

# FY2025 NDAA: Reproductive Health Care Provisions

Updated January 17, 2025

## Background

The Department of Defense (DOD) administers a health entitlement (under [Title 10, Chapter 55, of the U.S. Code](#)) through the [Military Health System](#) (MHS). The MHS offers health benefits and services through its TRICARE program to approximately [9.5 million beneficiaries](#) composed of servicemembers, military retirees, and dependents. Congress often specifies certain TRICARE coverage parameters (e.g., how health care services may be delivered and cost-sharing requirements) through a National Defense Authorization Act (NDAA).

During deliberations on an FY2025 NDAA, Congress has expressed interest in TRICARE coverage policies for reproductive health care services. TRICARE currently covers

- [reproductive health screening and preventive services](#),
- [contraception services](#) (i.e., [birth control](#)), and
- [infertility services](#) (e.g., [diagnostic services](#) for [assisted reproductive technologies](#) or ART).

**Table 1** lists proposed and enacted reproductive health care-related provisions included in the House-passed (H.R. 8070, 118<sup>th</sup> Congress), Senate Armed Services Committee (SASC)-reported (S. 4638, 118<sup>th</sup> Congress), and enacted (P.L. 118-159) versions of the FY2025 NDAA.

**Table 1. FY2025 NDAA Selected Legislative Proposals**

House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638	Enacted Legislation (P.L. 118-159)
<i>Contraception Services Provisions</i>		

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House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638	Enacted Legislation (P.L. 118-159)
<p><a href="#">Section 711</a> would have temporarily prohibited the Secretary of Defense (SECDEF) from “imposing or collecting” certain TRICARE cost shares for prescription contraceptives, contraceptive services, education, or counseling, and “any method of contraception approved, granted, or cleared by the Food and Drug Administration” (FDA) offered under TRICARE Prime and TRICARE Select for certain members of the Armed Forces and their dependent family members. The temporary prohibition would have been in effect for a one-year period starting 30 days after enactment.</p>	<p><a href="#">Section 731</a> would have amended the U.S. Code to prohibit DOD from imposing or collecting certain TRICARE cost shares for prescription contraceptives or certain contraceptive services. The provision would have taken effect on October 1, 2034.</p>	<p><a href="#">Section 707</a> adopts the Senate provision with an amendment that removes the effective date.</p>
<p><a href="#">Section 712</a> would have required DOD to cover and fill up to 365 days of contraceptive supplies dispensed in a military, retail, or mail order pharmacy to certain active duty servicemembers and their dependents. The provision would have taken effect 180 days after enactment.</p>	<p>No similar provision.</p>	<p>Not adopted.</p>
<p>No similar provision.</p>	<p><a href="#">Section 732</a> would have amended the U.S. Code to require the SECDEF to “promptly furnish” to sexual assault survivors at each military treatment facility (MTF), a notice of confidentiality and information on, and access to, FDA-approved emergency contraceptives. The provision would have taken effect on October 1, 2034.</p>	<p>Not adopted.</p>
<p>No similar provision.</p>	<p><a href="#">Section 733</a> would have required the SECDEF to establish a “uniform standard curriculum” for use in educating servicemembers on family planning. The provision would take effect on October 1, 2034.</p>	<p>Not adopted.</p>
<p>No similar provision.</p>	<p><a href="#">Section 734</a> would have required the SECDEF, in consultation with the Secretary of Health and Human Services, to allow servicemembers to request comprehensive contraceptive counseling during a periodic health assessment or predeployment health assessment.</p>	<p>Not adopted.</p>
<p><i>Infertility Services Provisions</i></p>		

House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638	Enacted Legislation (P.L. 118-159)
No similar provision.	<a href="#">Section 627</a> would have required the SECDEF to establish a demonstration program to offer cash reimbursement and covered pharmacy benefits to eligible active duty servicemembers and their dependents for fertility, adoption, and foster care services. The provision would have also required participating servicemembers to incur a military service obligation of not less than four years. The program would have terminated on September 30, 2030.	Not adopted.
<a href="#">Section 701</a> would have amended the U.S. Code to require TRICARE coverage of “assisted reproductive technology” (ART) services for certain active duty servicemembers of the Armed Forces and their dependents.	<a href="#">Section 705</a> would have amended the U.S. Code by adding a new section that (1) requires TRICARE coverage of certain “fertility treatment” services for active duty servicemembers and their dependents, and (2) would require the SECDEF to establish a fertility treatment coordination program.	Not adopted.
<a href="#">Section 710</a> would have required the SECDEF to establish a one-year pilot program that provides reimbursement for gamete cryopreservation services for certain active duty servicemembers. The pilot program would have provided reimbursement for active duty servicemembers who are awaiting or have received orders to certain hazardous duty locations, would be geographically separated from their spouse or partner, and have been approved to participate in the program.	No similar provision.	<a href="#">Section 709</a> adopts the House provision with an amendment that extends the length of the pilot program to three years.
No similar provision.	<a href="#">Section 707</a> would have required the SECDEF to conduct an assessment and provide a report to Congress on options for establishing an entitlement, for certain servicemembers of the Armed Forces, to in vitro fertilization and associated services.	Not adopted.

