required in order to extend TRICARE coverage for fertility preservation and ART services to all beneficiaries. Within the Department's existing authority, we will continue to provide family planning and reproductive counseling to our ADSMs and their families, while also facilitating infertility treatments and ART services at MTFs where appropriate and reproductive endocrinologist services are available.

## INTRODUCTION

This report is delivered in response to the NDAA for FY 2015, section 729. Specifically, the Act directed the DoD to submit a report to the Committees on Armed Services of the Senate and the House of Representatives. The report shall include:

- (1) A description, by location, of the infertility treatment services available at military medical treatment facilities throughout the military health care system;
- (2) An identification of factors that might disrupt treatment, including lack of timely access to treatment, change in duty station, or overseas deployments;
- (3) The number of members of the Armed Forces who have received specific infertility treatment services during the 5-year period preceding the date of the report;
- (4) The number of dependents of members who have received specific infertility treatment services during the 5-year period preceding the date of the report;
- (5) The number of births resulting from infertility treatment services described in paragraphs (3) and (4);
- (6) A comparison of infertility treatment services covered by health plans sponsored by the Federal Government and infertility treatment services provided by the military health care system;
- (7) The current cost to the DoD for providing infertility treatment services to members and dependents;
- (8) The current cost to members and dependents for infertility treatment services provided by the military health care system; and,
- (9) Any other matters the Secretary determines appropriate.

The term “infertility services” encompasses a wide variety of treatments and services, including the diagnosis and treatment of the underlying causes of infertility, cryopreservation of eggs and sperm, artificial insemination, IVF, and other ARTs. The Department reviewed all major categories of infertility treatment in order to develop a list of current procedural terminology codes and healthcare common procedure coding system procedure codes used to bill for these categories of services. These codes were then used to gather the necessary data contained in this Report.

The TRICARE Basic Program covers services and supplies which are medically necessary to diagnose or treat a physical illness, injury, or bodily malfunction. Infertility testing and treatment, including services and supplies required in the diagnosis and

treatment of illness or injuries involving the genital system and the correction of the physical cause of infertility, are covered. As part of good medical practice, reproductive counseling would be considered as integral part of the provider's evaluation and management of the beneficiary's condition. Specifically excluded under the basic program are all non-coital reproductive procedures, such as artificial insemination, IVF, sperm and egg cryopreservation, and all other forms of ART. These services are excluded for both ADSMs and all other TRICARE beneficiaries under the TRICARE Basic Program because they are elective in nature and do not specifically diagnose or treat an illness or injury, as required by TRICARE's governing statute.

The SHCP provides for the payment to private sector health care providers for health care services (other than elective private treatment) provided to ADSMs. By law, coverage for medical care for members of the uniformed services shall be comparable to coverage for medical care under TRICARE Prime, subject to such exceptions as the Secretary of Defense considers necessary.

Additionally, section 1633 of the NDAA for FY 2008 expanded the authorized use of SHCP funds beyond that necessary to ensure the adequate availability of health care to members and authorized the Secretary to consider appropriate conditions under which extended care benefits may be offered to members of the uniformed services who incur a serious injury or illness on active duty in order to reduce the disabling effects of member's serious illness or injury. The provision of ART services for the benefit of seriously or severely ill or injured ADSMs and their lawful spouse has been extended under this expanded authority in order to allow SHCP funds to be used to pay for ART services not covered under the TRICARE Basic Program. ART services are available to qualifying members and their lawful spouses in the civilian network at no cost to the member or spouse. Eligible members under this program may also obtain ART services at no cost via any of the existing MTF programs that offer ART services. To date, 20 members who met the criteria under the Policy for Assisted Reproductive Services and their lawful spouses have utilized this benefit. The two most common reasons for utilizing the benefit have been trauma (blast injuries) and cancer treatment (chemotherapy/radiation therapy). We are aware of the successful delivery of one set of twins at San Antonio Military Medical Center and one birth at Walter Reed National Military Medical Center through this extended care benefit. This unique program provides an important quality of life benefit to our seriously ill and injured members and their spouses.

