

House Bill 94 (AS PASSED HOUSE AND SENATE)

By: Representatives Lumsden of the 12th, Taylor of the 173rd, Hawkins of the 27th, Cooper of the 45th, Silcox of the 53rd, and others

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,

policies, or contracts executed by the state. Such term shall not include self-funded, employer sponsored health insurance plans subject to the exclusive jurisdiction of the federal Employee Retirement Income Security Act of 1974, as codified and amended at 29 U.S.C. Section 1001, et seq.

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

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

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

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

(b) Every health benefit policy renewed or issued after January 1, 2026, shall include coverage for expenses for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility in any covered person. Such coverage shall include evaluation expenses, laboratory assessments, medications, and treatments associated with standard fertility preservation services, including storage of gametes for up to one year.

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

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

44 (2) Include age restrictions;

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

46 (4) Be limited to nonexperimental procedures.

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

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

57 **SECTION 2.**

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

60 **SECTION 3.**

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