Defense Advisory Committee on Women in the Services
June 2024 Request for Information
Defense Health Agency Response
June 2024

Background: The Defense Advisory Committee on Women in the Services (DACOWITS) (the Committee) is seeking to examine existing Defense Department and Military Services' institutional policies and procedures to identify gaps that potentially inhibit family planning, to include eligibility for fertility services. The Committee has requested response from the Defense Health Agency (DHA) on the questions below.

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a. The Committee is interested in learning more about servicewomen's experience with infertility and fertility treatment.

i. Provide the annual number and percentage of servicewomen experiencing infertility for FY18-23 by Service, age, pay grade, and race/ethnicity.

DHA Response: For the purposes of this response, DHA is providing previously reported data that has been submitted to Congress for consideration.[1] Between calendar years 2013 and 2021, the Military Health System provided care to more than 5.3 million Active Duty Service Members (ADSM) and spouses. Among Servicewomen, 18,554 had a diagnosed case of infertility, resulting in a global infertility prevalence rate of 4.94 cases per 1,000 persons, or 0.49 percent during the observed time. Diagnosis data reflects care provided in both military medical treatment facilities (MTFs) and in the community (i.e., private sector care). These findings are consistent with those reported previously by the Department, as similar methodologies were used to allow for comparisons over time. Breakouts by age are available below; data by Service, pay grade, and race/ethnicity would require additional data and time for evaluation.

Prevalence of Diagnosed Infertility by Age Group Among Servicewomen
Calendar Year 2013-2021

	N	Rate^	Percentage of Total Population†
Female*	18,554	4.94	0.49%
<20	114	6.14	0.61%
20-24	3,069	165.41	16.54%
25-29	4,967	267.71	26.77%

[1] *Study on the Connection Between Active-Duty Military Service and Family Building Challenges*. House Report 117-397, Page 205, Accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year 2023. Pending final release.

	N	Rate^	Percentage of Total Population†
30-34	5,265	283.77	28.38%
35-39	3,867	208.42	20.84%
40-44	1,224	65.97	6.60%
45+	48	2.59	0.26%

*Female of childbearing potential was defined as a female ADSM or female ADSM spouse between the ages of 17 and 45.
^Rate per 1,000 persons
†Number of cases identified divided by the total ADSM population (n=3,757,527) and then multiplied by 100 as a standard percentage

ii. Provide the annual number and percentage of servicewomen requesting fertility treatment in FY18-23 by Service, age, pay grade, and race/ethnicity.

DHA Response: All Servicewomen, along with other TRICARE eligible beneficiaries, have access to fertility services to both diagnose and treat the underlying physical causes of infertility. These services may be provided at MTFs or in private sector care. There is no process or tracking mechanism for "requesting" fertility treatment.

iii. What standard is used to define and/or ascertain whether fertility issues are 'injury/illness" related' or 'service-linked' and therefore eligible for Service provided fertility services/care?

DHA Response: "Service-linked" or "Service-connection" for an injury or illness is a consideration made during the determination of a Veteran's disability compensation. ADSMs with severe illness or injury may meet criteria for the Supplemental Health Care Program (SHCP). A serious or severe illness or injury is defined as being Category 2 or 3 in accordance with Department of Defense Instruction 1300.24, *Recovery Coordination Program*, dated December 1, 2009. SHCP allows for coverage of services not part of the TRICARE basic benefit for ADSMs who are seriously or severely ill or injured while on Active Duty. In the case of fertility services, an ADSM must have a serious or severe illness or injury that has directly impacted their ability to procreate to qualify for Assisted Reproductive Technology (ART) services that are normally not covered by the TRICARE Basic benefit.

iv. How many servicewomen in FY18-23 were eligible for Service-covered fertility services care, by age, pay/grade and race/ethnicity?

