

HOUSE No. 4551

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, September 29, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1191) of Kevin G. Honan relative to infertility treatment, reports recommending that the accompanying bill (House, No. 4551) ought to pass.

For the committee,

JAMES M. MURPHY.

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The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act improving access to infertility treatment.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 47H of chapter 175 of the General Laws, as appearing in the 2022
2 Official Edition, is hereby amended by striking out the final two sentences and inserting in place
3 thereof the following:-

4 For purposes of this section, “infertility” means a condition or status characterized by any
5 of the following:

6 (1) A licensed physician’s findings, based on: a patient’s medical, sexual, and
7 reproductive history; age; physical findings; diagnostic testing; or any combination of those
8 factors. This definition shall not prevent testing and diagnosis of infertility to establish infertility
9 with or without appropriate exposure to gametes, per the patient’s provider.

10 (2) The need for medical intervention, including, but not limited to, the use of donor
11 gametes, donor embryos, gestational carrier to achieve a live birth either as an individual or with
12 a partner.

13 (3) The failure to establish a pregnancy or to carry a pregnancy to live birth after
14 unprotected sexual intercourse. For purposes of this section, “unprotected sexual intercourse”
15 means no more than 12 months of unprotected sexual intercourse for a person under 35 years of
16 age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or
17 older. Pregnancy that does not result in a live birth will not restart the 12-month or 6-month time
18 period to qualify as having infertility.

19 (4) An impairment of reproductive ability due to factors, including, but not limited to,
20 medical condition, male factor, female factor, combined or unexplained reproductive challenges,
21 as well as genetic disorders or iatrogenic infertility.

22 Coverage for medically necessary expenses of diagnosis and treatment of infertility shall
23 include, but shall not be limited to: (i) a minimum of six oocyte retrievals and unlimited fresh
24 and frozen embryo transfers, using single embryo transfer when recommended by patient’s
25 physician and medically appropriate; (ii) embryo transfer; (iii) artificial insemination; (iv)
26 surgical sperm extraction procedures; (v) third-party reproduction including in vitro fertilization
27 with donor egg, sperm, or embryo or gestational carrier; (vi) procedures necessary to screen or
28 diagnose a fertilized egg before transfer, including, but not limited to, preimplantation genetic
29 testing for aneuploidy, preimplantation genetic testing for chromosome structural
30 rearrangements, and preimplantation genetic testing for monogenic or single gene disorders.

31 In administering coverage for medically necessary expenses of diagnosis and treatment of
32 infertility, a carrier or participating provider, as those terms are defined in section 1 of chapter
33 176O, shall not:

34 (1) impose conditions for eligibility beyond what is provided in the law;

35 (2) exclude, limit, or otherwise restrict coverage or processing of benefits for fertility
36 medications that are different from those imposed on other prescription medications;

37 (3) exclude or deny coverage of any fertility services, including medication, based on an
38 individual's participation in fertility services provided by or to any third party. For purposes of
39 this paragraph, "third party" includes: (i) any fresh or cryopreserved oocyte, sperm, or embryo,
40 regardless of the initial coverage source of the donor or the genetic material; and (ii) a gestational
41 carrier that enables an intended parent, member, and/or partner of a member to become a parent.

42 (4) exclude services based on the quantity of the patient's existing cryopreserved oocyte,
43 sperm, or embryos; the provider's discretion will determine if cryopreserved oocyte, sperm, or
44 embryo provides a reasonable chance of success and whether additional fertility services are
45 required;

46 (5) implement any deductible, copayment, coinsurance, benefit maximum, waiting
47 period, or other limitation on coverage that is different from those imposed upon benefits for
48 services not related to infertility;

49 (6) impose limitations on coverage based solely on arbitrary, non-medically based factors
50 including, but not limited to, number of attempts, dollar amounts, or age; or

51 (7) provide different benefits to, or impose different requirements for different groups,
52 based on diagnosis.

53 Limitations on coverage coverage for medically necessary expenses of diagnosis and
54 treatment of infertility shall be based on clinical guidelines and the patient's medical history.

55 Clinical guidelines shall be maintained in written form and available to any enrollee. Standards

56 or guidelines developed by the American Society for Reproductive Medicine, the American
57 College of Obstetrics and Gynecology, the Society for Assisted Reproductive Technology, or
58 similar relevant medical societies may serve as a basis for such clinical guidelines. Making,
59 issuing, circulating, or causing to be made, issued or circulated, any clinical guidelines that are
60 based upon data that are not reasonably current or that do not cite with specificity any references
61 relied upon shall constitute an unfair and deceptive act and practice pursuant to section 2 of
62 chapter 93A.

