

2026 -- H 7629

LC004607

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Alzate, Kazarian, Felix, Fogarty, Furtado, Messier,
Edwards, Bennett, Kislak, and McEntee

Date Introduced: February 11, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-30 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-30. Health insurance contracts — Infertility.**

4 (a) Any health insurance contract, plan, or policy delivered or issued for delivery or
5 renewed in this state, except contracts providing supplemental coverage to Medicare or other
6 governmental programs, that includes pregnancy-related benefits, shall provide coverage for
7 medically necessary expenses of diagnosis and treatment of infertility ~~for women between the ages~~
8 ~~of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation services. ~~when~~
9 ~~a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a~~
10 ~~covered person. To the extent that a health insurance contract provides reimbursement for a test or~~
11 ~~procedure used in the diagnosis or treatment of conditions other than infertility, the tests and~~
12 ~~procedures shall not be excluded from reimbursement when provided attendant to the diagnosis~~
13 ~~and treatment of infertility for women between the ages of twenty five (25) and forty two (42)~~
14 ~~years; provided, that a subscriber copayment not to exceed twenty percent (20%) may be required~~
15 ~~for those programs and/or procedures the sole purpose of which is the treatment of infertility.~~

16 ~~(b) For purposes of this section, "infertility" means the condition of an otherwise~~
17 ~~presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of~~
18 ~~one year.~~

19 (b) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,

1 this section shall apply to blanket or group policies of insurance.

2 (c) For the purposes of this section, the following terms shall have the following meanings:

3 (1) "Infertility" means:

4 (i) The presence of a condition recognized by a healthcare provider that impacts an
5 individual's ability to establish a pregnancy or carry a pregnancy to live birth, based on an
6 individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or
7 any combination of those factors. This condition includes infertility arising from a disability or
8 medical treatments or conditions associated with a disability;

9 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
10 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
11 partner have the necessary gametes to establish a pregnancy. Pregnancy loss does not restart the
12 twelve (12) month time period;

13 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
14 sexual intercourse or carry a pregnancy to live birth due to an individual's age when the individual
15 and the individual's partner have the necessary gametes to establish pregnancy. Pregnancy loss
16 does not restart the twelve (12) month time period;

17 (iv) An individual's inability to establish a pregnancy because the individual or the
18 individual and the individual's partner do not have the necessary gametes to establish a pregnancy;

19 (v) An individual's increased risk, independently or with the individual's partner, of
20 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or

21 (vi) As defined by the American Society of Reproductive Medicine.

22 ~~(e) For purposes of this section, "standard fertility preservation services"~~ (2) "Standard
23 fertility-preservation services" means procedures, counseling, products, medications, genetic
24 testing, and services intended to preserve fertility consistent with established medical practices and
25 professional guidelines published by the American Society for Reproductive Medicine or, the
26 American Society of Clinical Oncology, or other reputable professional medical organizations, for
27 an individual who has a medical or genetic condition, including conditions related to a disability or
28 chronic illness, or who is expected to undergo treatment that has a possible side effect of or may
29 directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the
30 procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

31 ~~(d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by~~
32 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
33 ~~processes.~~

34 ~~(e) For purposes of this section, "may directly or indirectly cause" means treatment with a~~

1 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
2 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

3 ~~(f) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,~~
4 ~~this section shall apply to blanket or group policies of insurance.~~

5 ~~(g) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
6 ~~thousand dollars (\$100,000).~~

7 (d) Coverage for the treatment of infertility under this section shall be provided without
8 discrimination on the basis of age, ancestry, disability, domestic partner status, ethnicity, gender
9 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
10 orientation.

11 (e) Coverage for the treatment of infertility under this section shall include, but shall not
12 be limited to:

13 (1) At least four (4) complete oocyte retrievals with unlimited embryo transfers from those
14 oocyte retrievals or from any oocyte retrieval;

15 (2) The medical costs related to an embryo transfer to be made from or on behalf of an
16 insured to a third party;

17 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
18 will be transferred to a surrogate; and

19 (4) Procedures necessary to screen or diagnose a fertilized egg before transfer including,
20 but not limited to, preimplantation genetic testing.

