

# Calendar No. 413

118TH CONGRESS  
2D SESSION

# S. 4445

To protect and expand nationwide access to fertility treatment, including  
in vitro fertilization.

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## IN THE SENATE OF THE UNITED STATES

JUNE 3, 2024

Ms. DUCKWORTH (for herself, Mrs. MURRAY, Mr. BOOKER, Mr. SCHUMER, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Ms. BUTLER, Mr. CARPER, Mr. CASEY, Mr. COONS, Mr. DURBIN, Mr. FETTERMAN, Mrs. GILLIBRAND, Ms. HASSAN, Mr. HEINRICH, Mr. HICKENLOOPER, Ms. HIRONO, Mr. KAINE, Mr. KING, Ms. KLOBUCHAR, Mr. LUJÁN, Mr. MARKEY, Mr. MERKLEY, Mr. MURPHY, Mr. PADILLA, Mr. REED, Ms. ROSEN, Mr. SANDERS, Mr. SCHATZ, Ms. SMITH, Ms. STABENOW, Ms. WARREN, Mr. WELCH, Mr. WHITEHOUSE, Mr. WYDEN, Mr. WARNER, and Mr. BROWN) introduced the following bill; which was read the first time

JUNE 4, 2024

Read the second time and placed on the calendar

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## A BILL

To protect and expand nationwide access to fertility  
treatment, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “Right to IVF Act”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Severability.

TITLE I—ACCESS TO FAMILY BUILDING

Sec. 101. Short title.

Sec. 102. Purposes.

Sec. 103. Definitions.

Sec. 104. Fertility treatment 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 fertility treatment 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 after an injury or  
illness.

Sec. 204. Cryopreservation and storage of reproductive genetic material of  
members of the uniformed services on active duty.

Sec. 205. Assistance with and continuity of care regarding reproductive and  
fertility preservation services.

Sec. 206. Coordination between Department of Defense and Department of  
Veterans Affairs on furnishing of fertility treatment and coun-  
seling.

Sec. 207. Regulations.

Subtitle B—Reproductive Assistance for Veterans

Sec. 211. Inclusion of fertility treatment and counseling under the definition of  
medical services in title 38.

Sec. 212. Fertility treatment 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 FERTILITY TREATMENT AND CARE

Sec. 301. Short title.

Sec. 302. Standards relating to benefits for fertility treatment.

Sec. 303. Requirement for State Medicaid plans to provide medical assistance for fertility treatment.

Sec. 304. Medicare coverage of fertility treatment.

#### TITLE IV—FAMILY BUILDING FEHB FAIRNESS

Sec. 401. Short title.

Sec. 402. Fertility treatment 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—ACCESS TO FAMILY** 9 **BUILDING**

#### 10 **SEC. 101. SHORT TITLE.**

11 This title may be cited as the “Access to Family  
12 Building Act”.

#### 13 **SEC. 102. PURPOSES.**

14 The purposes of this title are as follows:

15 (1) To permit patients to seek and receive fer-  
16 tility treatment, including assisted reproductive tech-  
17 nology services, and to permit health care providers  
18 that choose to provide fertility treatment, to provide  
19 such services without States enacting harmful or un-  
20 warranted limitations or requirements that single  
21 out the provision of assisted reproductive services for  
22 restrictions that are not consistent with widely ac-

1       cepted and evidence-based medical standards of care,  
2       and which do not significantly advance reproductive  
3       health or the efficacy and safety of fertility treat-  
4       ment, or make fertility treatment more difficult to  
5       access.

6           (2) To promote the right and ability of a pa-  
7       tient residing in any State to choose to receive fer-  
8       tility treatment provided in accordance with widely  
9       accepted and evidence-based medical standards of  
10      care by a health care provider who chooses to pro-  
11      vide such services.

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

18 **SEC. 103. DEFINITIONS.**

19       In this title:

20           (1) **FERTILITY TREATMENT.**—The term “fer-  
21      tility treatment” includes the following:

22                   (A) Preservation of human oocytes, sperm,  
23                   or embryos for later reproductive use.

1 (B) Artificial insemination, including  
2 intravaginal insemination, intracervical insemi-  
3 nation, and intrauterine insemination.

4 (C) Assisted reproductive technology, in-  
5 cluding in vitro fertilization and other treat-  
6 ments or procedures in which reproductive ge-  
7 netic material, such as oocytes, sperm, fertilized  
8 eggs, and embryos, are handled, when clinically  
9 appropriate.

10 (D) Genetic testing of embryos.

11 (E) Medications prescribed or obtained  
12 over-the-counter, as indicated for fertility.

13 (F) Gamete donation.

14 (G) Such other information, referrals,  
15 treatments, procedures, medications, laboratory  
16 testing, technologies, and services relating to  
17 fertility as the Secretary of Health and Human  
18 Services determines appropriate.

19 (2) HEALTH CARE PROVIDER.—The term  
20 “health care provider” means any entity or indi-  
21 vidual (including any physician, nurse practitioner,  
22 physician assistant, pharmacist, health care support  
23 personnel, clinical staff, and any other individual, as  
24 determined by the Secretary of Health and Human  
25 Services) that—

1 (A) is engaged or seeks to engage in the  
2 delivery of fertility treatment, including through  
3 the provision of evidence-based information,  
4 counseling, referrals, or items and services that  
5 relate to, aid in, or provide fertility treatment;  
6 and

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

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

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

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

21 (4) MANUFACTURER.—The term “manufac-  
22 turer” means the manufacturer of a drug or device  
23 approved, cleared, authorized, or licensed under sec-  
24 tion 505, 510(k), 513(f)(2), or 515 of the Federal  
25 Food, Drug, and Cosmetic Act (21 U.S.C. 355,

1 360(k), 360c(f)(2), 360e) or section 351 of the Pub-  
2 lic Health Service Act (42 U.S.C. 262) or otherwise  
3 legally marketed.

4 (5) STATE.—The term “State” includes each of  
5 the 50 States, the District of Columbia, Puerto Rico,  
6 each territory and possession of the United States,  
7 and any political subdivision thereof.

8 (6) WIDELY ACCEPTED AND EVIDENCE-BASED  
9 MEDICAL STANDARDS OF CARE.—The term “widely  
10 accepted and evidence-based medical standards of  
11 care” means any medical services, procedures, and  
12 practices that are in accordance with the guidelines  
13 of the American Society for Reproductive Medicine.

14 **SEC. 104. FERTILITY TREATMENT RIGHTS.**

15 (a) GENERAL RULE.—

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

23 (A) receive fertility treatment from a  
24 health care provider, in accordance with widely

1           accepted and evidence-based medical standards  
2           of care;

3           (B) continue or complete an ongoing fer-  
4           tility treatment previously initiated by a health  
5           care provider, in accordance with widely accept-  
6           ed and evidence-based medical standards of  
7           care;

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

13          (D) establish contractual agreements with  
14          a health care provider relating to the health  
15          care provider's services in handling, testing,  
16          storing, shipping, and disposing of the individ-  
17          ual's reproductive genetic material in accord-  
18          ance with widely accepted and evidence-based  
19          medical standards of care.

