

Human Services Committee

JOINT FAVORABLE REPORT

Bill No.: HB-7022

AN ACT PROMOTING EQUITY IN MEDICAID COVERAGE FOR FERTILITY

Title: HEALTH CARE.

Vote Date: 3/14/2025

Vote Action: Joint Favorable

PH Date: 3/6/2025

File No.:

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SPONSORS OF BILL:

Rep. Jillian Gilchrest, 18th District
Rep. Jane M. Garibay, 60th District
Rep. Sarah Keitt, 134th District

CO-SPONSORS OF BILL:

Rep. Jane M. Garibay, 60th Dist.
Rep. Sarah Keitt, 134th Dist.
Rep. Jillian Gilchrest, 18th Dist.
Rep. Anne M. Hughes, 135th Dist.
Rep. Matt Blumenthal, 147th Dist.

Rep. Kate Farrar, 20th Dist.
Rep. Nicholas Menapace, 37th Dist.
Rep. Josh Elliott, 88th Dist.
Sen. Martha Marx, 20th Dist.

REASONS FOR BILL:

The bill aims to expand Medicaid coverage for fertility care and treatment. Increasing both the accessibility and affordability of fertility related treatment is imperative to promoting health among Connecticut residents seeking care. Many residents face complex medical issues that require fertility treatment to restore good health. Family planning is an incredibly relevant topic within the realm of the state's economy and workforce. Residents of Connecticut should be able to access affordable services to conceive a child, regardless of their socioeconomic status. Expanded coverage will increase the accessibility of services available for those who seek them out. Family planning is strongly tied to bodily autonomy and reproductive justice, which this bill can address.

RESPONSE FROM ADMINISTRATION/AGENCY:

Connecticut Department of Social Services (DSS), Commissioner Andrea Barton

Reeves: The Department of Social Services recommended against this bill. This is due to the Department anticipating that there would be a significant increase in Medicaid expenditure and funding to add coverage for fertility treatment services. This expansion is not included in the Governor's recommended budget, thus the Department not being in support of the bill. The estimated additional costs to the state estimates for all services effective January 1, 2026, would result in increases of \$300,000 in SFY 2026, \$11.5 million in SFY 2027, and \$27.1 million in SFY 2028.

Connecticut Office of the State Comptroller, Sean Scanlon: The Office of the State Comptroller has expressed support for the bill. The comptroller stated that the state employee health plan they have created, coupled with Medicaid, will seek to ensure that no one is subjected to discrimination in coverage for efforts to start a family. Due to outdated regulations, same-sex couples were not able to access the same coverage of fertility treatments and services that a heterosexual couple would.

NATURE AND SOURCES OF SUPPORT:

Connecticut General Assembly, State Representative, Matt Blumenthal, District 147:

the Representative testified on behalf of the Reproductive Rights Caucus stating, "we affirm our commitment to ensuring that fertility care be accessible and equitable for all, regardless of socioeconomic status, race, and sexual orientation." This bill would address this inequity by assuring that Medicaid recipients have access to the same fertility preservation and treatments that are afforded those covered by the state employee insurance plans and other commercial insurance.

Health Equity Solutions, Senior Manager of Policy, Kally Moquete, Esq., LMSW:

testified on behalf of advancing health equity through anti-racist policies and practices. Moquete is in full support of the bill given how it helps Connecticut residents build families without worrying about if their sexual orientation or socioeconomic status affects their access. This bill is especially important for those covered under HUSKY Health insurance, given how fertility care has historically not been covered under the plan.

Reproductive Equity Now, Connecticut State Director, Liz Gustafson: Gustafson details how under existing Connecticut law, the "limited definition of 'infertility' that is defined in reference to heterosexual intercourse.... [leads] to many single individuals and LGBTQ+ families' exclusion". Marginalized communities are left out and denied access to affordable fertility care and treatment, but this bill could amend this issue. Gustafson also states that this is an economic and reproductive justice matter, given how the lack of coverage of HUSKY enrollees primarily affects low-income, minority women. Women of color, LGBTQ+ and low-income individuals often face barriers to receiving and accessing reproductive care, and this bill has the capacity to address some of these barriers.

RESOLVE (A National Infertility Association), President and CEO, Barbara Collura: as CT has been a leader nationally in fertility and family building policy, this bill is a step in the right direction to continue this strong leadership. Support is expressed to improve fertility health care coverage so more Connecticut residents will have access to the essential medical care they need to try to build their families, no matter how they are insured.

