

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Mack, Valverde, Urso, Murray, Lauria, Ujifusa, Kallman, Euer,
DiMario, and Bissaillon

Date Introduced: March 07, 2025

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-30 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-30. Health insurance contracts — Infertility.

(a) Any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility ~~for women between the ages of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation services ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person. To the extent that a health insurance contract provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, the tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty five (25) and forty two (42) years; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.~~

(b) For purposes of this section, "infertility" means: ~~the condition of an otherwise presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of one year.~~

(1) The presence of a condition recognized by a healthcare provider as a cause of loss or

impairment of fertility, based on an individual's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors;

(2) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth after twelve (12) months of unprotected sexual intercourse when the individual and the individual's partner have the necessary gametes to achieve pregnancy;

(3) An individual's inability to establish pregnancy after six (6) months of unprotected sexual intercourse due to the individual's age when the individual and the individual's partner have the necessary gametes to achieve pregnancy;

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

(5) An individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; and

(6) Infertility as defined by the American Society of Reproductive Medicine, its successor organization, or a comparable organization.

(c) For purposes of this section, "standard fertility-preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other reputable professional medical organizations, its successor organization, or a comparable organization, for an individual who has a medical or genetic condition or who is expected to undergo treatment that has a possible side effect of or may directly or indirectly cause a risk of impairment of fertility and includes, but is not limited to, the procurement, cryopreservation, and storage of gametes, embryos, and reproductive material.

(d) For purposes of this section, pregnancy resulting in a loss does not cause the time period of trying to achieve a pregnancy to be restarted.

(e) Coverage for the treatment of infertility under this section shall be provided without discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.

(f) Coverage for the treatment of infertility under this section shall:

(1) Include at least four (4) complete oocyte retrievals with unlimited embryo transfers from those oocyte retrievals or from any oocyte retrieval;

(2) Include the medical costs related to an embryo transfer to be made from or on behalf of an insured to a third party; and

1 (3) Be provided regardless of whether donor gametes or embryos are used or if an embryo
2 will be transferred to a surrogate.

3 ~~(d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by~~
4 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
5 ~~processes.~~

6 ~~(e) For purposes of this section, “may directly or indirectly cause” means treatment with a~~
7 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
8 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

9 ~~(f)~~(g) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
10 this section shall apply to blanket or group policies of insurance.

11 ~~(g) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
12 ~~thousand dollars (\$100,000).~~

13 (h) An insurer described in subsection (a) of this section shall not impose any of the
14 following:

15 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
16 other limitations on coverage for the diagnosis and treatment of infertility, including the
17 prescription of fertility medications, different from those imposed on benefits for services not
18 related to infertility.

19 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
20 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
21 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
22 required benefits.

23 (3) Limitations on coverage based solely on arbitrary factors, including number of
24 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
25 upon a class protected under § 23-17-19.1 than other insureds.

26 (4) Limitations on coverage required under this section based on an individual's use of
27 donor gametes, donor embryos or surrogacy.

28 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
29 are different from those imposed on any other prescription medications.

30 (6) Limitations under the policy based on anything other than the medical assessment of
31 an individual's licensed healthcare provider.

32 (i) An insurer described in subsection (a) of this section shall provide coverage under this
33 section regardless of whether the insured foregoes a particular fertility treatment or procedure if the
34 insured's healthcare provider determines that the treatment or procedure is likely to be unsuccessful

1 or the insured seeks to use previously retrieved oocytes or embryos.

2 (j) This section shall not interfere with the clinical judgment of a healthcare provider. Any
3 clinical guidelines used for a policy subject to the requirements of this section shall be based on
4 current guidelines developed by the American Society for Reproductive Medicine, its successor
5 organization, or a comparable organization such as the American Society of Clinical Oncology or
6 the American College of Obstetrics and Gynecology.