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 fertility treatment provided in accordance with  
5 widely accepted and evidence-based medical  
6 standards of care;

7 (B) continue or complete the provision of,  
8 or assistance with, fertility treatment that was  
9 lawful when commenced and is provided in ac-  
10 cordance with widely accepted and evidence-  
11 based medical standards of care;

12 (C) provide for, or assist with, the testing,  
13 use, storage, or disposition of reproductive ge-  
14 netic material, such as oocytes, sperm, fertilized  
15 eggs, and embryos, in accordance with widely  
16 accepted and evidence-based medical standards  
17 of care; and

18 (D) establish contractual agreements with  
19 individuals or manufacturers relating to the  
20 health care provider's services in handling, test-  
21 ing, storing, shipping, and disposing of the indi-  
22 vidual's reproductive genetic material.

23 (3) HEALTH INSURANCE ISSUER RIGHTS.—A  
24 health insurance issuer has a statutory right under  
25 this title, without prohibition, limitation, inter-

1       ference, or impediment, to the extent that such pro-  
2       hibition, limitation, interference, or impediment in  
3       any way or degree obstructs, delays, or affects com-  
4       merce over which the Federal Government has juris-  
5       diction, to cover the provision of fertility treatment  
6       provided in accordance with widely accepted and evi-  
7       dence-based medical standards of care.

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

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

5 (1) such regulations are in accordance with  
6 widely accepted and evidence-based medical stand-  
7 ards of care for providing fertility treatment; and

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

12 (c) ENFORCEMENT.—

13 (1) THE ATTORNEY GENERAL.—

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

1 a health insurance issuer, or a manufacturer  
2 under subsection (a).

3 (B) EFFECT OF VIOLATIONS.—The court  
4 shall hold unlawful and set aside a limitation or  
5 requirement described in subparagraph (A) if it  
6 is in violation of subsection (a).

7 (2) PRIVATE RIGHT OF ACTION.—

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

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

24 (3) HEALTH CARE PROVIDER.—

1           (A) IN GENERAL.—A health care provider  
2           may commence a civil action for relief on such  
3           provider’s own behalf, on behalf of the pro-  
4           vider’s staff, or on behalf of the provider’s pa-  
5           tients who are or may be adversely affected by  
6           an alleged violation of subsection (a).

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

11          (4) EQUITABLE RELIEF.—In any action under  
12          this section, the court may award appropriate equi-  
13          table relief, including temporary, preliminary, or per-  
14          manent injunctive relief.

15          (5) COSTS.—

16                (A) IN GENERAL.—In any action under  
17                this section, the court shall award costs of liti-  
18                gation, as well as reasonable attorney’s fees, to  
19                any prevailing plaintiff.

20                (B) LIABILITY OF PLAINTIFFS.—A plain-  
21                tiff shall not be liable to a defendant for costs  
22                or attorney’s fees in any non-frivolous action  
23                under this section unless such costs or attor-  
24                ney’s fees are imposed by the court as part of

1 sanctions for violations committed during the  
2 discovery process.

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

9 (7) RIGHT TO REMOVE.—

10 (A) IN GENERAL.—Any party shall have a  
11 right to remove an action brought under this  
12 subsection to the district court of the United  
13 States for the district and division embracing  
14 the place where such action is pending.

15 (B) REVIEW.—An order remanding the  
16 case to the State court from which it was re-  
17 moved under this paragraph is immediately re-  
18 viewable by appeal or otherwise.

19 (d) REGULATIONS.—Not later than 180 days after  
20 the date of enactment of this Act, the Secretary of Health  
21 and Human Services shall promulgate regulations to carry  
22 out this section.

23 (e) RULES OF CONSTRUCTION.—

24 (1) IN GENERAL.—For purposes of this title, a  
25 State law, or the administration, implementation, or

1 enforcement of a State law, constitutes a prohibi-  
2 tion, limitation, interference, or impediment on a  
3 health care provider providing, an individual receiv-  
4 ing, a health insurance issuer covering, or a manu-  
5 facturer marketing drugs or devices for fertility  
6 treatment, provided in accordance with widely ac-  
7 cepted and evidence-based medical standards of care,  
8 as described in subsection 104, if the administration,  
9 implementation, interpretation, or enforcement of  
10 such law has an effect that—

11 (A) imposes requirements or limitations  
12 that are inconsistent with providing, receiving,  
13 providing health insurance coverage for, or pro-  
14 viding drugs or devices for fertility treatment in  
15 accordance with widely accepted and evidence-  
16 based medical standards of care or that other-  
17 wise violate the purpose and requirements of  
18 this Act, which may include—

19 (i) requiring that a health care pro-  
20 vider provide, and patients undertake,  
21 medically unnecessary procedures and serv-  
22 ices, including tests and procedures, pro-  
23 viding medically inaccurate information re-  
24 garding fertility treatment, or requiring  
25 additional unnecessary in-person visits to a

1 health care provider, that are inconsistent  
2 with widely accepted and evidence-based  
3 medical standards of care;

4 (ii) imposing limitations or require-  
5 ments concerning physical offices, clinics,  
6 facilities, equipment, staffing, or hospital  
7 transfer arrangements of facilities where  
8 fertility treatment is provided, or the cre-  
9 dentials or hospital privileges or status of  
10 personnel at such facilities, that are not  
11 consistent with widely accepted and evi-  
12 dence-based medical standards of care; or

13 (iii) limiting a health care provider's  
14 right or ability to provide, or a patient's  
15 right to receive, or imposing limitations  
16 that reduce the efficacy of, fertility treat-  
17 ment in accordance with widely accepted  
18 and evidence-based medical standards of  
19 care, including retrieval of multiple eggs  
20 during oocyte retrieval; performance of in-  
21 semination procedures, including intra-  
22 uterine insemination; intracytoplasmic  
23 sperm injections to fertilize multiple  
24 human eggs; and cryopreservation of one  
25 or more eggs or embryos for fertility pres-



1           ervation and subsequent transfer, if deter-  
2           mined appropriate by the health care pro-  
3           vider and patient;

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

12          (C) limits a health care provider's or pa-  
13          tient's right or ability to determine the most ap-  
14          propriate disposition of fertilized eggs or em-  
15          bryos, including by defining a gamete or em-  
16          bryo in such a way as to prevent the disposition  
17          of gametes and embryos;

18          (D) limits a health care provider's ability  
19          to provide, or a patient's ability to receive, fer-  
20          tility treatment via telemedicine, in accordance  
21          with widely accepted and evidence-based med-  
22          ical standards of care;

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

1           ment based on the residency of the patient, or  
2           prohibits or limits the ability of any individual  
3           to assist or support a patient seeking fertility  
4           treatment;

5           (F) imposes requirements or limitations  
6           that compel health care providers to provide, or  
7           patients to receive, medically unnecessary care,  
8           or withhold medically necessary care, in a man-  
9           ner that is not consistent with widely accepted  
10          and evidence-based medical standards of care  
11          for fertility treatment, including mandating the  
12          transfer of embryos that a health care provider  
13          would not reasonably expect, based on widely  
14          accepted and evidence-based medical standards  
15          of care, to lead to a healthy pregnancy or a live  
16          birth;

17          (G) limits a health care provider's right or  
18          ability to prescribe or dispense, or a patient's  
19          right or ability to receive or use, medications  
20          for fertility treatment in accordance with widely  
21          accepted and evidence-based medical standards  
22          of care, unless such a limitation is generally ap-  
23          plicable to the prescription, dispensing, or dis-  
24          tribution of medications; or

1           (H) limits a health care provider’s right or  
2           ability to perform a human sperm retrieval pro-  
3           cedure in accordance with widely accepted and  
4           evidence-based medical standards of care.

