



House of Representatives

General Assembly

File No. 428

February Session, 2026

Substitute House Bill No. 5483

House of Representatives, April 7, 2026

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING FERTILITY CARE UNDER THE MEDICAID PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective January 1, 2027*) (a) As used in this section:
- 2 (1) "Fertility diagnostic care" means counseling, products,
3 medications, procedures, genetic testing and services intended to
4 provide information about an individual's fertility, including, but not
5 limited to, laboratory assessments and imaging studies;
- 6 (2) "Infertility" means (A) the inability to establish or carry a
7 pregnancy based on an individual's medical, sexual and reproductive
8 history, age, physical findings, diagnostic testing or any combination of
9 those factors, including, but not limited to, infertility arising from
10 disabilities or from medical treatments or conditions associated with a
11 disability, (B) the need for medical intervention to establish a pregnancy
12 either as an individual or with a partner, (C) an individual's inability to
13 establish a pregnancy or carry a pregnancy to live birth after twelve

14 months of unprotected sexual intercourse when the individual and the
15 individual's partner have the necessary gametes to establish a
16 pregnancy, provided a pregnancy loss shall not restart the twelve-
17 month period, or (D) an individual's inability to establish a pregnancy
18 or to carry a pregnancy to live birth after six months of unprotected
19 sexual intercourse due to the individual's age when the individual and
20 the individual's partner have the necessary gametes to establish a
21 pregnancy, provided a pregnancy loss shall not restart the six-month
22 period;

23 (3) "Intrauterine insemination" means a procedure that places sperm
24 directly into an individual's uterus at the time of ovulation to increase
25 the chances of fertilization;

26 (4) "In-vitro fertilization" or "IVF" means a medical procedure where
27 an egg is fertilized by sperm in a laboratory setting; and

28 (5) "Standard fertility preservation services" means counseling,
29 products, medications, procedures, genetic testing and services
30 intended to preserve fertility, consistent with established medical
31 practice and professional guidelines published by the American Society
32 for Reproductive Medicine or the American Society for Clinical
33 Oncology, for an individual who (A) has a medical or genetic condition,
34 including, but not limited to, conditions related to disability or chronic
35 illness, or (B) is expected to receive medical treatment that has a side
36 effect or possible side effect of a risk to an individual's fertility and
37 includes, but is not limited to, expenses related to evaluation, laboratory
38 assessments, medications and treatment, as well as the procurement and
39 cryopreservation of gametes, embryos and reproductive material and
40 storage.

41 (b) Beginning on January 1, 2027, the Commissioner of Social Services
42 shall provide Medicaid coverage, to the extent permissible under federal
43 law, for:

44 (1) Fertility diagnostic care;

45 (2) Standard fertility preservation services, including, but not limited
46 to, storage of gametes from the time of cryopreservation, provided
47 coverage for such storage shall extend until the individual reaches the
48 age of thirty, or for a period of five years, whichever is later, unless the
49 commissioner extends the period of time; and

50 (3) Treatment of infertility, including, but not limited to, (A) any
51 medically necessary ovulation-enhancing medications and medical
52 services related to prescribing and monitoring the use of the ovulation-
53 enhancing medications for at least three cycles of ovulation-enhancing
54 medication treatment, and (B) at least six cycles of intrauterine
55 insemination.

56 (c) In implementing the coverage required in this section, the
57 Commissioner of Social Services shall not:

58 (1) Impose a waiting period;

59 (2) Use any prior diagnosis, an individual's disability or prior fertility
60 treatment as a basis for excluding, limiting or otherwise restricting the
61 availability of coverage required under this section;

62 (3) Impose any limitations on coverage for any fertility services based
63 on an individual's use of donor gametes; and

64 (4) Impose different limitations on coverage for, provide different
65 benefits to or impose different requirements on a class of persons on
66 account of their age, ancestry, color, disability, ethnicity, gender
67 identity, genetic information, marital status, national origin, race,
68 religion, sex or sexual orientation.

69 (d) The Commissioner of Social Services shall consult with the
70 Centers for Medicare and Medicaid Services on whether in-vitro
71 fertilization is a medically reasonable and necessary procedure as
72 required for Medicaid coverage under federal law. Not later than July 1,
73 2027, the commissioner shall submit a report, in accordance with the
74 provisions of section 11-4a of the general statutes, to the joint standing
75 committee of the General Assembly having cognizance of matters

76 relating to human services on (1) possible methods for covering IVF as
 77 a Medicaid-covered benefit (A) for fee-for-service and managed care
 78 organizations, and (B) under any applicable Medicaid waiver programs,
 79 and (2) the amount of money that would need to be allocated in federal
 80 and state funds for such coverage.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2027	New section

Statement of Legislative Commissioners:

In Subsec. (a)(2)(C), "and" was changed to "or" for accuracy; in Subsec. (b)(2), "that" was deleted and "provided the commissioner may extend" was changed to "unless the commissioner extends" for clarity; and in Subsec. (d)(1)(A), "both fee-for-service" was changed to "fee-for-service" for clarity.

HS *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Social Services, Dept.	GF - Cost	at least \$200,000	at least \$500,000-\$5.2 million

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) of at least \$200,000 in FY 27 and \$500,000 to \$5.2 million in FY 28 due to requiring Medicaid coverage for fertility treatment and preservation services, effective 1/1/27.