7 SECTION 2. Section 27-19-23 of the General Laws in Chapter 27-19 entitled "Nonprofit
8 Hospital Service Corporations" is hereby amended to read as follows:

9 **27-19-23. Coverage for infertility.**

10 (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for
11 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
12 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
13 for medically necessary expenses of diagnosis and treatment of infertility ~~for women between the~~
14 ~~ages of twenty five (25) and forty two (42) years~~ and for standard fertility-preservation services
15 ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility~~
16 ~~to a covered person. To the extent that a nonprofit hospital service corporation provides~~
17 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
18 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
19 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty five~~
20 ~~(25) and forty two (42) years; provided, that a subscriber copayment, not to exceed twenty percent~~
21 ~~(20%), may be required for those programs and/or procedures the sole purpose of which is the~~
22 ~~treatment of infertility.~~

23 (b) For purposes of this section, "infertility" means: ~~the condition of an otherwise~~
24 ~~presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of~~
25 ~~one year.~~

26 (1) The presence of a condition recognized by a healthcare provider as a cause of loss or
27 impairment of fertility, based on an individual's medical, sexual, and reproductive history, age,
28 physical findings, diagnostic testing, or any combination of those factors;

29 (2) An individual's inability to establish a pregnancy or to carry a pregnancy to live birth
30 after twelve (12) months of unprotected sexual intercourse when the individual and the individual's
31 partner have the necessary gametes to achieve pregnancy;

32 (3) An individual's inability to establish pregnancy after six (6) months of unprotected
33 sexual intercourse due to the individual's age when the individual and the individual's partner have
34 the necessary gametes to achieve pregnancy;

1 (4) An individual's inability to achieve pregnancy as an individual or with a partner
2 because the individual or the individual and the individual's partner do not have the necessary
3 gametes to achieve a pregnancy;

4 (5) An individual's increased risk, independently or with the individual's partner, of
5 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; and

6 (6) Infertility as defined by the American Society of Reproductive Medicine, its successor
7 organization, or a comparable organization.

8 (c) For purposes of this section, "standard fertility-preservation services" means
9 procedures consistent with established medical practices and professional guidelines published by
10 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
11 other reputable professional medical organizations, its successor organization, or a comparable
12 organization, for an individual who has a medical or genetic condition or who is expected to
13 undergo treatment that has a possible side effect of or may directly or indirectly cause a risk of
14 impairment of fertility and includes, but is not limited to, the procurement, cryopreservation, and
15 storage of gametes, embryos, and reproductive material.

16 (d) For purposes of this section, pregnancy resulting in a loss does not cause the time period
17 of trying to achieve a pregnancy to be restarted.

18 (e) Coverage for the treatment of infertility under this section shall be provided without
19 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
20 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
21 or sexual orientation.

22 (f) Coverage for the treatment of infertility under this section shall:

23 (1) Include at least four (4) complete oocyte retrievals with unlimited embryo transfers
24 from those oocyte retrievals or from any oocyte retrieval;

25 (2) Include the medical costs related to an embryo transfer to be made from or on behalf of
26 an insured to a third party; and

27 (3) Be provided regardless of whether donor gametes or embryos are used or if an embryo
28 will be transferred to a surrogate.

29 ~~(d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by~~
30 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
31 ~~processes.~~

32 ~~(e) For purposes of this section, "may directly or indirectly cause" means treatment with a~~
33 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
34 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

1 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
2 ~~thousand dollars (\$100,000).~~

3 (g) An insurer described in subsection (a) of this section shall not impose any of the
4 following:

5 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
6 other limitations on coverage for the diagnosis and treatment of infertility, including the
7 prescription of fertility medications, different from those imposed on benefits for services not
8 related to infertility.

9 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
10 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
11 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
12 required benefits.

13 (3) Limitations on coverage based solely on arbitrary factors, including number of
14 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
15 upon a class protected under § 23-17-19.1 than other insureds.

16 (4) Limitations on coverage required under this section based on an individual's use of
17 donor gametes, donor embryos or surrogacy.

18 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
19 are different from those imposed on any other prescription medications.

20 (6) Limitations under the policy based on anything other than the medical assessment of
21 an individual's licensed healthcare provider.

