

## ***Access to IVF for Servicemembers and Veterans***

Servicemembers and veterans appear to face higher rates of infertility than the general public yet face barriers in accessing infertility care. Unfortunately, limited information, restrictive laws and policies, high cost, and other barriers put the infertility care they need, including IVF—the most common form of assisted reproductive technology—out of reach for many. These restrictions impact multiple human rights of servicemembers and veterans, including their rights to reproductive autonomy, health, and equality and non-discrimination.

### **Preliminary Evidence Suggests High Infertility Rates Impact Servicemembers and Veterans**

In the U.S., millions of people are impacted by clinical infertility. Preliminary research suggests that servicemembers and veterans may experience higher rates of clinical infertility than the general population.<sup>i</sup> Among other job-related risk factors, combat injuries,<sup>ii</sup> ill-fitting military gear not designed for female bodies,<sup>iii</sup> and exposure to radiation and toxic chemicals may all contribute to these higher rates.<sup>iv</sup>

Deeply entrenched racial and ethnic disparities in health outcomes disproportionately affect Black and Indigenous women of all socioeconomic backgrounds,<sup>v</sup> including in rates of clinical infertility. Racial disparities are also reflected in the military, where female recruits have historically been more diverse than both the general population and male recruits.<sup>vi</sup>

In addition, social infertility—the inability to reproduce via intercourse due to social factors such as sexual orientation or lack of a partner—impacts servicemembers and veterans, including the 16 percent of women and four percent of men in the services who are lesbian, gay or bisexual.<sup>vii</sup>

### **Discriminatory Legal Restrictions on Insurance Coverage for IVF**

In 2012, the Department of Defense authorized TRICARE to begin covering access to IVF, but only for an extremely limited subset of TRICARE beneficiaries. To be eligible, a beneficiary must:

- be on active duty
- be injured or have experienced a serious illness while on active duty
- lose their natural reproductive ability because of said injury or illness
- be able to provide their own genetic material to produce a pregnancy, and
- have a spouse who can also provide their own genetic material.<sup>viii</sup>

These eligibility requirements discriminate against servicemembers who are in same-sex relationships, unmarried servicemembers, servicemembers whose infertility was not incurred on active duty or who cannot conclusively prove that their infertility was caused by a specific service-related injury or illness, nonactive duty servicemembers, and dependents of TRICARE beneficiaries.

The Veteran Health Administration's medical benefits package, encoded in regulation, specifically bars IVF coverage for veterans. However, an appropriations rider attached annually since 2016 makes limited IVF coverage available, mirroring the narrow eligibility requirements under TRICARE. These health insurance coverage exclusions, when coupled with the high cost of IVF—even one cycle can cost over \$20,000—make access to care unaffordable for most servicemembers and veterans.

## Even with Insurance Coverage, Logistical and Systemic Barriers Remain

Servicemembers and veterans have also reported geographic limitations on access to care, inadequate testing, and complex referral systems as barriers to IVF.<sup>ix</sup> For example, only six military treatment facilities across the country offer IVF, leading to limited access to care and long wait times. The few servicemembers and veterans who do get IVF covered by insurance still can pay \$4,000-7,000 out of pocket.<sup>x</sup> Servicemembers have also reported being denied the necessary medical leave to undergo infertility care and other systemic failures to support servicemembers' reproductive decision-making, among other barriers.

For additional information and detailed policy recommendations, please read the issue brief **Serving Those Who Serve? Access to IVF for Servicemembers and Veterans**.

## ENDNOTES

<sup>i</sup> SERVICE WOMEN'S ACTION NETWORK, ACCESS TO REPRODUCTIVE HEALTH CARE: THE EXPERIENCES OF MILITARY WOMEN (2018), [https://www.service-women.org/wp-content/uploads/2018/12/2018ReproReport\\_SWAN-2.pdf](https://www.service-women.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf).

<sup>ii</sup> Ginny L. Ryan, *Investigator-Initiated Research 13-294 — Human Services Research & Development Study: Impact of Sexual Assault and Combat-Related Trauma on Fertility in Veterans*, U.S. DEP'T OF VETERANS AFFAIRS (last visited June 14, 2019), [https://www.hsrd.research.va.gov/research/abstracts.cfm?Project\\_ID=2141704065](https://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141704065).

<sup>iii</sup> See, e.g. Karen Jowers, *Do Military Women Have Higher Rates of Infertility than Civilians?*, MILITARY TIMES (Dec. 14, 2018), <https://www.militarytimes.com/pay-benefits/2018/12/14/do-military-women-have-higher-rates-of-infertility-than-civilians/> *Military Women: On the Hook for Infertility?*, CTR. FOR REPROD. MED. & ADVANCED REPROD. TECHS.; <https://ivfminnesota.com/military-women/>

<sup>iv</sup> Joseph Pizzorno, *Environmental Toxins and Infertility*, 17 INTEGRATIVE MED. 8, 8-10 (2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6396757/>.

<sup>v</sup> See generally Monique Tello, *Racism and Discrimination in Health Care: Providers and Patients*, HARVARD HEALTH PUBLISHING: HARVARD HEALTHBLOG (Jan. 16, 2017, 9:30 AM), <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>; David R. Williams & Toni D. Rucker, *Understanding and Addressing Racial Disparities in Health Care*, 21 HEALTH CARE FIN. REV. 75 (2000), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/>; Ursula E. Bauer & Marcus Plescia, *Addressing the Disparities in the Health of American Indian and Alaska Native People: The Importance of Improved Public Health Data*, 104 AM. J. PUB. HEALTH S255 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035867/>

<sup>vi</sup> *Demographics of the U.S. Military*, COUNCIL ON FOREIGN RELATIONS, <https://www.cfr.org/back-grounder/demographics-us-military> (last updated July 13, 2020).

<sup>vii</sup> Kristy N. Karmack, CONG. RESEARCH SERV., R44321, DIVERSITY, INCLUSION, AND EQUAL OPPORTUNITY IN THE ARMED SERVICES: BACKGROUND AND ISSUES FOR CONGRESS 39 (2019), <https://fas.org/sgp/crs/natsec/R44321.pdf>.

<sup>viii</sup> U.S. DEP'T OF DEFENSE, IMPLEMENTING GUIDANCE MEMORANDUM: POLICY FOR ASSISTED REPRODUCTIVE SERVICES FOR THE BENEFIT OF SERIOUSLY OR SEVERELY ILL/INJURED (CATEGORY II OR III) ACTIVE DUTY SERVICE MEMBERS (ADSMS) 3 (2012), [https://www.sart.org/globalassets/asrm/asrm-content/news-and-publications/news-and-research/press-releasesand-bulletins/pdf/dod\\_policy\\_guidance.pdf](https://www.sart.org/globalassets/asrm/asrm-content/news-and-publications/news-and-research/press-releasesand-bulletins/pdf/dod_policy_guidance.pdf)

<sup>ix</sup> Supra note i.

<sup>x</sup> Emily K. Lane, CONG. RESEARCH SERV., IF11504, INFERTILITY IN THE MILITARY (2020), <https://crsreports.congress.gov/product/pdf/IF/IF11504>.