

State	Abortion	Contraception	Surrogacy	IVF/ART
Federal	As of June 2022, access to abortion is no longer protected by federal courts after the US Supreme Court's decision to overturn <i>Roe v. Wade (1973)</i> in the <i>Dobbs v. Jackson Women's Health Organization (2022)</i> case. This leaves the regulation of abortion up to individual states. Data courtesy of the Center for Reproductive Rights .	Access to contraception is protected as a constitutional right under <i>Griswold v. Connecticut</i> , with unmarried couples protected under <i>Eisendadt v. Baird</i> . As of 2023, the Federal contraceptive coverage guarantee requires coverage for "female-controlled" contraception methods, including female sterilization and over-the-counter methods obtained with a prescription. Federal law also includes a broader refusal clause that allows "churches, associations of churches, religiously affiliated elementary and secondary schools, and, potentially, some religious charities and universities to refuse" coverage of contraception (Guttmacher Institute). Data courtesy of Guttmacher Institute .	No federal surrogacy laws. The regulation of surrogacy falls under the domain of the states. Data courtesy of Creative Family Connections	No federal requirements regarding funding for infertility insurance. Mandates for funding fall under the domain of the states. Data courtesy of American Society for Reproductive Medicine .
Alabama	Abortion is banned at all stages of pregnancy, with minimal exceptions, under a trigger ban (Ala. Code § 26-23H-4). There are no constitutional or statutory protections for abortion, with the state constitution instead recognizing "the sanctity of unborn life and the rights of unborn children, including the right to life" (ALA. CONST. art. I, § 36.06)	No legal mandates for insurance coverage of prescription contraception, over-the-counter methods, male sterilization, or female sterilization.	Gestational surrogacy legal due to no prohibitions from statute or case law. Furthermore, courts have typically been favorable to surrogacy contracts.	No legal mandates regarding infertility insurance funding
Alaska	Abortion to remain legal after a 1997 ruling from Alaska's Supreme Court, which determined that "the right to an abortion" is a "fundamental right and privilege" protected by the state's constitution. Abortion rights are deemed constitutional due to a 1972 amendment protecting a citizen's right to privacy.	No legal mandates for insurance coverage of prescription contraception, over-the-counter methods, male sterilization, or female sterilization.	Gestational surrogacy legal due to no prohibitions from statute or case law.	No legal mandates regarding infertility insurance funding
Arizona	Abortion is banned after 15-weeks LMP and after viability, with an enjoined pre-roe ban that would prohibit "almost all abortion." There are no express constitutional or statutory protections for abortion, with the stated preference that the legislature should interpret the law "to acknowledge, on behalf of an unborn child at every stage of development, all rights, privileges and immunities available to other persons, citizens and residents of the United States.	State requirement for coverage of prescription contraception, but no additional requirements for coverage	Gestational surrogacy contracts are unenforceable under Arizona Revised Statue 25-218 , which deems the surrogate the "legal mother of a child born as a result of a surrogate parentage contract."	No legal mandates regarding infertility insurance funding
Arkansas	Abortion, except to save the life of the pregnant person, is outlawed by a trigger ban. This ban is deemed constitutional under Arkansas' 1988 Amendment 68, which is meant to " protect the life of every unborn child from conception until birth ."	State requirement for coverage of prescription contraception, but no additional requirements for coverage	Surrogacy is legal under Arkansas Code 9-10-201, with pre-birth parentage orders being	While IVF is not defined under state statute or constitution, the state requires that IVF is covered by insurance within the state according to Ark. Code §§ 23-85-137(a), 23-86-118(a) . Failure to cover IVF may result in the suspension or revocation of insurance authority (Id §§ 23-85-137(b), 23-86-118(b)). There are a few exceptions and restrictions on the coverage, which may exclude some individuals from receiving care.

