

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE SUBSTITUTE FOR
HOUSE BILL 95

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

DISCUSSION DRAFT

AN ACT

RELATING TO INSURANCE; ENACTING NEW SECTIONS OF THE PUBLIC ASSISTANCE ACT, THE HEALTH CARE PURCHASING ACT AND THE NEW MEXICO INSURANCE CODE TO REQUIRE FERTILITY PRESERVATION SERVICES IN CERTAIN CASES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION SERVICES.--

A. As used in this section:

(1) "fertility preservation" means the use of specific medical interventions, in accordance with clinical practice guidelines that are generally accepted by health care providers in relevant clinical specialties, including the

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1 medications and procedures needed for the procurement,
2 cryopreservation or storage of sperm, oocytes, embryos or
3 gonadal tissue; and

4 (2) "iatrogenic infertility" means an
5 impairment of fertility caused directly or indirectly by
6 surgery, chemotherapy, radiation or other medical treatment.

7 B. Group health coverage, including any form of
8 self-insurance, that is offered, issued or renewed under the
9 Health Care Purchasing Act shall include coverage for medically
10 necessary expenses for fertility preservation services when
11 treatment may directly or indirectly cause iatrogenic
12 infertility as determined by the insured's health care
13 provider.

14 C. Group health coverage, including any form of
15 self-insurance, that is offered, issued or renewed under the
16 Health Care Purchasing Act shall not establish a separate
17 deductible for fertility-related services or any other separate
18 cost-sharing requirement, except that a plan may require cost-
19 sharing in amounts that are similar to and do not exceed those
20 required by the plan for comparable medical services.

21 D. Coverage shall be provided regardless of the
22 insured's:

- 23 (1) expected length of life;
- 24 (2) present or predicted disability;
- 25 (3) degree of medical dependency;

1 (4) perceived quality of life or other health
2 conditions; or

3 (5) personal characteristics, including age,
4 sex, sexual orientation, marital status, gender or gender
5 identity."

6 SECTION 2. A new section of the Public Assistance Act is
7 enacted to read:

8 "[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION
9 SERVICES.--

10 A. As used in this section:

11 (1) "fertility preservation" means the use of
12 specific medical interventions, in accordance with clinical
13 practice guidelines that are generally accepted by health care
14 providers in relevant clinical specialties, including the
15 medications and procedures needed for the procurement,
16 cryopreservation or storage of sperm, oocytes, embryos or
17 gonadal tissue; and

18 (2) "iatrogenic infertility" means an
19 impairment of fertility caused directly or indirectly by
20 surgery, chemotherapy, radiation or other medical treatment.

21 B. In accordance with federal law, the secretary
22 shall adopt and promulgate rules that provide medical
23 assistance coverage for medically necessary expenses for
24 fertility preservation services when a necessary medical
25 treatment may directly or indirectly cause iatrogenic

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1 infertility as determined by the enrollee's health care
2 provider.

3 C. Medical assistance coverage provided pursuant to
4 this section shall be provided regardless of the enrollee's:

- 5 (1) expected length of life;
- 6 (2) present or predicted disability;
- 7 (3) degree of medical dependency;
- 8 (4) perceived quality of life or other health
9 conditions; or
- 10 (5) personal characteristics, including age,
11 sex, sexual orientation, marital status, gender or gender
12 identity."

13 SECTION 3. A new section of Chapter 59A, Article 22 NMSA
14 1978 is enacted to read:

15 "[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION
16 SERVICES.--

17 A. As used in this section:

18 (1) "fertility preservation" means the use of
19 specific medical interventions, in accordance with clinical
20 practice guidelines that are generally accepted by health care
21 providers in relevant clinical specialties, including the
22 medications and procedures needed for the procurement,
23 cryopreservation or storage of sperm, oocytes, embryos or
24 gonadal tissue; and

25 (2) "iatrogenic infertility" means an

1 impairment of fertility caused directly or indirectly by
 2 surgery, chemotherapy, radiation or other medical treatment.

3 B. An individual or group health insurance policy,
 4 health care plan or certificate of health insurance that is
 5 delivered, issued for delivery or renewed in this state shall
 6 include coverage for medically necessary expenses for fertility
 7 preservation services when treatment may directly or indirectly
 8 cause iatrogenic infertility as determined by the insured's
 9 health care provider.

