SENATE DOCKET, NO. 2081 FILED ON: 1/20/2023

SENATE . . . . . No. 622

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to LGBTQ family building.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Julian Cyr	*Cape and Islands*	
Lindsay N. Sabadosa	*1st Hampshire*	*2/7/2023*
Jason M. Lewis	*Fifth Middlesex*	*2/7/2023*
Paul R. Feeney	*Bristol and Norfolk*	*3/7/2023*

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SENATE . . . . . No. 622

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 622) of Julian Cyr, Lindsay N. Sabadosa, Jason M. Lewis and Paul R. Feeney for legislation relative to LGBTQ family building. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *652* OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act relative to LGBTQ family building.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 175 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out section 47H and inserting in place thereof the following section:-

Section 47H. Any blanket or general policy of insurance, except a blanket or general policy of insurance which provides supplemental coverage to medicare or other governmental programs, described in subdivisions (A), (C) or (D) of section one hundred and ten that provides hospital expense or surgical expense insurance that includes pregnancy-related benefits and is issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, while this provision is effective, or any policy of accident and sickness insurance as described in section one hundred and eight that provides hospital expense

or surgical expense insurance that includes pregnancy-related benefits and is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth while this provision is effective, or any employees' health and welfare fund that provides hospital expense and surgical expense benefits that includes pregnancy-related benefits and is promulgated or renewed to any person or group of persons in the commonwealth while this provision is effective shall provide, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for medically necessary expenses of diagnosis of infertility and fertility treatment and preservation to persons residing within the commonwealth. Said benefits shall meet all other terms and conditions of the policy of insurance, provided however there shall be no conditions to receive said benefits based on required waiting periods, number of attempts, prior treatment, age, sexual orientation or familial status.

For purposes of this section, “infertility” shall mean the condition of an individual, whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An individual qualifies for the diagnosis of infertility and fertility treatment and preservation under this section if the following conditions are met: (1) a board-certified or board-eligible obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or andrologist verifies that the individual has a need for infertility treatment; or (2) the individual has not been able to carry a pregnancy to live birth. Coverage under this section, and any limitations thereon, shall be based on standards or guidelines developed by the American Society for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided further, that standard fertility preservation services, consistent with established medical practices and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or

genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting reproductive organs or processes. Said coverage will include the coverage for procurement, cryopreservation, and storage of gametes, embryos or other reproductive tissue.

SECTION 2. Chapter 176A of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking section 8K and inserting in place thereof the following:-

Section 8K. Any contract, except contracts providing supplemental coverage to medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued for delivery or renewed in the commonwealth while this provision is effective and that provides pregnancy-related benefits shall provide as a benefit for all individual subscribers or members within the commonwealth and all group members having a principal place of employment within the commonwealth, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for medically necessary expenses of diagnosis of infertility and fertility treatment and preservation. Said benefits shall meet all other terms and conditions of the subscriber certificate, provided however there shall be no conditions to receive said benefits based on required waiting periods, number of attempts, prior treatment, age, sexual orientation or familial status.

For purposes of this section, “infertility” shall mean the condition of an individual, whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An individual qualifies for the diagnosis of infertility and fertility treatment and preservation under this section if the following conditions are met: (1) a board-certified or board-eligible obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or

andrologist verifies that the individual has a need for infertility treatment; or (2) the individual has not been able to carry a pregnancy to live birth. Coverage under this section, and any limitations thereon, shall be based on standards or guidelines developed by the American Society for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided further, that standard fertility preservation services, consistent with established medical practices and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting reproductive organs or processes. Said coverage will include the coverage for procurement, cryopreservation, and storage of gametes, embryos or other reproductive tissue.

SECTION 3. Chapter 176B of the General Laws is hereby amended by striking out section 4J and inserting in place thereof the following new section:-

Section 4J. Any subscription certificate under an individual or group medical service agreement, except certificates that provide supplemental coverage to medicare or other governmental programs, that is delivered, issued for delivery or renewed in the commonwealth while this section is effective shall provide as a benefit for all individual subscribers or members within the commonwealth and all group members having a principal place of employment within the commonwealth, to the same extent that benefits are provided for other pregnancy-related procedures and subject to the other terms and conditions of the subscription certificate, coverage for medically necessary expenses of diagnosis of infertility and fertility treatment and preservation. Said benefits shall meet all other terms and conditions of the subscription certificate, provided however there shall be no conditions to receive said benefits based on required waiting periods, number of attempts, prior treatment, age, sexual orientation or familial status.