California	<p>Abortion protected in the state constitution as of November 2022. The ammendment reads, "The state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives." (Sen. Const. Amend. No. 10, 2022)</p>	<p>Right to choose or refuse contraceptives is protected in the state constitution under Senate Constitution Amendment 10. (Sen. Const. Amend. No. 10, 2022). State requirements for pharmacists to prescribe and dispense prescription contraceptives, with coverage required for prescription contraception, over-the-counter methods, extended supply, male sterilization, and female sterilization. There are prohibitions on cost sharing and limited refusal provisions.</p>	<p>Gestational surrogacy is protected by both statute (CA Family Law Sections 7960-7962) and constitution (Johnson v. Calvert and Buzzanca v. Buzzanca)</p>	<p>The law requires insurers to offer infertility treatment coverage, excluding IVF, to employers. Infertility is defined as "the presence of a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility, or (2) the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception" (Cal. Health & Safety Code § 1374.55(b)), while infertility treatment is defined as procedures consistent with established medical practices in the treatment of infertility by licensed physicians and surgeons including, but not limited to, diagnosis, diagnostic tests, medication, surgery, and gamete intrafallopian transfer. Id.</p>
Colorado	<p>Abortion legal under a statutory protection, which positions abortion as a fundamental right. C.R.S. 25-6-403 reads "(1) Every individual has a fundamental right to make decisions about the individual's reproductive health care, including the fundamental right to use or refuse contraception. (2) A pregnant individual has a fundamental right to continue a pregnancy and give birth or to have an abortion and to make decisions about how to exercise that right. (3) A fertilized egg, embryo, or fetus does not have independent or derivative rights under the laws of this state." Colorado law also protects abortion access, requires insurance coverage of abortion, provides interstate shield protections, and penalizes healthcare centers that provide inaccurate information about abortion.</p>	<p>Right to choose or refuse contraception is protected in state statutes. State requirements for pharmacists to prescribe and dispense prescription contraceptives, with coverage required for extended supply.</p>	<p>Gestational surrogacy is protected under the Colorado Surrogacy Agreement (C.R.S. 19-4.5-101 et seq.).</p>	<p>Mandates the insurance coverage of diagnosis, treatment, and preservation measures against infertility (Co. Stat. § 10-16-104(23)(a)). The state defines infertility as "(i) The failure to impregnate or conceive; (ii) A person's inability to reproduce either as an individual or with the person's partner; or (iii) A licensed physician's findings based on a patient's medical, sexual, and reproductive history, age, physical findings, or diagnostic testing. (Id. at § 10-16-104(g)(VI))." There is no cap to coverage, but the law only requires the coverage of three oocyte retrieval procedures.</p>
Connecticut	<p>Abortion pre-viability and when medically necessary deemed legal under statutory protection, which states that "The decision to terminate a pregnancy prior to the viability of the fetus shall be solely that of the pregnant patient in consultation with the patient's physician or, ... the patient's advanced practice registered nurse, nurse-midwife or physician assistant." State law also funds medically necessary abortion, expands health-care providers able to provide abortion care, provides interstate protections, and prohibits misinformation (CONN. GEN. STAT. ANN. § 19a-602)</p>	<p>State requirements for coverage of prescription contraceptives, over-the-counter methods, extended supply, and female sterilization. There are prohibitions on cost sharing and expansive refusal provisions.</p>	<p>Connecticut permits surrogacy under the Connecticut Parentage Act, which recognizes the intended parents as the resulting child's exclusive parents (CPA, Public Act 21-15). The obligation to designate intended parents as parents on the resulting birth certificate is codified within Conn. Gen. Stat 7-48a.</p>	<p>Infertility is defined as the condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary. (Conn. Gen. Stat. §§ 38a-509(a)). Health insurers are required to provide coverage for "the medically necessary expenses of the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, IVF, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. (Conn. Gen. Stat. §§ 38a-509(a))." The state has additionally set limits on the number of treatments insurers are required to cover.</p>

Delaware	Abortion pre-viability legal under statutory protections (DEL. CODE ANN. tit. 24. § 1790). However, while abortion is protected under law, there are also legal restrictions on public funding for abortion, and civil/criminal penalties for providers who violate state abortion restrictions.	State requirements for coverage of prescription contraceptives, over-the-counter methods (excluding external condoms), extended supply, and female sterilization. There are prohibitions on cost sharing, and expansive refusal provisions. (Del. Code § 3342A.)	Surrogacy is permitted under Delaware Code 13, 8-801 through 8-810 , which recognizes that a "gestational carrier is not a parent of a child born as a result of a gestational carrier agreement" (Del. code 13, § 8-804)	The state defines infertility as "a disease or condition that results in impaired function of the reproductive system whereby an individual is unable to procreate or to carry a pregnancy to live birth. (Del. Code Ann. tit. 18, §§ 3342(i)(1)(b))." Insurers must cover fertility care services and IVF for individuals suffering from infertility, and they are not allowed to impose "any exclusions, limitations, or other restrictions on coverage of fertility medications that are different from those imposed on any other prescription medications" (Id. § 3342 (i)(4)). Patients must meet certain requirements to receive funding.
Florida	While abortion is protected under the state constitution's fundamental right to privacy, it is legally prohibited at ~15 weeks LMP and viability . Furthermore, a 6 week trigger ban has been enacted and is to go into effect 30 days after Florida's supreme court rules on a case challenging the 15 week ban . Florida law requires a 24-h mandatory waiting period, biased counseling, and ultrasound while limiting public funding for abortion care. Providers that violate abortion restrictions face civil and criminal penalties .	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy is permitted with restrictions under Fla. Stat. Ch.742.15 , which specifies that the intended parents must be "legally married," with both the intended parents and gestational surrogate being "18 years of age or older."	Funding for infertility insurance not mandated
Georgia	Georgia is currently enforcing its six-week abortion ban as the Georgia Supreme Court reviews a case that challenges the constitutionality of the pre-roe ban . People seeking abortion care must undergo a mandatory 24-h waiting period and biased counseling. Georgia law also limits public and private coverage of abortion. Providers that violate abortion restrictions face civil and criminal penalties .	State requirement for coverage of prescription contraception, but no additional requirements for coverage	Gestational surrogacy legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated
Hawaii	Abortion in Hawaii remains legal until viability, protected by statutory protections and an additional constitutional right to privacy . There have been further executive measures that have codified protections for " providers, patients, and other people who help others access abortion "	State requirement for coverage of prescription contraception and extended supply, with expansive refusal provisions.	Gestational surrogacy legal due to no prohibitions from statute or case law.	All individual and group accident and health or sickness insurance policies which provide pregnancy-related benefits shall include in addition to any other benefits for treating infertility, a one-time-only benefit for all outpatient expenses arising from in vitro fertilization procedures performed on the insured or the insured's dependent spouse (Haw. Rev. Stat. Ann. §§ 431:10A-116) Patients must meet certain requirements to receive funding.
