

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

FILED SENATE
Apr 29, 2026
S.B. 910
PRINCIPAL CLERK

S

D

SENATE BILL DRS15401-MRa-144

Short Title: Expanding Insurance Coverage/Fertility Care. (Public)

Sponsors: Senators Murdock, Chitlik, and Salvador (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO EXPAND ACCESS TO FERTILITY CARE.

3 Whereas, having a family and nurturing the next generation is a profound human
4 experience that connects us to each other and ensures our communities are able to thrive; and

5 Whereas, infertility is a recognized condition affecting a substantial portion of the
6 adult population and approximately 1 in 6 people experience infertility during their lifetime, a
7 prevalence that spans all income levels and regions; and

8 Whereas, in the United States approximately 12 percent of women and 9 percent of
9 men are infertile and these figures likely underrepresent the affected population while
10 underscoring that the condition affects individuals and couples across all demographics and
11 relationship structures; and

12 Whereas, the need for fertility care to build one's family arises from diverse factors
13 and impacts individuals without regard to age, sexual orientation, relationship status, or gender
14 identity; and

15 Whereas, infertility disproportionately affects some communities, including, for
16 example, Black women in the United States are nearly twice as likely to experience infertility as
17 non-Hispanic white women; and

18 Whereas, people with disabilities experience higher rates of infertility, often due to
19 underlying medical conditions, medications, or prior medical interventions; and

20 Whereas, the majority of infertility cases respond to evidence-based medical
21 treatment, and assisted reproductive technologies, including in vitro fertilization (IVF), are safe
22 and effective; and

23 Whereas, fertility preservation techniques, such as gamete or tissue cryopreservation,
24 are recommended for individuals at risk of infertility and medical associations like the American
25 College of Obstetricians and Gynecologists recommend timely referral for fertility preservation
26 when medical treatment may affect future reproductive health; and

27 Whereas, fertility treatment, including fertility preservation, requires healthcare and
28 insurance coverage like other medical conditions; and

29 Whereas, inadequate access to fertility care harms everyone; and

30 Whereas, too few people have insurance coverage for fertility care and without it,
31 many aspects of this care are out of reach and these economic barriers mean that hopeful parents
32 are going into debt, facing bankruptcy, working extra jobs, and delaying home purchases and
33 other economic milestones in order to build their family; and

34 Whereas, insurance coverage for fertility treatment and preservation supports early,
35 medically appropriate intervention, reduces high-risk pregnancy complications linked with



* D R S 1 5 4 0 1 - M R A - 1 4 4 *

1 multiple embryo transfers, and can lower long-term healthcare costs associated with preterm
2 births and neonatal care; and

3 Whereas, ensuring coverage for fertility care fosters family formation, attracts and
4 retains families, and strengthens public health infrastructure; Now, therefore,
5 The General Assembly of North Carolina enacts:
6

7 PART I. EXPANDING HEALTH INSURANCE COVERAGE OF FERTILITY CARE

8 SECTION 1.1.(a) Article 3 of Chapter 58 of the General Statutes is amended by
9 adding a new section to read:

10 "§ 58-3-241. Fertility and infertility coverage.

11 (a) The following definitions apply in this section:

12 (1) Fertility diagnostic care. – Procedures, products, genetic testing, medications,
13 counseling, including genetic counseling, and services intended to provide
14 information and counseling about an individual's fertility, including
15 laboratory assessments and imaging studies.

16 (2) Fertility treatment. – Procedures, products, genetic testing, medications,
17 counseling, and services, including in vitro fertilization and assisted
18 reproduction services, that are intended to establish a pregnancy or treat
19 infertility and that are provided in a manner consistent with established
20 medical practice and professional guidelines published by the American
21 Society for Reproductive Medicine, its successor organization, or a
22 comparable organization, including preconception care, procurement,
23 cryopreservation, and storage of gametes, embryos, or other reproductive
24 tissue.

25 (3) Gamete. – Sperm or eggs.

26 (4) Infertility. – Any of the following:

27 a. The presence of a condition recognized by a licensed healthcare
28 provider that impacts an individual's ability to establish a pregnancy
29 or to carry a pregnancy based on an individual's medical, sexual, and
30 reproductive history, age, physical findings, diagnostic testing, or any
31 combination of these factors. This includes infertility arising from
32 disabilities or from medical treatments or conditions associated with a
33 disability.

34 b. An individual's inability to establish a pregnancy because the
35 individual, or the individual and the individual's partner, do not have
36 the necessary gametes to establish a pregnancy.

37 c. The need for medical intervention, including the use of donor gametes
38 or donor embryos, in order to achieve a successful pregnancy, either
39 as an individual or with a partner.

