Introduced by Representatives Till of Jericho, Anthony of Barre City, Bluemle of Burlington, Cordes of Lincoln, Morgan, L. of Milton, Mrowicki of Putney, Sullivan of Dorset, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; health insurance; Medicaid; cancer; fertility preservation

Statement of purpose of bill as introduced: This bill proposes to require health insurance plans to provide coverage of fertility preservation for insured individuals and Medicaid and Dr. Dynasaur beneficiaries diagnosed with cancer.

An act relating to coverage of fertility preservation for individuals diagnosed with cancer

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. chapter 107, subchapter 15 is added to read:

Subchapter 15. Fertility Preservation

§ 4100l. FERTILITY PRESERVATION FOR INSUREDs DIAGNOSED WITH CANCER
(a)(1) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each health insurance plan shall provide coverage for embryo, oocyte, and sperm cryopreservation procedures, in accordance with guidelines established by the American Society of Clinical Oncology and the American Society for Reproductive Medicine, for an insured who is at least 18 years of age and has been diagnosed with cancer but has not yet started cancer treatment, including chemotherapy, biotherapy, or radiation therapy treatment.

(2) The coverage required under this section shall include expenses for evaluations, laboratory assessments, medications, and treatments associated with embryo, oocyte, and sperm retrieval and cryopreservation procedures as well as costs for storage of the cryopreserved embryos, oocytes, and sperm. A health insurance plan shall cover the costs associated with the storage of an insured’s cryopreserved embryos, oocytes, and sperm for an insured who is 42 years of age or younger.

(b) A health insurance plan may do one or more of the following:

(1) limit the coverage required by subsection (a) of this section for each insured individual until the date of the individual’s 40th birthday;

(2) limit the coverage required by subsection (a) of this section for a female insured to a lifetime benefit of two procedures for either embryo cryopreservation or oocyte cryopreservation; and
(3) limit the coverage required by subsection (a) of this section for a male insured to a lifetime benefit of three sperm cryopreservation procedures.

(c)(1) A health insurer may issue an individual health insurance policy that excludes coverage for embryo, oocyte, and sperm cryopreservation procedures that are contrary to an individual’s bona fide religious tenets.

(2) Upon the written request of an individual who states in writing that methods of embryo, oocyte, and sperm cryopreservation procedures are contrary to the individual’s religious or moral beliefs, any health insurer may issue to or on behalf of the individual a policy or policy rider that excludes coverage for those methods.

(3) Any health insurance plan issued pursuant to this subsection shall provide written notice to each insured or prospective insured that coverage for embryo, oocyte, and sperm cryopreservation procedures are excluded from coverage pursuant to this subsection. The notice shall appear, in not less than 10-point type, in the policy, application, and sales brochure for such plan.

(d) As used in this section:

(1) “Health insurance plan” means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract, or any other health benefit plan offered, issued, or renewed for any person in this State by a health insurer.
The term shall not include benefit plans providing coverage for specific
diseases other than cancer or other limited benefit coverage.

(2) “Health insurer” has the same meaning as in 18 V.S.A. § 9402.

Sec. 2. 33 V.S.A. § 1901k is added to read:

§ 1901k. FERTILITY PRESERVATION FOR MEDICAID AND

DR. DYNASAUR BENEFICIARIES DIAGNOSED WITH

CANCER

(a)(1) Subject to the limitations set forth in subsection (b) of this section,
the Agency of Human Services shall provide coverage for embryo, oocyte, and
sperm cryopreservation procedures, in accordance with guidelines established
by the American Society of Clinical Oncology and the American Society for
Reproductive Medicine, for an individual enrolled in Medicaid or Dr.
Dynasaur who is at least 18 years of age and has been diagnosed with cancer
but has not yet started cancer treatment, including chemotherapy, biotherapy,
or radiation therapy treatment.

(2) The coverage required under this section shall include expenses for
evaluations, laboratory assessments, medications, and treatments associated
with embryo, oocyte, and sperm retrieval and cryopreservation procedures as
well as costs for storage of the cryopreserved embryos, oocytes, and sperm.

The Agency shall cover the costs associated with the storage of the
cryopreserved embryos, oocytes, and sperm for a Dr. Dynasaur beneficiary and
for a Medicaid beneficiary who is 42 years of age or younger.

(b) The Agency of Human Services may do one or more of the following:

(1) limit the coverage required by subsection (a) of this section until the
date of the beneficiary’s 40th birthday;

(2) limit the coverage required by subsection (a) of this section for a
female beneficiary to a lifetime benefit of two procedures for either embryo
cryopreservation or oocyte cryopreservation; and

(3) limit the coverage required by subsection (a) of this section for a
male beneficiary to a lifetime benefit of three sperm cryopreservation
procedures.

Sec. 3. AGENCY OF HUMAN SERVICES; FEDERAL APPROVAL

The Agency of Human Services shall seek approval from the federal
Centers for Medicare and Medicaid Services to provide coverage of fertility
preservation for individuals enrolled in Medicaid or Dr. Dynasaur as set forth
in Sec. 2 of this act.

Sec. 4. EFFECTIVE DATES

(a) Sec. 1 (8 V.S.A. § 4100l) shall take effect on January 1, 2022 and shall
apply to all health insurance plans issued on and after January 1, 2022 on such
date as a health insurer offers, issues, or renews the health insurance plan, but
in no event later than January 1, 2023.
(b) Sec. 2 (33 V.S.A. § 1901k) shall take effect upon approval by the Centers for Medicare and Medicaid Services of Vermont’s request to provide coverage of fertility preservation as set forth in that section.

(c) Secs. 3 (Agency of Human Services; federal approval) and this section shall take effect on passage.