Although not a TRICARE-covered benefit, ART services are also offered at six MTFs in collaboration with civilian partners (i.e., civilian IVF centers and/or contracted laboratory services). These services are available to ADSMs as well as all other TRICARE eligible beneficiaries, including not only ADFMs but also retirees and their dependents. The costs for required embryology laboratory services and any other services that are not provided by the MTF are borne by the beneficiary since non-coital reproductive services are excluded from coverage. These programs support graduate medical education programs while also offering ADSMs and other TRICARE beneficiaries' access to ART

services which are considerably discounted from civilian sector costs. Reproductive counseling is provided at all the MTFs that provide ART services.

## **DOD DISCUSSION OF SPECIFIC ISSUES**

### ***1) A description, by location of the infertility treatment services available at military medical treatment facilities throughout the military health care system?***

ART infertility treatment services are available at six MTFs based on the availability of reproductive endocrinology specialists and support their graduate medical education. The six MTFs are: Walter Reed National Military Medical Center (WRNMMC), Bethesda, Maryland; Tripler Army Medical Center (TAMC), Honolulu, Hawaii; Womack Army Medical Center (WAMC), Fayetteville, North Carolina; Madigan Army Medical Center (MAMC), Tacoma, Washington; San Antonio Military Medical Center (SAMMC), San Antonio, Texas; and Naval Medical Center San Diego (NMCSA), San Diego, California. Depending on the MTF capabilities there may be collaborative agreements with civilian ART providers or facilities geographically located close to the MTF.

Below are links to Web sites for MTF ART services. Some of the links are to the civilian providers that assist the MTFs in providing ART services.

WRNMMC: <http://www.bestivf.org/>

TAMC: <http://www.tamc.amedd.army.mil/offices/obgyn/rei.htm>

WAMC:

<http://www.wamc.amedd.army.mil/HealthcareServices/SitePages/Infertility%20-%20Endocrinology%20Services.aspx>

MAMC: <http://www.mamc.amedd.army.mil/clinical/obgyn/reproductive-endocrinology-infertility-service.aspx>

SAMMC: <https://www.fertilitysa.com/about>

NMCSA: [http://www.sdfertility.com/ivf\\_armed\\_forces.htm](http://www.sdfertility.com/ivf_armed_forces.htm)

While the MTFs that provide ART services vary in what is done “in-house” versus with their civilian partners, together they all provide the complete array of services to include:

- Medications;
- Reproductive counseling;
- IVF;
- Sperm retrieval;
- Egg retrieval;

- Artificial insemination;
- Egg cryopreservation;
- Sperm cryopreservation; and,
- Embryo cryopreservation.

***2) An identification of factors that might disrupt treatment, including lack of timely access to treatment, change in duty station, or overseas deployment?***

Factors include:

- With only six MTFs providing ART services, access for Service members and their dependents is limited in this context. Access varies among the six MTFs with waiting times ranging from no wait time up to 1 year.
- There is a lack of reproductive endocrinology specialists across the direct care system.
- A Permanent Change of Station, Temporary Duty, and Service member deployment may all disrupt or delay fertility treatments.
- If the Service member’s command considers the member to be “mission essential,” allowing leave or time off from work to receive treatments may not be possible.
- Financial considerations may preclude some Service members and their families from being able to afford ART treatment even at the reduced rates available at MTFs.
- Once medically separated or retired, seriously ill or injured members are no longer eligible for SHCP funded ART services under the extended care benefit.

***3) The number of members of the Armed Forces who have received specific infertility treatment services during the five-year period preceding the date of the report?***

Over a 5-year period, FY 2010 through FY 2014, 7,181 ADSMs received infertility services in MTFs (Direct Care) and in purchased care (Table 1) and utilized 7,431 episodes of fertility services. Of those, 2,444 episodes were for ART services (IVF; artificial insemination; and cryopreservation).

In Tables 1 and 2, “Unique Patients” refers to the number of ADSMs or ADFMs requesting services. The total number of fertility services per year may not equal the total number of “unique” patients since some may have had more than one fertility service in that year.

