OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUN 1 2 2024

Dear Mr. Chairman:

The Department's response to House Report 118–125, page 197, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Fertility Testing Report," is enclosed. The report provides the Department's assessment on the feasibility of providing baseline fertility testing and includes the potential cost and resources necessary to provide baseline fertility testing.

It is the Department's conclusion that offering "baseline fertility testing services" to all TRICARE enrollees is neither clinically appropriate or recommended. This would result in substantial cost to the Department and would not guarantee improvement in enrollee satisfaction, recruitment, and/or retention.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,

Ashish S. Vazirani
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUN 1 2 2024

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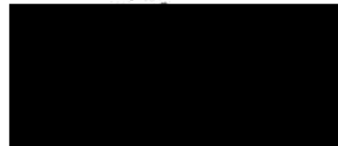
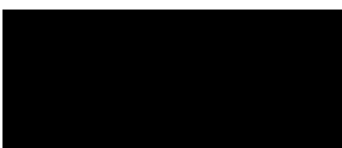


Ashish S. Vazirani
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member



Report to the Committees on Armed Services of the Senate and the House of Representatives

Fertility Testing Report

June 2024

The estimated cost of this report or study for the Department of Defense is approximately $17,000 in Fiscal Years 2023 - 2024.
This includes $5,000 in expenses and $12,000 in DoD labor.
Generated on 2023 Nov 1 7 Ref ID: 7-B881B4F

I. Summary

This report is in response to House Report 118–125, page 197, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, which requests that the Secretary of Defense submit a report assessing the feasibility of providing baseline fertility testing services for TRICARE enrollees, including the impact offering such services would have on enrollee satisfaction, recruitment, and retention. Specifically, the report requests information on the potential cost and resources necessary to provide baseline fertility testing, when deemed clinically appropriate by the treating provider, to include semen analysis for men and diagnostics and ultrasounds for women, regardless of diagnosis of infertility. The TRICARE program currently covers medically necessary and appropriate infertility testing and treatment, including correction of the physical cause of infertility. The clinical guidelines for diagnosing or treating infertility are generally established by national professional associations such as the American Congress of Obstetricians and Gynecologists (ACOG) which recommends fertility testing to any patient who by definition is infertile or at high risk of infertility. On-demand fertility testing outside of these parameters is not the standard of care and would subject TRICARE beneficiaries to medically unnecessary testing without evidence to suggest improved outcomes. Fertility testing on an individual cannot provide assurance that there is reproductive capacity to achieve pregnancy and would not address issues related to physical separation of military families. Unnecessary testing would also result in substantial cost to the Department, with no ability to directly measure impacts on enrollee satisfaction, recruitment, and/or retention.

II. Primary Considerations and Impacts

A. Department of Defense Considerations

In assessing the feasibility of providing baseline fertility testing services for TRICARE enrollees, the phrase "baseline fertility testing services" does not equate to any defined set of clinical tests or procedures by any national (e.g., the Centers for Disease Control and Prevention (CDC)) or professional organization (e.g., ACOG), nor is this phrase recognized by the medical community at-large.

The closest approximation of "baseline fertility testing services" are the components described below in Table 1, used for a clinical diagnosis of infertility. In general, evaluation includes a history of both partners, physical examination, as well as laboratory and imaging tests. In addition to testing, some number of health care visits would be needed to provide consultation/ordering and interpretation of results. However, these tests do not provide assurance that there is reproductive capacity to achieve pregnancy; notably, between 15 and 30 percent of infertility cases have no known cause and would reflect "normal" results.

Table 1. ACOG Basic Infertility Evaluation (ACOG, 2019)

Female		
History		
Physical		
Prepregnancy evaluation*		
Additional evaluation for etiology of infertility	Diminished ovarian reserve	• Antimüllerian hormone or basal follicle-stimulating hormone plus estradiol • Transvaginal ultrasonography with antral follicle count
	Ovulatory dysfunction	Ovulatory function test (eg, serum progesterone measurement)
	Tubal factor	• Hysterosalpingography • Hysterosalpingo-contrast sonography
	Uterine factor	• Transvaginal ultrasonography • Sonohysterography • Hysteroscopy • Hysterosalpingography
Male		
History		
Semen analysis		

*See the following document for guidance on prepregnancy evaluation: Prepregnancy counseling. ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e78–89.

Findings from these clinical tests can also change at an unpredictable rate due to any number of factors (e.g., age, body weight, certain acute and chronic diseases). While these tests are often utilized in evaluation of individuals or couples with diagnosed infertility, they are not medically recommended as sound medical treatment to establish elective knowledge regarding an individual's current ability to achieve pregnancy. Scientific literature does not support that testing can accurately assess spontaneous conception without infertility or future fertility potential.

B. Financial Impact

It is impossible to know what proportion of TRICARE eligible enrollees would pursue "baseline fertility testing services" if available. Accordingly, Table 2 defines the potential costs associated by utilization of this proposed benefit for a percentage of the eligible population.

For biological females, the proposed benefit may include laboratory testing (progesterone levels, anti-mullerian hormone levels) and invasive imaging (hysterosalpingogram, transvaginal ultrasound), at an estimated cost of approximately $484 per eligible enrollee. For biological males, testing may include a semen analysis (volume, concentration, motility, and morphology), at an estimated cost of approximately $12 per eligible enrollee. For all eligible enrollees, it was assumed that a minimum of two visits would be needed with a specialty care provider (e.g., an Obstetrician/Gynecologist for biological females, or urologist for biological males) at an estimated cost of approximately $173 per eligible enrollee. Future costs are anticipated to rise.

Table 2. Estimated Baseline Fertility Testing and Office Visit Costs

Percent of Eligibles Utilizing Benefit*	Fertility Testing	Office Visits	Total
100%	$819 million	$648 million	$1.47 billion
75%	$609 million	$486 million	$1.10 billion
50%	$399 million	$324 million	$723 million
25%	$189 million	$162 million	$351 million

*TRICARE enrollees ages 18 to 51, including Active Duty, Active-Duty Dependents, and Non-Active-Duty Dependents. At the time of this report, there are approximately 3.75 million eligible enrollees aged 18-51 (1.68 million females and 2.07 million males).

C. Impact on Satisfaction, Recruitment, and Retention

There is no data to quantify the impact that offering "baseline fertility testing services" would have on enrollee satisfaction, recruitment, and retention. There is also no evidence that testing, particularly without a diagnosis of infertility, would impact pregnancy or birth rates, or address family building needs among TRICARE enrollees.

III. Summary

Offering “baseline fertility testing services,” to all TRICARE enrollees is neither clinically appropriate nor recommended. Providing elective testing does not predict future fertility and may lead enrollees to make inappropriate assumptions about their, or their partners, ability to achieve pregnancy (e.g., false reassurance of fertility or unnecessary pursual of assisted reproductive technologies). Lastly, this proposal would result in substantial cost to the Department, and would not guarantee improvement in enrollee satisfaction, recruitment, and/or retention.

IV. References

ACOG. "Infertility workup for the women's health specialist. ACOG Committee Opinion No. 781." *Obstetrician Gynecologist* (2019). 133:e377–84.

CDC. *Infertility FAQs*. 26 April 2023. https://www.cdc.gov/reproductivehealth/infertility/index.htm.