Idaho	Abortion has been criminalized at all stages of pregnancy (exceptions for life of pregnant person and survivors of incest and rape with mandatory reporting). Idaho law maintains gestational bans, mandatory 24-h waiting periods, biased counseling, and prohibitions on private and public funding. Idaho has recently enacted laws that criminalize assistance to minors leaving the state to access abortion care, as well as to providers who violate abortion restrictions.	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy legal under the Gestational Agreements Act , which recognizes the intended parents as the legal parents of the resulting child (Idaho Code Section 7-1601-1612).	Funding for infertility insurance not mandated

Illinois	<p>The right to pre-viable abortion has been recognized by the state's Supreme Court as a constitutional right. 2019 statutory protection states that "(a) Every individual has a fundamental right to make autonomous decisions about the individual's own reproductive health, including the fundamental right to use or refuse reproductive health care. (b) Every individual who becomes pregnant has a fundamental right to continue the pregnancy and give birth or to have an abortion, and to make autonomous decisions about how to exercise that right. (c) A fertilized egg, embryo, or fetus does not have independent rights under the laws of this State." Illinois state law not only requires public and private coverage of abortion, but has also made moves to enact legal protection for providers, patients, and people who help others seek abortion access from out of state investigations.</p>	<p>State requirements for coverage of prescription contraceptives, over-the-counter contraceptives (excluding external condoms), extended supply, male sterilization, and female sterilization. The state prohibits cost sharing, with almost unlimited refusal clauses for insurers.</p>	<p>Gestational surrogacy permitted by Gestational Surrogacy Act (750 ILCS 47/1 - 47/75)</p>	<p>Insurers providing coverage for more than 25 employees must provide coverage "for the diagnosis and treatment of infertility including, but not limited to, in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, and low tubal ovum transfer." Patients must meet certain requirements to receive funding for infertility (215 Ill. Comp. Stat. 5/356m).</p>
Indiana	<p>Indiana currently has a total abortion ban that has been enjoined as of September 22, 2022. While this ban is enjoined, there is no protection legally or constitutionally for abortion, and state statutes explicitly state that "childbirth is preferred, encouraged, and supported over abortion" legislation in Indiana prohibits abortion at either viability of twenty weeks LMP, or abortion that is necessary to "prevent a substantial permanent impairment of the life or physical health of the pregnant woman; or the fetus is diagnosed with a lethal fetal anomaly." Indiana law has mandatory ultrasound and 18-h waiting periods; biased counseling; and prohibitions on both private and public funding for abortion. Providers that violate Indiana's abortion laws face criminal and civil penalties.</p>	<p>No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization</p>	<p>Gestational surrogacy contracts are void and unenforceable under Indiana Code 31-20-1-1, which states that it is "against public policy to enforce any term of a surrogate agreement." Some courts will grant pre-birth orders over the parentage of a child.</p>	<p>Funding for infertility insurance not mandated</p>
Iowa	<p>While abortion has been previously deemed protected by the state's Supreme Court, the ruling was overturned with the overturning of Roe. With this reversal, Iowa has passed abortion bans at 6 weeks, twenty weeks, and in the third trimester with the 6-week ban being permanently enjoined. People who seek abortion care must undergo biased counseling and ultrasound, and public funding is limited. Providers who violate these abortion restrictions face civil and criminal penalties.</p>	<p>State requirement for coverage of prescription contraception, but no additional requirements for coverage</p>	<p>Gestational surrogacy is permitted, as the state's Supreme Court ruled that gestational surrogacy contracts are consistent with Iowa Code 710.11 and Iowa Administrative Code Section 641-99.15.</p>	<p>Funding for infertility insurance not mandated</p>
Kansas	<p>Abortion before 22 weeks LMP and viability is currently protected as a constitutional right, with the "right [for a woman] to make her own decisions regarding her body, health, family formation, and family life-- [including] whether to continue a pregnancy" seen as a form of personal autonomy. While the right to an abortion is protected by state constitution, state law requires that people seeking abortions must abide by a mandatory 24-h wait period and undergo biased counseling. There are also limits on both private and public funding for abortion.</p>	<p>No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization</p>	<p>Gestational surrogacy legal due to no prohibitions from statute or case law.</p>	<p>Funding for infertility insurance not mandated. Infertility coverage excluded from Medicaid.</p>

Kentucky	Kentucky law curretly outlaws abortion at all stages of pregnancy , with the state legislature "laud[ing] the continued dedication of the Pro-Life caucus to overturn [Roe v. Wade] and to pass legislation to protect all vulnerable members of [Kentucky] society from conception until death ." The legality of the ban's enforcement is undergoing appeal .	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy legal due to no prohibitions from statue or case law.	Funding for infertility insurance not mandated. Infertility coverage excluded from Medicaid.
