

HOUSE BILL 2064

By Helton-Haynes

AN ACT to amend Tennessee Code Annotated, Title 8,
Chapter 27 and Title 56, Chapter 7, relative to the
insurance coverage relating to fertility.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, is amended by adding
the following as a new part:

56-7-3801. Short title.

This part is known and may be cited as the "Tennessee Strong Families Act."

56-7-3802. Part definitions.

(1) "Commissioner" means the commissioner of commerce and insurance;

(2) "Health benefit plan" means a policy, contract, certificate, or agreement
offered or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse
the costs of healthcare services;

(3) "Health carrier":

(A) Means an entity subject to this title, or subject to the jurisdiction of the
commissioner, that contracts or offers to contract to provide, deliver, arrange for,
pay for, or reimburse the costs of healthcare services; and

(B) Includes an insurance company, a health maintenance organization,
a health service corporation, or another entity providing a plan of health
insurance, health benefits, or health services;

(4) "Iatrogenic infertility" means an impairment of fertility caused by surgery,
radiation, chemotherapy, or another medical treatment affecting reproductive organs or
processes; and

(5) "Standard fertility preservation services" means services, procedures, testing, medications, treatments, and products that are consistent with established medical practices or professional guidelines published by the American Society for Reproductive Medicine or the American Society of Clinical Oncology for a person who has a medical condition or is expected to undergo medication therapy, surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professionals to cause a risk of impairment to fertility.

56-7-3803. Fertility treatment coverage.

(a) On or after January 1, 2025, a health carrier that issues or renews a health insurance policy, health benefit plan, or contract of accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the expenses of standard fertility services for patients with iatrogenic infertility.

(b)

(1) Coverage required under subsection (a) must include standard fertility preservation services when the enrollee is diagnosed with a medical or genetic condition that may directly or indirectly cause iatrogenic infertility.

(2) As used in this subsection (b), "may directly or indirectly cause" means that the disease itself, or the necessary treatment, has a side effect of infertility as established by the American Society for Reproductive Medicine, the American College of Obstetricians and Gynecologists, or the American Society of Clinical Oncology.

(c) A health carrier may impose age restrictions in accordance with guidelines set forth by the American Society for Reproductive Medicine or the American Society of Clinical Oncology.

(d) Procedures covered by this section must:

(1) Be performed at a health facility licensed or certified in this state or another state;

(2) Conform to the guidelines of the American Society for Reproductive Medicine or the American Society of Clinical Oncology; and

(3) Be limited to nonexperimental procedures, as defined by the American Society for Reproductive Medicine or the American Society of Clinical Oncology.

56-7-3804. Applicability.

This part does not apply to employer-sponsored health plans.

SECTION 2. The headings in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 3. This act takes effect January 1, 2025, the public welfare requiring it, and applies to plans entered into, issued, amended, or renewed on or after that date.