
HOUSE BILL 1129

State of Washington

69th Legislature

2025 Regular Session

By Representatives Stonier, Macri, Street, Shavers, Farivar, Simmons, Tharinger, Parshley, Obras, Fosse, Reeves, Bernbaum, Mena, Fey, Taylor, Berry, Pollet, Entenman, Alvarado, and Reed

Prefiled 12/23/24.

1 AN ACT Relating to providing coverage for the diagnosis of
2 infertility, treatment for infertility, and standard fertility
3 preservation services; adding a new section to chapter 48.43 RCW;
4 adding a new section to chapter 41.05 RCW; adding a new section to
5 chapter 74.09 RCW; and creating new sections.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) According to the federal centers for disease control and
9 prevention, over 12 percent of women of reproductive age in the
10 United States have difficulty becoming pregnant or staying pregnant;

11 (b) Infertility is evenly divided between men and women and
12 approximately one-third of cases involve both partners being
13 diagnosed or are unexplained;

14 (c) Increasing accessibility for infertility treatment will
15 expand the state's health services and improve the short and long-
16 term health outcomes for the resulting children and mothers, which
17 may also reduce health care costs by reducing adverse outcomes; and

18 (d) Insurance coverage reduces disparities in access to care for
19 racial and ethnic minorities as well as for LGBTQ persons.

1 (2) The legislature, therefore, intends to provide coverage for
2 the diagnosis of and treatment for infertility, as well as for
3 standard fertility preservation services.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
5 RCW to read as follows:

6 (1) Group health plans issued or renewed on or after January 1,
7 2026, must include coverage for standard fertility preservation
8 services.

9 (2) Group health plans issued or renewed on or after January 1,
10 2027, must include coverage for the diagnosis of and treatment for
11 infertility. Coverage must provide for two completed oocyte
12 retrievals with unlimited embryo transfers in accordance with the
13 guidelines of the American society for reproductive medicine, using
14 single embryo transfer when recommended and medically appropriate.

15 (3) The benefits must be provided to enrollees, including covered
16 spouses and covered nonspouse dependents, to the same extent as other
17 pregnancy-related benefits.

18 (4) Group health plans may not include:

19 (a) Any exclusions, limitations, or other restrictions on
20 coverage of fertility medications that are different from those
21 imposed on other prescription medications;

22 (b) Any exclusions, limitations, or other restrictions on
23 coverage of any fertility services based on a covered individual's
24 participation in fertility services provided by or to a third party;
25 or

26 (c) Any deductibles, copayments, coinsurance, benefit maximums,
27 waiting periods, or any other limitations on coverage for the
28 diagnosis of infertility, treatment of infertility, and standard
29 fertility preservation services, except as provided in this section,
30 that are different from those imposed upon benefits for services not
31 related to infertility.

32 (5) For the purposes of this section:

33 (a) "Diagnosis of and treatment for infertility" means the
34 recommended procedures and medications from the direction of a
35 licensed physician or osteopathic physician that are consistent with
36 established, published, or approved medical practices or professional
37 guidelines from the American college of obstetricians and
38 gynecologists or the American society for reproductive medicine.

1 (b) "Infertility" means a disease, condition, or status
2 characterized by:

3 (i) The failure to establish a pregnancy or to carry a pregnancy
4 to live birth after regular, unprotected sexual intercourse;

5 (ii) A person's inability to reproduce either as a single
6 individual or with the person's partner without medical intervention;

7 (iii) A licensed physician's or osteopathic physician's findings
8 based on a patient's medical, sexual, and reproductive history, age,
9 physical findings, or diagnostic testing; or

10 (iv) Disability as an impairment of function.

11 (c) "Regular, unprotected sexual intercourse" means no more than
12 12 months of unprotected sexual intercourse for a woman under the age
13 of 35 or no more than six months of unprotected sexual intercourse
14 for a woman 35 years of age or older. Pregnancy resulting in
15 miscarriage does not restart the 12-month or six-month time period to
16 qualify as having infertility.

17 (d) "Standard fertility preservation services" means procedures
18 that are consistent with the established medical practices or
19 professional guidelines published by the American society of
20 reproductive medicine or the American society of clinical oncology
21 for a person who has a medical condition or is expected to undergo
22 medication therapy, surgery, radiation, chemotherapy, or other
23 medical treatment that is recognized by medical professionals to
24 cause a risk of impairment to fertility.

