

116TH CONGRESS  
1ST SESSION

# H. R. 2803

To require health insurance coverage for the treatment of infertility.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 16, 2019

Ms. DELAURO (for herself, Ms. WASSERMAN SCHULTZ, Ms. WILSON of Florida, Mr. RASKIN, Ms. JACKSON LEE, Mr. NADLER, and Ms. PINGREE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Reform, Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To require health insurance coverage for the treatment of infertility.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Infertility  
5 Treatment and Care Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1           (1) Infertility is a medical disease recognized by  
2           the World Health Organization, the American Soci-  
3           ety for Reproductive Medicine, and the American  
4           Medical Association that affects men and women  
5           equally.

6           (2) According to the Centers for Disease Con-  
7           trol and Prevention, 1 in 8 couples have difficulty  
8           getting pregnant or sustaining a pregnancy.

9           (3) Infertility affects a broad spectrum of pro-  
10          spective parents. No matter what race, religion, sex-  
11          ual orientation, or economic status one is, infertility  
12          does not discriminate.

13          (4) According to the Centers for Disease Con-  
14          trol and Prevention, 11 percent of women in the  
15          United States between the ages of 15 and 44 have  
16          difficulty getting pregnant or staying pregnant.  
17          Similarly, 9 percent of men in the United States be-  
18          tween the ages of 15 and 44 experience infertility.

19          (5) Infertility disproportionately affects individ-  
20          uals with particular health complications. For cancer  
21          patients and others who must undergo treatments  
22          such as chemotherapy, radiation therapy, hormone  
23          therapy, or surgery that are likely to harm the re-  
24          productive system and organs, fertility preservation  
25          becomes necessary.

1           (6) Leading causes of infertility include chronic  
2           conditions and diseases of the endocrine or metabolic  
3           systems, such as primary ovarian insufficiency, poly-  
4           cystic ovarian syndrome, endometriosis, thyroid dis-  
5           orders, menstrual cycle defects, autoimmune dis-  
6           orders, hormonal imbalances, testicular disorders,  
7           and urological health issues. Other causes include  
8           structural problems or blockages within the repro-  
9           ductive system, exposure to infectious diseases, occu-  
10          pational or environmental hazards, or genetic influ-  
11          ences.

12          (7) Recent improvements in therapy and  
13          cryopreservation make pregnancy possible for more  
14          people than in past years.

15          (8) Like all other diseases, infertility and its  
16          treatments should be covered by health insurance.

17          (9) A 2017 national survey of employer-spon-  
18          sored health plans found that 44 percent of employ-  
19          ers with at least 500 employees did not cover infer-  
20          tility services, and 25 percent of companies with  
21          20,000 or more employees did not cover infertility  
22          services.

23          (10) Coverage for infertility services under  
24          State Medicaid programs is limited. The Medicaid  
25          programs of only 5 States provide diagnostic testing

1 for women and men in all of their program eligibility  
 2 pathways; the Medicaid program of only one State  
 3 provides coverage for certain medications for women  
 4 experiencing infertility; and no State Medicaid pro-  
 5 grams cover intrauterine insemination or in vitro  
 6 fertilization.

7 (11) States that do not require private insur-  
 8 ance coverage of assisted reproductive technology  
 9 have higher rates of multiple births.

10 (12) The ability to have a family should not be  
 11 denied to anyone on account of a lack of insurance  
 12 coverage for medically necessary treatment.

