02/03/23 REVISOR RSI/CA 23-02032 as introduced

SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

A bill for an act

relating to insurance; requiring the coverage for infertility treatment; proposing

S.F. No. 1704

(SENATE AUTHORS: MAYE QUADE, Wiklund, Morrison, Klein and Dibble) **OFFICIAL STATUS**

DATE 02/16/2023 **D-PG** 851

Introduction and first reading Referred to Commerce and Consumer Protection Author added Dibble

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03/01/2023 1205 03/08/2023 Comm report: To pass as amended and re-refer to Health and Human Services

1.3	coding for new law in Minnesota Statutes, chapter 62A.
1.4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.5	Section 1. [62A.0412] COVERAGE OF INFERTILITY TREATMENT.
1.6	Subdivision 1. Scope. This section applies to all health plans that provide maternity
1.7	benefits to Minnesota residents.
1.8	Subd. 2. Required coverage. (a) Every health plan under subdivision 1 must provide
1.9	coverage for procedures related to infertility diagnosis and treatment that are (1) considered
1.10	medically necessary by the enrollee's treating health care provider, and (2) recognized by
1.11	either the American Society for Reproductive Medicine or the American College of Obstetrics
1.12	and Gynecologists.
1.13	(b) Coverage must include but is not limited to ovulation induction, procedures and
1.14	devices to monitor ovulation, artificial insemination, oocyte retrieval procedures, in vitro
1.15	fertilization, gamete intrafallopian transfer, oocyte replacement, cryopreservation techniques,
1.16	micromanipulation of gametes, and fertility preservation procedures for cancer patients.
1.17	Coverage must include unlimited embryo transfers, but may impose a limit of four completed
1.18	egg retrievals during a single plan year.

(c) Coverage for surgical reversal of elective sterilization and expenses related to purchase

Section 1. 1

of donor gametes is not required under this section.

2.1	(d) Cost-sharing requirements, including co-payments, deductibles, and coinsurance for
2.2	infertility coverage, must not be greater than the cost-sharing requirements for maternity
2.3	coverage under the enrollee's health plan.
2.4	Subd. 3. Definitions. For the purpose of this section, "infertility" means a disease,
2.5	condition, or status affecting the reproductive system that (1) interferes with an individual's
2.6	ability to achieve a pregnancy, or (2) decreases a woman's ability to carry a pregnancy to a
2.7	live birth.
2.8	Subd. 4. Exclusion. This section does not apply to health plans offered under chapter
2.9	256B or 256L.
2.10	EFFECTIVE DATE. This section is effective August 1, 2023, and applies to all health
2.11	plans issued or renewed on or after that date.

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Section 1. 2