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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To protect and expand nationwide access to assisted reproductive technology,
including in vitro fertilization.

IN THE HOUSE OF REPRESENTATIVES

Mrs. TRAHAN introduced the following bill; which was referred to the
Committee on _____

A BILL

To protect and expand nationwide access to assisted
reproductive technology, including in vitro fertilization.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Right to IVF Act of 2026”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Severability.

TITLE I—PROTECT IVF

- Sec. 101. Short title.
- Sec. 102. Purposes.
- Sec. 103. Definitions.
- Sec. 104. Right to assisted reproductive technology rights and Intrauterine insemination rights.
- Sec. 105. Applicability and preemption.

TITLE II—VETERAN FAMILIES HEALTH SERVICES

- Sec. 200. Short title.

Subtitle A—Reproductive and Fertility Preservation Assistance for Members of the Uniformed Services

- Sec. 201. Definitions.
- Sec. 202. Provision of assisted reproductive technology, intrauterine insemination, and counseling to certain members of the uniformed services and spouses, partners, and gestational surrogates of such members.
- Sec. 203. Establishment of fertility preservation procedures for members of the uniformed service on active duty.
- Sec. 204. Assistance with and continuity of care regarding reproductive and fertility preservation services.
- Sec. 205. Coordination between Department of Defense and Department of Veterans Affairs on furnishing of assisted reproductive technology, intrauterine insemination, and counseling.
- Sec. 206. Regulations.

Subtitle B—Reproductive Assistance for Veterans

- Sec. 211. Inclusion of assisted reproductive technology, intrauterine insemination, and counseling under the definition of medical services in title 38.
- Sec. 212. Assisted reproductive technology, intrauterine insemination, and counseling for certain veterans and spouses, partners, and gestational surrogates of such veterans.
- Sec. 213. Assistance with and continuity of care regarding reproductive and fertility preservation services.
- Sec. 214. Coordination of reproduction and fertility research for veterans.

TITLE III—ACCESS TO ASSISTED REPRODUCTIVE TECHNOLOGY AND INTRAUTERINE INSEMINATION

- Sec. 301. Short title.
- Sec. 302. Standards relating to benefits for assisted reproductive technology or intrauterine insemination.
- Sec. 303. Requirement for State Medicaid plans to provide medical assistance for assisted reproductive technology and intrauterine insemination.
- Sec. 304. Medicare coverage of assisted reproductive technology and intrauterine insemination.

TITLE IV—FAMILY BUILDING FEHB FAIRNESS

- Sec. 401. Short title.
- Sec. 402. Assisted reproductive technology and intrauterine insemination benefits.

1 **SEC. 2. SEVERABILITY.**

2 If any provision of this Act, or the application of such
3 provision to any person, entity, government, or cir-
4 cumstance is held to be unconstitutional, the remainder
5 of this Act, or the application of such provision to all other
6 persons, entities, governments, or circumstances shall not
7 be affected thereby.

8 **TITLE I—PROTECT IVF**

9 **SEC. 101. SHORT TITLE.**

10 This title may be cited as the “Protect IVF Act”.

11 **SEC. 102. PURPOSES.**

12 The purposes of this title are as follows:

13 (1) To permit patients to seek and receive as-
14 sisted reproductive technology (ART), including in
15 vitro fertilization (IVF), and intrauterine insemina-
16 tion (IUI), and to permit health care providers that
17 choose to provide ART or IUI to provide such serv-
18 ices, by ensuring that States will not enact harmful
19 or unwarranted limitations or requirements that sin-
20 gle out the provision of ART or IUI for restrictions
21 that are not consistent with American Society for
22 Reproductive Medicine guidelines and that do not
23 significantly advance reproductive health or the effi-
24 cacy and safety of ART or IUI, or that make ART
25 or IUI more difficult to access.

1 (2) To promote the right and ability of an indi-
2 vidual residing in any State to choose to receive
3 ART or IUI provided by a health care provider who
4 chooses to provide such services.

5 (3) To protect an individual's right to make de-
6 cisions, in consultation with the individual's health
7 care provider, about the most appropriate medical
8 care to maximize the chance of becoming pregnant
9 and giving birth to a healthy, living, human child
10 with the help of ART or IUI.

11 **SEC. 103. DEFINITIONS.**

12 In this title:

13 (1) ASSISTED REPRODUCTIVE TECHNOLOGY;
14 ART.—The term “assisted reproductive technology”
15 or “ART” means any treatment or procedure that
16 includes the handling of human eggs or embryos to
17 help achieve a pregnancy, including in vitro fertiliza-
18 tion, egg or embryo cryopreservation, and egg or em-
19 bryo donation. Such term includes any medication
20 related to such a treatment or procedure.

21 (2) HEALTH CARE PROVIDER.—The term
22 “health care provider” means any entity or indi-
23 vidual (including any physician, nurse practitioner,
24 physician assistant, pharmacist, health care support
25 personnel, or clinical staff) that—

1 (A) is engaged or seeks to engage in the
2 delivery of ART or IUI, including through the
3 provision of evidence-based information, coun-
4 seling, referrals, or items and services that re-
5 late to, aid in, or provide ART or IUI; and

6 (B) if required by State law to be licensed,
7 certified, or otherwise authorized to engage in
8 the delivery of ART or IUI—

9 (i) is so licensed, certified, or other-
10 wise authorized; or

11 (ii) would be so licensed, certified, or
12 otherwise authorized but for the fact that
13 the individual or entity has provided, is
14 providing, or plans to provide, ART or IUI
15 in accordance with section 104.

16 (3) HEALTH INSURANCE ISSUER.—The term
17 “health insurance issuer” has the meaning given
18 such term in section 2791(b) of the Public Health
19 Service Act (42 U.S.C. 300gg–91(b)).

20 (4) INTRAUTERINE INSEMINATION; IUI.—The
21 term “intrauterine insemination” or “IUI” means a
22 procedure that places sperm directly into an individ-
23 ual’s uterus at the time of the individual’s ovulation
24 to increase the chances of fertilization. Such term

1 includes any medication associated with such a pro-
2 cedure.

3 (5) MANUFACTURER.—The term “manufac-
4 turer” means the manufacturer of a drug or device
5 approved, cleared, authorized, or licensed under sec-
6 tion 505, 510(k), 513(f)(2), or 515 of the Federal
7 Food, Drug, and Cosmetic Act (21 U.S.C. 355,
8 360(k), 360e(f)(2), 360e) or section 351 of the Pub-
9 lic Health Service Act (42 U.S.C. 262), or otherwise
10 legally marketed.

11 (6) STATE.—The term “State” includes each of
12 the 50 States, the District of Columbia, each terri-
13 tory and possession of the United States, and any
14 political subdivision thereof.

15 **SEC. 104. RIGHT TO ASSISTED REPRODUCTIVE TECH-**
16 **NOLOGY AND INTRAUTERINE INSEMINATION**
17 **RIGHTS.**

18 (a) GENERAL RULE.—

19 (1) INDIVIDUAL RIGHTS.—An individual has a
20 statutory right under this title, without prohibition,
21 limitation, interference, or impediment, to the extent
22 that such prohibition, limitation, interference, or im-
23 pediment in any way or degree obstructs, delays, or
24 affects commerce over which the Federal Govern-
25 ment has jurisdiction, to—

1 (A) receive ART or IUI from a health care
2 provider;

3 (B) continue or complete an ongoing ART
4 or IUI service previously initiated by a health
5 care provider;

6 (C) make decisions and arrangements re-
7 garding the donation, testing, use, storage, or
8 disposition of reproductive genetic material,
9 such as oocytes, sperm, fertilized eggs, and em-
10 bryos; and

11 (D) establish contractual agreements with
12 a health care provider relating to the health
13 care provider's services in handling, testing,
14 storing, shipping, and disposing of the individ-
15 ual's reproductive genetic material.

16 (2) HEALTH CARE PROVIDER RIGHTS.—A
17 health care provider has a statutory right under this
18 title, without prohibition, limitation, interference, or
19 impediment, to the extent that such prohibition, lim-
20 itation, interference, or impediment in any way or
21 degree obstructs, delays, or affects commerce over
22 which the Federal Government has jurisdiction, to—

23 (A) provide, or assist with the provision of,
24 ART or IUI;

1 (B) continue or complete the provision of,
2 or assistance with, ART or IUI that was lawful
3 when commenced;

4 (C) provide for, or assist with, the testing,
5 use, storage, or disposition of reproductive ge-
6 netic material, such as oocytes, sperm, fertilized
7 eggs, and embryos; and

8 (D) establish contractual agreements with
9 individuals or manufacturers relating to the
10 health care provider's services in handling, test-
11 ing, storing, shipping, and disposing of the indi-
12 vidual's reproductive genetic material.