Source: CRS analysis of legislation on Congress.gov.

## Discussion

The MHS offers care to approximately [4.7 million female beneficiaries](#), including 1.6 million women of reproductive age (15-44). Active duty servicemembers incur no out-of-pocket cost for TRICARE-covered reproductive health services. Other beneficiaries may be subject to cost-sharing requirements based on their TRICARE health plan, [beneficiary category](#), and type of medical service to be received.

Since at least 2021, Congress has considered [legislation](#) that would change TRICARE coverage of certain reproductive health services. TRICARE has historically required certain beneficiary cost shares for some reproductive health services, whereas most private health insurance are prohibited from doing so by the Patient Protection and Affordable Care Act (P.L. 111-148, §1001; codified in [42 U.S.C. §300gg-13](#)). Some [organizations](#) have supported the elimination of the existing TRICARE beneficiary cost-sharing requirements for certain reproductive health services. [Others have advocated](#) for expanded TRICARE coverage of ART. Still [other organizations](#) have expressed concerns about broader federal “costs and side effects” to promoting reproductive health and “widespread contraceptive use.”

## Contraception Services

DOD offers contraception services as part of its [family planning](#) benefit in accordance with the FY2016 NDAA (P.L. 114-92 §718), [Defense Health Agency policy](#), and [U.S. Centers for Disease Control and Prevention recommendations for contraceptive use](#). Beneficiaries may access these services on an appointment or [walk-in basis](#) at [military treatment facilities](#) (MTFs) or from health care providers participating in TRICARE.

Section 707 of the FY2025 NDAA includes Senate Section 731 with an amendment to remove the effective date of October 1, 2034. The enacted provision amends [10 U.S.C. §§1074g\(a\)\(6\), 1075, and 1075a](#) to prohibit DOD from imposing or collecting cost shares for prescription contraceptives or FDA-approved contraception care, sterilization procedures, or related education or counseling services.

The FY2025 NDAA did not include Senate Section 732, which would have amended [Title 10, Chapter 55, of the U.S. Code](#) to require the Secretary of Defense (SECDEF) to “promptly furnish” to [sexual assault survivors](#) who seek care at an MTF a notice of confidentiality and information on, and access to, [FDA-approved emergency contraceptives](#). In the conference report, [the conferees directed](#) the SECDEF to provide a briefing, no later than April 1, 2025, to the House and Senate armed services committees on the “resources, information, and counseling support provided to sexual assault victims at military medical treatment facilities.”

## Infertility Services

DOD offers certain [infertility services](#) as part of its [family planning](#) benefit. Federal regulation ([32 C.F.R. §199.4\(g\)\(34\)](#)) prohibits DOD from paying for other types of infertility services (i.e., ART), except for [seriously ill or injured active duty servicemembers](#) and their spouses or partners diagnosed with infertility.

Section 709 of the enacted bill adopts Section 710 of H.R. 8070 and requires the SECDEF to establish a pilot program to provide reimbursement to certain active duty servicemembers for [gamete cryopreservation](#) services. Eligible servicemembers may receive reimbursement up to \$500 per year for sperm preservation services or \$10,000 per year for egg preservation services, which include “retrieval, testing, cryopreservation, shipping, and storage of gametes.” Active duty servicemembers eligible for the program include those in the Air Force, Army, Marine Corps, Navy, and Space Force, who are awaiting or have received orders to certain [hazardous duty](#) locations, would be geographically separated from their spouse or partner for at least 180 days, and have been approved to participate in the program.

The enacted provision requires the SECDEF to establish and publish the commencement date of the three-year demonstration program in the Federal Register. The provision also requires the SECDEF to provide reports to the House and Senate armed services committees:

- A report, not later than one year after enactment, that describes the plan to implement the program; and

- A report, not later than one year after the program’s commencement, that describes servicemember utilization, program costs, feasibility of expanding and making permanent the demonstration program, and “other information determined appropriate.”

Additionally, the SECDEF is to provide annual briefings to the congressional defense committees on the demonstration program’s design, use, costs and “other observations of the Secretary.”

For more on TRICARE coverage of reproductive health services, see

- CRS Report R46785, *Federal Support for Reproductive Health Services: Frequently Asked Questions*;
- CRS In Focus IF11504, *Infertility in the Military*;
- CRS In Focus IF11109, *Defense Health Primer: Selected Contraceptive Services*;
- CRS Insight IN12236, *FY2024 NDAA: Reproductive Health Care Provisions*

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