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

14          (3) EXCLUSION.—It shall not constitute a pro-  
15          hibition, limitation, interference, or impediment to a  
16          health care provider providing, an individual receiv-  
17          ing, a health insurance issuer covering, or a manu-  
18          facturer marketing a drug or device for purposes of,  
19          fertility treatment under this title for an entity to  
20          act in compliance with the Food and Drug Adminis-  
21          tration’s regulation of drugs, devices, biological  
22          products, human cells, tissues, or cellular or tissue-  
23          based products used in fertility treatment, consistent  
24          with widely accepted and evidence-based medical  
25          standards of care for fertility treatment.

1 **SEC. 105. APPLICABILITY AND PREEMPTION.**

2 (a) IN GENERAL.—

3 (1) GENERAL APPLICATION.—

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

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

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

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

24 (B) any other State law, to the extent that  
25 such law does not conflict with this title and  
26 protects an individual's right and ability to re-

1           ceive fertility treatment in accordance with  
2           widely accepted and evidence-based medical  
3           standards of care, including any such law that  
4           holds a health care provider accountable for not  
5           providing fertility treatment in accordance with  
6           widely accepted and evidence-based medical  
7           standards of care.

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

19          (4) PRESERVATION OF HIPAA RULES.—Nothing  
20          in this title shall have the effect of superseding, ne-  
21          gating, or limiting the provisions of the privacy, se-  
22          curity, and breach notification regulations in parts  
23          160 and 164 of title 45, Code of Federal Regula-  
24          tions (or successor regulations).

1           (5) SUBSEQUENTLY ENACTED FEDERAL LEGIS-  
2           LATION.—Federal statutory law adopted after the  
3           date of the enactment of this Act is subject to this  
4           title unless such law explicitly excludes such applica-  
5           tion by reference to this title.

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

12           **TITLE II—VETERAN FAMILIES**  
13                           **HEALTH SERVICES**

14          **SEC. 200. SHORT TITLE.**

15           This title may be cited as the “Veteran Families  
16          Health Services Act”.

17          **Subtitle A—Reproductive and Fer-**  
18                   **tility Preservation Assistance**  
19                   **for Members of the Uniformed**  
20                   **Services**

21          **SEC. 201. DEFINITIONS.**

22           In this subtitle:

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

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

4 **SEC. 202. PROVISION OF FERTILITY TREATMENT AND**  
5                                   **COUNSELING TO CERTAIN MEMBERS OF THE**  
6                                   **UNIFORMED SERVICES AND SPOUSES, PART-**  
7                                   **NERS, AND GESTATIONAL SURROGATES OF**  
8                                   **SUCH MEMBERS.**

9           (a) FERTILITY TREATMENT AND COUNSELING.—

10           (1) IN GENERAL.—The Secretary of Defense  
11           shall make available fertility treatment and coun-  
12           seling to a member of the uniformed services or a  
13           spouse, partner, or gestational surrogate of such a  
14           member.

15           (2) ELIGIBILITY FOR TREATMENT AND COUN-  
16           SELING.—Fertility treatment and counseling shall be  
17           furnished under paragraph (1) without regard to the  
18           sex, sex characteristics, gender identity, sexual ori-  
19           entation, infertility diagnosis, or marital status of  
20           the member of the uniformed services or their part-  
21           ner.

22           (3) IN VITRO FERTILIZATION.—In the case of  
23           in vitro fertilization treatment furnished under para-  
24           graph (1), the Secretary may furnish to an indi-  
25           vidual under such paragraph—

1 (A) not more than three completed oocyte  
2 retrievals; and

3 (B) unlimited embryo transfers.

4 (b) PROCUREMENT OF REPRODUCTIVE GENETIC MA-  
5 TERIAL.—If a member of the uniformed services is unable  
6 to provide their reproductive genetic material, such as oo-  
7 cytes, sperm, fertilized eggs, and embryos, for purposes  
8 of fertility treatment under subsection (a), the Secretary  
9 shall, at the election of such member, allow such member  
10 to receive such treatment with donated reproductive ge-  
11 netic material and pay or reimburse such member the rea-  
12 sonable costs of procuring such material from a donor.

13 (c) RULES OF CONSTRUCTION.—

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

19 (2) SOURCING OF GESTATIONAL SURROGATE OR  
20 REPRODUCTIVE GENETIC MATERIAL.—Nothing in  
21 this section shall be construed to require the Sec-  
22 retary—

23 (A) to find or certify a gestational surro-  
24 gate for a member of the uniformed services or



1 to connect a gestational surrogate with such a  
2 member; or

3 (B) to find or certify reproductive genetic  
4 material, such as oocytes, sperm, fertilized eggs,  
5 and embryos, from a donor for a member of the  
6 uniformed services or to connect such a member  
7 with reproductive genetic material from a  
8 donor.

9 (d) DEFINITIONS.—In this section:

10 (1) FERTILITY TREATMENT.—The term “fer-  
11 tility treatment” includes the following:

12 (A) Preservation of human oocytes, sperm,  
13 or embryos for later reproductive use.

14 (B) Artificial insemination, including  
15 intravaginal insemination, intracervical insemi-  
16 nation, and intrauterine insemination.

17 (C) Assisted reproductive technology, in-  
18 cluding in vitro fertilization and other treat-  
19 ments or procedures in which reproductive ge-  
20 netic material, such as oocytes, sperm, fertilized  
21 eggs, and embryos, are handled, when clinically  
22 appropriate.

23 (D) Genetic testing of embryos.

24 (E) Medications prescribed or obtained  
25 over-the-counter, as indicated for fertility.

1 (F) Gamete donation.

2 (G) Such other information, referrals,  
3 treatments, procedures, medications, laboratory  
4 testing, technologies, and services relating to  
5 fertility as the Secretary of Defense determines  
6 appropriate.

7 (2) GESTATIONAL SURROGATE.—The term  
8 “gestational surrogate” means an individual who  
9 agrees to become pregnant through in vitro fertiliza-  
10 tion under a gestational surrogacy agreement using  
11 gametes that are not the gametes of that individual.

