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# MEMORANDUM

To: Senate Committee on Finance

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Date: March 14, 2023

Subject: Fertility services coverage in the Northeast states (S.63)

## Summary

There are some key similarities in coverage of fertility services among Medicaid programs and commercial insurance providers across New England and in New York. This memo highlights those similarities and notes some distinctions.

## Medicaid

If at all covered, coverage of fertility services provided under Medicaid programs in the Northeast states is very limited. Massachusetts's Medicaid program covers services to diagnose the underlying medical condition that causes infertility. New Hampshire's Medicaid program covers diagnosis and treatment of underlying conditions causing infertility. New York's Medicaid program covers medically necessary infertility drugs and only medical services related to prescribing and monitoring those infertility drugs. Rhode Island, Vermont, Maine, and Connecticut Medicaid programs do not cover infertility treatment.

## Commercial Insurance

Similarities in fertility coverage among commercial insurance providers in the Northeast states include the medically necessary diagnosis and treatment of infertility (as statutorily defined), including evaluations, lab assessments, medications, and procedures associated with achieving pregnancy, such as the procurement of donor eggs, sperm, embryos, intrauterine insemination, and IVF. Statutory definitions of infertility generally limit the coverage of diagnosis and treatment of infertility for women between the ages of 25 and 40, or 42, and require a length of time when the insured has been trying to get pregnant (typically 12 months, or 6 months if over 35 years of age). Some states place limits on IVF, such as Connecticut that specifically allows limits on coverage for ovulation induction, intrauterine insemination, embryo implantation, and IVF to a maximum

number of cycles per lifetime benefit to individuals before their 40th birthday. New York requires fertility services coverage only for its large group market, but requires fertility preservation services coverage for individual, small group, and large group markets when a medical treatment will directly or indirectly result in "iatrogenic infertility" (which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes). Experimental infertility procedures and procedures for reversal of voluntary sterilization are generally not covered. Some states include the storage and cryopreservation of embryos, either generally or only under certain circumstances, and not all states cover surrogacy. States generally permit the application of cost-sharing requirements (deductibles, copays, coinsurance, etc.) for covered services.

* Statutory definitions of "infertility" vary across these states and can affect eligibility for coverage. Please refer to the chart and links to relevant source material.

## Conclusion

Fertility coverage is highly technical with minor and major variations across the Northeast states. Medically necessary fertility services for individuals due to iatrogenic infertility as well as the diagnosis and treatment of the underlying medical cause of infertility are the most widely covered services. Coverage of fertility preservation services, when covered, may be limited to certain circumstances or a length of time. Surrogacy is sometimes covered, and experimental procedures and reversal of voluntary sterilization are generally not covered.