13 **SEC. 3. STANDARDS RELATING TO BENEFITS FOR TREAT-**  
 14 **MENT OF INFERTILITY AND PREVENTION OF**  
 15 **IATROGENIC INFERTILITY.**

16 (a) IN GENERAL.—Part A of title XXVII of the Pub-  
 17 lic Health Service Act (42 U.S.C. 300gg et seq.) is amend-  
 18 ed by inserting after section 2728 the following:

19 **“SEC. 2729A. STANDARDS RELATING TO BENEFITS FOR**  
 20 **TREATMENT OF INFERTILITY AND PREVEN-**  
 21 **TION OF IATROGENIC INFERTILITY.**

22 “(a) IN GENERAL.—A group health plan or a health  
 23 insurance issuer offering group or individual health insur-  
 24 ance coverage shall ensure that such plan or coverage pro-  
 25 vides coverage for—

1           “(1) the treatment of infertility, including non-  
2           experimental assisted reproductive technology proce-  
3           dures, if such plan or coverage provides coverage for  
4           obstetrical services; and

5           “(2) standard fertility preservation services  
6           when a medically necessary treatment may directly  
7           or indirectly cause iatrogenic infertility.

8           “(b) DEFINITIONS.—In this section:

9           “(1) the term ‘assisted reproductive technology’  
10          means treatments or procedures that involve the  
11          handling of human egg, sperm, and embryo outside  
12          of the body with the intent of facilitating a preg-  
13          nancy, including in vitro fertilization, egg, embryo,  
14          or sperm cryopreservation, egg or embryo donation,  
15          and gestational surrogacy;

16          “(2) the term ‘infertility’ means a disease, char-  
17          acterized by the failure to establish a clinical preg-  
18          nancy—

19                 “(A) after 12 months of regular, unpro-  
20                 tected sexual intercourse; or

21                 “(B) due to a person’s incapacity for re-  
22                 production either as an individual or with his or  
23                 her partner, which may be determined after a  
24                 period of less than 12 months of regular, un-  
25                 protected sexual intercourse, or based on med-

1           ical, sexual and reproductive history, age, phys-  
2           ical findings, or diagnostic testing; and

3           “(3) the term ‘iatrogenic infertility’ means an  
4           impairment of fertility due to surgery, radiation,  
5           chemotherapy, or other medical treatment.

6           “(c) REQUIRED COVERAGE.—

7           “(1) COVERAGE FOR INFERTILITY.—Subject to  
8           paragraph (3), a group health plan and a health in-  
9           surance issuer offering group or individual health in-  
10          surance coverage that includes coverage for obstet-  
11          rical services shall provide coverage for treatment of  
12          infertility determined appropriate by the treating  
13          physician, including, as appropriate, ovulation induc-  
14          tion, egg retrieval, sperm retrieval, artificial insemi-  
15          nation, in vitro fertilization, genetic screening,  
16          intracytoplasmic sperm injection, and any other non-  
17          experimental treatment, as determined by the Sec-  
18          retary in consultation with appropriate professional  
19          and patient organizations such as the American So-  
20          ciety for Reproductive Medicine, RESOLVE: The  
21          National Infertility Association, and the American  
22          College of Obstetricians and Gynecologists.

23          “(2) COVERAGE FOR IATROGENIC INFER-  
24          TILITY.—A group health plan and a health insur-  
25          ance issuer offering group or individual health insur-

1       ance coverage shall provide coverage of fertility pres-  
2       ervation services for individuals who undergo medi-  
3       cally necessary treatment that may cause iatrogenic  
4       infertility, as determined by the treating physician,  
5       including cryopreservation of gametes and other pro-  
6       cedures, as determined by the Secretary, consistent  
7       with established medical practices and professional  
8       guidelines published by professional medical organi-  
9       zations, including the American Society of Clinical  
10      Oncology and the American Society for Reproductive  
11      Medicine.

