

HOUSE BILL NO. 6048

November 07, 2024, Introduced by Rep. Churches and referred to the Committee on Health Policy.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding section 109p.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 109p. (1) Beginning January 1, 2026, the department shall
2 provide coverage under the medical assistance program for fertility
3 diagnostic care, intrauterine insemination, and any medically
4 necessary ovulation-enhancing drugs and medical services related to
5 prescribing and monitoring the use of the ovulation-enhancing drugs
6 that is intended to treat infertility and achieve a pregnancy that

1 results in a live birth that includes at least 3 cycles of
2 ovulation-enhancing medication treatment over a medical assistance
3 recipient's lifetime.

4 (2) Coverage under this section must be provided without
5 discrimination on the basis of age, ancestry, disability, domestic
6 partner status, gender, gender identity or expression, genetic
7 information, marital status, national origin, race, religion, sex,
8 or sexual orientation.

9 (3) Not later than 180 days after the effective date of the
10 amendatory act that added this section, the department shall, after
11 consultation with the Centers for Medicare and Medicaid Services,
12 submit a report to the legislature on whether in-vitro
13 fertilization and standard fertility preservation services are
14 medically reasonable and necessary procedures under federal law,
15 possible methods for covering in-vitro fertilization and standard
16 fertility preservation services as a medical assistance covered
17 benefit for both fee-for-service and managed care organizations,
18 including any potentially applicable waiver authorities, and the
19 amount of money that would need to be allocated to federal and
20 local funds for coverage.

21 (4) As used in this section:

22 (a) "Fertility diagnostic care" means procedures, products,
23 genetic testing, medications, counseling, and services intended to
24 provide information and counseling about an individual's fertility,
25 including laboratory assessments and imaging studies.

26 (b) "Gamete" means sperm or egg.

27 (c) "Health care provider" means any of the following:

28 (i) Nurse practitioner. As used in this subparagraph, "nurse
29 practitioner" means an individual who is licensed as a registered

1 professional nurse under part 172 of the public health code, 1978
2 PA 368, MCL 333.17201 to 333.17242, who has been granted a
3 specialty certification as a nurse practitioner by the Michigan
4 board of nursing under section 17210 of the public health code,
5 1978 PA 368, MCL 333.17210.

6 (ii) Physician.

7 (iii) Physician's assistant. As used in this subparagraph,
8 "physician's assistant" means an individual who is licensed to
9 engage in the practice as a physician's assistant under part 170,
10 175, or 180 of the public health code, 1978 PA 368, MCL 333.17001
11 to 333.17097, MCL 333.17501 to 333.17556, and MCL 333.18001 to
12 333.18058.

13 (d) "Infertility" means any of the following:

14 (i) The presence of a condition recognized by a health care
15 provider as a cause of loss or impairment of fertility, based on an
16 individual's medical, sexual, and reproductive history, age,
17 physical findings, diagnostic testing, or any combination of those
18 factors.

19 (ii) An individual's inability to establish a pregnancy or to
20 carry a pregnancy to live birth after 12 months of unprotected
21 sexual intercourse when the individual and the individual's partner
22 have the necessary gametes to achieve pregnancy.

23 (iii) An individual's inability to establish pregnancy after 6
24 months of unprotected sexual intercourse due to the individual's
25 age when the individual and the individual's partner have the
26 necessary gametes to achieve pregnancy.

27 (iv) An individual's inability to achieve pregnancy as an
28 individual or with a partner because the individual or the
29 individual and the individual's partner do not have the necessary

1 gametes to achieve a pregnancy.

2 (v) An individual's increased risk, independently or with the
3 individual's partner, of transmitting a serious, inheritable
4 genetic or chromosomal abnormality to a child.

5 (vi) As defined by the American Society of Reproductive
6 Medicine, its successor organization, or a comparable organization.
7 Pregnancy resulting in a loss does not cause the time period of
8 trying to achieve a pregnancy to be restarted.

9 (e) "Intrauterine insemination" means a procedure that places
10 sperm directly into a person's uterus at the time of ovulation to
11 increase the chances of fertilization.

12 (f) "Physician" means either of the following:

13 (i) A physician licensed to engage in the practice of medicine
14 under part 170 of the public health code, 1978 PA 368, MCL
15 333.17001 to 333.17097.

16 (ii) A physician licensed to engage in the practice of
17 osteopathic medicine and surgery under part 175 of the public
18 health code, 1978 PA 368, MCL 333.17501 to 333.17556.

19 (g) "Standard fertility preservation services" means
20 procedures, products, genetic testing, medications, counseling, and
21 services intended to preserve fertility, consistent with
22 established medical practice and professional guidelines published
23 by the American Society for Reproductive Medicine, its successor
24 organization, or a comparable organization, for an individual who
25 has a medical or genetic condition or who is expected to undergo
26 treatment that has a possible side effect of or may directly or
27 indirectly cause a risk of impairment of fertility, and includes,
28 but is not limited to, the procurement, cryopreservation, and
29 storage of gametes, embryos, and reproductive material.