

119TH CONGRESS
2D SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

Ms. DUCKWORTH (for herself, Mrs. MURRAY, Mr. BOOKER, Mr. SCHUMER, Ms. ALSOBROOKS, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Ms. BLUNT ROCHESTER, Ms. CANTWELL, Mr. COONS, Ms. CORTEZ MASTO, Mr. DURBIN, Mr. FETTERMAN, Mr. GALLEG0, Mrs. GILLIBRAND, Ms. HASSAN, Mr. HEINRICH, Mr. HICKENLOOPER, Ms. HIRONO, Mr. KAINE, Mr. KELLY, Mr. KIM, Mr. KING, Ms. KLOBUCHAR, Mr. LUJÁN, Mr. MARKEY, Mr. MERKLEY, Mr. MURPHY, Mr. OSSOFF, Mr. PADILLA, Mr. PETERS, Mr. REED, Ms. ROSEN, Mr. SANDERS, Mr. SCHATZ, Mr. SCHIFF, Mrs. SHAHEEN, Ms. SLOTKIN, Ms. SMITH, Mr. VAN HOLLEN, Mr. WARNER, Mr. WARNOCK, Ms. WARREN, Mr. WELCH, Mr. WHITEHOUSE, and Mr. WYDEN) introduced the following bill; which was read twice and 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”.

2

- 1 (b) TABLE OF CONTENTS.—The table of contents for
2 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. 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 services 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 and 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

1 that are not consistent with American Society for
2 Reproductive Medicine guidelines and that do not
3 significantly advance reproductive health or the effi-
4 cacy and safety of ART or IUI, or that make ART
5 or IUI more difficult to access.

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

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

16 **SEC. 103. DEFINITIONS.**

17 In this title:

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

1 (2) HEALTH CARE PROVIDER.—The term
2 “health care provider” means any entity or indi-
3 vidual (including any physician, nurse practitioner,
4 physician assistant, pharmacist, health care support
5 personnel, or clinical staff) that—

6 (A) is engaged or seeks to engage in the
7 delivery of ART or IUI, including through the
8 provision of evidence-based information, coun-
9 seling, referrals, or items and services that re-
10 late to, aid in, or provide ART or IUI; and

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

14 (i) is so licensed, certified, or other-
15 wise authorized; or

16 (ii) would be so licensed, certified, or
17 otherwise authorized but for the fact that
18 the individual or entity has provided, is
19 providing, or plans to provide, ART or IUI
20 in accordance with section 104.

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

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

8 (5) MANUFACTURER.—The term “manufac-
9 turer” means the manufacturer of a drug or device
10 approved, cleared, authorized, or licensed under sec-
11 tion 505, 510(k), 513(f)(2), or 515 of the Federal
12 Food, Drug, and Cosmetic Act (21 U.S.C. 355,
13 360(k), 360c(f)(2), 360e) or section 351 of the Pub-
14 lic Health Service Act (42 U.S.C. 262), or otherwise
15 legally marketed.

16 (6) STATE.—The term “State” includes each of
17 the 50 States, the District of Columbia, each terri-
18 tory and possession of the United States, and any
19 political subdivision thereof.

20 **SEC. 104. ASSISTED REPRODUCTIVE TECHNOLOGY RIGHTS**
21 **AND INTRAUTERINE INSEMINATION RIGHTS.**

22 (a) GENERAL RULE.—

23 (1) INDIVIDUAL RIGHTS.—An individual has a
24 statutory right under this title, without prohibition,
25 limitation, interference, or impediment, to the extent

1 that such prohibition, limitation, interference, or im-
2 pediment in any way or degree obstructs, delays, or
3 affects commerce over which the Federal Govern-
4 ment has jurisdiction, to—

5 (A) receive ART or IUI from a health care
6 provider;

7 (B) continue or complete an ongoing ART
8 or IUI service previously initiated by a health
9 care provider;

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

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

20 (2) HEALTH CARE PROVIDER RIGHTS.—A
21 health care provider has a statutory right under this
22 title, without prohibition, limitation, interference, or
23 impediment, to the extent that such prohibition, lim-
24 itation, interference, or impediment in any way or

1 degree obstructs, delays, or affects commerce over
2 which the Federal Government has jurisdiction, to—

3 (A) provide, or assist with the provision of,
4 ART or IUI;

5 (B) continue or complete the provision of,
6 or assistance with, ART or IUI that was lawful
7 when commenced;

8 (C) provide for, or assist with, the testing,
9 use, storage, or disposition of reproductive ge-
10 netic material, such as oocytes, sperm, fertilized
11 eggs, and embryos; and

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

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

1 (4) MANUFACTURER RIGHTS.—A manufacturer
2 of a drug or device that is approved, cleared, author-
3 ized, or licensed under section 505, 510(k),
4 513(f)(2), or 515 of the Federal Food, Drug, and
5 Cosmetic Act (21 U.S.C. 355; 360(k); 360c(f)(2);
6 360e) or section 351 of the Public Health Service
7 Act (42 U.S.C. 262) or otherwise legally marketed
8 and intended for use in the provision of ART or IUI,
9 including the storage or transport of oocytes,
10 gametes, fertilized eggs, and embryos, has a statu-
11 tory right under this title, without prohibition, limi-
12 tation, interference, or impediment, to the extent
13 that such prohibition, limitation, interference, or im-
14 pediment in any way or degree obstructs, delays, or
15 affects commerce over which the Federal Govern-
16 ment has jurisdiction, to manufacture, import, mar-
17 ket, sell, and distribute such drug or device.

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

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

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

5 (c) ENFORCEMENT.—

6 (1) THE ATTORNEY GENERAL.—

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

20 (B) EFFECT OF VIOLATIONS.—The court
21 shall hold unlawful and set aside a limitation or
22 requirement described in subparagraph (A) if it
23 is in violation of subsection (a).

