



SECRETARY OF THE ARMY
WASHINGTON

27 FEB 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2023-05 (Administrative Absence for Non-covered Reproductive Health Care)

1. References.

- a. Department of Defense (DoD) (Joint Travel Regulations (JTR)), 1 February 2023
- b. DoD Instruction 1327.06 (Leave and Liberty Policy and Procedures), 16 June 2009, incorporating Change 4, effective 15 January 2021
- c. Under Secretary of Defense (Personnel and Readiness) memorandum (Administrative Absence for Non-covered Reproductive Health Care), 16 February 2023
- d. Army Regulation (AR) 40-66 (Medical Record Administration and Healthcare Documentation), 17 June 2008, incorporating Rapid Action Revision, 4 January 2010
- e. AR 600-8-10 (Leaves and Passes), 3 June 2020

2. Purpose. This directive implements Army and DoD policy changes for administrative absence associated with non-covered reproductive health care.

3. Applicability. This policy applies to the Regular Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.

4. Policy. For the definitions of terms used in this directive, see the enclosure. Where this directive conflicts with any other policy or procedural guidance, this directive is controlling. Effective immediately:

- a. Commanders are responsible to meet operational requirements and protect the health and safety of Soldiers in their care. Commanders will exercise objectivity, compassion, and discretion when addressing all healthcare matters, including reproductive healthcare matters, and have a duty to enforce existing policies against discrimination and retaliation in the context of reproductive healthcare choices.

- b. Eligible Soldiers will be able to access lawfully available non-covered reproductive health care, as defined in the enclosure to this directive, regardless of where they are stationed.

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c. Eligible Soldiers may request an administrative absence from their normal duty station without being charged leave to access non-covered reproductive health care. Requests must include supporting documentation to certify medical provider validation of the medical condition and location of care.

d. Company-level, or equivalent, commanders may approve an administrative absence for a period of up to 21 days per request for eligible Soldiers to receive or accompany a dependent or dual-military spouse who receives non-covered reproductive health care.

e. The authority to disapprove a request for an administrative absence to receive or accompany a dependent or dual-military spouse who receives non-covered reproductive health care is withheld to brigade-level, or equivalent, commanders with a servicing legal advisor. The time from submission of a valid request to approval or disapproval will not exceed 7 business days.

f. The period of absence will be limited to the minimum number of days essential to receive the required care and travel needed to access the care by the most expeditious means of transportation practical.

g. This administrative absence may be granted regardless of whether such care is available within the local area of the eligible Soldier's duty location, as defined in section 0206 of reference 1a, or whether the dependent or dual-military spouse resides with or is geographically separated from the Soldier.

h. Requests for administrative absence will be given all due consideration and will be granted to the greatest extent practicable, unless, in the judgment of the commander, the Soldier's absence would impair proper execution of the military mission.

i. Eligible Soldiers will not be granted an administrative absence if their intention is to sell, to offer for sale, or to receive proceeds from a sale resulting from an assisted reproductive technology (ART) procedure while on, or in connection with taking, such absence.

j. In considering the mission impact of a Soldier's request for an administrative absence for non-covered reproductive health care—for example, where recurring care may be necessary over a period of time—commanders will coordinate with the eligible Soldier to balance operational requirements and the healthcare schedule. Soldiers may need to disclose a minimum amount of health information necessary for commanders to authorize the administrative absence.

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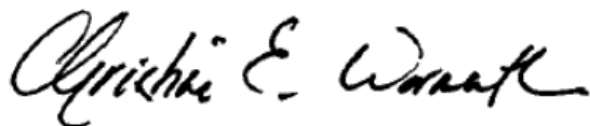
k. Commanders will not levy additional requirements on the Soldier (including, but not limited to, consultations with a chaplain, other forms of counseling, or medical testing except as prescribed in paragraph 4c of this directive) prior to approving or denying the absence.

l. Commanders may also grant a Soldier convalescent leave following receipt of non-covered reproductive health care based on a recommendation of a DoD healthcare provider or a civilian healthcare provider from whom the Soldier is receiving care.

m. Consistent with existing law and Army policy, commanders will protect the privacy of protected health information they receive under this policy. Such healthcare information will be restricted to personnel with a specific need to know. That is, access to the information must be necessary for the conduct of official duties. Personnel will also be accountable for safeguarding this healthcare information consistent with existing law and reference 1d.

5. Proponent. The Assistant Secretary of the Army (Manpower and Reserve Affairs) is the proponent for this policy. The Deputy Chief of Staff, G-1 will incorporate its provisions into AR 600–8–10 within 2 years of the date of this directive.

6. Duration. This directive is rescinded on publication of the revised regulation.



Christine E. Wormuth

Encl

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DEFINITIONS

assisted reproductive technology (ART): Only the following components of ART are included for purposes of authorized absences and official travel for non-covered reproductive health care:

- ovarian stimulation and egg retrieval, including any needed medications and procedures required for retrieval, processing, and utilization for ART or cryopreservation
- sperm collection and processing for ART or cryopreservation
- intrauterine insemination (IUI)
- in vitro fertilization (IVF), inclusive of these procedures for beneficiaries when clinically indicated: IVF with fresh embryo transfer; gamete intrafallopian transfer (GIFT); zygote intrafallopian transfer (ZIFT); pronuclear stage tubal transfer (PROST); tubal embryo transfer (TET); and frozen embryo transfer

covered abortion: An abortion, either medical or surgical, where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.

eligible Soldier: For the purposes of this administrative absence guidance, active Soldiers, including Reserve or National Guard Soldiers when on active-duty orders for 30 or more consecutive days.

non-covered abortion: An abortion, either medical or surgical, that is not a covered abortion.

non-covered reproductive health care: Lawfully available ART and non-covered abortion.

reproductive health care: Addresses the reproductive processes, functions, and systems at all stages of life, including, but not limited to, sexual health, treatment of sexually transmitted infections, contraception, menstrual suppression, treatment of urogenital conditions, maternal health, pregnancy, and abortion.

Enclosure