At the American Medical Association’s (AMA) 2015 Interim Meeting, the House of Delegates referred Resolution 223, “Infertility Benefits for Wounded Warriors,” submitted by the Young Physicians Section (YPS). The Board of Trustees referred this issue to the Council on Medical Service for a report back to the House of Delegates at the 2016 Interim Meeting. Resolution 223-I-15 asked that our AMA:

(1) support lifting the congressional ban on the Department of Veterans Affairs (VA) from covering in vitro fertilization (IVF) costs and (2) work with the American Society for Reproductive Medicine (ASRM) and other interested organizations to encourage lifting the congressional ban on the VA from covering IVF costs.

This report summarizes the increase in combat-related injuries that cause infertility; outlines coverage of IVF benefits through the Department of Defense (DOD), the Veterans Health Administration (VHA) and private health insurers; highlights the medical community’s efforts to provide IVF to veterans; summarizes AMA policy; discusses strategies to eliminate barriers to accessing IVF for veterans; and presents policy recommendations.

BACKGROUND

Testimony on Resolution 223-I-15 expressed concern that there may be inconsistency in health care coverage of IVF between TRICARE, the health care program through the DOD for active duty service members, and the VHA, the health care program through the US Department of Veterans Affairs for veterans. Testimony urged the AMA to address the lack of access to IVF for veterans, review the categories of veterans who are entitled to IVF, consider advocating for parity between private and VA health insurance coverage of IVF, and take into account the cost of such services.

The majority of active duty service members are of childbearing age. Approximately 65 percent of enlisted personnel are younger than 30 years old and about 50 percent of all military officers are between the ages of 26 and 35. About 50 percent of enlisted military members and 70 percent of all officers are married. An estimated 84,000 marriages are unions between two members of the military. Many service members and their partners make family planning decisions to accommodate their military service duties.
COMBAT-RELATED INFERTILITY

Service members may be exposed to job-related risks that can result in injuries impacting their fertility. In recent years, there has been an increased use of improvised explosive devices (IEDs), which are homemade bombs that can be hidden on roads and walkways. A blast from an IED can cause severe damage to the genitourinary system, which includes the kidneys, and reproductive and urinary tract organs. Because of increased ground patrol in the Afghanistan War, the incidence of service members sustaining genitourinary injuries is 350 percent higher than for those who served in the Iraq War. Since 2001, IEDs have caused more US military casualties than traditional weapons.

Gunshot wounds and exposure to hazardous materials are also common causes of infertility. Approximately 1,400 service members returned from Iraq and Afghanistan with severe injuries to their reproductive organs. It is estimated that thousands more sustained paralysis, brain injuries or other conditions that make IVF their best option to conceive a child. Results from the National Health Study for a New Generation of US Veterans indicated that about 16 percent of female veterans and 14 percent of male veterans reported experiencing infertility. According to the most recent Centers for Disease Control and Prevention surveys, approximately 11 percent of female and male civilians aged 15-44 experience infertility.

ACCESS TO IN VITRO FERTILIZATION

Communication with the DOD’s Defense Health Agency clarified that IVF is not included as a TRICARE covered benefit for all active duty service members. By law TRICARE covers medically necessary treatments and procedures that include infertility testing and correction of physical causes of infertility. Assisted Reproductive Technologies (ART), such as IVF, are not covered because they are not considered medically necessary treatments. However, section 1633 of the National Defense Authorization Act for FY 2008 (HR 4986) allows for the provision of ART, including IVF, for certain active duty service members. The limited IVF benefit was implemented in 2012.

If health care providers who specialize in urogenital trauma and ART determine that a service member and their spouse are good candidates for IVF they can request this benefit for their patients who have sustained a serious or severe illness or injury while on active duty that led to the loss of their natural procreative ability. To qualify as seriously ill or injured a service member must meet the following criteria: (1) have a serious injury or illness; (2) be unlikely to return to duty within a time specified by his or her military department; and (3) may be medically separated or retired from the military. To qualify as severely ill or injured a service member must meet the following criteria: (1) have a severe or catastrophic injury or illness; (2) be highly unlikely to return to duty; and (3) will most likely be medically separated or retired from the military. By law, no other TRICARE beneficiaries are eligible for this benefit.

Communication with the DOD’s Defense Health Agency indicated that military providers are aware of the DOD policy and make every effort to request the IVF benefit for those who qualify. The most recent data available from the Office of the Secretary of Defense indicates that from 2012 – 2015, a total of 20 active duty service members met the criteria to receive the IVF benefit. The DOD paid an average of $5,000 for each IVF cycle. To date, a total of 26 service members have qualified for the IVF benefit.
As part of the “Force of the Future” initiative, the DOD recently announced plans to implement a two-year fertility preservation pilot program to provide sperm banking and egg freezing to active duty service members. While the program is not available to current veterans, it is a proactive approach to address potential infertility issues for active duty service members and future veterans. The program will only cover fertility preservation, not the cost of IVF, which may pose a significant financial barrier to the use of the benefit.

Veterans Affairs

The VA covers fertility assessments, counseling and some treatment, such as surgeries, medications and intrauterine insemination, but has not been able to provide IVF benefits as stipulated by the Veterans Health Care Act of 1992 (PL 102-585). When the law was enacted, IVF was considered to be experimental, which is no longer the case. Providing IVF health care benefits to veterans has been and still is controversial. Some individuals who are in the position to advocate for changing the VA’s coverage policy on IVF are opposed to the treatment based on religious grounds. However, in October 2016, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill for FY 2017 was signed into law, which allows the VA to cover IVF costs for the next two years. While this is a step in the right direction, the legislation is temporary and does not lift the ban on the VA from covering IVF.

