

OFFICE OF FISCAL ANALYSIS

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sHB-5483

AN ACT CONCERNING FERTILITY CARE UNDER THE MEDICAID PROGRAM.

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

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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.