

FAQ: Actions by the Department of Defense Regarding Abortion and Reproductive Health Care Access for Military Families

In response to the Supreme Court's extremist decision in *Dobbs v. Jackson Women's Health Organization* (*Dobbs*) declaring that there is no constitutional right to abortion, the Department of Defense (DoD), took critical action in October of 2022, [announcing important changes](#) to safeguard access to abortion and fertility care for service members and their families.

However, on January 29, 2025, Trump's Defense Secretary Pete Hegseth rescinded key components of these policies for abortion access. These changes will have harmful consequences for service members who already face significant barriers to care. The FAQ below explains current restrictions on access to abortion in the military and DoD's changes to policy since October 2022.

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1. What abortion restrictions currently apply to military service members and their families?

Federal law [prohibits](#) DoD from providing abortion services at military treatment facilities (MTFs) except in cases of rape, incest, or to save the pregnant person's life. Additionally, federal law prohibits TRICARE, the military health insurance program, from covering abortion except under the same limited circumstances. These restrictions are an extension of the harmful Hyde Amendment, which denies abortion coverage to individuals enrolled in the federal Medicaid program and has been expanded to other programs as well, including the military health care system.

These bans mean that service members and their dependents face a major barrier to abortion care no matter where they are stationed. If they need abortion care, but do not meet one of the extremely limited exceptions, service members or their dependents are forced to go outside of the military health care system and off base, navigate the maze of state bans and restrictions, and pay for the care out of pocket.

2. What abortion protections were rescinded by the Trump Administration?

On January 29, 2025, Secretary Hegseth [rescinded](#) the following Department policies that had expanded access to abortion care:¹

- Providing allowances, or payments, for travel and lodging for service members and dependents—and attendants and escorts if the individual is unable to travel alone—to travel to the closest medical facility.²
- Directing the Armed Services to standardize their administrative absence policies, ensuring that service members can take non-chargeable time off from serving to be able to travel for care.³
- Requiring commanders to use “objectivity, compassion, and discretion” when considering a service member’s health care information with regards to abortion.

3. What do these changes mean for access to fertility care in the military?

Currently, TRICARE does not cover certain assisted reproductive services, including intrauterine insemination.

However, according to a DoD memo, service members and dependents who need fertility care that they cannot access in the military should be able to obtain travel and transportation allowances, as well as take administrative absence, for the fertility care they need.⁴

4. Why are protections for abortion care so critical for those who serve and their loved ones?

Since the extremist *Dobbs* decision, states have moved to enact abortion bans and restrictions that have harmed countless people. But military families have always faced their own unique barriers to care, and these barriers have only grown in the aftermath of the Supreme Court’s decision to overturn *Roe v. Wade*.

The Military Health System (MHS) serves approximately 1.62 million women of reproductive age (15-45)⁵ and over two million MHS beneficiaries live in the 12 states where abortion is banned.⁶ An estimated several thousand transgender men who may require abortion care also serve on active duty in the Armed Forces and in the reserve components, in addition to non-binary members and those who identify with a different gender.⁷ The harms of abortion restrictions fall most heavily on people who already face barriers to accessing health care, including people with low incomes—such as junior service members—and Black, Indigenous, and people of color, immigrants, young people, people with disabilities, the LGBTQI+ community, and those living in rural and other medically underserved areas.

Service members cannot choose where they are stationed and require permission to seek care off-base, meaning they are at the mercy of their commander to take time off or leave their local duty station for care. And they often face stigma, discrimination, and harassment for seeking abortion care, or even for becoming pregnant.

Many service members face economic insecurity. Abortion bans across the country put these service members at further risk financially – or may ultimately force a service member or dependent to carry a pregnancy to term against their will. For instance, Texas and Georgia have some of the highest populations of military personnel in the country. These two states also experienced the largest declines in the number of abortions during the six-month period after the *Dobbs* decision, with many residents traveling out of state for an abortion.⁸

For a Private (E1) in the military who needs an abortion – and is making less than \$28,000 a year⁹ – taking time off, renting a car, booking a flight, finding a hotel, or paying for the procedure itself may ultimately be too costly, meaning they will be denied access to abortion simply because they can't afford it.

That's why the Trump Administration's decision to rescind key military travel and leave benefits for abortion is so devastating. Access to abortion should not depend on how much money someone makes, or where they live or are stationed.

5. Why are protections for abortion so critical for military health care providers?

In 2022, DoD made important changes recognizing that the decision to have an abortion should belong to the pregnant person, in consultation with their health care provider—without political interference.

Providers must have the ability to provide appropriate, necessary and compassionate care to their patients. But since the lawless overturning of *Roe v. Wade*, many providers cannot provide that care because of the wave of state laws restricting and banning abortion. As a result, patients have been turned away for care they need or forced to delay their care until their condition becomes critical;¹⁰ other patients risk losing access to the medication they need even if they are not seeking an abortion.¹¹

In states that restrict abortion, DoD providers are subject to unique challenges and compounding restrictions when attempting to provide abortion care. DoD must support its providers who may be subject to legal or adverse actions. Protecting their providers in turn helps service members and their families build the futures they want.

6. I'm a military service member (or dependent of one). Where can I go to find resources for reproductive health care?

For help finding an abortion or learning more about resources and assistance in your state, visit [INeedanA.com](https://www.INeedanA.com) and [AbortionFinder.org](https://www.AbortionFinder.org).

If you need help paying for certain legal expenses because you are an abortion patient or supporter - individuals and entities who sought abortion or helped someone obtain an abortion or information about abortion care - see the [Abortion Access Legal Defense Fund](#) for more information.