24 (2) PRIVATE RIGHT OF ACTION.—

1 (A) IN GENERAL.—Any individual or entity
2 adversely affected by an alleged violation of
3 subsection (a) may commence a civil action
4 against an individual, employee, official, agency
5 head, contractor, organization, or instrumen-
6 tality acting for, or on behalf of, such a State
7 that enacts, implements, or enforces a limita-
8 tion or requirement that prohibits, limits, inter-
9 feres with, or impedes the statutory rights of an
10 individual, a health care provider, a health in-
11 surance issuer, or a manufacturer under sub-
12 section (a).

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

17 (3) HEALTH CARE PROVIDER.—

18 (A) IN GENERAL.—A health care provider
19 may commence a civil action for relief on such
20 provider's own behalf, on behalf of the pro-
21 vider's staff, or on behalf of the provider's pa-
22 tients who are or may be adversely affected by
23 an alleged violation of subsection (a).

24 (B) EFFECT OF VIOLATIONS.—The court
25 shall hold unlawful and enjoin a limitation or

1 requirement described in subparagraph (A) if it
2 is in violation of subsection (a).

3 (4) **EQUITABLE RELIEF.**—In any action under
4 this section, the court may award appropriate equi-
5 table relief, including temporary, preliminary, or per-
6 manent injunctive relief.

7 (5) **COSTS.**—

8 (A) **IN GENERAL.**—In any action under
9 this section, the court shall award costs of liti-
10 gation, as well as reasonable attorney’s fees, to
11 any prevailing plaintiff.

12 (B) **LIABILITY OF PLAINTIFFS.**—A plain-
13 tiff shall not be liable to a defendant for costs
14 or attorney’s fees in any non-frivolous action
15 under this section unless such costs or attor-
16 ney’s fees are imposed by the court as part of
17 sanctions for violations committed during the
18 discovery process.

19 (6) **JURISDICTION.**—The district courts of the
20 United States shall have jurisdiction over pro-
21 ceedings under this section and shall exercise the
22 same without regard to whether the party aggrieved
23 shall have exhausted any administrative or other
24 remedies that may be provided for by law.

25 (7) **RIGHT TO REMOVE.**—

1 (A) IN GENERAL.—Any party shall have a
2 right to remove an action brought under this
3 subsection to the district court of the United
4 States for the district and division embracing
5 the place where such action is pending.

6 (B) REVIEW.—An order remanding the
7 case to the State court from which it was re-
8 moved under this paragraph is immediately re-
9 viewable by appeal or otherwise.

10 (d) REGULATIONS.—Not later than 180 days after
11 the date of enactment of this Act, the Secretary of Health
12 and Human Services shall promulgate regulations to carry
13 out this section.

14 (e) RULES OF CONSTRUCTION.—

15 (1) IN GENERAL.—For purposes of this title, a
16 State law, or the administration, implementation, or
17 enforcement of a State law, constitutes a prohibi-
18 tion, limitation, interference, or impediment on a
19 health care provider providing, an individual receiv-
20 ing, a health insurance issuer covering, or a manu-
21 facturer marketing drugs or devices for ART or IUI,
22 as described in this section, if the administration,
23 implementation, interpretation, or enforcement of
24 such law has an effect that—

1 (A) imposes requirements or limitations
2 that are inconsistent with providing, receiving,
3 providing health insurance coverage for, or pro-
4 viding drugs or devices for ART or IUI or that
5 otherwise violate the purpose and requirements
6 of this Act, which may include—

7 (i) requiring that a health care pro-
8 vider provide, and patients undertake,
9 medically unnecessary procedures and serv-
10 ices, including tests and procedures, pro-
11 viding medically inaccurate information re-
12 garding ART or IUI, or requiring addi-
13 tional unnecessary in-person visits to a
14 health care provider;

15 (ii) imposing limitations or require-
16 ments concerning physical offices, clinics,
17 facilities, equipment, staffing, or hospital
18 transfer arrangements of facilities where
19 ART or IUI are provided, or the creden-
20 tials or hospital privileges or status of per-
21 sonnel at such facilities; or

22 (iii) limiting a health care provider's
23 right or ability to provide, or a patient's
24 right to receive, continue or complete ART
25 or IUI, or imposing limitations that reduce

1 the efficacy of, ART or IUI, including limi-
2 tations on—

3 (I) retrieval of multiple eggs dur-
4 ing oocyte retrieval;

5 (II) intracytoplasmic sperm injec-
6 tions to fertilize multiple human eggs;
7 and

8 (III) cryopreservation of one or
9 more eggs, sperm, or embryos if de-
10 termined appropriate by the health
11 care provider and patient;

12 (B) infringes, limits, or restricts the ability
13 of a health care provider, patient, health insur-
14 ance issuer, or manufacturer, to exercise or en-
15 force their statutory rights under this title on
16 the basis of marital status, sex (including sex-
17 ual orientation and gender identity) or any
18 other protected class that is covered by Federal
19 law;

20 (C) limits a health care provider's or pa-
21 tient's right or ability to determine the most ap-
22 propriate disposition of reproductive genetic
23 material, including by defining a gamete or em-
24 bryo in such a way to limit an individual's op-

1 tions for how their reproductive genetic mate-
2 rial should be handled;

3 (D) limits a health care provider's ability
4 to provide, or a patient's ability to receive, ART
5 or IUI via telemedicine;

6 (E) limits or prohibits a health care pro-
7 vider's ability to provide, or a patient's ability
8 to receive, counseling regarding ART or IUI
9 based on the residency of the patient, or pro-
10 hibits or limits the ability of any individual to
11 assist or support a patient seeking ART or IUI;

12 (F) imposes requirements or limitations
13 that compel health care providers to provide, or
14 patients to receive, medically unnecessary care,
15 or withhold medically necessary care, including
16 mandating the transfer of embryos that a
17 health care provider would not reasonably ex-
18 pect, based on American Society for Reproduc-
19 tive Medicine guidelines, to lead to a pregnancy
20 or a live birth; or

21 (G) limits a health care provider's right or
22 ability to prescribe or dispense, or a patient's
23 right or ability to receive or use, medications
24 for ART or IUI, unless such a limitation is gen-

1 erally applicable to the prescription, dispensing,
2 or distribution of medications.

