

**JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY**

Bill No: H1346

Title: AN ACT TO IMPROVE SICKLE CELL CARE

Sponsor(s): Rep. Bud L. Williams (*Springfield*) and David M. Rogers (*Cambridge*)

Hearing Date: June 24, 2025

Reporting Deadline: August 23, 2025

Prior History:

2023-24 (H1161): Reported favorably; Referred to Health Care Financing; Reported favorably; Referred to HWM

Similar Matters: H1347 (Williams); S788 (Miranda)

CURRENT LAW:

M.G.L. c. 32A Contributory Group General or Blanket Insurance for Persons in the Service of the Commonwealth (Group Insurance Commission)

M.G.L. c. 118E Division of Medical Assistance (MassHealth)

M.G.L. c. 175 Insurance

M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)

M.G.L. c. 176G Health Maintenance Organizations (HMOs)

M.G.L. c. 176I Preferred Provider Arrangements (PPOs)

M.G. L. c.176J Small Group Health Insurance

M.G.L. c. 176Q Commonwealth Health Insurance Connector

Chapter 140 of the Acts of 2024, An Act making appropriations for the fiscal year 2025 for the maintenance of the departments, boards, commissions, institutions, and certain activities of the commonwealth, for interest, sinking fund, and serial bond requirements, and for certain permanent improvements §§ 74, 145, 148, 149 & 150

Requires coverage for standard fertility preservation services, including, but not limited to, coverage for procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue, when the enrollee has a diagnosed medical or genetic condition that may

directly or indirectly cause impairment of fertility by affecting reproductive organs or processes. Coverage will be provided on a nondiscriminatory basis with other pregnancy-related procedures.

211 CMR Division of Insurance

211 CMR 37.05: Required Infertility Benefits Subject to any reasonable limitations as described in 211 CMR 37.09.

Insurers will provide benefits for all non-experimental infertility procedures including, (1) Artificial Insemination (AI) and Intrauterine Insemination (IUI). (2) In Vitro Fertilization and Embryo Transfer (IVF-ET). (3) Gamete Intrafallopian Transfer (GIFT). (4) Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor's insurer, if any. (5) Intracytoplasmic Sperm Injection (ICSI) for the treatment of male factor infertility. (6) Zygote Intrafallopian Transfer (ZIFT). (7) Assisted Hatching. (8) Cryopreservation of eggs.

211 CMR 37.03: Infertility:

The condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35.

211 CMR 37.09: Permissible Limitations on Coverage:

Limitations on coverage will be based on clinical guidelines and the insured's medical history.

105 CMR Department of Public Health

105 CMR 270.000: Blood Screening of newborns for treatable diseases and disorders.

This regulation ensures that every newborn is screened for diseases or disorders with treatments that are known to be more effective if the condition is identified in the newborn/infant period.

There is a blood test to screen for sickle cell anemia.

SUMMARY:

This bill requires the Group Insurance Commission and commercial health insurers to provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee.

This bill directs MassHealth to apply for a Medicaid waiver. If granted, MassHealth will provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee.

This bill defines "iatrogenic infertility", as in impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes, including without limitation treatment for sickle cell disease.

The bill establishes a Statewide Steering Committee on Sickle Cell Disease within the department of public health (DPH) to:

- (A) establish institution and community partnerships, including hospitals, and institutions of higher education.

(B) establish a statewide network of stakeholders, including parents, home health care providers, school-based nurses, and the Massachusetts Sickle Cell Disease Association who are committed to care for individuals with sickle cell disease collaboratively in an inclusive setting.

(C) establish a statewide network of racially and culturally competent stakeholders who include general and special education administrators and teachers and paraprofessionals.

(D) oversee the development of educational materials for individuals with sickle cell disease, the public, and health care providers about the assistance available to such individuals in the commonwealth, including local school district responsibilities for care of such individuals.

(E) identify funding sources for implementing or supporting the actions, studies, policies required by federal and state laws and regulations, or recommended by the Steering Committee.

This bill establishes within DPH the Sickle Cell Disease Detection and Education Program to:

(1) promote screening and detection of sickle cell disease, especially among unserved or underserved populations;

(2) educate the public regarding sickle cell disease and the benefits of early detection; and
(3) provide counseling and referral services.

SCD REGISTRY AND REPORTS - COMPREHENSIVE DATA COLLECTION ON PEOPLE LIVING WITH SCD OR ITS VARIANTS

The commissioner of public health or designee will, in accordance with regulations adopted by DPH and in consultation with the Massachusetts Sickle Cell Disease Association, establish and maintain a system for the reporting of information on sickle cell disease and its variants.

SCD REGISTRY AND REPORTS - DATA COLLECTION ON SCD TRAIT

If a newborn screening for hereditary disorders detects the presence of sickle cell trait, the laboratory performing the screening will notify the physician responsible for the newborn's care and will document the patient's information in the central registry.

DEVELOPMENT OF A COMPREHENSIVE SCD DISEASE QUALITY STRATEGY IN MEDICAID MANAGED CARE

DMA will ensure the availability of accessible, quality health care for individuals with sickle cell disease who are enrolled in Medicaid managed care organizations or accountable care organizations that have a contract with the division to provide services to individuals enrolled under MassHealth.