{deleted text} shows text that was in HB0192S01 but was deleted in HB0192S02. inserted text shows text that was not in HB0192S01 but was inserted into HB0192S02.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Raymond P. Ward proposes the following substitute bill:

#### FERTILITY TREATMENT AMENDMENTS

#### 2021 GENERAL SESSION

#### STATE OF UTAH

## **Chief Sponsor: Raymond P. Ward**

Senate Sponsor:

#### LONG TITLE

#### **General Description:**

This bill expands <u>{insurance}Medicaid</u> coverage for fertility preservation and criminalizes improper conduct related to fertility treatment.

#### **Highlighted Provisions:**

This bill:

- defines terms;
- requires the department to apply for a Medicaid waiver or state plan amendment with the Centers for Medicare and Medicaid Services to provide coverage for fertility preservation treatments for an individual diagnosed with cancer or other disease;
- Frequires the Public Employees Health Program to provide coverage for fertility preservation treatments for an eligible member diagnosed with cancer or other

#### disease;

- - establishes a criminal penalty for a health care provider that:
    - provides "assisted reproductive treatment" to a patient; and
    - uses the health care provider's own gamete without the written consent of the patient.

#### Money Appropriated in this Bill:

None

#### **Other Special Clauses:**

None

### **Utah Code Sections Affected:**

ENACTS:

26-18-420.1, Utah Code Annotated 1953

**49-20-420.1**, Utah Code Annotated 1953

<del>76-07-401</del>, Utah Code Annotated 1953

76-07-402, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section 26-18-420.1 is enacted to read:

# <u>26-18-420.1.</u> Medicaid waiver for fertility preservation services.

(1) As used in this section:

(a) "Iatrogenic infertility" means an impairment of fertility or reproductive functioning caused by surgery, chemotherapy, radiation, or other medical treatment.

(b) "Physician" means an individual licensed to practice under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.

{ (c) "Standard fertility preservation service" means a fertility preservation procedure and service that:

(i) is not considered experimental or investigational by the American Society for Reproductive Medicine or the American Society of Clinical Oncology; and

<u>(ii) is consistent with established medical practices or professional guidelines</u> published by the American Society for Reproductive Medicine or the American Society of

Clinical Oncology, including:

<u>(A) sperm banking;</u>

(B) oocyte banking;

(C) embryo banking;

(D) banking of reproductive tissues; and

(E) storage of reproductive cells and tissues.

<del>} (<u>{d}c</u>) "Qualified enrollee" means an individual who:</del>

(i) is enrolled in the Medicaid program;

(ii) has been diagnosed with a form of cancer or other disease by a physician; and

(iii) {the}needs treatment for that cancer or other disease {includes surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professionals to cause a}that may cause a substantial risk of sterility or iatrogenic infertility, including surgery, radiation, or chemotherapy.

(d) (i) "Standard Fertility Preservation Services" means a fertility preservation procedure and service that is consistent with established medical practices or professional guidelines published by the American Society for Reproductive Medicine or the American Society of Clinical Oncology.

(ii) "Standard Fertility Preservation Services" includes:

(A) the retrieval and storage of two complete oocyte cycles; and

(B) the collection and storage of two sperm samples.

(2) Before January 1, 2022, the department shall apply for a Medicaid waiver or a state plan amendment with CMS to implement the coverage described in Subsection (3).

(3) If the waiver or state plan amendment described in Subsection (2) is approved, the Medicaid program shall provide coverage to a qualified enrollee for standard fertility preservation services.

(4) The Medicaid program may not provide the coverage described in Subsection (3) before the later of:

(a) the day on which the waiver described in Subsection (2) is approved; and

(b) January 1, 2023.

(5) Before November 1, 2023, and before November 1 of each third year after 2023, the department shall:

(a) calculate the change in state spending attributable to the coverage described in this section; and

(b) report the amount described in Subsection (5)(a) to the Health and Human Services Interim Committee and the Social Services Appropriations Subcommittee.

Section 2. Section <del>{49-20-420.}</del><u>76-07-40</u>1 is enacted to read:

<u>{49-20-420.1.</u> Coverage for fertility preservation services.

(1) As used in this section:

(a) "Iatrogenic infertility" means an impairment of fertility or reproductive functioning caused by surgery, chemotherapy, radiation, or other medical treatment.

(b) "Physician" means an individual licensed to practice under Title 58, Chapter 67, Utah

Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.

- (c) Standard fertility preservation service" means a fertility preservation procedure and service that:
- (i) is not considered experimental or investigational by the American Society for Reproductive Medicine or the American Society of Clinical Oncology; and

(ii) is consistent with established medical practices or professional guidelines published by the American Society for Reproductive Medicine or the American Society of Clinical Oncology,

including:

(A) sperm banking;

(B) oocyte banking;

(C) embryo banking;

(D) banking of reproductive tissues; and

(E) storage of reproductive cells and tissues.

(d) "Qualified individual" means a covered individual who:

(i) has been diagnosed with a form of cancer or another disease by a physician; and

(ii) the treatment for that cancer or other disease includes surgery, radiation, chemotherapy, or

- other medical treatment that is recognized by medical professionals to cause a risk of sterility or iatrogenic infertility.
- (2) For a plan year that begins on or after July 1, 2021, the program shall provide coverage to a qualified individual for standard fertility preservation services.

(3) Before November 1, 2023, and before November 1 of each third year after 2023, the

program shall:

(a) calculate the change in state spending attributable to the coverage described in this section;

and

(b) report the amount described in Subsection (3)(a) to the Health and Human Services Interim

Committee and the Social Services Appropriations Subcommittee.

Section 3. Section 76-07-401 is enacted to read:

# <sup>+</sup> Part 4. Genetic Material Misuse

# 76-07-401. Definitions.

As used in this part:

(1) "Assisted reproductive treatment" means a method of causing pregnancy by any means other than through sexual intercourse, including:

(a) intrauterine or intracervical insemination;

(b) donation of eggs or sperm;

(c) donation of embryos;

(d) in vitro fertilization and embryo transfer; and

(e) intracytoplasmic sperm injection.

(2) "Gamete" means a cell containing a haploid complement of DNA that has the

potential to form an embryo when combined with another gamete, including:

(a) a sperm;

(b) an egg; or

(c) nuclear DNA from one individual combined with the:

(i) cytoplasm of another individual; or

(ii) cytoplasmic DNA of another individual.

(3) "Health care provider" means an individual listed in Subsection 78B-3-403(12).

Section  $\frac{4}{2}$ . Section 76-07-402 is enacted to read:

# <u>76-07-402.</u> Genetic material misuse.

(1) A health care provider may not knowingly use the health care provider's own gamete, when providing assisted reproductive treatment to a patient, without the patient's written consent.

(2) A health care provider who violates Subsection (1) is guilty of a third degree felony.