3 (2) CLARIFICATION.—The descriptions of spe-
4 cific State laws that would violate the statutory
5 rights and protections described in paragraph (1)
6 shall not be construed to limit potential violations of
7 the statutory rights and protections under this title
8 to only the restrictions and limitations listed in
9 paragraph (1), and potential violations of this title
10 may result from novel State restrictions and limita-
11 tions that are not listed under paragraph (1).

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

22 **SEC. 105. APPLICABILITY AND PREEMPTION.**

23 (a) IN GENERAL.—

24 (1) GENERAL APPLICATION.—

1 (A) EFFECT ON STATE LAW.—This title
2 supersedes any State law that is inconsistent
3 with the statutory rights established under this
4 title and precludes the implementation of such
5 a law, whether statutory, common law, or other-
6 wise, and whether adopted before or after the
7 date of enactment of this Act.

8 (B) PROHIBITION.—No State shall admin-
9 ister, implement, or enforce any law, rule, regu-
10 lation, standard, or other provision having the
11 force and effect of law that conflicts with any
12 provision of this title, notwithstanding any
13 other provision of Federal law.

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

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

21 (B) any other State law, to the extent that
22 such law does not conflict with this title and
23 protects an individual's right and ability to re-
24 ceive ART or IUI in accordance with American
25 Society for Reproductive Medicine guidelines,

1 including any such law that holds a health care
2 provider accountable for not providing ART or
3 IUI in accordance with such guidelines.

4 (3) PRESERVATION OF FEDERAL PUBLIC
5 HEALTH AUTHORITIES.—Nothing in this title shall
6 have the effect of superseding, negating, or limiting
7 provisions of Federal law, including the Federal
8 Food, Drug, and Cosmetic Act (21 U.S.C. 301 et
9 seq.) or the Public Health Service Act (42 U.S.C.
10 201 et seq.), and regulations promulgated under
11 such statutes, with respect to the regulation of
12 drugs, devices, biological products, human cells, tis-
13 sues, or cellular or tissue-based products used in
14 ART or IUI.

15 (4) PRESERVATION OF HIPAA RULES.—Nothing
16 in this title shall have the effect of superseding, ne-
17 gating, or limiting the provisions of the privacy, se-
18 curity, and breach notification regulations in parts
19 160 and 164 of title 45, Code of Federal Regula-
20 tions (or successor regulations).

21 (5) SUBSEQUENTLY ENACTED FEDERAL LEGIS-
22 LATION.—Federal statutory law adopted after the
23 date of the enactment of this Act is subject to this
24 title unless such law explicitly excludes such applica-
25 tion by reference to this title.

1 (b) DEFENSE.—In any cause of action against an in-
2 dividual or entity who is subject to a limitation or require-
3 ment that violates this title, in addition to the remedies
4 specified in section 104(c), this title shall also apply to,
5 and may be raised as a defense by, such an individual or
6 entity.

7 **TITLE II—VETERAN FAMILIES**
8 **HEALTH SERVICES**

9 **SEC. 200. SHORT TITLE.**

10 This title may be cited as the “Veteran Families
11 Health Services Act”.

12 **Subtitle A—Reproductive and Fer-**
13 **tility Preservation Assistance**
14 **for Members of the Uniformed**
15 **Services**

16 **SEC. 201. DEFINITIONS.**

17 In this subtitle:

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

21 (2) ASSISTED REPRODUCTIVE TECHNOLOGY.—
22 The term “assisted reproductive technology” means
23 any treatment or procedure that includes the han-
24 dling of human eggs or embryos to help achieve a
25 pregnancy, including in vitro fertilization, egg or em-

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

4 (3) INTRAUTERINE INSEMINATION.—The term
5 “intrauterine insemination” means a procedure that
6 places sperm directly into an individual’s uterus at
7 the time of the individual’s ovulation to increase the
8 chances of fertilization. Such term includes any
9 medication associated with such a procedure.

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

13 **SEC. 202. PROVISION OF ASSISTED REPRODUCTIVE TECH-**
14 **NOLOGY, INTRAUTERINE INSEMINATION,**
15 **AND COUNSELING TO CERTAIN MEMBERS OF**
16 **THE UNIFORMED SERVICES AND SPOUSES,**
17 **PARTNERS, AND GESTATIONAL SURROGATES**
18 **OF SUCH MEMBERS.**

19 (a) ASSISTED REPRODUCTIVE TECHNOLOGY AND
20 COUNSELING AND INTRAUTERINE INSEMINATION.—

21 (1) IN GENERAL.—The Secretary of Defense
22 shall make available assisted reproductive tech-
23 nology, intrauterine insemination, and counseling to
24 a member of the uniformed services or a spouse,
25 partner, or gestational surrogate of such a member.

1 (2) ELIGIBILITY FOR TREATMENT AND COUN-
2 SELING.—Assisted reproductive technology, intra-
3 uterine insemination, and counseling shall be fur-
4 nished under paragraph (1) without regard to the
5 sex, sex characteristics, gender identity, sexual ori-
6 entation, infertility diagnosis, or marital status of
7 the member of the uniformed services or their part-
8 ner.

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

13 (A) not more than three completed oocyte
14 retrievals; and

15 (B) unlimited embryo transfers.

