

Senate File 130 - Introduced

SENATE FILE 130

BY PETERSEN, BISIGNANO, BLAKE,
WINCKLER, CELSI, DONAHUE,
DOTZLER, TOWNSEND, WAHLS,
BENNETT, and WEINER

A BILL FOR

1 An Act relating to health insurance coverage for infertility.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. NEW SECTION. **514C.37 Infertility — coverage.**

2 1. As used in this section, unless the context otherwise
3 requires:

4 a. "ASRM" means the American society for reproductive
5 medicine or its successor organization.

6 b. "Covered person" means a policyholder, subscriber, or
7 other person participating in a policy, contract, or plan that
8 provides for third-party payment or prepayment of health or
9 medical expenses.

10 c. "Diagnosis of and treatment for infertility" means
11 the procedures and medications recommended by a health care
12 professional that are consistent with established, published,
13 or approved medical practices or professional guidelines from
14 the American college of obstetricians and gynecologists or its
15 successor organization, or ASRM, for diagnosing and treating
16 infertility.

17 d. (1) "Failure to impregnate or conceive" means any of the
18 following:

19 (a) For a woman under the age of thirty-five, the failure to
20 establish a clinical pregnancy after twelve months of regular,
21 unprotected sexual intercourse or therapeutic donor insemination.

22 (b) For a woman thirty-five years of age or older, the
23 failure to establish a clinical pregnancy after six months of
24 regular, unprotected sexual intercourse or therapeutic donor
25 insemination.

26 (2) Conception resulting in a miscarriage does not restart
27 the twelve-month or six-month time period required to qualify as
28 having infertility.

29 e. "Health care professional" means the same as defined in
30 section 514J.102.

31 f. "Infertility" means a disease or condition characterized
32 by any of the following:

33 (1) The failure to impregnate or conceive.

34 (2) A person's inability to reproduce either as an individual
35 or with the person's partner.

1 (3) A health care professional's diagnosis based on a covered
2 person's medical, sexual, and reproductive history, age, physical
3 findings, or diagnostic testing.

4 g. "Standard fertility preservation services" means
5 procedures and services consistent with established medical
6 practices or professional guidelines published by ASRM or
7 the American society of clinical oncology or its successor
8 organization for a person who has a medical condition or is
9 expected to undergo medication therapy, surgery, radiation,
10 chemotherapy, or other medical treatment that is recognized
11 by health care professionals to cause a risk of fertility
12 impairment.

13 2. a. Notwithstanding the uniformity of treatment
14 requirements of section 514C.6, a policy, contract, or plan
15 providing for third-party payment or prepayment of health or
16 medical expenses shall provide coverage for a covered person
17 for the diagnosis of and treatment for infertility, and standard
18 fertility preservation services.

19 b. The coverage required by this subsection shall include
20 up to three completed oocyte retrievals with unlimited embryo
21 transfers in accordance with the guidelines of the ASRM, using
22 single embryo transfer if recommended and medically appropriate.

23 c. The coverage required under this subsection for fertility
24 medications shall not be less favorable than coverage offered for
25 any other prescription medications under the policy, contract, or
26 plan.

27 d. Except as otherwise provided in this section, deductibles,
28 copayments, coinsurance, benefit maximums, waiting periods,
29 or other limitations on coverage for a covered person for
30 the diagnosis of and treatment for infertility, and standard
31 fertility preservation services, shall not be less favorable
32 than the deductibles, copayments, coinsurance, benefit maximums,
33 waiting periods, or other limitations imposed on any other
34 benefit for services covered under the policy, contract, or plan.

35 3. A religious employer may request, and a policy, contract,

1 or plan providing for third-party payment or prepayment of health
2 or medical expenses shall grant, an exclusion from the coverage
3 required under this section if the required coverage conflicts
4 with the religious employer's bona fide religious beliefs and
5 practices. A religious employer granted an exclusion under
6 this subsection shall provide its employees timely notice of
7 the exclusion from the policy, contract, or plan providing for
8 third-party payment or prepayment of health or medical expenses
9 the religious employer offers its employees.

10 4. a. This section applies to the following classes of
11 third-party payment provider contracts, policies, or plans
12 delivered, issued for delivery, continued, or renewed in this
13 state on or after July 1, 2025:

14 (1) Individual or group accident and sickness insurance
15 providing coverage on an expense-incurred basis.

16 (2) An individual or group hospital or medical service
17 contract issued pursuant to chapter 509, 514, or 514A.

18 (3) An individual or group health maintenance organization
19 contract regulated under chapter 514B.

20 (4) A plan established for public employees pursuant to
21 chapter 509A.

22 b. This section shall not apply to accident-only, specified
23 disease, short-term hospital or medical, hospital confinement
24 indemnity, credit, dental, vision, Medicare supplement, long-term
25 care, basic hospital and medical-surgical expense coverage as
26 defined by the commissioner of insurance, disability income
27 insurance coverage, coverage issued as a supplement to liability
28 insurance, workers' compensation or similar insurance, or
29 automobile medical payment insurance.

30 5. The commissioner of insurance may adopt rules pursuant to
31 chapter 17A to administer this section.

32 EXPLANATION

33 The inclusion of this explanation does not constitute agreement with
34 the explanation's substance by the members of the general assembly.

35 This bill relates to health insurance coverage for the

1 diagnosis of and treatment for infertility, and standard
2 fertility preservation services (preservation services).

3 The bill requires a policy, contract, or plan (plan)
4 providing for third-party payment or prepayment of health or
5 medical expenses to provide coverage for the diagnosis of
6 and treatment for infertility, and for preservation services.
7 "Diagnosis of and treatment for infertility", "infertility", and
8 "standard fertility preservation services" are defined in the
9 bill. Required coverage includes up to three completed oocyte
10 retrievals with unlimited embryo transfers, using single embryo
11 transfer if recommended and medically appropriate.

12 Coverage of fertility medications shall not be less favorable
13 than coverage for any other prescription medications under the
14 plan. Deductibles, copayments, coinsurance, benefit maximums,
15 waiting periods, or other limitations on coverage for the
16 diagnosis of and treatment for infertility and preservation
17 services shall not be any less favorable than those imposed on
18 benefits for services covered under the plan that are not related
19 to infertility.

20 The bill provides an exception for a religious employer to
21 request an exclusion from the required coverage and requires
22 the religious employer to provide notice to employees of the
23 exclusion.

24 The bill applies to third-party payment provider contracts,
25 policies, or plans delivered, issued for delivery, continued,
26 or renewed in this state on or after July 1, 2025, by the
27 third-party payment providers enumerated in the bill. The bill
28 specifies the types of specialized health-related insurance not
29 subject to the bill.

30 The commissioner of insurance may adopt rules to administer
31 the bill.