13 (3) HEALTH INSURANCE ISSUER RIGHTS.—A
14 health insurance issuer has a statutory right under
15 this title, without prohibition, limitation, inter-
16 ference, or impediment, to the extent that such pro-
17 hibition, limitation, interference, or impediment in
18 any way or degree obstructs, delays, or affects com-
19 merce over which the Federal Government has juris-
20 diction, to cover the provision of ART or IUI.

21 (4) MANUFACTURER RIGHTS.—A manufacturer
22 of a drug or device that is approved, cleared, author-
23 ized, or licensed under section 505, 510(k),
24 513(f)(2), or 515 of the Federal Food, Drug, and
25 Cosmetic Act (21 U.S.C. 355; 360(k); 360c(f)(2);

1 360e) or section 351 of the Public Health Service
2 Act (42 U.S.C. 262) or otherwise legally marketed
3 and intended for use in the provision of ART or IUI,
4 including the storage or transport of oocytes,
5 gametes, fertilized eggs, and embryos, has a statu-
6 tory right under this title, without prohibition, limi-
7 tation, interference, or impediment, to the extent
8 that such prohibition, limitation, interference, or im-
9 pediment in any way or degree obstructs, delays, or
10 affects commerce over which the Federal Govern-
11 ment has jurisdiction, to manufacture, import, mar-
12 ket, sell, and distribute such drug or device.

13 (b) STATE REGULATION OF MEDICINE.—The en-
14 forcement of State health and safety law regarding med-
15 ical facilities or health care providers does not constitute
16 a violation of subsection (a) if—

17 (1) such regulations are consistent with guid-
18 ance from the American Society for Reproductive
19 Medicine for providing ART or IUI; and

20 (2) the safety or health objective cannot be ad-
21 vanced by a different means that does not prohibit,
22 limit, interfere with, or impede the rights described
23 in subsection (a).

24 (c) ENFORCEMENT.—

25 (1) THE ATTORNEY GENERAL.—

1 (A) IN GENERAL.—The Attorney General
2 may commence a civil action on behalf of the
3 United States against any State; an individual,
4 employee, official, agency head, contractor, or-
5 ganization, or instrumentality acting for, or on
6 behalf of, such a State; or any individual acting
7 under the color of, or pursuant to, State law,
8 that implements, enforces, or threatens to en-
9 force a limitation or requirement that prohibits,
10 limits, interferes with, or impedes the statutory
11 rights of an individual, a health care provider,
12 a health insurance issuer, or a manufacturer
13 under subsection (a).

14 (B) EFFECT OF VIOLATIONS.—The court
15 shall hold unlawful and set aside a limitation or
16 requirement described in subparagraph (A) if it
17 is in violation of subsection (a).

18 (2) PRIVATE RIGHT OF ACTION.—

19 (A) IN GENERAL.—Any individual or entity
20 adversely affected by an alleged violation of
21 subsection (a) may commence a civil action
22 against an individual, employee, official, agency
23 head, contractor, organization, or instrumen-
24 tality acting for, or on behalf of, such a State
25 that enacts, implements, or enforces a limita-

1 tion or requirement that prohibits, limits, inter-
2 feres with, or impedes the statutory rights of an
3 individual, a health care provider, a health in-
4 surance issuer, or a manufacturer under sub-
5 section (a).

6 (B) EFFECT OF VIOLATIONS.—The court
7 shall hold unlawful and enjoin a limitation or
8 requirement described in subparagraph (A) if it
9 is in violation of subsection (a).

10 (3) HEALTH CARE PROVIDER.—

11 (A) IN GENERAL.—A health care provider
12 may commence a civil action for relief on such
13 provider’s own behalf, on behalf of the pro-
14 vider’s staff, or on behalf of the provider’s pa-
15 tients who are or may be adversely affected by
16 an alleged violation of subsection (a).

17 (B) EFFECT OF VIOLATIONS.—The court
18 shall hold unlawful and enjoin a limitation or
19 requirement described in subparagraph (A) if it
20 is in violation of subsection (a).

21 (4) EQUITABLE RELIEF.—In any action under
22 this section, the court may award appropriate equi-
23 table relief, including temporary, preliminary, or per-
24 manent injunctive relief.

25 (5) COSTS.—

1 (A) IN GENERAL.—In any action under
2 this section, the court shall award costs of liti-
3 gation, as well as reasonable attorney's fees, to
4 any prevailing plaintiff.

5 (B) LIABILITY OF PLAINTIFFS.—A plain-
6 tiff shall not be liable to a defendant for costs
7 or attorney's fees in any non-frivolous action
8 under this section unless such costs or attor-
9 ney's fees are imposed by the court as part of
10 sanctions for violations committed during the
11 discovery process.

12 (6) JURISDICTION.—The district courts of the
13 United States shall have jurisdiction over pro-
14 ceedings under this section and shall exercise the
15 same without regard to whether the party aggrieved
16 shall have exhausted any administrative or other
17 remedies that may be provided for by law.

18 (7) RIGHT TO REMOVE.—

19 (A) IN GENERAL.—Any party shall have a
20 right to remove an action brought under this
21 subsection to the district court of the United
22 States for the district and division embracing
23 the place where such action is pending.

24 (B) REVIEW.—An order remanding the
25 case to the State court from which it was re-

1 moved under this paragraph is immediately re-
2 viewable by appeal or otherwise.

3 (d) REGULATIONS.—Not later than 180 days after
4 the date of enactment of this Act, the Secretary of Health
5 and Human Services shall promulgate regulations to carry
6 out this section.

7 (e) RULES OF CONSTRUCTION.—

8 (1) IN GENERAL.—For purposes of this title, a
9 State law, or the administration, implementation, or
10 enforcement of a State law, constitutes a prohibi-
11 tion, limitation, interference, or impediment on a
12 health care provider providing, an individual receiv-
13 ing, a health insurance issuer covering, or a manu-
14 facturer marketing drugs or devices for ART or IUI,
15 as described in subsection 104, if the administration,
16 implementation, interpretation, or enforcement of
17 such law has an effect that—

18 (A) imposes requirements or limitations
19 that are inconsistent with providing, receiving,
20 providing health insurance coverage for, or pro-
21 viding drugs or devices for ART or IUI or that
22 otherwise violate the purpose and requirements
23 of this Act, which may include—

24 (i) requiring that a health care pro-
25 vider provide, and patients undertake,

1 medically unnecessary procedures and serv-
2 ices, including tests and procedures, pro-
3 viding medically inaccurate information re-
4 garding ART or IUI, or requiring addi-
5 tional unnecessary in-person visits to a
6 health care provider;

7 (ii) imposing limitations or require-
8 ments concerning physical offices, clinics,
9 facilities, equipment, staffing, or hospital
10 transfer arrangements of facilities where
11 ART or IUI are provided, or the creden-
12 tials or hospital privileges or status of per-
13 sonnel at such facilities; or

14 (iii) limiting a health care provider's
15 right or ability to provide, or a patient's
16 right to receive, continue or complete ART
17 or IUI, or imposing limitations that reduce
18 the efficacy of, ART or IUI, including limi-
19 tations on—

20 (I) retrieval of multiple eggs dur-
21 ing oocyte retrieval;

22 (II) intracytoplasmic sperm injec-
23 tions to fertilize multiple human eggs;
24 and

1 (III) cryopreservation of one or
2 more eggs, sperm, or embryos if de-
3 termined appropriate by the health
4 care provider and patient;

5 (B) infringes, limits, or restricts the ability
6 of a health care provider, patient, health insur-
7 ance issuer, or manufacturer, to exercise or en-
8 force their statutory rights under this title on
9 the basis of marital status, sex (including sex-
10 ual orientation and gender identity) or any
11 other protected class that is covered by Federal
12 law;

13 (C) limits a health care provider's or pa-
14 tient's right or ability to determine the most ap-
15 propriate disposition of reproductive genetic
16 material, including by defining a gamete or em-
17 bryo in such a way to limit an individual's op-
18 tions for how their reproductive genetic mate-
19 rial should be handled;

20 (D) limits a health care provider's ability
21 to provide, or a patient's ability to receive, ART
22 or IUI via telemedicine;

23 (E) limits or prohibits a health care pro-
24 vider's ability to provide, or a patient's ability
25 to receive, counseling regarding ART or IUI

1 based on the residency of the patient, or pro-
2 hibits or limits the ability of any individual to
3 assist or support a patient seeking ART or IUI;
4 (F) imposes requirements or limitations
5 that compel health care providers to provide, or
6 patients to receive, medically unnecessary care,
7 or withhold medically necessary care, including
8 mandating the transfer of embryos that a
9 health care provider would not reasonably ex-
10 pect, based on American Society for Reproduc-
11 tive Medicine guidelines, to lead to a pregnancy
12 or a live birth; or

13 (G) limits a health care provider's right or
14 ability to prescribe or dispense, or a patient's
15 right or ability to receive or use, medications
16 for ART or IUI, unless such a limitation is gen-
17 erally applicable to the prescription, dispensing,
18 or distribution of medications.

