

SENATE BILL 271

C3

(8lr2096)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senators Mathias, Benson, Feldman, Guzzone, Klausmeier, Middleton, Peters, ~~and Rosapepe~~ Rosapepe, Astle, Hershey, Jennings, Oaks, and Reilly**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Coverage of Fertility Preservation Procedures for**
3 **Iatrogenic Infertility**

4 FOR the purpose of requiring, *except under certain circumstances*, certain insurers,
5 nonprofit health service plans, and health maintenance organizations that provide
6 certain benefits under certain insurance policies or contracts to provide coverage for
7 certain fertility preservation procedures; providing for the application of this Act;
8 defining certain terms; providing for a delayed effective date; and generally relating
9 to health insurance coverage for fertility preservation procedures.

10 BY adding to
11 Article – Insurance
12 Section 15–810.1

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 Annotated Code of Maryland
2 (2017 Replacement Volume)

3 BY repealing and reenacting, without amendments,
4 Article – Insurance
5 Section 31–116(a)
6 Annotated Code of Maryland
7 (2017 Replacement Volume)

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
9 That the Laws of Maryland read as follows:

10 **Article – Insurance**

11 **15–810.1.**

12 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
13 INDICATED.

14 (2) “IATROGENIC INFERTILITY” MEANS AN IMPAIRMENT OF
15 FERTILITY CAUSED DIRECTLY OR INDIRECTLY BY SURGERY, CHEMOTHERAPY,
16 RADIATION, OR OTHER MEDICAL TREATMENT AFFECTING THE REPRODUCTIVE
17 ORGANS OR PROCESSES.

18 (3) “MEDICAL TREATMENT THAT MAY DIRECTLY OR INDIRECTLY
19 CAUSE IATROGENIC INFERTILITY” MEANS MEDICAL TREATMENT WITH A LIKELY
20 SIDE EFFECT OF INFERTILITY AS ESTABLISHED BY THE AMERICAN SOCIETY FOR
21 REPRODUCTIVE MEDICINE, THE AMERICAN COLLEGE OF OBSTETRICIANS AND
22 GYNECOLOGISTS, OR THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

23 (4) (I) “STANDARD FERTILITY PRESERVATION PROCEDURES”
24 MEANS PROCEDURES TO PRESERVE FERTILITY THAT ARE CONSISTENT WITH
25 ESTABLISHED MEDICAL PRACTICES AND PROFESSIONAL GUIDELINES PUBLISHED
26 BY THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE, THE AMERICAN
27 COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, OR THE AMERICAN SOCIETY
28 OF CLINICAL ONCOLOGY.

29 (II) “STANDARD FERTILITY PRESERVATION PROCEDURES”
30 INCLUDES SPERM AND OOCYTE CRYOPRESERVATION AND EVALUATIONS,
31 LABORATORY ASSESSMENTS, MEDICATIONS, AND TREATMENTS ASSOCIATED WITH
32 SPERM AND OOCYTE CRYOPRESERVATION.

33 (III) “STANDARD FERTILITY PRESERVATION PROCEDURES”
34 DOES NOT INCLUDE THE STORAGE OF SPERM OR OOCYTES.

1 (B) THIS SECTION APPLIES TO:

2 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
3 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
4 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE
5 ISSUED OR DELIVERED IN THE STATE; AND

6 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
7 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
8 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

9 (C) ~~AN~~ EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, AN
10 ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR STANDARD
11 FERTILITY PRESERVATION PROCEDURES:

12 (1) PERFORMED ON A POLICYHOLDER OR SUBSCRIBER OR ON THE
13 COVERED DEPENDENT ~~SPOUSE~~ OF A POLICYHOLDER OR SUBSCRIBER; AND

14 (2) THAT ARE MEDICALLY NECESSARY TO PRESERVE FERTILITY FOR
15 A POLICYHOLDER OR SUBSCRIBER OR FOR THE COVERED DEPENDENT ~~SPOUSE~~ OF A
16 POLICYHOLDER OR SUBSCRIBER DUE TO A NEED FOR MEDICAL TREATMENT THAT
17 MAY DIRECTLY OR INDIRECTLY CAUSE IATROGENIC INFERTILITY.

18 (D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT BE REQUIRED TO
19 PROVIDE COVERAGE UNDER SUBSECTION (C) OF THIS SECTION TO A RELIGIOUS
20 ORGANIZATION THAT REQUESTS AND RECEIVES AN EXCLUSION FROM IN VITRO
21 FERTILIZATION COVERAGE UNDER § 15-810(I) OF THIS SUBTITLE.

22 31-116.

23 (a) The essential health benefits required under § 1302(a) of the Affordable Care
24 Act:

25 (1) shall be the benefits in the State benchmark plan, selected in accordance
26 with this section; and

27 (2) notwithstanding any other benefits mandated by State law, shall be the
28 benefits required in:

29 (i) subject to subsection (f) of this section, all individual health
30 benefit plans and health benefit plans offered to small employers, except for grandfathered
31 health plans, as defined in the Affordable Care Act, offered outside the Exchange; and

32 (ii) subject to § 31-115(c) of this title, all qualified health plans
33 offered in the Exchange.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
2 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
3 after January 1, 2019.

4 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 January 1, 2019.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.