SENATE DOCKET, NO. 1477 FILED ON: 1/16/2025

SENATE . . . . . No. 715

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 modern family building.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Julian Cyr	*Cape and Islands*	
James B. Eldridge	*Middlesex and Worcester*	*2/10/2025*
Jason M. Lewis	*Fifth Middlesex*	*2/13/2025*
Michael O. Moore	*Second Worcester*	*3/12/2025*
Sal N. DiDomenico	*Middlesex and Suffolk*	*8/6/2025*

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SENATE . . . . . No. 715

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 715) of Julian Cyr, James B. Eldridge and Jason M. Lewis for legislation relative to LGBTQ family building. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *622* OF 2023-2024.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act relative to modern 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:

SECTION 1. Section 17T of chapter 32A of the General Laws, as appearing in section 74 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word "processes", in subsection (b), the following words:- , provided that such storage shall be covered from the date of cryopreservation until the individual reaches the age of 35, or for a period of not less than five years, whichever is later.

SECTION 2. Said chapter 32A is hereby amended by inserting after section 17T the following section:-

Section 17U. (a) For purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

"Fertility diagnostic care", procedures, products, genetic testing, medications and services intended to provide information and counseling about an individual's fertility, including laboratory assessments and imaging studies.

"Fertility treatment", procedures, products, genetic testing, medications and services, including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a live birth and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, including preconception care, procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

"Infertility", any of the following: (i) a licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors; (ii) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or (iii) the inability to establish a pregnancy after regular, unprotected sexual intercourse for a period of no more than twelve months for an intended gestational parent under the age of 35 and of no more than 6 months for an intended gestational parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of Reproductive Medicine or its successor organization.

(b) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for fertility diagnostic care and fertility treatment for individuals residing within the commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed medical providers acting within the scope of practice for their profession, including physicians, nurse practitioners, certified nurse-midwives and licensed certified professional midwives. No conditions, including but not limited to prior treatment, age, sexual orientation, gender identity or familial status, shall be imposed to receive benefits under this section.

(c) A policy that provides coverage for services required under this section shall cover: (i) no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be required to provide coverage for any nonmedical costs relating to the procurement of gametes, donor embryos, or surrogacy services.

(d) Said coverage may not include any of the following: (i) any exclusion, limitation or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment based on a covered individual’s participation in fertility services provided by a third party, including gestational carriers, surrogates and the donation or use of said thirty party’s genetic material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation on coverage for services rendered pursuant to this section that are different from those imposed upon services not relating to infertility or fertility treatment.

SECTION 3. Chapter 112 of the General Laws is hereby amended by inserting after section 5O the following section:-

Section 5P. (a) The bureau of health professions licensure shall, in collaboration with experts in lesbian, gay, bisexual, transgender and queer, hereinafter LGBTQ, family building, and in coordination with the American Society for Reproductive Medicine or the Society for Assisted Reproductive Technology, develop or provide for, and make available to the board of registration in medicine, the board of registration in midwifery, the board of registration in nursing and any clinical laboratories licensed under 105 CMR 140.000 that collects, stores or distributes any genetic material for fertility treatment a professional development training module regarding resources and services available to LGBTQ couples seeking to expand their families. The goal of the training module shall be to encourage physicians to speak with their patients, and to increase a physician's competency in having effective discussions with patients and families in an appropriate manner. The training module shall include information on: (i) the prevention and elimination of discrimination based on sexual orientation, gender identity and expression in medical settings; (ii) improving access to services for LGBTQ individuals; and (iii) options for LGBTQ individuals seeking to start or grow their family.

(b) The training module developed shall be accepted by the board of registration in medicine, the board of registration in midwifery and the board of registration in nursing as up to 2 continuing professional development credits.

SECTION 4. Chapter 118E of the General Laws is hereby amended by inserting after section 10A1/2 the following section:-

Section 10AA. The division shall provide coverage for fertility diagnostic care, any medically necessary ovulation-enhancing drugs and medical services related to prescribing and monitoring the use of ovulation-enhancing drugs, and intrauterine insemination that is intended to treat infertility and achieve a pregnancy that results in a live birth that includes at least 3 cycles of ovulation-enhancing medication treatment over a medical assistance recipient's lifetime.

SECTION 5. Chapter 175 of the General Laws is hereby amended by striking out section 47H, as appearing in the 2022 Official Edition, and inserting in place thereof the following section:-

Section 47H. (a) For purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

"Fertility diagnostic care", procedures, products, genetic testing, medications and services intended to provide information and counseling about an individual's fertility, including laboratory assessments and imaging studies.

"Fertility treatment", procedures, products, genetic testing, medications and services, including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a live birth and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, including preconception care, procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

"Infertility", any of the following: (i) a licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any

combination of these factors; (ii) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or (iii) the inability to establish a pregnancy after regular, unprotected sexual intercourse for a period of no more than twelve months for an intended gestational parent under the age of 35 and of no more than 6 months for an intended gestational parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of Reproductive Medicine or its successor organization.