Leukemia and Lymphoma Society, Director State Government Affairs, Ernie Davis: Blood cancer patients can face significant treatment costs, particularly in the twelve months following diagnosis. No patient or parents of the patient should endure the stress of the large additional out-of-pocket costs of fertility preservation and possibly forgo the chance of having a family in the future due to costs, based on the source of their health coverage. Much of the stress comes from the fact that the urgent decision must happen before the newly diagnosed patient can receive their initial blood cancer treatment.

American Society of Reproductive Medicine (ASRM), Elizabeth Ginzburg, MD: testifies on behalf of ASRM stating it is critical for Connecticut to expand coverage for fertility preservation for those facing medical conditions or treatment that could endanger their fertility. Just as breast reconstruction and wigs are often required for cancer patients to fully recover, so should fertility preservation be available to patients for whom fertility is endangered by medical conditions, including cancer, lupus, and sickle cell disease.

American Civil Liberties Union of Connecticut (ACLU-CT), Public Policy and Advocacy Director, Chelsea-Infinity Gonzalez: This bill is a vital step toward improving access to fertility health care for individuals in Connecticut who rely on HUSKY Health insurance. Every person, regardless of their income, should have access to the care they need to decide if, when, and how to have children. Fertility care is an essential part of reproductive health, and Connecticut should reflect that in its laws.

GLBTQ Legal Advocates & Defenders (GLAD Law), Director of Family Advocacy, Patience Crozier, and Staff Attorney, Hannah Hussey: testifies his legislation is an important measure, particularly to support LGBTQ and reproductive rights, that ensures equitable access to fertility health care for Connecticut residents who want to build their families. Gaps in care harm those who may be least able to afford to pay out-of-pocket for the steep costs associated with fertility health care, exacerbating disparities that exist.

Facing Hereditary Cancer Empowered (FORCE), Advocacy Manager, Lisa Peabody: those who are about to begin lifesaving, but potentially sterilizing treatments, fertility preservation is the only means available to protect their reproductive capability and may be the only viable option to build a biological family. Without insurance coverage for fertility services, patients cannot afford these procedures and fees and will face permanent, involuntary infertility. Medicaid recipients in Connecticut deserve options when confronting this dilemma. Ensuring they have insurance coverage for effective, evidence-based options for preserving their fertility before their surgery or initiation of cancer therapy and pursuing future interventions to realize their dream of having children.

Planned Parenthood of Southern New England, Chief Policy and Advocacy Officer, Gretchen Raffa, MSW:

testifies that family-building health care is an important aspect of reproductive health care for many people. While there is broad coverage of many services for people with low income during pregnancy and to help prevent pregnancy, there is almost no access to help people with low-income achieve pregnancy. Black and Latino residents in our state disproportionately rely on HUSKY Health to access health care, and so are disproportionately excluded from accessing fertility care. Addressing this inequity in coverage for fertility care is part of the fight for reproductive and economic justice in our state to ensure all people have the freedom and power to build their own families.

Alliance for Fertility Preservation (AFP), Executive Director, Joyce Reinecke:

testifies fertility preservation has been considered part of the standard of care for age-eligible cancer patients for more than fifteen years; offering it to patients is recommended by all the relevant medical associations, including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM). The AFP firmly believes that low-income Connecticut patients on Medicaid should also have the same coverage as those covered by commercial insurance when facing potential infertility from medically sterilizing treatments.

Connecticut Coalition Against Domestic Violence, President & CEO, Meghan Scanlon:

supports the bill which will improve access to fertility healthcare for people with HUSKY Health insurance, many of whom have historically been excluded from accessing fertility health care due to the high cost of that care. It aligns with the current medical standard of care, which includes LGBTQ+ and single people, among others, so that all Connecticut residents have the opportunity to build their family. Reproductive coercion, including birth control sabotage and sexual violence, is unfortunately a common experience for domestic violence survivors. These forms of abuse increase the need for safe, convenient, and trusted medical support, including access to fertility care.

She Leads Justice, Policy Director, Tonisha Signore, MSW: testifies that equitable access to fertility care is a serious health and economic justice issue, and as a leader in advocating for marginalized women and girls in our state, She Leads Justice fervently supports Planned Parenthood of Southern New England and Reproductive Equity Now in the important work of securing these basic rights.