Louisiana	Abortion prohibited under a trigger ban, which outlaws abortion at all stages of pregnancy , with the threat of legal persecution. Furthermore, the Louisiana state constitution was amended to specify that "nothing in [Louisiana's] constitution shall be construed to secure or protect a right to abortion"	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy is limited to heterosexual married couples who use their own gametes, with compensation being strictly prohibited (Louisiana Surrogacy Bill HB 1102). Individuals that enter into unsanctioned surrogacy agreements may be subject to civil and criminal penalties.	Funding for infertility insurance not mandated
Maine	Abortion pre-viability is and will remain legal under express statutory protections . In addition to legality, Maine has passed laws to provide and require both public and private funding for abortion, as well as clinic safety through medical safety zones .	State requirements for coverage of prescription contraceptives extended supply, and female sterilization. There are prohibitions on cost sharing and broader refusal provisions.	Gestational surrogacy is permitted under the Maine Parentage Act , codified as Title 19-A, Chapter 61	Funding for infertility insurance not mandated
Maryland	Abortion protected in state statues , with expanded access through the requirement of public and private funding, as well as the implementation of interstate shield laws.	State requirements for prescription of contraceptives by pharmacists, coverage of over-the-counter contraceptives, extended supply, and male sterilization. Prohibits cost-sharing by insurance, with expansive refusal provisions.	Gestational surrogacy allowed by Maryland Supreme Court in In re Roberto d.B., 923 A2d 115 (Md. 2007) .	According to Maryland law, insurers must provide coverage for IVF treatment (Md. Code Ann., Ins. § 15-810). Patients must meet certain requirements to qualify for coverage.
Massachusetts	Abortion before 24 weeks legal; recognized by Massachusetts Supreme Court within state constitution and protected by abortion rights legislation. State provides public funding for care, as well as additional protections such as statutory protections	State requirements for coverage of prescription contraception, over-the-counter contraceptives (excluding external condoms), extended supply, and female sterilization. Prohibits cost-sharing by insurance, with broader refusal provisions.	Gestational surrogacy permitted by Massachusetts Supreme Court Ruling. Hodas v. Morin (2004) ; Culliton v. Beth Israel Deaconess Med. Ctr.(2002) ; R.R. v. M.H. (1998)	Massachusetts defines infertility as "being unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or of 6 months if the female is over the age of 35. If a person conceives but is unable to carry that pregnancy to live birth, the period of time she attempted to conceive prior to achieving that pregnancy shall be included in the calculation of the 1 year or 6 month period, as applicable." (Mass. Gen. Laws Ch. 175 § 47H). Insurers must, "to the same extent that benefits are provided for other pregnancy-related procedures, coverage for medically necessary expenses of diagnosis and treatment of infertility."
Michigan	Abortion protected after the passing of Proposal 22-3 and repeal of the permanently enjoined pre-roe ban. Prop-3 amends the constitution "to provide that every individual has a right to reproductive freedom, including the right to make and carry out pregnancy-related decisions such as those concerning prenatal care, childbirth, postpartum care, contraception, sterilization, abortion, miscarriage management, and infertility care." This proposal allows the state to regulate abortion after viability.	State requires coverage of prescription contraceptives, with broader refusal provisions for providers.	Surrogacy contracts considered void and unenforcable under Michigan Surrogate Parenting Act MCL Section 722.851 .	Medicaid coverage for infertility screening, but no mandates for treatment (Mich. Dep't of Health & Human Servs., Medicaid Provider Manual §§ 3.9. 8.3)

Minnesota	Abortion is legally protected within the constitution (recognized by state supreme court in Doe v. Gomez) and under a 2023 statutory right to reproductive freedom in HF 1 , which reads "(a) Every individual has a fundamental right to make autonomous decisions about the individual's own reproductive health, including the fundamental right to use or refuse reproductive health care.(b) Every individual who becomes pregnant has a fundamental right to continue the pregnancy and give birth, or obtain an abortion, and to make autonomous decisions about how to exercise this fundamental right."	Right to contraception legally protected under a 2023 statutory right to reproductive freedom, which reads "every individual has a fundamental right to make decisions about the individual's reproductive health care, including the fundamental right to use or refuse reproductive health care." No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated
Mississippi	All abortion is prohibited in Mississippi "except in the case where necessary for the preservation of the mother's life or where the pregnancy was caused by rape". In the case of rape or incest, there must be a formal charge filed with law enforcement. The performance of an abortion on or by a pregnant person is punishable by civil and criminal law.	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated
Missouri	All abortions, except in cases of medical emergency, are prohibited under a trigger ban . Providers and people who participate in abortion face civil and criminal penalties. It is explicitly stated in state law that it is the "intention of the general assembly of the state of Missouri to: (1) Defend the right to life of all humans, born and unborn; (2) Declare that the state and all of its political subdivisions are a 'sanctuary of life' that protects pregnant women and their unborn children; and (3) Regulate abortion to the full extent permitted by the Constitution of the United States, decisions of the United States Supreme Court, and federal statutes" (Mo. Rev. Stat. 188.010)	State requires coverage of prescription contraceptives, with "almost unlimited" refusal provisions for insurers.	Gestational surrogacy legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated. Infertility coverage excluded from Medicaid.
