

119TH CONGRESS
1ST SESSION

H. R. 3480

To amend the Patient Protection and Affordable Care Act to include fertility treatment and care as an essential health benefit.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2025

Ms. UNDERWOOD introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Patient Protection and Affordable Care Act to include fertility treatment and care as an essential health benefit.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Coverage for
5 Inclusive and Valued Families Act of 2025” or the
6 “Health Coverage for IVF Act of 2025”.

1 **SEC. 2. INCLUDING FERTILITY TREATMENT AND CARE AS**
2 **AN ESSENTIAL HEALTH BENEFIT.**

3 (a) IN GENERAL.—Section 1302(b) of the Patient
4 Protection and Affordable Care Act (42 U.S.C. 18022(b))
5 is amended—

6 (1) in paragraph (1)—

7 (A) in the matter preceding subparagraph
8 (A), by striking “paragraph (2)” and inserting
9 “paragraphs (2) and (6)”; and

10 (B) by adding at the end the following new
11 subparagraph:

12 “(K) Fertility treatment and care.”; and

13 (2) by adding at the end the following new
14 paragraph:

15 “(6) FERTILITY TREATMENT AND CARE DE-
16 FINED.—For purposes of paragraph (1)(K), the
17 term ‘fertility treatment and care’ means the fol-
18 lowing medically appropriate items and services fur-
19 nished to an individual:

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

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

25 “(C) Assisted reproductive technology, in-
26 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, and including at least 3 complete
5 oocyte retrievals and an unlimited number of
6 embryo transfers from such retrievals (regard-
7 less of whether such retrieval was performed on,
8 before, or after the date of the enactment of
9 this paragraph) in accordance with the guide-
10 lines of the American Society for Reproductive
11 Medicine and using single embryo transfer
12 when recommended and medically appropriate.

13 “(D) Genetic testing of embryos.

14 “(E) Medications prescribed, as indicated
15 for fertility.

16 “(F) Gamete donation.

17 “(G) Such other information, referrals,
18 treatments, procedures, medications, laboratory
19 testing, technologies, and services relating to
20 fertility as the Secretary determines appro-
21 priate.”.

22 (b) **ADDITIONAL REQUIREMENTS.**—Subpart II of
23 part A of title XXVII of the Public Health Service Act
24 (42 U.S.C. 300gg–11 et seq.) is amended by adding at
25 the end the following new section:

1 **“SEC. 2730. REQUIREMENTS RELATING TO FERTILITY**
2 **TREATMENT AND CARE.**

3 “(a) IN GENERAL.—In the case of health insurance
4 coverage offered in the individual or small group market
5 that provides both medical and surgical benefits and bene-
6 fits for fertility treatment and care (as defined in section
7 1302(b) of the Patient Protection and Affordable Care
8 Act), such coverage shall ensure that—

9 “(1) the financial requirements applicable to
10 such fertility treatment and care benefits are no
11 more restrictive than the predominant financial re-
12 quirements applied to substantially all medical and
13 surgical benefits covered by the coverage, and there
14 are no separate cost sharing requirements that are
15 applicable only with respect to fertility treatment
16 and care benefits; and

17 “(2) the treatment limitations applicable to
18 such fertility treatment and care benefits are no
19 more restrictive than the predominant treatment
20 limitations applied to substantially all medical and
21 surgical benefits covered by the coverage and there
22 are no separate treatment limitations that are appli-
23 cable only with respect to fertility treatment and
24 care benefits.

25 “(b) PROHIBITION ON DENIAL OF CARE.—A health
26 insurance issuer offering health insurance coverage in the

1 individual or small group market may not deny benefits
2 for fertility treatment and care for individual on the basis
3 that such individual lacks a diagnosis of infertility.

4 “(c) UTILIZATION MANAGEMENT TOOLS.—

5 “(1) IN GENERAL.—A health insurance issuer
6 offering health insurance coverage in the individual
7 or small group market that imposes any utilization
8 management tool with respect to fertility treatment
9 and care shall, for each of the first 5 plan years be-
10 ginning on or after the date that is 1 year after the
11 date of the enactment of this Act (and, upon request
12 of the Secretary or the Comptroller General of the
13 United States, for any subsequent plan year), con-
14 duct an analysis of the application of any such tool
15 to such treatment and care and submit such analysis
16 to the Secretary and to the Comptroller General of
17 the United States. Such analysis shall contain the
18 following information:

19 “(A) The specific coverage terms or other
20 relevant terms regarding the application of such
21 tools to such benefits and a description of all
22 such benefits.

23 “(B) The factors used to determine when
24 utilization management tools apply to such ben-
25 efits.

1 “(C) The evidentiary standards used in de-
2 signing the application of such tools with re-
3 spect to such benefits and any other source or
4 evidence used to determine the application of
5 such tools to such benefits.

6 “(D) Information demonstrating how ap-
7 plication of such tools to such benefits are con-
8 sistent with clinical guidelines for fertility treat-
9 ment and care.

10 “(E) Any findings by the issuer that such
11 coverage is not in compliance with this section.

12 “(2) REPORT.—For plan years beginning on or
13 after the date that is 1 year after the date of the
14 enactment of this section, the Comptroller General
15 of the United States shall submit to Congress and
16 make publicly available a report that contains the
17 following:

18 “(A) A summary of the analyses submitted
19 under paragraph (1) with respect to such plan
20 year.

21 “(B) An identification of each health in-
22 surance issuer that failed to submit an analysis
23 under paragraph (1).

24 “(C) With respect to each health insurance
25 issuer that did submit such an analysis, a speci-

1 fication as to whether such issuer submitted in-
2 formation sufficient to determine whether such
3 issuer was in compliance with such require-
4 ments.

5 “(D) For each health insurance issuer that
6 did submit information sufficient to determine
7 such compliance, a finding of whether such
8 issuer was in compliance with such require-
9 ments.

10 “(d) DEFINITIONS.—The terms ‘financial require-
11 ment’, ‘predominant’, and ‘treatment limitation’ have the
12 meaning given such terms in section 2726(a)(3).”.

13 (c) EFFECTIVE DATE.—The amendments made by
14 this section shall apply to plan years beginning on or after
15 the date that is 1 year after the date of the enactment
16 of this Act.

○