40 d. The inability to establish a pregnancy after regular, unprotected sexual
41 intercourse for a period of no more than 12 months for an intended
42 gestational parent under the age of 35 or of no more than six months
43 for an intended gestational parent who is 35 years of age or older.
44 Pregnancy loss does not restart the required 12-month or six-month
45 time period under this sub-subdivision.

46 e. An individual's increased risk, independently or with the individual's
47 partner, of transmitting a serious, inheritable genetic or chromosomal
48 abnormality to a child.

49 f. As defined by the American Society for Reproductive Medicine, its
50 successor organization, or a comparable organization.

51 (5) Reserved for future codification purposes.

- 1 (6) Standard fertility preservation services. – Counseling, products, medications,
2 procedures, genetic testing, and services intended to preserve fertility that are
3 (i) recommended by a board-certified obstetrician gynecologist, reproductive
4 endocrinologist, or other qualified healthcare provider or (ii) consistent with
5 current medical practices and professional guidelines published by the
6 American Society for Reproductive Medicine, the American Society of
7 Clinical Oncology, or other reputable professional organizations for an
8 individual who has a medical or genetic condition, including conditions
9 related to a disability or chronic illness, or is expected to receive medical
10 treatment that has a side effect, or possible side effect, of a risk to that
11 individual's fertility.
- 12 (b) A health benefit plan that provides any pregnancy-related benefit shall provide
13 coverage for any covered individual diagnosed with infertility that includes fertility diagnostic
14 care and fertility treatment performed by any licensed healthcare provider acting within the scope
15 of practice of the provider's license.
- 16 (c) All of the following shall be included as part of coverage required under this section:
- 17 (1) No fewer than four completed oocyte retrievals.
- 18 (2) Unlimited embryo transfers from any completed oocyte retrieval, regardless
19 of whether the retrieval was one of those required under subdivision (1) of this
20 subsection.
- 21 (3) Unlimited cycles of intrauterine insemination.
- 22 (4) Unlimited intracervical insemination.
- 23 (5) Standard fertility preservation services, including coverage for procurement,
24 cryopreservation, and storage of gametes, embryos, or other reproductive
25 tissue, when the covered individual has a diagnosed medical or genetic
26 condition that may, directly or indirectly, including through the necessary
27 treatment for the disease or condition, cause impairment of fertility by
28 affecting reproductive organs or processes. Cryopreservation required to be
29 covered under this subdivision shall be covered, at a minimum, for the later
30 of the following periods:
- 31 a. From the date of cryopreservation until the date any applicable
32 covered individual reaches the age of 35.
- 33 b. For a period of not less than five years.
- 34 (d) Coverage under this section shall not include any of the following:
- 35 (1) Any exclusion, limitation, or other restriction on coverage of fertility
36 medications that are different from those imposed on other prescription
37 medications.
- 38 (2) Exclusion or denial of coverage of any fertility treatment based on a covered
39 individual's participation in fertility services provided by a third party,
40 including gestational carriers, surrogates, and the donation or use of the third
41 party's genetic material.
- 42 (3) Any deductible, copayment, coinsurance, benefit maximum, or other
43 limitation on coverage for services rendered in accordance with this section
44 that are different from those imposed upon services not relating to infertility
45 or fertility treatment.
- 46 (4) Any waiting period for service under this section.
- 47 (5) The use of any prior diagnosis, an individual's disability, or prior fertility
48 treatment as a basis for excluding, limiting, or otherwise restricting the access
49 to coverage under this section.
- 50 (6) Different limitations on coverage for, the provisions of different benefits to,
51 or different requirements on a class of individuals on account of age, ancestry,

1 color, disability, ethnicity, gender identity, genetic information, marital status,
2 national origin, race, religion, sex, or sexual orientation.
3 (e) No health benefit plan is required to provide coverage for any nonmedical costs
4 relating to the procurement of gametes, donor embryos, or surrogacy services required to be
5 covered by this section."

6 **SECTION 1.1.(b)** This section becomes effective October 1, 2027, and applies to
7 insurance contracts issued, renewed, or amended on or after that date.

8 **SECTION 1.2.(a)** G.S. 135-48.51 reads as rewritten:

9 **"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**
10 **Statutes.**

11 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

12 ...

13 (6a) G.S. 58-3-241, Fertility and infertility coverage.

14"

15 **SECTION 1.2.(b)** This section becomes effective October 1, 2027, and applies as of
16 the start of the next plan year following that date.

17 **PART II. MEDICAID COVERAGE OF FERTILITY CARE**

18 **SECTION 2.1.(a)** The Department of Health and Human Services, Division of
19 Health Benefits, shall seek approval from the Centers for Medicare and Medicaid Services (CMS)
20 to implement Medicaid coverage for care. This coverage shall include fertility diagnostic care,
21 any medically necessary ovulation-enhancing drugs, and intrauterine insemination that is
22 intended to treat infertility and achieve a pregnancy that results in a live birth that includes at
23 least three cycles of ovulation-enhancing medication treatment over a Medicaid beneficiary's
24 lifetime.