Montana	Abortion pre-viability is currently legal due to constitutional protections, despite recent legislative efforts to overrule this, and a failed referendum (LR-131) to criminalize the procedure. Abortion has been deemed legal due to a Montana Supreme Court ruling, which held that the "right of individual privacy is essential to the well-being of a free society, and shall not be infringed without the showing of a compelling state interest" protects "procreative autonomy." There are efforts within the legislature to specify that abortion is not protected under the constitutional right to privacy.	State requirement for coverage of prescription contraception, but no additional requirements for coverage	Gestational surrogacy legal due to no prohibitions from statute or case law.	While infertility is not defined by the state, statutes state that "to qualify as a health maintenance organization (HMO), insurers must provide "basic health care services," which includes "infertility services." (Mont. Code Ann. § 33-31-102(3)(v) (2021)). This mandate only applies to HMOs.
Nebraska	Abortion banned at 12 weeks LMP with limited exceptions under LB 574 . No constitutional or statutory protections are in place, with the policy preference stated to be that "the members of the Legislature expressly deplore the destruction of unborn human lives." (NEB. Rev. Stat. 28-325)	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Surrogacy contracts are considered void and unenforceable under Nebraska statute R.R.S. Neb. 25-21, 200 . This statute defines that the "biological father of a child born pursuant to such a contract should have all rights and obligations imposed by law with respect to such child."	No fertility insurance mandate, with fertility-enhancing drugs being excluded from Medicaid
Nevada	Abortion legal until 24 weeks post-fertilization with medically necessary exceptions (NEV. REV. STAT. § 442.250). Nevada statutes protect abortion as approved by a 1990 referendum (Question 7), meaning it can only be amended or repealed through another referendum.	State requires coverage of prescription contraception, emergency contraception, extended supply, and female sterilization. There are prohibitions on cost sharing, with expansive refusal provisions for insurers.	Gestational surrogacy is permitted and regulated under Nev. Revised Statutes 126.500-126.810	Funding for infertility insurance not mandated

New Hampshire	Abortion is prohibited after 24 weeks LMP with medically necessary exceptions. While the procedure is not protected within the constitution or statutes, the New Hampshire constitution recognizes a right to privacy under a 2018 amendment approved by voters (N.H. CONST. Pt. 1, Art. 2-b). It has not yet been determined by the state courts whether this amendment protects an individual's right to abortion.	State requires coverage of prescription contraception, with explicit coverage of contraceptives prescribed and dispensed by a pharmacist. Additional coverage requirements for extended supply, with prohibitions on cost sharing.	Gestational surrogacy is permitted and regulated under N.H. Rev. Stat. Ann. 168-B .	Infertility is defined as "a disease where an individual's ability to become pregnant or to carry a pregnancy to live birth is impaired, or where an individual's ability to cause pregnancy and live birth in the individual's partner is impaired. (N.H. Rev. Stat. § 417-G:1(V))." Law requires that health carriers provide "coverage for medically necessary fertility treatment, including evaluations, laboratory assessments, medications, and treatments associated with the procurement of donor eggs, sperm, and embryos." (N.H. Rev. Stat. § 417-G:2(III)). The state additionally restricts refusal provisions or coverage limitations.
