

RFI Category and Number: *Family Planning, #6*

RFI Question:

In December 2022, via RFI 8, the Defense Health Agency (DHA) provided the Committee with an overview of Assisted Reproductive Services, which included preliminary information related to fertility. The Committee is concerned there may be inadvertent policy limitations which is inhibiting women's ability to plan their family. Among the many issues of critical importance to military servicewomen is the ability to plan for and have families without sacrificing their ability to continue military service. Many servicewomen expressed concerns during the 2023 DACOWITS' focus groups about the difficulty in planning pregnancies at a time best suited to their career progression goals, about the impact of delayed pregnancies on fertility, and about the lack of fertility services needed to assist them in balancing the demands of military service with their desire to have a family. The Committee is interested in examining institutional policies and procedures that may inhibit family planning and to assess the demand for and the availability of fertility resources for servicewomen.

The Committee requests an updated written response from the USD(P&R), DHA, and the Military Services (Army, Department of the Navy, Marine Corps, Department of the Air Force, and Coast Guard) on the following:

RFI Response:

- a. **USD(P&R) and Military Services:** Provide copies of links to all DoD and Service instructions, regulations, and policies that address the subject of fertility services and availability to the military personnel.*
 - To ensure access to essential women's health care for service members and their families, the Secretary of Defense (SECDEF) released multiple [reproductive health policies](#) in February 2023 that authorize service members to utilize travel and transportation allowances, or administrative absence to access non-covered reproductive health care including fertility services. Assisted Reproductive Technology (ART) can be accessed when utilizing these policies and may include but is not limited to egg retrieval, Intrauterine Insemination (IUI), and In-Vitro Fertilization (IVF).
 - Per Office of the Chief of Naval Operations Instruction [\(OPNAVINST\) 6000.1D](#): while infertility treatment is a very personal decision, if a service member is enrolled in treatment (IVF, IUI, or assisted technology), they must inform their Command. Notification must be provided through a letter from the provider outlining duration of treatment and potential dates for procedures (e.g., egg retrieval, embryo transfer). This is required so that Command can anticipate possible duty limitations.
 - Per Navy Personnel [\(NAVPERS\) 6110/03](#) and [Navy Physical Readiness Program Guide 8](#), if a service member is currently undergoing infertility treatment or has undergone IVF in the past 90 days, Commanding Officers are authorized to approve a medical waiver to exempt the service member from participating in the Physical Fitness Assessment (PFA) to better ensure IVF success. If the IVF treatment results in a successful pregnancy, the service member will be exempt from physical fitness testing until 12 months following a qualified birth event. If the IVF treatment is

- unsuccessful, the service member must participate in the current PFA cycle (if cleared by their healthcare provider).
- The [Navigating Infertility as a Service Woman](#) resource was developed by the Bureau of Medicine and Surgery's (BUMED) Office of Women's Health to provide information on the following topics for service members: available fertility services and associated cost, mental health impacts of infertility, online and Military Treatment Facility (MTF) support services, and career and deployment considerations.
- b. *USD(P&R) and Military Services: What policy accommodations exist to provide for leave, travel reimbursement, or other measures to enable servicewomen to seek civilian fertility care when it is not available to them through the military healthcare system?*
- **DoD and Navy Policy on Access to Administrative Absence for Non-covered Reproductive Health Care:** Under these policies, Service members may request an administrative absence from their normal duty stations to access fertility care and services without being charged leave, for a period of up to 21 days. The period of absence will be limited to the minimum number of days essential to receive the required care, and travel needed to access the care, by the most expeditious means of transportation practical. Commanders will not levy additional requirements on the service member (including, but not limited to, consultations with a chaplain, medical testing, or other forms of counselling) prior to approving or denying the absence. Service members may need to disclose a minimum amount of health information necessary for commanders to authorize the administrative absence. Navy implementation guidance for this policy can be found in [ALNAV 017/23](#), [NAVADMIN 058/23](#).
 - **DoD and Navy Policy on Access to Travel Allowances for Non-Covered Reproductive Health Care:** Under these policies, Service members and eligible dependents are eligible for travel and transportation allowances to access fertility care when timely access to these health care services are not available within the local area. The service member or dependent must certify in writing the location of the closest available, capable medical facility for the health care service. Commanders will protect the privacy of protected health information they receive, and information shall be restricted to personnel with a specific need to know. This addition to the Joint Travel Regulation (JTR) will reduce burden and cost for service members and their dependents who may need to travel greater distances to access reproductive health care. Navy implementation guidance for this policy can be found in [ALNAV 018/23](#), [NAVADMIN 058/23](#).

Hours Expended Answering this RFI: 3

POC or office responsible:

BUMED N10C2, Office of Women's Health