Medicaid currently covers family planning services that include reproductive health exams and lab tests to detect the presence of conditions affecting reproductive health which include infertility. While DSS does not currently cover infertility treatment services, fertility treatment is a Medicaid coverable service and eligible for up to 90% federal reimbursement.

Cost estimates reflect no-cycle based and medication involved treatment, preservation services, as well as prenatal and labor and delivery costs resulting from such treatments. In FY 28, the cost for treatment and preservation services is estimated to be at least \$500,000, which reflects an assumed state share of 10%. The state will incur additional costs of approximately \$4.7 million (reflecting an assumed state share of 50%) associated with prenatal, labor and delivery and postpartum services to the extent these individuals would not otherwise

become pregnant except for the fertility treatment coverage provided by the bill.

The bill requires DSS to consult with the Centers for Medicare and Medicaid Services on whether in-vitro fertilization (IVF) is a medically reasonable and necessary procedure as required for Medicaid coverage under federal law. DSS must report (by 7/1/27) to the Human Services committee about possible ways to cover IVF under Medicaid for fee-for-service and managed care organizations or under Medicaid waiver programs and the necessary funding to do so. IVF costs are therefore not included in the above estimates.

To the extent that the treatment provided under the bill is successful and the children who would not otherwise be born are eligible for coverage under HUSKY A or HUSKY B, the state will incur additional costs.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to Medicaid coverage for fertility related services, utilization rates and success of such treatments.

OLR Bill Analysis**sHB 5483*****AN ACT CONCERNING FERTILITY CARE UNDER THE MEDICAID PROGRAM.*****SUMMARY**

This bill requires the Department of Social Services (DSS) commissioner to provide Medicaid coverage, to the extent federal law allows, for fertility diagnostic care, standard fertility preservation services, and infertility treatment. For this coverage, the bill prohibits the DSS commissioner from imposing a waiting period, using a prior diagnosis to limit or restrict coverage, or imposing certain other limits based on use of donor gametes or personal characteristics (for example, age, disability, or sexual orientation). Currently, Medicaid covers family planning services, which include reproductive health exams and certain lab tests. DSS regulations generally prohibit Medicaid reimbursement for infertility treatment (Conn. Agencies Regs., § 17b-262-342).

The bill requires the DSS commissioner to consult with the federal Centers for Medicare and Medicaid Services (CMS) on whether in-vitro fertilization (IVF) is a medically reasonable and necessary procedure as required for Medicaid coverage under federal law.

Lastly, the bill requires the DSS commissioner to report to the Human Services Committee by July 1, 2027, on:

1. possible ways to cover IVF under Medicaid for fee-for-service and managed care organizations or under Medicaid waiver programs; and
2. state and federal funding needed for this coverage.

EFFECTIVE DATE: January 1, 2027

MEDICAID COVERAGE FOR FERTILITY SERVICES

Fertility Diagnostic Care

DSS must provide Medicaid coverage for fertility diagnostic care, which, under the bill, is counseling, products, medications, procedures, genetic testing, and services to get information about a person's fertility, including lab tests and imaging studies.

Fertility Preservation Services

The bill requires DSS to provide Medicaid coverage for standard fertility preservation services, which, under the bill are counseling, products, medications, procedures, genetic testing, and services to preserve fertility, for someone (1) with a medical or genetic condition, including conditions related to disability or chronic illness, or (2) who is expected to get medical treatment with possible side effects that include risk to the person's fertility. Services must be consistent with professional guidelines by the American Society for Reproductive Medicine or the American Society for Clinical Oncology.

Under the bill, standard fertility services include expenses related to evaluation, lab tests, medications, treatments, gamete procurement and cryopreservation, and reproductive material and storage.

DSS's coverage of fertility preservation services must include gamete storage from the time of cryopreservation for five years or when the person reaches age 30, whichever is later, unless the DSS commissioner extends the time.

Infertility Treatment

DSS must provide Medicaid coverage for treatment of infertility. Under the bill, infertility is:

1. the inability to establish or carry a pregnancy based on any combination of a person's age, physical findings, diagnostic testing, or medical, sexual, and reproductive history;
2. the need for medical intervention to establish a pregnancy either as an individual or with a partner; or

3. a person’s inability to establish or carry a pregnancy to live birth after 12 months of unprotected sexual intercourse (or six months if the inability is due to age) when the person and the person’s partner have the necessary gametes to establish a pregnancy (pregnancy loss does not restart the six- or 12-month time period).

It includes infertility arising from disabilities or disability-related medical treatments or conditions.

DSS’s infertility treatment coverage must include (1) any medically necessary ovulation-enhancing medications and medical services related to prescribing and monitoring these medications’ use for at least three cycles and (2) at least six cycles of intrauterine insemination (a procedure that places sperm directly into a uterus at ovulation to increase fertilization chances).

PROHIBITED COVERAGE LIMITS

The bill prohibits DSS from limiting coverage described above by:

1. imposing a waiting period;
2. using a prior diagnosis, a person’s disability, or prior fertility treatment as a reason to exclude, limit, or restrict coverage;
3. limiting coverage based on a person’s use of donor gametes; and
4. imposing different coverage limitations, providing different benefits, or imposing different requirements based on a person’s sex, age, ancestry, color, disability, ethnicity, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.

COMMITTEE ACTION

Human Services Committee

Joint Favorable
 Yea 15 Nay 8 (03/19/2026)