

SENATE No. 622

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to LGBTQ family building.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Julian Cyr</i>	<i>Cape and Islands</i>	
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/7/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/7/2023</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>3/7/2023</i>

SENATE No. 622

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 622) of Julian Cyr, Lindsay N. Sabadosa, Jason M. Lewis and Paul R. Feeney for legislation relative to LGBTQ family building. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 652 OF 2021-2022.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act relative to LGBTQ family building.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 175 of the General Laws, as appearing in the 2020 Official Edition,
2 is hereby amended by striking out section 47H and inserting in place thereof the following
3 section:-

4 Section 47H. Any blanket or general policy of insurance, except a blanket or general
5 policy of insurance which provides supplemental coverage to medicare or other governmental
6 programs, described in subdivisions (A), (C) or (D) of section one hundred and ten that provides
7 hospital expense or surgical expense insurance that includes pregnancy-related benefits and is
8 issued or subsequently renewed by agreement between the insurer and the policyholder, within
9 or without the commonwealth, while this provision is effective, or any policy of accident and
10 sickness insurance as described in section one hundred and eight that provides hospital expense

11 or surgical expense insurance that includes pregnancy-related benefits and is delivered or issued
12 for delivery or subsequently renewed by agreement between the insurer and the policyholder in
13 the commonwealth while this provision is effective, or any employees' health and welfare fund
14 that provides hospital expense and surgical expense benefits that includes pregnancy-related
15 benefits and is promulgated or renewed to any person or group of persons in the commonwealth
16 while this provision is effective shall provide, to the same extent that benefits are provided for
17 other pregnancy-related procedures, coverage for medically necessary expenses of diagnosis of
18 infertility and fertility treatment and preservation to persons residing within the commonwealth.
19 Said benefits shall meet all other terms and conditions of the policy of insurance, provided
20 however there shall be no conditions to receive said benefits based on required waiting periods,
21 number of attempts, prior treatment, age, sexual orientation or familial status.

22 For purposes of this section, “infertility” shall mean the condition of an individual,
23 whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or
24 whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An
25 individual qualifies for the diagnosis of infertility and fertility treatment and preservation under
26 this section if the following conditions are met: (1) a board-certified or board-eligible
27 obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or
28 andrologist verifies that the individual has a need for infertility treatment; or (2) the individual
29 has not been able to carry a pregnancy to live birth. Coverage under this section, and any
30 limitations thereon, shall be based on standards or guidelines developed by the American Society
31 for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided
32 further, that standard fertility preservation services, consistent with established medical practices
33 and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or

34 genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting
35 reproductive organs or processes. Said coverage will include the coverage for procurement,
36 cryopreservation, and storage of gametes, embryos or other reproductive tissue.

37 SECTION 2. Chapter 176A of the General Laws, as appearing in the 2020 Official
38 Edition, is hereby amended by striking section 8K and inserting in place thereof the following:-

39 Section 8K. Any contract, except contracts providing supplemental coverage to medicare
40 or other governmental programs, between a subscriber and the corporation under an individual or
41 group hospital service plan that is delivered, issued for delivery or renewed in the
42 commonwealth while this provision is effective and that provides pregnancy-related benefits
43 shall provide as a benefit for all individual subscribers or members within the commonwealth
44 and all group members having a principal place of employment within the commonwealth, to the
45 same extent that benefits are provided for other pregnancy-related procedures, coverage for
46 medically necessary expenses of diagnosis of infertility and fertility treatment and preservation.
47 Said benefits shall meet all other terms and conditions of the subscriber certificate, provided
48 however there shall be no conditions to receive said benefits based on required waiting periods,
49 number of attempts, prior treatment, age, sexual orientation or familial status.

50 For purposes of this section, “infertility” shall mean the condition of an individual,
51 whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or
52 whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An
53 individual qualifies for the diagnosis of infertility and fertility treatment and preservation under
54 this section if the following conditions are met: (1) a board-certified or board-eligible
55 obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or

56 andrologist verifies that the individual has a need for infertility treatment; or (2) the individual
57 has not been able to carry a pregnancy to live birth. Coverage under this section, and any
58 limitations thereon, shall be based on standards or guidelines developed by the American Society
59 for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided
60 further, that standard fertility preservation services, consistent with established medical practices
61 and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or
62 genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting
63 reproductive organs or processes. Said coverage will include the coverage for procurement,
64 cryopreservation, and storage of gametes, embryos or other reproductive tissue.

65 SECTION 3. Chapter 176B of the General Laws is hereby amended by striking out
66 section 4J and inserting in place thereof the following new section:-

67 Section 4J. Any subscription certificate under an individual or group medical service
68 agreement, except certificates that provide supplemental coverage to medicare or other
69 governmental programs, that is delivered, issued for delivery or renewed in the commonwealth
70 while this section is effective shall provide as a benefit for all individual subscribers or members
71 within the commonwealth and all group members having a principal place of employment within
72 the commonwealth, to the same extent that benefits are provided for other pregnancy-related
73 procedures and subject to the other terms and conditions of the subscription certificate, coverage
74 for medically necessary expenses of diagnosis of infertility and fertility treatment and
75 preservation. Said benefits shall meet all other terms and conditions of the subscription
76 certificate, provided however there shall be no conditions to receive said benefits based on
77 required waiting periods, number of attempts, prior treatment, age, sexual orientation or familial
78 status.