12           “(3) LIMITATION ON COVERAGE OF ASSISTED  
13      REPRODUCTIVE TECHNOLOGY.—A group health plan  
14      and a health insurance issuer offering group or indi-  
15      vidual health insurance coverage shall provide cov-  
16      erage for assisted reproductive technology as re-  
17      quired under paragraph (1) if—

18           “(A) the individual is unable to bring a  
19      pregnancy to a live birth through minimally  
20      invasive infertility treatments, as determined  
21      appropriate by the treating physician, with con-  
22      sideration given to participant’s or beneficiary’s  
23      specific diagnoses or condition for which cov-  
24      erage is available under the plan or coverage;  
25      and

1                   “(B) the treatment is performed at a med-  
2                   ical facility that—

3                   “(i) conforms to the standards of the  
4                   American Society for Reproductive Medi-  
5                   cine and the Society for Assisted Repro-  
6                   ductive Technology; and

7                   “(ii) is in compliance with any stand-  
8                   ards set by an appropriate Federal agency.

9           “(d)       LIMITATION.—Cost-sharing,       including  
10 deductibles and coinsurance, or other limitations for infer-  
11 tility and services to prevent iatrogenic infertility may not  
12 be imposed with respect to the services required to be cov-  
13 ered under subsection (c) to the extent that such cost-  
14 sharing exceeds the cost-sharing applied to similar services  
15 under the group health plan or health insurance coverage  
16 or such other limitations are different from limitations im-  
17 posed with respect to such similar services.

18           “(e) PROHIBITIONS.—A group health plan and a  
19 health insurance issuer offering group or individual health  
20 insurance coverage may not—

21                   “(1) provide incentives (monetary or otherwise)  
22                   to a participant or beneficiary to encourage such  
23                   participant or beneficiary not to be provided infer-  
24                   tility treatments or fertility preservation services to  
25                   which such participant or beneficiary is entitled



1 under this section or to providers to induce such  
2 providers not to provide such treatments to qualified  
3 participants or beneficiaries;

4 “(2) prohibit a provider from discussing with a  
5 participant or beneficiary infertility treatments or  
6 fertility preservation technology or medical treat-  
7 ment options relating to this section; or

8 “(3) penalize or otherwise reduce or limit the  
9 reimbursement of a provider because such provider  
10 provided infertility treatments or fertility preserva-  
11 tion services to a qualified participant or beneficiary  
12 in accordance with this section.

13 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-  
14 tion shall be construed to require a participant or bene-  
15 ficiary to undergo infertility treatments or fertility preser-  
16 vation services.

17 “(g) NOTICE.—A group health plan and a health in-  
18 surance issuer offering group or individual health insur-  
19 ance coverage shall provide notice to each participant and  
20 beneficiary under such plan regarding the coverage re-  
21 quired by this section in accordance with regulations pro-  
22 mulgated by the Secretary. Such notice shall be in writing  
23 and prominently positioned in any literature or cor-  
24 respondence made available or distributed by the plan or  
25 issuer and shall be transmitted—

1 “(1) in the next mailing made by the plan or  
2 issuer to the participant or beneficiary;

3 “(2) as part of any yearly informational packet  
4 sent to the participant or beneficiary; or

5 “(3) not later than January 1, 2020,  
6 whichever is earlier.

7 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—  
8 Nothing in this section shall be construed to prevent a  
9 group health plan or a health insurance issuer offering  
10 group or individual health insurance coverage from negoti-  
11 ating the level and type of reimbursement with a provider  
12 for care provided in accordance with this section.”.

13 (b) CONFORMING AMENDMENT.—Section 2724(c) of  
14 the Public Health Service Act (42 U.S.C. 300gg–23(c))  
15 is amended by striking “section 2704” and inserting “sec-  
16 tions 2704 and 2708”.

17 (c) EFFECTIVE DATES.—

18 (1) IN GENERAL.—The amendments made by  
19 subsections (a) and (b) shall apply for plan years be-  
20 ginning on or after the date that is 6 months after  
21 the date of enactment of this Act.

