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Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1284

Introduced by

Representatives Brandenburg, Grueneich, Hanson, Satrom, Schauer, Schneider, Warrey

Senators Erbele, Hogan

A BILL for an Act to create and enact a new section to chapter 54-52.1 of the North Dakota Century Code, relating to public employee fertility preservation health benefits; to provide for a report to the legislative assembly; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 54-52.1 of the North Dakota Century Code is created and enacted as follows:

Health insurance benefits coverage - Fertility preservation health care.

1. As used in this section:
   a. "Medically necessary" means a health care service or a product provided in a manner:
      (1) Consistent with the findings and recommendations of a licensed physician, based on a patient's medical history, sexual and reproductive history, age, partner, physical findings, or diagnostic testing;
      (2) Consistent with generally accepted standards of medical practice as established by a professional medical organization with a specialization in any aspect of reproductive health, including the American society for reproductive medicine or the American society of clinical oncology; or
      (3) Clinically appropriate in terms of type, frequency, extent, site, and duration.
   b. "Standard fertility preservation services" means services, procedures, testing, medications, treatments, cryopreservation of eggs, sperm, embryos, and products consistent with established best medical practices or professional guidelines including those published by the American society for reproductive medicine or the American society of clinical oncology for an individual who has a medical condition or is expected to undergo medication therapy, surgery,

radiation, chemotherapy, or other medical treatment recognized by medical professionals to result in, or increase the risk of, impaired fertility.

2. If the covered individual has a diagnosed medical condition or genetic condition that may cause impairment of fertility affecting the reproductive organs or processes, the board shall provide health insurance benefits coverage that provides for standard fertility preservation services if recommended and medically necessary. As used in this section, "may cause" means the disease itself, or the necessary treatment, has a potential side effect of infertility as established by best practices, including the American society for reproductive medicine or the American society of clinical oncology. Coverage must include:
   a. Consultation, evaluation, laboratory assessment, and medication.
   b. The procurement and storage of gametes, embryos, or other reproductive tissue, and all procedures and treatment needed for cryopreservation services.
   c. Four preservation cycles.
3. Coverage under this section must be made available to all covered individuals, including covered individuals who have entered coverage during special enrollment or open enrollment.
4. Benefits under this section may not be limited based on a copayment, deductible, coinsurance, benefit maximum, waiting period, or other limitation on coverage different from other medical or surgical benefits provided under the health benefits.

SECTION 2. PUBLIC EMPLOYEES RETIREMENT SYSTEM - FERTILITY PRESERVATION HEALTH BENEFITS - REPORT TO LEGISLATIVE ASSEMBLY. Pursuant to section 54-03-28, the public employees retirement system shall prepare and submit for introduction a bill to the seventieth legislative assembly to repeal the expiration date for this Act and to extend the coverage of fertility preservation health benefits to all group and individual health insurance policies. The public employees retirement system shall append a report to the bill regarding the effect of the fertility preservation health benefits requirement on the system's health insurance programs, information on the utilization and costs relating to the coverage, and a recommendation regarding whether the coverage should be continued.

SECTION 3. APPLICATION. This Act applies to health benefits coverage that begins after June 30, 2025, and which does not extend past June 30, 2027.

SECTION 4. EXPIRATION DATE. This Act is effective through June 30, 2027, and after that date is ineffective.