63 Consistent with Massachusetts anti-discrimination law, coverage for medically necessary
64 expenses of diagnosis and treatment of infertility shall be provided without discrimination based
65 on age, ancestry, color, disability, domestic partner status, gender, gender expression, gender
66 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
67 orientation.

68 This section shall not be construed to deny or restrict any existing right or benefit to
69 coverage and treatment of infertility or fertility services under an existing law, plan, or policy.

70 This section shall not be construed to interfere with a medical provider's, physician's, or
71 surgeon's clinical judgment.

72 SECTION 2. Section 8K of chapter 176A, as so appearing, is hereby amended by striking
73 out the final two sentences and inserting in place thereof the following:-

74 For purposes of this section, "infertility" means a condition or status characterized by any
75 of the following:

76 (1) A licensed physician's findings, based on: a patient's medical, sexual, and
77 reproductive history; age; physical findings; diagnostic testing; or any combination of those

78 factors. This definition shall not prevent testing and diagnosis of infertility to establish infertility
79 with or without appropriate exposure to gametes, per the patient’s provider.

80 (2) The need for medical intervention, including, but not limited to, the use of donor
81 gametes, donor embryos, gestational carrier to achieve a live birth either as an individual or with
82 a partner.

83 (3) The failure to establish a pregnancy or to carry a pregnancy to live birth after
84 unprotected sexual intercourse. For purposes of this section, “unprotected sexual intercourse”
85 means no more than 12 months of unprotected sexual intercourse for a person under 35 years of
86 age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or
87 older. Pregnancy that does not result in a live birth will not restart the 12-month or 6-month time
88 period to qualify as having infertility.

89 (4) An impairment of reproductive ability due to factors, including, but not limited to,
90 medical condition, male factor, female factor, combined or unexplained reproductive challenges,
91 as well as genetic disorders or iatrogenic infertility.

92 Coverage for medically necessary expenses of diagnosis and treatment of infertility shall
93 include, but shall not be limited to: (i) a minimum of six oocyte retrievals and unlimited fresh
94 and frozen embryo transfers, using single embryo transfer when recommended by patient’s
95 physician and medically appropriate; (ii) embryo transfer; (iii) artificial insemination; (iv)
96 surgical sperm extraction procedures; (v) third-party reproduction including in vitro fertilization
97 with donor egg, sperm, or embryo or gestational carrier; (vi) procedures necessary to screen or
98 diagnose a fertilized egg before transfer, including, but not limited to, preimplantation genetic

99 testing for aneuploidy, preimplantation genetic testing for chromosome structural
100 rearrangements, and preimplantation genetic testing for monogenic or single gene disorders.

101 In administering coverage for medically necessary expenses of diagnosis and treatment of
102 infertility, a carrier or participating provider, as those terms are defined in section 1 of chapter
103 176O, shall not:

104 (1) impose conditions for eligibility beyond what is provided in the law;

105 (2) exclude, limit, or otherwise restrict coverage or processing of benefits for fertility
106 medications that are different from those imposed on other prescription medications;

107 (3) exclude or deny coverage of any fertility services, including medication, based on an
108 individual's participation in fertility services provided by or to any third party. For purposes of
109 this paragraph, "third party" includes: (i) any fresh or cryopreserved oocyte, sperm, or embryo,
110 regardless of the initial coverage source of the donor or the genetic material; and (ii) a gestational
111 carrier that enables an intended parent, member, and/or partner of a member to become a parent.

112 (4) exclude services based on the quantity of the patient's existing cryopreserved oocyte,
113 sperm, or embryos; the provider's discretion will determine if cryopreserved oocyte, sperm, or
114 embryo provides a reasonable chance of success and whether additional fertility services are
115 required;

116 (5) implement any deductible, copayment, coinsurance, benefit maximum, waiting
117 period, or other limitation on coverage that is different from those imposed upon benefits for
118 services not related to infertility;

119 (6) impose limitations on coverage based solely on arbitrary, non-medically based factors
120 including, but not limited to, number of attempts, dollar amounts, or age; or

121 (7) provide different benefits to, or impose different requirements for different groups,
122 based on diagnosis.

123 Limitations on coverage coverage for medically necessary expenses of diagnosis and
124 treatment of infertility shall be based on clinical guidelines and the patient's medical history.
125 Clinical guidelines shall be maintained in written form and available to any enrollee. Standards
126 or guidelines developed by the American Society for Reproductive Medicine, the American
127 College of Obstetrics and Gynecology, the Society for Assisted Reproductive Technology, or
128 similar relevant medical societies may serve as a basis for such clinical guidelines. Making,
129 issuing, circulating, or causing to be made, issued or circulated, any clinical guidelines that are
130 based upon data that are not reasonably current or that do not cite with specificity any references
131 relied upon shall constitute an unfair and deceptive act and practice pursuant to section 2 of
132 chapter 93A.