12 (3) PARTNER.—The term “partner”, with re-  
13 spect to a member of the uniformed services, means  
14 an individual selected by the member who agrees to  
15 be a parent, with the member, of a child born as a  
16 result of the use of any fertility treatment under this  
17 section.

18 **SEC. 203. ESTABLISHMENT OF FERTILITY PRESERVATION**

19 **PROCEDURES AFTER AN INJURY OR ILLNESS.**

20 (a) IN GENERAL.—The Secretary of Defense, acting  
21 through the Assistant Secretary of Defense for Health Af-  
22 fairs, shall establish procedures for the retrieval of repro-  
23 ductive genetic material, such as oocytes, sperm, fertilized  
24 eggs, and embryos, as soon as medically appropriate, from  
25 a member of the uniformed services in cases in which the

1 fertility of such member is potentially jeopardized as a re-  
2 sult of an injury or illness incurred or aggravated while  
3 serving on active duty in the uniformed services in order  
4 to preserve the medical options of such member.

5 (b) INCLUSION OF INFORMATION IN ADVANCED DI-  
6 RECTIVES AND MILITARY TESTAMENTARY INSTRU-  
7 MENTS.—The Secretary of Defense shall ensure that any  
8 advance medical directive, as defined in section 1044c(b)  
9 of title 10, United States Code, or military testamentary  
10 instrument, as defined in section 1044d(b) of such title,  
11 completed by a member of the uniformed services includes  
12 questions about the consent of the member to fertility  
13 preservation procedures under subsection (a).

14 (c) DISPOSAL OF REPRODUCTIVE GENETIC MATE-  
15 RIAL.—Subject to section 204, in accordance with regula-  
16 tions prescribed by the Secretary for purpose of this sub-  
17 section, the Secretary shall dispose of reproductive genetic  
18 material retrieved from a member of the uniformed serv-  
19 ices under subsection (a)—

20 (1) with the specific consent of the member; or

21 (2) if the member—

22 (A) has lost the ability to consent perma-  
23 nently, as determined by a medical professional,  
24 or has died; and

1           (B) has not specified the use of their re-  
2           productive genetic material in an advance direc-  
3           tive or testamentary instrument executed by the  
4           member.

5 **SEC. 204. CRYOPRESERVATION AND STORAGE OF REPRO-**  
6           **DUCTIVE GENETIC MATERIAL OF MEMBERS**  
7           **OF THE UNIFORMED SERVICES ON ACTIVE**  
8           **DUTY.**

9           (a) IN GENERAL.—The Secretary of Defense shall  
10          provide members of the uniformed services on active duty  
11          in the uniformed services with the opportunity to  
12          cryopreserve and store their reproductive genetic material,  
13          such as oocytes, sperm, fertilized eggs, and embryos, prior  
14          to—

15               (1) deployment to a combat zone; or

16               (2) a duty assignment that includes a haz-  
17          ardous assignment, including—

18                   (A) assignments resulting in exposure to  
19                   perfluoroalkyl or polyfluoroalkyl substances;  
20                   and

21                   (B) such other assignments as determined  
22                   by the Secretary.

23          (b) PERIOD OF TIME.—

24               (1) IN GENERAL.—The Secretary shall provide  
25          for the cryopreservation and storage of reproductive

1 genetic material of any member of the uniformed  
2 services under subsection (a) in a facility of the De-  
3 partment of Defense or of a private entity and the  
4 transportation of such material, at no cost to the  
5 member, until the date that is one year after the re-  
6 tirement, separation, or release of the member from  
7 the uniformed services.

8 (2) CONTINUED CRYOPRESERVATION AND  
9 STORAGE.—At the end of the one-year period speci-  
10 fied in paragraph (1), the Secretary shall permit an  
11 individual whose reproductive genetic material was  
12 cryopreserved and stored as described in that para-  
13 graph to select, including pursuant to an advance  
14 medical directive or military testamentary instru-  
15 ment completed under subsection (c), one of the fol-  
16 lowing options:

17 (A) To continue such cryopreservation and  
18 storage in such facility with the cost of such  
19 cryopreservation and storage borne by the indi-  
20 vidual.

21 (B) To transfer the material to a private  
22 cryopreservation and storage facility selected by  
23 the individual.

24 (C) To transfer the material to a facility of  
25 the Department of Veterans Affairs if

1 cryopreservation and storage is available to the  
2 individual at such facility and the individual is  
3 eligible for such services.

4 (3) DISPOSAL OF REPRODUCTIVE GENETIC MA-  
5 TERIAL.—

6 (A) NO SELECTION.—If an individual de-  
7 scribed in paragraph (2) does not make a selec-  
8 tion under subparagraph (A), (B), or (C) of  
9 such paragraph, the Secretary may dispose of  
10 the reproductive genetic material of the indi-  
11 vidual not earlier than the date that is 90 days  
12 after the end of the one-year period specified in  
13 paragraph (1) with respect to the individual.

14 (B) ELECTION BY INDIVIDUAL.—At the  
15 election of an individual described in paragraph  
16 (2), the Secretary may dispose of the reproduc-  
17 tive genetic material of the individual.

18 (c) ADVANCE MEDICAL DIRECTIVE AND MILITARY  
19 TESTAMENTARY INSTRUMENT.—A member of the uni-  
20 formed services who elects to cryopreserve and store their  
21 reproductive genetic material under this section must com-  
22 plete an advance medical directive, as defined in section  
23 1044c(b) of title 10, United States Code, and a military  
24 testamentary instrument, as defined in section 1044d(b)  
25 of such title, that explicitly specifies the use of their

1 cryopreserved and stored reproductive genetic material if  
2 such member dies or otherwise loses the capacity to con-  
3 sent to the use of their cryopreserved and stored reproduc-  
4 tive genetic material.

5 (d) AGREEMENTS.—To carry out this section, the  
6 Secretary may enter into agreements with private entities  
7 that provide cryopreservation, transportation, and storage  
8 services for reproductive genetic material.

9 **SEC. 205. ASSISTANCE WITH AND CONTINUITY OF CARE RE-**  
10 **GARDING REPRODUCTIVE AND FERTILITY**  
11 **PRESERVATION SERVICES.**

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

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

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

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

1 **SEC. 206. COORDINATION BETWEEN DEPARTMENT OF DE-**  
2 **FENSE AND DEPARTMENT OF VETERANS AF-**  
3 **FAIRS ON FURNISHING OF FERTILITY TREAT-**  
4 **MENT AND COUNSELING.**

5 (a) IN GENERAL.—The Secretary of Defense and the  
6 Secretary of Veterans Affairs shall share best practices  
7 and facilitate referrals, as they consider appropriate, on  
8 the furnishing of fertility treatment and counseling to in-  
9 dividuals eligible for the receipt of such counseling and  
10 treatment from the Secretaries.

