

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 101
(A-22)

Introduced by: Young Physicians Section

Subject: Fertility Preservation Benefits for Active-Duty Military Personnel

Referred to: Reference Committee A

1 Whereas, According to Pentagon figures, over 200,000 women are in the active-duty U.S.
2 military, including 74,000 in the Army, 53,000 in the Navy, 62,000 in the Air Force, and 14,000 in
3 the Marine Corps in 2011;¹ and
4

5 Whereas, According to the U.S. Department of Veterans Affairs (VA), there were over 2 million
6 women veterans as of September 2015;² and
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8 Whereas, According to the 2012 Committee Opinion on “Health care for women in the military
9 and women Veterans” from the American College of Obstetricians and Gynecologists (ACOG),
10 “military service is associated with unique risks to women’s reproductive health
11 Obstetrician—gynecologists should be aware of high prevalence problems (e.g., posttraumatic
12 stress disorder, intimate partner violence, and military sexual trauma) that can threaten the
13 health and well-being of these women;”³ and
14

15 Whereas, Both men and women in our U.S. military can suffer from infertility, sometimes directly
16 as a result of blast traumas and spinal cord injuries;⁴ and
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18 Whereas, The U.S. Department of Defense (DOD) currently covers the cost of in vitro
19 fertilization (IVF) and infertility services for certain injured active duty personnel;⁵ and
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21 Whereas, Under current Tricare policy, active-duty military personnel and their dependents have
22 some limited coverage for infertility care and oocyte cryopreservation services at six specific
23 military treatment facilities: Walter Reed National Military Medical Center in Bethesda MD;
24 Womack Army Medical Center at Fort Bragg in Fayetteville NC; San Antonio Military Medical
25 Center in San Antonio TX; San Diego Naval Medical Center in San Diego CA; Tripler Army
26 Medical Center in Honolulu HI; Wright-Patterson Air Force Base Medical Center in Dayton OH;
27 and Madigan Army Medical Center in Seattle-Tacoma WA;^{6, 7} and
28

29 Whereas, This critical medical service is not fully available to active duty members of the military
30 and those working with the DOD; and
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32 Whereas, AMA Policy H-150.984 (3)(4) “Infertility Benefits for Veterans” states that:
33 3)“Our AMA encourages the Department of Defense (DOD) to offer service members fertility
34 counseling and information on relevant health care benefits through TRICARE and the VA at
35 pre-deployment and during the medical discharge process. 4) Our AMA supports efforts by the
36 DOD and VA to offer service members comprehensive health care services to preserve their
37 ability to conceive a child and provide treatment within the standard of care to address infertility
38 due to service-related injuries”;⁶ and

1 Whereas, Fertility preservation for medical indications (such as prior to cancer treatment, organ
2 transplants, or treatment for rheumatologic diseases) are covered under the VA but not covered
3 by the DOD; and
4

5 Whereas, AMA Policy H-185.990 "Infertility and Fertility Preservation Coverage," states that:
6 "Our AMA supports payment for fertility preservation therapy services by all payers when
7 iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as
8 determined by a licensed physician, and will lobby for appropriate federal legislation requiring
9 payment for fertility preservation therapy services by all payers when iatrogenic infertility may be
10 caused directly or indirectly by necessary medical treatments as determined by a licensed
11 physician;"⁷ and
12

13 Whereas, AMA Policy H-185.922 "Right for Gamete Preservation Therapies" states that:
14 "Our AMA supports insurance coverage for gamete preservation in any individual for whom a
15 medical diagnosis or treatment modality is expected to result in the loss of fertility;"⁸ therefore
16 be it
17

18 RESOLVED, That our American Medical Association work with interested organizations to
19 encourage TRICARE to cover fertility preservation procedures (cryopreservation of sperm,
20 oocytes, or embryos) for medical indications, for active-duty military personnel and other
21 individuals covered by TRICARE (Directive to Take Action); and be it further
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23 RESOLVED, That our AMA work with interested organizations to encourage TRICARE to cover
24 gamete preservation prior to deployment for active-duty military personnel (Directive to Take
25 Action); and be it further
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27 RESOLVED, That our AMA report back on this issue at the 2023 Annual Meeting of the AMA
28 House of Delegates. (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 03/17/22

References:

1. "By the Numbers: Women in the U.S. Military," by CNN.com on 1/24/13, accessed at: <http://www.cnn.com/2013/01/24/us/military-women-glance/> on 10/25/15
2. Department of Veterans Affairs, Office of Public Affairs, Fact Sheet, accessed at: <http://www.va.gov/WOMENVET/docs/WomenVeteransPopulationFactSheet.pdf> on 10/25/15
3. "Health care for women in the military and women Veterans. Committee Opinion No 547. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012; 120:1538-42.
4. "Helping Wounded Vets Start Families" by Rebecca Sokol (ASRM President) in the Baltimore Sun on 10/18/15, accessed at: <http://www.baltimoresun.com/news/opinion/oped/bs-ed-veterans-ivf-20151018-story.html> on 10/25/15.
5. "Access to Infertility Care: Challenges and Potential Solutions", by Erin Kramer (ASRM staff), ASRM 10/8/18.
6. AMA policy H-510.984 on "Infertility Benefits for Veterans"
7. AMA policy H-185.990 on "Infertility and Fertility Preservation Insurance Coverage"
8. AMA policy H-185.922 on "Right for Gamete Preservation Therapies"
9. AMA policy H-425.967 on "Disclosure of Risk to Fertility with Gonadotoxic Treatment"

RELEVANT AMA POLICY

Infertility and Fertility Preservation Insurance Coverage H-185.990

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility.
2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring

payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.

