

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Health

October 2, 2026

**Docket HHS-OASH-2026-0397: Request for Information on
Electromagnetic Fields (EMFs), Radiofrequency (RF)
Radiation, and Wireless Radiation Exposure**

To the Office of the Assistant Secretary for Health:

RRM Foundation, which operates RRM Academy (rrmacademy.org), is a 501(c)(3) nonprofit organization that educates clinicians and the public in restorative reproductive medicine, the field that identifies and treats the underlying causes of reproductive and gynecologic conditions. We respond to Questions 2, 10, 11, 16, and 18. Our recommendations ask HHS to include reproductive endpoints in both men and women in its review.

Question 2: Perspective

This response represents a nonprofit educational organization. It is based on peer-reviewed research.

Questions 16 and 18: Male reproductive endpoints

The evidence on RF/EMF and semen quality fits the category the RFI calls emerging findings. Adams and colleagues (2014) pooled ten in vitro and observational studies with 1,492 samples. Mobile phone exposure was associated with reduced sperm motility (mean difference -8.1 percent; 95 percent confidence interval -13.1 to -3.2). Findings for viability and concentration were less certain. Rahban and colleagues (2023) studied 2,886 young Swiss men. Use of a mobile phone more than 20 times per day was associated with lower total sperm count and with a higher risk that concentration and total count fell below World Health Organization reference values. The association weakened across study periods, which the authors relate to lower phone output power, and they call for prospective studies with improved exposure assessment.

A 2024 systematic review by Kenny and colleagues, commissioned for the World Health Organization, rated the evidence on sperm outcomes as very uncertain. It cited exposure characterization bias as a recurring limitation.

We recommend that HHS list male fertility, measured by semen parameters and time to pregnancy, as a priority research gap. Prospective cohorts should measure exposure directly where feasible.

Questions 10 and 16: Female ovulatory-cycle endpoints

The companion review of female outcomes by Johnson and colleagues (2024) examined preterm birth, small for gestational age, miscarriage, stillbirth, low birth weight, and

congenital anomalies. It found the evidence very uncertain. Its outcome list did not include menstrual cycle characteristics or ovulation.

That gap matters. The American College of Obstetricians and Gynecologists recommends using the menstrual cycle as a vital sign in girls and adolescents (Committee Opinion No. 651, 2015). Prospective measurement of ovulation at home is feasible. In a preliminary study of 21 women over three cycles, Bouchard and colleagues (2021) found that two home urinary hormone monitors each provided an accurate estimate of the fertile window.

In response to Question 10(d), we recommend that longitudinal cohort studies collect prospective cycle data from participating women, including cycle length, ovulation confirmed by hormone measurement, and luteal phase length.

Question 11: Couples seeking pregnancy

Under Question 11(g), we recommend that HHS identify couples seeking pregnancy as a population for distinct consideration. Reproductive outcomes such as time to pregnancy depend on both partners. Studies should therefore measure exposure in the man and the woman and report outcomes at the level of the couple.

For background on male factor infertility, see <https://rrmacademy.org/glossary/male-factor-infertility/>. For a description of prospective cycle charting, see <https://rrmacademy.org/glossary/fertility-charting/>.

Thank you for the opportunity to respond to this request for information.

Respectfully submitted,

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References

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