



General Assembly

January Session, 2023

Substitute Bill No. 6617



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 section:

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

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

11 (3) "Fertility patient" means (A) an individual or a couple
12 experiencing infertility, (B) an individual or a couple who is at increased
13 risk of transmitting a serious inheritable genetic or chromosomal
14 abnormality to a child, (C) an individual unable to achieve a pregnancy
15 as an individual or with a partner because the individual or couple does
16 not have the necessary gametes to achieve a pregnancy, or (D) an
17 individual or couple for whom fertility preservation services are
18 medically necessary.

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

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

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

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

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

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

48 (b) Except as provided in subsections (e), (f) and (h) of this section,
49 each individual health insurance policy providing coverage of the type

50 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
51 the general statutes, delivered, issued for delivery, amended, renewed
52 or continued in this state on or after January 1, 2024, shall provide
53 coverage for:

54 (1) Fertility diagnostic care;

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

56 (3) Fertility preservation services.

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

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

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

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

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

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

77 (6) Impose any exclusions, limitations or other restrictions on

78 coverage of fertility medications that are different from those imposed
79 on any other prescription medications.

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

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

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

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

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

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

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

104 (4) Require that treatment or procedures that must be covered as
105 provided in this section be performed at facilities that conform to the
106 standards and guidelines developed by the American Society of

107 Reproductive Medicine or the Society for Reproductive Endocrinology
108 and Infertility.

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

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

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

129 (1) Any experimental fertility procedure; or

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

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

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

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

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

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

155 (4) "Fertility preservation services" (A) means procedures, products,
156 medications and services intended to preserve fertility, consistent with
157 established medical practice and professional guidelines published by
158 the American Society for Reproductive Medicine, its successor
159 organization or a comparable organization for an individual who has a
160 medical or genetic condition or who is expected to undergo treatment
161 that may directly or indirectly cause a risk of impairment of fertility, and
162 (B) includes, but is not limited to, the procurement and cryopreservation
163 of gametes, embryos and reproductive material, and storage from the
164 date of cryopreservation until the individual reaches the age of thirty,
165 or for a period of not less than five years, whichever is later.

166 (5) "Fertility treatment" means procedures, products, genetic testing,
167 medications and services intended to achieve pregnancy that results in

168 a live birth and that are provided in a manner consistent with
169 established medical practice and professional guidelines published by
170 the American Society for Reproductive Medicine, its successor
171 organization or a comparable organization.

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

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

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

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

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

190 (1) Fertility diagnostic care;

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

192 (3) Fertility preservation services.

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

195 (1) Impose any limitations on coverage of a fertility patient solely on

196 the basis of such patient's age.

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

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

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

209 (5) Impose any copayments, deductibles, coinsurances, benefit
210 maximums, waiting periods or other limitations on coverage that are
211 different than any maternity benefits provided by the health insurance
212 policy.

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

216 (7) Impose different limitations on coverage for, provide different
217 benefits to or impose different requirements on a fertility patient who is
218 among any of a class of persons whose rights are protected pursuant to
219 chapter 814c of the general statutes.

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

223 (d) Any clinical guidelines used by a policy subject to the
224 requirements of this section shall (1) be based on current guidelines

225 developed by the American Society for Reproductive Medicine, its
226 successor organization or a comparable organization, (2) cite with
227 specificity any data or scientific reference relied upon, (3) be maintained
228 in written form, and (4) be made available to an individual in writing
229 upon request.

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

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

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

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

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

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

256 coverage for such methods.

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

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

265 (1) Any experimental fertility procedure; or

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

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

273 Sec. 3. (NEW) (Effective January 1, 2024) The Commissioner of Social
274 Services shall amend the Medicaid state plan to provide fertility
275 treatment coverage in accordance with sections 1 and 2 of this act,
276 provided such coverage is medically necessary and permissible under
277 federal law.

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

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

Sec. 4	<i>January 1, 2024</i>	Repealer section
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Statement of Legislative Commissioners:

In Sections 1(e)(4) and 2(e)(4), "Society of Reproductive Endocrinology and Infertility" was changed to "Society for Reproductive Endocrinology and Infertility" for accuracy; and in Section 2(f) "an individual health insurance policy" was changed to "a group health insurance policy" for accuracy.

HS *Joint Favorable C/R* APP

APP *Joint Favorable Subst.-LCO*