Family Equality, Director of LGBTQ+ Family Law & Policy, Margaret B. York, Esq.:

testifies this bill is an important step toward addressing these issues. This bill aligns with the medical standard of fertility care, which clearly includes LGBTQ+ and single people, among others, so more Connecticut residents can access the care they need to build their families. All people have the right to have children and to experience the love, safety, and belonging of family, regardless of who they are or how much they earn.

Individuals giving testimony in support of the bill:

[Andrea K Contreras, MD \(OB-Gyn\)](#): testifies, as a specialist provider in family planning, to the urgency of reproductive and economic justice because all people have the right to have children regardless of who they are or how much they earn. It was stated CT must do everything it can to stand for the fundamental right for people to be able to decide whether, when, and how to have children, especially in light of the federal political environment.

[Valerie Cooper](#): single mother by choice and supports access to fertility care for all.

[Kimberly Council](#): supports coverage for all.

[Stephanie C. Fox](#): supports coverage for fertility treatments as reproductive justice.

[Donna Grossman](#): supports access to fertility care.

[Leanne Harpin](#): supports access to fertility care.

[Jessica Joseff, LMFT](#): The President's recent Executive Order intended to improve access to IVF, but does nothing to make access to care more equitable or affordable. Connecticut has a real opportunity, with this bill, to begin to make fertility care more accessible for people covered by HUSKY Health in our state.

[Tyler Maselek](#): supports access to fertility care.

[Evangeline Riggott](#): member of Facing Our Risk of Cancer Empowered (FORCE) and supports access to fertility treatments without regard to income or health coverage.

[Marcy Shinbaum](#): supports access to fertility care, especially in the current political environment.

NATURE AND SOURCES OF SUPPORT WITH RECOMMENDATIONS:

[Center for Reproductive Rights, Senior Human Rights Counsel, Karla Torres](#): The Center for Reproductive Rights is a legal advocacy organization that uses law to advance reproductive justice and equity. Torres identified this bill as a way to ensure that people do not face discrimination while trying to meaningfully access fertility care and services. Residents deserve to choose how many children they want, when they would like to conceive and whether they do want children in the first place. These pillars are imperative to maintaining and reaching reproductive justice. Out-of-pocket costs for fertility care are extremely expensive, and not affordable to those who are on HUSKY insurance. This bill would expand coverage for not only infertile individuals, but for single and LGBTQ+ individuals. Recommendation: respectfully request the bill be amended to add the words "fertility treatment" on page 1, line 40 so that it would read: "(b) The Commissioner of Social

Services shall amend the Medicaid state plan to provide coverage for fertility diagnostic care, fertility preservation services and fertility treatment. Such fertility treatment coverage shall provide for:..."

NATURE AND SOURCES OF OPPOSITION:

Women's Liberation Front (WoLF), Executive Director, Sharon Byrne: opposes the expansion of coverage for fertility care because of the potential to enshrine surrogacy with taxpayer funds using Medicaid, which is state-sanctioned and funded commercial sexual exploitation of women. We also strongly object to requiring that Medicaid cover the freezing and storing of a person's reproductive materials for future use because that person underwent 'gender-affirming care', to attempt to become the opposite sex, an impossibility. The state is attempting to normalize the mutilation of one's body, possibly while still a minor, when these procedures are widely known to result in permanent damage to reproductive capabilities, as well as other terrible and irreversible health effects.

Jeff Cleghorn, Esq.: opposes features of this bill, in relation to "gender-affirming care" / sex change medical pursuits.

The Center for Bioethics and Culture Network, Executive Director, Kallie Fell, RN, BSN, MS: would like to emphasize the financial burden often placed on those struggling with infertility. We can empathize that high-tech baby making comes with a hefty price tag, but these bills do not erase the cost of these often-unsuccessful technologies, but rather shift them to the policyholders and taxpayers by way of increasing taxes and insurance premiums for necessary healthcare and treatment. Legislation, as a matter of good public policy, should help and protect citizens. Connecticut's Medicaid program should prioritize essential healthcare services over elective reproductive options that come with significant financial burdens.

R. J. Preece: opposes because of concerns in relation to "gender-affirming care", a marketing term for sex-change medical pursuits.