16 (b) PROCUREMENT OF REPRODUCTIVE GENETIC MA-
17 TERIAL.—If a member of the uniformed services is unable
18 to provide their reproductive genetic material, such as oo-
19 cytes, sperm, fertilized eggs, and embryos, for purposes
20 of assisted reproductive technology or intrauterine insemi-
21 nation under subsection (a), the Secretary shall, at the
22 election of such member, allow such member to receive as-
23 sisted reproductive technology or intrauterine insemina-
24 tion with donated reproductive genetic material and pay

1 or reimburse such member the reasonable costs of pro-
2 curing such material from a donor.

3 (c) RULES OF CONSTRUCTION.—

4 (1) IMPACT ON EXISTING AUTHORITY.—Noth-
5 ing in this section shall be construed to rescind the
6 authority of the Secretary to provide in vitro fer-
7 tilization benefits pursuant to section 1074(c)(4) of
8 title 10, United States Code.

9 (2) SOURCING OF GESTATIONAL SURROGATE OR
10 REPRODUCTIVE GENETIC MATERIAL.—Nothing in
11 this section shall be construed to require the Sec-
12 retary—

13 (A) to find or certify a gestational surro-
14 gate for a member of the uniformed services or
15 to connect a gestational surrogate with such a
16 member; or

17 (B) to find or certify reproductive genetic
18 material, such as oocytes, sperm, fertilized eggs,
19 and embryos, from a donor for a member of the
20 uniformed services or to connect such a member
21 with reproductive genetic material from a
22 donor.

23 (d) DEFINITIONS.—In this section:

24 (1) GESTATIONAL SURROGATE.—The term
25 “gestational surrogate” means an individual who

1 agrees to attempt to become pregnant through in
2 vitro fertilization under a gestational surrogacy
3 agreement using gametes that are not the gametes
4 of that individual.

5 (2) PARTNER.—The term “partner”, with re-
6 spect to a member of the uniformed services, means
7 an individual selected by the member who agrees to
8 be a parent, with the member, of a child born as a
9 result of the use of any assisted reproductive tech-
10 nology or intrauterine insemination under this sec-
11 tion.

12 **SEC. 203. ESTABLISHMENT OF FERTILITY PRESERVATION**
13 **PROCEDURES FOR MEMBERS OF THE UNI-**
14 **FORMED SERVICES ON ACTIVE DUTY.**

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

1 active duty in the uniformed services in order to preserve
2 the medical options of such member.

3 (b) PRIOR TO DEPLOYMENT OR CERTAIN ASSIGN-
4 MENTS.—The Secretary of Defense shall provide members
5 of the uniformed services on active duty in the uniformed
6 services with the opportunity to cryopreserve and store
7 their reproductive genetic material, such as oocytes,
8 sperm, fertilized eggs, and embryos, at a facility of the
9 Department of Defense or of a private entity, prior to—

10 (1) deployment to a combat zone; or

11 (2) a duty assignment that includes a haz-
12 ardous assignment, including—

13 (A) assignments resulting in exposure to
14 perfluoroalkyl or polyfluoroalkyl substances;
15 and

16 (B) such other assignments as determined
17 by the Secretary.

18 (c) PERIOD OF TIME.—

19 (1) IN GENERAL.—The Secretary shall provide
20 for the cryopreservation and storage of reproductive
21 genetic material of any member of the uniformed
22 services under this section in a facility of the De-
23 partment of Defense or of a private entity and the
24 transportation of such material, at no cost to the
25 member, until the date that is one year after the re-

1 tirement, separation, or release of the member from
2 the uniformed services.

3 (2) NOTICE OF OPTIONS FOLLOWING STOR-
4 AGE.—

5 (A) IN GENERAL.—Upon the date of re-
6 tirement, separation, or release of any member
7 who has cryopreserved and stored genetic mate-
8 rial under this section, the Secretary shall no-
9 tify such member that the Department of De-
10 fense shall continue to provide for the
11 cryopreservation and storage of reproductive ge-
12 netic material for one year and that at the end
13 of such one-year period the reproductive genetic
14 material shall be handled as directed by the
15 member in writing.

16 (B) DIRECTION BY MEMBER.—The direc-
17 tion of a member under subparagraph (A) may
18 be provided to the Department of Defense or
19 the private entity storing the genetic material in
20 a consent agreement or similar type of form
21 signed by the member prior to retrieval and
22 cryopreservation or, if applicable, a form that
23 has superseded the original consent agreement
24 or similar type of form that was signed by the
25 member after the cryopreservation but on or be-

1 fore the date that is one year after the retire-
2 ment, separation, or release of the member
3 from the uniformed services.

4 (d) ADVANCE MEDICAL DIRECTIVE AND MILITARY
5 TESTAMENTARY INSTRUMENT.—A member of the uni-
6 formed services who is eligible to cryopreserve and store
7 their reproductive genetic material under this section must
8 complete an advance medical directive, as defined in sec-
9 tion 1044c(b) of title 10, United States Code, and a mili-
10 tary testamentary instrument, as defined in section
11 1044d(b) of such title, that explicitly specifies whether
12 such member consents to the procedures described in sub-
13 section (a) and how any cryopreserved and stored repro-
14 ductive genetic material shall be handled if such member
15 dies or otherwise loses the capacity to consent to the use
16 of their cryopreserved and stored reproductive genetic ma-
17 terial.

18 (e) AGREEMENTS.—

19 (1) AGREEMENTS WITH PRIVATE ENTITIES.—
20 To carry out this section, the Secretary may enter
21 into agreements with private entities that provide
22 cryopreservation, transportation, and storage serv-
23 ices for reproductive genetic material.

24 (2) NO CONTRACTUAL OR LIABILITY OBLIGA-
25 TION FOR AGREEMENTS BETWEEN PRIVATE ENTI-

1 TIES AND MEMBERS.—The United States shall not
2 be—

3 (A) considered a party to any agreement,
4 consent form, or other contractual arrangement
5 or commitment between a member of the uni-
6 formed services and a private entity that pro-
7 vides cryopreservation, transportation, and stor-
8 age services for reproductive genetic material;
9 or

10 (B) responsible for the management of re-
11 productive genetic material cryopreserved or
12 stored at a private entity pursuant to such
13 agreement, consent form, or other contractual
14 arrangement or commitment.

