

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025**

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**SENATE BILL 910**

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

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

Referred to: Rules and Operations of the Senate

April 30, 2026

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

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

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

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

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

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

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

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

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

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

Whereas, inadequate access to fertility care harms everyone; and

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

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



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           **SECTION 4.2.(b)** At the conclusion of the study, the Office shall develop  
2 recommendations for improving access to resources, benefits, and services for individuals in  
3 underrepresented groups experiencing disparities in accessing fertility care as they seek to  
4 expand their families. In formulating these recommendations, the Office shall take into account  
5 the best policies and practices of other states and jurisdictions. Additionally, the Office may  
6 consult with experts, hold regular public meetings and fact-finding hearings, and host other  
7 public forums as the Office considers necessary in fulfilling this charge.

8           **SECTION 4.2.(c)** The Office may contract with a third party to conduct the study  
9 authorized by this section as long as the third party has a demonstrated capacity to (i) conduct  
10 research that meets academic peer-review standards, specifically in the analysis of both  
11 quantitative and qualitative data, and (ii) disseminate study findings in a clear and accessible  
12 format.

13           **SECTION 4.2.(d)** The Office may enter into a memorandum of understanding with  
14 other State agencies, academic institutions, or research centers located in the State that are in  
15 possession of or have access to the data necessary to complete this study, including the North  
16 Carolina State Center for Health Statistics, the Carolina Center for Health Informatics, and the  
17 Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

18           **SECTION 4.2.(e)** The Office shall submit its findings and recommendations,  
19 including any recommended legislative changes, to the Joint Legislative Oversight Committee  
20 on Health and Human Services and the Fiscal Research Division by April 1, 2028.

21           **SECTION 4.2.(f)** This section becomes effective July 1, 2026.

## 22 23 **PART V. PROTECTION OF THE RIGHT TO ACCESS ASSISTED REPRODUCTIVE** 24 **TECHNOLOGY AND CONTRACEPTIVES**

25           **SECTION 5.1.** Chapter 90 of the General Statutes is amended by adding a new  
26 Article to read:

### 27   "Article 1Q.

#### 28   "Assisted Reproductive Technology and Contraceptive Rights.

#### 29       "§ 90-21.195. Definitions.

30       As used in this Article, the following terms have the following meanings:

- 31           (1)   Assisted reproductive technology. – All treatments or procedures that include  
32                   the handling of human oocytes or human embryos, including in vitro  
33                   fertilization, gamete intrafallopian transfer, and zygote intrafallopian transfer.  
34           (2)   Contraception. – An action taken to prevent pregnancy, including the use of  
35                   contraceptives, emergency contraceptives, and sterilization procedures.  
36           (3)   Contraceptive. – Any device, medication, biological product, or procedure  
37                   that is intended for use in the prevention of pregnancy, whether specifically  
38                   intended to prevent pregnancy or for other health needs, and that is legally  
39                   marketed under the federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301,  
40                   et seq.).  
41           (4)   Health care provider. – Either of the following:  
42                   a.   An individual who is licensed, certified, or otherwise authorized under  
43                   this Chapter to provide health care services in the ordinary course of  
44                   business or practice of a profession or in an approved education or  
45                   training program.  
46                   b.   A health care facility licensed under Chapter 131E of the General  
47                   Statutes to provide health care services to patients.

48                         The term "health care provider" includes (i) an agent or employee of a  
49                         health care facility that is licensed, certified, or otherwise authorized to  
50                         provide health care services, (ii) the officers and directors of a health care

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.