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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: Senators Mack, Murray, DiMario, Valverde, Lauria, Kallman, Lawson,  
Vargas, Gu, and Euer  
Date Introduced: February 06, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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

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

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

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

(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

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

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

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

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

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

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

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

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

(1) "Infertility" means:

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

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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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