

## Alert | California Government Law & Policy



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### New California Law Expands Fertility Coverage by Large Group Insurance Plans

#### Go-To Guide:

- Starting July 1, 2025, private large group health insurance plans in California must cover fertility treatments, including in vitro fertilization (IVF), unless the implementation date is extended by follow-on legislation next year to move the date to Jan. 1, 2026, as requested by Gov. Newsom.
- The law broadens the definition of infertility to include individuals and couples unable to reproduce without medical intervention, such as same-sex couples and unpartnered individuals.
- Under the new law, copayments and deductibles for fertility treatments must not be higher than copayments and deductibles for other health care services.

On Sept. 29, 2024, California Gov. Gavin Newsom signed [Senate Bill 729](#) (SB 729), requiring large group health insurance plans to provide coverage for fertility services, including IVF. The law may significantly impact families across California, including LGBTQ+ individuals and unpartnered people, [according to the bill's author, Sen. Caroline Menjivar](#). With SB 729 signed into law, California joins 14 other states that mandate insurance coverage for IVF.

### SB 729 Highlights:

- **IVF Coverage Mandate:** Large group insurance plans in California will be required to cover fertility treatments, including IVF.
- **Expanded Definition of Infertility:** SB 729 expands the definition of infertility to reflect the family-planning needs of families and individuals unable to reproduce without medical intervention, including same-sex couples and unpartnered people.

### SB 729's Changes to Existing Law

SB 729 makes several changes to the existing law governing health insurance coverage of fertility treatment. Previous California law mandated that insurers *offer* coverage for fertility treatment, excluding IVF, but did not mandate coverage. This resulted in several issues. First, employers could elect whether to provide their employees fertility treatment coverage but were not required to provide such coverage. Second, if an employer did provide fertility treatment coverage, that coverage may not have included IVF. Third, if an employer chose to provide fertility treatment coverage, prior law imposed few limits on what costs and co-payments a patient had to pay for that treatment. Finally, prior law used a narrow definition of “infertility” that did not include same-sex couples and single persons.

Under the new law, large group health plans—i.e., health plans provided by employers with 50 or more employees—will be required to provide coverage for both diagnosis and treatment of infertility, including IVF. SB 729 also prohibits large group health plans from putting higher fertility care costs on a patient than the plan would put on other types of care. For example, under SB 729, insurers cannot impose higher copayments or deductibles than are required for other, non-fertility health care services, nor can they impose limits on coverage of fertility medications that differ from limits imposed on prescription medications for other health issues.

The law also expands the definition of “infertility” to include an inability to reproduce, either as an individual or with a partner, without medical intervention. This change redefines infertility as a health issue that can personally affect any individual seeking to build a family, regardless of their sexual orientation or relationship status.

### The Law's Potential Impact

SB 729's requirements will apply to the health insurance plans of **about nine million Californians**. The law applies neither to the state's Medi-Cal insurance program nor to health insurance plans provided by religious employers.

The law's opponents voiced concerns about the cost of SB 729's fertility treatment coverage mandate. **Data from other states and projections in California** suggest that the law's coverage mandate will increase health insurance premiums in California.

Access-to-care advocates praise SB 729 for its potential to make safe, reliable methods of fertility care available to the populations that traditionally have had the least access: families with low incomes, women of color, and LGBTQ+ people.

### SB 729's Implementation Timeline

As written, SB 729 goes into effect for large group health insurance plans on July 1, 2025. However, Gov. Newsom has requested a six-month delay in the law's implementation to provide time for the legislature

to align the state's Essential Health Benefits (EHB) benchmark plan with SB 729's requirements. The ongoing EHB update, which will set a new state standard for commercial health insurance coverage, is expected to include IVF coverage, but may differ from what is included in SB 729.

The California Public Employees' Retirement System (CalPERS) Health Program is required to comply with SB 729's requirements beginning July 1, 2027.

### The Future of IVF Coverage in California

The next legislative session may determine whether the EHB benchmark plan matches the design of SB 729, potentially expanding IVF coverage to all insured Californians. However, questions remain about whether this process might result in changes that could scale back IVF benefits in SB 729, particularly around cost concerns and the state's budget challenges.

### Conclusion

SB 729 may bring millions of Californians expanded access to IVF and other fertility services. While the delay in implementation may present challenges, the coming months will shape the future of IVF coverage in the state's health plans.

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