

2025 -- H 5629

LC000882

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND INSURANCE POLICIES

Introduced By: Representatives Alzate, Ajello, Kislak, Felix, Furtado, Stewart, Kazarian, Cruz, Diaz, and Fogarty

Date Introduced: February 26, 2025

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 a~~
9 ~~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 co-payment 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 as a cause of loss or
5 impairment of fertility, based on an individual's medical, sexual, and reproductive history, age,
6 physical findings, diagnostic testing, or any combination of those factors;

7 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
8 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
9 partner have the necessary gametes to establish a pregnancy;

10 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
11 sexual intercourse due to an individual's age when the individual and the individual's partner have
12 the necessary gametes to establish pregnancy;

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

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

18 (vi) As defined by the American Society of Reproductive Medicine, its successor
19 organization, or comparable organization.

20 (vii) Pregnancy resulting in a loss does not cause the time period of trying to establish a
21 pregnancy to be restarted.

22 ~~(e) For purposes of this section, "standard fertility preservation services"~~ (2) "Standard
23 fertility-preservation services" means procedures 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, its
26 successor organization, or a comparable organization, for an individual who has a medical or
27 genetic condition 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) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,~~
3 ~~this section shall apply to blanket or group policies of insurance.~~

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

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

10 (e) Coverage for the treatment of infertility under this section shall include:

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

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

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

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

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

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

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

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

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

34 (6) Limitations under the policy based on anything other than the medical assessment of

1 an individual's licensed healthcare provider.

2 (g) An insurer described in subsection (a) of this section shall provide
3 coverage under this section regardless of whether the insured foregoes a particular fertility
4 treatment or procedure, if the insured's healthcare provider determines that the treatment or
5 procedures is likely to be unsuccessful or the insured seeks to use previously retrieved oocytes or
6 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, its successor
10 organization, or a comparable organization such as the American Society of Clinical Oncology or
11 the American College of Obstetrics and Gynecology.

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

14 **27-19-23. Coverage for infertility.**

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

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

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

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

34 (1) "Infertility" means:

1 (i) The presence of a condition recognized by a healthcare provider as a cause of loss or
2 impairment of fertility, based on an individual’s medical, sexual, and reproductive history, age,
3 physical findings, diagnostic testing, or any combination of those factors;

4 (ii) An individual’s inability to establish a pregnancy or to carry a pregnancy to live birth
5 after twelve (12) months of unprotected sexual intercourse when the individual and the individual’s
6 partner have the necessary gametes to establish a pregnancy;

7 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected
8 sexual intercourse due to an individual's age when the individual and the individual’s partner have
9 the necessary gametes to establish pregnancy;

10 (iv) An individual’s inability to achieve pregnancy as an individual or with a partner
11 because the individual or the individual and the individual’s partner do not have the necessary
12 gametes to achieve a pregnancy;

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

15 (vi) As defined by the American Society of Reproductive Medicine, its successor
16 organization, or comparable organization. Pregnancy resulting in a loss does not cause the time
17 period of trying to establish a pregnancy to be restarted.

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

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

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

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

34 (d) Coverage for the treatment of infertility under this section must be provided without

1 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
2 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
3 or sexual orientation.

4 (e) Coverage for the treatment of infertility under this section must include:

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

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

9 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
10 will be transferred to a surrogate.

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 impose 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 license 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 the
32 insured's healthcare provider determines that the treatment or procedures 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 must be based on
2 current guidelines developed by the American Society for Reproductive Medicine, its successor
3 organization, or a comparable organization such as the American Society of Clinical Oncology or
4 the American College of Obstetrics and Gynecology.

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

7 **27-20-20. Coverage for infertility.**

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

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

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

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

27 (1) "Infertility" means:

28 (i) The presence of a condition recognized by a healthcare provider as a cause of loss or
29 impairment of fertility, based on an individual's medical, sexual, and reproductive history, age,
30 physical findings, diagnostic testing, or any combination of those factors;

31 (ii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
32 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
33 partner have the necessary gametes to establish a pregnancy;

34 (iii) An individual's inability to establish a pregnancy after six (6) months of unprotected

1 sexual intercourse due to an individual's age when the individual and the individual's partner have
2 the necessary gametes to establish pregnancy;

3 (iv) An individual's inability to achieve pregnancy as an individual or with a partner
4 because the individual or the individual and the individual's partner do not have the necessary
5 gametes to achieve a pregnancy;

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

8 (vi) As defined by the American Society of Reproductive Medicine, its successor
9 organization, or comparable organization. Pregnancy resulting in a loss does not cause the time
10 period of trying to establish a pregnancy to be restarted.

