

New legislation SB 729 expands access to fertility and infertility coverage

What does this mean for employer groups?



Legislation summary and requirements

Senate Bill (SB) 729 was signed into law in September 2024. It goes into effect for policies issued, amended, or renewed in California on or after **January 1, 2026**.

The legislation requires large group health plans with more than 100 employees to provide coverage for the diagnosis and treatment of infertility, as well as fertility services. Coverage must include a maximum of three completed oocyte retrievals with unlimited embryo transfers.

Small group health plans must offer infertility and fertility services coverage, but they aren't required to provide that coverage.

The law defines infertility comprehensively, including conditions that prevent reproduction without medical intervention and failure to conceive after specified periods of unprotected intercourse. It also requires that coverage is offered or provided without discrimination based on age, race, religion, gender, sexual orientation, or other protected characteristics, allowing broader access to fertility treatments.

Key requirements

- Large group health plans must provide coverage for infertility treatment and fertility services starting **January 1, 2026**.
- Small group health plans must offer coverage for infertility and fertility services, but they are not required to provide it.
- Coverage must be provided without discrimination based on age, race, religion, gender, sexual orientation, or other protected characteristics.
- Health plans must cover fertility medications the same way they cover other prescription drugs, and they can't deny coverage based on third-party reproductive assistance.
- Health plans under the Public Employees' Retirement System are exempt from these requirements until **July 1, 2027**.
- Based on their beliefs, religious employers are exempt from these requirements.
- Health plans and insurers must include the details of coverage under this bill in their Evidence of Coverage.



Frequently asked questions

Q: When is the mandate for large group health care service plans to provide infertility coverage set to begin?

A: On **June 30, 2025**, California Governor Gavin Newsom signed AB 116, the health omnibus bill, as part of the 2025–2026 state budget. Included in the omnibus bill is language delaying the effective date of SB 729, the bill signed in 2024 mandating that large group health plans cover infertility and fertility services, including in-vitro fertilization. The mandate now applies to large group health plans issued, amended, or renewed on or after **January 1, 2026**. Similarly, small group health plans will not have to comply with the mandate to offer infertility and fertility services until on or after **January 1, 2026**. The effective date of **July 1, 2027**, for CalPERS health plans remains unchanged.

Q: Does the bill require small group plans to provide infertility services?

A: No, small group plans must offer, but are not required to provide, coverage for infertility and fertility services.

Q: What are the key infertility treatments that large group plans are required to cover under the bill?

A: Coverage must include diagnosis and treatment of infertility, including up to three completed oocyte retrievals and unlimited embryo transfers in line with American Society for Reproductive Medicine (ASRM) guidelines.

Q: How does the bill define infertility?

A: Infertility is defined as a condition marked by an inability to reproduce either as an individual or with a partner without medical intervention, as well as failure to establish or carry a pregnancy to live birth after periods of unprotected intercourse.

Q: Are fertility medications treated differently than other prescription medications under the bill?

A: No, the bill prohibits any exclusion, limitation, or restriction on fertility medications that differ from those for other prescription medications.

Q: Can coverage for fertility services be denied based on third-party reproductive assistance?

A: No, the bill prevents exclusion or denial of coverage when services involve third parties such as donors or surrogates.

Q: Does the bill apply to Medi-Cal managed care plans?

A: No, the bill does not apply to Medi-Cal managed care plans or entities contracted with the State Department of Health Care Services.

Q: Are there any religious exemptions included in the bill?

A: Yes, the bill does not apply to religious employers as defined in the relevant state codes.

Q: Is there an exception for health plans under the Public Employees' Retirement System?

A: Yes, these plans are exempt until **July 1, 2027**.

Q: Are customizations available for large group clients?

A: Please contact your Anthem Blue Cross sales representative for large group customizations.

Next steps



Details within the bill are still being finalized, including what diagnosis and treatment are included in the mandate. We are awaiting emergency regulatory guidance from the Department of Managed Health Care, which is expected in the next few weeks.

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