

**Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 20-0293.01 Christy Chase x2008

HOUSE BILL 20-1158

HOUSE SPONSORSHIP

Tipper and Herod,

SENATE SPONSORSHIP

Winter and Fenberg,

House Committees

Health & Insurance
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING INSURANCE COVERAGE FOR INFERTILITY, AND, IN**
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill enacts the "Colorado Building Families Act", which requires health benefit plans issued or renewed in Colorado on or after January 1, 2022, to cover diagnosis of infertility, treatment for infertility, and fertility preservation services. The coverage for fertility medications must not impose any limits that are not applicable to coverage under the plan for other prescription medications, and the plan cannot impose

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

deductibles, copayments, coinsurance, benefit maximums, waiting periods, or other limitations that are not applicable to other medical services covered under the plan.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Short title.** The short title of this act is the
3 "Colorado Building Families Act".

4 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **add** (23)
5 as follows:

6 **10-16-104. Mandatory coverage provisions - definitions -**
7 **rules. (23) Infertility diagnosis and treatment - fertility preservation**
8 **services.** (a) ALL INDIVIDUAL AND GROUP HEALTH BENEFIT PLANS ISSUED
9 OR RENEWED IN THIS STATE SHALL PROVIDE COVERAGE FOR THE
10 DIAGNOSIS OF AND TREATMENT FOR INFERTILITY AND STANDARD
11 FERTILITY PRESERVATION SERVICES.

12 (b) THE COVERAGE REQUIRED BY THIS SUBSECTION (23) INCLUDES
13 FOUR COMPLETED OOCYTE RETRIEVALS WITH UNLIMITED EMBRYO
14 TRANSFERS IN ACCORDANCE WITH THE GUIDELINES OF THE ASRM, USING
15 SINGLE EMBRYO TRANSFER WHEN RECOMMENDED AND MEDICALLY
16 APPROPRIATE.

17 (c) THE HEALTH BENEFIT PLAN SHALL NOT IMPOSE:

18 (I) ANY EXCLUSIONS, LIMITATIONS, OR OTHER RESTRICTIONS ON
19 COVERAGE OF FERTILITY MEDICATIONS THAT ARE DIFFERENT FROM THE
20 EXCLUSIONS, LIMITATIONS, OR OTHER RESTRICTIONS IMPOSED ON ANY
21 OTHER PRESCRIPTION MEDICATIONS COVERED UNDER THE HEALTH BENEFIT
22 PLAN; OR

23 (II) DEDUCTIBLES, COPAYMENTS, COINSURANCE, BENEFIT
24 MAXIMUMS, WAITING PERIODS, OR OTHER LIMITATIONS ON COVERAGE FOR

1 THE DIAGNOSIS OF AND TREATMENT FOR INFERTILITY AND STANDARD
2 FERTILITY PRESERVATION SERVICES, EXCEPT AS OTHERWISE SPECIFIED IN
3 THIS SUBSECTION (23), THAT ARE DIFFERENT FROM DEDUCTIBLES,
4 COPAYMENTS, COINSURANCE, BENEFIT MAXIMUMS, WAITING PERIODS, OR
5 OTHER LIMITATIONS IMPOSED ON BENEFITS FOR SERVICES COVERED UNDER
6 THE HEALTH BENEFIT PLAN THAT ARE NOT RELATED TO INFERTILITY.

7 (d) THE COMMISSIONER SHALL ADOPT RULES CONSISTENT WITH
8 AND AS ARE NECESSARY TO IMPLEMENT THIS SUBSECTION (23).

9 (e) FOR PURPOSES OF THIS SUBSECTION (23):

10 (I) "ACOG" MEANS THE AMERICAN COLLEGE OF OBSTETRICIANS
11 AND GYNECOLOGISTS OR ITS SUCCESSOR ORGANIZATION.

12 (II) "ASCO" MEANS THE AMERICAN SOCIETY OF CLINICAL
13 ONCOLOGY OR ITS SUCCESSOR ORGANIZATION.

14 (III) "ASRM" MEANS THE AMERICAN SOCIETY FOR
15 REPRODUCTIVE MEDICINE OR ITS SUCCESSOR ORGANIZATION.