22 (2) COLLECTIVE BARGAINING EXCEPTION.—

23 (A) IN GENERAL.—In the case of a group  
24 health plan maintained pursuant to 1 or more  
25 collective bargaining agreements between em-

1            ployee representatives and 1 or more employers  
2            ratified before the date of enactment of this  
3            Act, the amendments made by subsection (a)  
4            shall not apply to plan years beginning before  
5            the later of—

6                    (i) the date on which the last collec-  
7                    tive bargaining agreements relating to the  
8                    plan terminates (determined without re-  
9                    gard to any extension thereof agreed to  
10                   after the date of enactment of this Act), or

11                   (ii) the date occurring 6 months after  
12                   the date of the enactment of this Act.

13            (B) CLARIFICATION.—For purposes of  
14            subparagraph (A), any plan amendment made  
15            pursuant to a collective bargaining agreement  
16            relating to the plan which amends the plan sole-  
17            ly to conform to any requirement added by sub-  
18            section (a) shall not be treated as a termination  
19            of such collective bargaining agreement.

20 **SEC. 4. FEDERAL EMPLOYEES HEALTH BENEFITS PRO-**  
21 **GRAM.**

22            (a) IN GENERAL.—Section 8902 of title 5, United  
23 States Code, is amended by adding at the end the fol-  
24 lowing:

1       “(p) COVERAGE FOR DIAGNOSIS AND TREATMENT  
2 OF INFERTILITY AND PREVENTION OF IATROGENIC IN-  
3 FERTILITY.—

4           “(1) DEFINITIONS.—In this subsection, the  
5 terms ‘infertility’ and ‘iatrogenic infertility’ have the  
6 meanings given those terms in section 2729A of the  
7 Public Health Service Act.

8           “(2) REQUIRED COVERAGE.—A contract under  
9 this chapter shall provide, in a manner consistent  
10 with section 2729A of the Public Health Service  
11 Act—

12           “(A) coverage for the diagnosis and treat-  
13 ment of infertility, including nonexperimental  
14 assisted reproductive technology procedures, if  
15 such contract covers obstetrical benefits; and

16           “(B) coverage for standard fertility preser-  
17 vation services when a medically necessary  
18 treatment may directly or indirectly cause iatro-  
19 genic infertility.

20           “(3) COST.—Coverage for the diagnosis or  
21 treatment of infertility and fertility preservation  
22 services under a health benefits plan described in  
23 section 8903 or 8903a may not be subject to any co-  
24 payment or deductible greater than the copayment

1 or deductible, respectively, applicable to obstetrical  
2 benefits under the plan.

3 “(4) PREEMPTION.—Subsection (m)(1) shall  
4 not, with respect to a contract under this chapter,  
5 prevent the inclusion of any terms that, under para-  
6 graph (2) of this subsection, are required by reason  
7 of section 2729A of the Public Health Service Act.”.

8 (b) EFFECTIVE DATE.—The amendment made by  
9 subsection (a) shall apply with respect to any contract en-  
10 tered into or renewed for a contract year beginning on  
11 or after the date that is 180 days after the date of enact-  
12 ment of this Act, and any health benefits plan offered  
13 under such a contract.

14 **SEC. 5. BENEFITS FOR TREATMENT OF INFERTILITY AND**  
15 **PREVENTION OF IATROGENIC INFERTILITY**  
16 **UNDER THE TRICARE PROGRAM.**

17 (a) IN GENERAL.—Chapter 55 of title 10, United  
18 States Code, is amended by adding at the end the fol-  
19 lowing new section:

20 **“§ 1110c. Obstetrical and infertility benefits**

21 “(a) IN GENERAL.—Any health care plan under this  
22 chapter shall provide, in a manner consistent with section  
23 2729A of the Public Health Service Act—

24 “(1) coverage for the diagnosis and treatment  
25 of infertility, including nonexperimental assisted re-

1       productive technology procedures, if such plan covers  
2       obstetrical benefits; and

3               “(2) coverage for standard fertility preservation  
4       services when a medically necessary treatment may  
5       directly or indirectly cause iatrogenic infertility.