25 **SECTION 2.1.(b)** There is appropriated from the General Fund to the Department
26 of Health and Human Services, Division of Health Benefits, the sum of forty-five million dollars
27 (\$45,000,000) in recurring funds and associated receipts beginning with the 2026-2027 fiscal
28 year to be used to implement the new coverage required under subsection (a) of this section.

29 **SECTION 2.1.(c)** This section becomes effective July 1, 2026.

30 **PART III. EDUCATION TRAINING MODULE FOR CERTAIN LICENSING BOARDS**

31 **SECTION 3.1.(a)** Article 1 of Chapter 90 of the General Statutes is amended by
32 adding a new section to read:

33 **"§ 90-5.5. Certain continuing medical education requirements.**

34 In addition to continuing medical education requirements required by the Board under this
35 Article, the Board shall make available to licensees an education training module in accordance
36 with this section. In developing the education training module, the Board shall consult experts in
37 lesbian, gay, bisexual, transgender, and queer family building, the American Society for
38 Reproductive Medicine, and the Society for Assisted Reproductive Technology. The education
39 training module shall provide training to encourage licensees to speak and have effective
40 discussions with their patients and families in an appropriate manner on all of the following:

41 (1) Prevention and elimination of discrimination based on sexual orientation and
42 expression in medical settings.

43 (2) Improving access to services for lesbian, gay, bisexual, transgender, and queer
44 individuals.

45 (3) Options for lesbian, gay, bisexual, transgender, and queer individuals seeking
46 to start or grow their family."

47 **SECTION 3.1.(b)** G.S. 90-171.42 reads as rewritten:

48 **"§ 90-171.42. Continuing education programs.**

1 (a) Upon request, the Board shall grant approval to continuing education programs upon
2 a finding that the program offers an educational experience designed to enhance the practice of
3 nursing.

4 (b) If the program offers to teach nurses to perform advance skills, the Board may grant
5 approval for the program and the performance of the advanced skills by those successfully
6 completing the program when it finds that the nature of the procedures taught in the program and
7 the program facilities and faculty are such that a nurse successfully completing the program can
8 reasonably be expected to carry out those procedures safely and competently.

9 (c) In addition to continuing education requirements required by the Board under this
10 Article, the Board shall make available to licensees an education training module in accordance
11 with this subsection. In developing the education training module, the Board shall consult experts
12 in lesbian, gay, bisexual, transgender, and queer family building, the American Society for
13 Reproductive Medicine, and the Society for Assisted Reproductive Technology. The education
14 training module shall provide training to encourage licensees to speak and have effective
15 discussions with their patients and families in an appropriate manner on all of the following:

- 16 (1) Prevention and elimination of discrimination based on sexual orientation and
17 expression in medical settings.
- 18 (2) Improving access to services for lesbian, gay, bisexual, transgender, and queer
19 individuals.
- 20 (3) Options for lesbian, gay, bisexual, transgender, and queer individuals seeking
21 to start or grow their family."

22 **SECTION 3.1.(c) Certified Nurse Midwife Training.** – The joint subcommittee of
23 the North Carolina Medical Board and the North Carolina Board of Nursing created pursuant to
24 G.S. 90-18.2 to administer the practice of midwifery under Article 10A of Chapter 90 of the
25 General Statutes shall adopt permanent rules to make available to licensees an education training
26 module in accordance with this subsection. In developing the education training module, the
27 Board shall consult experts in lesbian, gay, bisexual, transgender, and queer family building, the
28 American Society for Reproductive Medicine, and the Society for Assisted Reproductive
29 Technology. The education training module shall provide training to encourage licensees to
30 speak and have effective discussions with their patients and families in an appropriate manner on
31 all of the following:

- 32 (1) Prevention and elimination of discrimination based on sexual orientation and
33 expression in medical settings.
- 34 (2) Improving access to services for lesbian, gay, bisexual, transgender, and queer
35 individuals.
- 36 (3) Options for lesbian, gay, bisexual, transgender, and queer individuals seeking
37 to start or grow their family.

38 **SECTION 3.2.** The North Carolina Medical Board and the North Carolina Board of
39 Nursing shall adopt rules to implement the provisions of Section 3.1 of this Part.

40 **SECTION 3.3.** This Part becomes effective October 1, 2026.

