



General Assembly

Amendment

January Session, 2023

LCO No. 8761



Offered by:

REP. NUCCIO, 53rd Dist.

REP. ZAWISTOWSKI, 61st Dist.

REP. PAVALOCK-D'AMATO, 77th Dist.

To: Subst. House Bill No. 6617

File No. 710

Cal. No. 466

"AN ACT PROMOTING EQUITY IN COVERAGE FOR FERTILITY HEALTH CARE."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-509 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2023*):

5 (a) Subject to the limitations set forth in subsection (b) of this section
6 and except as provided in subsection (c) of this section, each individual
7 health insurance policy providing coverage of the type specified in
8 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
9 issued for delivery, amended, renewed or continued in this state on or
10 after January 1, 2018, shall provide coverage for the medically necessary
11 expenses of the diagnosis and treatment of infertility, including, but not
12 limited to, ovulation induction, intrauterine insemination, in-vitro
13 fertilization, uterine embryo lavage, embryo transfer, gamete intra-

14 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
15 transfer. For purposes of this section, "infertility" means the condition of
16 an individual who is unable to conceive or produce conception or
17 sustain a successful pregnancy during a one-year period or such
18 treatment is medically necessary.

19 (b) Such policy may:

20 [(1) Limit such coverage to an individual until the date of such
21 individual's fortieth birthday;]

22 [(2)] (1) Limit such coverage for ovulation induction to a lifetime
23 maximum benefit of four cycles;

24 [(3)] (2) Limit such coverage for intrauterine insemination to a
25 lifetime maximum benefit of three cycles;

26 [(4)] (3) Limit such coverage for lifetime benefits to a maximum of
27 two cycles, with not more than two embryo implantations per cycle, for
28 in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-
29 fallopian transfer or low tubal ovum transfer, provided each such
30 fertilization or transfer shall be credited toward such maximum as one
31 cycle;

32 [(5)] (4) Limit such coverage for in-vitro fertilization, gamete intra-
33 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
34 transfer to those individuals who have been unable to conceive or
35 produce conception or sustain a successful pregnancy through less
36 expensive and medically viable infertility treatment or procedures
37 covered under such policy. Nothing in this subdivision shall be
38 construed to deny the coverage required by this section to any
39 individual who foregoes a particular infertility treatment or procedure
40 if the individual's physician determines that such treatment or
41 procedure is likely to be unsuccessful; and

42 [(6)] (5) Require that covered infertility treatment or procedures be
43 performed at facilities that conform to the standards and guidelines

44 developed by the American Society of Reproductive Medicine or the
45 Society of Reproductive Endocrinology and Infertility. [;]

46 [(7) Limit coverage to individuals who have maintained coverage
47 under such policy for at least twelve months; and

48 (8) Require disclosure by the individual seeking such coverage to
49 such individual's existing health insurance carrier of any previous
50 infertility treatment or procedures for which such individual received
51 coverage under a different health insurance policy. Such disclosure shall
52 be made on a form and in the manner prescribed by the Insurance
53 Commissioner.]

54 (c) (1) Any insurance company, hospital service corporation, medical
55 service corporation or health care center may issue to a religious
56 employer an individual health insurance policy that excludes coverage
57 for methods of diagnosis and treatment of infertility that are contrary to
58 the religious employer's bona fide religious tenets.

59 (2) Upon the written request of an individual who states in writing
60 that methods of diagnosis and treatment of infertility are contrary to
61 such individual's religious or moral beliefs, any insurance company,
62 hospital service corporation, medical service corporation or health care
63 center may issue to or on behalf of the individual a policy or rider
64 thereto that excludes coverage for such methods.

65 (d) Any health insurance policy issued pursuant to subsection (c) of
66 this section shall provide written notice to each insured or prospective
67 insured that methods of diagnosis and treatment of infertility are
68 excluded from coverage pursuant to said subsection. Such notice shall
69 appear, in not less than ten-point type, in the policy, application and
70 sales brochure for such policy.

71 (e) As used in this section, "religious employer" means an employer
72 that is a "qualified church-controlled organization", as defined in 26 USC
73 3121 or a church-affiliated organization.

74 (f) Except as provided in subsections (c) to (e), inclusive, of this
75 section, no individual health insurance policy providing coverage of the
76 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
77 delivered, issued for delivery, amended, renewed or continued in this
78 state on or after January 1, 2024, may make any distinction or
79 discrimination between persons on the basis of sexual orientation,
80 gender identity or expression, sex or age with respect to health
81 insurance coverage for the medically necessary expenses for the
82 diagnosis and treatment of infertility, except that such policy may
83 consider age as a factor on the basis of a determination of medical
84 necessity, using professional guidelines published by the American
85 Society for Reproductive Medicine, its successor organization or a
86 comparable organization. For purposes of this subsection, "gender
87 identity or expression" has the same meaning as provided in section 1-
88 1n.

