

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 3150

STATE OF NEW JERSEY
218th LEGISLATURE

ADOPTED NOVEMBER 18, 2019

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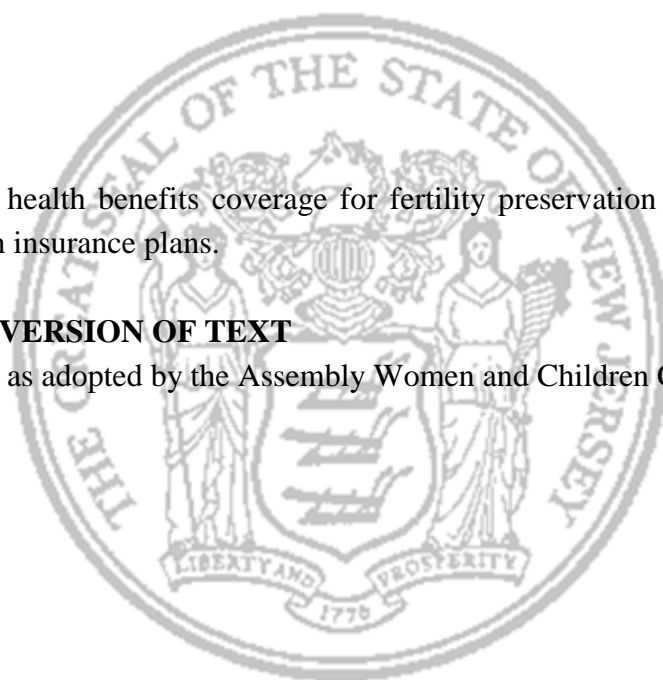
Assemblywomen Pintor Marin and Downey

SYNOPSIS

Mandates health benefits coverage for fertility preservation services under certain health insurance plans.

CURRENT VERSION OF TEXT

Substitute as adopted by the Assembly Women and Children Committee.



(Sponsorship Updated As Of: 12/17/2019)

1 **AN ACT** concerning health benefits coverage for fertility
2 preservation services under certain health insurance plans and
3 supplementing various parts of statutory law.
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. a. A hospital service corporation contract which provides
9 hospital or medical expense benefits for groups with more than 50
10 persons and is delivered, issued, executed or renewed in this State,
11 or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective
13 date of this act, shall provide coverage for standard fertility
14 preservation services when a medically necessary treatment may
15 directly or indirectly cause iatrogenic infertility.

16 For the purposes of this section:

17 “Iatrogenic infertility” means an impairment of fertility caused
18 by surgery, radiation, chemotherapy, or other medical treatment
19 affecting reproductive organs or processes.

20 “May directly or indirectly cause” means a medical treatment
21 with a likely side effect of iatrogenic infertility as established by the
22 American Society for Reproductive Medicine, the American
23 Society of Clinical Oncology, or as defined by the New Jersey
24 Department of Health.

25 “Standard fertility preservation services” means procedures
26 consistent with established medical practices and professional
27 guidelines published by the American Society for Reproductive
28 Medicine, the American Society of Clinical Oncology, or as defined
29 by the New Jersey Department of Health. “Standard fertility
30 preservation services” shall not include the storage of sperm or
31 oocytes.

32 The benefits shall be provided to the same extent as for any other
33 medical condition under the contract. The same copayments,
34 deductibles, and benefit limits shall apply to the provision of
35 standard fertility preservation services pursuant to this section as
36 those applied to other medical or surgical benefits under the
37 contract.

38 b. A hospital service corporation providing coverage under this
39 section shall not determine the provision of standard fertility
40 preservation services based on a covered person’s expected length
41 of life, present or predicted disability, degree of medical
42 dependency, perceived quality of life, or other health conditions, or
43 based on personal characteristics, including age, sex, sexual
44 orientation, marital status, or gender identity.

45 c. This section shall apply to those hospital service corporation
46 contracts in which the hospital service corporation has reserved the
47 right to change the premium.

1 2. a. A medical service corporation contract which provides
2 hospital or medical expense benefits for groups with more than 50
3 persons and is delivered, issued, executed or renewed in this State,
4 or approved for issuance or renewal in this State by the
5 Commissioner of Banking and Insurance, on or after the effective
6 date of this act, shall provide coverage for standard fertility
7 preservation services when a medically necessary treatment may
8 directly or indirectly cause iatrogenic infertility.

9 For the purposes of this section:

10 “Iatrogenic infertility” means an impairment of fertility caused
11 by surgery, radiation, chemotherapy, or other medical treatment
12 affecting reproductive organs or processes.

13 “May directly or indirectly cause” means a medical treatment
14 with a likely side effect of iatrogenic infertility as established by the
15 American Society for Reproductive Medicine, the American
16 Society of Clinical Oncology, or as defined by the New Jersey
17 Department of Health.

18 “Standard fertility preservation services” means procedures
19 consistent with established medical practices and professional
20 guidelines published by the American Society for Reproductive
21 Medicine, the American Society of Clinical Oncology, or as defined
22 by the New Jersey Department of Health. “Standard fertility
23 preservation services” shall not include the storage of sperm or
24 oocytes.

