

House Bill 588

By: Representatives Drenner of the 85<sup>th</sup>, Cannon of the 58<sup>th</sup>, Au of the 50<sup>th</sup>, and Park of the 107<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions regarding insurance, so as to provide coverage for fertility  
3 diagnostic care, fertility treatment, and for fertility preservation services; to provide for  
4 limitations; to provide for statutory construction; to provide for rules; to provide for certain  
5 policies, contracts, certificates, and renewals; to provide for definitions; to provide for related  
6 matters; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
10 general provisions regarding insurance, is amended by adding a new Code section to read as  
11 follows:

12 "33-24-59.30.

13 (a) As used in this Code section, the term:

14 (1) 'American Society for Reproductive Medicine' means the American Society for  
15 Reproductive Medicine or its successor organization.

16 (2) 'Covered person' means an individual covered under a health benefit policy.

17 (3) 'Experimental fertility procedure' means a procedure for which the published medical  
18 evidence is not sufficient for the American Society for Reproductive Medicine or a  
19 comparable organization to regard such procedure as an established medical practice.

20 (4) 'Fertility diagnostic care' means procedures, products, medications, genetic testing,  
21 counseling, and services, including laboratory assessments and imaging studies, intended  
22 to provide information and counseling about an individual's fertility.

23 (5) 'Fertility patient' means:

24 (A) An individual or couple with infertility;

25 (B) An individual unable to conceive as an individual or with a partner because the  
26 individual or couple does not have the necessary gametes for conception; or

27 (C) A couple who is at increased risk of passing a serious inheritable genetic or  
28 chromosomal abnormality to a child.

29 (6) 'Fertility preservation services' means procedures, products, medications, genetic  
30 testing, counseling, and services intended to preserve fertility and that are provided in a  
31 manner consistent with established medical practice and professional guidelines as  
32 published by the American Society for Reproductive Medicine or a comparable  
33 organization for an individual who has a medical condition or who is expected to receive  
34 medical treatment that may cause or has the potential to cause a risk of impairment of  
35 fertility. Such term includes, but is not limited to, evaluation expenses, laboratory  
36 assessments, medications, and treatment associated with fertility preservation services,  
37 as well as the procurement and cryopreservation of gametes, embryos, and reproductive  
38 material and storage from the time of cryopreservation for a period of three years;  
39 provided, however, that storage may be offered for a longer period of time.

40 (7) 'Fertility treatment' means procedures, products, medications, genetic testing,  
41 counseling, and services intended to achieve pregnancy that results in a live birth with  
42 healthy outcomes and that are provided in a manner consistent with established medical

43 practice and professional guidelines as published by the American Society for  
44 Reproductive Medicine or a comparable organization.

45 (8) 'Gamete' means sperm or eggs.

46 (9) 'Infertility' means:

47 (A) The inability to establish pregnancy or to carry a pregnancy to live birth after 12  
48 months of regular, unprotected sexual intercourse when the couple has the necessary  
49 gametes for conception, or after a period of less than 12 months due to a person's age  
50 or other factors when the couple has the necessary gametes for conception. Pregnancy  
51 resulting in a loss shall not cause the time period of trying to achieve a pregnancy to be  
52 restarted; or

53 (B) The presence of a condition recognized by a licensed physician that impacts an  
54 individual's ability to establish pregnancy or to carry a pregnancy based on a patient's  
55 medical, sexual, and reproductive history, as well as age, physical findings, or  
56 diagnostic testing, or any combination of those factors.

57 (b) Beginning January 1, 2026, an insurer offering a health benefit policy in this state shall  
58 provide coverage to a fertility patient the following:

59 (1) Fertility diagnostic care;

60 (2) Fertility treatment; and

61 (3) Fertility preservation services.

62 (c) The coverage required under this Code section shall include at least three complete egg  
63 retrievals with unlimited embryo transfers from those egg retrievals or from any egg  
64 retrieval performed prior to January 1, 2026, in accordance with the guidelines of the  
65 American Society for Reproductive Medicine or a comparable organization, using single  
66 embryo transfer when recommended and medically appropriate.

67 (d) Fertility preservation coverage shall be provided to an individual who has a medical  
68 or genetic condition or who is expected to undergo treatment that may directly or indirectly  
69 cause a risk of impairment of fertility.

70 (e) An insurer providing coverage as enumerated in subsection (b) of this Code section  
71 shall not:

72 (1) Impose a waiting period before the provision of such services;

73 (2) Use any prior diagnosis or prior fertility treatment as a basis for excluding, limiting,  
74 or otherwise restricting the availability of coverage required by this Code section;

75 (3) Impose any limitations on coverage for any fertility services based on an enrollee's  
76 use of donor gametes, donor embryos, or if an embryo will be transferred to surrogate;  
77 or

78 (4) Impose different limitations on coverage for, provide different benefits to or impose  
79 different requirements on a class of persons due to an individual's actual or perceived  
80 race, color, religion, national origin, sex, sexual orientation, gender, mental disability, or  
81 physical disability.

82 (f) Any limitations imposed by an insurer shall be based on an enrollee's medical history.  
83 Any clinical guidelines used by an insurer shall be based on current guidelines developed  
84 by the American Society for Reproductive Medicine or a comparable organization, shall  
85 cite with specificity any data or scientific reference relied upon, shall be maintained and  
86 made available in writing to a covered person within three business days of such enrollee's  
87 request.

88 (g) This Code section shall not be construed to require any insurer to provide coverage for:

89 (1) Any experimental fertility procedure; or

90 (2) Any nonmedical costs related to donor gametes, donor embryos, or surrogacy.

91 (h) The Commissioner shall adopt rules for the implementation of this Code section,  
92 including, without limitation, cost-sharing, benefit design, and clinical guidelines. In the  
93 adoption of such rules, the Commissioner shall consider the clinical guidelines developed  
94 by the American Society for Reproductive Medicine or a comparable organization.

95 (i)(1) The provisions of this Code section shall apply to all policies, contracts, and  
96 certificates executed, delivered, issued for delivery, continued, or renewed in this state  
97 on or after January 1, 2026.

98 (2) For purposes of this Code section, all contracts are deemed to be renewed no later  
99 than the next yearly anniversary of the contract date."

100

**SECTION 2.**

101 All laws and parts of laws in conflict with this Act are repealed.