41

42 **PART IV. DEPARTMENT OF HEALTH AND HUMAN SERVICES FERTILITY CARE**

43 **INITIATIVES**

44

45 **FERTILITY CARE RESOURCE HUB**

46 **SECTION 4.1.(a)** There is appropriated from the General Fund to the Department
47 of Health and Human Services the sum of one million dollars (\$1,000,000) in recurring funds
48 beginning with the 2026-2027 fiscal year to fund statewide operation and maintenance of a
49 fertility care resource hub accessible in person, through the World Wide Web, or through any
50 other means of electronic access, to refer individuals seeking information regarding fertility care
51 and treatment. In establishing and operating the hub funded by this section, the Department of

1 Health and Human Services shall partner with healthcare providers, local health departments,
2 community health centers, and other interested stakeholders to ensure that at least all of the
3 following information is available through the fertility care resource hub:

- 4 (1) Medically accurate, evidence-based information about fertility care options
5 based on practice guidance by the American Society for Reproductive
6 Medicine.
- 7 (2) Guidance on connecting or receiving referrals to appropriate fertility clinics
8 that are members in good standing of the Society for Assisted Reproductive
9 Technology, or another nationally recognized organization of professionals
10 dedicated to the practice of assisted reproductive technologies.
- 11 (3) Support for navigating health insurance coverage.
- 12 (4) Sources of financial assistance for fertility-related services.

13 **SECTION 4.1.(b)** This section becomes effective July 1, 2026.
14

15 **STUDY ON FAMILY PLANNING RESOURCES, BENEFITS, AND SERVICES FOR** 16 **INDIVIDUALS EXPERIENCING DISPARITIES IN ACCESSING FERTILITY CARE**

17 **SECTION 4.2.(a)** There is appropriated from the General Fund to the Department
18 of Health and Human Services, Division of Central Management and Support, Office of Health
19 Equity (the Office), the sum of seventy thousand dollars (\$70,000) in nonrecurring funds for the
20 2026-2027 fiscal year to conduct a study on the affordability, accessibility, and practicality of
21 the resources, benefits, and services available to individuals in underrepresented groups
22 experiencing disparities in accessing fertility care when seeking to expand their families,
23 including individuals who identify as lesbian, gay, bisexual, transgender, gender nonconforming,
24 queer, or question their sexual orientation or gender identity and expression. In conducting this
25 study, the Office shall do all of the following:

- 26 (1) Examine the availability of assisted reproduction providers in rural and
27 geographically isolated areas of the State.
- 28 (2) Assess the amount of funding and any program changes that would be
29 necessary to enhance family planning resources, benefits, and services for the
30 growing population of individuals in underrepresented groups experiencing
31 disparities in accessing fertility care as they seek to expand their families.
- 32 (3) Examine the feasibility of developing statewide training curricula to improve
33 provider competency in the delivery of health and social support services to
34 parents in underrepresented groups experiencing disparities in accessing
35 fertility care as they seek to expand their families.
- 36 (4) Examine the extent to which out-of-pocket costs associated with becoming a
37 parent are impacted by sexual orientation, gender identity, or any other factor
38 or characteristic associated with experiencing disparity in accessing fertility
39 care.
- 40 (5) Recommend best practices for increasing access to available resources,
41 benefits, and services and eliminating disparities in this area for individuals in
42 underrepresented groups experiencing disparities in accessing fertility care as
43 they seek to expand their families.
- 44 (6) Make recommendations to improve the resources, benefits, and services
45 available to individuals in underrepresented groups experiencing disparities in
46 accessing fertility care, with respect to parentage, including, but not limited
47 to, adoption, surrogacy, and assistive reproductive technology.
- 48 (7) Make recommendations regarding education and training for health care
49 providers and providers of family planning services to improve cultural
50 competency and increase referrals to relevant resources.

1 facility, and (iii) an agent or employee of a health care provider who is
2 licensed, certified, or otherwise authorized to provide health care services.

3 (5) Health care service. – A health or medical procedure or service rendered by a
4 health care provider that meets either of the following criteria:

5 a. Provides testing, diagnosis, or treatment of a health condition, illness,
6 injury, or disease.

7 b. Dispenses drugs, medical devices, medical appliances, or medical
8 goods for the treatment of a health condition, illness, injury, or disease.

9 **"§ 90-21.196. Right to access assisted reproductive technology and contraceptives.**

10 It is the intent of the General Assembly to clearly and unambiguously acknowledge the right
11 of an individual to perform, and the right of an individual to receive or use, assisted reproductive
12 technology, contraceptives, or both in this State. To that end, and notwithstanding any other
13 provision of law, an individual has a right to engage in activities associated with assisted
14 reproductive technology and contraception. The laws of this State do not prohibit an activity
15 associated with assisted reproductive technology or contraception.

16 **"§ 90-21.197. Construction.**

17 Nothing in this Article shall be construed to prohibit the enforcement of health and safety
18 laws related to the operation of health care facilities or the provision of health care services by
19 health care providers."

20
21 **PART VI. EFFECTIVE DATE**

22 **SECTION 6.1.** Except as otherwise provided, this act is effective when it becomes
23 law.