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## **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)