19 (2) CLARIFICATION.—The descriptions of spe-
20 cific State laws that would violate the statutory
21 rights and protections described in paragraph (1)
22 shall not be construed to limit potential violations of
23 the statutory rights and protections under this title
24 to only the restrictions and limitations listed in
25 paragraph (1), and potential violations of this title

1 may result from novel State restrictions and limita-
2 tions that are not listed under paragraph (1).

3 (3) EXCLUSION.—It shall not constitute a pro-
4 hibition, limitation, interference, or impediment to a
5 health care provider providing, an individual receiv-
6 ing, a health insurance issuer covering, or a manu-
7 facturer marketing a drug or device for purposes of,
8 ART or IUI under this title for an entity to act in
9 compliance with the Food and Drug Administra-
10 tion’s regulation of drugs, devices, biological prod-
11 ucts, human cells, tissues, or cellular or tissue-based
12 products used in ART or IUI.

13 **SEC. 105. APPLICABILITY AND PREEMPTION.**

14 (a) IN GENERAL.—

15 (1) GENERAL APPLICATION.—

16 (A) EFFECT ON STATE LAW.—This title
17 supersedes any State law that is inconsistent
18 with the statutory rights established under this
19 title and precludes the implementation of such
20 a law, whether statutory, common law, or other-
21 wise, and whether adopted before or after the
22 date of enactment of this Act.

23 (B) PROHIBITION.—No State shall admin-
24 ister, implement, or enforce any law, rule, regu-
25 lation, standard, or other provision having the

1 force and effect of law that conflicts with any
2 provision of this title, notwithstanding any
3 other provision of Federal law.

4 (2) EXCLUSION.—Preemption of State law
5 under paragraph (1) does not apply to—

6 (A) State law regarding the resolution of
7 disputes between 2 individuals with rights de-
8 scribed in section 104(a)(1) with respect to the
9 same reproductive genetic material, such as oo-
10 cytes, sperm, fertilized eggs, and embryos; or

11 (B) any other State law, to the extent that
12 such law does not conflict with this title and
13 protects an individual's right and ability to re-
14 ceive ART or IUI in accordance with American
15 Society for Reproductive Medicine guidelines,
16 including any such law that holds a health care
17 provider accountable for not providing ART or
18 IUI in accordance with such guidelines.

19 (3) PRESERVATION OF FEDERAL PUBLIC
20 HEALTH AUTHORITIES.—Nothing in this title shall
21 have the effect of superseding, negating, or limiting
22 provisions of Federal law, including the Federal
23 Food, Drug, and Cosmetic Act (21 U.S.C. 301 et
24 seq.) or the Public Health Service Act (42 U.S.C.
25 201 et seq.), and regulations promulgated under

1 such statutes, with respect to the regulation of
2 drugs, devices, biological products, human cells, tis-
3 sues, or cellular or tissue-based products used in
4 ART or IUI.

5 (4) PRESERVATION OF HIPAA RULES.—Nothing
6 in this title shall have the effect of superseding, ne-
7 gating, or limiting the provisions of the privacy, se-
8 curity, and breach notification regulations in parts
9 160 and 164 of title 45, Code of Federal Regula-
10 tions (or successor regulations).

11 (5) SUBSEQUENTLY ENACTED FEDERAL LEGIS-
12 LATION.—Federal statutory law adopted after the
13 date of the enactment of this Act is subject to this
14 title unless such law explicitly excludes such applica-
15 tion by reference to this title.

16 (b) DEFENSE.—In any cause of action against an in-
17 dividual or entity who is subject to a limitation or require-
18 ment that violates this title, in addition to the remedies
19 specified in section 104(b), this title shall also apply to,
20 and may be raised as a defense by, such an individual or
21 entity.

1 **TITLE II—VETERAN FAMILIES**
2 **HEALTH SERVICES**

3 **SEC. 200. SHORT TITLE.**

4 This title may be cited as the “Veteran Families
5 Health Services Act”.

6 **Subtitle A—Reproductive and Fer-**
7 **tility Preservation Assistance**
8 **for Members of the Uniformed**
9 **Services**

10 **SEC. 201. DEFINITIONS.**

11 In this subtitle:

12 (1) **ACTIVE DUTY.**—The term “active duty” has
13 the meaning given that term in section 101(18) of
14 title 37, United States Code.

15 (2) **ASSISTED REPRODUCTIVE TECHNOLOGY.**—
16 The term “assisted reproductive technology” means
17 any treatment or procedure that includes the han-
18 dling of human eggs or embryos to help achieve a
19 pregnancy, including in vitro fertilization, egg or em-
20 bryo cryopreservation, and egg or embryo donation.
21 Such term includes any medication related to such
22 a treatment or procedure.

23 (3) **INTRAUTERINE INSEMINATION.**—The term
24 “intrauterine insemination” means a procedure that
25 places sperm directly into an individual’s uterus at

1 the time of the individual's ovulation to increase the
2 chances of fertilization. Such term includes any
3 medication associated with such a procedure.

4 (4) UNIFORMED SERVICES.—The term “uni-
5 formed services” has the meaning given that term in
6 section 101(a)(5) of title 10, United States Code.

7 **SEC. 202. PROVISION OF ASSISTED REPRODUCTIVE TECH-**
8 **NOLOGY, INTRAUTERINE INSEMINATION,**
9 **AND COUNSELING TO CERTAIN MEMBERS OF**
10 **THE UNIFORMED SERVICES AND SPOUSES,**
11 **PARTNERS, AND GESTATIONAL SURROGATES**
12 **OF SUCH MEMBERS.**

13 (a) ASSISTED REPRODUCTIVE TECHNOLOGY AND
14 COUNSELING AND INTRAUTERINE INSEMINATION.—

15 (1) IN GENERAL.—The Secretary of Defense
16 shall make available assisted reproductive tech-
17 nology, intrauterine insemination, and counseling to
18 a member of the uniformed services or a spouse,
19 partner, or gestational surrogate of such a member.

20 (2) ELIGIBILITY FOR TREATMENT AND COUN-
21 SELING.—Assisted reproductive technology, intra-
22 uterine insemination, and counseling shall be fur-
23 nished under paragraph (1) without regard to the
24 sex, sex characteristics, gender identity, sexual ori-
25 entation, infertility diagnosis, or marital status of

1 the member of the uniformed services or their part-
2 ner.

3 (3) IN VITRO FERTILIZATION.—In the case of
4 in vitro fertilization treatment furnished under para-
5 graph (1), the Secretary shall furnish to an indi-
6 vidual under such paragraph—

7 (A) not more than three completed oocyte
8 retrievals; and

9 (B) unlimited embryo transfers.

10 (b) PROCUREMENT OF REPRODUCTIVE GENETIC MA-
11 TERIAL.—If a member of the uniformed services is unable
12 to provide their reproductive genetic material, such as oo-
13 cytes, sperm, fertilized eggs, and embryos, for purposes
14 of assisted reproductive technology or intrauterine insemi-
15 nation under subsection (a), the Secretary shall, at the
16 election of such member, allow such member to receive as-
17 sisted reproductive technology or intrauterine insemina-
18 tion with donated reproductive genetic material and pay
19 or reimburse such member the reasonable costs of pro-
20 curing such material from a donor.

