

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No:** HB-5483 / [Bill Status](#) / [Public Hearing Testimony](#)

**Title:** AN ACT CONCERNING FERTILITY CARE UNDER THE MEDICAID PROGRAM.

**Vote Date:** 3/19/2026

**Vote Action:** Joint Favorable

**PH Date:** 3/10/2026

**File No.:**

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

## **SPONSORS OF BILL:**

Human Services Committee

## **CO-SPONSORS OF BILL:**

Rep. Jillian Gilcrest, 18<sup>th</sup> Dist.

## **REASONS FOR BILL:**

Proponents of reproductive, racial, and economic justice emphasize the decision of if, when, or how to become a parent is one of the most important life decisions one makes, and everyone should be able to make that decision without barriers and without regard for ethnicity, income, or disability. Currently, Connecticut's coverage requirement for fertility care only applies to private insurers, and in addition, the Comptroller updated the state health insurance policy increase access to coverage for family planning services and fertility care for single and LGPTQ+ state and municipal employees, retirees, and their dependents. Further, Connecticut was a trailblazer with the requirement for fertility preservation and with parentage reform, ensuring every child, regardless of the marital status, gender, or sexual orientation of their parents, has a legal parent-child relationship. Opposition voices tend to emphasize concerns about the proper role of government, the use of taxpayer funds, and the direction of public health policy in our state. This bill would provide Medicaid coverage consistent with federal law for fertility care.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Connecticut Department of Social Services (DSS), Andrea Barton Reeves, Commissioner:** opposes the bill as their estimates with an assumed family planning match

of 90% for infertility services (including IVF) based on current federal guidance and fertility preservation services and a 50% match on prenatal, postpartum, and delivery, and the additional cost of enrolled HUSKY A children, the state costs for all services effective January 1, 2027, would result in increases of \$300,000 in SFY 2027, \$11.7 million in SFY 2028, and \$27.6 million in SFY 2029.

**Office of the State Comptroller, Sean Scanlon, State Comptroller:** supports his bill is a meaningful step toward making fertility care more fair, more inclusive, and more accessible for Connecticut families. CT recently added an inclusive definition of infertility as it relates to prerequisites for coverage to ensure that every state employee who wants to start a family, regardless of who they love, can do that. Because of that action, I was able to ensure that the 250,000 members of the state employee and Partnership health plans I administer as Comptroller has access to this coverage.

#### **NATURE AND SOURCES OF SUPPORT:**

**Connecticut General Assembly, Reproductive Rights Caucus, Matt Blumenthal, State Representative and Co-Chair of the Caucus:** Supports so anyone in our state, regardless of their socioeconomic background, can access the care and services needed to help them to accomplish their family planning goals and uplift their reproductive rights. The Reproductive Rights Caucus is committed to advancing fair and equitable policies that invest in families across Connecticut to provide opportunities for their well-being and success.

**GLBTQ Legal Advocates & Defenders (GLAD), Patience Crozier, Director of Family Advocacy, and Hannah Hussey, Staff Attorney:** supports coverage for diagnosis of fertility, fertility preservation, and fertility treatment that aligns with the latest medical standard of care (see ASRM), provisions to ensure nondiscrimination in care, and language to ensure that IVF is studied to include best practices into the future.

**Women's Health Connecticut (manages 300 OB/GYN providers), Paula Greenberg, President & CEO:** Enacting this bill would be good public policy, as it will address the higher infertility rate in our state, but more importantly, it will address a fundamental issue of equity. The right to have a family should not be a function of someone's socioeconomic status.

**Reproductive Equity Now, Liz Gustafson, Connecticut State Director:** supports policies that all people deserve access to the full spectrum of pregnancy-related and family-building health care they need to have safe and healthy pregnancies as they start or grow their families. regardless of insurer or how much money they make. This bill moves that process forward.

**She Leads Justice, Kylie Kelsey, Intern:** supports This bill is an important step towards ensuring all Connecticut residents, including members of the LGBTQ+ community and single people, can receive the care they need to build their family. We believe that all people deserve access to high quality and affordable healthcare, regardless of their identity or income. Part of this is access to fertility care, which those on HUSKY are currently excluded from. While this bill will not cover the full range of fertility services, it is a respectable step in the right direction towards ensuring nondiscrimination and equity in our care systems.

**American College of Obstetricians Gynecologists (ACOG), Iyanna Liles, MD, FACOG, Vice Chair for CT Section:** Every person should have access to the care they need, including fertility health care, to decide if, when, and how they have children and build their families. For these reasons, ACOG supports the bill and expanded access to evidence-based fertility care for all people on HUSKY Health insurance plans.