Service members who complete a length of service in any branch of the armed forces are classified as veterans as long as they were not dishonorably discharged. Retired veterans are service members who remain on active duty or have served in the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve or the Coast Guard Reserve for a sufficient period of time, which is usually a minimum of 20 years. Veterans who are not retired do not qualify for the TRICARE program, whereas retired veterans do qualify with the stipulation that they are no longer eligible for the IVF benefit. Service members who become disabled while on duty may be medically retired and receive a disability retirement before serving 20 years in the military. Most of the seriously or severely ill or injured service members are medically retired before serving 20 years, receive the same benefits as other retirees, are eligible to enroll in TRICARE and may qualify for IVF.

Private Insurance

The Affordable Care Act does not mandate coverage for infertility treatments as one of the 10 essential health benefits that must be included in all health plans sold through state health insurance marketplaces. Most health insurance plans provide limited, if any, coverage for infertility treatments according to the National Conference of State Legislatures. However, about a dozen states have laws that require private insurers to cover infertility treatment, with eight of these states having insurance mandates requiring qualified employers to include IVF coverage in the plans they offer to their employees (AR, CT, HI, IL, MD, MA, NJ and RI). The infertility benefits these states require from health insurers vary. Massachusetts requires insurance policies that provide pregnancy-related benefits to also provide coverage for the diagnosis and treatment of infertility, including IVF. Hawaii requires a one-time benefit for outpatient expenses related to IVF procedures when a couple has a history of infertility for at least five years. In addition, the federal government does not require coverage of infertility treatment for federally sponsored plans through the Federal Employee Health Benefits Program.
In November 2015, the American Society for Reproductive Medicine (ASRM), along with the Society for Assisted Reproductive Technology (SART), announced the “Serving Our Veterans” program. Through the program, participating ASRM and SART members provide discounted IVF treatments to veterans with service-related injuries that have caused infertility. The discount amount is determined by each individual participating clinic, although ASRM and SART recommend that each clinic follow the eligibility criteria established for active duty service members by the DOD, which is a discount of at least 50 percent. In order to provide IVF treatments to as many veterans as possible, the program allows for each clinic to cap the number of discounted treatments it offers each individual. The program will expire when the ban on IVF is lifted or at the end of the 2016 congressional calendar year.

RELEVANT AMA POLICY

AMA Policy H-185.990 encourages health insurers to provide benefits for the diagnosis and treatment of male and female infertility; however, AMA Policy H-165.856 cautions that benefit mandates should be minimized to allow markets to determine benefit packages and permit a wide choice of coverage options. Consistent with the ASRM and SART “Serving Our Veterans” program, AMA Policy H-510.986 urges all physicians to participate, when needed, in providing health care to veterans. Policy further encourages state and local medical societies to create a registry of physicians who are willing to provide health care to veterans in their community. The AMA supports improved access to health care for veterans, including in the civilian sector, for returning military personnel when their needs are not being met by locally available resources through the DOD or the VA (Policies H-510.985, H-510.990, H-510.991 and D-510.994).

DISCUSSION

Proponents of lifting the congressional ban on the VA from covering IVF costs emphasize that the VA provides comprehensive health care services for injuries sustained in the line of duty so that veterans can live as normal of a life as possible. Veterans who have become infertile due to a service-related injury may view access to IVF treatments as their only opportunity to conceive a child, start a family and live a “normal life.”

The Council notes that most private insurers do not offer IVF and state laws vary on whether private health insurance companies must provide such coverage. Accordingly, due to the variation in coverage of IVF among private health insurers, parity of IVF treatments between private and VA health insurance is not recommended.

The Council believes that advocating for the VA to have the option to offer IVF is consistent with AMA policy supporting access to health care for veterans while limiting benefit mandates. As such, the Council suggests that our AMA support lifting the congressional ban on the VA from covering IVF costs for veterans who have become infertile due to service-related injuries and encourage interested stakeholders to collaborate in lifting the ban.

The potential for active duty service members to sustain injuries impacting their fertility has increased in recent years and should be proactively addressed. The Council believes that service members should be offered pre-deployment fertility counseling and information on the relevant health care benefits provided through TRICARE and the VA before they are deployed and that the same information be provided during the medical discharge process.
The DOD’s new pilot program offering sperm freezing and egg harvesting to active duty service members has been applauded by stakeholders as a step in the right direction to assist service members with a fertility preservation option. The program was announced earlier this year, has yet to be implemented and may have limited impact because it does not cover the cost of IVF. Accordingly, the Council believes that the AMA should support efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and offer treatment to address infertility due to service-related injuries.

RECOMMENDATIONS

The Council on Medical Service recommends that the following be adopted in lieu of Resolution 223-I-15 and that the remainder of the report be filed:

1. That our American Medical Association (AMA) support lifting the congressional ban on the Department of Veterans Affairs (VA) from covering in vitro fertilization (IVF) costs for veterans who have become infertile due to service-related injuries. (New HOD Policy)

2. That our AMA encourage interested stakeholders to collaborate in lifting the congressional ban on the VA from covering IVF costs for veterans who have become infertile due to service-related injuries. (New HOD Policy)

3. That our AMA encourage the Department of Defense (DOD) to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process. (New HOD Policy)

4. That our AMA support efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries. (New HOD Policy)

Fiscal Note: Less than $500.
REFERENCES