21 (c) RULES OF CONSTRUCTION.—

22 (1) IMPACT ON EXISTING AUTHORITY.—Noth-
23 ing in this section shall be construed to rescind the
24 authority of the Secretary to provide in vitro fer-

1 tilization benefits pursuant to section 1074(c)(4) of
2 title 10, United States Code.

3 (2) SOURCING OF GESTATIONAL SURROGATE OR
4 REPRODUCTIVE GENETIC MATERIAL.—Nothing in
5 this section shall be construed to require the Sec-
6 retary—

7 (A) to find or certify a gestational surro-
8 gate for a member of the uniformed services or
9 to connect a gestational surrogate with such a
10 member; or

11 (B) to find or certify reproductive genetic
12 material, such as oocytes, sperm, fertilized eggs,
13 and embryos, from a donor for a member of the
14 uniformed services or to connect such a member
15 with reproductive genetic material from a
16 donor.

17 (d) DEFINITIONS.—In this section:

18 (1) GESTATIONAL SURROGATE.—The term
19 “gestational surrogate” means an individual who
20 agrees to attempt to become pregnant through in
21 vitro fertilization under a gestational surrogacy
22 agreement using gametes that are not the gametes
23 of that individual.

24 (2) PARTNER.—The term “partner”, with re-
25 spect to a member of the uniformed services, means

1 an individual selected by the member who agrees to
2 be a parent, with the member, of a child born as a
3 result of the use of any assisted reproductive tech-
4 nology or intrauterine insemination under this sec-
5 tion.

6 **SEC. 203. ESTABLISHMENT OF FERTILITY PRESERVATION**
7 **PROCEDURES FOR MEMBERS OF THE UNI-**
8 **FORMED SERVICES ON ACTIVE DUTY.**

9 (a) AFTER AN INJURY OR ILLNESS.—The Secretary
10 of Defense, acting through the Assistant Secretary of De-
11 fense for Health Affairs, shall establish procedures for the
12 retrieval, cryopreservation, and storage of reproductive ge-
13 netic material, such as oocytes, sperm, fertilized eggs, and
14 embryos, as soon as medically appropriate, by the Depart-
15 ment of Defense or a private entity from a member of
16 the uniformed services in cases in which the fertility of
17 such member is potentially jeopardized as a result of an
18 injury or illness incurred or aggravated while serving on
19 active duty in the uniformed services in order to preserve
20 the medical options of such member.

21 (b) PRIOR TO DEPLOYMENT OR CERTAIN ASSIGN-
22 MENTS.—The Secretary of Defense shall provide members
23 of the uniformed services on active duty in the uniformed
24 services with the opportunity to cryopreserve and store
25 their reproductive genetic material, such as oocytes,

1 sperm, fertilized eggs, and embryos, at a facility of the
2 Department of Defense or of a private entity, prior to—

3 (1) deployment to a combat zone; or

4 (2) a duty assignment that includes a haz-
5 ardous assignment, including—

6 (A) assignments resulting in exposure to
7 perfluoroalkyl or polyfluoroalkyl substances;
8 and

9 (B) such other assignments as determined
10 by the Secretary.

11 (c) PERIOD OF TIME.—

12 (1) IN GENERAL.—The Secretary shall provide
13 for the cryopreservation and storage of reproductive
14 genetic material of any member of the uniformed
15 services under this section in a facility of the De-
16 partment of Defense or of a private entity and the
17 transportation of such material, at no cost to the
18 member, until the date that is one year after the re-
19 tirement, separation, or release of the member from
20 the uniformed services.

21 (2) NOTICE OF OPTIONS FOLLOWING STOR-
22 AGE.—

23 (A) IN GENERAL.—Upon the date of re-
24 tirement, separation, or release of any member
25 who has cryopreserved and stored genetic mate-

1 rial under this section, the Secretary shall no-
2 tify such member that the Department of De-
3 fense shall continue to provide for the
4 cryopreservation and storage of reproductive ge-
5 netic material for one year and that at the end
6 of such one-year period the reproductive genetic
7 material shall be handled as directed by the
8 member in writing.

9 (B) DIRECTION BY MEMBER.—The direc-
10 tion of a member under subparagraph (A) may
11 be provided to the Department of Defense or
12 the private entity storing the genetic material in
13 a consent agreement or similar type of form
14 signed by the member prior to retrieval and
15 cryopreservation or, if applicable, a form that
16 has superseded the original consent agreement
17 or similar type of form that was signed by the
18 member after the cryopreservation but on or be-
19 fore the date that is one year after the retire-
20 ment, separation, or release of the member
21 from the uniformed services.

22 (d) ADVANCE MEDICAL DIRECTIVE AND MILITARY
23 TESTAMENTARY INSTRUMENT.—A member of the uni-
24 formed services who is eligible to cryopreserve and store
25 their reproductive genetic material under this section must

1 complete an advance medical directive, as defined in sec-
2 tion 1044c(b) of title 10, United States Code, and a mili-
3 tary testamentary instrument, as defined in section
4 1044d(b) of such title, that explicitly specifies whether
5 such member consents to the procedures described in sub-
6 section (a) and how any cryopreserved and stored repro-
7 ductive genetic material shall be handled if such member
8 dies or otherwise loses the capacity to consent to the use
9 of their cryopreserved and stored reproductive genetic ma-
10 terial.

11 (e) AGREEMENTS.—

12 (1) AGREEMENTS WITH PRIVATE ENTITIES.—

13 To carry out this section, the Secretary may enter
14 into agreements with private entities that provide
15 cryopreservation, transportation, and storage serv-
16 ices for reproductive genetic material.

17 (2) NO CONTRACTUAL OR LIABILITY OBLIGA-
18 TION FOR AGREEMENTS BETWEEN PRIVATE ENTI-
19 TIES AND MEMBERS.—The United States shall not
20 be—

21 (A) considered a party to any agreement,
22 consent form, or other contractual arrangement
23 or commitment between a member of the uni-
24 formed services and a private entity that pro-
25 vides cryopreservation, transportation, and stor-

1 age services for reproductive genetic material;
2 or

3 (B) responsible for the management of re-
4 productive genetic material cryopreserved or
5 stored at a private entity pursuant to such
6 agreement, consent form, or other contractual
7 arrangement or commitment.

8 **SEC. 204. ASSISTANCE WITH AND CONTINUITY OF CARE RE-**
9 **GARDING REPRODUCTIVE AND FERTILITY**
10 **PRESERVATION SERVICES.**

11 The Secretary of Defense shall ensure that employees
12 of the Department of Defense assist members of the uni-
13 formed services—

14 (1) in navigating the services provided under
15 this subtitle;

16 (2) in finding a provider that meets the needs
17 of such members with respect to such services; and

18 (3) in continuing the receipt of such services
19 without interruption during a permanent change of
20 station for such members.

1 **SEC. 205. COORDINATION BETWEEN DEPARTMENT OF DE-**
2 **FENSE AND DEPARTMENT OF VETERANS AF-**
3 **FAIRS ON FURNISHING OF ASSISTED REPRO-**
4 **DUCTIVE TECHNOLOGY, INTRAUTERINE IN-**
5 **SEMINATION, AND COUNSELING.**

6 (a) IN GENERAL.—The Secretary of Defense and the
7 Secretary of Veterans Affairs shall share best practices
8 and facilitate referrals, as they consider appropriate, on
9 the furnishing of assisted reproductive technology, intra-
10 uterine insemination, and counseling to individuals eligible
11 for the receipt of such counseling and services from the
12 Secretaries.

13 (b) MEMORANDUM OF UNDERSTANDING.—The Sec-
14 retary of Defense and the Secretary of Veterans Affairs
15 shall enter into a memorandum of understanding pro-
16 viding that the Secretary of Defense will ensure access by
17 the Secretary of Veterans Affairs to reproductive genetic
18 material, such as oocytes, sperm, fertilized eggs, and em-
19 bryos, of veterans stored by the Department of Defense
20 for purposes of furnishing assisted reproductive tech-
21 nology and intrauterine insemination under section 1720M
22 of title 38, United States Code, as added by section
23 212(a).

1 **SEC. 206. REGULATIONS.**

2 Not later than two years after the date of the enact-
3 ment of this Act, the Secretary of Defense shall prescribe
4 regulations to carry out this subtitle.