New Jersey	Right to abortion pre-viability is protected by a 2022 statute , with the "fundamental right of a woman to control her body and destiny" reconized by the NJ Supreme Court within New Jersey's constitutional right to privacy.	State requires coverage of prescription contraception, over-the-counter contraception (excluding condoms), extended supply, male sterilization, and female sterilization. Prohibits cost sharing, with broader refusal provisions.	Gestational surrogacy is permitted and regulated under the New Jersey Gestational Carrier Agreement Act of 2018 .	The state defines infertility as a "disease or condition that results in the abnormal function of the reproductive system," with requirements in place for patients to meet coverage requirements. Insurers are required to cover a wide variety of infertility treatments, including diagnostic procedures and fertility protection. (N.J. Admin. Code § 11:4-54)
New Mexico	Abortion remains legal in New Mexico, with laws and executive orders having been recently issued to provide access and protection to those who seek safe reproductive care. However, New Mexico courts have not yet decided whether abortion is protected in the state's constitution under the Equal Rights Amendment (N.M. CONST. art. 2, § 18).	State requires coverage of prescription contraception, over-the-counter contraception, extended supply of contraception, male sterilization, and female sterilization. Prohibits cost sharing, with expansive refusal provisions. Pharmacists are able to prescribe and dispense contraceptives.	Surrogacy is legal as it is neither authorized nor prohibited under N.M. Stat. Ann. §40-11A-801 .	Funding for infertility insurance not mandated
New York	Abortion legal until 24 weeks post-fertilization, with medically necessary exceptions. As of 2019, abortion is protected as a fundamental right under a comprehensive reproductive health care law, which states that "The [New York] legislature finds that comprehensive reproductive health care is a fundamental component of every individual's health, privacy and equality." (N.Y. PUB. HEALTH LAW §§ 2599-aa to 2599-bb). New York law additionally provides protection to those who seek abortion care within the state.	State requires coverage of prescription contraception, over-the-counter contraception, extended supply of contraception, male sterilization, and female sterilization. There are prohibitions on cost sharing, with limited refusal provisions.	Gestational surrogacy permitted under NY Child-Parent Security Act	New York has set mandates for the coverage of 3 cycles of IVF by large group insurance policies (N.Y. Ins. Law §§ 3221(k)(6)(C)(vii)), while individual and small group insurance policies must provide coverage for infertility treatment (N.Y. Comp. Codes R. & Regs. tit. 11, § 52.71). The state has outlined requirements to meet the definition of infertility for coverage and requires that insurers provide fertility protection.
North Carolina	Abortion is currently prohibited after 12 weeks, with heavy restrictions in place for abortions that take place after the 12-week mark. While the governor has issued orders meant to protect those seeking legal reproductive care in North Carolina, there are no constitutional or statutory protections for abortion care (S.B. 20, 2023 Leg., Reg. Sess. (N.C. 2023) to be codified at N.C. Gen. Stat. § 90-21.81B(2)).	State requires coverage of prescription contraception, with broader refusal clauses.	Gestational surrogacy is legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated
North Dakota	Abortion is prohibited at all stages of pregnancy, with heavy restrictions in place for medically necessary exemptions (S.B. 2150, 68th Leg. Sess., Reg. Sess. (N.D. 2023)). Those seeking abortion in the case of rape or incest can access care up to six weeks after fertilization.	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy permitted by N.D. Cent. Code §§14-18 ,	Funding for infertility insurance not mandated

Ohio	While abortion in Ohio is currently legal up to 22 weeks gestation (Ohio Rev. Code Ann. 2919.201), it is being challenged by a 6-week ban that went into effect on June 27, 2022 (OHIO REV. CODE ANN. § 2919.195(A)). The 6-week ban is not currently enforced due to a preliminary injunction .	No additional requirements for coverage of prescription contraception, over-the-counter methods, male sterilization, or female sterilization. State allows for pharmacists to dispense full amount of a prescription at one time, but there are no requirements for coverage by insurance.	Gestational surrogacy contracts are permitted by the Ohio Supreme Court, which ruled that "Ohio does not have an articulated public policy against gestational-surrogacy contracts" (J.F.v.D. B.,879N.E.2d740 (2007))	While neither infertility nor infertility services are defined by the state, statutes state that health insurers must provide "basic health care services," which includes "infertility services" (Ohio Rev. Code §§ 1751.01 (h)).
Oklahoma	All abortion is prohibited with exceptions for life-saving measures (Okla. Stat. tit. 21, § 861). While the Oklahoma Supreme Court has ruled that the constitution holds " an inherent right of a pregnant woman to terminate pregnancy when necessary to save her life ," the Public Health Code specifies that this cannot be used to justify a right to abortion (Okla. Stat. tit. 63, § 1-729.6).	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy legal under the Oklahoma Gestational Agreement Act (House Bill 2468)	Funding for infertility insurance not mandated. Infertility coverage excluded from Medicaid.
Oregon	Abortion is protected as a fundamental right under state statutes, which maintain that "Every individual has a fundamental right to make decisions about the individual's reproductive health, including the right to make decisions about the individual's reproductive health care, to use or refuse contraception, to continue the individual's pregnancy and give birth or to terminate the individual's pregnancy" (H.B. 2002, 82nd Leg., Reg. Sess. (Or. 2023)). Oregon has enacted additional laws that provide funding and protection for people seeking abortion care.	Requirements for coverage of prescription, over-the-counter (excluding condoms), and extended supply contraceptives. Also requires funding for male and female sterilization, with prohibitions on cost sharing. Limited refusal clauses.	Gestational surrogacy is legal due to no prohibitions from statute or case law. ORS 109.239 addresses the rights and obligations of children resulting from assisted reproduction, which specifies that a "donor shall have no right, obligation or interest with respect to any child conceived as a result of assisted reproduction"	Funding for infertility insurance is not currently mandated, but a Senate bill introduced in 2022 would define infertility and put mandates into place for IVF and fertility preservation.