6       “(b) COPAYMENT.—The Secretary of Defense shall  
7       establish cost-sharing requirements for the coverage of di-  
8       agnosis and treatment of infertility and fertility preserva-  
9       tion services described in subsection (a) that are consistent  
10      with the cost-sharing requirements applicable to health  
11      plans and health insurance coverage under section  
12      2729A(d) of the Public Health Service Act.

13      “(c) REGULATIONS.—The Secretary of Defense shall  
14      prescribe any regulations necessary to carry out this sec-  
15      tion.

16      “(d) DEFINITIONS.—In this section, the terms ‘infer-  
17      tility’ and ‘iatrogenic infertility’ have the meanings given  
18      those terms in section 2729A of the Public Health Service  
19      Act.”.

20      (b) CLERICAL AMENDMENT.—The table of sections  
21      at the beginning of chapter 55 of such title is amended  
22      by adding at the end the following new item:

“1110e. Obstetrical and infertility benefits.”.

1 **SEC. 6. TREATMENT OF INFERTILITY AND PREVENTION OF**  
2 **IATROGENIC INFERTILITY FOR VETERANS**  
3 **AND SPOUSES OR PARTNERS OF VETERANS.**

4 (a) IN GENERAL.—Subchapter II of chapter 17 of  
5 title 38, United States Code, is amended by adding at the  
6 end the following new section:

7 **“§ 1720J. Infertility treatment for veterans and**  
8 **spouses or partners of veterans.**

9 “(a) IN GENERAL.—The Secretary shall furnish  
10 treatment for infertility and fertility preservation services,  
11 including through the use of assisted reproductive tech-  
12 nology, to a veteran or a spouse or partner of a veteran  
13 if the veteran, and the spouse or partner of the veteran,  
14 as applicable, apply jointly for such treatment and coun-  
15 seling through a process prescribed by the Secretary for  
16 purposes of this section.

17 “(b) INFERTILITY DEFINED.—In this section, the  
18 terms ‘infertility’ and ‘iatrogenic infertility’ have the  
19 meanings given those terms in section 2729A of the Public  
20 Health Service Act.”.

21 (b) CLERICAL AMENDMENT.—The table of sections  
22 at the beginning of chapter 17 of such title is amended  
23 by inserting after the item relating to section 1720I the  
24 following new item:

“1720J. Infertility treatment and counseling for veterans and spouses or part-  
ners, of veterans.”.

1 (c) REGULATIONS.—Not later than 18 months after  
 2 the date of the enactment of this Act, the Secretary of  
 3 Veterans Affairs shall prescribe regulations to carry out  
 4 section 1720J of title 38, United States Code, as added  
 5 by subsection (a).

6 **SEC. 7. REQUIREMENT FOR STATE MEDICAID PLANS TO**  
 7 **PROVIDE MEDICAL ASSISTANCE FOR TREAT-**  
 8 **MENT OF INFERTILITY AND PREVENTION OF**  
 9 **IATROGENIC INFERTILITY.**

10 (a) IN GENERAL.—Section 1905 of the Social Secu-  
 11 rity Act (42 U.S.C. 1396d) is amended—

12 (1) in subsection (a)(4)—

13 (A) by striking “; and (D)” and inserting  
 14 “; (D)”; and

15 (B) by inserting before the semicolon at  
 16 the end the following: “; and (E) services and  
 17 supplies to treat infertility and prevent iatro-  
 18 genic infertility (as such terms are defined in  
 19 section 2729A(b) of the Public Health Service  
 20 Act) in accordance with subsection (ff)”; and

21 (2) by adding at the end the following new sub-  
 22 section:

23 “(ff) REQUIREMENTS FOR COVERAGE OF INFER-  
 24 TILITY TREATMENT AND PREVENTION OF IATROGENIC  
 25 INFERTILITY.—For purposes of subsection (a)(4)(E), a



1 State shall ensure that the medical assistance provided  
2 under the State plan (or waiver of such plan) for treat-  
3 ment of infertility and fertility preservation services com-  
4 plies with the requirements and limitations of section  
5 2729A(c) of the Public Health Service Act in the same  
6 manner as such requirements and limitations apply to  
7 health insurance coverage offered by a group health plan  
8 or health insurance issuer.”.

