

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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HOUSE BILL 635

Short Title: Increase Access to Fertility Treatment. (Public)

Sponsors: Representatives T. Brown, Cotham, Helfrich, and Charles Smith (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Insurance, if favorable, Finance, if favorable, Rules, Calendar, and Operations of the House

April 2, 2025

A BILL TO BE ENTITLED
AN ACT TO PROVIDE ACCESS TO FERTILITY DIAGNOSTIC CARE, TREATMENT,
AND PRESERVATION SERVICES UNDER CERTAIN LARGE GROUP HEALTH
BENEFIT PLANS.

The General Assembly of North Carolina enacts:

SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-3-241. Fertility diagnostic care and treatment.

(a) The following definitions apply in this section:

(1) Experimental fertility procedure. – A procedure for which the published medical evidence is not sufficient for the American Society of Reproductive Medicine, or its successor organization, to regard the procedure as an established medical practice.

(2) Fertility diagnostic care. – A procedure, healthcare product, medication, or healthcare service, including imaging studies and laboratory assessments and testing, intended to provide information about an individual's fertility.

(3) Fertility preservation services. – A procurement and cryopreservation of gametes, embryos, and other reproductive material, for storage and use at a future time.

(4) Fertility treatment. – A procedure, healthcare product, medication, or healthcare service intended to achieve pregnancy consistent with the established medical practice and professional guidelines published by the American Society of Reproductive Medicine, or its successor organization.

(5) Large group market. – As defined in G.S. 58-68-25.

(b) Except as otherwise provided in this subsection, a health benefit plan offered in the large group market shall be required to provide coverage for fertility diagnostic care, fertility treatment, and fertility preservation services. Requirements to provide coverage under this section does not apply to health benefit plans offered by religious institutions or to self-insured group health benefit plans.

(c) Fertility treatments covered under this section shall include no less than three in vitro fertilization cycles, inclusive of egg retrieval and fresh or frozen embryo transfer, per insured.



1 (d) In order to be eligible for coverage under this section, a procedure is required to be
2 performed at a licensed healthcare facility and conform to guidelines published by the American
3 Society of Reproductive Medicine, or its successor.

4 (e) Nothing in this section shall be construed to require coverage for any of the following
5 under a health benefit plan:

6 (1) Experimental fertility procedures.

7 (2) Nonmedical costs related to donor gametes, donor embryos, or surrogacy."

8 **SECTION 2.** This act is effective October 1, 2025, and applies to insurance contracts
9 issued, renewed, or amended on or after that date.