DHA Response: All Servicewomen and beneficiaries have access to the TRICARE basic benefit. TRICARE covers supplies and procedures for screening, diagnosis, and treatment of an illness, injury, or bodily malfunction causing infertility. The current benefit covers diagnosis and treatment for an illness or injury of the male or female reproductive system, with the capability to correct any physical cause of infertility. The services must be medically necessary; meaning, it is appropriate, reasonable, and adequate for treatment of

the condition and, in the case of infertility, will allow for natural conception through coitus (*i.e.,* penile-vaginal penetrative intercourse).

v. Regarding MTFs that provide fertility services, how long are average wait times for servicewomen between requesting an appointment and seeing a provider for fertility services?

DHA Response: For Servicewomen diagnosed with infertility, basic infertility services can be initiated by a Primary Care Manager, or more commonly, from a specialist such as an obstetrician-gynecologist (OB-GYN). Referral wait times for these provider types are in accordance with DHA - Interim Procedures Memorandum 18-001, which directs that if no appointments are available for the patient within seven days for primary health care needs, or 28 days for specialty health care needs, an MTF will offer to defer the patient to private sector care. Wait times vary based on MTF, as well as on the specific diagnosis and desired next steps for fertility services, as some Servicewomen may require an additional subspecialty referral (e.g., Reproductive Endocrinology and Infertility (REI)). Servicewomen and other eligible beneficiaries who do not otherwise qualify for coverage of fertility services (i.e., those with a serious or severe illness or injury) may also utilize one of the eight MTFs with REI programs supporting Obstetrical/Gynecology Graduate Medical Education (GME) sites.[2] As the volume of these programs has a capitated capacity based on the number of residency/fellowship participants and supervising staff physicians, wait times vary. Servicewomen may also choose to pursue care in the community at their own expense. There is no process for tracking wait time to fertility services not covered by the TRICARE benefit (e.g., ART procedures).

vi. What is the capacity of those MTFs to provide non-covered fertility services (e.g., number of women/year; types of fertility services)?

DHA Response: As noted above, the volume of each GME program has a capitated capacity based on the number of residency/fellowship participants and supervising staff physicians. These programs provide services on a first-come, first-serve basis, although accommodations can be based on urgency (e.g., onco-preservation). Additionally, these programs may stagger treatments over time (i.e., cohorts of patients beginning cycles at the same time) to maximize the staff and services available.

vii. Provide the numbers of women who were provided non-covered fertility services by MTFs for the last five years (FY18-23).

DHA Response: In CY 2020, six OB/GYN GME REI programs initiated over 1,500 ART cycles.[3] Since then, one program began offering ART services in late 2023, and another began ART services in early 2024. Due to the complexities of examining the success of ART cycles, which must assess the entire pregnancy and birth, complete data is usually

[2] Walter Reed National Military Medical Center; Tripler Army Medical Center; Womack Army Medical Center; Madigan Army Medical Center; Brooke Army Medical Center; Naval Medical Center San Diego; Wright Patterson Medical Center – 88th Medical Group; and Naval Medical Center Portsmouth.

[3] ART cycles reflect the number of cycles initiated for egg retrieval.

two years behind the current year. Data for the two new programs are anticipated to be available in 2026. Of note, non-essential healthcare services, including ART, were largely put on hold for a time during calendar year 2020 due to the Coronavirus 2019 pandemic. These numbers may underrepresent the typical output of these programs but are the most current data available.

Total ART Cycles Calendar Year 2020

OB/GYN GME REI Program	Total ART Cycles
Walter Reed National Military Medical Center	605
Tripler Army Medical Center	264
Womack Army Medical Center	171
Madigan Army Medical Center	129
Brooke Army Medical Center	140
Naval Medical Center San Diego	235
Wright Patterson Medical Center/88th Medical Group	Began 2023
Naval Medical Center Portsmouth	Began 2024
TOTAL	**1,544**

viii. What are women charged by the MTFs for non-covered fertility services and how does that compare to the cost for equivalent services in civilian facilities?