“Other Infertility Treatments,” in Tables 1 and 2 refers to infertility treatments that are also covered by TRICARE (e.g., disorders of sperm transport/motility; seaman analysis; hormone evaluation; chromosomal studies; immunologic studies; diagnosis and treatment of illness or injuries involving the genital system; correction of the physical cause of infertility). Direct Care Services include ADSM funded ART through the designated MTF programs.

ADSM care in the private sector is funded through the SHCP and in general shall be comparable to coverage for medical care under TRICARE Prime. Since ART services are not a covered benefit under TRICARE Prime, data reporting coverage of ART services prior to authorization of coverage for seriously ill or injured ADSMs beginning in FY 2013 would have been inaccurate and have not been included in Table 1.

<b>Table 1</b>						
<b>Number of Active Duty Service Member (ADSM) Fertility Treatment Patients by Fiscal Year</b>						
<b>(Users may use more than one type of service.)</b>						
<b>Types of Fertility Service</b>		<b>FY10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>
<b>Direct Care</b>						
	In-vitro Fertilization	149	179	195	195	224
	Artificial Insemination	227	309	308	334	324
	Other Infertility Treatment	488	507	444	464	528
	Cryopreservation	-	-	-	-	-
<b>Total Direct Care Unique Patients</b>		<b>830</b>	<b>948</b>	<b>880</b>	<b>941</b>	<b>1,026</b>
<b>Purchased Care</b>						
	In-vitro Fertilization	-	-	-	-	-
	Artificial Insemination	-	-	-	-	-
	Other Infertility Treatment	551	581	549	516	359
	Cryopreservation	-	-	-	-	-
<b>Total Purchased Care Unique Patients</b>		<b>551</b>	<b>581</b>	<b>549</b>	<b>516</b>	<b>359</b>
<b>Total Number of Unique ADSM Patients</b>						
<b>of Fertility Services</b>		<b>1,381</b>	<b>1,529</b>	<b>1,429</b>	<b>1,457</b>	<b>1,385</b>

***4) The number of dependents of members who have received specific infertility services during the 5-year period preceding the date of the report.***

Over a 5-year period, from FY 2010 through FY 2014, 7,435 ADFMs received infertility services in MTFs (Direct Care) and in purchased care (Table 2). There were 9,405 episodes of infertility treatments of which 8,809 were for ART services (IVF; artificial insemination; and cryopreservation). In 2012, seriously ill or injured ADSMs and their spouses were eligible for ART services. This is reflected in the data which shows IVF, artificial insemination, and cryopreservation covered in the purchased care sector for FY 2013 to 2014.

<b>Table 2</b>							
<b>Number of Active Duty Family Member (ADFM) Fertility Treatment Patients by Fiscal Year</b>							
<b>(Users may use more than one type of service and use services in both purchased and direct care)</b>							
<b>Type of Fertility Service</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	<b>Total</b>	
<b>Direct Care</b>							
In-vitro Fertilization	484	517	540	593	652		
Artificial Insemination	789	943	985	1,002	2,022		
Other Infertility Treatments	143	95	116	108	134		
Cryopreservation	-	-	-	-	-		
<b>Total Direct Care Unique Patients</b>	<b>1,036</b>	<b>1,443</b>	<b>1,470</b>	<b>1,549</b>	<b>1,666</b>	<b>7,164</b>	
<b>Purchased Care</b>							
In-vitro Fertilization	-	-	-	3	1		
Artificial Insemination	-	-	-	2	1		
Other Infertility Treatments	60	51	50	55	53		
Cryopreservation	-	-	-	5	1		
<b>Total Purchased Care Unique Patients</b>	<b>60</b>	<b>51</b>	<b>50</b>	<b>56</b>	<b>54</b>	<b>271</b>	
<b>Total Number of ADFMs in Direct Care and in Purchased Care</b>	<b>1,096</b>	<b>1,494</b>	<b>1,520</b>	<b>1,605</b>	<b>1,720</b>	<b>7,435</b>	

***5) The number of births resulting from infertility treatment services described in paragraphs (3) and (4).***

Since ART provided in purchased care is not covered under the TRICARE program, there are no claims data for DoD to review to determine the number of births.