11 (b) MEMORANDUM OF UNDERSTANDING.—The Sec-  
12 retary of Defense and the Secretary of Veterans Affairs  
13 shall enter into a memorandum of understanding—

14 (1) providing that the Secretary of Defense will  
15 ensure access by the Secretary of Veterans Affairs  
16 to reproductive genetic material, such as oocytes,  
17 sperm, fertilized eggs, and embryos, of veterans  
18 stored by the Department of Defense for purposes of  
19 furnishing fertility treatment under section 1720K  
20 of title 38, United States Code, as added by section  
21 212(a); and

22 (2) authorizing the Department of Veterans Af-  
23 fairs to compensate the Department of Defense for  
24 the cryopreservation, transportation, and storage of  
25 reproductive genetic material of veterans under sec-  
26 tion 204(b)(2)(A).



1 **SEC. 207. 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 FERTILITY TREATMENT AND**  
8 **COUNSELING UNDER THE DEFINITION OF**  
9 **MEDICAL SERVICES IN TITLE 38.**

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

13 “(J) Fertility treatment and counseling  
14 under section 1720K of this title.”.

15 **SEC. 212. FERTILITY TREATMENT AND COUNSELING FOR**  
16 **CERTAIN VETERANS AND SPOUSES, PART-**  
17 **NERS, AND GESTATIONAL SURROGATES OF**  
18 **SUCH VETERANS.**

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

22 **“§ 1720K. Fertility treatment and counseling for cer-**  
23 **tain veterans and spouses, partners, and**  
24 **gestational surrogates of such veterans**

25 “(a) REQUIREMENT.—

1           “(1) IN GENERAL.—Notwithstanding any other  
2 provision of law, including the surrogacy laws of any  
3 State, the Secretary shall furnish fertility treatment  
4 and counseling for the benefit of a covered veteran  
5 to the veteran and the spouse, partner, gamete  
6 donor, or gestational surrogate of the veteran if the  
7 veteran, and the spouse, partner, gamete donor, or  
8 gestational surrogate of the veteran, as applicable,  
9 each provide informed consent for such treatment  
10 and counseling, including for each cycle of treatment  
11 authorized under this section, through a process pre-  
12 scribed by the Secretary.

13           “(2) PROVISION OF TREATMENT AND COUN-  
14 SELING.—Fertility treatment and counseling shall be  
15 furnished under paragraph (1) without regard to the  
16 sex, sexual characteristics, gender identity, sexual  
17 orientation, infertility diagnosis, or marital status of  
18 the covered veteran or their partner.

19           “(3) IN VITRO FERTILIZATION.—In the case of  
20 in vitro fertilization treatment furnished under para-  
21 graph (1), the Secretary may furnish to an indi-  
22 vidual under such paragraph—

23                   “(A) not more than three completed oocyte  
24 retrievals; and

25                   “(B) unlimited embryo transfers.

1           “(4) COPAYMENT.—The Secretary shall only  
2 furnish fertility treatment and counseling under  
3 paragraph (1) to a covered veteran who is required  
4 to pay to the United States a copayment amount as  
5 a condition for the receipt of hospital care, medical  
6 services, or medications under this chapter if the  
7 covered veteran agrees to pay such applicable copay-  
8 ment amount to the United States for such treat-  
9 ment and counseling.

10          “(b) PROCUREMENT OF REPRODUCTIVE GENETIC  
11 MATERIAL.—

12           “(1) IN GENERAL.—If a covered veteran is un-  
13 able to provide their reproductive genetic material  
14 for purposes of fertility treatment under subsection  
15 (a), the Secretary shall, at the election of such vet-  
16 eran—

17           “(A) allow such veteran to receive such  
18 treatment with donated reproductive genetic  
19 material, if the donor provides informed consent  
20 for use of such material; and

21           “(B) pay or reimburse the veteran, donor,  
22 or a party acting on behalf of the donor the  
23 reasonable costs of procuring such material  
24 from the donor.

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

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

10           “(1) the availability of and eligibility require-  
11           ments for fertility treatment and counseling under  
12           this section; and

13           “(2) any changes to fertility treatment and  
14           counseling covered under this section.

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

17           “(1) IN GENERAL.—Issues or disputes regard-  
18           ing ownership of reproductive genetic material or fu-  
19           ture use or disposition of such material shall be the  
20           sole responsibility of the covered veteran, the spouse,  
21           partner, or gestational surrogate of the veteran, as  
22           applicable, and the private facility storing such ma-  
23           terial.

24           “(2) AGREEMENT REGARDING DONATED RE-  
25           PRODUCTIVE GENETIC MATERIAL.—As a condition

1 of the use of donated gametes or embryos under this  
2 section, the third-party donor and a provider of fer-  
3 tility treatment that has entered into a contract or  
4 agreement with the Secretary to provide such treat-  
5 ment under this section are required to enter into an  
6 arrangement or agreement governing the terms of  
7 the donation, to include ultimate disposition of any  
8 remaining gametes or embryos once a covered vet-  
9 eran has exhausted the fertility treatment available  
10 under this section, unless the veteran or the spouse  
11 or partner of the veteran has agreed to assume li-  
12 ability for the continued preservation of any remain-  
13 ing gametes or embryos and the Department is not  
14 party to the arrangement or agreement for such con-  
15 tinued preservation.

16 “(3) ROLE OF DEPARTMENT.—The role of the  
17 Secretary under this section is limited to furnishing  
18 the treatment and counseling required under this  
19 section when requested by a covered veteran and de-  
20 termined necessary by the Secretary.

21 “(4) OWNERSHIP AND CUSTODY OF REPRODUC-  
22 TIVE GENETIC MATERIAL.—The Secretary will not  
23 have ownership or custody of any reproductive ge-  
24 netic material obtained pursuant to treatment under  
25 this section and will not be involved in the ultimate

1 disposition of such material or disputes between or  
2 among any parties with respect to such material.

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

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

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

12 “(f) DEFINITIONS.—In this section:

13 “(1) 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 “(2) The term ‘fertility treatment’ includes the  
18 following:

19 “(A) Preservation of human oocytes,  
20 sperm, or embryos for later reproductive use.

21 “(B) Artificial insemination, including  
22 intravaginal insemination, intracervical insemi-  
23 nation, and intrauterine insemination.

24 “(C) Assisted reproductive technology, in-  
25 cluding in vitro fertilization and other treat-

1           ments or procedures in which reproductive ge-  
2           netic material, such as oocytes, sperm, fertilized  
3           eggs, and embryos, are handled, when clinically  
4           appropriate.

5           “(D) Genetic testing of embryos.

6           “(E) Medications prescribed or obtained  
7           over-the-counter, as indicated for fertility.

8           “(F) Gamete donation.

9           “(G) Such other information, referrals,  
10          treatments, procedures, medications, laboratory  
11          testing, technologies, and services relating to  
12          fertility as the Secretary determines appro-  
13          priate.

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

19          “(4) The term ‘partner’, with respect to a cov-  
20          ered veteran, means an individual selected by the  
21          veteran who agrees to be a parent, with the veteran,  
22          of a child born as a result of the use of any fertility  
23          treatment under this section.”.