There are existing laws and policies that protect access to contraceptive care for service members and dependents. TRICARE beneficiaries are not subject to copays for contraception when obtaining a prescription at an MTF. And due to a new provision recently passed into law, non-active duty service members and dependents who were previously charged a copay for contraception obtained through mail order or at a retail pharmacy are no longer subject to a copay for their prescription.

In addition, people who can become pregnant no longer have to pay out-of-pocket for surgical sterilization services, often referred to as getting your tubes tied. Some contraceptives, like intrauterine devices (IUDs), shots, implants, or diaphragm

measurement and fitting, no longer require cost-sharing or copayments; however, Opill, the first over-the-counter birth control medication, does currently require a prescription in order to obtain it without copay. If you have questions about out-of-pocket costs for your birth control, contact NWLC's [CoverHer hotline](#) for help.

7. What should policymakers do to establish better protections for abortion care in the military?

It is DoD's responsibility to protect the health and safety of military families. At minimum, the agency should reinstate policies that help service members and dependents access abortion care, especially if they need to travel off-base. This includes a transportation and travel allowance, as well as administrative absence. Congress should pass the [Access to Reproductive Care for Servicemembers Act](#) and the [Protecting Service Members and Military Families' Access to Health Care Act](#) to codify these key travel policies.

However, service members and dependents still face bans on abortion in the military, with limited exceptions. Congress must pass the Military Access to Reproductive Care and Health for Military Servicemembers (MARCH) Act to eliminate the bans on abortion in TRICARE and at MTFs. For more information about the bill and why it's so critical for service members and dependents, see [NWLC's fact sheet](#).

- 1 See Memorandum for Military Advisory Panel on UTD for MAP 04-25(S), "Remove Travel for Non-Covered Reproductive Health Care Services" (January 29, 2025), Department of Defense, [https://media.defense.gov/2025/Jan/29/2003634768/-1/-1/0/UTD_FOR_MAP_04-25\(S\)_REMOVE-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF](https://media.defense.gov/2025/Jan/29/2003634768/-1/-1/0/UTD_FOR_MAP_04-25(S)_REMOVE-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF).
- 2 See Memorandum on Military Advisory Panel Item 86-22(R), Paragraph 033013 "Travel for Non-Covered Reproductive Health Care Services" (February 16, 2023), Department of Defense, <https://media.defense.gov/2023/Feb/16/2003163300/-1/-1/1/MEMORANDUM-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF>.
- 3 See Memorandum on Administrative Absence for Non-Covered Reproductive Health Care (February 16, 2023), Department of Defense, <https://media.defense.gov/2023/Feb/16/2003163307/-1/-1/1/MEMORANDUM-ADMINISTRATIVE-ABSENCE-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE.PDF>.
- 4 See Memorandum for Military Advisory Panel on UTD for MAP 08-25(I), "Reestablish Travel for Non-Covered Assisted Reproductive Technology (ART)" (February 4, 2025), Department of Defense, [https://media.defense.gov/2025/Feb/05/2003637829/-1/-1/0/UTD_FOR_MAP_08-25\(I\)_REESTABLISH_TRAVEL_FOR_NON-COVERED_ASSISTED_REPRODUCTIVE_TECHNOLOGY_\(ART\).PDF](https://media.defense.gov/2025/Feb/05/2003637829/-1/-1/0/UTD_FOR_MAP_08-25(I)_REESTABLISH_TRAVEL_FOR_NON-COVERED_ASSISTED_REPRODUCTIVE_TECHNOLOGY_(ART).PDF).
- 5 Kristy N. Kamarck and Bryce H.P. Mendez, *FY2023 NDAA: Military Abortion Policies*, Congressional Research Service (March 21, 2023), <https://crsreports.congress.gov/product/pdf/IN/IN11960>.
- 6 Health.mil, "Patient Numbers By State," <https://www.health.mil/News/Media-Resources/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State> (last accessed May 8, 2025). Allison McCann and Amy Schoenfeld Walker, *Tracking Abortion Bans Across the Country*, *NEW YORK TIMES* (April 28, 2025 at 4:51 ET), <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html>.
- 7 Konstantin Toropin and Thomas Novelly, *Trump Reportedly Weighs Immediate Discharge of All Transgender Troops. Here's What That Would Mean.*, *MILITARY.COM* (November 25, 2024 at 5:32 ET), <https://www.military.com/daily-news/2024/11/25/trump-reportedly-weighs-immediate-discharge-of-all-transgender-troops-heres-what-would-mean.html>.
- 8 #WeCount Report April 2022 to December 2022, Society of Family Planning (April 11, 2023), <https://doi.org/10.46621/143729dhcsyz>.
- 9 Defense Finance and Accounting Services, "Basic Pay – Enlisted Effective April 1, 2025," <https://www.dfas.mil/MilitaryMembers/payentitlements/Pay-Tables/Basic-Pay/EM/> (last accessed May 8, 2025).
- 10 Reese Oxner & Maria Mendez, *Texas Hospitals are Putting Pregnant Patients at Risk by Denying Care Out of Fear of Abortion Laws*, *Medical Group Says*, *TEX. TRIBUNE* (July 15, 2022), <https://www.texastribune.org/2022/07/15/texas-hospitals-abortion-laws/>.
- 11 Roe Reversal: The Impacts of Taking Away the Constitutional Right to an Abortion, Hearing Before the Subcomm. on Oversight and Investigations Comm. on Energy and Com. U.S. H.R. 3-4 (2022) (statement of Jack Resneck, President of the Am. Med. Ass'n), https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Witness%20Testimony_Resneck_OI_2022.07.19_Redacted.pdf.