Pennsylvania	Abortion is currently legal in Pennsylvania before 24 weeks LMP. While the current governor remains supportive of abortion rights, issuing orders meant to protect those that provide and seek abortion, there are no constitutional or statutory protections. Furthermore, Pennsylvania legislators have stated that "In every relevant civil or criminal proceeding in which it is possible to do so without violating the Federal Constitution, the common and statutory law of Pennsylvania shall be construed so as to extend to the unborn the equal protection of the laws and to further the public policy of this Commonwealth encouraging childbirth over abortion." (18 PA. CONS. STAT. § 3202(c)).	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	While there are no statutes or published case laws that permit or prohibit surrogacy, gestational surrogacy is practiced under the Pennsylvania Supreme Court's ruling in J.F.v.D.B., 897 A.2d1216 (2006).	Funding for infertility insurance not mandated
Rhode Island	Abortion in Rhode Island remains legal pre-viability, and the state's statutes include protections for abortion access (R.I. Gen. Laws § 23-4.13-2). In addition, the state's governor has issued executive orders which protect individuals from other states seeking abortion, as well as providers of the procedure.	Requirements for coverage of prescription contraceptives and extended supply, but no additional coverage requirements.	Gestational surrogacy is permitted and regulated under Rhode Island's Uniform Parentage Act, Article 8	Infertility is defined as "the condition of an otherwise presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of one year." (R.I. Gen. Laws §§ 27-18-30(b)). Insurers and HMOs are required to cover the diagnosis, treatment, and protection of fertility given that they cover pregnancy benefits. (Id §§ 27-18-30(a)). There are a few exceptions to mandated insurers, as well as a limit to coverage.
South Carolina	South Carolina has attempted to enact multiple 6-week abortion bans, but neither can be enforced due to court injunctions. In January 2023, the South Carolina Supreme Court struck down the first ban as violating the right to privacy, which is protected in the state's constitution (Planned Parenthood S. Atl. v. South Carolina, No. 28127 (S.C. Jan. 5, 2023)). Due to this, abortion is currently available until 20 weeks post-fertilization (S.C. CODE ANN. § 44-41-450(A)).	Requirements for coverage of prescription contraceptives, but no additional coverage requirements. Prohibitions on cost sharing.	Gestational surrogacy is legal due to no prohibitions from statute or case law. Instead, a district court ruled in Mid-South Ins. Co. v. Doe that a gestational carrier agreement was in fact a valid agreement.	Funding for infertility insurance not mandated

South Dakota	Abortion at all stages is prohibited under a trigger ban, unless medically necessary to save the life of the mother (S.D. Codified Laws § 22-17-5.1). There are no statutory or constitutional protections for abortion.	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy is legal due to no prohibitions from statute or case law.	Funding for infertility insurance not mandated
Tennessee	Abortion at all stages is prohibited under a trigger ban, with exceptions for life-saving measures (Tenn. Code Ann. § 39-15-213). There are no statutory or constitutional protections for abortion, instead the state's constitution was amended in 2000 to remove the protections that had previously been outlined for abortion.	No additional requirements for coverage of prescription contraception, over-the-counter methods, male sterilization, or female sterilization. State explicitly includes coverage for contraception that is prescribed and dispensed by a pharmacist	Surrogacy is neither permitted nor prohibited under Tenn. Code Ann. 36-1-102(51) , only defined with regards to adoption.	Funding for infertility insurance not mandated. Infertility coverage excluded from Medicaid.
Texas	Texas has criminalized abortion at all stages, with criminal laws such as solicitation, aiding, attempt, and conspiracy now applicable to the procedure (Tex. Health & Safety Code §§ 170A.001-7). The Texas Supreme Court blocked criminal enforcement of the abortion law, meaning that it may only be enforced civilly (Whole Woman's Health v. Paxton, No. 22-0527 (Tex. July 1, 2022)). There are limited affirmative defenses to civil claims brought against physicians for treating ectopic pregnancies or providing miscarriage management" (Center for Reproductive Rights). There are no constitutional or statutory protections for abortion, with Texas law including "an unborn child at every age of gestation until birth" in its definition of an individual (TEX. CIV. PRAC. & REM. CODE § 71.001).	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization.	Gestational surrogacy is permitted and regulated for married Intended Parents under Tex. Fam. Code 160-751 to 160-763 , which outlines procedures that must be completed.	Group health insurers must offer coverage for service and benefits for expenses related to IVF to the same degree to which benefits are provided for other pregnancy-related procedures (Tex. Ins. Code Ann. § 1366.003). Patients must meet certain requirements to qualify for coverage.