24          (b) CLERICAL AMENDMENT.—The table of sections  
25          at the beginning of subchapter II of chapter 17 of such

1 title is amended by inserting after the item relating to sec-  
 2 tion 1720J the following new item:

“1720K. Fertility treatment and counseling for certain veterans and spouses,  
 partners, and gestational surrogates of such veterans.”.

3 (c) SUNSET OF EXISTING AUTHORITY.—The author-  
 4 ity under section 234 of the Military Construction, Vet-  
 5 erans Affairs, and Related Agencies Appropriations Act,  
 6 2024 (division A of Public Law 118–42), or any similar  
 7 authority subsequently enacted by law, shall cease on the  
 8 effective date of regulations prescribed to carry out section  
 9 1720K of title 38, United States Code, as added by sub-  
 10 section (a).

11 **SEC. 213. ASSISTANCE WITH AND CONTINUITY OF CARE RE-**  
 12 **GARDING REPRODUCTIVE AND FERTILITY**  
 13 **PRESERVATION SERVICES.**

14 The Secretary of Veterans Affairs shall ensure that  
 15 employees of the Department of Veterans Affairs assist  
 16 veterans—

17 (1) in navigating the services provided under  
 18 this subtitle and the amendments made by this sub-  
 19 title;

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

22 (3) in continuing the receipt of such services  
 23 without interruption if such veterans move to a dif-  
 24 ferent geographic location.



1 **SEC. 214. COORDINATION OF REPRODUCTION AND FER-**  
2 **TILITY RESEARCH FOR VETERANS.**

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

6 **“§ 7330E. Coordination of reproduction and fertility**  
7 **research for veterans**

8 “(a) COORDINATION OF RESEARCH REQUIRED.—The  
9 Secretary shall coordinate with the Secretary of Defense  
10 and the Secretary of Health and Human Services to con-  
11 duct research to improve the ability of the Department  
12 of Veterans Affairs to meet the long-term reproductive  
13 health care needs of veterans who have a condition that  
14 affects the ability of the individual to reproduce.

15 “(b) DISSEMINATION OF INFORMATION.—The Sec-  
16 retary shall ensure that information produced by the re-  
17 search under this section that may be useful for other ac-  
18 tivities of the Department is disseminated throughout the  
19 Department.”.

20 (b) CLERICAL AMENDMENT.—The table of sections  
21 at the beginning of subchapter II of chapter 73 of such  
22 title is amended by inserting after the item relating to sec-  
23 tion 7330D the following new item:

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

1 **TITLE III—ACCESS TO FER-**  
 2 **TILITY TREATMENT AND**  
 3 **CARE**

4 **SEC. 301. SHORT TITLE.**

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

7 **SEC. 302. STANDARDS RELATING TO BENEFITS FOR FER-**  
 8 **TILITY TREATMENT.**

9 (a) IN GENERAL.—

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

13 **“SEC. 2799A–11. STANDARDS RELATING TO BENEFITS FOR**  
 14 **FERTILITY TREATMENT.**

15 “(a) IN GENERAL.—A group health plan or a health  
 16 insurance issuer offering group or individual health insur-  
 17 ance coverage shall provide coverage for fertility treat-  
 18 ment, if such plan or coverage provides coverage for ob-  
 19 stetrical services.

20 “(b) DEFINITION.—In this section, the term ‘fertility  
 21 treatment’ includes the following:

22 “(1) Preservation of human oocytes, sperm, or  
 23 embryos for later reproductive use.

1           “(2) Artificial insemination, including  
2           intravaginal insemination, intracervical insemination,  
3           and intrauterine insemination.

4           “(3) Assisted reproductive technology, including  
5           in vitro fertilization and other treatments or proce-  
6           dures in which reproductive genetic material, such as  
7           oocytes, sperm, fertilized eggs, and embryos, are  
8           handled, when clinically appropriate.

9           “(4) Genetic testing of embryos.

10          “(5) Medications prescribed or obtained over-  
11          the-counter, as indicated for fertility.

12          “(6) Gamete donation.

13          “(7) Such other information, referrals, treat-  
14          ments, procedures, medications, laboratory testing,  
15          technologies, and services relating to fertility as the  
16          Secretary determines appropriate.

17          “(c) REQUIRED COVERAGE.—A group health plan  
18          and a health insurance issuer offering group or individual  
19          health insurance coverage that includes coverage for ob-  
20          stetrical services shall provide coverage for fertility treat-  
21          ment determined appropriate by the health care provider,  
22          regardless of whether the participant, beneficiary, or en-  
23          rollee receiving such treatment has been diagnosed with  
24          infertility as defined by the American Society for Repro-  
25          ductive Medicine, if the treatment is performed at, or pre-

1 scribed by, a medical facility that is in compliance with  
2 relevant standards set by an appropriate Federal agency.

3       “(d)       LIMITATION.—Cost-sharing,       including  
4 deductibles and coinsurance, or other limitations for fer-  
5 tility treatment may not be imposed with respect to the  
6 services required to be covered under subsection (c) to the  
7 extent that such cost-sharing exceeds the cost-sharing ap-  
8 plied to other medical services under the group health plan  
9 or 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 fertility treatment. The Secretary  
13 shall promulgate interim final regulations to carry out this  
14 subsection, notwithstanding the notice and comment re-  
15 quirements of section 553 of title 5, United States Code.

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

19               “(1) provide incentives (monetary or otherwise)  
20       to a participant, beneficiary, or enrollee to encourage  
21       such participant, beneficiary, or enrollee not to seek  
22       or obtain fertility treatment to which such partici-  
23       pant, beneficiary, or enrollee is entitled under this  
24       section or to providers to induce such providers not

1 to provide medically appropriate fertility treatments  
2 to participants, beneficiaries, or enrollees;

3 “(2) prohibit a provider from discussing with a  
4 participant, beneficiary, or enrollee fertility treat-  
5 ment relating to this section;

6 “(3) penalize or otherwise reduce or limit the  
7 reimbursement of a provider because such provider  
8 provided fertility treatment to a qualified partici-  
9 pant, beneficiary, or enrollee in accordance with this  
10 section; or

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

20 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-  
21 tion shall be construed to require a participant, bene-  
22 ficiary, or enrollee to undergo fertility treatment.

23 “(g) NOTICE.—A group health plan and a health in-  
24 surance issuer offering group or individual health insur-  
25 ance coverage shall provide notice to each participant, ben-

1 eficiary, and enrollee under such plan or coverage regard-  
2 ing the coverage required by this section in accordance  
3 with regulations promulgated by the Secretary. Such no-  
4 tice shall be in writing and prominently positioned in any  
5 literature or correspondence made available or distributed  
6 by the plan or issuer and shall be transmitted—

7 “(1) not later than the earlier of—

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

12 “(B) as part of any yearly informational  
13 packet sent to the participant, beneficiary, or  
14 enrollee; or

15 “(C) January 1, 2026;

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

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

23 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—  
24 Nothing in this section shall be construed to prevent a  
25 group health plan or a health insurance issuer offering

1 group or individual health insurance coverage from negoti-  
 2 ating the level and type of reimbursement with a provider  
 3 for care provided in accordance with this section.”.

