

1 H.369

2 Introduced by Representative Cordes of Lincoln

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; fertility services

6 Statement of purpose of bill as introduced: This bill proposes to require health  
7 insurance plans and Vermont Medicaid to provide coverage for fertility-related  
8 services. It would also direct the Agency of Human Services to seek federal  
9 approval of an amendment to Vermont's Medicaid state plan to permit the  
10 Medicaid coverage.

11 An act relating to health insurance and Medicaid coverage for fertility-  
12 related services

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

14 Sec. 1. 8 V.S.A. § 4099e is added to read:

15 § 4099e. FERTILITY-RELATED SERVICES

16 (a) Definitions. As used in this section:

17 (1) "Experimental fertility procedure" means a procedure for which the  
18 published medical evidence is not sufficient for the American Society for  
19 Reproductive Medicine, its successor organization, or a comparable  
20 organization to regard the procedure as established medical practice.

1           (2) “Fertility diagnostic care” means procedures, products, medications,  
2           testing and services intended to provide information about an individual’s fertility,  
3           including laboratory assessments and imaging studies.

4           (3) “Fertility preservation services” means procedures, products,  
5           medications, and services intended to preserve fertility, consistent with  
6           established medical practice and professional guidelines published by the  
7           American Society for Reproductive Medicine, its successor organization, or a  
8           comparable organization, for an individual who has a medical or genetic  
9           condition or who is expected to undergo treatment that may directly or  
10           indirectly cause a risk of impairment of fertility. “Fertility preservation  
11           services” includes the procurement and cryopreservation of gametes, embryos,  
12           and reproductive material and storage from the time of cryopreservation for a  
13           period of five years. Storage may be offered for a longer period of time.

14           (4) “Health care provider” has the same meaning as in 18 V.S.A.  
15           § 9402.

16           (5) “Health insurance plan” means any individual or group health  
17           insurance policy; any hospital or medical service corporation or health  
18           maintenance organization subscriber contract; or any other health benefit plan  
19           offered, issued, or renewed for any person in this State by a health insurer.  
20           The term does not include benefit plans providing coverage for specific  
21           diseases or other limited benefit coverage.

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

2           (b) Required coverage. A health insurance plan shall provide coverage for  
3 the following fertility-related services for all insureds:

4           (1) Fertility diagnostic care.

5           (2) Intrauterine insemination treatment with donor or partner semen.

6           (3) At least three retrievals of oocytes under anesthesia for in vitro  
7 fertilization (IVF) with donor or partner semen or egg, including appropriate  
8 medications for ovarian stimulation, unlimited embryo transfers, and IVF-  
9 related laboratory procedures, ultrasounds, and hormones.

10 ~~A health insurance~~  
~~plan may, but shall not be required to, provide coverage for preimplantation~~  
11 ~~genetic testing as a component of IVF.~~

12           (4) Clinically appropriate fertility-related medications as ordered or  
13 prescribed by the insured’s treating health care providers.

14           (5) Fertility preservation services.

15           (c) Access to services; limitations on coverage.

16           (1) A health insurance plan shall not establish any rate, term, or  
17 condition that places a greater financial burden on an insured for access to  
18 fertility-related services than for access to treatment for any other health  
19 condition.

1           (2) A health insurance plan shall not impose any limitations on coverage  
2           for any fertility services based on an insured’s use of donor sperm or eggs,  
3           donor embryos, or surrogacy.

4           (3) A health insurance plan is not required to provide coverage for:

5                   (A) any experimental fertility procedure; or

6                   (B) any nonmedical costs related to donor sperm or eggs, donor  
7           embryos, or surrogacy.

8           Sec. 2. 33 V.S.A. § 19011 is added to read:

9           § 19011. COVERAGE OF FERTILITY-RELATED SERVICES

10           (a) Definitions. As used in this section:

11                   (1) “Fertility diagnostic care” and “fertility preservation services” have  
12           the same meanings as in 8 V.S.A. § 4099e.

13                   (2) “Health care provider” has the same meaning as in 18 V.S.A.  
14           § 9402.

15           (b) Coverage. The Agency of Human Services shall provide Medicaid  
16           coverage for the following fertility-related services for all Medicaid  
17           beneficiaries:

18                   (1) Fertility diagnostic care.

19                   (2) Intrauterine insemination treatment with donor or partner semen.

20                   (3) At least three retrievals of oocytes under anesthesia for in vitro  
21           fertilization (IVF) with donor or partner semen or egg, including appropriate

1 medications for ovarian stimulation, unlimited embryo transfers, and IVF-  
2 related laboratory procedures, ultrasounds, and hormones. ~~The Agency may;~~  
3 ~~but shall not be required to, provide Medicaid coverage for preimplantation~~  
4 ~~genetic testing as a component of IVF.~~

5 (4) Clinically appropriate fertility-related medications as ordered or  
6 prescribed by the beneficiary's treating health care providers.

7 (5) Fertility preservation services.

8 Sec. 3. COVERAGE FOR FERTILITY-RELATED SERVICES; MEDICAID  
9 STATE PLAN AMENDMENT

10 On or before September 1, 2023, the Agency of Human Services shall  
11 request approval from the Centers for Medicare and Medicaid Services to  
12 amend Vermont's Medicaid state plan to include coverage for fertility-related  
13 services as set forth in Sec. 2 of this act.

14 Sec. 4. EFFECTIVE DATES

15 (a) Sec. 1 (8 V.S.A. § 4099e) shall take effect on January 1, 2024 and shall  
16 apply to all health insurance plans issued on and after January 1, 2024 on such  
17 date as a health insurer offers, issues, or renews the health insurance plan, but  
18 in no event later than January 1, 2025.

19 (b) Sec. 2 (33 V.S.A. § 19011) shall take effect upon approval by the  
20 Centers for Medicare and Medicaid Services of Vermont's request to provide  
21 coverage of fertility-related services as set forth in that section.

- 1        (c) Sec. 3 (coverage for fertility-related services; Medicaid state plan  
2        amendment) and this section shall take effect on passage.