15 **SEC. 204. ASSISTANCE WITH AND CONTINUITY OF CARE RE-**
16 **GARDING REPRODUCTIVE AND FERTILITY**
17 **PRESERVATION SERVICES.**

18 The Secretary of Defense shall ensure that employees
19 of the Department of Defense assist members of the uni-
20 formed services—

21 (1) in navigating the services provided under
22 this subtitle;

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

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

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

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

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

1 of title 38, United States Code, as added by section
2 212(a).

3 **SEC. 206. REGULATIONS.**

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

7 **Subtitle B—Reproductive**
8 **Assistance for Veterans**

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

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

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

1 **SEC. 212. ASSISTED REPRODUCTIVE TECHNOLOGY, INTRA-**
2 **UTERINE INSEMINATION, AND COUNSELING**
3 **FOR CERTAIN VETERANS AND SPOUSES,**
4 **PARTNERS, AND GESTATIONAL SURROGATES**
5 **OF SUCH VETERANS.**

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

9 **“§ 1720M. Assisted reproductive technology, intra-**
10 **uterine insemination, and counseling for**
11 **certain veterans and spouses, partners,**
12 **and gestational surrogates of such vet-**
13 **erans**

14 “(a) REQUIREMENT.—

15 “(1) IN GENERAL.—Notwithstanding any other
16 provision of law, including the surrogacy laws of any
17 State, the Secretary shall furnish assisted reproduc-
18 tive technology, intrauterine insemination, and coun-
19 seling for the benefit of a covered veteran to the vet-
20 eran and the spouse, partner, gamete donor, or ges-
21 tational surrogate of the veteran if the veteran, and
22 the spouse, partner, gamete donor, or gestational
23 surrogate of the veteran, as applicable, each provide
24 informed consent for such assisted reproductive
25 technology, intrauterine insemination, and coun-
26 seling, including for each cycle of treatment author-

1 ized under this section, through a process prescribed
2 by the Secretary.

3 “(2) PROVISION OF TREATMENT AND COUN-
4 SELING.—Assisted reproductive technology, intra-
5 uterine insemination, and counseling shall be fur-
6 nished under paragraph (1) without regard to the
7 sex, sexual characteristics, gender identity, sexual
8 orientation, infertility diagnosis, or marital status of
9 the covered veteran or their partner.

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

14 “(A) not more than three completed oocyte
15 retrievals; and

16 “(B) unlimited embryo transfers.

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

1 ment amount to the United States for such assisted
2 reproductive technology and counseling.

3 “(b) PROCUREMENT OF REPRODUCTIVE GENETIC
4 MATERIAL.—

5 “(1) IN GENERAL.—If a covered veteran is un-
6 able to provide their reproductive genetic material
7 for purposes of assisted reproductive technology or
8 intrauterine insemination under subsection (a), the
9 Secretary shall, at the election of such veteran—

10 “(A) allow such veteran to receive assisted
11 reproductive technology or intrauterine insemi-
12 nation with donated reproductive genetic mate-
13 rial, if the donor provides informed consent for
14 use of such material; and

15 “(B) pay or reimburse the veteran, donor,
16 or a party acting on behalf of the donor the
17 reasonable costs of procuring such material
18 from the donor.

19 “(2) OTHER EXPENSES.—The Secretary may
20 pay or reimburse a covered veteran a reasonable
21 amount for personal travel and incidental expenses
22 associated with procuring material from a donor
23 under paragraph (1).

24 “(c) OUTREACH AND TRAINING.—The Secretary
25 shall carry out an outreach and training program to en-

1 sure veterans and health care providers of the Department
2 are aware of—

3 “(1) the availability of and eligibility require-
4 ments for assisted reproductive technology, intra-
5 uterine insemination, and counseling under this sec-
6 tion; and

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

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

12 “(1) IN GENERAL.—Issues or disputes regard-
13 ing use or disposition of reproductive genetic mate-
14 rial under this section shall be the sole responsibility
15 of the covered veteran, the spouse or partner of the
16 covered veteran, as applicable, and the private facil-
17 ity storing such material.

18 “(2) AGREEMENT REGARDING DONATED RE-
19 PRODUCTIVE GENETIC MATERIAL.—As a condition
20 of the use of donated gametes or embryos under this
21 section, the third-party donor and a provider of as-
22 sisted reproductive technology or intrauterine insem-
23 ination that has entered into a contract or agree-
24 ment with the Secretary to provide assisted repro-
25 ductive technology or intrauterine insemination

1 under this section shall enter into an arrangement
2 or agreement governing the terms of the donation,
3 including how any remaining cryopreserved and
4 stored reproductive genetic material will be handled
5 once a covered veteran has exhausted the assisted
6 reproductive technology or intrauterine insemination
7 services available under this section, unless the vet-
8 eran or the spouse or partner of the veteran has
9 agreed to assume liability for the continued preser-
10 vation of any remaining gametes or embryos and the
11 Department is not party to the arrangement or
12 agreement for such continued preservation.

13 “(3) ROLE OF DEPARTMENT.—The role of the
14 Secretary under this section is limited to furnishing
15 assisted reproductive technology, intrauterine insemination,
16 and counseling required under this section
17 when requested by a covered veteran and determined
18 necessary by the Secretary.

19 “(4) OWNERSHIP AND CUSTODY OF REPRODUC-
20 TIVE GENETIC MATERIAL.—The Secretary will not
21 have ownership or custody of any reproductive genetic
22 material obtained pursuant to treatment under
23 this section and will not be involved in disputes be-
24 tween or among any parties with respect to such
25 material.

