

HOUSE BILL NO. 487

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE APPELBAUM.

1242H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for fertility treatments.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1211, to read as follows:

376.1211. 1. As used in this section, the following terms shall mean:

(1) "Health benefit plan", the same meaning given to the term in section 376.1350;

(2) "Infertility", a disease, condition, or status characterized by:

(a) The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history; age; physical findings; diagnostic testing; or any combination thereof;

(b) The need for medical intervention, such as the use of donor gametes or donor embryos, to achieve a successful pregnancy either as an individual or with a partner; or

(c) An inability to conceive or sustain a successful pregnancy after regular, unprotected sexual intercourse for:

a. Twelve months for women under thirty-five years of age; or

b. Six months for women thirty-five years of age or older.

2. No health benefit plan providing coverage for more than twenty-five employees that provides pregnancy-related benefits shall be issued, amended, delivered, or renewed in this state on or after August 28, 2025, unless the plan includes coverage for the diagnosis and treatment of infertility. Coverage shall include, but is not limited

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in bold-face type in the above bill is proposed language.

18 to, in vitro fertilization, embryo transfer, artificial insemination, and medically
19 necessary oocyte cryopreservation for patients undergoing medical treatments known
20 to cause significant impairment of fertility, such as chemotherapy.

21 3. Coverage for in vitro fertilization shall be required under this section only if:

22 (1) The covered individual has been unable to achieve or sustain a successful
23 pregnancy through less costly, medically appropriate infertility treatments covered
24 under the health benefit plan;

25 (2) The covered individual has not undergone four completed oocyte retrievals,
26 except that if a live birth follows a completed oocyte retrieval, two additional oocyte
27 retrievals shall be covered; and

28 (3) The procedures are performed at facilities that conform to the guidelines for
29 in vitro fertilization clinics issued by the American College of Obstetricians and
30 Gynecologists or to the minimal standards for in vitro fertilization programs issued by
31 the American Society for Reproductive Medicine.

32 4. Any individual who meets the requirements for coverage under subsection 2
33 of this section for any procedure other than in vitro fertilization shall not be required to
34 meet any other conditions for approval of such coverage.

35 5. Coverage for the procedures specified in this section is not required in any
36 health benefit plan issued to or by a religious institution or organization, or to or by an
37 entity sponsored by a religious institution or organization, that finds the procedures to
38 violate its religious and moral teachings and beliefs.

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