



General Assembly

Raised Bill No. 6617

January Session, 2023

LCO No. 3838



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT PROMOTING EQUITY IN COVERAGE FOR FERTILITY HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2024*) (a) As used in this
2 section:

3 (1) "Experimental fertility procedure" means a procedure for which
4 the published medical evidence is not sufficient for the American
5 Society for Reproductive Medicine, its successor organization or a
6 comparable organization to regard the procedure as established
7 medical practice.

8 (2) "Fertility diagnostic care" means procedures, products,
9 medications and services intended to provide information and
10 counseling about an individual's fertility, including laboratory
11 assessments and imaging studies.

12 (3) "Fertility patient" means (A) an individual or a couple
13 experiencing infertility, (B) an individual or a couple who is at
14 increased risk of transmitting a serious inheritable genetic or

15 chromosomal abnormality to a child, (C) an individual unable to
16 achieve a pregnancy as an individual or with a partner because the
17 individual or couple does not have the necessary gametes to achieve a
18 pregnancy, or (D) an individual or couple for whom fertility
19 preservation services are medically necessary.

20 (4) "Fertility preservation services" means (A) procedures, products,
21 medications and services intended to preserve fertility, consistent with
22 established medical practice and professional guidelines published by
23 the American Society for Reproductive Medicine, its successor
24 organization or a comparable organization for an individual who has a
25 medical or genetic condition or who is expected to undergo treatment
26 that may directly or indirectly cause a risk of impairment of fertility,
27 and (B) includes, but is not limited to, the procurement and
28 cryopreservation of gametes, embryos and reproductive material, and
29 storage from the date of cryopreservation until the individual reaches
30 the age of thirty, or for a period of not less than five years, whichever is
31 later.

32 (5) "Fertility treatment" means procedures, products, genetic testing,
33 medications and services intended to achieve pregnancy that result in
34 a live birth and that are provided in a manner consistent with
35 established medical practice and professional guidelines published by
36 the American Society for Reproductive Medicine, its successor
37 organization or a comparable organization.

38 (6) "Gamete" means a sperm or egg.

39 (7) "Infertility" means (A) the presence of a condition recognized by
40 a licensed physician as a cause of loss or impairment of fertility, (B) a
41 couple's inability to achieve pregnancy after twelve months of
42 unprotected sexual intercourse when the couple has the necessary
43 gametes to achieve pregnancy, or (C) an individual's inability to
44 achieve pregnancy after six months of unprotected sexual intercourse
45 due to such individual's age.

46 (8) "Oocyte" means an ovum or egg cell before maturation.

47 (9) "Religious employer" means an employer that is a "qualified
48 church-controlled organization", as defined in 26 USC 3121, or a
49 church-affiliated organization.

50 (b) Except as provided in subsections (e), (f) and (h) of this section,
51 each individual health insurance policy providing coverage of the type
52 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
53 the general statutes, delivered, issued for delivery, amended, renewed
54 or continued in this state on or after January 1, 2024, shall provide
55 coverage for:

56 (1) Fertility diagnostic care;

57 (2) Fertility treatment if the enrollee is a fertility patient; and

58 (3) Fertility preservation services.

59 (c) A policy that provides coverage for the services required under
60 this section, may not:

61 (1) Impose any limitations on coverage for a fertility patient solely
62 on the basis of such patient's age.

63 (2) Require that a pregnancy loss, including, but not limited to, a
64 miscarriage or stillbirth, suffered during the periods referenced in
65 subparagraphs (B) and (C) of subdivision (7) of subsection (a) of this
66 section shall result in the commencement of a new twelve-month or
67 six-month period in which to determine whether an individual or
68 couple is experiencing infertility.

69 (3) Use any prior diagnosis or fertility treatment as a basis for
70 excluding, limiting or otherwise restricting the availability of coverage
71 required under this section.

72 (4) Impose any limitations on coverage required under this section
73 based on an individual's use of donor gametes, donor embryos or

74 surrogacy.

75 (5) Impose any copayments, deductibles, coinsurances, benefit
76 maximums, waiting periods or other limitations on coverage that are
77 different than any maternity benefits provided by the health insurance
78 policy.

79 (6) Impose any exclusions, limitations or other restrictions on
80 coverage of fertility medications that are different from those imposed
81 on any other prescription medications.

82 (7) Impose different limitations on coverage for, provide different
83 benefits to or impose different requirements on a fertility patient who
84 is a part of any of a class of persons whose rights are protected
85 pursuant to chapter 814c of the general statutes.

86 (8) Base any limitations imposed by the policy on anything other
87 than the medical assessment of an individual's licensed physician and
88 clinical guidelines adopted by the policy.

89 (d) Any clinical guidelines used for a policy subject to the
90 requirements of this section shall (1) be based on current guidelines
91 developed by the American Society for Reproductive Medicine, its
92 successor organization or a comparable organization, (2) cite with
93 specificity any data or scientific reference relied upon, (3) be
94 maintained in written form, and (4) be made available to an individual
95 in writing upon request.