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

3 “(1) to find or certify a gestational surrogate
4 for a covered veteran or to connect a gestational sur-
5 rogate with a covered veteran; or

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

10 “(f) DEFINITIONS.—In this section:

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

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

22 “(3) The term ‘gestational surrogate’ means an
23 individual who agrees to attempt to become pregnant
24 through in vitro fertilization under a gestational

1 surrogacy agreement using gametes that are not the
2 gametes of that individual.

3 “(4) The term ‘intrauterine insemination’
4 means a procedure that places sperm directly into
5 an individual’s uterus at the time of the individual’s
6 ovulation to increase the chances of fertilization.
7 Such term includes any medication associated with
8 such a procedure.

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

15 (b) CLERICAL AMENDMENT.—The table of sections
16 at the beginning of chapter 17 of such title is amended
17 by inserting after the item relating to section 1720L the
18 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.”.

19 (c) SUNSET OF EXISTING AUTHORITY.—The author-
20 ity under section 234(a)(1) of the Military Construction,
21 Veterans Affairs, and Related Agencies Appropriations
22 Act, 2024 (division A of Public Law 118–42), or any simi-
23 lar authority subsequently enacted by law, shall cease on
24 the effective date of regulations prescribed to carry out

1 section 1720M of title 38, United States Code, as added
2 by subsection (a).

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

6 The Secretary of Veterans Affairs shall ensure that
7 employees of the Department of Veterans Affairs assist
8 veterans—

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

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

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

17 **SEC. 214. COORDINATION OF REPRODUCTION AND FER-**
18 **TILITY RESEARCH FOR VETERANS.**

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

22 **“§ 7330E. Coordination of reproduction and fertility**
23 **research for veterans**

24 **“(a) COORDINATION OF RESEARCH REQUIRED.—The**
25 **Secretary shall coordinate with the Secretary of Defense**

1 and the Secretary of Health and Human Services to con-
2 duct research to improve the ability of the Department
3 of Veterans Affairs to meet the long-term reproductive
4 health care needs of veterans who have a condition that
5 affects the ability of the individual to reproduce.

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

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

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

15 **TITLE III—ACCESS TO ASSISTED**
16 **REPRODUCTIVE TECH-**
17 **NOLOGY AND INTRAUTERINE**
18 **INSEMINATION**

19 **SEC. 301. SHORT TITLE.**

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

22 **SEC. 302. STANDARDS RELATING TO BENEFITS FOR AS-**
23 **SISTED REPRODUCTIVE TECHNOLOGY AND**
24 **INTRAUTERINE INSEMINATION.**

25 (a) IN GENERAL.—

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

4 **“SEC. 2799A-12. STANDARDS RELATING TO BENEFITS FOR**
5 **ASSISTED REPRODUCTIVE TECHNOLOGY AND**
6 **INTRAUTERINE INSEMINATION.**

7 “(a) IN GENERAL.—A group health plan or a health
8 insurance issuer offering group or individual health insur-
9 ance coverage shall provide coverage for assisted reproduc-
10 tive technology and 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 and a health insurance issuer offering group or individual
5 health insurance coverage shall provide coverage for ART
6 and IUI determined appropriate by the health care pro-
7 vider, regardless of whether the participant, beneficiary,
8 or enrollee receiving ART or IUI has been diagnosed with
9 infertility as defined by the American Society for Repro-
10 ductive Medicine, if the ART or IUI is performed at, or
11 prescribed by, a licensed medical facility.

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

1 “(e) PROHIBITIONS.—A group health plan and a
2 health insurance issuer offering group or individual health
3 insurance coverage may not—

4 “(1) provide incentives (monetary or otherwise)
5 to a participant, beneficiary, or enrollee to encourage
6 such participant, beneficiary, or enrollee not to seek
7 or obtain ART or IUI to which such participant,
8 beneficiary, or enrollee is entitled under this section
9 or to providers to induce such providers not to pro-
10 vide medically appropriate ART or IUI to partici-
11 pants, beneficiaries, or enrollees;

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

15 “(3) penalize or otherwise reduce or limit the
16 reimbursement of a provider because such provider
17 provided ART or IUI to a qualified participant, ben-
18 eficiary, or enrollee in accordance with this section;
19 or

20 “(4) on the ground prohibited under title VI of
21 the Civil Rights Act of 1964, title IX of the Edu-
22 cation Amendments of 1972, the Age Discrimination
23 Act of 1975, section 504 of the Rehabilitation Act
24 of 1973, or section 1557 of the Patient Protection
25 and Affordable Care Act, exclude any individual

1 from coverage in accordance with this section, or
2 discriminate against any individual with respect to
3 such coverage.

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

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

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

17 “(A) in the first standard mailing made by
18 the plan or issuer to the participant, bene-
19 ficiary, or enrollee following the effective date of
20 such regulations;

21 “(B) as part of any yearly informational
22 packet sent to the participant, beneficiary, or
23 enrollee; or

24 “(C) January 1, 2027;

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

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

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

14 (2) ERISA.—

15 (A) IN GENERAL.—Subpart B of part 7 of
16 subtitle B of title I of the Employee Retirement
17 Income Security Act of 1974 (29 U.S.C. 1185
18 et seq.) is amended by adding at the end the
19 following:

20 **“SEC. 727. STANDARDS RELATING TO BENEFITS FOR AS-**
21 **SISTED REPRODUCTIVE TECHNOLOGY AND**
22 **INTRAUTERINE INSEMINATION.**

23 “(a) IN GENERAL.—A group health plan or a health
24 insurance issuer offering group health insurance coverage

1 shall provide coverage for assisted reproductive technology
2 and intrauterine insemination.