Numbers below are listed by MTF from the 2012 Centers for Disease Control and Prevention (CDC) data\* (this is the most current data available from the CDC [http://www.cdc.gov/art/reports/2013/national-summary.html]). There were a total of 401 births at the six MTFs using ART in 2012.

**WRNMMC** live births using ART: 183 live births (35.1%/cycle)

**NMCS D** live births using ART: 64 live births (32.7%/cycle)

**TAMC** live births using ART: 18 live births (47.4%/cycle)

**SAMMC** live births using ART: 53 live births (44.5%/cycle)

**WAMC** live births using ART: 39 live births (47.6%/cycle)

**MAMC** live births using ART: 44 live births (32.1%/cycle)

\* **Note:** Per the CDC, “a comparison of clinic success rates may not be meaningful because patient medical characteristics and treatment approaches vary from clinic to clinic.”

***6) A comparison of infertility treatment services covered by health plans sponsored by the Federal Government and infertility treatment services provided by the MHS.***

Infertility treatment services provided by the FEHB Program and the VA were reviewed and compared.

Under the FEHB program, the specific types of infertility treatment services that are covered are wholly dependent on the specific insurance plan the employee elects. If ART services are important to the employee and his/her family then the appropriate insurance plan can be selected. We reviewed 29 FEHBP insurance plans. All of the FEHB plans reviewed and the MHS cover infertility treatments that include necessary testing for the diagnosis and surgical treatment of the underlying cause of infertility. In addition, the MHS, with the exception of surrogacy and sperm/egg donations, covers ART (e.g., IVF) for seriously ill or injured Active Duty Service members and their lawful spouses. ART is not, however, part of the basic TRICARE benefit.

17 of the 29 FEHB programs reviewed cover fertility drugs. Within the MHS, infertility drugs are covered resulting in a substantial savings for our beneficiaries.

14 of the 29 FEHB programs cover artificial insemination.

Five of the 29 cover IVF and embryo transfer.

For the VA, infertility benefits for female and male Veterans include:

**Female Veterans**

- Infertility counseling
- Pelvic and/or transvaginal ultrasound
- Hysterosalpingogram
- Saline infused Sonohysterogram
- Reversal of tubal ligation (Tubal Renastomosis)
- Hormonal therapies (Controlled ovarian hyper-stimulation)
- Intrauterine insemination, also known as artificial insemination (maximum of six cycles)
- Hormonal therapies (Controlled ovarian hyper-stimulation)
- Medication for ovulation induction for IUI
- Injectable Gonadotropin Medications for ovulation induction
- Additional hormonal therapies as approved by Pharmacy Benefits Management



## Male Veterans

- Infertility counseling.
- Laboratory blood testing (i.e., serum testosterone, FSH, LH, estradiol, etc.)
- Semen analysis.
- Evaluation and treatment of erectile dysfunction.
- Surgical correction of structural pathology (i.e. varicocele, Peyronie's Repair, etc.).
- Vasectomy reversal\* (vasectomy, varicocele, vasovasostomy).
- Hormonal therapies (e.g. clomiphene citrate, HCG, PDE5 medications, testosterone).
- Sperm cryopreservation for medically indicated conditions.
- Genetic counseling and testing.
- Sperm retrieval techniques.
- Post-Ejaculatory urinalysis.
- Transrectal and/or scrotal ultrasonography.

The VA does not cover IVF and embryo transfer or other ART treatments or procedures including gamete intra-fallopian transfer, zygote intra-fallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy.

The DoD and VA benefits are similar, but there are some key differences. The VA covers a reversal of a tubal ligation and a vasectomy. These procedures are excluded by TRICARE but may be covered at our MTFs. The VA also covers artificial insemination which is not covered by the DoD. Only the Veteran is eligible for the VA-covered infertility treatment services although certain infertility services/treatment (with specific exclusions laid out in 38 CFR 17.272(a)) are provided to eligible non-Veteran spouses via CHAMPVA. For certain clinical visits that involve education and counseling (such as infertility and/or genetic counseling), it may be possible for other family members to participate at the request of the Veteran. Given that the non-Veteran partner is not eligible to receive infertility evaluation and treatment or genetic counseling services from the VA, VA providers may assist with providing information about local resources where the non-veteran partner can obtain these services.