For purposes of this section, “infertility” shall mean the condition of an individual, whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An individual qualifies for the diagnosis of infertility and fertility treatment and preservation under this section if the following conditions are met: (1) a board-certified or board-eligible obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or andrologist verifies that the individual has a need for infertility treatment; or (2) the individual has not been able to carry a pregnancy to live birth. Coverage under this section, and any limitations thereon, shall be based on standards or guidelines developed by the American Society for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided further, that standard fertility preservation services, consistent with established medical practices and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting reproductive organs or processes. Said coverage will include the coverage for procurement, cryopreservation, and storage of gametes, embryos or other reproductive tissue.

SECTION 4. (a) The office of health equity shall investigate, analyze and study the affordability, accessibility and practicality of the resources and services available to lesbian, gay, bisexual, transgender and queer, hereinafter LGBTQ, individuals and couples seeking to expand their families and to make recommendations to improve access to benefits and services where necessary. The office shall: (i) examine availability of assistive reproductive technology providers in rural and geographically isolated areas; (ii) assess the funding and programming needed to enhance services to the growing population LGBTQ parents; (iii) examine the feasibility of developing statewide training curricula to improve provider competency in the

delivery of health and social support services to LGBTQ parents; (iv) examine the extent to which out-of-pocket cost associated with becoming a parent is impacted by sexual orientation and gender identity; (v) examine policies and practices used by cryobanks related to known donors for non-traditional families and LGBTQ donors; (vi) recommend best practices for increasing access to services and eliminating disparities; (vii) make recommendations to improve resources available to LGBTQ individuals relative to parentage, including but not limited to adoption, surrogacy and assistive reproductive technology; and (viii) make recommendations relative to education for providers of care and services to increase cultural competency and referrals to relevant resources.

(b) The office, in formulating its recommendations, shall take into account the best policies and practices in other states and jurisdictions. The office may consult experts, hold regular public meetings, fact-finding hearings and other public forums as it considers necessary.

(c) The study may be conducted by an entity with a demonstrated capacity to deliver research results passing an academic peer-review process in analyzing both quantitative and qualitative data and to communicate study results in an accessible manner.

(d) The office shall receive data to complete the charge of this study under memorandums of understanding with the center for health information and analysis established under chapter 12C of the General Laws, the group insurance commission established under chapter 32A of the General Laws and MassHealth established under chapter 118E of the General Laws, respectively.

(e) The office shall submit the findings of the study to clerks of the senate and house of representatives, the joint committee on children, youth, and families, the joint committee on

public health, the joint committee on health care financing and the house and senate committees on ways and means not later than December 31, 2021.

SECTION 5. Chapter 112 of the General Laws is hereby amended by inserting after section 5N the following section:-

Section 5O. The board of registration in medicine established pursuant to section 5B shall, in collaboration with experts in lesbian, gay, bisexual, transgender and queer, hereinafter LGBTQ, family building, and in coordination with the American Society for Reproductive Medicine or the Society for Assisted Reproductive Technology, develop or provide for, and make available to any physician, a professional development training module regarding resources and services available to LGBTQ couples seeking to expand their families. The goal of the training module shall be to encourage physicians to speak with their patients, and to increase a physician's competency in having effective discussions with patients and families in an appropriate manner. The training module shall include information on: (i) the prevention and elimination of discrimination based on sexual orientation, gender identity and expression in medical settings; (ii) improving access to services for LGBTQ individuals; and (iii) options for LGBTQ individuals seeking to start or grow their family.

The training module developed shall be accepted by the board as up to 2 continuing professional development credits.

SECTION 6. The training curriculum established pursuant to section 5N of chapter 112 of the General Laws shall be completed within 9 months of enactment of the legislation.