9 (b) NO COST SHARING FOR INFERTILITY TREAT-  
10 MENT.—

11 (1) IN GENERAL.—Subsections (a)(2)(D) and  
12 (b)(2)(D) of section 1916 of the Social Security Act  
13 (42 U.S.C. 1396o(a)(2)(D)) are amended by insert-  
14 ing “, services and supplies to treat infertility and  
15 provide fertility preservation services described in  
16 section 1905(a)(4)(E)” before “, or” each place it  
17 appears.

18 (2) APPLICATION TO ALTERNATIVE COST SHAR-  
19 ING.—Section 1916A(b)(3)(B)(vii) of the Social Se-  
20 curity Act (42 U.S.C. 1396o–1(b)(3)(B)(vii)) is  
21 amended by inserting “and services and supplies to  
22 treat infertility and provide fertility preservation de-  
23 scribed in section 1905(a)(4)(E)” before the period.

1       (c) PRESUMPTIVE ELIGIBILITY FOR INFERTILITY  
 2 TREATMENT.—Section 1920C of the Social Security Act  
 3 (42 U.S.C. 1396r–1c) is amended—

4           (1) in the section heading, by inserting “AND  
 5 INFERTILITY TREATMENT” after “FAMILY PLANNING  
 6 SERVICES”;

7           (2) in subsection (a)—

8               (A) by striking “State plan” and inserting  
 9 “A State plan”;

10            (B) by striking “1905(a)(4)(C)” and in-  
 11 serting “section 1905(a)(4)(C), services and  
 12 supplies to treat infertility and prevent iatro-  
 13 genic infertility described in section  
 14 1905(a)(4)(E),”; and

15            (C) by inserting “or in conjunction with an  
 16 infertility treatment service in an infertility  
 17 treatment setting” before the period.

18       (d) INCLUSION IN BENCHMARK COVERAGE.—Section  
 19 1937(b) of the Social Security Act (42 U.S.C. 1396u–  
 20 7(b)) is amended by adding at the end the following new  
 21 paragraph:

22           “(8) COVERAGE OF INFERTILITY TREATMENT  
 23 AND PREVENTION OF IATROGENIC INFERTILITY.—  
 24 Notwithstanding the previous provisions of this sec-  
 25 tion, a State may not provide for medical assistance

1 through enrollment of an individual with benchmark  
2 coverage or benchmark-equivalent coverage under  
3 this section unless such coverage includes medical  
4 assistance for services and supplies to treat infer-  
5 tility and provide fertility preservation described in  
6 section 1905(a)(4)(E) in accordance with such sec-  
7 tion.”.

8 (e) EFFECTIVE DATE.—

9 (1) IN GENERAL.—Except as provided in para-  
10 graph (2), the amendments made by this section  
11 shall take effect on October 1, 2020.

12 (2) DELAY PERMITTED IF STATE LEGISLATION  
13 REQUIRED.—In the case of a State plan approved  
14 under title XIX of the Social Security Act which the  
15 Secretary of Health and Human Services determines  
16 requires State legislation (other than legislation ap-  
17 propriating funds) in order for the plan to meet the  
18 additional requirement imposed by this section, the  
19 State plan shall not be regarded as failing to comply  
20 with the requirements of such title solely on the  
21 basis of the failure of the plan to meet such addi-  
22 tional requirement before the 1st day of the 1st cal-  
23 endar quarter beginning after the close of the 1st  
24 regular session of the State legislature that ends  
25 after the 1-year period beginning with the date of

1       the enactment of this section. For purposes of the  
2       preceding sentence, in the case of a State that has  
3       a 2-year legislative session, each year of the session  
4       is deemed to be a separate regular session of the  
5       State legislature.

○