5 **Subtitle B—Reproductive**
6 **Assistance for Veterans**

7 **SEC. 211. INCLUSION OF ASSISTED REPRODUCTIVE TECH-**
8 **NOLOGY, INTRAUTERINE INSEMINATION,**
9 **AND COUNSELING UNDER THE DEFINITION**
10 **OF MEDICAL SERVICES IN TITLE 38.**

11 Section 1701(6) of title 38, United States Code, is
12 amended by adding at the end the following new subpara-
13 graph:

14 “(J) Assisted reproductive technology,
15 intrauterine insemination, and counseling under
16 section 1720M of this title.”.

17 **SEC. 212. ASSISTED REPRODUCTIVE TECHNOLOGY, INTRA-**
18 **UTERINE INSEMINATION, AND COUNSELING**
19 **FOR CERTAIN VETERANS AND SPOUSES,**
20 **PARTNERS, AND GESTATIONAL SURROGATES**
21 **OF SUCH VETERANS.**

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

1 **“§ 1720M. Assisted reproductive technology, intra-**
2 **uterine insemination, and counseling for**
3 **certain veterans and spouses, partners,**
4 **and gestational surrogates of such vet-**
5 **erans**

6 “(a) REQUIREMENT.—

7 “(1) IN GENERAL.—Notwithstanding any other
8 provision of law, including the surrogacy laws of any
9 State, the Secretary shall furnish assisted reproduc-
10 tive technology, intrauterine insemination, and coun-
11 seling for the benefit of a covered veteran to the vet-
12 eran and the spouse, partner, gamete donor, or ges-
13 tational surrogate of the veteran if the veteran, and
14 the spouse, partner, gamete donor, or gestational
15 surrogate of the veteran, as applicable, each provide
16 informed consent for such assisted reproductive
17 technology, intrauterine insemination, and coun-
18 seling, including for each cycle of treatment author-
19 ized under this section, through a process prescribed
20 by the Secretary.

21 “(2) PROVISION OF TREATMENT AND COUN-
22 SELING.—Assisted reproductive technology, intra-
23 uterine insemination, and counseling shall be fur-
24 nished under paragraph (1) without regard to the
25 sex, sexual characteristics, gender identity, sexual

1 orientation, infertility diagnosis, or marital status of
2 the covered veteran or their partner.

3 “(3) IN VITRO FERTILIZATION.—In the case of
4 in vitro fertilization treatment furnished under para-
5 graph (1), the Secretary shall furnish to an indi-
6 vidual under such paragraph—

7 “(A) not more than three completed oocyte
8 retrievals; and

9 “(B) unlimited embryo transfers.

10 “(4) COPAYMENT.—The Secretary shall only
11 furnish assisted reproductive technology, intra-
12 uterine insemination, and counseling under para-
13 graph (1) to a covered veteran who is required to
14 pay to the United States a copayment amount as a
15 condition for the receipt of hospital care, medical
16 services, or medications under this chapter if the
17 covered veteran agrees to pay such applicable copay-
18 ment amount to the United States for such assisted
19 reproductive technology and counseling.

20 “(b) PROCUREMENT OF REPRODUCTIVE GENETIC
21 MATERIAL.—

22 “(1) IN GENERAL.—If a covered veteran is un-
23 able to provide their reproductive genetic material
24 for purposes of assisted reproductive technology or

1 intrauterine insemination under subsection (a), the
2 Secretary shall, at the election of such veteran—

3 “(A) allow such veteran to receive assisted
4 reproductive technology or intrauterine insemi-
5 nation with donated reproductive genetic mate-
6 rial, if the donor provides informed consent for
7 use of such material; and

8 “(B) pay or reimburse the veteran, donor,
9 or a party acting on behalf of the donor the
10 reasonable costs of procuring such material
11 from the donor.

12 “(2) OTHER EXPENSES.—The Secretary may
13 pay or reimburse a covered veteran a reasonable
14 amount for personal travel and incidental expenses
15 associated with procuring material from a donor
16 under paragraph (1).

17 “(c) OUTREACH AND TRAINING.—The Secretary
18 shall carry out an outreach and training program to en-
19 sure veterans and health care providers of the Department
20 are aware of—

21 “(1) the availability of and eligibility require-
22 ments for assisted reproductive technology, intra-
23 uterine insemination, and counseling under this sec-
24 tion; and

1 “(2) any changes to assisted reproductive tech-
2 nology, intrauterine insemination, and counseling
3 covered under this section.

4 “(d) OWNERSHIP, USE, OR DISPOSITION OF REPRO-
5 DUCTIVE GENETIC MATERIAL.—

6 “(1) IN GENERAL.—Issues or disputes regard-
7 ing use or disposition of reproductive genetic mate-
8 rial under this section shall be the sole responsibility
9 of the covered veteran, the spouse or partner of the
10 covered veteran, as applicable, and the private facil-
11 ity storing such material.

12 “(2) AGREEMENT REGARDING DONATED RE-
13 PRODUCTIVE GENETIC MATERIAL.—As a condition
14 of the use of donated gametes or embryos under this
15 section, the third-party donor and a provider of as-
16 sisted reproductive technology or intrauterine insem-
17 ination that has entered into a contract or agree-
18 ment with the Secretary to provide assisted repro-
19 ductive technology or intrauterine insemination
20 under this section shall enter into an arrangement
21 or agreement governing the terms of the donation,
22 including how any remaining cryopreserved and
23 stored reproductive genetic material will be handled
24 once a covered veteran has exhausted the assisted
25 reproductive technology or intrauterine insemination

1 services available under this section, unless the vet-
2 eran or the spouse or partner of the veteran has
3 agreed to assume liability for the continued preser-
4 vation of any remaining gametes or embryos and the
5 Department is not party to the arrangement or
6 agreement for such continued preservation.

7 “(3) ROLE OF DEPARTMENT.—The role of the
8 Secretary under this section is limited to furnishing
9 assisted reproductive technology, intrauterine insemin-
10 ation, and counseling required under this section
11 when requested by a covered veteran and determined
12 necessary by the Secretary.

13 “(4) OWNERSHIP AND CUSTODY OF REPRODUC-
14 TIVE GENETIC MATERIAL.—The Secretary will not
15 have ownership or custody of any reproductive ge-
16 netic material obtained pursuant to treatment under
17 this section and will not be involved in disputes be-
18 tween or among any parties with respect to such
19 material.

20 “(e) RULE OF CONSTRUCTION.—Nothing in this sec-
21 tion shall be construed to require the Secretary—

22 “(1) to find or certify a gestational surrogate
23 for a covered veteran or to connect a gestational sur-
24rogate with a covered veteran; or

1 “(2) to furnish maternity care to a covered vet-
2 eran or spouse, partner, or gestational surrogate of
3 a covered veteran beyond what is otherwise required
4 or authorized by law.

5 “(f) DEFINITIONS.—In this section:

6 “(1) The term ‘assisted reproductive tech-
7 nology’ means any treatment or procedure that in-
8 cludes the handling of human eggs or embryos to
9 help achieve a pregnancy, including in vitro fertiliza-
10 tion, egg or embryo cryopreservation, and egg or em-
11 bryo donation. Such term includes any medication
12 related to such a treatment or procedure.

13 “(2) The term ‘covered veteran’ means a vet-
14 eran who is enrolled in the system of annual patient
15 enrollment established under section 1705(a) of this
16 title.

17 “(3) The term ‘gestational surrogate’ means an
18 individual who agrees to attempt to become pregnant
19 through in vitro fertilization under a gestational
20 surrogacy agreement using gametes that are not the
21 gametes of that individual.

22 “(4) The term ‘intrauterine insemination’
23 means a procedure that places sperm directly into
24 an individual’s uterus at the time of the individual’s
25 ovulation to increase the chances of fertilization.

1 Such term includes any medication associated with
2 such a procedure.

3 “(5) The term ‘partner’, with respect to a cov-
4 ered veteran, means an individual selected by the
5 veteran who agrees to be a parent, with the veteran,
6 of a child born as a result of the use of any assisted
7 reproductive technology or intrauterine insemination
8 under this section.”.

9 (b) CLERICAL AMENDMENT.—The table of sections
10 at the beginning of chapter 17 of such title is amended
11 by inserting after the item relating to section 1720L the
12 following new item:

 “1720M. Assisted reproductive technology, intrauterine insemination, and coun-
 seling for certain veterans and spouses, partners, and gesta-
 tional surrogates of such veterans.”.

