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California's SB 729: Expanding Access to IVF and Family-Building for All

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As voters consider what the next election might mean for access to fertility and assisted reproduction on a national level, there is good news out of California for equitable access to family-building and fertility treatment.

On September 29th, California Governor Gavin Newsom [signed a new law](#), SB 729, that will make IVF more accessible and affordable to many people for whom until now this vital method of family building has been out of reach. The [new law](#), authored by California Senator Caroline Menjivar requires large group health plans and disability insurance policies to cover the costs of in vitro fertilization (IVF), including testing and treatments. Some key things to know:

- **The law applies to all plans issued, amended, or renewed on or after July 1, 2025.**
- **The law ends the prior exclusion of IVF from required coverage.** Now large group insurers will be required to cover the expenses of up to three completed oocyte (egg) retrievals and unlimited embryo transfers.
- **The law ends discrimination against LGBTQ+ people in fertility coverage.** It does this by explicitly prohibiting discrimination based on sexual orientation, gender identity, marital status, and other grounds. But it also changes definition of infertility to include all people who need medical intervention to reproduce, consistent with the American Society for Reproductive Medicine's inclusive definition. Before, the definition of infertility was often limited to those who fail to establish a pregnancy or carry a pregnancy to birth after regular, unprotected sexual intercourse, a standard that simply ignored LGBTQ+ people's realities and needs.
- **The law prohibits other forms of discrimination in coverage.** The law says there can be no coverage discrimination based on other identity factors like race.
- **The law says insurance contracts can't put extra restrictions on fertility services medications or services that aren't imposed on other prescription medications or**

services. The law says that contracts can't have exclusions, limitations, deductibles, copays, benefit maximums, waiting period or any other restrictions or limits on fertility treatment, diagnosis or medications that aren't imposed on other services or prescriptions.

- **The law says contracts can't deny people fertility coverage for fertility services that involve sperm donors, egg donors, or surrogates.** The law says insurance contracts can't exclude or deny fertility coverage based on "a covered individual's participation in fertility services provided by or to a third party," which includes "an oocyte, sperm, or embryo donor, gestational carrier, or surrogate that enables an intended recipient to become a parent."

With the enactment of SB 729, California joins what is still a too-short list of states that require insurance coverage of IVF. According to RESOLVE, the National Infertility Association's, [map and tracker](#), California now joins 14 other states that mandate some form of IVF coverage.

So, while bills to protect IVF keep failing at the national level, and as voters must take into account threats to IVF depending on the results of the next election, states can still act to support people's ability to build families. We must address the financial realities that make assisted reproduction and family-building out of reach for far too many, and disproportionately out of reach for women of color, non-binary, and LGBTQ people. For more on those disparities, the Ms. Foundation's report: ["The Color of Infertility: Race, Infertility, and Reproductive Justice in the U.S."](#) is a necessary read. Senator Menjivar's legislation is a terrific step in the right direction and hopefully more states will follow suit.