HOUSE BILL 908

By: Delegates Pena–Melnyk, 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 _____

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)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strikeout indicates matter stricken from the bill by amendment or deleted from the law by amendment.
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
INCLUDED.

(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) 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.