

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H.B. 744
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10239-MGa-118

Short Title: Fertility Preservation Pilot Program.

(Public)

Sponsors: Representative Campbell.

Referred to:

A BILL TO BE ENTITLED
AN ACT APPROPRIATING FUNDS TO THE OFFICE OF STATE BUDGET AND
MANAGEMENT FOR A FERTILITY PRESERVATION PILOT PROGRAM.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is appropriated from the General Fund to the Office of State Budget and Management the sum of two million two hundred fifty thousand dollars (\$2,250,000) in nonrecurring funds for each year of the 2025-2027 fiscal biennium to be awarded as directed grants in equal amounts to the following entities for the Fertility Preservation Pilot Program authorized by subsection (b) of this section:

- (1) Duke University School of Medicine's Onco-Fertility Program.
- (2) The University of North Carolina at Chapel Hill School of Medicine's Fertility Clinic/Fertility Preservation Program.
- (3) The Atrium Health Levine Cancer Center's REhope Cancer Fertility Treatment Program.

SECTION 1.(b) There is established a Fertility Preservation Pilot Program (Program) for the period commencing July 1, 2025, and ending June 30, 2032. The purpose of the pilot program is to assist individuals whose future fertility is in jeopardy as a result of a cancer diagnosis or cancer treatment with obtaining any combination of in vitro fertilization (IVF) or intrauterine insemination (IUI) services; fertility preservation services; or fertility storage services, as appropriate. The pilot program shall be conducted by the three grantees specified in subsection (a) of this section. Each grantee shall establish an application process, eligibility criteria, and operating guidelines for their respective pilot program locations, subject to the following requirements and limitations:

- (1) An applicant who meets one or more of the following criteria is eligible to participate in the Program:
 - a. Is uninsured.
 - b. Has health insurance that does not provide comprehensive coverage for in vitro fertilization (IVF) or intrauterine insemination (IUI), for fertility preservation services, or for fertility storage services.
 - c. Has health insurance that does provide comprehensive coverage for the services enumerated in sub-subdivision b. of this subdivision but would result in financial responsibility for the patient in excess of one thousand dollars (\$1,000).
 - d. Meets one or more of the criteria described in sub-subdivisions a. through c. of this subdivision and has a household income less than



three hundred percent (300%) of the federal poverty level for a household of three.

(2) The amount of financial assistance provided to Program participants shall not exceed any of the following:

a. For female Program participants, a maximum of twelve thousand dollars (\$12,000) for oocyte retrieval, cryopreservation, and up to five years of storage services.

b. For male Program participants, a maximum of one thousand five hundred dollars (\$1,500) for sperm retrieval, cryopreservation, and up to five years of storage services.

c. A maximum of twenty-six thousand dollars (\$26,000) per Program participant for IVF or IUI services, which must be scheduled for the Program participant within five years after oocyte or sperm retrieval.

SECTION 1.(c) The grantees may use up to three percent (3%) of their directed grant funds for administrative costs associated with the Fertility Preservation Pilot Program authorized by this section.

SECTION 1.(d) Each grantee may reserve up to twenty-six thousand dollars (\$26,000) per applicant for future IVF or IUI services, as appropriate. However, funds shall not be reserved for IVF or IUI services scheduled more than five years after oocyte or sperm retrieval.

SECTION 1.(e) Funds appropriated by subsection (a) of this section shall not revert at the end of the fiscal year but shall remain available until they are expended or June 30, 2032, whichever is earlier.

SECTION 2. By February 1, 2028, and annually thereafter until February 1, 2033, each grantee shall submit a report to the Joint Legislative Commission on Governmental Operations, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division that includes as least all of the following information in a format that complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other pertinent federal and State laws governing privacy and security of confidential data and records:

(1) An itemized list of expenditures.

(2) The types of fertility treatment services, fertility preservation services, and fertility storage services funded by State appropriations, and the number of Program participants served with respect to each.

(3) The amount of State appropriations held in reserve for future IVF or IUI services and the number of Program participants for whom these funds are being held in reserve.

(4) An evaluation of the effectiveness and outcome of each service funded by State appropriations.

SECTION 3. This act becomes effective July 1, 2025.