(b) Any blanket or general policy of insurance, except a blanket or general policy of insurance which provides supplemental coverage to medicare or other governmental programs, described in subsections (a), (c) or (d) of section 110 that provides hospital expense or surgical expense insurance that includes pregnancy-related benefits and is issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, while this provision is effective, or any policy of accident and sickness insurance as described in section one hundred and eight that provides hospital expense or surgical expense insurance that includes pregnancy-related benefits and is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth while this provision is effective, or any employees' health and welfare fund that provides hospital expense and surgical expense benefits that includes pregnancy-related benefits and is promulgated or renewed to any person or group of persons in the commonwealth while this provision is effective shall provide, to the same extent that benefits are provided for other

pregnancy-related procedures, coverage for fertility diagnostic care and fertility treatment for individuals residing within the commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed medical providers acting within the scope of practice for their profession, including physicians, nurse practitioners, certified nurse-midwives and licensed certified professional midwives.

(c) A policy that provides coverage for services required under this section shall cover: (i) no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be required to provide coverage for any nonmedical costs relating to the procurement of gametes, donor embryos, or surrogacy services.

(d) Said coverage may not include any of the following: (i) any exclusion, limitation or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment based on a covered individual's participation in fertility services provided by a third party, including gestational carriers, surrogates and the donation or use of said thirty party's genetic material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation on coverage for services rendered pursuant to this section that are different from those imposed upon services not relating to infertility or fertility treatment.

SECTION 6. Section 47VV of said chapter 175, as appearing in section 145 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word "tissue", in subsection (b),

the following words:- , provided that coverage for such storage shall extend until the individual reaches the age of 35, or for a period of 5 years, whichever is later

SECTION 7. Chapter 176A of the General Laws is hereby amended by striking section 8K, as appearing in the 2022 Official Edition, and inserting in place thereof the following:-

Section 8K. (a) For purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

"Fertility diagnostic care", procedures, products, genetic testing, medications and services intended to provide information and counseling about an individual's fertility, including laboratory assessments and imaging studies.

"Fertility treatment", procedures, products, genetic testing, medications and services, including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a live birth and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, including preconception care, procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

"Infertility", any of the following: (i) a licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors; (ii) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or (iii) the inability to establish a pregnancy after regular, unprotected sexual intercourse for a period of no more than twelve months for an intended gestational parent under the age of 35 and of no more than 6 months for an intended gestational

parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of Reproductive Medicine or its successor organization.

(b) Any contract, except contracts providing supplemental coverage to medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued for delivery or renewed in the commonwealth while this provision is effective and that provides pregnancy-related benefits shall provide as a benefit for all individual subscribers or members within the commonwealth and all group members having a principal place of employment within the commonwealth, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for fertility diagnostic care and fertility treatment for individuals residing within the commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed medical providers acting within the scope of practice for their profession, including physicians, nurse practitioners, certified nurse-midwives and licensed certified professional midwives.

(c) A policy that provides coverage for services required under this section shall cover: (i) no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be required to provide coverage for any nonmedical costs relating to the procurement of gametes, donor embryos, or surrogacy services.

(d) Said coverage may not include any of the following: (i) any exclusion, limitation or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment based on a covered individual's participation in fertility services provided by a third party, including gestational carriers, surrogates and the donation or use of said thirty party's genetic material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation on coverage for services rendered pursuant to this section that are different from those imposed upon services not relating to infertility or fertility treatment.

SECTION 8. Section 8WW of said chapter 176A, as appearing in section 148 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word "tissue", in subsection (b), the following words:- , provided that coverage for such storage shall extend until the individual reaches the age of 35, or for a period of 5 years, whichever is later

SECTION 9. Chapter 176B of the General Laws is hereby amended by striking out section 4J, as appearing in the 2022 Official Edition, and inserting in place thereof the following new section:-

Section 4J. (a) For purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

"Fertility diagnostic care", procedures, products, genetic testing, medications and services intended to provide information and counseling about an individual's fertility, including laboratory assessments and imaging studies.

"Fertility treatment", procedures, products, genetic testing, medications and services, including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a

live birth and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, including preconception care, procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

"Infertility", any of the following: (i) a licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors; (ii) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or (iii) the inability to establish a pregnancy after regular, unprotected sexual intercourse for a period of no more than twelve months for an intended gestational parent under the age of 35 and of no more than 6 months for an intended gestational parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of Reproductive Medicine or its successor organization.

(b) Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to medicare or other governmental programs, which is delivered, issued for delivery or renewed in the commonwealth while this section is effective shall provide as a benefit for all individual subscribers or members within the commonwealth and all group members having a principal place of employment within the commonwealth, to the same extent that benefits are provided for other pregnancy-related procedures and subject to the other terms and conditions of the subscription certificate, coverage

for fertility diagnostic care and fertility treatment for individuals residing within the commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed medical providers acting within the scope of practice for their profession, including physicians, nurse practitioners, certified nurse-midwives and licensed certified professional midwives.