22 (h) An insurer described in subsection (a) of this section shall provide coverage under this
23 section regardless of whether the insured foregoes a particular fertility treatment or procedure if the
24 insured's healthcare provider determines that the treatment or procedure is likely to be unsuccessful
25 or the insured seeks to use previously retrieved oocytes or embryos.

26 (i) This section shall not interfere with the clinical judgment of a healthcare provider. Any
27 clinical guidelines used for a policy subject to the requirements of this section shall be based on
28 current guidelines developed by the American Society for Reproductive Medicine, its successor
29 organization, or a comparable organization such as the American Society of Clinical Oncology or
30 the American College of Obstetrics and Gynecology.

31 SECTION 3. Section 27-20-20 of the General Laws in Chapter 27-20 entitled "Nonprofit
32 Medical Service Corporations" is hereby amended to read as follows:

33 **27-20-20. Coverage for infertility.**

34 (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for

1 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
2 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
3 for the medically necessary expenses of diagnosis and treatment of infertility ~~for women between~~
4 ~~the ages of twenty-five (25) and forty-two (42) years~~ and for standard fertility-preservation services
5 ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility~~
6 ~~to a covered person. To the extent that a nonprofit medical service corporation provides~~
7 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
8 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
9 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five~~
10 ~~(25) and forty-two (42) years; provided, that subscriber copayment, not to exceed twenty percent~~
11 ~~(20%), may be required for those programs and/or procedures the sole purpose of which is the~~
12 ~~treatment of infertility.~~

13 (b) For purposes of this section, “infertility” means: ~~the condition of an otherwise~~
14 ~~presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of~~
15 ~~one year.~~

16 (1) The presence of a condition recognized by a healthcare provider as a cause of loss or
17 impairment of fertility, based on an individual’s medical, sexual, and reproductive history, age,
18 physical findings, diagnostic testing, or any combination of those factors;

19 (2) An individual’s inability to establish a pregnancy or to carry a pregnancy to live birth
20 after twelve (12) months of unprotected sexual intercourse when the individual and the individual’s
21 partner have the necessary gametes to achieve pregnancy;

22 (3) An individual’s inability to establish pregnancy after six (6) months of unprotected
23 sexual intercourse due to the individual’s age when the individual and the individual’s partner have
24 the necessary gametes to achieve pregnancy;

25 (4) An individual’s inability to achieve pregnancy as an individual or with a partner
26 because the individual or the individual and the individual’s partner do not have the necessary
27 gametes to achieve a pregnancy;

28 (5) An individual’s increased risk, independently or with the individual’s partner, of
29 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; and

30 (6) Infertility as defined by the American Society of Reproductive Medicine, its successor
31 organization, or a comparable organization.

32 (c) For purposes of this section, “standard fertility-preservation services” means
33 procedures consistent with established medical practices and professional guidelines published by
34 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or

1 other reputable professional medical organizations, its successor organization, or a comparable
2 organization, for an individual who has a medical or genetic condition or who is expected to
3 undergo treatment that has a possible side effect of or may directly or indirectly cause a risk of
4 impairment of fertility and includes, but is not limited to, the procurement, cryopreservation, and
5 storage of gametes, embryos, and reproductive material.

6 (d) For purposes of this section, pregnancy resulting in a loss does not cause the time period
7 of trying to achieve a pregnancy to be restarted.

8 (e) Coverage for the treatment of infertility under this section shall be provided without
9 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
10 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
11 or sexual orientation.

12 (f) Coverage for the treatment of infertility under this section shall:

13 (1) Include at least four (4) complete oocyte retrievals with unlimited embryo transfers
14 from those oocyte retrievals or from any oocyte retrieval;

15 (2) Include the medical costs related to an embryo transfer to be made from or on behalf of
16 an insured to a third party; and

17 (3) Be provided regardless of whether donor gametes or embryos are used or if an embryo
18 will be transferred to a surrogate.

