



Infertility in the Military

Over the past two decades, Congress has considered various legislative actions concerning the provision of infertility services and reproductive care for servicemembers and their families. The Department of Defense (DOD), which is “using a secondary Department of War designation” under Executive Order 14347 dated September 5, 2025, administers a statutory health entitlement (under Title 10, Chapter 55, of the *U.S. Code*) through the Military Health System (MHS). The MHS offers health care benefits and services through its TRICARE program, which could be a vehicle for providing reproductive services.

Federal regulation (32 C.F.R. §199.4(g)(34)) generally prohibits the TRICARE program from paying for certain infertility services for most servicemembers and other TRICARE beneficiaries. Some Members of Congress have offered legislation that would override the regulation, arguing that expanding TRICARE coverage to include fertility services would reduce “sacrifices” of military service and “benefit our troops.”

Background

The U.S. Centers for Disease Control and Prevention (CDC), defines *infertility* as “not being able to get pregnant (conceive) after 1 year (or longer) of unprotected sex.” Among females, certain conditions affecting the ovaries, fallopian tubes, or uterus can result in infertility. Among males, hormonal disorders or disruptions to testicular function can cause infertility. Infertility risk factors for all persons can include increased age; smoking; excessive alcohol or drug use; excessive weight gain or loss; excessive physical or emotional stress; physical trauma or heat exposure to the testes; and exposure to testosterone, radiation, some medications, or certain environmental toxins. In 2024, CDC estimated that between 2015 and 2019, 8.5% of married women between age 15 to 49 “had infertility” and 11.4% of men of the same age range “had some type of infertility.”

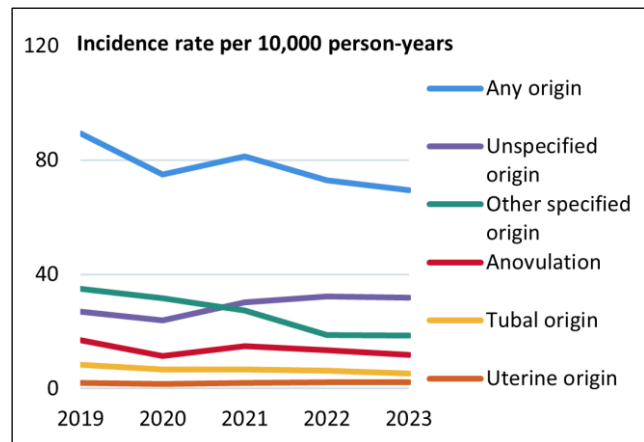
In 2024, DOD estimated that between 2013 and 2021, the overall rate of new and preexisting infertility diagnoses (i.e., *prevalence rate*) among active duty servicemembers was 1.54%. Males accounted for 1.05% of total prevalence and females accounted for 0.49%. In 2025, DOD reported that between 2019 and 2023, the overall rate for new infertility diagnoses (i.e., *incidence rate*) among active duty females of “childbearing potential” (ages 17-49) was 77.5 per 10,000 person-years. During this time period, the annual incidence rate decreased from 89.2 per 10,000 in 2019 to 69.5 per 10,000 in 2023 (see **Figure 1**).

Incident infertility rates were highest among servicewomen in certain demographics or military characteristics. These included those who were aged 35-39, were Black non-Hispanic, served in the Army, served in senior officer ranks (O-4 to O-10, W-4 to W-5), and worked in health care or

aviation occupations. The 2025 report did not examine specific infertility rates or common demographics among male servicemembers.

Figure 1. Annual incidence rates of female infertility diagnoses by type, active component servicewomen of childbearing potential, 2019-2023

Figure is interactive in HTML report version.



Source: CRS graphic based on Defense Health Agency (DHA) Armed Forces Health Surveillance Branch, “Infertility Among Active Component Service Women, U.S. Armed Forces, 2019-2023,” *Medical Surveillance Monthly Report*, vol. 32, no. 5 (May 2025), p. 22.

Notes: *Person-year* is a measure of time a defined population is at risk for infertility.

Infertility Treatment

Infertility treatment can include timed intercourse, medications, intrauterine insemination, surgery, or assisted reproductive technology (ART). TRICARE covers “medically necessary” ... “diagnostic and treatment” services for male and female infertility, including

- correction of physical cause of infertility;
- treatment of erectile dysfunction if it has a physical cause; and
- diagnostic services (e.g., semen analysis, hormone evaluation, chromosomal studies, immunologic studies, imaging studies, special and sperm function tests, or bacteriologic investigation).

In general, TRICARE does not cover ART services, such as:

- artificial or intrauterine insemination;
- costs related to donors or semen banks;
- Cryopreservation;
- care for erectile dysfunction from psychological causes including depression, anxiety, and stress; or

- non-coital reproductive procedures including in vitro fertilization (IVF), gamete intrafallopian transfer, zygote intrafallopian transfer, and tubal embryo transfer.

