## ASSEMBLY, No. 4531

# **STATE OF NEW JERSEY**

### 220th LEGISLATURE

INTRODUCED SEPTEMBER 22, 2022

Sponsored by: Assemblywoman SHANIQUE SPEIGHT District 29 (Essex) Assemblywoman BRITNEE N. TIMBERLAKE District 34 (Essex and Passaic)

#### **SYNOPSIS**

Requires health insurance coverage of standard fertility preservation services for individuals with certain menstrual disorders resulting in infertility.

#### **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 9/29/2022)

1 AN ACT concerning health insurance coverage of fertility 2 preservation services, amending various parts of the statutory 3 law, and supplementing Title 26 of the Revised Statutes.

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**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

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- 1. (New section) The Legislature finds and declares that:
- a. A menstrual disorder is an abnormal condition related to the menstrual cycle and affects up to 25% of women of childbearing age.
- b. Certain menstrual disorders, including endometriosis, menorrhagia, and uterine fibroids, have an increased risk of causing infertility.
- c. Fertility preservation services, including the cryopreservation of embryos and oocytes, can protect an individual's ability to bear children by protecting eggs and reproductive tissue.

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- 2. Section 1 of P.L.2019, c.306 (C.17:48-6rr) is amended to read as follows:
- 1. a. A hospital service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

- "Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.
- "May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.
- "Menstrual disorder" means an abnormal condition related to the
  menstrual cycle, which shall include, but not be limited to,
  menorrhagia, endometriosis, and uterine fibroids.
- "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 as defined

by the New Jersey Department of Health. "Standard fertility preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that may result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

- b. A hospital service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

(cf: P.L.2019, c.306, s.1)

- 3. Section 2 of P.L.2019, c.306 (C.17:48A-700) is amended to read as follows:
- 2. a. A medical service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

45 "Menstrual disorder" means an abnormal condition related to the
 46 menstrual cycle, which shall include, but not be limited to,
 47 menorrhagia, endometriosis, and uterine fibroids.

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"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 as defined "Standard fertility by the New Jersey Department of Health. preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that might result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

- b. A medical service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- c. This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

26 (cf: P.L.2019, c.306, s.2)

- 4. Section 3 of P.L.2019, c.306 (C.17:48E-35.42) is amended to read as follows:
- 3. a. A health service corporation contract which provides hospital or medical expense benefits for groups with more than 50 persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause introgenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

"Menstrual disorder" means an abnormal condition related to the menstrual cycle, which shall include, but not be limited to, menorrhagia, endometriosis, and uterine fibroids.

"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 as defined by the New Jersey Department of Health. "Standard fertility preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that might result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

- b. A health service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- c. This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

(cf: P.L.2019, c.306, s.3)

- 5. Section 4 of P.L.2019, c.306 (C.17B:27-46.1rr) is amended to read as follows:
- 4. a. A group health insurance policy which provides hospital or medical expense benefits for groups with more than 50 persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

"Menstrual disorder" means an abnormal condition related to the menstrual cycle, which shall include, but not be limited to, menorrhagia, endometriosis, and uterine fibroids.

"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 as defined by the New Jersey Department of Health. "Standard fertility preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that might result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the policy. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the policy.

- b. An insurer providing coverage under this section shall not determine the provision of standard fertility preservation services based on an insured's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- c. This section shall apply to those group health insurance policies in which the insurer has reserved the right to change the premium.

30 (cf: P.L.2019, c.306, s.4)

- 6. Section 5 of P.L.2019, c.306 (C.26:2J-4.43) is amended to read as follows:
- 5. a. A health maintenance organization contract that provides hospital or medical expense benefits for groups with more than 50 persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. "May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

"Menstrual disorder" means an abnormal condition related to the menstrual cycle, which shall include, but not be limited to, menorrhagia, endometriosis, and uterine fibroids.

"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 as defined by the New Jersey Department of Health. "Standard fertility preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that might result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

- b. A health maintenance organization providing coverage under this section shall not determine the provision of standard fertility preservation services based on an enrollee's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- c. This section shall apply to those health maintenance organization contracts in which the health maintenance organization has reserved the right to change the premium.

(cf: P.L.2019, c.306, s.5)

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- 7. Section 6 of P.L.2019, c.306 (C.52:14-17.29bb) is amended to read as follows:
  - 6. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes. "May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

"Menstrual disorder" means an abnormal condition related to the menstrual cycle, which shall include, but not be limited to, menorrhagia, endometriosis, and uterine fibroids.

9 "Standard fertility preservation services" means procedures 10 consistent with established medical practices and professional 11 guidelines published by the American Society for Reproductive 12 Medicine, the American Society of Clinical Oncology, or as defined 13 by the New Jersey Department of Health. "Standard fertility 14 preservation services" shall not include the storage of sperm [or 15 oocytes], but shall include cryopreservation of embryos and 16 oocytes for individuals diagnosed with a menstrual disorder that might result in infertility. 17

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

- b. The State Health Benefits Commission shall not purchase a contract that determines the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.
- 31 (cf: P.L.2019, c.306, s.6)

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- 33 8. Section 7 of P.L.2019, c.306 (C.52:14-17.46.6m) is amended 34 to read as follows:
  - 7. a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility or when an individual is diagnosed with a menstrual disorder that may result in infertility.
  - For the purposes of this section:
- "Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.
- "May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the

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American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

"Menstrual disorder" means an abnormal condition related to the menstrual cycle, which shall include, but not be limited to, menorrhagia, endometriosis, and uterine fibroids.

"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 as defined by the New Jersey Department of Health. "Standard fertility preservation services" shall not include the storage of sperm [or oocytes], but shall include cryopreservation of embryos and oocytes for individuals diagnosed with a menstrual disorder that might result in infertility.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. The School Employees' Health Benefits Program shall not purchase a contract that determines the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

29 (cf: P.L.2019, c.306, s.7)

9. This act shall take effect on the 90th day next following enactment and shall apply to policies or contracts delivered, issued, or renewed on or after that date.

#### STATEMENT

This bill requires health insurance coverage of standard fertility preservation services for individuals with certain menstrual disorders resulting in infertility.

Under the bill, health insurance carriers (which include hospital service corporations, medical service corporations, health service corporations, health maintenance organizations authorized to issue health benefits plans in New Jersey, group health insurance policies, and any entities contracted to administer health benefits in connection with the State Health Benefits Program and School Employees' Health Benefits Program) will be required to cover standard fertility preservation services when an individual is

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- 1 diagnosed with a menstrual disorder that may result in infertility.
- 2 For the purposes of this bill, a "menstrual disorder" is an abnormal
- 3 condition related to the menstrual cycle, which shall include, but is
- 4 not limited to, menorrhagia, endometriosis, and uterine fibroids.