Fundamentally, FEHB plans cover a wide variety of services based on premium-based risk-managed programs, while the DoD's and VA's programs are based on an earned medical benefit program as outlined in statute and regulation.

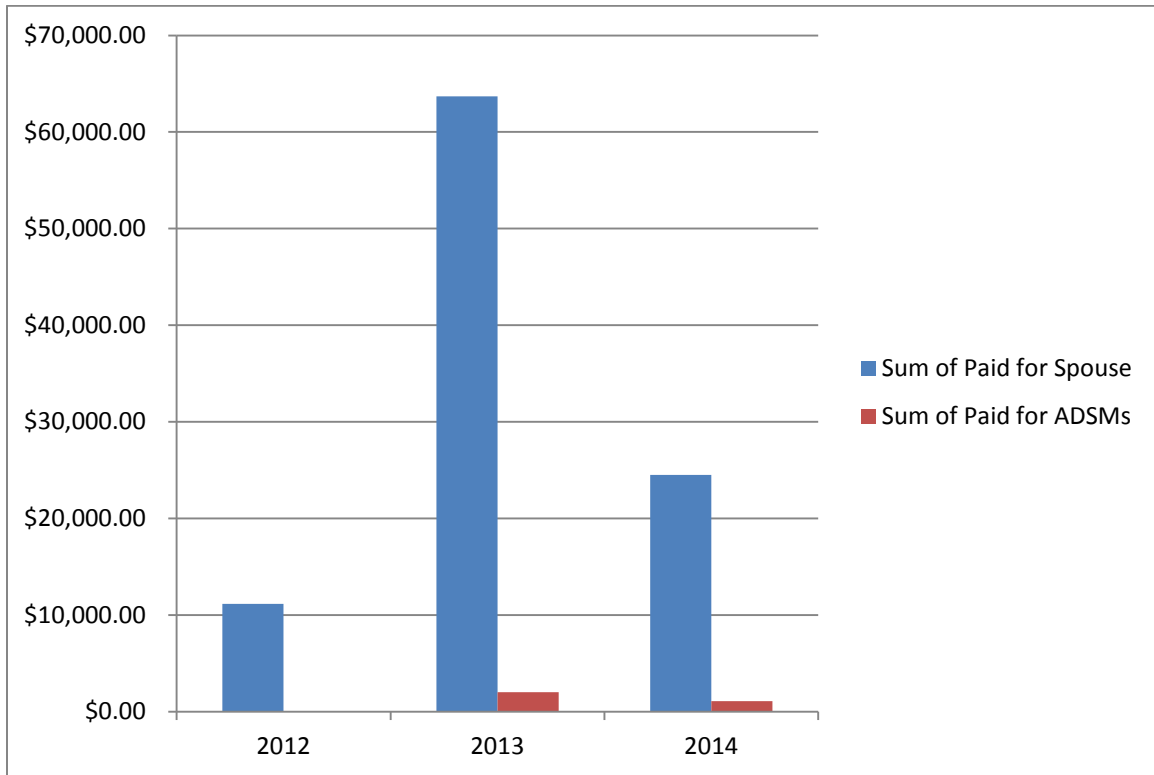
**7) The current cost to the DoD for providing infertility treatment services to members and dependents.**

The allocation of budgeted Direct Care dollars is used to approximate the cost of DoD infertility programs. For Table 3 below “costs” include amounts allocated for DoD infertility programs, including pharmacy, laboratory services, and ART services by fiscal year at MTFs (Direct Care) and allowed amounts for purchased care as part of the basic benefit for ADSMs and ADFMs.