(c) A policy that provides coverage for services required under this section shall cover: (i) no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be required to provide coverage for any nonmedical costs relating to the procurement of gametes, donor embryos, or surrogacy services.

(d) Said coverage may not include any of the following: (i) any exclusion, limitation or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment based on a covered individual's participation in fertility services provided by a third party, including gestational carriers, surrogates and the donation or use of said thirty party's genetic material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation on coverage for services rendered pursuant to this section that are different from those imposed upon services not relating to infertility or fertility treatment.

SECTION 10. Section 4WW of said chapter 176B, as appearing in section 149 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word "tissue", in subsection (b), the following words:- , provided that coverage for such storage shall extend until the individual reaches the age of 35, or for a period of 5 years, whichever is later

SECTION 11. (a) The office of health equity shall investigate, analyze and study the affordability, accessibility and practicality of the resources and services available to lesbian, gay, bisexual, transgender and queer, hereinafter LGBTQ, individuals and couples seeking to expand their families and to make recommendations to improve access to benefits and services where necessary. The office shall: (i) examine availability of assisted reproduction providers in rural and geographically isolated areas; (ii) assess the funding and programming needed to enhance services to the growing population LGBTQ parents; (iii) examine the feasibility of developing statewide training curricula to improve provider competency in the delivery of health and social support services to LGBTQ parents; (iv) examine the extent to which out-of-pocket cost associated with becoming a parent is impacted by sexual orientation and gender identity; (v) examine policies and practices used by cryobanks related to known donors for non-traditional families and LGBTQ donors; (vi) recommend best practices for increasing access to services and eliminating disparities; (vii) make recommendations to improve resources available to LGBTQ individuals relative to parentage, including but not limited to adoption, surrogacy and assistive reproductive technology; and (viii) make recommendations relative to education for providers of care and services to increase cultural competency and referrals to relevant resources.

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

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

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

(e) The office shall submit the findings of the study to clerks of the senate and house of representatives, the joint committee on public health, the joint committee on health care financing, the joint committee on children, youth, and families and the house and senate committees on ways and means not later than December 31, 2026.

SECTION 12. Section 4OO of chapter 176G, as appearing in section 150 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word “tissue”, in subsection (b), the following words:- , provided that coverage for such storage shall extend until the individual reaches the age of 35, or for a period of 5 years, whichever is later

SECTION 13. Chapter 176G of the General Laws is hereby amended by inserting after section 4OO the following section:-

Section 4PP. (a) For purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Fertility diagnostic care”, procedures, products, genetic testing, medications and services intended to provide information and counseling about an individual’s fertility, including laboratory assessments and imaging studies.

"Fertility treatment", procedures, products, genetic testing, medications and services, including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a live birth and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization, or a comparable organization, including preconception care, procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

"Infertility", any of the following: (i) a licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors; (ii) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner; or (iii) the inability to establish a pregnancy after regular, unprotected sexual intercourse for a period of no more than twelve months for an intended gestational parent under the age of 35 and of no more than 6 months for an intended gestational parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of Reproductive Medicine or its successor organization.

(b) Any health maintenance contract shall provide, to the same extent that benefits are provided for other pregnancy-related procedures and subject to the other terms and conditions of the subscription certificate, coverage for fertility diagnostic care and fertility treatment for individuals residing within the commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed medical providers acting within the scope of practice for their

profession, including physicians, nurse practitioners, certified nurse-midwives and licensed certified professional midwives.

(c) A policy that provides coverage for services required under this section shall cover: (i) no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be required to provide coverage for any nonmedical costs relating to the procurement of gametes, donor embryos, or surrogacy services.

(d) Said coverage may not include any of the following: (i) any exclusion, limitation or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment based on a covered individual's participation in fertility services provided by a third party, including gestational carriers, surrogates and the donation or use of said thirty party's genetic material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation on coverage for services rendered pursuant to this section that are different from those imposed upon services not relating to infertility or fertility treatment.

SECTION 14. Section 17U of chapter 32A shall take effect one year following enactment of the legislation.

SECTION 15. The training curriculum established pursuant to section 5P of chapter 112 of the General Laws shall be completed within 9 months of enactment of the legislation.

SECTION 16. Section 10AA of chapter 118E shall take effect one year following enactment of the legislation.

SECTION 17. Section 47H of chapter 175 shall take effect one year following enactment of the legislation.

SECTION 18. Section 8K of chapter 176A shall take effect one year following enactment of the legislation.

SECTION 19. Section 4J of chapter 176B shall take effect one year following enactment of the legislation.

SECTION 20. Section 4PP of chapter 176G shall take effect one year following enactment of the legislation.