25 The benefits shall be provided to the same extent as for any other
26 medical condition under the contract. The same copayments,
27 deductibles, and benefit limits shall apply to the provision of
28 standard fertility preservation services pursuant to this section as
29 those applied to other medical or surgical benefits under the
30 contract.

31 b. A medical service corporation providing coverage under this
32 section shall not determine the provision of standard fertility
33 preservation services based on a covered person’s expected length
34 of life, present or predicted disability, degree of medical
35 dependency, perceived quality of life, or other health conditions, or
36 based on personal characteristics, including age, sex, sexual
37 orientation, marital status, or gender identity.

38 c. This section shall apply to those medical service corporation
39 contracts in which the medical service corporation has reserved the
40 right to change the premium.

41
42 3. a. A health service corporation contract which provides
43 hospital or medical expense benefits for groups with more than 50
44 persons and is delivered, issued, executed or renewed in this State,
45 or approved for issuance or renewal in this State by the
46 Commissioner of Banking and Insurance, on or after the effective
47 date of this act shall provide coverage for standard fertility

1 preservation services when a medically necessary treatment may
2 directly or indirectly cause iatrogenic infertility.

3 For the purposes of this section:

4 “Iatrogenic infertility” means an impairment of fertility caused
5 by surgery, radiation, chemotherapy, or other medical treatment
6 affecting reproductive organs or processes.

7 “May directly or indirectly cause” means a medical treatment
8 with a likely side effect of iatrogenic infertility as established by the
9 American Society for Reproductive Medicine, the American
10 Society of Clinical Oncology, or as defined by the New Jersey
11 Department of Health.

12 “Standard fertility preservation services” means procedures
13 consistent with established medical practices and professional
14 guidelines published by the American Society for Reproductive
15 Medicine, the American Society of Clinical Oncology, or as defined
16 by the New Jersey Department of Health. “Standard fertility
17 preservation services” shall not include the storage of sperm or
18 oocytes.

19 The benefits shall be provided to the same extent as for any other
20 medical condition under the contract. The same copayments,
21 deductibles, and benefit limits shall apply to the provision of
22 standard fertility preservation services pursuant to this section as
23 those applied to other medical or surgical benefits under the
24 contract.

25 b. A health service corporation providing coverage under this
26 section shall not determine the provision of standard fertility
27 preservation services based on a covered person’s expected length
28 of life, present or predicted disability, degree of medical
29 dependency, perceived quality of life, or other health conditions, or
30 based on personal characteristics, including age, sex, sexual
31 orientation, marital status, or gender identity.

32 c. This section shall apply to those health service corporation
33 contracts in which the health service corporation has reserved the
34 right to change the premium.

35

36 4. a. A group health insurance policy which provides hospital
37 or medical expense benefits for groups with more than 50 persons
38 and is delivered, issued, executed or renewed in this State, or
39 approved for issuance or renewal in this State by the Commissioner
40 of Banking and Insurance, on or after the effective date of this act,
41 shall provide coverage for standard fertility preservation services
42 when a medically necessary treatment may directly or indirectly
43 cause iatrogenic infertility.

44 For the purposes of this section:

45 “Iatrogenic infertility” means an impairment of fertility caused
46 by surgery, radiation, chemotherapy, or other medical treatment
47 affecting reproductive organs or processes.

1 “May directly or indirectly cause” means a medical treatment
2 with a likely side effect of iatrogenic infertility as established by the
3 American Society for Reproductive Medicine, the American
4 Society of Clinical Oncology, or as defined by the New Jersey
5 Department of Health.

6 “Standard fertility preservation services” means procedures
7 consistent with established medical practices and professional
8 guidelines published by the American Society for Reproductive
9 Medicine, the American Society of Clinical Oncology, or as defined
10 by the New Jersey Department of Health. “Standard fertility
11 preservation services” shall not include the storage of sperm or
12 oocytes.

13 The benefits shall be provided to the same extent as for any other
14 medical condition under the policy. The same copayments,
15 deductibles, and benefit limits shall apply to the provision of
16 standard fertility preservation services pursuant to this section as
17 those applied to other medical or surgical benefits under the policy.

18 b. An insurer providing coverage under this section shall not
19 determine the provision of standard fertility preservation services
20 based on an insured’s expected length of life, present or predicted
21 disability, degree of medical dependency, perceived quality of life,
22 or other health conditions, or based on personal characteristics,
23 including age, sex, sexual orientation, marital status, or gender
24 identity.

25 c. This section shall apply to those group health insurance
26 policies in which the insurer has reserved the right to change the
27 premium.

28
29 5. a. A health maintenance organization contract that
30 provides hospital or medical expense benefits for groups with more
31 than 50 persons and is delivered, issued, executed or renewed in
32 this State, or approved for issuance or renewal in this State by the
33 Commissioner of Banking and Insurance, on or after the effective
34 date of this act, shall provide coverage for standard fertility
35 preservation services when a medically necessary treatment may
36 directly or indirectly cause iatrogenic infertility.