13 (c) SUNSET OF EXISTING AUTHORITY.—The author-
14 ity under section 234(a)(1) of the Military Construction,
15 Veterans Affairs, and Related Agencies Appropriations
16 Act, 2024 (division A of Public Law 118–42), or any simi-
17 lar authority subsequently enacted by law, shall cease on
18 the effective date of regulations prescribed to carry out
19 section 1720M of title 38, United States Code, as added
20 by subsection (a).

1 **SEC. 213. ASSISTANCE WITH AND CONTINUITY OF CARE RE-**
2 **GARDING REPRODUCTIVE AND FERTILITY**
3 **PRESERVATION SERVICES.**

4 The Secretary of Veterans Affairs shall ensure that
5 employees of the Department of Veterans Affairs assist
6 veterans—

7 (1) in navigating the services provided under
8 this subtitle and the amendments made by this sub-
9 title;

10 (2) in finding a provider that meets the needs
11 of such veterans with respect to such services; and

12 (3) in continuing the receipt of such services
13 without interruption if such veterans move to a dif-
14 ferent geographic location.

15 **SEC. 214. COORDINATION OF REPRODUCTION AND FER-**
16 **TILITY RESEARCH FOR VETERANS.**

17 (a) IN GENERAL.—Subchapter II of chapter 73 of
18 title 38, United States Code, is amended by adding at the
19 end the following new section:

20 **“§ 7330E. Coordination of reproduction and fertility**
21 **research for veterans**

22 “(a) COORDINATION OF RESEARCH REQUIRED.—The
23 Secretary shall coordinate with the Secretary of Defense
24 and the Secretary of Health and Human Services to con-
25 duct research to improve the ability of the Department
26 of Veterans Affairs to meet the long-term reproductive

1 health care needs of veterans who have a condition that
2 affects the ability of the individual to reproduce.

3 “(b) DISSEMINATION OF INFORMATION.—The Sec-
4 retary shall ensure that information produced by the re-
5 search under this section that may be useful for other ac-
6 tivities of the Department is disseminated throughout the
7 Department.”.

8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of chapter 73 of such title is amended
10 by inserting after the item relating to section 7330D the
11 following new item:

“7330E. Coordination of reproduction and fertility research for veterans.”.

12 **TITLE III—ACCESS TO ASSISTED**
13 **REPRODUCTIVE TECH-**
14 **NOLOGY AND INTRAUTERINE**
15 **INSEMINATION**

16 **SEC. 301. SHORT TITLE.**

17 This title may be cited as the “Access to Fertility
18 Treatment and Care Act”.

19 **SEC. 302. STANDARDS RELATING TO BENEFITS FOR AS-**
20 **SISTED REPRODUCTIVE TECHNOLOGY AND**
21 **INTRAUTERINE INSEMINATION.**

22 (a) IN GENERAL.—

23 (1) PHSA.—Part D of title XXVII of the Pub-
24 lic Health Service Act (42 U.S.C. 300gg–111 et
25 seq.) is amended by adding at the end the following:

1 **“SEC. 2799A–12. STANDARDS RELATING TO BENEFITS FOR**
2 **ASSISTED REPRODUCTIVE TECHNOLOGY AND**
3 **INTRAUTERINE INSEMINATION.**

4 “(a) IN GENERAL.—A group health plan or a health
5 insurance issuer offering group or individual health insur-
6 ance coverage shall provide coverage for assisted reproduc-
7 tive technology and intrauterine insemination.

8 “(b) DEFINITION.—

9 “(1) ASSISTED REPRODUCTIVE TECHNOLOGY;
10 ART.—The term ‘assisted reproductive technology’
11 or ‘ART’ means any treatment or procedure that in-
12 cludes the handling of human eggs or embryos to
13 help achieve a pregnancy, including in vitro fertiliza-
14 tion, egg or embryo cryopreservation, and egg or em-
15 bryo donation. Such term includes any medication
16 related to such a treatment or procedure.

17 “(2) INTRAUTERINE INSEMINATION; IUI.—The
18 term ‘intrauterine insemination’ or ‘IUI’ means a
19 procedure that places sperm directly into an individ-
20 ual’s uterus at the time of the individual’s ovulation
21 to increase the chances of fertilization. Such term
22 includes any medication associated with such a pro-
23 cedure.

24 “(c) REQUIRED COVERAGE.—A group health plan
25 and a health insurance issuer offering group or individual
26 health insurance coverage shall provide coverage for ART

1 and IUI determined appropriate by the health care pro-
2 vider, regardless of whether the participant, beneficiary,
3 or enrollee receiving ART or IUI has been diagnosed with
4 infertility as defined by the American Society for Repro-
5 ductive Medicine, if the ART or IUI is performed at, or
6 prescribed by, a licensed medical facility.

7 “(d) LIMITATION.—Cost-sharing, including
8 deductibles and coinsurance, or other limitations for ART
9 or IUI may not be imposed with respect to ART or IUI
10 required to be covered under subsection (c) to the extent
11 that such cost-sharing exceeds the cost-sharing applied to
12 other medical services under the group health plan or
13 health insurance coverage or such other limitations are
14 different from limitations imposed with respect to such
15 medical services, except where such limitation is more fa-
16 vorable with respect to ART or IUI. The Secretary shall
17 promulgate interim final regulations to carry out this sub-
18 section, notwithstanding the notice and comment require-
19 ments of section 553 of title 5, United States Code.

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

23 “(1) provide incentives (monetary or otherwise)
24 to a participant, beneficiary, or enrollee to encourage
25 such participant, beneficiary, or enrollee not to seek

1 or obtain ART or IUI to which such participant,
2 beneficiary, or enrollee is entitled under this section
3 or to providers to induce such providers not to pro-
4 vide medically appropriate ART or IUI to partici-
5 pants, beneficiaries, or enrollees;

6 “(2) prohibit a provider from discussing with a
7 participant, beneficiary, or enrollee ART or IUI re-
8 lating to this section;

9 “(3) penalize or otherwise reduce or limit the
10 reimbursement of a provider because such provider
11 provided ART or IUI to a qualified participant, ben-
12 eficiary, or enrollee in accordance with this section;
13 or

14 “(4) on the ground prohibited under title VI of
15 the Civil Rights Act of 1964, title IX of the Edu-
16 cation Amendments of 1972, the Age Discrimination
17 Act of 1975, section 504 of the Rehabilitation Act
18 of 1973, or section 1557 of the Patient Protection
19 and Affordable Care Act, exclude any individual
20 from coverage in accordance with this section, or
21 discriminate against any individual with respect to
22 such coverage.

23 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
24 tion shall be construed to require a participant, bene-
25 ficiary, or enrollee to undergo ART or IUI.

1 “(g) NOTICE.—A group health plan and a health in-
2 surance issuer offering group or individual health insur-
3 ance coverage shall provide notice to each participant, ben-
4 eficiary, and enrollee under such plan or coverage regard-
5 ing the coverage required by this section in accordance
6 with regulations promulgated by the Secretary. Such no-
7 tice shall be in writing and prominently positioned in any
8 literature or correspondence made available or distributed
9 by the plan or issuer and shall be transmitted—

10 “(1) not later than the earlier of—

11 “(A) in the first standard mailing made by
12 the plan or issuer to the participant, bene-
13 ficiary, or enrollee following the effective date of
14 such regulations;

15 “(B) as part of any yearly informational
16 packet sent to the participant, beneficiary, or
17 enrollee; or

18 “(C) January 1, 2027;

19 “(2) in the case of a participant, beneficiary, or
20 enrollee not enrolled in the plan or coverage on the
21 date of transmission under paragraph (1), upon ini-
22 tial enrollment of such participant, beneficiary, or
23 enrollee; and

24 “(3) on an annual basis after the transmission
25 under paragraph (1) or (2).

1 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—
2 Nothing in this section shall be construed to prevent a
3 group health plan or a health insurance issuer offering
4 group or individual health insurance coverage from negoti-
5 ating the level and type of reimbursement with a provider
6 for care provided in accordance with this section.”.

