

The Senate Committee on Insurance and Labor offered the following substitute to HB 94:

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to
2 insurance generally, so as to require certain health benefit policies to include coverage for
3 certain expenses for standard fertility preservation services when a medically necessary
4 treatment for cancer, sickle cell disease, or lupus may directly or indirectly cause an
5 impairment of fertility; to provide for definitions; to provide for exclusions; to allow for
6 certain cost-sharing requirements; to provide for rules and regulations; to provide for related
7 matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance
11 generally, is amended by adding a new Code section to read as follows:

12 "33-24-59.34.

13 (a) As used in this Code section, the term:

14 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for
15 healthcare services issued, delivered, issued for delivery, or renewed in this state by an
16 insurer that provides major medical benefits. Such term shall not include any plans,

17 policies, or contracts executed by the state on behalf of state employees under Article 1
18 of Chapter 18 of Title 45 and shall not apply to the provision of healthcare services
19 pursuant to a contract entered into by an insurer and the Department of Community
20 Health for recipients of Medicaid. Such term shall not include self-funded, employer
21 sponsored health insurance plans subject to the exclusive jurisdiction of the federal
22 Employee Retirement Income Security Act of 1974, as codified and amended at 29
23 U.S.C. Section 1001, et seq.

24 (2) 'Iatrogenic infertility' means an impairment of fertility caused directly or indirectly
25 by a medically necessary treatment for cancer, sickle cell disease, or lupus.

26 (3) 'Insurer' means any person, corporation, or other entity authorized to provide health
27 benefit policies under this title, including a healthcare corporation, health maintenance
28 organization, preferred provider organization, accident and sickness insurer, fraternal
29 benefit society, hospital service corporation, medical service corporation, or any similar
30 entity.

31 (4) 'Medically necessary treatment' means a medically necessary treatment for cancer,
32 sickle cell disease, or lupus that has a potential side effect of iatrogenic infertility. Such
33 treatment includes but is not limited to the surgical removal of the primary or secondary
34 reproductive organs, chemotherapy, radiation therapy, and bone marrow transplantation.

35 (5) 'Standard fertility preservation services' means procedures to preserve fertility that
36 are consistent with established medical practices or professional guidelines. Such
37 services include but are not limited to egg, sperm, embryo, and ovarian tissue
38 cryopreservation.

39 (b) Every health benefit policy renewed or issued after January 1, 2026, shall include
40 coverage for expenses for standard fertility preservation services when a medically
41 necessary treatment may directly or indirectly cause iatrogenic infertility in any covered
42 person. Such coverage shall include evaluation expenses, laboratory assessments,

43 medications, and treatments associated with standard fertility preservation services,
44 including storage of gametes for up to one year.

45 (c) The coverage provided for in subsection (b) of this Code section may:

46 (1) Exclude costs associated with storage of gametes for more than one year;

47 (2) Include age restrictions;

48 (3) Include a lifetime limit per procedure per eligible insured; and

49 (4) Be limited to nonexperimental procedures.

50 (d) The benefits in a health benefit policy as provided in subsection (b) of this Code
51 section shall be subject to the same deductibles, coinsurance, and copayment provisions
52 established for all covered benefits within such health benefit policy. Special deductibles,
53 coinsurance, copayment, or other limitations that are not generally applicable to other
54 hospital, medical, or surgical services covered by a health benefit policy shall not be
55 imposed on coverage for standard fertility preservation services.

56 (e) The Commissioner shall promulgate rules and regulations necessary to implement the
57 provisions of this Code section in accordance with current guidelines established by
58 professional medical organizations such as the American Society of Clinical Oncology or
59 the American Society for Reproductive Medicine."

60 **SECTION 2.**

61 This Act shall become effective upon its approval by the Governor or upon its becoming law
62 without such approval.

63 **SECTION 3.**

64 All laws and parts of laws in conflict with this Act are repealed.