3 “(b) DEFINITIONS.—

4 “(1) ASSISTED REPRODUCTIVE TECHNOLOGY
5 OR ART.—The term ‘assisted reproductive tech-
6 nology’ or ‘ART’ means any treatment or procedure
7 that includes the handling of human eggs or em-
8 bryos to help achieve a pregnancy, including in vitro
9 fertilization, egg or embryo cryopreservation, and
10 egg or embryo donation. Such term includes any
11 medication related to such a treatment or procedure.

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

19 “(c) REQUIRED COVERAGE.—A group health plan
20 and a health insurance issuer offering group health insur-
21 ance coverage shall provide coverage for ART and IUI de-
22 termined appropriate by the health care provider, regard-
23 less of whether the participant or beneficiary receiving
24 ART or IUI has been diagnosed with infertility as defined
25 by the American Society for Reproductive Medicine, if the

1 ART or IUI is performed at, or prescribed by, a licensed
2 medical facility.

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

16 “(e) PROHIBITIONS.—A group health plan and a
17 health insurance issuer offering group health insurance
18 coverage may not—

19 “(1) provide incentives (monetary or otherwise)
20 to a participant or beneficiary to encourage such
21 participant or beneficiary not to seek or obtain ART
22 or IUI to which such participant or beneficiary is
23 entitled under this section or to providers to induce
24 such providers not to provide medically appropriate
25 ART or IUI to participants or beneficiaries;

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

4 “(3) penalize or otherwise reduce or limit the
5 reimbursement of a provider because such provider
6 provided ART or IUI to a qualified participant or
7 beneficiary in accordance with this section; or

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

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

22 “(g) NOTICE.—A group health plan and a health in-
23 surance issuer offering group health insurance coverage
24 shall provide notice to each participant and beneficiary
25 under such plan or coverage regarding the coverage re-

1 quired by this section in accordance with regulations pro-
2 mulgated by the Secretary. Such notice shall be in writing
3 and prominently positioned in any literature or cor-
4 respondence made available or distributed by the plan or
5 issuer and shall be transmitted—

6 “(1) not later than the earlier of—

7 “(A) in the first standard mailing made by
8 the plan or issuer to the participant or bene-
9 ficiary following the effective date of such regu-
10 lations;

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

13 “(C) January 1, 2027;

14 “(2) in the case of a participant or beneficiary
15 not enrolled in the plan or coverage on the date of
16 transmission under paragraph (1), upon initial en-
17 rollment of such participant or beneficiary; and

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

20 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—

21 Nothing in this section shall be construed to prevent a
22 group health plan or a health insurance issuer offering
23 group health insurance coverage from negotiating the level
24 and type of reimbursement with a provider for care pro-
25 vided in accordance with this section.”.

1 (B) CLERICAL AMENDMENT.—The table of
2 contents in section 1 of the Employee Retirement
3 Income Security Act of 1974 (29 U.S.C.
4 1001 et seq.) is amended by inserting after the
5 item relating to section 726 the following new
6 item:

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

7 (3) IRC.—

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

11 **“SEC. 9827. STANDARDS RELATING TO BENEFITS FOR AS-**
12 **SISTED REPRODUCTIVE TECHNOLOGY AND**
13 **INTRAUTERINE INSEMINATION.**

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

17 “(b) DEFINITION.—

18 “(1) ASSISTED REPRODUCTIVE TECHNOLOGY;
19 ART.—The term ‘assisted reproductive technology’
20 or ‘ART’ means any treatment or procedure that in-
21 cludes the handling of human eggs or embryos to
22 help achieve a pregnancy, including in vitro fertiliza-
23 tion, egg or embryo cryopreservation, and egg or em-

1 bryo donation. Such term includes any medication
2 related to such a treatment or procedure.

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

10 “(c) REQUIRED COVERAGE.—A group health plan
11 shall provide coverage for ART and IUI determined appro-
12 priate by the health care provider, regardless of whether
13 the participant or beneficiary receiving ART or IUI has
14 been diagnosed with infertility as defined by the American
15 Society for Reproductive Medicine, if the ART or IUI is
16 performed at, or prescribed by, a licensed medical facility.

17 “(d) LIMITATION.—Cost-sharing, including
18 deductibles and coinsurance, or other limitations for ART
19 or IUI may not be imposed with respect to ART or IUI
20 required to be covered under subsection (c) to the extent
21 that such cost-sharing exceeds the cost-sharing applied to
22 other medical services under the group health plan or
23 health insurance coverage or such other limitations are
24 different from limitations imposed with respect to such
25 medical services, except where such limitation is more fa-

1 vorable with respect to ART or IUI. The Secretary shall
2 promulgate interim final regulations to carry out this sub-
3 section, notwithstanding the notice and comment require-
4 ments of section 553 of title 5, United States Code.

5 “(e) PROHIBITIONS.—A group health plan may not—

6 “(1) provide incentives (monetary or otherwise)
7 to a participant or beneficiary to encourage such
8 participant or beneficiary not to seek or obtain ART
9 or IUI to which such participant or beneficiary is
10 entitled under this section or to providers to induce
11 such providers not to provide medically appropriate
12 ART or IUI to participants or beneficiaries;

13 “(2) prohibit a provider from discussing with a
14 participant or beneficiary ART or IUI relating to
15 this section;

16 “(3) penalize or otherwise reduce or limit the
17 reimbursement of a provider because such provider
18 provided ART or IUI to a qualified participant or
19 beneficiary in accordance with this section; or

20 “(4) on the ground prohibited under title VI of
21 the Civil Rights Act of 1964 (42 U.S.C. 2000d et
22 seq.), title IX of the Education Amendments of 1972
23 (20 U.S.C. 1681 et seq.), the Age Discrimination
24 Act of 1975 (42 U.S.C. 6101 et seq.), section 504
25 of the Rehabilitation Act of 1973 (29 U.S.C. 794),

1 or section 1557 of the Patient Protection and Af-
2 fordable Care Act (42 U.S.C. 18116), exclude any
3 individual from coverage in accordance with this sec-
4 tion, or discriminate against any individual with re-
5 spect to such coverage.