4 (2) ERISA.—

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

10 **“SEC. 726. STANDARDS RELATING TO BENEFITS FOR FER-**  
 11 **TILITY TREATMENT.**

12 “(a) IN GENERAL.—A group health plan or a health  
 13 insurance issuer offering group health insurance coverage  
 14 shall provide coverage for fertility treatment, if such plan  
 15 or coverage provides coverage for obstetrical services.

16 “(b) DEFINITION.—In this section, the term ‘fertility  
 17 treatment’ includes the following:

18 “(1) Preservation of human oocytes, sperm, or  
 19 embryos for later reproductive use.

20 “(2) Artificial insemination, including  
 21 intravaginal insemination, intracervical insemination,  
 22 and intrauterine insemination.

23 “(3) Assisted reproductive technology, including  
 24 in vitro fertilization and other treatments or proce-  
 25 dures in which reproductive genetic material, such as

1 oocytes, sperm, fertilized eggs, and embryos, are  
2 handled, when clinically appropriate.

3 “(4) Genetic testing of embryos.

4 “(5) Medications prescribed or obtained over-  
5 the-counter, as indicated for fertility.

6 “(6) Gamete donation.

7 “(7) Such other information, referrals, treat-  
8 ments, procedures, medications, laboratory testing,  
9 technologies, and services relating to fertility as the  
10 Secretary of Health and Human Services determines  
11 appropriate.

12 “(c) REQUIRED COVERAGE.—A group health plan  
13 and a health insurance issuer offering group health insur-  
14 ance coverage that includes coverage for obstetrical serv-  
15 ices shall provide coverage for fertility treatment deter-  
16 mined appropriate by the health care provider, regardless  
17 of whether the participant or beneficiary receiving such  
18 treatment has been diagnosed with infertility as defined  
19 by the American Society for Reproductive Medicine, if the  
20 treatment is performed at, or prescribed by, a medical fa-  
21 cility that is in compliance with relevant standards set by  
22 an appropriate Federal agency.

23 “(d) LIMITATION.—Cost-sharing, including  
24 deductibles and coinsurance, or other limitations for fer-  
25 tility treatment may not be imposed with respect to the



1 services required to be covered under subsection (c) to the  
2 extent that such cost-sharing exceeds the cost-sharing ap-  
3 plied to other medical services under the group health plan  
4 or health insurance coverage or such other limitations are  
5 different from limitations imposed with respect to such  
6 medical services, except where such limitation is more fa-  
7 vorable with respect to fertility treatment. The Secretary  
8 shall promulgate interim final regulations to carry out this  
9 subsection, notwithstanding the notice and comment re-  
10 quirements of section 553 of title 5, United States Code.

11 “(e) PROHIBITIONS.—A group health plan and a  
12 health insurance issuer offering group health insurance  
13 coverage may not—

14 “(1) provide incentives (monetary or otherwise)  
15 to a participant or beneficiary to encourage such  
16 participant or beneficiary not to seek or obtain fer-  
17 tility treatment to which such participant or bene-  
18 ficiary is entitled under this section or to providers  
19 to induce such providers not to provide medically ap-  
20 propriate fertility treatments to participants or bene-  
21 ficiaries;

22 “(2) prohibit a provider from discussing with a  
23 participant or beneficiary fertility treatment relating  
24 to this section;

1           “(3) penalize or otherwise reduce or limit the  
2 reimbursement of a provider because such provider  
3 provided fertility treatment to a qualified participant  
4 or beneficiary in accordance with this section; or

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

16           “(f) RULE OF CONSTRUCTION.—Nothing in this sec-  
17 tion shall be construed to require a participant or bene-  
18 ficiary to undergo fertility treatment.

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

1 response made available or distributed by the plan or  
2 issuer and shall be transmitted—

3 “(1) not later than the earlier of—

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

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

10 “(C) January 1, 2026;

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

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

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

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

23 (B) CLERICAL AMENDMENT.—The table of  
24 contents in section 1 of the Employee Retirement  
25 Income Security Act of 1974 (29 U.S.C.

1           1001 et seq.) is amended by inserting after the  
 2           item relating to section 725 the following new  
 3           item:

“Sec. 726. Standards relating to benefits for fertility treatment.”.

4           (3) IRC.—

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

8   **“SEC. 9826. STANDARDS RELATING TO BENEFITS FOR FER-**  
 9                   **TILITY TREATMENT.**

10          “(a) IN GENERAL.—A group health plan shall pro-  
 11       vide coverage for fertility treatment, if such plan provides  
 12       coverage for obstetrical services.

13          “(b) DEFINITION.—In this section, the term ‘fertility  
 14       treatment’ includes the following:

15               “(1) Preservation of human oocytes, sperm, or  
 16       embryos for later reproductive use.

17               “(2) Artificial insemination, including  
 18       intravaginal insemination, intracervical insemination,  
 19       and intrauterine insemination.

20               “(3) Assisted reproductive technology, including  
 21       in vitro fertilization and other treatments or proce-  
 22       dures in which reproductive genetic material, such as  
 23       oocytes, sperm, fertilized eggs, and embryos, are  
 24       handled, when clinically appropriate.

25               “(4) Genetic testing of embryos.

1           “(5) Medications prescribed or obtained over-  
2           the-counter, as indicated for fertility.

3           “(6) Gamete donation.

4           “(7) Such other information, referrals, treat-  
5           ments, procedures, medications, laboratory testing,  
6           technologies, and services relating to fertility as the  
7           Secretary of Health and Human Services determines  
8           appropriate.

9           “(c) REQUIRED COVERAGE.—A group health plan  
10          that includes coverage for obstetrical services shall provide  
11          coverage for fertility treatment determined appropriate by  
12          the health care provider, regardless of whether the partici-  
13          pant or beneficiary receiving such treatment has been di-  
14          agnosed with infertility as defined by the American Society  
15          for Reproductive Medicine, if the treatment is performed  
16          at, or prescribed by, a medical facility that is in compli-  
17          ance with relevant standards set by an appropriate Fed-  
18          eral agency.

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

1 different from limitations imposed with respect to such  
2 medical services, except where such limitation is more fa-  
3 vorable with respect to fertility treatment. The Secretary  
4 shall promulgate interim final regulations to carry out this  
5 subsection, notwithstanding the notice and comment re-  
6 quirements of section 553 of title 5, United States Code.

