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H.302

Introduced by Representatives Bartley of Fairfax, Boyden of Cambridge,
Coffin of Cavendish, Cooper of Pownal, Dodge of Essex,
Hooper of Burlington, Logan of Burlington, McCann of
Montpelier, Micklus of Milton, Mrowicki of Putney, Nugent of
South Burlington, and Priestley of Bradford

Referred to Committee on

Date:

Subject: Health; health insurance; Medicaid; fertility-related services

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

An act relating to health insurance and Medicaid coverage for fertility care

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

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

§ 4099f. FERTILITY-RELATED SERVICES

(a) Definitions. As used in this section:

1 (1) “Experimental fertility procedure” means a procedure for which the
2 published medical evidence is not sufficient for the American Society for
3 Reproductive Medicine, its successor organization, or a comparable
4 organization to regard the procedure as established medical practice.

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

8 (3) “Fertility preservation services” means procedures, products,
9 medications, and services intended to preserve fertility, consistent with
10 established medical practice and professional guidelines published by the
11 American Society for Reproductive Medicine, its successor organization, or a
12 comparable organization, for an individual who has a medical or genetic
13 condition or who is expected to undergo treatment that may directly or
14 indirectly cause a risk of impairment of fertility. “Fertility preservation
15 services” includes the procurement and cryopreservation of gametes, embryos,
16 and reproductive material and storage from the date of cryopreservation until
17 the individual reaches 30 years of age or for a period of five years, whichever
18 is longer. Coverage for storage may be offered for a longer period of time.

19 (4) “Fertility treatment” means procedures, products, medications, and
20 services intended to achieve a pregnancy that results in a live birth and that are
21 provided in a manner consistent with established medical practice and

1 professional guidelines published by the American Society for Reproductive
2 Medicine, its successor organization, or a comparable organization.

3 (5) “Gamete” means a sperm or egg.

4 (6) “Health care provider” has the same meaning as in 18 V.S.A.
5 § 9402.

6 (7) “Health insurance plan” means any individual or group health
7 insurance policy; any hospital or medical service corporation or health
8 maintenance organization subscriber contract; or any other health benefit plan
9 offered, issued, or renewed for any person in this State by a health insurer.
10 The term does not include benefit plans providing coverage for specific
11 diseases or other limited benefit coverage.

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

13 (9) “Infertility” means any and all of the following:

14 (A) the presence of a condition recognized by a health care provider
15 as a cause of loss or impairment of fertility, based on an individual’s medical,
16 sexual, and reproductive history; age; physical findings; diagnostic testing; or a
17 combination of these;

18 (B) an individual’s inability to achieve a pregnancy after unprotected
19 sexual intercourse over a period of not more than 12 months for an intended
20 gestational parent under 35 years of age and a period of not more than six
21 months for an intended gestational parent who is 35 years of age or older;

1 pregnancy resulting in miscarriage or stillbirth does not restart the 12-month or
2 six-month time period to qualify as having infertility if the individual and the
3 individual's partner have the necessary gametes to achieve pregnancy;

4 (C) an individual's inability to achieve a pregnancy as an individual
5 or with a partner because the individual or the individual and the individual's
6 partner do not have the necessary gametes to achieve a pregnancy; or

7 (D) an individual's increased risk, independently or with the
8 individual's partner, of transmitting a serious, inheritable genetic or
9 chromosomal abnormality to a child.

10 (b) Required coverage. A health insurance plan shall provide coverage for
11 the following fertility-related services:

12 (1) Fertility diagnostic care for all covered individuals.

13 (2) Fertility treatment for covered individuals with infertility, including
14 intrauterine insemination treatment with donor or partner semen, at least four
15 retrievals of oocytes under anesthesia for in vitro fertilization (IVF) with donor
16 or partner semen or egg, unlimited embryo transfers, laboratory procedures,
17 and ultrasounds. A health insurance plan may, but shall not be required to,
18 provide coverage for preimplantation genetic testing as a component of IVF.

19 (3) Fertility preservation services for all covered individuals.

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

1 (1) A health insurance plan shall not establish any rate, term, or
2 condition that places a greater financial burden on a covered individual for
3 access to fertility-related services than for access to treatment for any other
4 health condition.

5 (2) A health insurance plan shall not impose any limitations on coverage
6 for any fertility services based on a covered individual’s use of donor sperm or
7 eggs, donor embryos, or surrogacy.

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

9 (A) any experimental fertility procedure; or

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

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

13 § 1901n. COVERAGE OF FERTILITY-RELATED SERVICES

14 (a) As used in this section:

15 (1) “Fertility diagnostic care,” “fertility preservation services,” and
16 “fertility treatment” have the same meanings as in 8 V.S.A. § 4099f.

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

19 (b) The Agency of Human Services shall provide Medicaid coverage for
20 the following fertility-related services:

21 (1) Fertility diagnostic care for all Medicaid beneficiaries.

1 (2) Fertility treatment for Medicaid beneficiaries with infertility,
2 including intrauterine insemination treatment with donor or partner semen, at
3 least four retrievals of oocytes under anesthesia for in vitro fertilization (IVF)
4 with donor or partner semen or egg, unlimited embryo transfers, laboratory
5 procedures, and ultrasounds. Vermont Medicaid may, but shall not be required
6 to, provide coverage for preimplantation genetic testing as a component of
7 IVF.

8 (3) Fertility preservation services for all Medicaid beneficiaries.

9 Sec. 3. COVERAGE FOR FERTILITY-RELATED SERVICES; MEDICAID

10 STATE PLAN AMENDMENT

11 On or before September 1, 2025, the Agency of Human Services shall
12 request approval from the Centers for Medicare and Medicaid Services to
13 amend Vermont's Medicaid state plan to include coverage for fertility-related
14 services as set forth in Sec. 2 of this act.

15 Sec. 4. EFFECTIVE DATES

16 (a) Sec. 1 (8 V.S.A. § 4099f) shall take effect on January 1, 2026 and shall
17 apply to all health insurance plans issued on and after January 1, 2026 on such
18 date as a health insurer offers, issues, or renews the health insurance plan, but
19 in no event later than January 1, 2027.

1 (b) Sec. 2 (33 V.S.A. § 1901n) shall take effect upon approval by the
2 Centers for Medicare and Medicaid Services of Vermont's request to provide
3 coverage of fertility-related services as set forth in that section.

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