96 (e) A policy that provides coverage for the services required under
97 this section may:

98 (1) Limit such coverage to four completed oocyte retrievals, with
99 unlimited embryo transfers;

100 (2) Limit such coverage for intrauterine insemination to a lifetime
101 maximum benefit of six cycles;

102 (3) Limit coverage for in-vitro fertilization to those individuals who
103 have been unable to achieve or sustain a pregnancy to live birth
104 through less expensive and medically viable infertility treatment or
105 procedures covered under such policy; and

106 (4) Require that treatment or procedures that must be covered as
107 provided in this section be performed at facilities that conform to the
108 standards and guidelines developed by the American Society of
109 Reproductive Medicine or the Society of Reproductive Endocrinology
110 and Infertility.

111 (f) Any insurance company, hospital service corporation, medical
112 service corporation or health care center may issue to a religious
113 employer an individual health insurance policy that excludes coverage
114 for methods of diagnosis and treatment for services required to be
115 covered under this section that are contrary to the religious employer's
116 bona fide religious tenets. Upon the written request of an individual
117 who states in writing that methods of diagnosis and treatment for
118 services required to be covered under this section are contrary to such
119 individual's religious or moral beliefs, any insurance company,
120 hospital service corporation, medical service corporation or health care
121 center may issue to or on behalf of the individual a policy or rider
122 thereto that excludes coverage for such methods.

123 (g) Any health insurance policy issued pursuant to subsection (b) of
124 this section shall provide written notice to each insured or prospective
125 insured the methods of diagnosis and treatment of infertility that are
126 excluded from coverage pursuant to this section. Such notice shall
127 appear, in not less than ten-point type, in the policy, application and
128 sales brochure for such policy.

129 (h) Any health insurance policy issued pursuant to subsection (b) of
130 this section shall not be required to provide coverage for:

131 (1) Any experimental fertility procedure; or

132 (2) Any nonmedical costs related to procuring gametes, donor

133 embryos or surrogacy services.

134 (i) Nothing in this section shall be construed to deny the coverage
135 required under this section to any individual who foregoes a particular
136 infertility treatment or procedure if the individual's physician
137 determines that such treatment or procedure is likely to be
138 unsuccessful or the individual seeks to use previously retrieved
139 oocytes or embryos.

140 Sec. 2. (NEW) (*Effective January 1, 2024*) (a) As used in this section:

141 (1) "Experimental fertility procedure" means a procedure for which
142 the published medical evidence is not sufficient for the American
143 Society for Reproductive Medicine, its successor organization or a
144 comparable organization to regard the procedure as established
145 medical practice.

146 (2) "Fertility diagnostic care" means procedures, products,
147 medications and services intended to provide information and
148 counseling about an individual's fertility, including laboratory
149 assessments and imaging studies.

150 (3) "Fertility patient" means (A) an individual or a couple
151 experiencing infertility, (B) an individual or a couple who is at
152 increased risk of transmitting a serious inheritable genetic or
153 chromosomal abnormality to a child, (C) an individual unable to
154 achieve a pregnancy as an individual or with a partner because the
155 individual or couple does not have the necessary gametes to achieve a
156 pregnancy, or (D) an individual or couple for whom fertility
157 preservation services is medically necessary.

158 (4) "Fertility preservation services" (A) means procedures, products,
159 medications and services intended to preserve fertility, consistent with
160 established medical practice and professional guidelines published by
161 the American Society for Reproductive Medicine, its successor
162 organization or a comparable organization for an individual who has a
163 medical or genetic condition or who is expected to undergo treatment

164 that may directly or indirectly cause a risk of impairment of fertility,
165 and (B) includes, but is not limited to, the procurement and
166 cryopreservation of gametes, embryos and reproductive material, and
167 storage from the date of cryopreservation until the individual reaches
168 the age of thirty, or for a period of not less than five years, whichever is
169 later.

170 (5) "Fertility treatment" means procedures, products, genetic testing,
171 medications and services intended to achieve pregnancy that results in
172 a live birth and that are provided in a manner consistent with
173 established medical practice and professional guidelines published by
174 the American Society for Reproductive Medicine, its successor
175 organization or a comparable organization.

176 (6) "Gamete" means a sperm or egg.

177 (7) "Infertility" means (A) the presence of a condition recognized by
178 a licensed physician as a cause of loss or impairment of fertility, (B) a
179 couple's inability to achieve pregnancy after twelve months of
180 unprotected sexual intercourse when the couple has the necessary
181 gametes to achieve pregnancy, or (C) an individual's inability to
182 achieve pregnancy after six months of unprotected sexual intercourse
183 due to an individual's age.

184 (8) "Oocyte" means an ovum or egg cell before maturation.

185 (9) "Religious employer" means an employer that is a "qualified
186 church-controlled organization", as defined in 26 USC 3121, or a
187 church-affiliated organization.

