

SENATE BILL NO. 1182

December 05, 2024, Introduced by Senator CHANG and referred to the Committee on Health Policy.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
(MCL 500.100 to 500.8302) by adding section 3406cc.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 **Sec. 3406cc. (1) Beginning January 1, 2026, an insurer that**
2 **delivers, issues for delivery, or renews in this state a health**
3 **insurance policy shall provide coverage for the treatment of**
4 **infertility, including all of the following:**

5 **(a) Fertility diagnostic care.**

6 **(b) Fertility treatment.**

1 (c) Standard fertility preservation services.

2 (d) At least 4 complete oocyte retrievals with unlimited
3 embryo transfers from those oocyte retrievals or from any oocyte
4 retrieval.

5 (e) The medical costs related to an embryo transfer to be made
6 from or on behalf of an insured to a third party. However, the
7 insured's coverage must not extend to any medical costs of a
8 surrogate after the embryo transfer.

9 (f) Coverage regardless of whether donor gametes or embryos
10 are used or if an embryo will be transferred to a surrogate.

11 (2) Coverage for the treatment of infertility under this
12 section must be provided without discrimination on the basis of
13 age, ancestry, disability, domestic partner status, gender, gender
14 expression, gender identity, genetic information, marital status,
15 national origin, race, religion, sex, or sexual orientation.

16 (3) An insurer described in subsection (1) shall not impose
17 any of the following:

18 (a) Deductibles, copayments, coinsurance, benefit maximums,
19 waiting periods, or any other limitations on coverage for the
20 diagnosis and treatment of infertility, including the prescription
21 of fertility medications, different from those imposed on benefits
22 for services not related to infertility.

23 (b) Preexisting condition exclusions or pre-existing condition
24 waiting periods on coverage for the diagnosis and treatment of
25 infertility or use any prior diagnosis of or prior treatment for
26 infertility as a basis for excluding, limiting, or otherwise
27 restricting the availability of coverage for required benefits.

28 (c) Limitations on coverage based solely on arbitrary factors,
29 including number of attempts, dollar amounts, or age, or provide

1 different benefits to, or impose different requirements on, a class
2 protected under the Elliot-Larsen civil rights act 1976 PA 453, MCL
3 37.2101 to 37.2804, than that provided to other insureds.

4 (d) Exclusions, limitations, or other restrictions on coverage
5 of fertility medications that are different from those imposed on
6 any other prescription medications.

7 (e) Limitations under the policy based on anything other than
8 the medical assessment of an individual's licensed health care
9 provider.

10 (4) An insurer described in subsection (1) shall provide
11 coverage under this section regardless of whether the insured
12 foregoes a particular fertility treatment or procedure if the
13 insured's health care provider determines that the treatment or
14 procedure is likely to be unsuccessful or the insured seeks to use
15 previously retrieved oocytes or embryos.

16 (5) This section does not interfere with the clinical judgment
17 of a health care provider. Any clinical guidelines used for a
18 policy subject to the requirements of this section must be based on
19 current guidelines developed by the American Society for
20 Reproductive Medicine, its successor organization, or a comparable
21 organization.

22 (6) As used in this section:

23 (a) "Gamete" means sperm or egg.

24 (b) "Oocyte" means an ovum or egg cell before maturation.

25 (c) "Fertility diagnostic care" means procedures, products,
26 genetic testing, medications, counseling, and services intended to
27 provide information and counseling about an individual's fertility,
28 including laboratory assessments and imaging studies.

29 (d) "Fertility treatment" means procedures, products, genetic

1 testing, medications, counseling, and services intended to achieve
2 a pregnancy that results in a live birth and that are provided in a
3 manner consistent with established medical practice and
4 professional guidelines published by the American Society for
5 Reproductive Medicine, its successor organization, or a comparable
6 organization.

7 (e) "Health care provider" means any of the following:

8 (i) Nurse practitioner. As used in this subparagraph, "nurse
9 practitioner" means an individual who is licensed as a registered
10 professional nurse under part 172 of the public health code, 1978
11 PA 368, MCL 333.17201 to 333.17242, who has been granted a
12 specialty certification as a nurse practitioner by the Michigan
13 board of nursing under section 17210 of the public health code,
14 1978 PA 368, MCL 333.17210.

15 (ii) Physician.

16 (iii) Physician's assistant. As used in this subparagraph,
17 "physician's assistant" means an individual who is licensed to
18 engage in the practice as a physician's assistant under part 170,
19 175, or 180 of the public health code, 1978 PA 368, MCL 333.17001
20 to 333.17097, MCL 333.17501 to 333.17556, and MCL 333.18001 to
21 333.18058.

22 (f) "Infertility" means any of the following:

23 (i) The presence of a condition recognized by a health care
24 provider as a cause of loss or impairment of fertility, based on an
25 individual's medical, sexual, and reproductive history, age,
26 physical findings, diagnostic testing, or any combination of those
27 factors.

28 (ii) An individual's inability to establish a pregnancy or to
29 carry a pregnancy to live birth after 12 months of unprotected

1 sexual intercourse when the individual and the individual's partner
2 have the necessary gametes to achieve pregnancy.

3 (iii) An individual's inability to establish pregnancy after 6
4 months of unprotected sexual intercourse due to the individual's
5 age when the individual and the individual's partner have the
6 necessary gametes to achieve pregnancy.

7 (iv) An individual's inability to achieve pregnancy as an
8 individual or with a partner because the individual or the
9 individual and the individual's partner do not have the necessary
10 gametes to achieve a pregnancy.

11 (v) An individual's increased risk, independently or with the
12 individual's partner, of transmitting a serious, inheritable
13 genetic or chromosomal abnormality to a child.

14 (vi) Infertility as defined by the American Society of
15 Reproductive Medicine, its successor organization, or a comparable
16 organization. Pregnancy resulting in a loss does not cause the time
17 period of trying to achieve a pregnancy to be restarted.

18 (g) "Physician" means either of the following:

19 (i) A physician licensed to engage in the practice of medicine
20 under part 170 of the public health code, 1978 PA 368, MCL
21 333.17001 to 333.17097.

22 (ii) A physician licensed to engage in the practice of
23 osteopathic medicine and surgery under part 175 of the public
24 health code, 1978 PA 368, MCL 333.17501 to 333.17556.

25 (h) "Standard fertility preservation services" means
26 procedures, products, genetic testing, medications, counseling, and
27 services intended to preserve fertility, consistent with
28 established medical practice and professional guidelines published
29 by the American Society for Reproductive Medicine, its successor

1 organization, or a comparable organization, for an individual who
2 has a medical or genetic condition or who is expected to undergo
3 treatment that has a possible side effect of or may directly or
4 indirectly cause a risk of impairment of fertility, and includes,
5 but is not limited to, the procurement, cryopreservation, and
6 storage of gametes, embryos, and reproductive material.