21 (f) An insurer described in subsection (a) of this section shall not impose any of the
22 following:

23 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
24 other limitations on coverage for the diagnosis and treatment of infertility, including the
25 prescription of fertility medications, different from those imposed on benefits for services not
26 related to infertility;

27 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
28 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
29 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
30 required benefits;

31 (3) Limitations on coverage based solely on arbitrary factors, including number of
32 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
33 on, a class protected under § 23-17-19.1, than that provided to other insureds;

34 (4) Impose any limitations on coverage required under this section based on an individual's

1 use of donor gametes, donor embryos or surrogacy;

2 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
3 are different from those imposed on any other prescription medications; or

4 (6) Limitations under the policy based on anything other than the medical assessment of
5 an individual's licensed healthcare provider.

6 (g) An insurer described in subsection (a) of this section shall provide coverage under this
7 section regardless of whether the insured foregoes a particular fertility treatment or procedure, if
8 the insured's healthcare provider determines that the treatment or procedure is likely to be
9 unsuccessful or the insured seeks to use previously retrieved oocytes or embryos.

10 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any
11 clinical guidelines used for a policy subject to the requirements of this section shall be based on
12 current guidelines developed by the American Society for Reproductive Medicine or the American
13 Society of Clinical Oncology.

14 SECTION 2. Section 27-19-23 of the General Laws in Chapter 27-19 entitled "Nonprofit
15 Hospital Service Corporations" is hereby amended to read as follows:

16 **27-19-23. Coverage for infertility.**

17 (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for
18 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
19 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
20 for medically necessary expenses of diagnosis and treatment of infertility ~~for women between the~~
21 ~~ages of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation services,
22 ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility~~
23 ~~to a covered person. To the extent that a nonprofit hospital service corporation provides~~
24 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
25 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
26 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty five~~
27 ~~(25) and forty two (42) years; provided, that a subscriber copayment, not to exceed twenty percent~~
28 ~~(20%), may be required for those programs and/or procedures the sole purpose of which is the~~
29 ~~treatment of infertility.~~

30 ~~(b) For purposes of this section, "infertility" means the condition of an otherwise~~
31 ~~presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of~~
32 ~~one year.~~

33 (b) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
34 this section shall apply to blanket or group policies of insurance.

1 (c) For the purposes of this section, the following terms shall have the following meanings:

2 (1) "Infertility" means:

3 (i) The presence of a condition recognized by a healthcare provider that impacts an
4 individual's ability to establish a pregnancy or carry a pregnancy to live birth, based on an
5 individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or
6 any combination of those factors. This condition includes infertility arising from a disability or
7 medical treatments or conditions associated with a disability;

8 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
9 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
10 partner have the necessary gametes to establish a pregnancy. Pregnancy loss does not restart the
11 twelve (12) month time period;

12 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
13 sexual intercourse or carry a pregnancy to live birth due to an individual's age when the individual
14 and the individual's partner have the necessary gametes to establish pregnancy. Pregnancy loss
15 does not restart the twelve (12) month time period;

16 (iv) An individual's inability to establish a pregnancy because the individual or the
17 individual and the individual's partner do not have the necessary gametes to establish a pregnancy;

18 (v) An individual's increased risk, independently or with the individual's partner, of
19 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or

20 (vi) As defined by the American Society of Reproductive Medicine.

21 ~~(e) For purposes of this section, "standard fertility preservation services"~~ (2) "Standard
22 fertility-preservation services" means procedures, counseling, products, medications, genetic
23 testing, and services intended to preserve fertility consistent with established medical practices and
24 professional guidelines published by the American Society for Reproductive Medicine, the
25 American Society of Clinical Oncology, ~~or other reputable professional medical organizations,~~ for
26 an individual who has a medical or genetic condition, including conditions related to a disability or
27 chronic illness, or who is expected to undergo treatment that has a possible side effect of or may
28 directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the
29 procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

30 ~~(d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by~~
31 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
32 ~~processes.~~

33 ~~(e) For purposes of this section, "may directly or indirectly cause" means treatment with a~~
34 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~

1 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

2 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
3 ~~thousand dollars (\$100,000).~~

4 (d) Coverage for the treatment of infertility under this section shall be provided without
5 discrimination on the basis of age, ancestry, disability, domestic partner status, ethnicity, gender
6 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
7 orientation.

