

DATE

MEMORANDUM FOR: SQ/CC

SUBJECT: Request for Travel Authorization for Non-Covered Reproductive Health Care

IAW Military Advisory Panel Item 86-22(R), Paragraph 033013 “Travel for Non-Covered Reproductive Health Care Services”, dated 16 Feb 2023, I am requesting travel and transportation allowances for lawfully available non-covered reproductive health care. In support of this request, I attest that the following statements are true:

- 1) Timely access to non-covered reproductive health care services is not available within the local area of my Permanent Duty Station (PDS), Temporary Duty (TDY) location, or the last location my dependent was transported on Government orders.
- 2) I am or my dependent is seeking a non-covered abortion. A licensed medical provider has validated the pregnancy and substantiating documentation has been provided.
OR
I am or my spouse is seeking non-covered assisted reproductive technology (ART). Attached is confirmation by the licensed health care provider or clinic that will be performing the ART services and related substantiating documentation, including details of the procedures to be performed, dates of consultation appointments and/or procedures, and any of the following: identification of a treatment plan schedule, medical diagnosis, or patient name. I do not intend to sell, offer for sale, or receive proceeds from a sale resulting from an ART procedure.
- 3) Based on a reasonable search, the closest available, capable medical facility for the non-covered reproductive health care service I am, or my dependent or spouse is, receiving is [LOCATION of care].
- 4) I understand that if I receive, or my dependent or spouse receives, care somewhere other than the closest available capable medical center, a cost comparison will be done to determine reimbursement.
- 5) I am, or my dependent or spouse is, receiving care at [LOCATION of care].

MEMBER SIGNATURE BLOCK