



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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To: Connecticut External Review IRO's

From: Gerard O'Sullivan
Director, Consumer Affairs Division
Connecticut Insurance Department

Re: Connecticut Infertility Mandate
Connecticut General Statute 38a-509 and 38a-536

Date: October 12, 2021

The purpose of this memo is to clarify the Connecticut Infertility Mandate and the statutory review criteria under the External Review Program.

Eligibility

Infertility under the mandate is defined as "The condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary."

Coverage

- Limit such coverage for ovulation induction to a lifetime maximum benefit of four cycles;
- Limit such coverage for intrauterine insemination to a lifetime maximum benefit of three cycles;
- Limit lifetime benefits to a maximum of two cycles, with not more than two embryo implantations per cycle, for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer or low tubal ovum transfer, provided each such fertilization or transfer shall be credited toward such maximum as one cycle;
- Limit coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer to those individuals who have been unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under such policy. Nothing in this subdivision shall be construed to deny the coverage required by this section to any individual who foregoes a particular infertility treatment or procedure if the individual's physician determines that such treatment or procedure is likely to be unsuccessful.
- Harvesting of eggs and sperm is a covered benefit where patients will undergo treatment that has the potential to render them infertile.

Clarifying Department Bulletins

- Age Limits Removed - Bulletin HC-125 (which revises Bulletin HC-104) *emphasis added*

“Based on [this] federal guidance, the Insurance Department had previously reviewed the age limit of 40 and under and has determined infertility treatment may be **clinically effective** for ages above 40, and has therefore required carriers to remove the age limits on infertility benefits for policies issued or renewed on or after January 1, 2016.

- Fertility Preservation Coverage – Bulletin HC-125

“This Bulletin clarifies that harvesting of eggs and sperm is a covered benefit in cases where patients will undergo treatment that has the potential to render them infertile. Carriers and physicians may continue to use reasonable medical management to determine if the treatment is otherwise medically necessary. Freezer storage of sperm, eggs, and/or embryos, is not a covered benefit because storage is not treatment for or diagnosis of infertility.”

External Review Criteria for IRO’s

Connecticut General Statute 38a-591g(h) defines all of the items that must be considered in making a final determination.

(h) In addition to the documents and information received pursuant to subsection (f) of this section, the independent review organization shall consider, to the extent the documents or information are available and the independent review organization considers them appropriate, the following in reaching a decision:

- (1) The covered person's medical records;
- (2) The attending health care professional's recommendation;
- (3) Consulting reports from appropriate health care professionals and other documents submitted by the health carrier, the covered person, the covered person's authorized representative or the covered person's treating health care professional;
- (4) The terms of coverage under the covered person's health benefit plan to ensure that the independent review organization's decision is not contrary to the terms of coverage under such health benefit plan;
- (5) The most appropriate practice guidelines, which shall include applicable evidence-based standards and may include any other practice guidelines developed by the federal government, national or professional medical societies, medical boards or medical associations;
- (6) Any applicable clinical review criteria developed and used by the health carrier or its designee utilization review company; and
- (7) The opinion or opinions of the independent review organization's clinical peer or peers who conducted the review after considering subdivisions (1) to (6), inclusive, of this subsection.

If you have any questions, please feel free to contact me at gerard.o'sullivan@ct.gov.

Attachment: Connecticut Insurance Department Bulletin HC-125

Sincerely,

A handwritten signature in black ink, appearing to read "Gerard O'Sullivan". The signature is fluid and cursive, with the first name "Gerard" and last name "O'Sullivan" clearly distinguishable.

Gerard O'Sullivan
Director Consumer Affairs