

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H.B. 635
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH30224-MR-57

Short Title: Increase Access to Fertility Treatment.

(Public)

Sponsors: Representative T. Brown.

Referred to:

A BILL TO BE ENTITLED
AN ACT TO PROVIDE ACCESS TO FERTILITY DIAGNOSTIC CARE, TREATMENT,
AND PRESERVATION SERVICES UNDER CERTAIN LARGE GROUP HEALTH
BENEFIT PLANS.

The General Assembly of North Carolina enacts:

SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding
a new section to read:

"§ 58-3-241. Fertility diagnostic care and treatment.

(a) The following definitions apply in this section:

(1) Experimental fertility procedure. – A procedure for which the published
medical evidence is not sufficient for the American Society of Reproductive
Medicine, or its successor organization, to regard the procedure as an
established medical practice.

(2) Fertility diagnostic care. – A procedure, healthcare product, medication, or
healthcare service, including imaging studies and laboratory assessments and
testing, intended to provide information about an individual's fertility.

(3) Fertility preservation services. – A procurement and cryopreservation of
gametes, embryos, and other reproductive material, for storage and use at a
future time.

(4) Fertility treatment. – A procedure, healthcare product, medication, or
healthcare service intended to achieve pregnancy consistent with the
established medical practice and professional guidelines published by the
American Society of Reproductive Medicine, or its successor organization.

(5) Large group market. – As defined in G.S. 58-68-25.

(b) Except as otherwise provided in this subsection, a health benefit plan offered in the
large group market shall be required to provide coverage for fertility diagnostic care, fertility
treatment, and fertility preservation services. Requirements to provide coverage under this
section does not apply to health benefit plans offered by religious institutions or to self-insured
group health benefit plans.

(c) Fertility treatments covered under this section shall include no less than three in vitro
fertilization cycles, inclusive of egg retrieval and fresh or frozen embryo transfer, per insured.

(d) In order to be eligible for coverage under this section, a procedure is required to be
performed at a licensed healthcare facility and conform to guidelines published by the American
Society of Reproductive Medicine, or its successor.

(e) Nothing in this section shall be construed to require coverage for any of the following
under a health benefit plan:



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1 (1) Experimental fertility procedures.

2 (2) Nonmedical costs related to donor gametes, donor embryos, or surrogacy."

3 **SECTION 2.** This act is effective October 1, 2025, and applies to insurance contracts
4 issued, renewed, or amended on or after that date.