OLR Bill Analysis

HB 5482 (as amended by House "A")*

AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR CONTRACEPTION AND HORMONE THERAPY.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner, to the extent federal law allows and within available appropriations, to provide Medicaid coverage for a 12-month supply of any FDA-approved, prescribed contraceptive drug, device, or product dispensed at one time if (1) the Medicaid enrollee or their health care provider requests a 12-month supply and (2) the enrollee has been using the drug, device, or product for at least six months immediately before the request.

The bill also establishes a task force on infertility and access to fertility-related health care. The task force must study impacted populations and access disparities, among other things, and report to the Human Services, Insurance, and Public Health committees by January 1, 2027. The task force terminates on that date or when it submits its report, whichever is later.

*House Amendment "A" replaces the underlying bill, which would have set (1) similar requirements for Medicaid coverage of contraceptives and (2) additional requirements related to prescription hormone therapy coverage in private insurance and Medicaid.

EFFECTIVE DATE: January 1, 2027, except the task force provisions are effective upon passage.

INFERTILITY TASK FORCE

Infertility Definition

For the task force, the bill defines "infertility" as a disease, condition, or status characterized by:

1. the inability to achieve a successful pregnancy based on the patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination;

2. the need for medical intervention, including use of donor gametes or donor embryos to achieve successful pregnancy either as an individual or with a partner; and

3. evaluation after 12 months for female patients under age 35 and after six months for female patients age 35 or older, if patients are having regular, unprotected intercourse and have no known condition suggesting impaired reproductive ability.

Membership and Meetings

The task force includes the following ex-officio members or their designees:

1. the public health, social services, and insurance commissioners,

2. the Commission on Human Rights and Opportunities executive director, and

3. the Human Services Committee chairpersons, who act as the task force's chairpersons.

The task force also includes appointed members, as shown in the table below, who may be legislators.

Table: Task Force Members and Criteria

Appointing Authority	*Member*
House speaker	Nonprofit organization providing services in southern New England communities representative
Senate president pro tempore	Commission on Racial Equity in Public Health advisory body member
House majority leader	National society for reproductive health care providers representative

Appointing Authority	*Member*
Senate majority leader	Connecticut-licensed health care provider specializing in reproductive endocrinology
House minority leader	Connecticut-licensed health care provider specializing in reproductive endocrinology
Senate minority leader	Advocate for consumer or patient rights to fertility-related health care
Human Services Committee chairpersons	Two state residents who have received or plan to receive fertility-related health care in the state

Appointments must be made within 30 days after the bill's passage. The chairpersons must schedule and hold the first meeting within 60 days after the bill's passage. Task force member terms are coterminous with appointing authorities, who must fill any vacancies.

The Human Services Committee administrative staff serves in the same capacity for the task force.

Study Requirements

The study must at least include:

1. populations impacted by infertility, including how they are represented in the state's Medicaid population;

2. disparities in access to fertility-related health care, including how coverage for such health care can address these disparities;

3. fertility-related health care currently provided under Medicaid;

4. gaps in the provision and coordination of evidence-based fertility-related health care that affects specific populations, including black, indigenous, and other persons of color, immigrants, lesbian, gay, bisexual, transgender, queer, intersex, asexual, or allied persons, and people with disabilities;

5. Medicaid models in other jurisdictions that provide access to evidence-based fertility-related health care services, including counseling, diagnosis, and treatment;

6. private and public funding models for evidence-based fertility-related health care initiatives;

7. evidence-informed practices to eliminate racial and ethnic disparities in infertility treatment, including counseling, diagnosis, and treatment; and

8. financial models to reimburse for fertility-related health care, including Medicaid and private insurance.

BACKGROUND

Related Bill

HB 5483 (File 428), favorably reported by the Human Services Committee, requires the DSS commissioner to provide Medicaid coverage, to the extent federal law allows, for fertility diagnostic care, standard fertility preservation services, and infertility treatment.

COMMITTEE ACTION

Human Services Committee

Joint Favorable
Yea 16 Nay 7 (03/19/2026)