37 For the purposes of this section:

38 “Iatrogenic infertility” means an impairment of fertility caused
39 by surgery, radiation, chemotherapy, or other medical treatment
40 affecting reproductive organs or processes.

41 “May directly or indirectly cause” means a medical treatment
42 with a likely side effect of iatrogenic infertility as established by the
43 American Society for Reproductive Medicine, the American
44 Society of Clinical Oncology, or as defined by the New Jersey
45 Department of Health.

46 “Standard fertility preservation services” means procedures
47 consistent with established medical practices and professional
48 guidelines published by the American Society for Reproductive

1 Medicine, the American Society of Clinical Oncology, or as defined
2 by the New Jersey Department of Health. “Standard fertility
3 preservation services” shall not include the storage of sperm or
4 oocytes.

5 The benefits shall be provided to the same extent as for any other
6 medical condition under the contract. The same copayments,
7 deductibles, and benefit limits shall apply to the provision of
8 standard fertility preservation services pursuant to this section as
9 those applied to other medical or surgical benefits under the
10 contract.

11 b. A health maintenance organization providing coverage under
12 this section shall not determine the provision of standard fertility
13 preservation services based on an enrollee’s expected length of life,
14 present or predicted disability, degree of medical dependency,
15 perceived quality of life, or other health conditions, or based on
16 personal characteristics, including age, sex, sexual orientation,
17 marital status, or gender identity.

18 c. This section shall apply to those health maintenance
19 organization contracts in which the health maintenance organization
20 has reserved the right to change the premium.

21

22 6. a. The State Health Benefits Commission shall ensure that
23 every contract purchased by the commission on or after the
24 effective date of this act that provides hospital or medical expense
25 benefits shall provide coverage for standard fertility preservation
26 services when a medically necessary treatment may directly or
27 indirectly cause iatrogenic infertility.

28 For the purposes of this section:

29 “Iatrogenic infertility” means an impairment of fertility caused
30 by surgery, radiation, chemotherapy, or other medical treatment
31 affecting reproductive organs or processes.

32 “May directly or indirectly cause” means a medical treatment
33 with a likely side effect of iatrogenic infertility as established by the
34 American Society for Reproductive Medicine, the American
35 Society of Clinical Oncology, or as defined by the New Jersey
36 Department of Health.

37 “Standard fertility preservation services” means procedures
38 consistent with established medical practices and professional
39 guidelines published by the American Society for Reproductive
40 Medicine, the American Society of Clinical Oncology, or as defined
41 by the New Jersey Department of Health. “Standard fertility
42 preservation services” shall not include the storage of sperm or
43 oocytes.

44 The benefits shall be provided to the same extent as for any other
45 medical condition under the contract. The same copayments,
46 deductibles, and benefit limits shall apply to the provision of
47 standard fertility preservation services pursuant to this section as

1 those applied to other medical or surgical benefits under the
2 contract.

3 b. The State Health Benefits Commission shall not purchase a
4 contract that determines the provision of standard fertility
5 preservation services based on a covered person's expected length
6 of life, present or predicted disability, degree of medical
7 dependency, perceived quality of life, or other health conditions, or
8 based on personal characteristics, including age, sex, sexual
9 orientation, marital status, or gender identity.

10

11 7. a. The School Employees' Health Benefits Commission
12 shall ensure that every contract purchased by the commission on or
13 after the effective date of this act that provides hospital or medical
14 expense benefits shall provide coverage for standard fertility
15 preservation services when a medically necessary treatment may
16 directly or indirectly cause iatrogenic infertility.

17 For the purposes of this section:

18 "Iatrogenic infertility" means an impairment of fertility caused
19 by surgery, radiation, chemotherapy, or other medical treatment
20 affecting reproductive organs or processes.

21 "May directly or indirectly cause" means a medical treatment
22 with a likely side effect of iatrogenic infertility as established by the
23 American Society for Reproductive Medicine, the American
24 Society of Clinical Oncology, or as defined by the New Jersey
25 Department of Health.

26 "Standard fertility preservation services" means procedures
27 consistent with established medical practices and professional
28 guidelines published by the American Society for Reproductive
29 Medicine, the American Society of Clinical Oncology, or as defined
30 by the New Jersey Department of Health. "Standard fertility
31 preservation services" shall not include the storage of sperm or
32 oocytes.

33 The benefits shall be provided to the same extent as for any other
34 medical condition under the contract. The same copayments,
35 deductibles, and benefit limits shall apply to the provision of
36 standard fertility preservation services pursuant to this section as
37 those applied to other medical or surgical benefits under the
38 contract.

39 b. The School Employees' Health Benefits Program shall not
40 purchase a contract that determines the provision of standard
41 fertility preservation services based on a covered person's expected
42 length of life, present or predicted disability, degree of medical
43 dependency, perceived quality of life, or other health conditions, or
44 based on personal characteristics, including age, sex, sexual
45 orientation, marital status, or gender identity.

46

47 8. This act shall take effect on the 90th day after enactment.