**RESOLVE: The National Infertility and Family Building Association, Danielle Melfi, CEO:** supports which would extend Medicaid coverage to medically necessary fertility preservation, ovulation-enhancing medications, and monitoring. It is crucial to address the financial burden faced by individuals requiring critical medical treatments during their childbearing years, which often result in infertility. The choice between life-saving medical treatment and the opportunity to start a family is a heart-wrenching one. This bill represents an important opportunity to expand coverage and ensure that no Connecticut resident loses the chance to build a family because they needed life-saving medical treatment.

**Facing Hereditary Cancer EMPOWERD (FORCE), Lisa Peabody, Advocacy Manager:** supports. For individuals dealing with life-threatening illness or those with inherited genetic mutation predisposing them to ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. Fertility preservation is the only means available to protect their reproductive capability and may be the only viable option to build a biological family. Without insurance coverage for fertility services, patients cannot afford these procedures and fees and will face permanent, involuntary infertility.

**CT Coalition Against Domestic Violence (CCADV), Meghan Scanlon, President & CEO:** supports this measure, which will improve access to fertility health care for people for a group which has historically been excluded from accessing fertility health care due to a lack of coverage for treatment. This bill aligns with the medical standard of fertility care, which clearly includes LGBTQ+ and single people, among others, so more Connecticut residents can build their family. This bill is an important first step in improving coverage in our Medicaid program for this essential care. Reproductive coercion, including birth control sabotage and sexual violence is unfortunately a common experience for domestic violence survivors. These forms of abuse increase the need for safe, convenient, and trusted medical support, including access to fertility care.

**Center for Reproductive Rights, Karla Torres, Senior Human Rights Counsel:** supports the bill, as it will follow a growing trend of states that have amended their Medicaid programs to provide fertility health care coverage to their insureds. According to the data from the Movement Advancement Project and RESOLVE, Medicaid programs in seven states (CT, IL, MD, MT, NY, OK, UT) and the District of Columbia currently provide for some level of fertility health care. HB 7022 would align HUSKY's current coverage with what other states and D.C. have enacted, which often includes coverage for ovulation-enhancing drugs and monitoring as well as fertility preservation.

**American Civil Liberties Union of Connecticut (ACLU-CT), Jess Zaccagnino, Policy Counsel:** supports, as the ACLU-CT believes that all people deserve equal access to reproductive health services, including fertility treatments. Every person should be able to choose whether or not to have children. The bill is a significant step in reducing the barriers

that people of color, working people, LGBTQ+ people, and others face when they pursue fertility treatment.

**Kaszubinski, Savannah, OBGYN Physician:** supports and includes stories of patients with infertility. Considers this bill a step in the right direction of improving access to reproductive health care such as fertility preservation and intrauterine insemination without regard for patient's income, insurance, zip code, race, ethnicity, gender, or marital status.

**Narine, Tanisha, Student (BA political science and history of medicine, MPH Health Policy):** supports. It is impossible for infertile Connecticut residents on HUSKY to afford even one round of treatment, which not only prevents them from accessing fertility services but strips them of their agency over their reproduction and over what type of family they'd like to have. This bill removes this financial barrier, which makes services more accessible for those who need them.

**Staunton, MaryKate, Medical Student, UCONN School of Medicine:** supports. This bill will improve access to fertility health care for people who have HUSKY Health insurance, who have historically been excluded from accessing fertility health care due to a lack of coverage for treatment. This bill aligns with the medical standard of fertility care, which clearly includes LGBTQ+ and single people, among others, so more Connecticut residents can have the opportunity to build their family.

**Sirkis, Claire, 4<sup>th</sup>-year Medical Student:** supports, as everyone deserves reproductive justice, which includes the right to bodily autonomy —the right not to have children —but also the right to have children and raise those children in safe and sustainable communities.

#### **NATURE AND SOURCES OF OPPOSITION:**

**Family Institute of Connecticut Action, Peter Wolfgang, President:** Opposes, as this bill raises serious concerns about the proper role of government, the use of taxpayer funds, and the direction of public health policy in our state as it would: 1) significantly expand Medicaid beyond its core purpose, 2) open the door to complex and ethically sensitive practices, 3) move public policy away from a child-centered framework, 4) raises fairness concerns, and 5) risks creating an open-ended obligation.

**Anonymous 6:** opposes.

**Anonymous 7:** opposes.

**Anonymous 8:** opposes.

**Reported by: Rebecca McClanahan**

**Date: April 6, 2026**