Utah	Abortion is currently prohibited after 18 weeks LMP (UTAH CODE ANN. § 76-7-302). Though Utah has a trigger ban, which aims to ban abortion at all stages except in the case of rape, incest, or death, the ban is preliminarily enjoined (Planned Parenthood Ass'n of Utah v. Utah, No. 220903886). The state does not include constitutional or statutory protections for abortion, instead aiming to "protect and guarantee to unborn children their inherent and inalienable right to life" (UTAH CODE ANN. § 76-7-301.1)	The state allows pharmacists to prescribe and dispense contraceptives, but coverage is not mandated by law. No additional mandates for coverage.	Gestational surrogacy for married Intended Parents only is permitted and regulated under Utah Code Ann. § 78B-15-801	Currently offers a 3-year pilot program (extended) for Public Employees Health plan which outlines requirements for patients to receive funding for infertility treatment.
Vermont	Vermont state statutes include explicit protection for abortion under 2019 legislation, which reads that "The State of Vermont recognizes the fundamental right of every individual who becomes pregnant to choose to carry a pregnancy to term, to give birth to a child, or to have an abortion" (VT. STAT. ANN. tit. 18. § 9493 et seq.). As of 2022, voters have approved a constitutional amendment that protects reproductive freedom within the state constitution (Vt. S. Const. Amend. No. 5, Leg. Sess. (2021-2022)).	Vermont state statutes recognize "the fundamental right of every individual to choose or refuse contraception or sterilization" (VT. STAT. ANN. tit. 18. § 9493 et seq.) Coverage requirements for prescription contraceptives, extended supply, male sterilization, and female sterilization. Prohibitions on cost sharing.	Gestational surrogacy legal and regulated under the Vermont Parentage Act of 2018, codified under VT Stat. Title 15C: Chapter 8	Funding for infertility insurance not mandated

Virginia	Abortion is prohibited after viability, with restrictive measures for medically necessary procedures required after. There are no constitutional or statutory protections for abortion in Virginia. While Virginia's house has shown its preference for a more restrictive abortion policy (such as the establishment of January 22 as the "Day of Tears," designated to mourning " the innocents who have lost their lives to abortion "), more recent acts by the legislature have worked to protect and expand access to abortion care (S.B. 733, H.B. 980, 2020 Gen. Assemb., Reg. Sess. (Va. 2020)).	State mandates coverage of prescription contraceptives and extended supply, as well as female sterilization. Prohibitions on cost sharing.	Gestational surrogacy is permitted and tightly regulated under Virginia's Children of Assisted Conception statute . Regulations include marriage between the Intended Parents, limited compensation, and post-birth consent requirements.	Funding for infertility insurance not mandated
Washington	Abortion pre-viability is protected within state statutes, voted upon by the constituents, as a fundamental right under the right to privacy with respect to personal reproductive decisions. (WASH. REV. CODE § 9.02.100, 9.02.110, 9.02.140, 9.02.160.)	State allows for the prescription and dispensing of contraceptives by pharmacists, with coverage mandates for over-the-counter contraceptives and extended supply. Coverage mandates for male and female sterilization, with prohibitions on cost sharing.	Gestational surrogacy is permitted and regulated under the Uniform Parentage Act in Title 26, chapter 26 of the Revised Code of Washington	Funding for infertility insurance not mandated
West Virginia	Abortion at all stages is prohibited by West Virginia law, with minimal exceptions for medically necessary procedures, as well as minors and survivors of rape and incest, who must report to law enforcement.	State requirement for coverage of prescription contraception and extended supply, but no additional requirements for coverage. Expansive refusal provisions, though enrollees can obtain coverage from the insurer.	Gestational surrogacy is permitted and regulated by W.VA Code 61-2-14h(e)(3) , which exempts "fees and expenses included in any agreement in which a woman agrees to become a surrogate mother" from penalty	While infertility and related services are not defined by statute, W. Va. Code § 33-25A-2 mandates that HMOs cover "basic health services" including infertility services.
Wisconsin	While abortion is currently legal pre-viability and until 20 weeks post-fertilization, the state does not provide any constitutional or statutory protections for abortion. The current governor is supportive of abortion rights, with the Attorney General seeking a ruling to deem the pre-roe ban on abortion as unenforceable. The legislature of Wisconsin remains hostile to the procedure.	State requirement for coverage of prescription contraception, but no additional requirements for coverage	Gestational surrogacy permitted under the Wisconsin Supreme Court ruling in the case Paternity of F.T.R., Rosecky v. Schissel, 2013 WI 66, 349 Wis. 2d, 833 N. W.2d 634 , which saw the court enforce a Parantage Agreement as valid, "unless enforcement is contrary to the best interests of the child"	Funding for infertility insurance is not mandated. Infertility procedures may be covered by Medicaid with prior authorization.
Wyoming	Abortion remains legal pre-viability, with two legislative attempts to outlaw the procedure being preliminarily enjoined. While the state does not provide constitutional or statutory protection for abortion, there is an express guarantee for the equality of women in the state's constitution . The courts are still determining whether this clause protects the right to abortion.	No additional requirements for coverage of prescription contraception, over the counter methods, male sterilization, or female sterilization	Gestational surrogacy is permitted with regulations defined in WY Stat. 35-1-401(a)(xiv)	Funding for infertility insurance not mandated. Infertility coverage not required by Medicaid.