

	Medicaid		
State	Covered	Not Covered	Source/Statute
Massachusetts	Diagnosis of male or female infertility	Treatment of male or female infertility (including, but not limited to): Lab tests, drugs and procedures associated with treatment male or female infertility	MassHealth Family Planning Agency Manual
New Hampshire	Determining the cause and treatment of medical condition(s) causing infertility	All other fertility services	NH Healthy Families Member Handbook
Vermont			Proposed S.63
Maine	Infertility treatment is not covered	N/A	MaineCare Benefits Manual (see Ch. II - Sec. 30 Family Planning Agency Services)
Rhode Island	Infertility treatment is not covered	N/A	Neighborhood Health Plan of Rhode Island; Non-Covered Services list
Connecticut	Infertility treatment is not covered	N/A	Husky Health Connecticut Member Benefits
New York	Medically necessary ovulation enhancing drugs and medical services related to prescribing and monitoring the use of such drugs for individuals 21-44 years of age who are experiencing infertility	Infertility benefits include office visits, hysterosalpingograms, pelvic ultrasounds, blood testing, and ovulation enhancing drugs included in the Medicaid formulary; The ovulation enhancing drugs included in the Medicaid formulary are bromocriptine, clomiphene citrate, letrozole, and tamoxifen. FFS and MMC infertility benefits will be limited to coverage for	NY Medicaid Limited Infertility Benefit