89 Sec. 2. Section 38a-536 of the general statutes is repealed and the
90 following is substituted in lieu thereof (*Effective October 1, 2023*):

91 (a) Subject to the limitations set forth in subsection (b) of this section
92 and except as provided in subsection (c) of this section, each group
93 health insurance policy providing coverage of the type specified in
94 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
95 issued for delivery, amended, renewed or continued in this state on or
96 after January 1, 2018, shall provide coverage for the medically necessary
97 expenses of the diagnosis and treatment of infertility, including, but not
98 limited to, ovulation induction, intrauterine insemination, in-vitro
99 fertilization, uterine embryo lavage, embryo transfer, gamete intra-
100 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
101 transfer. For purposes of this section, "infertility" means the condition of
102 an individual who is unable to conceive or produce conception or
103 sustain a successful pregnancy during a one-year period or such
104 treatment is medically necessary.

105 (b) Such policy may:

106 [(1) Limit such coverage to an individual until the date of such
107 individual's fortieth birthday;]

108 [(2)] (1) Limit such coverage for ovulation induction to a lifetime
109 maximum benefit of four cycles;

110 [(3)] (2) Limit such coverage for intrauterine insemination to a
111 lifetime maximum benefit of three cycles;

112 [(4)] (3) Limit such coverage for lifetime benefits to a maximum of
113 two cycles, with not more than two embryo implantations per cycle, for
114 in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-
115 fallopian transfer or low tubal ovum transfer, provided each such
116 fertilization or transfer shall be credited toward such maximum as one
117 cycle;

118 [(5)] (4) Limit such coverage for in-vitro fertilization, gamete intra-
119 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
120 transfer to those individuals who have been unable to conceive or
121 produce conception or sustain a successful pregnancy through less
122 expensive and medically viable infertility treatment or procedures
123 covered under such policy. Nothing in this subdivision shall be
124 construed to deny the coverage required by this section to any
125 individual who foregoes a particular infertility treatment or procedure
126 if the individual's physician determines that such treatment or
127 procedure is likely to be unsuccessful; and

128 [(6)] (5) Require that covered infertility treatment or procedures be
129 performed at facilities that conform to the standards and guidelines
130 developed by the American Society of Reproductive Medicine or the
131 Society of Reproductive Endocrinology and Infertility. [;]

132 [(7) Limit coverage to individuals who have maintained coverage
133 under such policy for at least twelve months; and

134 (8) Require disclosure by the individual seeking such coverage to
135 such individual's existing health insurance carrier of any previous

136 infertility treatment or procedures for which such individual received
137 coverage under a different health insurance policy. Such disclosure shall
138 be made on a form and in the manner prescribed by the Insurance
139 Commissioner.]

140 (c) (1) Any insurance company, hospital service corporation, medical
141 service corporation or health care center may issue to a religious
142 employer a group health insurance policy that excludes coverage for
143 methods of diagnosis and treatment of infertility that are contrary to the
144 religious employer's bona fide religious tenets.

145 (2) Upon the written request of an individual who states in writing
146 that methods of diagnosis and treatment of infertility are contrary to
147 such individual's religious or moral beliefs, any insurance company,
148 hospital service corporation, medical service corporation or health care
149 center may issue to or on behalf of the individual a policy or rider
150 thereto that excludes coverage for such methods.

151 (d) Any health insurance policy issued pursuant to subsection (c) of
152 this section shall provide written notice to each insured or prospective
153 insured that methods of diagnosis and treatment of infertility are
154 excluded from coverage pursuant to said subsection. Such notice shall
155 appear, in not less than ten-point type, in the policy, application and
156 sales brochure for such policy.

157 (e) As used in this section, "religious employer" means an employer
158 that is a "qualified church-controlled organization", as defined in 26 USC
159 3121 or a church-affiliated organization.

160 (f) Except as provided in subsections (c) to (e), inclusive, of this
161 section, no group health insurance policy providing coverage of the type
162 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
163 delivered, issued for delivery, amended, renewed or continued in this
164 state on or after January 1, 2024, may make any distinction or
165 discrimination between persons on the basis of sexual orientation,
166 gender identity or expression, sex or age with respect to health
167 insurance coverage for the medically necessary expenses for the

168 diagnosis and treatment of infertility, except that such policy may
169 consider age as a factor on the basis of a determination of medical
170 necessity, using professional guidelines published by the American
171 Society for Reproductive Medicine, its successor organization or a
172 comparable organization. For purposes of this subsection, "gender
173 identity or expression" has the same meaning as provided in section 1-
174 1n."

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2023	38a-509
Sec. 2	October 1, 2023	38a-536