

# Congress of the United States

Washington, DC 20515

October 24, 2024

The Honorable Jack Reed  
Chairman  
Senate Committee on Armed Services  
Washington, D.C. 20510

The Honorable Roger Wicker  
Ranking Member  
Senate Committee on Armed Services  
Washington, D.C. 20510

The Honorable Mike Rogers  
Chairman  
House Committee on Armed Services  
Washington, D.C. 20515

The Honorable Adam Smith  
Ranking Member  
House Committee on Armed Services  
Washington, D.C. 20515

Dear Chairman Reed, Ranking Member Wicker, Chairman Rogers, and Ranking Member Smith:

Because of hard work conducted under your respective leadership of the Senate Armed Services Committee (SASC) and House Armed Services Committee (HASC), Congress is poised to ensure the final legislative text of the National Defense Authorization Act for Fiscal Year 2025 (NDAA) preserves language contained in both the House-passed and Senate-reported versions of the NDAA that require TRICARE cover fertility services, including in vitro fertilization (IVF).

Accordingly, we write to request that in negotiating the final conference report to accompany the NDAA, you ensure U.S. servicemembers and military families receive IVF coverage in 2025 that is on par with the IVF coverage Members of Congress and Federal employees will be provided access to in 2025 by taking one of these courses of action:

- House recedes regarding Section 701 of H.R. 8070, and the final bill includes Section 705 of S. 4638;
- Senate recedes regarding Section 705 of S. 4638 and the final bill includes Section 701 of H.R. 8070; or
- The final bill merges and harmonizes Sections 701 and 705.

Since HASC added the provisions (sec. 701) requiring TRICARE cover fertility services, including IVF, by voice vote without controversy; and then House Republicans chose to preserve these Democratic-authored provisions in the version of the NDAA that the House narrowly passed along party-lines; we are hopeful that achieving fertility benefit parity between Members of Congress, Federal employees and members of the U.S. Armed Forces can avoid controversy and be preserved in the final NDAA that President Joe Biden signs into law.

In the coming months, Members of the U.S. House of Representatives and United States Senators will have the opportunity to select health insurance from 2025 marketplace plans that **all** include high quality, affordable fertility benefit coverage—including excellent IVF coverage that, absent action by Congress, will be far superior to the restrictive fertility benefit coverage offered to U.S. servicemembers and military families under current law. Under the Federal Employees Health Benefits program, Federal employees will also receive high quality fertility benefit coverage, including IVF, in 2025.

Importantly, every Member of Congress will be able to enroll in a 2025 marketplace plan that covers IVF services provided in accordance with widely accepted and evidence-based medical standards of care and the American Society for Reproductive Medicine’s (ASRM) professional guidelines—which includes coverage of *at least* three complete oocyte retrievals with *unlimited* embryo transfers from those oocyte retrievals, and standard fertility preservation services.

**We strongly believe U.S. servicemembers and military families deserve fertility benefit coverage in 2025 that is at least comparable to what Members of Congress will receive.**

It would be hypocritical for Members of Congress to enjoy high quality fertility benefit coverage next year, right on the heels of denying such IVF coverage to brave Americans willing to defend our country in uniform, and the dedicated military families that sacrifice to support their loved ones’ service to our great country. That is why we strongly agree with the position taken by a broad coalition of Military Service Organizations (MSOs) and Veterans Service Organizations (VSOs) that these MSOs and VSOs expressed to you in their October 10, 2024, joint letter<sup>1</sup>:

*“The health care benefit is an earned benefit and an essential part of military compensation. Coverage should not be contingent on a service member’s willingness or ability to accept an additional service commitment. For that reason, we caution Congress against adopting Section 627 of S. 4638, which would require a service member benefiting from expanded reproductive health coverage to accept an additional service commitment of four years. Again, military members deserve coverage that is on par with civilian plans, and civilian plans make no such demands of their beneficiaries [emphasis added].”*

We share the opposition of MSOs and VSOs to including Section 627 of S. 4638 in the final bill text because it falls woefully short of providing servicemembers and their families with comparable coverage to the coverage Members of Congress receive. Unfortunately, Section 627 goes beyond TRICARE fertility coverage requirements and injects controversial and divisive language relating to abortion services and embryonic personhood, which are contrary to the bipartisan tradition of the NDAA and distract from what should be our overriding priority: making sure that in 2025, U.S. servicemembers and military families receive high quality and affordable fertility services coverage that is on par with fertility benefits that Members of Congress and Federal employees will receive in the coming year.

Servicemembers are disproportionately impacted by infertility and face unique challenges in trying to start and build their families. Two-thirds of servicemembers, who often spend their prime reproductive years in hazardous conditions and away from their partners, have reported family-building challenges due to military service. Most TRICARE beneficiaries must pay out of pocket for fertility treatment, costing tens of thousands of dollars, all while navigating challenging duty station moves and a complex healthcare system bureaucracy.

---

<sup>1</sup> National Military Family Association and various MSOs and VSOs. (2024, October 10). *Letter to Chairs and Ranking Members of the Senate and House Armed Services Committee*. <https://www.militaryfamily.org/wp-content/uploads/MSO-VSO-letter-on-NDAA-ART-provisions.pdf>

Failing to provide high-quality IVF coverage through TRICARE would perpetuate an unfair system that forces military families to confront an impossible and unjust choice between serving their country in uniform or starting a family without the risk of financial ruin. We are gravely concerned that this will inevitably deter recruitment and retention efforts and ultimately decrease our Nation's military readiness. Providing U.S. servicemembers and military families with robust IVF coverage is the least we can do for those Americans who have sacrificed so much for us.

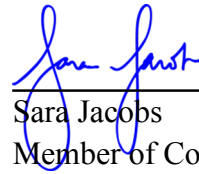
We thank you in advance for your consideration of our request to make sure that we complete the mission of ensuring members of the U.S. Armed Forces achieve parity with Members of Congress and the civil service by finalizing a conference report and passing a NDAA that, for the first time in history, requires TRICARE cover fertility services, including IVF, without harmful and onerous restrictions that violate widely accepted and evidence-based medical standards of care and fail to comport with ASRM professional guidance.

Sincerely,



---

Tammy Duckworth  
United States Senator



---

Sara Jacobs  
Member of Congress