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

8 “(1) provide incentives (monetary or otherwise)  
9 to a participant or beneficiary to encourage such  
10 participant or beneficiary not to seek or obtain fer-  
11 tility treatment to which such participant or bene-  
12 ficiary is entitled under this section or to providers  
13 to induce such providers not to provide medically ap-  
14 propriate fertility treatments to participants or bene-  
15 ficiaries;

16 “(2) prohibit a provider from discussing with a  
17 participant or beneficiary fertility treatment relating  
18 to this section;

19 “(3) penalize or otherwise reduce or limit the  
20 reimbursement of a provider because such provider  
21 provided fertility treatment to a qualified participant  
22 or beneficiary in accordance with this section; or

23 “(4) on the ground prohibited under title VI of  
24 the Civil Rights Act of 1964 (42 U.S.C. 2000d et  
25 seq.), title IX of the Education Amendments of 1972

1 (20 U.S.C. 1681 et seq.), the Age Discrimination  
2 Act of 1975 (42 U.S.C. 6101 et seq.), section 504  
3 of the Rehabilitation Act of 1973 (29 U.S.C. 794),  
4 or section 1557 of the Patient Protection and Af-  
5 fordable Care Act (42 U.S.C. 18116), exclude any  
6 individual from coverage in accordance with this sec-  
7 tion, or discriminate against any individual with re-  
8 spect to such coverage.

9 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-  
10 tion shall be construed to require a participant or bene-  
11 ficiary to undergo fertility treatment.

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

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

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

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

25 “(C) January 1, 2026;

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

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

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

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

“Sec. 9826. Standards relating to benefits for fertility treatment.”.

16           (b) CONFORMING AMENDMENTS.—

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

21           (2) ERISA.—Section 731(c) of the Employee  
22 Retirement Income Security Act of 1974 (29 U.S.C.  
23 1191(c)) is amended by striking “section 711” and  
24 inserting “sections 711 and 726”.

25           (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 FER-**  
5 **TILITY TREATMENT.**

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

8 (1) in subsection (a)(4)(C), by inserting  
9 “(which shall include fertility treatment provided in  
10 accordance with subsection (kk))” after “family  
11 planning services and supplies”; and

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

14 “(kk) REQUIREMENTS FOR COVERAGE OF FERTILITY  
15 TREATMENT.—For purposes of subsection (a)(4)(C), a  
16 State shall ensure that the medical assistance provided  
17 under the State plan (or waiver of such plan) for fertility  
18 treatment complies with the requirements of section  
19 2799A–11(b) of the Public Health Service Act in the same  
20 manner as such requirements and limitations apply to  
21 health insurance coverage offered by a group health plan  
22 or health insurance issuer.”.

23 (b) TECHNICAL AMENDMENT.—Section 1903(a)(5)  
24 of the Social Security Act (42 U.S.C. 1396b(a)(5)) is  
25 amended by inserting “described in section

1 1905(a)(4)(C)” after “family planning services and sup-  
2 plies”.

3 (c) EFFECTIVE DATE.—

4 (1) IN GENERAL.—Except as provided in para-  
5 graph (2), the amendments made by this section  
6 shall take effect on October 1, 2025.

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

1 **SEC. 304. MEDICARE COVERAGE OF FERTILITY TREAT-**  
2 **MENT.**

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

5 (1) in subparagraph (JJ), by inserting “and”  
6 after the semicolon at the end; and

7 (2) by adding at the end the following new sub-  
8 paragraph:

9 “(KK) fertility treatment (as defined in section  
10 2799A–11(b) of the Public Health Service Act);”.

11 (b) **PAYMENT AND WAIVER OF COINSURANCE.**—Sec-  
12 tion 1833(a)(1) of the Social Security Act (42 U.S.C.  
13 1395l(a)(1)) is amended—

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

15 (2) by inserting before the semicolon at the end  
16 the following: “, and (II) with respect to fertility  
17 treatment (as described in section 1861(s)(2)(KK)),  
18 the amount paid shall be equal to 100 percent of the  
19 lesser of the actual charge for the treatment or the  
20 amount determined under the payment basis deter-  
21 mined under section 1848”.

22 (c) **WAIVER OF APPLICATION OF DEDUCTIBLE.**—The  
23 first sentence of section 1833(b) of the Social Security Act  
24 (42 U.S.C. 1395l(b)) is amended—

25 (1) by striking “, and (13)” and inserting  
26 “(13)”;

1           (2) by striking “1861(n)..” and inserting  
2           “1861(n), and (14) such deductible shall not apply  
3           with respect to fertility treatment (as described in  
4           section 1861(s)(2)(KK)).”.

5           (d) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—  
6           Section 1848(j)(3) of the Social Security Act (42 U.S.C.  
7           1395w-4(j)(3)) is amended by inserting “(2)(KK),” after  
8           “risk assessment),”.

9           (e) CONFORMING AMENDMENT REGARDING COV-  
10          ERAGE.—Section 1862(a)(1)(A) of the Social Security Act  
11          (42 U.S.C. 1395y(a)(1)(A)) is amended—

12           (1) by striking “or additional” and inserting “,  
13           additional”; and

14           (2) by inserting “, or fertility treatment (as de-  
15           scribed in section 1861(s)(2)(KK))” after  
16           “1861(ddd)(1)”.

17          (f) EFFECTIVE DATE.—The amendments made by  
18          this section shall apply to services furnished on or after  
19          January 1, 2025.

20           **TITLE IV—FAMILY BUILDING**  
21           **FEHB FAIRNESS**

22          **SEC. 401. SHORT TITLE.**

23           This title may be cited as the “Family Building  
24          FEHB Fairness Act”.

1 **SEC. 402. FERTILITY TREATMENT BENEFITS.**

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

4 (1) in subsection (a)—

5 (A) in paragraph (1), by adding at the end  
6 the following:

7 “(G) Fertility treatment benefits.”; and

8 (B) in paragraph (2)—

9 (i) by redesignating subparagraph (F)  
10 as subparagraph (G); and

11 (ii) by inserting after subparagraph  
12 (E) the following:

13 “(F) Fertility treatment benefits.”; and

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

15 “(c) In this section, the term ‘fertility treatment’ in-  
16 cludes the following:

17 “(1) Preservation of human oocytes, sperm, or  
18 embryos for later reproductive use.

19 “(2) Artificial insemination, including  
20 intravaginal insemination, intracervical insemination,  
21 and intrauterine insemination.

22 “(3) Assisted reproductive technology, including  
23 in vitro fertilization and other treatments or proce-  
24 dures in which reproductive genetic material, such as  
25 oocytes, sperm, fertilized eggs, and embryos, are  
26 handled, when clinically appropriate.

1           “(4) Genetic testing of embryos.

2           “(5) Medications prescribed or obtained over-  
3 the-counter, as indicated for fertility.

4           “(6) Gamete donation.

5           “(7) Such other information, referrals, treat-  
6 ments, procedures, medications, laboratory services,  
7 technologies, and services relating to fertility as the  
8 Director of the Office of Personnel Management, in  
9 coordination with the Secretary of Health and  
10 Human Services, determines appropriate.”.

11       (b) **EFFECTIVE DATE.**—The amendments made by  
12 this section shall take effect on the date that is 1 year  
13 after the date of enactment of this Act.

**Calendar No. 413**

118<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 4445**

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**A BILL**

To protect and expand nationwide access to fertility treatment, including in vitro fertilization.

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JUNE 4, 2024

Read the second time and placed on the calendar