

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 1704

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DATE	D-PG	OFFICIAL STATUS
02/16/2023	851	Introduction and first reading
		Referred to Commerce and Consumer Protection
03/01/2023	1205	Author added Dibble
03/08/2023		Comm report: To pass as amended and re-refer to Health and Human Services

1.1 A bill for an act

1.2 relating to insurance; requiring the coverage for infertility treatment; proposing

1.3 coding for new law in Minnesota Statutes, chapter 62A.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. 62A.0412] COVERAGE OF INFERTILITY TREATMENT.

1.6 Subdivision 1. Scope. This section applies to all health plans that provide maternity

1.7 benefits to Minnesota residents, including but not limited to health plans offered under

1.8 chapters 256B and 256L.

1.9 Subd. 2. Required coverage. (a) Every health plan under subdivision 1 must provide

1.10 comprehensive coverage for the diagnosis of infertility, treatment for infertility, and standard

1.11 fertility preservation services that are:

1.12 (1) considered medically necessary by the enrollee's treating health care provider; and

1.13 (2) recognized by either the American Society for Reproductive Medicine, the American

1.14 College of Obstetrics and Gynecologists, or the American Society of Clinical Oncology.

1.15 (b) Coverage under this section must include but is not limited to ovulation induction,

1.16 procedures and devices to monitor ovulation, artificial insemination, oocyte retrieval

1.17 procedures, in vitro fertilization, gamete intrafallopian transfer, oocyte replacement,

1.18 cryopreservation techniques, micromanipulation of gametes, and standard fertility

1.19 preservation services.

1.20 (c) Coverage under this section must include unlimited embryo transfers, but may impose

1.21 a limit of four completed oocyte retrievals. Single embryo transfer must be used when

1.22 medically appropriate and recommended by the treating health care provider.

2.1 (d) Coverage for surgical reversal of elective sterilization is not required under this
2.2 section.

2.3 (e) Cost-sharing requirements, including co-payments, deductibles, and coinsurance for
2.4 infertility coverage, must not be greater than the cost-sharing requirements for maternity
2.5 coverage under the enrollee's health plan.

2.6 (f) Health plans under subdivision 1 may not include in the coverage under this section:

2.7 (1) any exclusions, limitations, or other restrictions on coverage of fertility medications
2.8 that are different from those imposed on other prescription medications;

2.9 (2) any exclusions, limitations, or other restrictions on coverage of any fertility services
2.10 based on a covered individual's participation in fertility services provided by or to a third
2.11 party; or

2.12 (3) any benefit maximums, waiting periods, or any other limitations on coverage for the
2.13 diagnosis of infertility, treatment of infertility, and standard fertility preservation services,
2.14 except as provided in paragraphs (c) and (d), that are different from those imposed upon
2.15 benefits for services not related to infertility.

2.16 Subd. 3. **Definitions.** For the purpose of this section, the definitions have the meanings
2.17 given them.

2.18 (a) "Infertility" means a disease, condition, or status characterized by:

2.19 (1) the failure of a person with a uterus to establish a pregnancy or to carry a pregnancy
2.20 to live birth after 12 months of unprotected sexual intercourse for a person under the age
2.21 of 35 or six months for a person 35 years of age or older, regardless of whether a pregnancy
2.22 resulting in miscarriage occurred during such time;

2.23 (2) a person's inability to reproduce either as a single individual or with the person's
2.24 partner without medical intervention; or

2.25 (3) a licensed health care provider's findings based on a patient's medical, sexual, and
2.26 reproductive history; age; physical findings; or diagnostic testing.

2.27 (b) "Diagnosis of and treatment for infertility" means the recommended procedures and
2.28 medications from the direction of a licensed health care provider that are consistent with
2.29 established, published, or approved medical practices or professional guidelines from the
2.30 American College of Obstetricians and Gynecologists or the American Society for
2.31 Reproductive Medicine.

3.1 (c) "Standard fertility preservation services" means procedures that are consistent with
3.2 the established medical practices or professional guidelines published by the American
3.3 Society for Reproductive Medicine or the American Society of Clinical Oncology for a
3.4 person who has a medical condition or is expected to undergo medication therapy, surgery,
3.5 radiation, chemotherapy, or other medical treatment that is recognized by medical
3.6 professionals to cause a risk of impairment to fertility.

3.7 **EFFECTIVE DATE.** This section is effective August 1, 2023, and applies to all health
3.8 plans issued or renewed on or after that date.