DOD offers limited ART services at certain installations. Seriously or severely ill or injured active duty servicemembers and their spouses, with a qualifying diagnosis (e.g., infertility) may benefit. These services may also be available to other servicemembers on a space-available and cost-sharing basis.

Patient Costs

Active duty servicemembers incur no out-of-pocket costs for TRICARE-covered health care services. Other beneficiaries may be subject to certain cost-sharing requirements depending on their health plan and beneficiary category. With the exception of ART services available to seriously ill or injured active duty servicemembers and their spouses, “TRICARE doesn’t cover ART services.” Servicemembers and their spouses seeking ART services from non-DOD health care providers are required to pay out-of-pocket for this care; though DOD may authorize certain travel and transportation allowances. The Department of Health and Human Services (HHS) has noted that ART services “can be costly.” HHS estimated that each IVF cycle can “range from \$15,000 to \$20,000 and can exceed \$30,000. Given the average number of cycles that are needed to become pregnant from IVF is 2.5, this means that the average cost of IVF to conceive successfully can easily exceed \$40,000.”

Legislative History

Since at least the 116th Congress, Members have introduced a range of legislation to address infertility in the military. In 2024, Congress enacted a provision in the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025 (NDAA; P.L. 118-159 §709) requiring the Secretary of Defense to establish a three-year demonstration program to reimburse eligible servicemembers for “expenses incurred in the retrieval, testing, cryopreservation, shipping, and storage of gametes.” The provision authorized participating servicemembers an annual reimbursement of up to \$500 for sperm preservation or up to \$10,000 for egg preservation. Eligible servicemembers are to include those who are awaiting or have received orders to certain hazardous duty locations, would be geographically separated from their spouse or partner for more than 180 days, or have been approved to participate in the program.

During debate on an FY2026 NDAA, the House-passed (Section 703 of H.R. 3838) and Senate-passed (Section 705 of S. 2296) versions of an act included provisions that would have amended existing statutes to require TRICARE coverage of certain ART services for servicemembers and their dependents. The enacted version of the FY2026 NDAA (P.L. 119-60) did not include those provisions.

Considerations for Congress

Congressional debate on whether or not to provide infertility treatment services to servicemembers and their families may include, the following issues.

Moral or Religious Objections

Moral or conscience considerations have arisen in the context of general ART therapies, particularly around assisted methods to develop embryos and the disposal of unused embryos. Some religious organizations oppose the use of IVF and other ART services, arguing that ART is “contrary to the human dignity proper to the embryo, and at the same time they are contrary to the right of every person to be conceived and to be born within marriage and from marriage.” Other organizations raise moral objections to the disposition of embryos, which donors can opt to freeze for future use, donate to research, donate for adoption, or discard. Others say these processes utilize ethical disposal procedures to discard unused embryos.

Effects on Recruitment and Retention

In recent years, some U.S. employers began offering “fertility benefits” to recruit and retain talent. Some groups have argued for parity for servicemembers in ART coverage similar to civilian employers that offer these benefits. Some Members of Congress have introduced legislation to expand TRICARE coverage of certain ART services to “strengthen recruitment, retention, and readiness efforts.” In contrast, DOD noted that “there is no clear, data-driven link between *family building* challenges and retention,” in part, because there is no “required exit survey” to document why servicemembers leave the military.

Defense Health Program Costs

In 2025, the Congressional Budget Office (CBO) analyzed Section 703 of H.R. 3838, which would require TRICARE coverage of certain ART services for servicemembers and their dependents. CBO estimated the provision, inclusive of fertility treatment and childbirth, “would cost about \$1.8 billion over the 2028-2030 period.” CBO also noted that because it would be difficult to predict beneficiary use of these services, the costs “could be significantly more or less” than estimated. In a 2025 report to Congress, DOD estimated costs to offer ART to servicemembers and their families, between \$4.9 to \$8.7 billion from 2025 thru 2030.

Executive Order on Expanding Access to IVF

On February 18, 2025, President Donald J. Trump issued Executive Order (E.O.) 14216, “Expanding Access to In Vitro Fertilization,” stating the Administration’s policy to “ensure reliable access to IVF treatment, including by easing unnecessary statutory or regulatory burdens to make IVF treatment drastically more affordable.” The executive order directed the Assistant to the President for Domestic Policy to submit “a list of policy recommendations on protecting IVF access and aggressively reducing out-of-pocket and health plan costs for IVF treatment.” It remains to be seen whether or not servicemember access to IVF may be included in those recommendations. DOD stated that “In keeping with [E.O. 14216] ... the Department will continue to assess available options to support family building, including by easing unnecessary burdens to make in vitro fertilization more readily available.”

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