General Assembly

Raised Bill No. 5378

February Session, 2024

LCO No. **2254**

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF INFERTILITY.

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

Section 1. Subsection (a) of section 38a-509 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2025*):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, **[**2018**]** 2025, shall provide coverage for the medically necessary expenses for the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means (1) the condition of an individual who is unable to conceive or

produce conception or sustain a successful pregnancy during a one-year period, (2) the inability, as an individual or with a partner, to conceive or produce conception because the individual or couple does not have the necessary gametes to conceive or produce conception, or (3) such treatment is medically necessary.

Sec. 2. Subsection (a) of section 38a-536 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2025*):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, **[**2018**]** 2025, shall provide coverage for the medically necessary expenses for the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means (1) the condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period, (2) the inability, as an individual or with a partner, to conceive or produce conception because the individual or couple does not have the necessary gametes to conceive or produce conception, or (3) such treatment is medically necessary.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2025*	38a-509(a)
Sec. 2	*January 1, 2025*	38a-536(a)

Statement of Purpose:
To provide equal access to health insurance coverage for the diagnosis and treatment of infertility.

[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.]