A BILL FOR AN ACT

CONCERNING INSURANCE COVERAGE FOR INFERTILITY, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill enacts the "Colorado Building Families Act", which requires health benefit plans issued or renewed in Colorado on or after January 1, 2022, to cover diagnosis of infertility, treatment for infertility, and fertility preservation services. The coverage for fertility medications must not impose any limits that are not applicable to coverage under the plan for other prescription medications, and the plan cannot impose
deductibles, copayments, coinsurance, benefit maximums, waiting periods, or other limitations that are not applicable to other medical services covered under the plan.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Short title. The short title of this act is the "Colorado Building Families Act".

SECTION 2. In Colorado Revised Statutes, 10-16-104, add (23) as follows:

10-16-104. Mandatory coverage provisions - definitions - rules. (23) Infertility diagnosis and treatment - fertility preservation services. (a) All individual and group health benefit plans issued or renewed in this state shall provide coverage for the diagnosis of and treatment for infertility and standard fertility preservation services.

(b) The coverage required by this subsection (23) includes four completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the ASRM, using single embryo transfer when recommended and medically appropriate.

(c) The health benefit plan shall not impose:

(I) Any exclusions, limitations, or other restrictions on coverage of fertility medications that are different from the exclusions, limitations, or other restrictions imposed on any other prescription medications covered under the health benefit plan; or

(II) Deductibles, copayments, coinsurance, benefit maximums, waiting periods, or other limitations on coverage for
THE DIAGNOSIS OF AND TREATMENT FOR INFERTILITY AND STANDARD
FERTILITY PRESERVATION SERVICES, EXCEPT AS OTHERWISE SPECIFIED IN
THIS SUBSECTION (23), THAT ARE DIFFERENT FROM DEDUCTIBLES,
COPAYMENTS, COINSURANCE, BENEFIT MAXIMUMS, WAITING PERIODS, OR
OTHER LIMITATIONS IMPOSED ON BENEFITS FOR SERVICES COVERED UNDER
THE HEALTH BENEFIT PLAN THAT ARE NOT RELATED TO INFERTILITY.
(d) The commissioner shall adopt rules consistent with
and as are necessary to implement this subsection (23).
(e) For purposes of this subsection (23):
(I) "ACOG" means the American College of Obstetricians
and Gynecologists or its successor organization.
(II) "ASCO" means the American Society of Clinical
Oncology or its successor organization.
(III) "ASRM" means the American Society for
Reproductive Medicine or its successor organization.
(IV) "Diagnosis of and Treatment for Infertility" means
the procedures and medications recommended by a licensed
physician that are consistent with established, published, or
approved medical practices or professional guidelines from
ACOG or ASRM for diagnosing and treating infertility.
(V) "Failure to Impregnate or Conceive" means the failure
to establish a clinical pregnancy after twelve months of
regular, unprotected sexual intercourse or therapeutic donor
insemination for a woman under the age of thirty-five, or after
six months of regular, unprotected sexual intercourse or
therapeutic donor insemination for a woman thirty-five years of
age or older. Conception resulting in a miscarriage does not
RESTART THE TWELVE-MONTH OR SIX-MONTH CLOCK TO QUALIFY AS HAVING INFERTILITY.

(VI) "INFERTILITY" MEANS A DISEASE OR CONDITION CHARACTERIZED BY:

(A) THE FAILURE TO IMPREGNATE OR CONCEIVE;

(B) A PERSON'S INABILITY TO REPRODUCE EITHER AS AN INDIVIDUAL OR WITH THE PERSON'S PARTNER; OR

(C) A LICENSED PHYSICIAN'S FINDINGS BASED ON A PATIENT'S MEDICAL, SEXUAL, AND REPRODUCTIVE HISTORY, AGE, PHYSICAL FINDINGS, OR DIAGNOSTIC TESTING.

(VII) "LICENSED PHYSICIAN" MEANS A PERSON LICENSED BY THE COLORADO MEDICAL BOARD PURSUANT TO ARTICLE 240 OF TITLE 12 TO PRACTICE MEDICINE IN THIS STATE.

(VIII) "STANDARD FERTILITY PRESERVATION SERVICES" MEANS PROCEDURES AND SERVICES THAT ARE CONSISTENT WITH ESTABLISHED MEDICAL PRACTICES OR PROFESSIONAL GUIDELINES PUBLISHED BY ASRM OR ASCO FOR A PERSON WHO HAS A MEDICAL CONDITION OR IS EXPECTED TO UNDERGO MEDICATION THERAPY, SURGERY, RADIATION, CHEMOTHERAPY, OR OTHER MEDICAL TREATMENT THAT IS RECOGNIZED BY MEDICAL PROFESSIONALS TO CAUSE A RISK OF IMPAIRMENT TO FERTILITY.

SECTION 3. Appropriation. For the 2020-21 state fiscal year, $3,337 is appropriated to the department of regulatory agencies for use by the division of insurance. This appropriation is from the division of insurance cash fund created in section 10-1-103 (3), C.R.S., and is based on an assumption that the division will require an additional 0.1 FTE. To implement this act, the division may use this appropriation for personal services.
SECTION 4. Act subject to petition - effective date - applicability. (1) This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 5, 2020, if adjournment sine die is on May 6, 2020); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

(2) This act applies to health benefit plans issued or renewed on or after January 1, 2022.