Whereas, According to the Service Women’s Action Network (SWAN) December 2018 report, there are more than 369,000 service women (more than 17% of the military) and two million women veterans (10% of veterans population). Further, women comprise 18.5% of all veterans under age 45; and

Whereas, Infertility rates in military women are significantly higher than the general population; and

Whereas, A 2018 SWAN survey found that over 37% of active service women reported having difficulty getting pregnant when actively trying after one year (or longer), which is much higher than the reported rate of the general population; and

Whereas, The Centers for Disease Control and Prevention reports that approximately 12.1% of the general U.S. female population have impaired fecundity, which is a condition related to infertility and refers to women who have difficulty getting pregnant or experience recurrent pregnancy loss; and

Whereas, Twenty percent of active service women and 32% of female veterans reported that they did not seek medical services for infertility and cited location, accessibility, and cost as factors; and

Whereas, Only six military treatment facilities in the U.S. offer a full range of infertility treatments, and there are often long wait times to access these services; and

Whereas, Tricare benefits exclude assisted reproductive technology for veterans, unless it can be demonstrated that a related injury occurred while on active duty; and

Whereas, Some women reported being denied care “unless they can demonstrate their infertility is service connected”; and

Whereas, Without insurance, one round of In Vitro Fertilization treatment can cost $15,000 or more, with multiple cycles sometimes required for success; and

Whereas, Women in the military are exposed to reproductive health hazards that can increase their risk of infertility; and

Whereas, Infertility among service women is often associated with sexual assault and/or combat-related trauma; and
Whereas, In 2018, the U.S. Department of Defense noted that 79 percent of the reports of sexual assault were from women;9 and

Whereas, Survivors of sexual assault are at risk for acquiring sexually transmitted infections such as chlamydia and gonorrhea, which can lead to pelvic inflammatory disease and infertility; and

Whereas, It is unknown whether the etiology of higher infertility rates among service women is related to unique occupational exposures within the military;8 therefore be it

RESOLVED, That our American Medical Association advocate for additional research to better understand whether higher rates of infertility in service women may be linked to military service and which approaches might reduce the burden of infertility among service women. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/01/19

References:

RELEVANT AMA POLICY

Infertility Benefits for Veterans H-510.984
1. Our AMA supports 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.
2. Our AMA encourages 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.
3. Our AMA encourages 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.
4. Our AMA supports 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.

Citation: CMS Rep. 01, I-16

Support for Access to Preventive and Reproductive Health Services H-425.969
Our AMA supports access to preventive and reproductive health services for all patients and opposes legislative and regulatory actions that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population. Citation: Sub. Res. 224, I-15; Reaffirmation: I-17

**Recognition of Infertility as a Disease H-420.952**
Our AMA supports the World Health Organizations designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention. Citation: Res. 518, A-17

**Preconception Care H-425.976**
1. Our AMA supports the 10 recommendations developed by the Centers for Disease Control and Prevention for improving preconception health care that state:
   (1) Individual responsibility across the lifespan--each woman, man, and couple should be encouraged to have a reproductive life plan;
   (2) Consumer awareness--increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts;
   (3) Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes;
   (4) Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact);
   (5) Inter-conception care--use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth);
   (6) Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy;
   (7) Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and inter-conception care;
   (8) Public health programs and strategies--integrate components of pre-conception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes;
   (9) Research--increase the evidence base and promote the use of the evidence to improve preconception health; and
   (10) Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception health.
2. Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman's reproductive health. Citation: Res. 414, A-06; Reaffirmation I-07; Reaffirmed: CSAPH Rep. 01, A-17