19 ~~(d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by~~
20 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
21 ~~processes.~~

22 ~~(e) For purposes of this section, “may directly or indirectly cause” means treatment with a~~
23 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
24 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

25 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
26 ~~thousand dollars (\$100,000).~~

27 (g) An insurer described in subsection (a) of this section shall not impose any of the
28 following:

29 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
30 other limitations on coverage for the diagnosis and treatment of infertility, including the
31 prescription of fertility medications, different from those imposed on benefits for services not
32 related to infertility.

33 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
34 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of

1 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
2 required benefits.

3 (3) Limitations on coverage based solely on arbitrary factors, including number of
4 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
5 upon a class protected under § 23-17-19.1 than other insureds.

6 (4) Limitations on coverage required under this section based on an individual's use of
7 donor gametes, donor embryos or surrogacy.

8 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
9 are different from those imposed on any other prescription medications.

10 (6) Limitations under the policy based on anything other than the medical assessment of
11 an individual's licensed healthcare provider.

12 (h) An insurer described in subsection (a) of this section shall provide coverage under this
13 section regardless of whether the insured foregoes a particular fertility treatment or procedure if the
14 insured's healthcare provider determines that the treatment or procedure is likely to be unsuccessful
15 or the insured seeks to use previously retrieved oocytes or embryos.

16 (i) This section shall not interfere with the clinical judgment of a healthcare provider. Any
17 clinical guidelines used for a policy subject to the requirements of this section shall be based on
18 current guidelines developed by the American Society for Reproductive Medicine, its successor
19 organization, or a comparable organization such as the American Society of Clinical Oncology or
20 the American College of Obstetrics and Gynecology.

21 SECTION 4. Section 27-41-33 of the General Laws in Chapter 27-41 entitled "Health
22 Maintenance Organizations" is hereby amended to read as follows:

23 **27-41-33. Coverage for infertility.**

24 (a) Any health maintenance organization service contract plan or policy delivered, issued
25 for delivery, or renewed in this state, except a contract providing supplemental coverage to
26 Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide
27 coverage for medically necessary expenses of diagnosis and treatment of infertility ~~for women~~
28 ~~between the ages of twenty-five (25) and forty-two (42) years~~ and for standard fertility-preservation
29 services ~~when a medically necessary medical treatment may directly or indirectly cause iatrogenic~~
30 ~~infertility to a covered person. To the extent that a health maintenance organization provides~~
31 ~~reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than~~
32 ~~infertility, those tests and procedures shall not be excluded from reimbursement when provided~~
33 ~~attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five~~
34 ~~(25) and forty-two (42) years; provided, that subscriber copayment, not to exceed twenty percent~~

1 ~~(20%); may be required for those programs and/or procedures the sole purpose of which is the~~
2 ~~treatment of infertility.~~

3 (b) For purposes of this section, “infertility” means: ~~the condition of an otherwise healthy~~
4 ~~individual who is unable to conceive or sustain a pregnancy during a period of one year.~~

5 (1) The presence of a condition recognized by a healthcare provider as a cause of loss or
6 impairment of fertility, based on an individual’s medical, sexual, and reproductive history, age,
7 physical findings, diagnostic testing, or any combination of those factors;

8 (2) An individual’s inability to establish a pregnancy or to carry a pregnancy to live birth
9 after twelve (12) months of unprotected sexual intercourse when the individual and the individual’s
10 partner have the necessary gametes to achieve pregnancy;

11 (3) An individual’s inability to establish pregnancy after six (6) months of unprotected
12 sexual intercourse due to the individual’s age when the individual and the individual’s partner have
13 the necessary gametes to achieve pregnancy;

14 (4) An individual’s inability to achieve pregnancy as an individual or with a partner
15 because the individual or the individual and the individual’s partner do not have the necessary
16 gametes to achieve a pregnancy;

17 (5) An individual’s increased risk, independently or with the individual’s partner, of
18 transmitting a serious, inheritable genetic or chromosomal abnormality to a child; and

19 (6) Infertility as defined by the American Society of Reproductive Medicine, its successor
20 organization, or a comparable organization.