79 For purposes of this section, “infertility” shall mean the condition of an individual,
80 whereby an individual is unable to become pregnant or to carry a pregnancy to live birth, or
81 whereby an individual is unable to cause pregnancy and live birth in the individual’s partner. An
82 individual qualifies for the diagnosis of infertility and fertility treatment and preservation under
83 this section if the following conditions are met: (1) a board-certified or board-eligible
84 obstetrician-gynecologist, subspecialist in reproductive endocrinology, oncologist, urologist or
85 andrologist verifies that the individual has a need for infertility treatment; or (2) the individual
86 has not been able to carry a pregnancy to live birth. Coverage under this section, and any
87 limitations thereon, shall be based on standards or guidelines developed by the American Society
88 for Reproductive Medicine or the Society for Assisted Reproductive Technology. Provided
89 further, that standard fertility preservation services, consistent with established medical practices
90 and professional guidelines, shall be covered (a) when the enrollee has a diagnosed medical or
91 genetic condition that may directly or indirectly cause (b) impairment of fertility by affecting
92 reproductive organs or processes. Said coverage will include the coverage for procurement,
93 cryopreservation, and storage of gametes, embryos or other reproductive tissue.

94 SECTION 4. (a) The office of health equity shall investigate, analyze and study the
95 affordability, accessibility and practicality of the resources and services available to lesbian, gay,
96 bisexual, transgender and queer, hereinafter LGBTQ, individuals and couples seeking to expand
97 their families and to make recommendations to improve access to benefits and services where
98 necessary. The office shall: (i) examine availability of assistive reproductive technology
99 providers in rural and geographically isolated areas; (ii) assess the funding and programming
100 needed to enhance services to the growing population LGBTQ parents; (iii) examine the
101 feasibility of developing statewide training curricula to improve provider competency in the

102 delivery of health and social support services to LGBTQ parents; (iv) examine the extent to
103 which out-of-pocket cost associated with becoming a parent is impacted by sexual orientation
104 and gender identity; (v) examine policies and practices used by cryobanks related to known
105 donors for non-traditional families and LGBTQ donors; (vi) recommend best practices for
106 increasing access to services and eliminating disparities; (vii) make recommendations to
107 improve resources available to LGBTQ individuals relative to parentage, including but not
108 limited to adoption, surrogacy and assistive reproductive technology; and (viii) make
109 recommendations relative to education for providers of care and services to increase cultural
110 competency and referrals to relevant resources.

111 (b) The office, in formulating its recommendations, shall take into account the best
112 policies and practices in other states and jurisdictions. The office may consult experts, hold
113 regular public meetings, fact-finding hearings and other public forums as it considers necessary.

114 (c) The study may be conducted by an entity with a demonstrated capacity to deliver
115 research results passing an academic peer-review process in analyzing both quantitative and
116 qualitative data and to communicate study results in an accessible manner.

117 (d) The office shall receive data to complete the charge of this study under memorandums
118 of understanding with the center for health information and analysis established under chapter
119 12C of the General Laws, the group insurance commission established under chapter 32A of the
120 General Laws and MassHealth established under chapter 118E of the General Laws,
121 respectively.

122 (e) The office shall submit the findings of the study to clerks of the senate and house of
123 representatives, the joint committee on children, youth, and families, the joint committee on

124 public health, the joint committee on health care financing and the house and senate committees
125 on ways and means not later than December 31, 2021.

126 SECTION 5. Chapter 112 of the General Laws is hereby amended by inserting after
127 section 5N the following section:-

128 Section 5O. The board of registration in medicine established pursuant to section 5B
129 shall, in collaboration with experts in lesbian, gay, bisexual, transgender and queer, hereinafter
130 LGBTQ, family building, and in coordination with the American Society for Reproductive
131 Medicine or the Society for Assisted Reproductive Technology, develop or provide for, and
132 make available to any physician, a professional development training module regarding
133 resources and services available to LGBTQ couples seeking to expand their families. The goal of
134 the training module shall be to encourage physicians to speak with their patients, and to increase
135 a physician's competency in having effective discussions with patients and families in an
136 appropriate manner. The training module shall include information on: (i) the prevention and
137 elimination of discrimination based on sexual orientation, gender identity and expression in
138 medical settings; (ii) improving access to services for LGBTQ individuals; and (iii) options for
139 LGBTQ individuals seeking to start or grow their family.

140 The training module developed shall be accepted by the board as up to 2 continuing
141 professional development credits.

142 SECTION 6. The training curriculum established pursuant to section 5N of chapter 112
143 of the General Laws shall be completed within 9 months of enactment of the legislation.