

Introduced by Senator PortantinoFebruary 22, 2019

An act to add Sections 1374.551 and 1374.552 to the Health and Safety Code, and to add Sections 10119.61 and 10119.62 to the Insurance Code, relating to healthcare coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 600, as introduced, Portantino. Healthcare coverage: fertility preservation.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires every group health care service plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits, including medically necessary basic health care services, as defined.

This bill would clarify that an individual or group health care service plan contract or health insurance policy that covers hospital, medical, or surgical expenses includes coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic infertility to an enrollee or insured. The bill would state that these provisions are declaratory of existing law.

This bill would also prohibit a health care service plan or health insurer from denying coverage for standard fertility preservation services based on medical necessity when a provider of a treatment of a medical condition authorized by the plan or policy states that the treatment may cause iatrogenic infertility to an enrollee or insured. Because a willful

violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1374.551 is added to the Health and
2 Safety Code, to read:

3 1374.551. (a) An individual or group health care service plan
4 contract that covers hospital, medical, or surgical expenses includes
5 coverage for medically necessary expenses for standard fertility
6 preservation services when a medically necessary treatment may
7 directly or indirectly cause iatrogenic infertility to an enrollee.

8 (b) For purposes of this section and Section 1374.552, the
9 following definitions apply:

10 (1) "Iatrogenic infertility" means an impairment of fertility
11 caused directly or indirectly by surgery, chemotherapy, radiation,
12 or other medical treatment.

13 (2) Medical treatment that "may directly or indirectly cause
14 iatrogenic infertility" means medical treatment with a possible
15 side effect of impaired fertility, as established by the American
16 Society of Clinical Oncology, the American Society for
17 Reproductive Medicine, or other reputable professional association
18 or organization.

19 (3) "Standard fertility preservation services" means procedures
20 consistent with the established medical practices and professional
21 guidelines published by the American Society of Clinical
22 Oncology, the American Society for Reproductive Medicine, or
23 other reputable professional medical organization.

24 SEC. 2. Section 1374.552 is added to the Health and Safety
25 Code, to read:

26 1374.552. (a) Standard fertility preservation services shall be
27 deemed medically necessary when a provider of treatment of a
28 medical condition authorized by a health care service plan states

1 that there is a substantial likelihood that the treatment may directly
2 or indirectly cause iatrogenic infertility to the enrollee.

3 (b) When a provider states that standard fertility preservation
4 services are medically necessary pursuant to subdivision (a), a
5 health care service plan shall not deny coverage for those services
6 based on medical necessity.

7 SEC. 3. Section 10119.61 is added to the Insurance Code, to
8 read:

9 10119.61. (a) An individual or group health insurance policy
10 that covers hospital, medical, or surgical expenses includes
11 coverage for medically necessary expenses for standard fertility
12 preservation services when a medically necessary treatment may
13 directly or indirectly cause iatrogenic infertility to an insured.

14 (b) For purposes of this section and Section 10119.62, the
15 following definitions apply:

16 (1) “Iatrogenic infertility” means an impairment of fertility
17 caused directly or indirectly by surgery, chemotherapy, radiation,
18 or other medical treatment.

19 (2) Medical treatment that “may directly or indirectly cause
20 iatrogenic infertility” means medical treatment with a possible
21 side effect of impaired fertility, as established by the American
22 Society of Clinical Oncology, the American Society for
23 Reproductive Medicine, or other reputable professional association
24 or organization.

25 (3) “Standard fertility preservation services” means procedures
26 consistent with the established medical practices and professional
27 guidelines published by the American Society of Clinical
28 Oncology, the American Society for Reproductive Medicine, or
29 other reputable professional medical organization.

30 SEC. 4. Section 10119.62 is added to the Insurance Code, to
31 read:

32 10119.62. (a) Standard fertility preservation services shall be
33 deemed medically necessary when a provider of treatment of a
34 medical condition authorized by a health insurance policy states
35 that there is a substantial likelihood that the treatment may cause
36 iatrogenic infertility to the insured.

37 (b) When a provider states that standard fertility preservation
38 services are medically necessary pursuant to subdivision (a), an
39 insurer shall not deny coverage for those services based on medical
40 necessity.

1 SEC. 5. The addition of Section 1374.551 to the Health and
2 Safety Code and Section 10119.61 to the Insurance Code by this
3 act does not constitute a change in, but is declaratory of, existing
4 law.

5 SEC. 6. No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution because
7 the only costs that may be incurred by a local agency or school
8 district will be incurred because this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the penalty
10 for a crime or infraction, within the meaning of Section 17556 of
11 the Government Code, or changes the definition of a crime within
12 the meaning of Section 6 of Article XIII B of the California
13 Constitution.