

COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

One Federal Street, Suite 700 • Boston, MA 02110 (617) 521-7794 • Toll-free (877) 563-4467 http://www.mass.gov/doi

> MICHAEL T. CALJOUW COMMISSIONER OF INSURANCE

MAURA T. HEALEY GOVERNOR

KIMBERLEY DRISCOLL LIEUTENANT GOVERNOR

FILING GUIDANCE NOTICE 2025-C

- TO: Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts Subject to M.G.L. c. 1760 ("Carriers")
- FROM: Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau
- DATE: March 4, 2025

RE: Benefits for Fertility Preservation Services Pursuant to Chapter 140 of the Acts of 2024

The Division of Insurance ("Division") is distributing Filing Guidance Notice 2024-C to inform insured health carriers ("Carriers") regarding filing requirements associated with new provisions in Chapter 140 of the Acts of 2024 ("Chapter 140"), which within its provisions amended Massachusetts laws to add M.G.L. c. 175, §§47VV; M.G.L. c. 176A, §§8WW; M.G.L. c. 176B, §§4WW; and M.G.L. c. 176G, §§40O. The new sections expand coverage to include fertility preservation within those insured health benefit plans that are issued or renewed in Massachusetts.

Fertility Preservation Services

Insured health benefit plans issued or renewed in Massachusetts are required to cover "standard fertility preservation services, including, but not limited to, coverage for procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue, when services the enrollee has a diagnosed medical or genetic condition that may directly or indirectly cause impairment of fertility by affecting reproductive organs or processes." "Directly or indirectly cause impairment of fertility" is defined as causing "circumstances where a disease or the necessary treatment for a disease has a likely side effect of infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology or other reputable professional organizations."

"Standard fertility preservation services" are defined as "procedures or treatments to preserve fertility as recommended by a board-certified obstetrician gynecologist, reproductive endocrinologist or other physician; provided, however, that the recommendation shall be made in accordance with current medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology or other reputable professional organizations." Coverage shall be provided to the same extent that coverage is provided for other pregnancy-related procedures.

Filing Requirements

As required under 211 CMR 52.05(7), Carriers are to submit material change materials - including the Carrier's Evidence of Coverage as described in 211 CMR 52.05(4)(i) - for the Division's review and the noted statutory change identifies new benefits that are to be part of insured health coverage offered or renewed in Massachusetts. Please forward all form filings to update the Evidence of Coverage on file for your carrier, using SERFF (the System for Electronic Rate and Form Filing), with the SERFF Project Name: Chapter 140 of the Acts of 2024.

Carriers are expected to contract with entities to provide fertility preservation services and will be expected to provide services through out-of-network providers if not able to develop adequate networks to provide the medically necessary fertility preservation services. In order to comply with 211 CMR 52.05(7) for provider directories, as identified in 211 CMR 52.05(4)(j), please identify within materials submitted via SERFF about how covered persons will be made aware of network fertility preservation providers.

Carriers are also expected to review requests for the required services according to the medically necessary requirements identified in M.G.L. c. 1760 and 211 CMR 52.00, including required review of utilization requests within 48 hours, notification of all utilization review decisions, and informing individuals in an expedited manner about their rights to internal and external appeals when there has been an adverse determination of a request for services. In order to comply with 211 CMR 52.05(7) for utilization management systems, as identified, please forward a signed certification that the Carrier will continue to comply with utilization management procedures for the review of fertility preservation services according to M.G.L. c. 1760 and 211 CMR 52.00.

If you have any questions about filing materials to comply with this Filing Guidance 2025-C, please contact Niels Puetthoff at Niels.Puetthoff@mass.gov.