

FY2025 NDAA: Reproductive Health Care Provisions

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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 ongoing 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 reproductive health care-related provisions included in the House-passed (H.R. 8070) and the Senate Armed Services Committee (SASC)-reported (S. 4638) versions of an FY2025 NDAA.

Table 1. FY2025 NDAA Selected Legislative Proposals

House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638
<i>Contraception Services Provisions</i>	

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House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638
Section 711 would temporarily prohibit 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 be in effect for a one-year period starting 30 days after enactment.	Section 731 would amend the <i>U.S. Code</i> to prohibit DOD from imposing or collecting certain TRICARE cost shares for prescription contraceptives or certain contraceptive services. The provision would take effect on October 1, 2034.
Section 712 would require 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 take effect 180 days after enactment.	No similar provision.
No similar provision.	Section 732 would amend the <i>U.S. Code</i> 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 take effect on October 1, 2034.
No similar provision.	Section 733 would require 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.
No similar provision.	Section 734 would require 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.
Infertility Services Provisions	
No similar provision.	Section 627 would require 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 also require participating servicemembers to incur a military service obligation of not less than four years. The program would terminate on September 30, 2030.
Section 701 would amend the <i>U.S. Code</i> to require TRICARE coverage of “assisted reproductive technology” (ART) services for certain active duty servicemembers of the Armed Forces and their dependents.	Section 705 would amend the <i>U.S. Code</i> 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.

House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638
Section 710 would require 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 provide 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.
No similar provision.	Section 707 would require 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.

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 how TRICARE covers certain reproductive health services. Some [organizations](#) have supported the elimination of 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.

House Section 711 would establish a one-year prohibition on cost shares for contraception services, education, or counseling; prescription contraceptives; and “any [method of contraception](#) approved, granted, or cleared by the Food and Drug Administration” (FDA) offered under [TRICARE Prime](#) and [TRICARE Select](#) for servicemembers of the [Armed Forces](#) (except the U.S. Coast Guard) and their dependents. Senate Section 731 would amend [10 U.S.C. §§1074g\(a\)\(6\), 1075, and 1075a](#) to prohibit DOD, beginning on October 1, 2034, from imposing or collecting cost shares for prescription contraceptives or FDA-approved contraception care, sterilization procedures, or related education or counseling services.

House Section 712 would require DOD to cover and fill up to 365 days of contraception supplies dispensed in a military, retail, or mail order pharmacy to active duty servicemembers of the [Armed Forces](#) (except the U.S. Coast Guard) or their dependents. The provision would also require the SECDEF to

conduct outreach to inform health care providers and beneficiaries on increased contraception supply coverage.

Senate Section 732 would amend [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](#). The provision would take effect on October 1, 2034.

Senate Section 733 would direct the SECDEF to establish a uniform standard family planning education curriculum and require servicemembers to receive family planning education during their initial year of military service and other times deemed appropriate by each secretary of a military department. The curriculum would include “medically accurate” information to assist servicemembers with making informed family planning decisions and prevention of unintended pregnancies and sexually transmitted infections. The provision would take effect on October 1, 2034.

Senate Section 734 would require the SECDEF, in consultation with the Secretary of Health and Human Services, to allow servicemembers to request information on contraception and “comprehensive contraceptive counseling” during a [periodic health assessment or predeployment health assessment](#).

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.

Senate Section 627 would require the SECDEF to establish a demonstration program for eligible active duty servicemembers and their dependents that offers cash reimbursement for out-of-pocket costs up to \$25,000 per participant for fertility, adoption, and foster care services. The provision also would authorize the program to offer certain pharmacy benefits and would require participating servicemembers to incur a [military service obligation](#) of not less than four years.

House Section 701 would amend [Title 10, Chapter 55, of the U.S. Code](#) to require coverage of ART services, including [in vitro fertilization](#) (IVF) and [gamete](#) retrieval and transfer, for certain active duty servicemembers of the [Armed Forces](#) (except the U.S. Coast Guard) and their dependents. Senate Section 705 would amend [Title 10, Chapter 55, of the U.S. Code](#) to require coverage of fertility treatment for active duty servicemembers and their dependents. The provision defines “fertility treatment” as including IVF, gamete retrieval and transfer, preservation services, artificial insemination, fertility-related prescriptions, fertility treatment coordination, and services “as determined appropriate by the Secretary of Defense.” The provision would also codify the creation of a fertility treatment coordination program to assist patients with receiving “timely fertility treatment.”

House Section 710 would require the SECDEF to establish a one-year pilot program to provide reimbursement to certain active duty servicemembers for gamete cryopreservation services.

Senate Section 707 would require the SECDEF to conduct an assessment of, and provide a report to Congress on, options for establishing an entitlement to IVF and associated services for certain servicemembers and dependents.

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*; and

- CRS Insight IN12236, *FY2024 NDAA: Reproductive Health Care Provisions*.

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