	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	<b>Five Yr. Total</b>
<b>Direct Care</b>						
In-vitro Fertilization	\$200,214	\$325,191	\$351,472	\$307,118	\$321,036	\$1,505,031
Artificial Insemination	89,567	121,671	144,192	155,680	167,378	678,488
Other Infertility Treatment	2,705,407	2,976,030	2,708,883	3,160,219	3,590,392	15,140,931
Cryopreservation	-	-	-	-	-	-
Tests, Drugs, and Infertility Dx Costs	1,967,157	2,411,687	2,343,770	2,378,500	2,835,522	11,936,636
<b>Total</b>	<b>\$4,962,345</b>	<b>\$5,834,579</b>	<b>\$5,548,317</b>	<b>\$6,001,517</b>	<b>\$6,914,328</b>	<b>\$29,261,086</b>
<b>Purchased Care</b>						
In-vitro Fertilization	-	-	-	-	-	-
Artificial Insemination	-	-	-	-	-	-
Other Infertility Treatment	578,053	583,041	642,153	599,225	587,006	2,989,478
Cryopreservation	-	-	-	-	-	-
Tests, Drugs, and Infertility Dx Costs	887,190	858,378	921,596	1,080,851	1,087,919	4,835,934
<b>Total</b>	<b>1,465,243</b>	<b>1,441,419</b>	<b>1,563,749</b>	<b>1,680,076</b>	<b>1,674,925</b>	<b>7,825,412</b>
<b>Total costs for Fertility Services</b>	<b>\$6,427,588</b>	<b>\$7,275,998</b>	<b>\$7,112,066</b>	<b>\$7,681,593</b>	<b>\$8,589,253</b>	<b>\$37,086,498</b>

Table 4 shows the costs associated with ART services for seriously ill or injured ADSMs and their lawful spouses. These costs came from SHCP claims data reflecting ART as a benefit for these beneficiaries starting in 2012. The 20 ADSMs requesting ART services have all been male. Out of a total of slightly over \$100,000.00, ADSMs had ART costs of \$3,100.70, and their spouses had ART costs of \$99,365.90. This represents ART claims paid under the SHCP by the DoD to civilian providers. There had been 20 ADSMs receiving ART services which average to about \$5,000.00 per IVF cycle.

**Table 4**



***8) The current cost to members and dependents for infertility treatment services provided by the military health care system.***

“Other Fertility Treatments” and “Tests, Drugs, and Infertility Diagnostic Costs” are currently covered both in the Direct Care and Purchased Care network. There are no costs for ADSMs. For ADFMs there are no co-pays for Prime enrollees for inpatient or outpatient care and ancillary services. For ADFMs utilizing TRICARE Standard/Extra, applicable cost-shares would apply up to the annual catastrophic cap of \$1,000.00.

With respect to ART infertility services offered at designated MTFs in collaboration with civilian partners, the total cost to members is difficult to track as payments are not made to the MTFs directly, nor are these costs recorded in a global database. However, based on the advertised costs for required embryology laboratory services and other services provided in conjunction with the six MTF IVF programs, we would estimate a rough cost of \$5,000.00 per couple per IVF cycle.

For seriously ill or injured ADSMs and their lawful spouses, there is no out-of-pocket cost in either the MTFs with ART infertility services or in the purchased care network.

***9) Any other matters the Secretary determines appropriate.***

No additional matters at this time.

## CONCLUSION

Military service can present additional challenges with respect to reproductive decisions in general, and infertility treatment in particular, including deployment and permanent changes in duty stations, which may limit access to available services. While ART is offered at a considerable discount through specific MTFs, costs can still be a factor, especially in the lower ranks.

The current ART benefit for serious or severely ill or injured ADSMs, along with the availability of ART services through a number of MTFs, offer a valuable benefit to our members. In recognition of the unique requirements and demands of military service, as well as potential impact to military readiness and mission capability, the Department continues to evaluate potential increased access to reproductive health services. In general, additional legislative authority would be required in order to extend TRICARE coverage for fertility preservation and ART to all beneficiaries. Within the Department's existing authority, we will continue to provide family planning and reproductive counseling to our ADSMs and their families, while also facilitating infertility treatments and ART at MTFs where appropriate and reproductive endocrinologist services are available.