



General Assembly

January Session, 2023

***Raised Bill No. 6617***

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

256 excludes 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	<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

***Statement of Purpose:***

To provide equitable health insurance coverage for fertility health care to privately insured individuals and individuals insured through Medicaid.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*