21 (c) For purposes of this section, “standard fertility-preservation services” means
22 procedures consistent with established medical practices and professional guidelines published by
23 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
24 other reputable professional medical organizations, its successor organization, or a comparable
25 organization, for an individual who has a medical or genetic condition or who is expected to
26 undergo treatment that has a possible side effect of or may directly or indirectly cause a risk of
27 impairment of fertility and includes, but is not limited to, the procurement, cryopreservation, and
28 storage of gametes, embryos, and reproductive material.

29 (d) For purposes of this section, pregnancy resulting in a loss does not cause the time period
30 of trying to achieve a pregnancy to be restarted.

31 (e) Coverage for the treatment of infertility under this section shall be provided without
32 discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender
33 expression, gender identity, genetic information, marital status, national origin, race, religion, sex,
34 or sexual orientation.

1 (f) Coverage for the treatment of infertility under this section shall:

2 (1) Include at least four (4) complete oocyte retrievals with unlimited embryo transfers
3 from those oocyte retrievals or from any oocyte retrieval;

4 (2) Include the medical costs related to an embryo transfer to be made from or on behalf of
5 an insured to a third party; and

6 (3) Be provided regardless of whether donor gametes or embryos are used or if an embryo
7 will be transferred to a surrogate.

8 ~~(d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by~~
9 ~~surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or~~
10 ~~processes.~~

11 ~~(e) For purposes of this section, “may directly or indirectly cause” means treatment with a~~
12 ~~likely side effect of infertility as established by the American Society for Reproductive Medicine,~~
13 ~~the American Society of Clinical Oncology, or other reputable professional organizations.~~

14 ~~(f) The health insurance contract may limit coverage to a lifetime cap of one hundred~~
15 ~~thousand dollars (\$100,000).~~

16 (g) An insurer described in subsection (a) of this section shall not impose any of the
17 following:

18 (1) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or any
19 other limitations on coverage for the diagnosis and treatment of infertility, including the
20 prescription of fertility medications, different from those imposed on benefits for services not
21 related to infertility.

22 (2) Pre-existing condition exclusions or pre-existing condition waiting periods on coverage
23 for the diagnosis and treatment of infertility nor use any prior diagnosis of or prior treatment of
24 infertility as a basis for excluding, limiting, or otherwise restricting the availability of coverage for
25 required benefits.

26 (3) Limitations on coverage based solely on arbitrary factors, including number of
27 attempts, dollar amounts, or age, or provide different benefits to, or impose different requirements
28 upon a class protected under § 23-17-19.1 than other insureds.

29 (4) Limitations on coverage required under this section based on an individual's use of
30 donor gametes, donor embryos or surrogacy.

31 (5) Exclusions, limitations, or other restrictions on coverage of fertility medications that
32 are different from those imposed on any other prescription medications.

33 (6) Limitations under the policy based on anything other than the medical assessment of
34 an individual's licensed healthcare provider.

1 (h) An insurer described in subsection (a) of this section shall provide coverage under this
2 section regardless of whether the insured foregoes a particular fertility treatment or procedure if the
3 insured’s healthcare provider determines that the treatment or procedure is likely to be unsuccessful
4 or the insured seeks to use previously retrieved oocytes or embryos.

5 (i) This section shall not interfere with the clinical judgment of a healthcare provider. Any
6 clinical guidelines used for a policy subject to the requirements of this section shall be based on
7 current guidelines developed by the American Society for Reproductive Medicine, its successor
8 organization, or a comparable organization such as the American Society of Clinical Oncology or
9 the American College of Obstetrics and Gynecology.

10 SECTION 5. This act shall apply to health plans that are entered into, amended, extended,
11 or renewed on or after January 1, 2026.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require individual and group health insurance policies that provide
2 pregnancy-related benefits to cover medically necessary expenses for diagnosis and treatment of
3 infertility and standard fertility-preservation services regardless of the insured's age. This act would
4 also change the definitions of infertility and standard fertility-preservation services as they
5 currently exist in chapters 27-18, 27-19, 27-20 and 27-41. The act would further remove the one
6 hundred thousand dollar (\$100,000) lifetime cap on coverage for these services.

7 This act would apply to health plans that are entered into, amended, extended, or renewed
8 on or after January 1, 2026.

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