7 (2) ERISA.—

8 (A) IN GENERAL.—Subpart B of part 7 of
9 subtitle B of title I of the Employee Retirement
10 Income Security Act of 1974 (29 U.S.C. 1185
11 et seq.) is amended by adding at the end the
12 following:

13 **“SEC. 727. STANDARDS RELATING TO BENEFITS FOR AS-**
14 **SISTED REPRODUCTIVE TECHNOLOGY AND**
15 **INTRAUTERINE INSEMINATION.**

16 “(a) IN GENERAL.—A group health plan or a health
17 insurance issuer offering group health insurance coverage
18 shall provide coverage for assisted reproductive technology
19 and intrauterine insemination.

20 “(b) DEFINITIONS.—

21 “(1) ASSISTED REPRODUCTIVE TECHNOLOGY
22 OR ART.—The term ‘assisted reproductive tech-
23 nology’ or ‘ART’ means any treatment or procedure
24 that includes the handling of human eggs or em-
25 bryos to help achieve a pregnancy, including in vitro

1 fertilization, egg or embryo cryopreservation, and
2 egg or embryo donation. Such term includes any
3 medication related to such a treatment or procedure.

4 “(2) INTRAUTERINE INSEMINATION; IUI.—The
5 term ‘intrauterine insemination’ or ‘IUI’ means a
6 procedure that places sperm directly into an individ-
7 ual’s uterus at the time of the individual’s ovulation
8 to increase the chances of fertilization. Such term
9 includes any medication associated with such a pro-
10 cedure.

11 “(c) REQUIRED COVERAGE.—A group health plan
12 and a health insurance issuer offering group health insur-
13 ance coverage shall provide coverage for ART and IUI de-
14 termined appropriate by the health care provider, regard-
15 less of whether the participant or beneficiary receiving
16 ART or IUI has been diagnosed with infertility as defined
17 by the American Society for Reproductive Medicine, if the
18 ART or IUI is performed at, or prescribed by, a licensed
19 medical facility.

20 “(d) LIMITATION.—Cost-sharing, including
21 deductibles and coinsurance, or other limitations for ART
22 or IUI may not be imposed with respect to ART or IUI
23 required to be covered under subsection (c) to the extent
24 that such cost-sharing exceeds the cost-sharing applied to
25 other medical services under the group health plan or

1 health insurance coverage or such other limitations are
2 different from limitations imposed with respect to such
3 medical services, except where such limitation is more fa-
4 vorable with respect to ART or IUI. The Secretary shall
5 promulgate interim final regulations to carry out this sub-
6 section, notwithstanding the notice and comment require-
7 ments of section 553 of title 5, United States Code.

8 “(e) PROHIBITIONS.—A group health plan and a
9 health insurance issuer offering group health insurance
10 coverage may not—

11 “(1) provide incentives (monetary or otherwise)
12 to a participant or beneficiary to encourage such
13 participant or beneficiary not to seek or obtain ART
14 or IUI to which such participant or beneficiary is
15 entitled under this section or to providers to induce
16 such providers not to provide medically appropriate
17 ART or IUI to participants or beneficiaries;

18 “(2) prohibit a provider from discussing with a
19 participant or beneficiary ART or IUI relating to
20 this section;

21 “(3) penalize or otherwise reduce or limit the
22 reimbursement of a provider because such provider
23 provided ART or IUI to a qualified participant or
24 beneficiary in accordance with this section; or

1 “(4) on the ground prohibited under title VI of
2 the Civil Rights Act of 1964 (42 U.S.C. 2000d et
3 seq.), title IX of the Education Amendments of 1972
4 (20 U.S.C. 1681 et seq.), the Age Discrimination
5 Act of 1975 (42 U.S.C. 6101 et seq.), section 504
6 of the Rehabilitation Act of 1973 (29 U.S.C. 794),
7 or section 1557 of the Patient Protection and Af-
8 fordable Care Act (42 U.S.C. 18116), exclude any
9 individual from coverage in accordance with this sec-
10 tion, or discriminate against any individual with re-
11 spect to such coverage.

12 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed to require a participant or bene-
14 ficiary to undergo ART or IUI.

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

24 “(1) not later than the earlier of—

1 “(A) in the first standard mailing made by
2 the plan or issuer to the participant or bene-
3 ficiary following the effective date of such regu-
4 lations;

5 “(B) as part of any yearly informational
6 packet sent to the participant or beneficiary; or

7 “(C) January 1, 2027;

8 “(2) in the case of a participant or beneficiary
9 not enrolled in the plan or coverage on the date of
10 transmission under paragraph (1), upon initial en-
11 rollment of such participant or beneficiary; and

12 “(3) on an annual basis after the transmission
13 under paragraph (1) or (2).

14 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—
15 Nothing in this section shall be construed to prevent a
16 group health plan or a health insurance issuer offering
17 group health insurance coverage from negotiating the level
18 and type of reimbursement with a provider for care pro-
19 vided in accordance with this section.”.

20 (B) CLERICAL AMENDMENT.—The table of
21 contents in section 1 of the Employee Retire-
22 ment Income Security Act of 1974 (29 U.S.C.
23 1001 et seq.) is amended by inserting after the
24 item relating to section 726 the following new
25 item:

“Sec. 727. Standards relating to benefits for assisted reproductive technology and intrauterine insemination.”.

1 (3) IRC.—

2 (A) IN GENERAL.—Subchapter B of chap-
3 ter 100 of the Internal Revenue Code of 1986
4 is amended by adding at the end the following:

5 **“SEC. 9827. STANDARDS RELATING TO BENEFITS FOR AS-**
6 **SISTED REPRODUCTIVE TECHNOLOGY AND**
7 **INTRAUTERINE INSEMINATION.**

8 “(a) IN GENERAL.—A group health plan shall pro-
9 vide coverage for assisted reproductive technology and
10 intrauterine insemination.

11 “(b) DEFINITION.—

12 “(1) ASSISTED REPRODUCTIVE TECHNOLOGY;
13 ART.—The term ‘assisted reproductive technology’
14 or ‘ART’ means any treatment or procedure that in-
15 cludes the handling of human eggs or embryos to
16 help achieve a pregnancy, including in vitro fertiliza-
17 tion, egg or embryo cryopreservation, and egg or em-
18 bryo donation. Such term includes any medication
19 related to such a treatment or procedure.

20 “(2) INTRAUTERINE INSEMINATION; IUI.—The
21 term ‘intrauterine insemination’ or ‘IUI’ means a
22 procedure that places sperm directly into an individ-
23 ual’s uterus at the time of the individual’s ovulation
24 to increase the chances of fertilization. Such term

1 includes any medication associated with such a pro-
2 cedure.

3 “(c) REQUIRED COVERAGE.—A group health plan
4 shall provide coverage for ART and IUI determined appro-
5 priate by the health care provider, regardless of whether
6 the participant or beneficiary receiving ART or IUI has
7 been diagnosed with infertility as defined by the American
8 Society for Reproductive Medicine, if the ART or IUI is
9 performed at, or prescribed by, a licensed medical facility.

10 “(d) LIMITATION.—Cost-sharing, including
11 deductibles and coinsurance, or other limitations for ART
12 or IUI may not be imposed with respect to ART or IUI
13 required to be covered under subsection (c) to the extent
14 that such cost-sharing exceeds the cost-sharing applied to
15 other medical services under the group health plan or
16 health insurance coverage or such other limitations are
17 different from limitations imposed with respect to such
18 medical services, except where such limitation is more fa-
19 vorable with respect to ART or IUI. The Secretary shall
20 promulgate interim final regulations to carry out this sub-
21 section, notwithstanding the notice and comment require-
22 ments of section 553 of title 5, United States Code.

23 “(e) PROHIBITIONS.—A group health plan may not—
24 “(1) provide incentives (monetary or otherwise)
25 to a participant or beneficiary to encourage such

1 participant or beneficiary not to seek or obtain ART
2 or IUI to which such participant or beneficiary is
3 entitled under this section or to providers to induce
4 such providers not to provide medically appropriate
5 ART or IUI to participants or beneficiaries;

6 “(2) prohibit a provider from discussing with a
7 participant or beneficiary ART or IUI relating to
8 this section;

9 “(3) penalize or otherwise reduce or limit the
10 reimbursement of a provider because such provider
11 provided ART or IUI to a qualified participant or
12 beneficiary in accordance with this section; or

13 “(4) on the ground prohibited under title VI of
14 the Civil Rights Act of 1964 (42 U.S.C. 2000d et
15 seq.), title IX of the Education Amendments of 1972
16 (20 U.S.C. 1681 et seq.), the Age Discrimination
17 Act of 1975 (42 U.S.C. 6101 et seq.), section 504
18 of the Rehabilitation Act of 1973 (29 U.S.C. 794),
19 or section 1557 of the Patient Protection and Af-
20 fordable Care Act (42 U.S.C. 18116), exclude any
21 individual from coverage in accordance with this sec-
22 tion, or discriminate against any individual with re-
23 spect to such coverage.

