

CHAPTER 306

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

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.17:48-6rr Hospital service corporation to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

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

C.17:48A-7oo Medical service corporation to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

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

C.17:48E-35.42 Health service corporation to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

b. A health service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person’s expected length of life, present or predicted disability, degree of medical

dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

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

C.17B:27-46.1rr Group health insurance policy to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

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

C.26:2J-4.43 Health maintenance organization to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

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

C.52:14-17.29bb State Health Benefits Commission to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

C.52:14-17.46.6m School Employees' Health Benefits Commission to provide coverage for standard fertility preservation services.

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

For the purposes of this section:

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

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

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

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

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

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

Approved January 13, 2020.