11 ~~(e) For purposes of this section, "standard fertility preservation services"~~ (2) "Standard
12 fertility-preservation services" means procedures consistent with established medical practices and
13 professional guidelines published by the American Society for Reproductive Medicine, the
14 American Society of Clinical Oncology, or other reputable professional medical organizations, its
15 successor organization, or a comparable organization, for an individual who has a medical or
16 genetic condition or who is expected to undergo treatment that has a possible side effect of or may
17 directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the
18 procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

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

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

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

27 (d) Coverage for the treatment of infertility under this section must be provided without
28 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
29 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
30 or sexual orientation.

31 (e) Coverage for the treatment of infertility under this section must include:

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

34 (2) The medical costs related to an embryo transfer to be made from or on behalf of an

1 insured to a third party; and

2 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
3 will be transferred to a surrogate.

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

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

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

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

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

19 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
20 are different from those impose on any other prescription medications; or

21 (6) Limitations under the policy based on anything other than the medical assessment of
22 an individual's license healthcare provider.

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

27 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any
28 clinical guidelines used for a policy subject to the requirements of this section must be based on
29 current guidelines developed by the American Society for Reproductive Medicine, its successor
30 organization, or a comparable organization such as the American Society of Clinical Oncology or
31 the American College of Obstetrics and Gynecology.

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

34 **27-41-33. Coverage for infertility.**

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

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

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

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

19 (i) (1) "Infertility" means:

20 (ii) The presence of a condition recognized by a healthcare provider as a cause of loss or
21 impairment of fertility, based on an individual's medical, sexual, and reproductive history, age,
22 physical findings, diagnostic testing, or any combination of those factors;

23 (iii) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
24 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
25 partner have the necessary gametes to establish a pregnancy;

26 (iv) An individual's inability to establish a pregnancy after six (6) months of unprotected
27 sexual intercourse due to an individual's age when the individual and the individual's partner have
28 the necessary gametes to establish pregnancy;

29 (v) An individual's inability to achieve pregnancy as an individual or with a partner
30 because the individual or the individual and the individual's partner do not have the necessary
31 gametes to achieve a pregnancy;

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

34 (vi) As defined by the American Society of Reproductive Medicine, its successor

1 organization, or comparable organization. Pregnancy resulting in a loss does not cause the time
2 period of trying to establish a pregnancy to be restarted.

3 ~~(e) For purposes of this section, “standard fertility preservation services”~~ (2) “Standard
4 fertility-preservation services” means procedures consistent with established medical practices and
5 professional guidelines published by the American Society for Reproductive Medicine, the
6 American Society of Clinical Oncology, or other reputable professional medical organizations, its
7 successor organization, or a comparable organization, for an individual who has a medical or
8 genetic condition or who is expected to undergo treatment that has a possible side effect of or may
9 directly or indirectly cause a risk of impairment of fertility, and includes, but is not limited to, the
10 procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

11 ~~(d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by~~
12 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
13 ~~processes.~~

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

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

19 (d) Coverage for the treatment of infertility under this section must be provided without
20 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
21 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
22 or sexual orientation.

23 (e) Coverage for the treatment of infertility under this section must include:

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

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

28 (3) Coverage regardless of whether donor gametes or embryos are used or if an embryo
29 will be transferred to a surrogate.

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

32 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
33 other limitations on coverage for the diagnosis and treatment of infertility, including the
34 prescription of fertility medications, different from those imposed on benefits for services not

1 related to infertility;

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

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

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

11 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
12 are different from those impose on any other prescription medications; or

13 (6) Limitations under the policy based on anything other than the medical assessment of
14 an individual's license healthcare provider.

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

19 (h) This section does not interfere with the clinical judgment of a healthcare provider. Any
20 clinical guidelines used for a policy subject to the requirements of this section must be based on
21 current guidelines developed by the American Society for Reproductive Medicine, its successor
22 organization, or a comparable organization such as the American Society of Clinical Oncology or
23 the American College of Obstetrics and Gynecology.

24 SECTION 5. This act shall take effect on January 1, 2026.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND 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, 2026.

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