8 (e) Coverage for the treatment of infertility under this section shall include, but shall not
9 be limited to:

10 (1) At least four (4) complete oocyte retrievals with unlimited embryo transfers from those
11 oocyte retrievals or from any oocyte retrieval;

12 (2) The medical costs related to an embryo transfer to be made from or on behalf of an
13 insured to a third party;

14 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
15 will be transferred to a surrogate; and

16 (4) Procedures necessary to screen or diagnose a fertilized egg before transfer including,
17 but not limited, to preimplantation genetic testing.

18 (f) An insurer described in subsection (a) of this section shall not impose any of the
19 following:

20 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
21 other limitations on coverage for the diagnosis and treatment of infertility, including the
22 prescription of fertility medications, different from those imposed on benefits for services not
23 related to infertility;

24 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
25 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
26 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
27 required benefits;

28 (3) Limitations on coverage based solely on arbitrary factors, including number of
29 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
30 on, a class protected under § 23-17-19.1, than that provided to other insureds;

31 (4) Impose any limitations on coverage required under this section based on an individual's
32 use of donor gametes, donor embryos or surrogacy;

33 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
34 are different from those imposed on any other prescription medications; or

1 (6) Limitations under the policy based on anything other than the medical assessment of
2 an individual's licensed healthcare provider.

3 (g) An insurer described in subsection (a) of this section shall provide coverage under this
4 section regardless of whether the insured foregoes a particular fertility treatment or procedure, if
5 the insured's healthcare provider determines that the treatment or procedure is likely to be
6 unsuccessful or the insured seeks to use previously retrieved oocytes or embryos.

7 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any
8 clinical guidelines used for a policy subject to the requirements of this section shall be based on
9 current guidelines developed by the American Society for Reproductive Medicine or the American
10 Society of Clinical Oncology.

11 SECTION 3. Section 27-20-20 of the General Laws in Chapter 27-20 entitled "Nonprofit
12 Medical Service Corporations" is hereby amended to read as follows:

13 **27-20-20. Coverage for infertility.**

14 (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for
15 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
16 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
17 for the medically necessary expenses of diagnosis and treatment of infertility ~~for women between~~
18 ~~the ages of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation
19 services, ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic~~
20 ~~infertility to a covered person. To the extent that a nonprofit medical service corporation provides~~
21 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
22 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
23 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty five~~
24 ~~(25) and forty two (42) years; provided, that subscriber copayment, not to exceed twenty percent~~
25 ~~(20%), may be required for those programs and/or procedures the sole purpose of which is the~~
26 ~~treatment of infertility.~~

27 ~~(b) For purposes of this section, "infertility" means the condition of an otherwise~~
28 ~~presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of~~
29 ~~one year.~~

30 (b) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
31 this section shall apply to blanket or group policies of insurance.

32 (c) For the purposes of this section, the following terms shall have the following meanings:

33 (1) "Infertility" means:

34 (i) The presence of a condition recognized by a healthcare provider that impacts an

1 individual's ability to establish a pregnancy or carry a pregnancy to live birth, based on an
2 individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or
3 any combination of those factors. This condition includes infertility arising from a disability or
4 medical treatments or conditions associated with a disability;

5 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
6 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
7 partner have the necessary gametes to establish a pregnancy. Pregnancy loss does not restart the
8 twelve (12) month time period;

9 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
10 sexual intercourse or carry a pregnancy to live birth due to an individual's age when the individual
11 and the individual's partner have the necessary gametes to establish pregnancy. Pregnancy loss
12 does not restart the twelve (12) month time period;

13 (iv) An individual's inability to establish a pregnancy because the individual or the
14 individual and the individual's partner do not have the necessary gametes to establish a pregnancy;

15 (v) An individual's increased risk, independently or with the individual's partner, of
16 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or

17 (vi) As defined by the American Society of Reproductive Medicine.