133 Consistent with Massachusetts anti-discrimination law, coverage for medically necessary
134 expenses of diagnosis and treatment of infertility shall be provided without discrimination based
135 on age, ancestry, color, disability, domestic partner status, gender, gender expression, gender
136 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
137 orientation.

138 This section shall not be construed to deny or restrict any existing right or benefit to
139 coverage and treatment of infertility or fertility services under an existing law, plan, or policy.

140 This section shall not be construed to interfere with a medical provider's, physician's, or
141 surgeon's clinical judgment.

142 SECTION 3. Section 4J of chapter 176B of the General Laws, as appearing in the 2022
143 Official Edition, is hereby amended by striking out the final two sentences and inserting in place
144 thereof the following:-

145 For purposes of this section, "infertility" means a condition or status characterized by any
146 of the following:

147 (1) A licensed physician's findings, based on: a patient's medical, sexual, and
148 reproductive history; age; physical findings; diagnostic testing; or any combination of those
149 factors. This definition shall not prevent testing and diagnosis of infertility to establish infertility
150 with or without appropriate exposure to gametes, per the patient's provider.

151 (2) The need for medical intervention, including, but not limited to, the use of donor
152 gametes, donor embryos, gestational carrier to achieve a live birth either as an individual or with
153 a partner.

154 (3) The failure to establish a pregnancy or to carry a pregnancy to live birth after
155 unprotected sexual intercourse. For purposes of this section, "unprotected sexual intercourse"
156 means no more than 12 months of unprotected sexual intercourse for a person under 35 years of
157 age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or
158 older. Pregnancy that does not result in a live birth will not restart the 12-month or 6-month time
159 period to qualify as having infertility.

160 (4) An impairment of reproductive ability due to factors, including, but not limited to,
161 medical condition, male factor, female factor, combined or unexplained reproductive challenges,
162 as well as genetic disorders or iatrogenic infertility.

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164 include, but shall not be limited to: (i) a minimum of six oocyte retrievals and unlimited fresh
165 and frozen embryo transfers, using single embryo transfer when recommended by patient's
166 physician and medically appropriate; (ii) embryo transfer; (iii) artificial insemination; (iv)
167 surgical sperm extraction procedures; (v) third-party reproduction including in vitro fertilization
168 with donor egg, sperm, or embryo or gestational carrier; (vi) procedures necessary to screen or
169 diagnose a fertilized egg before transfer, including, but not limited to, preimplantation genetic
170 testing for aneuploidy, preimplantation genetic testing for chromosome structural
171 rearrangements, and preimplantation genetic testing for monogenic or single gene disorders.

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173 infertility, a carrier or participating provider, as those terms are defined in section 1 of chapter
174 176O, shall not:

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176 (2) exclude, limit, or otherwise restrict coverage or processing of benefits for fertility
177 medications that are different from those imposed on other prescription medications;

178 (3) exclude or deny coverage of any fertility services, including medication, based on an
179 individual's participation in fertility services provided by or to any third party. For purposes of
180 this paragraph, "third party" includes: (i) any fresh or cryopreserved oocyte, sperm, or embryo,

181 regardless of the initial coverage source of the donor or the genetic material; and (ii) a gestational
182 carrier that enables an intended parent, member, and/or partner of a member to become a parent.

183 (4) exclude services based on the quantity of the patient's existing cryopreserved oocyte,
184 sperm, or embryos; the provider's discretion will determine if cryopreserved oocyte, sperm, or
185 embryo provides a reasonable chance of success and whether additional fertility services are
186 required;

187 (5) implement any deductible, copayment, coinsurance, benefit maximum, waiting
188 period, or other limitation on coverage that is different from those imposed upon benefits for
189 services not related to infertility;

190 (6) impose limitations on coverage based solely on arbitrary, non-medically based factors
191 including, but not limited to, number of attempts, dollar amounts, or age; or

192 (7) provide different benefits to, or impose different requirements for different groups,
193 based on diagnosis.

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195 treatment of infertility shall be based on clinical guidelines and the patient's medical history.
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198 College of Obstetrics and Gynecology, the Society for Assisted Reproductive Technology, or
199 similar relevant medical societies may serve as a basis for such clinical guidelines. Making,
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203 chapter 93A.

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205 expenses of diagnosis and treatment of infertility shall be provided without discrimination based
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207 identity, genetic information, marital status, national origin, race, religion, sex, or sexual
208 orientation.

209 This section shall not be construed to deny or restrict any existing right or benefit to
210 coverage and treatment of infertility or fertility services under an existing law, plan, or policy.

211 This section shall not be construed to interfere with a medical provider's, physician's, or
212 surgeon's clinical judgment.