

HOUSE BILL 908

C3
HB 876/17 – HGO

8lr1045
CF SB 271

By: **Delegates Pena–Melnik, McCray, Angel, B. Barnes, Barron, Bromwell, Clippinger, Frick, Hayes, Hill, Kelly, Korman, J. Lewis, McIntosh, Morales, Platt, Rosenberg, Sample–Hughes, Sanchez, K. Young, ~~and P. Young~~ P. Young, Pendergrass, Cullison, Kipke, Metzgar, Miele, Morgan, Saab, and West**

Introduced and read first time: February 5, 2018
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 10, 2018

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
13 Annotated Code of Maryland
14 (2017 Replacement Volume)

15 BY repealing and reenacting, without amendments,
16 Article – Insurance
17 Section 31–116(a)
18 Annotated Code of Maryland
19 (2017 Replacement Volume)

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.



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

3 **Article – Insurance**

4 **15–810.1.**

5 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
6 INDICATED.

7 (2) “IATROGENIC INFERTILITY” MEANS AN IMPAIRMENT OF
8 FERTILITY CAUSED DIRECTLY OR INDIRECTLY BY SURGERY, CHEMOTHERAPY,
9 RADIATION, OR OTHER MEDICAL TREATMENT AFFECTING THE REPRODUCTIVE
10 ORGANS OR PROCESSES.

11 (3) “MEDICAL TREATMENT THAT MAY DIRECTLY OR INDIRECTLY
12 CAUSE IATROGENIC INFERTILITY” MEANS MEDICAL TREATMENT WITH A LIKELY
13 SIDE EFFECT OF INFERTILITY AS ESTABLISHED BY THE AMERICAN SOCIETY FOR
14 REPRODUCTIVE MEDICINE, THE AMERICAN COLLEGE OF OBSTETRICIANS AND
15 GYNECOLOGISTS, OR THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

16 (4) (I) “STANDARD FERTILITY PRESERVATION PROCEDURES”
17 MEANS PROCEDURES TO PRESERVE FERTILITY THAT ARE CONSISTENT WITH
18 ESTABLISHED MEDICAL PRACTICES AND PROFESSIONAL GUIDELINES PUBLISHED
19 BY THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE, THE AMERICAN
20 COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, OR THE AMERICAN SOCIETY
21 OF CLINICAL ONCOLOGY.

22 (II) “STANDARD FERTILITY PRESERVATION PROCEDURES”
23 INCLUDES SPERM AND OOCYTE CRYOPRESERVATION AND EVALUATIONS,
24 LABORATORY ASSESSMENTS, MEDICATIONS, AND TREATMENTS ASSOCIATED WITH
25 SPERM AND OOCYTE CRYOPRESERVATION.

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

28 (B) THIS SECTION APPLIES TO:

29 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
30 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
31 ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE
32 ISSUED OR DELIVERED IN THE STATE; AND

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

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

7 (1) PERFORMED ON A POLICYHOLDER OR SUBSCRIBER OR ON THE
8 COVERED DEPENDENT SPOUSE OF A POLICYHOLDER OR SUBSCRIBER; AND

9 (2) THAT ARE MEDICALLY NECESSARY TO PRESERVE FERTILITY FOR
10 A POLICYHOLDER OR SUBSCRIBER OR FOR THE COVERED DEPENDENT SPOUSE OF A
11 POLICYHOLDER OR SUBSCRIBER DUE TO A NEED FOR MEDICAL TREATMENT THAT
12 MAY DIRECTLY OR INDIRECTLY CAUSE IATROGENIC INFERTILITY.

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

17 31-116.

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

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

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

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

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

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

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