18 ~~(e) For purposes of this section, "standard fertility preservation services" (2) "Standard~~
19 ~~fertility-preservation services" means procedures, counseling, products, medications, genetic~~
20 ~~testing, and services intended to preserve fertility consistent with established medical practices and~~
21 ~~professional guidelines published by the American Society for Reproductive Medicine, the~~
22 ~~American Society of Clinical Oncology, or other reputable professional medical organizations, for~~
23 ~~an individual who has a medical or genetic condition, including conditions related to a disability or~~
24 ~~chronic illness, or who is expected to undergo treatment that has a possible side effect of or may~~
25 ~~directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the~~
26 ~~procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.~~

27 ~~(d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by~~
28 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
29 ~~processes.~~

30 ~~(e) For purposes of this section, "may directly or indirectly cause" means treatment with a~~
31 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
32 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

33 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
34 ~~thousand dollars (\$100,000).~~

1 (d) Coverage for the treatment of infertility under this section shall be provided without
2 discrimination on the basis of age, ancestry, disability, domestic partner status, ethnicity, gender
3 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
4 orientation.

5 (e) Coverage for the treatment of infertility under this section shall include, but shall not
6 be limited to:

7 (1) At least four (4) complete oocyte retrievals with unlimited embryo transfers from those
8 oocyte retrievals or from any oocyte retrieval;

9 (2) The medical costs related to an embryo transfer to be made from or on behalf of an
10 insured to a third party;

11 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
12 will be transferred to a surrogate; and

13 (4) Procedures necessary to screen or diagnose a fertilized egg before transfer including,
14 but not limited to, preimplantation genetic testing.

15 (f) An insurer described in subsection (a) of this section shall not impose any of the
16 following:

17 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
18 other limitations on coverage for the diagnosis and treatment of infertility, including the
19 prescription of fertility medications, different from those imposed on benefits for services not
20 related to infertility;

21 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
22 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
23 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
24 required benefits;

25 (3) Limitations on coverage based solely on arbitrary factors, including number of
26 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
27 on, a class protected under § 23-17-19.1, than that provided to other insureds;

28 (4) Impose any limitations on coverage required under this section based on an individual's
29 use of donor gametes, donor embryos or surrogacy;

30 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
31 are different from those imposed on any other prescription medications; or

32 (6) Limitations under the policy based on anything other than the medical assessment of
33 an individual's licensed healthcare provider.

34 (g) An insurer described in subsection (a) of this section shall provide coverage under this

1 section regardless of whether the insured foregoes a particular fertility treatment or procedure, if
2 the insured's healthcare provider determines that the treatment or procedure is likely to be
3 unsuccessful or the insured seeks to use previously retrieved oocytes or embryos.

4 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any
5 clinical guidelines used for a policy subject to the requirements of this section shall be based on
6 current guidelines developed by the American Society for Reproductive Medicine or the American
7 Society of Clinical Oncology.

8 SECTION 4. Section 27-41-33 of the General Laws in Chapter 27-41 entitled "Health
9 Maintenance Organizations" is hereby amended to read as follows:

10 **27-41-33. Coverage for infertility.**

11 (a) Any health maintenance organization service contract plan or policy delivered, issued
12 for delivery, or renewed in this state, except a contract providing supplemental coverage to
13 Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide
14 coverage for medically necessary expenses of diagnosis and treatment of infertility ~~for women~~
15 ~~between the ages of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation
16 services. ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic~~
17 ~~infertility to a covered person. To the extent that a health maintenance organization provides~~
18 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
19 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
20 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty five~~
21 ~~(25) and forty two (42) years; provided, that subscriber copayment, not to exceed twenty percent~~
22 ~~(20%), may be required for those programs and/or procedures the sole purpose of which is the~~
23 ~~treatment of infertility.~~

24 ~~(b) For purposes of this section, "infertility" means the condition of an otherwise healthy~~
25 ~~individual who is unable to conceive or sustain a pregnancy during a period of one year.~~

26 (b) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
27 this section shall apply to blanket or group policies of insurance.