DHA Response: Generally, participation in these programs includes a fee set by the contracted laboratory and embryology services collaborating with the GME programs. These private businesses are fee for service, paid directly by the beneficiary to the private entity. Care received through these partnerships is outside the military medical benefit and provided on a fee-for-service basis for components of care not covered by the GME program. There is not a fee charged by the MTF or DoD. However, these services are nonetheless available to ADSMs and covered beneficiaries at a significant discount as compared to private sector programs.

ix. Are there programs within other Services, similar to the Coast Guard, that provide counseling and/or financial assistance for fertility treatment?

DHA Response: A variety of support programs are available across both military and community-based platforms to meet family building challenges and provide non-medical counseling, including Military OneSource and the Military and Family Life Counseling Program. Currently there are no DHA programs that provide financial assistance for fertility treatment.

x. Has DHA identified any evidence on whether servicewomen experience a greater incidence of infertility/fertility problems (e.g., delaying pregnancies to older ages to accommodate Service/career concerns, job-related stress, or work/combat/deployment-related exposures) as compared to the population of the U.S.?

DHA Response: No, DHA has not identified any evidence on whether servicewomen experience a greater incidence of infertility/fertility problems as compared to the

population of the U.S. The etiology of infertility is often multifactorial or unknown, though occupational exposure connection may provide some fidelity to the consideration of infertility as a Service-connected injury or condition by the VA upon separation.

There are multiple surveys and assessments related to deployment, but there are no established linkages between survey responses and infertility diagnoses. The Annual Periodic Health Assessment, Pre-Deployment Health Assessment, Post-Deployment Health Assessment, and Post-Deployment Health Re-Assessment do have some questions regarding exposures, but do not include specific infertility impact correlations. These surveys are also not generally referenced during infertility workups by providers. The most promising instrument for ADSM career exposures is expected to be realized with full implementation of the Individual Longitudinal Exposure Record at some point in the future, although when that data may become available is unknown.

xi. What is the average age of first pregnancy for servicewomen?

DHA Response: This is not data that DHA is actively monitoring, as it is possible many Servicewomen enter Active Duty service having already had one or more pregnancies prior.

b. How do the Services determine the staffing standard for OB/GYNs or other women's specialty care professionals on installations?

i. What number and percentage of authorized OB/GYN and other women's specialty care professionals (e.g., Certified Nurse Midwives) positions are actually filled?

DHA Response: As of March 2024, there were 116 authorizations for non-Active Duty women's specialty care providers (OB/GYNs, Certified Nurse Midwives (CNMs), and Women's Health Nurse Practitioners); of these, 112 are filled, with four CNM positions open/unfilled. DHA defers to the Military Services as to the authorizations and manning of ADSM OB/GYNs and other women's specialty care professionals.

ii. What are the accession and retention statistics for OB/GYNs and related specialty care providers?

DHA Response: DHA defers to the Military Services as to accession and retention statistics.

iii. Describe any incentives or initiatives to encourage OB/GYNs to work overseas. What are the numbers of OB/GYNs relative to the servicewoman population in overseas locations?

DHA Response: For civilian employees, a relocation incentive may be provided to a current employee who must relocate to accept a position in a different geographic area if the position is likely be difficult to fill in the absence of an incentive. A relocation incentive may be paid only when the employee's rating of record under an official

performance appraisal or evaluation system is at least "Fully Successful" or equivalent. DHA defers to the Military Services as to incentives or initiatives for ADSM providers.

While access to OB/GYNs is important in overseas locations, DHA does not routinely monitor the specific numbers of OB/GYNs relative to the servicewoman population. As the main health problems of servicewomen include injuries, reproductive diseases, iron deficiency and mental health problems,[4] DHA strives to ensure Servicewomen have access to a variety of multi-disciplinary providers (primary care, behavioral health, etc.) who can fulfill the full scope medical needs of an individual.

[4] Healthcare for servicewomen on military missions - PMC (nih.gov)