Citation: (Res. 150, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CMS Rep. 4, A-08; Appended: Res. 114, A-13; Modified: Res. 809, I-14)

Disclosure of Risk to Fertility with Gonadotoxic Treatment H-425.967

Our AMA: (1) supports as best practice the disclosure to cancer and other patients of risks to fertility when gonadotoxic treatment is used; and (2) supports ongoing education for providers who counsel patients who may benefit from fertility preservation.

Citation: Res. 512, A-19

Right for Gamete Preservation Therapies H-185.922

Our AMA supports insurance coverage for gamete preservation in any individual for whom a medical diagnosis or treatment modality is expected to result in the loss of fertility.

Citation: Res. 005, A-19

Right for Gamete Preservation Therapies H-65.956

1. Fertility preservation services are recognized by our AMA as an option for the members of the transgender and non-binary community who wish to preserve future fertility through gamete preservation prior to undergoing gender affirming medical or surgical therapies.

2. Our AMA supports the right of transgender or non-binary individuals to seek gamete preservation therapies.

Citation: Res. 005, A-19

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.

5. Our AMA supports additional research to better understand whether higher rates of infertility in servicewomen may be linked to military service, and which approaches might reduce the burden of infertility among service women.

Citation: CMS Rep. 01, I-16; Appended: Res. 513, A-19

Veterans Administration Health System H-510.991

Our AMA supports approaches that increase the flexibility of the Veterans Health Administration to provide all veterans with improved access to health care services.

Citation: CMS Rep. 8, A-99; Reaffirmed: CMS Rep. 5, A-09; Reaffirmed: CMS Rep. 01, A-19

Health Care for Veterans and Their Families D-510.994

Our AMA will: (1) work with all appropriate medical societies, the AMA National Advisory Council on Violence and Abuse, and government entities to assist with the implementation of all recommendations put forth by the President's Commission on Care for America's Wounded

Warriors; and (2) advocate for improved access to medical care in the civilian sector for returning military personnel when their needs are not being met by resources locally available through the Department of Defense or the Veterans Administration.

Citation: (BOT Rep. 6, A-08; Reaffirmed: Sub. Res. 709, A-15)

Health Care Policy for Veterans H-510.990

Our AMA encourages the Department of Veterans Affairs to continue to explore alternative mechanisms for providing quality health care coverage for United States Veterans, including an option similar to the Federal Employees Health Benefit Program (FEHBP).

Citation: (Sub. Res. 115, A-00; Reaffirmation I-03; Reaffirmed: CMS Rep. 4, A-13)

Ensuring Access to Safe and Quality Care for our Veterans H-510.986

1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans.
2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner.
3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long term solution for timely access to entitled care for eligible veterans.
4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration.
5. Our AMA supports access to clinical educational resources for all health care professionals involved in the care of veterans such as those provided by the U.S. Department of Veterans Affairs to their employees with the goal of providing better care for all veterans.
6. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains physicians and other health care professionals to deliver the safe, effective and high-quality care that our veterans have been promised and are owed.

Citation: Res. 231, A-14; Reaffirmation A-15; Reaffirmed: Sub. Res. 709, A-15; Modified: Res. 820, I-18; Modified: Res. 305, I-19

Access to Health Care for Veterans H-510.985

Our American Medical Association: (1) will continue to advocate for improvements to legislation regarding veterans' health care to ensure timely access to primary and specialty health care within close proximity to a veteran's residence within the Veterans Administration health care system; (2) will monitor implementation of and support necessary changes to the Veterans Choice Program's "Choice Card" to ensure timely access to primary and specialty health care within close proximity to a veteran's residence outside of the Veterans Administration health care system; (3) will call for a study of the Veterans Administration health care system by appropriate entities to address access to care issues experienced by veterans; (4) will advocate that the Veterans Administration health care system pay private physicians a minimum of 100 percent of Medicare rates for visits and approved procedures to ensure adequate access to care and choice of physician; (5) will advocate that the Veterans Administration health care system hire additional primary and specialty physicians, both full and part-time, as needed to provide care to veterans; and (6) will support, encourage and assist in any way possible all organizations, including but not limited to, the Veterans Administration, the Department of

Justice, the Office of the Inspector General and The Joint Commission, to ensure comprehensive delivery of health care to our nation's veterans.

Citation: Sub. Res. 111, A-15; Reaffirmed: CMS Rep. 06, A-17

Supporting Awareness of Stress Disorders in Military Members and Their Families H-510.988

Our AMA supports efforts to educate physicians and supports treatment and diagnosis of stress disorders in military members, veterans and affected families and continue to focus attention and raise awareness of this condition in partnership with the Department of Defense and the Department of Veterans Affairs.

Citation: Sub. Res. 401, A-10; Reaffirmed in lieu of: Res. 001, I-16

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