28 (c) For the purposes of this section, the following terms shall have the following meanings:

29 (1) "Infertility" means:

30 (i) The presence of a condition recognized by a healthcare provider that impacts an
31 individual's ability to establish a pregnancy or carry a pregnancy to live birth, based on an
32 individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or
33 any combination of those factors. This condition includes infertility arising from a disability or
34 medical treatments or conditions associated with a disability;

1 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
2 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
3 partner have the necessary gametes to establish a pregnancy. Pregnancy loss does not restart the
4 twelve (12) month time period;

5 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
6 sexual intercourse or carry a pregnancy to live birth due to an individual's age when the individual
7 and the individual's partner have the necessary gametes to establish pregnancy. Pregnancy loss
8 does not restart the twelve (12) month time period;

9 (iv) An individual's inability to establish a pregnancy because the individual or the
10 individual and the individual's partner do not have the necessary gametes to establish a pregnancy;

11 (v) An individual's increased risk, independently or with the individual's partner, of
12 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or

13 (vi) As defined by the American Society of Reproductive Medicine.

14 ~~(e) For purposes of this section, "standard fertility preservation services" (2) "Standard~~
15 fertility-preservation services" means procedures, counseling, products, medications, genetic
16 testing, and services intended to preserve fertility consistent with established medical practices and
17 professional guidelines published by the American Society for Reproductive Medicine, the
18 American Society of Clinical Oncology, ~~or other reputable professional medical organizations,~~ for
19 an individual who has a medical or genetic condition, including conditions related to a disability or
20 chronic illness, or who is expected to undergo treatment that has a possible side effect of or may
21 directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the
22 procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

23 ~~(d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by~~
24 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
25 ~~processes.~~

26 ~~(e) For purposes of this section, "may directly or indirectly cause" means treatment with a~~
27 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
28 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

29 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
30 ~~thousand dollars (\$100,000).~~

31 (d) Coverage for the treatment of infertility under this section shall be provided without
32 discrimination on the basis of age, ancestry, disability, domestic partner status, ethnicity, gender
33 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
34 orientation.

1 (e) Coverage for the treatment of infertility under this section shall include, but shall not
2 be limited to:

3 (1) At least four (4) complete oocyte retrievals with unlimited embryo transfers from those
4 oocyte retrievals or from any oocyte retrieval;

5 (2) The medical costs related to an embryo transfer to be made from or on behalf of an
6 insured to a third party;

7 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
8 will be transferred to a surrogate; and

9 (4) Procedures necessary to screen or diagnose a fertilized egg before transfer including,
10 but not limited to, preimplantation genetic testing.

11 (f) An insurer described in subsection (a) of this section shall not impose any of the
12 following:

13 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
14 other limitations on coverage for the diagnosis and treatment of infertility, including the
15 prescription of fertility medications, different from those imposed on benefits for services not
16 related to infertility;

17 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
18 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
19 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
20 required benefits;

21 (3) Limitations on coverage based solely on arbitrary factors, including number of
22 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
23 on, a class protected under § 23-17-19.1, than that provided to other insureds;

24 (4) Impose any limitations on coverage required under this section based on an individual's
25 use of donor gametes, donor embryos or surrogacy;

26 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
27 are different from those imposed on any other prescription medications; or

28 (6) Limitations under the policy based on anything other than the medical assessment of
29 an individual's licensed healthcare provider.

30 (g) An insurer described in subsection (a) of this section shall provide coverage under this
31 section regardless of whether the insured foregoes a particular fertility treatment or procedure, if
32 the insured's healthcare provider determines that the treatment or procedure is likely to be
33 unsuccessful or the insured seeks to use previously retrieved oocytes or embryos.

34 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any

1 [clinical guidelines used for a policy subject to the requirements of this section shall be based on](#)
2 [current guidelines developed by the American Society for Reproductive Medicine or the American](#)
3 [Society of Clinical Oncology.](#)

4 SECTION 5. This act shall take effect on January 1, 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would amend the current law on health insurance coverage for fertility diagnostic
2 care, standard fertility preservation services, and fertility treatment and would require coverage for
3 any medically necessary ovulation-enhancing drugs and medical services related to prescribing and
4 monitoring the use of ovulation-enhancing drugs that is intended to treat infertility and establish a
5 pregnancy that results in a live birth.

6 This act would take effect on January 1, 2027.

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