16 (IV) "DIAGNOSIS OF AND TREATMENT FOR INFERTILITY" MEANS
17 THE PROCEDURES AND MEDICATIONS RECOMMENDED BY A LICENSED
18 PHYSICIAN THAT ARE CONSISTENT WITH ESTABLISHED, PUBLISHED, OR
19 APPROVED MEDICAL PRACTICES OR PROFESSIONAL GUIDELINES FROM
20 ACOG OR ASRM FOR DIAGNOSING AND TREATING INFERTILITY.

21 (V) "FAILURE TO IMPREGNATE OR CONCEIVE" MEANS THE FAILURE
22 TO ESTABLISH A CLINICAL PREGNANCY AFTER TWELVE MONTHS OF
23 REGULAR, UNPROTECTED SEXUAL INTERCOURSE OR THERAPEUTIC DONOR
24 INSEMINATION FOR A WOMAN UNDER THE AGE OF THIRTY-FIVE, OR AFTER
25 SIX MONTHS OF REGULAR, UNPROTECTED SEXUAL INTERCOURSE OR
26 THERAPEUTIC DONOR INSEMINATION FOR A WOMAN THIRTY-FIVE YEARS OF
27 AGE OR OLDER. CONCEPTION RESULTING IN A MISCARRIAGE DOES NOT

1 RESTART THE TWELVE-MONTH OR SIX-MONTH CLOCK TO QUALIFY AS
2 HAVING INFERTILITY.

3 (VI) "INFERTILITY" MEANS A DISEASE OR CONDITION
4 CHARACTERIZED BY:

5 (A) THE FAILURE TO IMPREGNATE OR CONCEIVE;

6 (B) A PERSON'S INABILITY TO REPRODUCE EITHER AS AN
7 INDIVIDUAL OR WITH THE PERSON'S PARTNER; OR

8 (C) A LICENSED PHYSICIAN'S FINDINGS BASED ON A PATIENT'S
9 MEDICAL, SEXUAL, AND REPRODUCTIVE HISTORY, AGE, PHYSICAL
10 FINDINGS, OR DIAGNOSTIC TESTING.

11 (VII) "LICENSED PHYSICIAN" MEANS A PERSON LICENSED BY THE
12 COLORADO MEDICAL BOARD PURSUANT TO ARTICLE 240 OF TITLE 12 TO
13 PRACTICE MEDICINE IN THIS STATE.

14 (VIII) "STANDARD FERTILITY PRESERVATION SERVICES" MEANS
15 PROCEDURES AND SERVICES THAT ARE CONSISTENT WITH ESTABLISHED
16 MEDICAL PRACTICES OR PROFESSIONAL GUIDELINES PUBLISHED BY ASRM
17 OR ASCO FOR A PERSON WHO HAS A MEDICAL CONDITION OR IS EXPECTED
18 TO UNDERGO MEDICATION THERAPY, SURGERY, RADIATION,
19 CHEMOTHERAPY, OR OTHER MEDICAL TREATMENT THAT IS RECOGNIZED BY
20 MEDICAL PROFESSIONALS TO CAUSE A RISK OF IMPAIRMENT TO FERTILITY.

21 **SECTION 3. Appropriation.** For the 2020-21 state fiscal year,
22 \$3,337 is appropriated to the department of regulatory agencies for use by
23 the division of insurance. This appropriation is from the division of
24 insurance cash fund created in section 10-1-103 (3), C.R.S., and is based
25 on an assumption that the division will require an additional 0.1 FTE. To
26 implement this act, the division may use this appropriation for personal
27 services.

1 **SECTION 4. Act subject to petition - effective date -**

2 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
3 the expiration of the ninety-day period after final adjournment of the
4 general assembly (August 5, 2020, if adjournment sine die is on May 6,
5 2020); except that, if a referendum petition is filed pursuant to section 1
6 (3) of article V of the state constitution against this act or an item, section,
7 or part of this act within such period, then the act, item, section, or part
8 will not take effect unless approved by the people at the general election
9 to be held in November 2020 and, in such case, will take effect on the
10 date of the official declaration of the vote thereon by the governor.

11 (2) This act applies to health benefit plans issued or renewed on
12 or after January 1, 2022.