

## 2022 HB1008 infertility treatment

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Effective January 1, 2023, all large group, fully insured health benefit plans, to include student health plans, issued or renewed in the state of Colorado must provide coverage for the diagnosis of and treatment for infertility and standard fertility preservation services. Coverage required includes three completed oocyte retrievals, per year, irrespective of benefit or calendar year, with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

The health plan cannot impose:

- Any exclusions, limitations, or other restrictions on coverage of fertility medications that are different from the exclusions, limitations, or other restriction imposed on any other prescription medications covered under the health benefit plan.
- 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, which 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.

The bill does allow religious exemptions. A religious employer may request, and a carrier must grant, an exclusion if the required coverage conflicts with the religious organization's genuine religious beliefs and practices. A religious employer who obtains an exclusion must provide its employees reasonable and timely notice of the exclusion of the coverage.

**Note:** Balance-funded plans for Anthem Blue Cross and Blue Shield typically follow rules for fully insured plans. Administrative services only (ASO) groups can opt out of this coverage using a rider.

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