25 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05
26 RCW to read as follows:

27 (1) Health plans offered to employees and their covered
28 dependents under this chapter issued or renewed on or after January
29 1, 2026, must include coverage for standard fertility preservation
30 services.

31 (2) Health plans offered to employees and their covered
32 dependents under this chapter issued or renewed on or after January
33 1, 2027, must include coverage for the diagnosis of and treatment for
34 infertility. Coverage must provide for two completed oocyte
35 retrievals with unlimited embryo transfers in accordance with the
36 guidelines of the American society for reproductive medicine, using
37 single embryo transfer when recommended and medically appropriate.

1 (3) The benefits must be provided to enrollees, including covered
2 spouses and covered nonspouse dependents, to the same extent as other
3 pregnancy-related benefits.

4 (4) Health plans offered to employees and their covered
5 dependents under this chapter, may not include:

6 (a) Any exclusions, limitations, or other restrictions on
7 coverage of fertility medications that are different from those
8 imposed on other prescription medications;

9 (b) Any exclusions, limitations, or other restrictions on
10 coverage of any fertility services based on a covered individual's
11 participation in fertility services provided by or to a third party;
12 or

13 (c) Any deductibles, copayments, coinsurance, benefit maximums,
14 waiting periods, or any other limitations on coverage for the
15 diagnosis of infertility, treatment of infertility, and standard
16 fertility preservation services, except as provided in this section,
17 that are different from those imposed upon benefits for services not
18 related to infertility.

19 (5) For the purposes of this section:

20 (a) "Diagnosis of and treatment for infertility" means the
21 recommended procedures and medications from the direction of a
22 licensed physician or osteopathic physician that are consistent with
23 established, published, or approved medical practices or professional
24 guidelines from the American college of obstetricians and
25 gynecologists or the American society for reproductive medicine.

26 (b) "Infertility" means a disease, condition, or status
27 characterized by:

28 (i) The failure to establish a pregnancy or to carry a pregnancy
29 to live birth after regular, unprotected sexual intercourse;

30 (ii) A person's inability to reproduce either as a single
31 individual or with the person's partner without medical intervention;

32 (iii) A licensed physician's or osteopathic physician's findings
33 based on a patient's medical, sexual, and reproductive history, age,
34 physical findings, or diagnostic testing; or

35 (iv) Disability as an impairment of function.

36 (c) "Regular, unprotected sexual intercourse" means no more than
37 12 months of unprotected sexual intercourse for a woman under the age
38 of 35 or no more than six months of unprotected sexual intercourse
39 for a woman 35 years of age or older. Pregnancy resulting in

1 miscarriage does not restart the 12-month or six-month time period to
2 qualify as having infertility.

3 (d) "Standard fertility preservation services" means procedures
4 that are consistent with the established medical practices or
5 professional guidelines published by the American society of
6 reproductive medicine or the American society of clinical oncology
7 for a person who has a medical condition or is expected to undergo
8 medication therapy, surgery, radiation, chemotherapy, or other
9 medical treatment that is recognized by medical professionals to
10 cause a risk of impairment to fertility.

11 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09
12 RCW to read as follows:

13 (1) The authority shall provide coverage under this chapter for
14 standard fertility preservation services.

15 (2) The authority or any medicaid managed care organization may
16 not include:

17 (a) Any exclusions, limitations, or other restrictions on
18 coverage of fertility medications that are different from those
19 imposed on other prescription medications; or

20 (b) Any benefit maximums, waiting periods, or any other
21 limitations on coverage for standard fertility preservation services,
22 except as provided in this section, that are different from those
23 imposed upon benefits for services not related to infertility.

24 (3) For purposes of this section, "standard fertility
25 preservation services" means procedures that are consistent with the
26 established medical practices or professional guidelines published by
27 the American society of reproductive medicine or the American society
28 of clinical oncology for a person who has a medical condition or is
29 expected to undergo medication therapy, surgery, radiation,
30 chemotherapy, or other medical treatment that is recognized by
31 medical professionals to cause a risk of impairment to fertility.

32 NEW SECTION. **Sec. 5.** This act may be known and cited as the
33 Washington state building families act.

34 NEW SECTION. **Sec. 6.** The insurance commissioner may adopt rules
35 to implement, administer, and enforce section 2 of this act.

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