188 (b) Except as provided in subsections (e), (f) and (h) of this section,
189 each group health insurance policy providing coverage of the type
190 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
191 the general statutes, delivered, issued for delivery, amended, renewed
192 or continued in this state on or after January 1, 2024, shall provide
193 coverage for:

194 (1) Fertility diagnostic care;

195 (2) Fertility treatment if the enrollee is a fertility patient; and

196 (3) Fertility preservation services.

197 (c) A policy that provides coverage for the services required under
198 this section, may not:

199 (1) Impose any limitations on coverage of a fertility patient solely on
200 the basis of such patient's age.

201 (2) Require that a pregnancy loss, including, but not limited to, a
202 miscarriage or stillbirth, suffered during the periods referenced in
203 subparagraphs (B) and (C) of subdivision (7) of subsection (a) of this
204 section shall result in the commencement of a new twelve-month or
205 six-month period in which to determine whether an individual or
206 couple is experiencing infertility.

207 (3) Use any prior diagnosis or fertility treatment as a basis for
208 excluding, limiting or otherwise restricting the availability of coverage
209 required under this section.

210 (4) Impose any limitations on coverage required under this section
211 based on an individual's use of donor gametes, donor embryos or
212 surrogacy.

213 (5) Impose any copayments, deductibles, coinsurances, benefit
214 maximums, waiting periods or other limitations on coverage that are
215 different than any maternity benefits provided by the health insurance
216 policy.

217 (6) Impose any exclusions, limitations or other restrictions on
218 coverage of fertility medications that are different from those imposed
219 on any other prescription medications.

220 (7) Impose different limitations on coverage for, provide different
221 benefits to or impose different requirements on a fertility patient who

222 is among any of a class of persons whose rights are protected pursuant
223 to chapter 814c of the general statutes.

224 (8) Base any limitations imposed by the policy on anything other
225 than the medical assessment of an individual's licensed physician and
226 clinical guidelines adopted by the policy.

227 (d) Any clinical guidelines used by a policy subject to the
228 requirements of this section shall (1) be based on current guidelines
229 developed by the American Society for Reproductive Medicine, its
230 successor organization or a comparable organization, (2) cite with
231 specificity any data or scientific reference relied upon, (3) be
232 maintained in written form, and (4) be made available to an individual
233 in writing upon request.

234 (e) A policy that provides coverage for the services required under
235 this section may:

236 (1) Limit such coverage to four completed oocyte retrievals, with
237 unlimited embryo transfers;

238 (2) Limit such coverage for intrauterine insemination to a lifetime
239 maximum benefit of six cycles;

240 (3) Limit coverage for in-vitro fertilization to those individuals who
241 have been unable to achieve or sustain a pregnancy to live birth
242 through less expensive and medically viable infertility treatment or
243 procedures covered under such policy; and

244 (4) Require that treatment or procedures that must be covered as
245 provided in this section be performed at facilities that conform to the
246 standards and guidelines developed by the American Society of
247 Reproductive Medicine or the Society of Reproductive Endocrinology
248 and Infertility.

249 (f) Any insurance company, hospital service corporation, medical
250 service corporation or health care center may issue to a religious

251 employer an individual health insurance policy that excludes coverage
252 for methods of diagnosis and treatment for services required to be
253 covered under this section that are contrary to the religious employer's
254 bona fide religious tenets. Upon the written request of an individual
255 who states in writing that methods of diagnosis and treatment for
256 services required to be covered under this section are contrary to such
257 individual's religious or moral beliefs, any insurance company,
258 hospital service corporation, medical service corporation or health care
259 center may issue to or on behalf of the individual a policy or rider
260 thereto that excludes coverage for such methods.

261 (g) Any health insurance policy issued pursuant to subsection (b) of
262 this section shall provide written notice to each insured or prospective
263 insured the methods of diagnosis and treatment of infertility that are
264 excluded from coverage pursuant to this section. Such notice shall
265 appear, in not less than ten-point type, in the policy, application and
266 sales brochure for such policy.

267 (h) Any health insurance policy issued pursuant to subsection (b) of
268 this section shall not be required to provide coverage for:

269 (1) Any experimental fertility procedure; or

270 (2) Any nonmedical costs related to procuring gametes, donor
271 embryos or surrogacy services.

272 (i) Nothing in this section shall be construed to deny the coverage
273 required under this section to any individual who foregoes a particular
274 infertility treatment or procedure if the individual's physician
275 determines that such treatment or procedure is likely to be
276 unsuccessful or the individual seeks to use previously retrieved
277 oocytes or embryos.

278 Sec. 3. (NEW) (*Effective January 1, 2024*) The Commissioner of Social
279 Services shall amend the Medicaid state plan to provide fertility
280 treatment coverage in accordance with sections 1 and 2 of this act,
281 provided such coverage is medically necessary and permissible under

282 federal law.

283 Sec. 4. Sections 38a-509 and 38a-536 of the general statutes are
284 repealed. (*Effective January 1, 2024*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2024</i>	New section
Sec. 2	<i>January 1, 2024</i>	New section
Sec. 3	<i>January 1, 2024</i>	New section
Sec. 4	<i>January 1, 2024</i>	Repealer section

HS

Joint Favorable C/R

APP