

SENATE BILL 463

By Briggs

AN ACT to amend Tennessee Code Annotated, Title 56  
and Title 71, relative to families.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act is known and may be cited as the "Freedom to Grow Our  
Tennessee Families Act."

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by  
adding the following as a new section:

(a) As used in this section:

(1) "Enrollee" means a person on whose behalf a health insurer is  
obligated to pay benefits or provide services under a health benefit plan;

(2) "Experimental fertility procedure" means a procedure for which the  
published medical evidence is not sufficient for the American Society for  
Reproductive Medicine, its successor organization, or a comparable organization  
to regard the procedure as established medical practice;

(3) "Fertility diagnostic care" means procedures, products, medications,  
and services intended to provide information and counseling about an individual's  
fertility, including laboratory assessments and imaging studies;

(4) "Fertility patient" means:

(A) An individual or couple with infertility;

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

(C) A couple that is at increased risk of transmitting a serious inheritable genetic or chromosomal condition to a child;

(5) "Fertility preservation services":

(A) Means procedures, products, medications, and services intended to preserve fertility, consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, for an individual who has a medical condition or who is expected to receive medical treatment that may cause or has the potential to cause a risk of impairment of fertility; and

(B) Includes evaluation expenses; laboratory assessments; medications; treatment associated with fertility preservation services; the procurement and cryopreservation of gametes, embryos, and reproductive material; and storage from the time of cryopreservation for a period of at least three (3) years;

(6) "Fertility treatment" means procedures, products, medications, and services intended to achieve pregnancy that results in a live birth with healthy outcomes and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization;

(7) "Gamete" means sperm or eggs;

(8) "Health benefit plan" means a contract or policy for health insurance coverage, as defined in § 56-7-109;

(9) "Health insurer" means a health insurance entity, as defined in § 56-7-109; and

(10) "Infertility" means:

(A) The inability to establish pregnancy or to carry a pregnancy to live birth after twelve (12) months of regular, unprotected sexual intercourse when the couple has the necessary gametes for conception, or a period of less than twelve (12) months due to a person's age or other factors when the couple has the necessary gametes for conception. A pregnancy that does not result in a live birth does not toll or restart the twelve-month period of time described in this subdivision (a)(7)(A); or

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

(b) A health insurer that issues, delivers, amends, or renews a health benefit plan that is to be in effect in this state on or after January 1, 2026, shall provide coverage for all of the following:

- (1) Fertility diagnostic care;
- (2) Fertility treatment; and
- (3) Fertility preservation services.

(c) Coverage required by subsection (b) must:

(1) Include at least three (3) complete oocyte retrievals with unlimited embryo transfers from those oocyte retrievals or from any oocyte retrieval performed prior to January 1, 2026, in accordance with the guidelines of the

American Society for Reproductive Medicine, using single embryo transfer when recommended and medically appropriate; and

(2) Be provided regardless of whether donor gametes or embryos are used or an embryo is transferred to the uterus of a person acting as surrogate.

(d) Coverage for fertility preservation services pursuant to subsection (b) must be provided regardless of an enrollee's past or present treatment for cancer, sickle cell disease, lupus, menorrhagia, endometriosis, or uterine fibroids.

(e) Relative to coverage required by subsection (b), a health insurer shall not:

(1) Impose a waiting period;

(2) Use a prior diagnosis or prior fertility treatment as a basis for excluding, limiting, or otherwise restricting the availability of such coverage;

(3) Impose limitations on coverage for fertility services based on an enrollee's use of donor gametes, donor embryos, or surrogacy; or

(4) Impose different limitations on coverage for, provide different benefits to, or impose different requirements on a class of persons on account of an individual's actual or perceived race, color, sex, disability, ancestry, or relationship status.

(f) Any limitation a health insurer imposes on the coverage required by this section must be based on an enrollee's medical history and clinical guidelines adopted by the health insurer. Any clinical guidelines used by a health insurer must be based on current guidelines developed by the American Society for Reproductive Medicine, its successor organization, or a comparable organization; must cite with specificity any data or scientific reference relied upon; must be maintained in written form; and must be made available to an enrollee in writing upon request.

(g) This section does not require a health insurer to provide coverage for:

(1) An experimental fertility procedure; or

(2) Nonmedical costs related to donor gametes, donor embryos, or surrogacy.

(h) The commissioner of commerce and insurance is authorized to promulgate rules to effectuate this section, including, but not limited to, cost-sharing, benefit design, and clinical guidelines. When promulgating such rules, the commissioner shall consider the clinical guidelines developed by the American Society for Reproductive Medicine, its successor organization, or a comparable organization. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 3. Tennessee Code Annotated, Section 71-3-104(b)(1), is amended by deleting the subsection and substituting the following:

(1) A caretaker relative who becomes ineligible for any reason is eligible for transitional childcare assistance for a period of not less than six (6) months. The department shall pay childcare assistance on a sliding fee scale based upon a family's income for so long as federal funding or any related waiver is in effect.

SECTION 4. Tennessee Code Annotated, Section 71-5-107(a), is amended by adding the following as a new subsection:

(29) Fertility care for a fertility patient, as described in SECTION 2.

SECTION 5. This act takes effect January 1, 2026, the public welfare requiring it.