1 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed to require a participant or bene-
3 ficiary to undergo ART or IUI.

4 “(g) NOTICE.—A group health plan shall provide no-
5 tice to each participant and beneficiary under such plan
6 regarding the coverage required by this section in accord-
7 ance with regulations promulgated by the Secretary. Such
8 notice shall be in writing and prominently positioned in
9 any literature or correspondence made available or distrib-
10 uted by the plan and shall be transmitted—

11 “(1) not later than the earlier of—

12 “(A) in the first standard mailing made by
13 the plan to the participant or beneficiary fol-
14 lowing the effective date of such regulations;

15 “(B) as part of any yearly informational
16 packet sent to the participant or beneficiary; or

17 “(C) January 1, 2027;

18 “(2) in the case of a participant or beneficiary
19 not enrolled in the plan on the date of transmission
20 under paragraph (1), upon initial enrollment of such
21 participant or beneficiary; and

22 “(3) on an annual basis after the transmission
23 under paragraph (1) or (2).

24 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—
25 Nothing in this section shall be construed to prevent a

1 group health plan from negotiating the level and type of
2 reimbursement with a provider for care provided in ac-
3 cordance with this section.”.

4 (B) CLERICAL AMENDMENT.—The table of
5 sections for subchapter B of chapter 100 of the
6 Internal Revenue Code of 1986 is amended by
7 adding at the end the following new item:

“Sec. 9827. Standards relating to benefits for assisted reproductive technology
and intrauterine insemination.”.

8 (b) CONFORMING AMENDMENTS.—

9 (1) PHSA.—Section 2724(c) of the Public
10 Health Service Act (42 U.S.C. 300gg–23(c)) is
11 amended by striking “section 2704” and inserting
12 “sections 2704 and 2799A–12”.

13 (2) ERISA.—Section 731(c) of the Employee
14 Retirement Income Security Act of 1974 (29 U.S.C.
15 1191(c)) is amended by striking “section 711” and
16 inserting “sections 711 and 727”.

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 one or more

1 collective bargaining agreements between em-
2 ployee representatives and one or more employ-
3 ers ratified before the date of enactment of this
4 Act, the amendments made by subsection (a)
5 shall not apply to plan years beginning before
6 the later of—

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

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

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

1 **SEC. 303. REQUIREMENT FOR STATE MEDICAID PLANS TO**
2 **PROVIDE MEDICAL ASSISTANCE FOR AS-**
3 **SISTED REPRODUCTIVE TECHNOLOGY AND**
4 **INTRAUTERINE INSEMINATION.**

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

7 (1) in subsection (a)(4)(C), by inserting
8 “(which shall include assisted reproductive tech-
9 nology (ART) and intrauterine insemination (IUI)
10 provided in accordance with subsection (ll))” after
11 “family planning services and supplies”; and

12 (2) by adding at the end the following new sub-
13 section:

14 “(ll) REQUIREMENTS FOR COVERAGE OF ASSISTED
15 REPRODUCTIVE TECHNOLOGY AND INTRAUTERINE IN-
16 SEMINATION .—For purposes of subsection (a)(4)(C), a
17 State shall ensure that the medical assistance provided
18 under the State plan (or waiver of such plan) for assisted
19 reproductive technology (ART) and intrauterine insemina-
20 tion (IUI) complies with the requirements of section
21 2799A–12(b) of the Public Health Service Act in the same
22 manner as such requirements and limitations apply to
23 health insurance coverage offered by a group health plan
24 or health insurance issuer.”.

25 (b) TECHNICAL AMENDMENT.—Section 1903(a)(5)
26 of the Social Security Act (42 U.S.C. 1396b(a)(5)) is

1 amended by inserting “described in section
2 1905(a)(4)(C)” after “family planning services and sup-
3 plies”.

4 (c) EFFECTIVE DATE.—

5 (1) IN GENERAL.—Except as provided in para-
6 graph (2), the amendments made by this section
7 shall take effect on October 1, 2027.

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

1 is deemed to be a separate regular session of the
2 State legislature.

3 **SEC. 304. MEDICARE COVERAGE OF ASSISTED REPRODUC-**
4 **TIVE TECHNOLOGY AND INTRAUTERINE IN-**
5 **SEMINATION.**

6 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
7 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

8 (1) in subparagraph (JJ), by striking “and” at
9 the end;

10 (2) in subparagraph (KK), by inserting “and”
11 at the end; and

12 (3) by adding at the end the following new sub-
13 paragraph:

14 “(LL) assisted reproductive technology and
15 intrauterine insemination (as defined in section
16 2799A–12(b) of the Public Health Service Act);”.

17 (b) PAYMENT AND WAIVER OF COINSURANCE.—Sec-
18 tion 1833(a)(1) of the Social Security Act (42 U.S.C.
19 1395l(a)(1)) is amended—

20 (1) by striking “and” before “(HH)”;

21 (2) by inserting before the semicolon at the end
22 the following: “, and (II) with respect to assisted re-
23 productive technology and intrauterine insemination
24 (as described in section 1861(s)(2)(LL)), the
25 amount paid shall be equal to 100 percent of the

1 lesser of the actual charge for the treatment or the
2 amount determined under the payment basis deter-
3 mined under section 1848”.

4 (c) WAIVER OF APPLICATION OF DEDUCTIBLE.—The
5 first sentence of section 1833(b) of the Social Security Act
6 (42 U.S.C. 1395l(b)) is amended—

7 (1) by striking “, and (13)” and inserting
8 “(13)”; and

9 (2) by striking “1861(n).” and inserting
10 “1861(n), and (14) such deductible shall not apply
11 with respect to assisted reproductive technology (as
12 described in section 1861(s)(2)(LL).”.

13 (d) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—
14 Section 1848(j)(3) of the Social Security Act (42 U.S.C.
15 1395w–4(j)(3)) is amended by inserting “(2)(LL)” after
16 “risk assessment),”.

17 (e) CONFORMING AMENDMENT REGARDING COV-
18 ERAGE.—Section 1862(a)(1)(A) of the Social Security Act
19 (42 U.S.C. 1395y(a)(1)(A)) is amended by inserting “, or
20 assisted reproductive technology (as described in section
21 1861(s)(2)(LL) and intrauterine insemination” after
22 “1861(ddd)(1))”.

23 (f) EFFECTIVE DATE.—The amendments made by
24 this section shall apply to services furnished on or after
25 January 1, 2027.

1 **TITLE IV—FAMILY BUILDING**
2 **FEHB FAIRNESS**

3 **SEC. 401. SHORT TITLE.**

4 This title may be cited as the “Family Building
5 FEHB Fairness Act”.

6 **SEC. 402. ASSISTED REPRODUCTIVE TECHNOLOGY AND**
7 **INTRAUTERINE INSEMINATION BENEFITS.**

8 (a) IN GENERAL.—Section 8904 of title 5, United
9 States Code, is amended—

10 (1) in subsection (a)—

11 (A) in paragraph (1), by adding at the end
12 the following:

13 “(G) Assisted reproductive technology and
14 intrauterine insemination benefits.”; and

15 (B) in paragraph (2)—

16 (i) by redesignating subparagraph (F)
17 as subparagraph (G); and

18 (ii) by inserting after subparagraph
19 (E) the following:

20 “(F) Assisted reproductive technology and
21 intrauterine insemination benefits.”; and

22 (2) by adding at the end the following:

23 “(c) DEFINITIONS.—In this section, the terms ‘as-
24 sisted reproductive technology’ and ‘intrauterine insemina-

1 tion' have the meanings given such terms in section 103
2 of the Right to IVF Act of 2026.”.

3 (b) EFFECTIVE DATE.—The amendments made by
4 this section shall take effect on the date that is 1 year
5 after the date of enactment of this Act.