

Chapter 715

(House Bill 908)

AN ACT concerning

Health Insurance – Coverage of Fertility Preservation Procedures for Iatrogenic Infertility

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

BY adding to

Article – Insurance
Section 15–810.1
Annotated Code of Maryland
(2017 Replacement Volume)

BY repealing and reenacting, without amendments,

Article – Insurance
Section 31–116(a)
Annotated Code of Maryland
(2017 Replacement Volume)

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

Article – Insurance

15–810.1.

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

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

(3) “MEDICAL TREATMENT THAT MAY DIRECTLY OR INDIRECTLY CAUSE IATROGENIC INFERTILITY” MEANS MEDICAL TREATMENT WITH A LIKELY SIDE EFFECT OF INFERTILITY AS ESTABLISHED BY THE AMERICAN SOCIETY FOR

REPRODUCTIVE MEDICINE, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, OR THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

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

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

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

(B) THIS SECTION APPLIES TO:

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

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

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

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

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

(D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT BE REQUIRED TO PROVIDE COVERAGE UNDER SUBSECTION (C) OF THIS SECTION TO A RELIGIOUS

ORGANIZATION THAT REQUESTS AND RECEIVES AN EXCLUSION FROM IN VITRO FERTILIZATION COVERAGE UNDER § 15-810(I) OF THIS SUBTITLE.

31-116.

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

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

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

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

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

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

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

Approved by the Governor, May 15, 2018.