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

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

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

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

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

22 “(C) January 1, 2027;

23 “(2) in the case of a participant or beneficiary
24 not enrolled in the plan on the date of transmission

1 under paragraph (1), upon initial enrollment of such
2 participant or beneficiary; and

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

5 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—
6 Nothing in this section shall be construed to prevent a
7 group health plan from negotiating the level and type of
8 reimbursement with a provider for care provided in ac-
9 cordance with this section.”.

10 (B) CLERICAL AMENDMENT.—The table of
11 sections for subchapter B of chapter 100 of the
12 Internal Revenue Code of 1986 is amended by
13 adding at the end the following new item:

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

14 (b) CONFORMING AMENDMENTS.—

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

19 (2) ERISA.—Section 731(c) of the Employee
20 Retirement Income Security Act of 1974 (29 U.S.C.
21 1191(c)) is amended by striking “section 711” and
22 inserting “sections 711 and 727”.

23 (c) EFFECTIVE DATES.—

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

5 (2) COLLECTIVE BARGAINING EXCEPTION.—

6 (A) IN GENERAL.—In the case of a group
7 health plan maintained pursuant to one or more
8 collective bargaining agreements between em-
9 ployee representatives and one or more employ-
10 ers ratified before the date of enactment of this
11 Act, the amendments made by subsection (a)
12 shall not apply to plan years beginning before
13 the later of—

14 (i) the date on which the last collec-
15 tive bargaining agreements relating to the
16 plan terminates (determined without re-
17 gard to any extension thereof agreed to
18 after the date of enactment of this Act), or

19 (ii) the date occurring 6 months after
20 the date of the enactment of this Act.

21 (B) CLARIFICATION.—For purposes of
22 subparagraph (A), any plan amendment made
23 pursuant to a collective bargaining agreement
24 relating to the plan which amends the plan sole-
25 ly to conform to any requirement added by sub-

1 section (a) shall not be treated as a termination
2 of such collective bargaining agreement.

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

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

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

14 (2) by adding at the end the following new sub-
15 section:

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

1 health insurance coverage offered by a group health plan
2 or health insurance issuer.”.

3 (b) TECHNICAL AMENDMENT.—Section 1903(a)(5)
4 of the Social Security Act (42 U.S.C. 1396b(a)(5)) is
5 amended by inserting “described in section
6 1905(a)(4)(C)” after “family planning services and sup-
7 plies”.

8 (c) 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, 2027.

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 first day of the first
23 calendar quarter beginning after the close of the
24 first regular session of the State legislature that
25 ends after the 1-year period beginning with the date

1 of 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.

6 **SEC. 304. MEDICARE COVERAGE OF ASSISTED REPRODUC-**
7 **TIVE TECHNOLOGY AND INTRAUTERINE IN-**
8 **SEMINATION.**

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

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

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

15 (3) by adding at the end the following new sub-
16 paragraph:

17 “(LL) assisted reproductive technology and
18 intrauterine insemination (as defined in section
19 2799A–12(b) of the Public Health Service Act);”.

20 (b) PAYMENT AND WAIVER OF COINSURANCE.—Sec-
21 tion 1833(a)(1) of the Social Security Act (42 U.S.C.
22 1395l(a)(1)) is amended—

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

24 (2) by inserting before the semicolon at the end
25 the following: “, and (II) with respect to assisted re-

1 productive technology and intrauterine insemination
2 (as described in section 1861(s)(2)(LL)), the
3 amount paid shall be equal to 100 percent of the
4 lesser of the actual charge for the treatment or the
5 amount determined under the payment basis deter-
6 mined under section 1848”.

7 (c) WAIVER OF APPLICATION OF DEDUCTIBLE.—The
8 first sentence of section 1833(b) of the Social Security Act
9 (42 U.S.C. 1395l(b)) is amended—

10 (1) by striking “, and (13)” and inserting
11 “(13)”; and

12 (2) by striking “1861(n).” and inserting
13 “1861(n), and (14) such deductible shall not apply
14 with respect to assisted reproductive technology (as
15 described in section 1861(s)(2)(LL)).”.

16 (d) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—
17 Section 1848(j)(3) of the Social Security Act (42 U.S.C.
18 1395w–4(j)(3)) is amended by inserting “(2)(LL)” after
19 “risk assessment),”.

20 (e) CONFORMING AMENDMENT REGARDING COV-
21 ERAGE.—Section 1862(a)(1)(A) of the Social Security Act
22 (42 U.S.C. 1395y(a)(1)(A)) is amended by inserting “, or
23 assisted reproductive technology (as described in section
24 1861(s)(2)(LL)) and intrauterine insemination” after
25 “1861(ddd)(1))”.

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

4 **TITLE IV—FAMILY BUILDING**
5 **FEHB FAIRNESS**

6 **SEC. 401. SHORT TITLE.**

7 This title may be cited as the “Family Building
8 FEHB Fairness Act”.

9 **SEC. 402. ASSISTED REPRODUCTIVE TECHNOLOGY AND**
10 **INTRAUTERINE INSEMINATION BENEFITS.**

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

13 (1) in subsection (a)—

14 (A) in paragraph (1), by adding at the end
15 the following:

16 “(G) Assisted reproductive technology and
17 intrauterine insemination benefits.”; and

18 (B) in paragraph (2)—

19 (i) by redesignating subparagraph (F)
20 as subparagraph (G); and

21 (ii) by inserting after subparagraph
22 (E) the following:

23 “(F) Assisted reproductive technology and
24 intrauterine insemination benefits.”; and

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

1 “(c) DEFINITIONS.—In this section, the terms ‘as-
2 sisted reproductive technology’ and ‘intrauterine insemina-
3 tion’ have the meanings given such terms in section 103
4 of the Right to IVF Act of 2026.”.

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