10 C. An individual or group health insurance policy
 11 that is offered, issued or renewed in this state shall not
 12 establish a separate deductible for fertility-related services
 13 or any other separate cost-sharing requirement, except that a
 14 plan may require cost-sharing in amounts that are similar to
 15 and do not exceed those required by the plan for comparable
 16 medical services.

17 D. Coverage shall be provided regardless of the
 18 insured's:

- 19 (1) expected length of life;
 20 (2) present or predicted disability;
 21 (3) degree of medical dependency;
 22 (4) perceived quality of life or other health
 23 conditions; or
 24 (5) personal characteristics, including age,
 25 sex, sexual orientation, marital status, gender or gender

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1 identity."

2 SECTION 4. A new section of Chapter 59A, Article 23 NMSA
3 1978 is enacted to read:

4 "[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION
5 SERVICES.--

6 A. As used in this section:

7 (1) "fertility preservation" means the use of
8 specific medical interventions, in accordance with clinical
9 practice guidelines that are generally accepted by health care
10 providers in relevant clinical specialties, including the
11 medications and procedures needed for the procurement,
12 cryopreservation or storage of sperm, oocytes, embryos or
13 gonadal tissue; and

14 (2) "iatrogenic infertility" means an
15 impairment of fertility caused directly or indirectly by
16 surgery, chemotherapy, radiation or other medical treatment.

17 B. A blanket or group health policy, health care
18 plan or certificate of health insurance that is delivered,
19 issued for delivery or renewed in this state shall include
20 coverage for medically necessary expenses for fertility
21 preservation services when treatment may directly or indirectly
22 cause iatrogenic infertility as determined by the insured's
23 health care provider.

24 C. A blanket or group health policy, health care
25 plan or certificate of health insurance that is delivered,

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1 issued for delivery or renewed in this state shall not
 2 establish a separate deductible for fertility-related services
 3 or any other separate cost-sharing requirement, except that a
 4 plan may require cost-sharing in amounts that are similar to
 5 and do not exceed those required by the plan for comparable
 6 medical services.

7 D. Coverage shall be provided regardless of the
 8 insured's:

- 9 (1) expected length of life;
- 10 (2) present or predicted disability;
- 11 (3) degree of medical dependency;
- 12 (4) perceived quality of life or other health
 13 conditions; or
- 14 (5) personal characteristics, including age,
 15 sex, sexual orientation, marital status, gender or gender
 16 identity."

17 SECTION 5. A new section of the Health Maintenance
 18 Organization Law is enacted to read:

19 "[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION
 20 SERVICES.--

21 A. As used in this section:

- 22 (1) "fertility preservation" means the use of
 23 specific medical interventions, in accordance with clinical
 24 practice guidelines that are generally accepted by health care
 25 providers in relevant clinical specialties, including the

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1 medications and procedures needed for the procurement,
2 cryopreservation and storage of sperm, oocytes, embryos or
3 gonadal tissue; and

4 (2) "iatrogenic infertility" means an
5 impairment of fertility caused directly or indirectly by
6 surgery, chemotherapy, radiation or other medical treatment.

7 B. An individual or group health maintenance
8 organization contract that is offered, issued for delivery or
9 renewed in this state shall include coverage for medically
10 necessary expenses for fertility preservation services when
11 treatment may directly or indirectly cause iatrogenic
12 infertility as determined by the enrollee's health care
13 provider.

14 C. An individual or group health maintenance
15 organization contract that is offered, issued or renewed in
16 this state shall not establish a separate deductible for
17 fertility-related services or any other separate cost-sharing
18 requirement, except that a plan may require cost-sharing in
19 amounts that are similar to and do not exceed those required by
20 the contract for comparable medical services.

21 D. Coverage shall be provided regardless of the
22 enrollee's:

- 23 (1) expected length of life;
- 24 (2) present or predicted disability;
- 25 (3) degree of medical dependency;

1 (4) perceived quality of life or other health
2 conditions; or

3 (5) personal characteristics, including age,
4 sex, sexual orientation, marital status, gender or gender
5 identity."

6 SECTION 6. A new section of the Nonprofit Health Care
7 Plan Law is enacted to read:

8 "[NEW MATERIAL] COVERAGE FOR FERTILITY PRESERVATION
9 SERVICES.--

10 A. As used in this section:

11 (1) "fertility preservation" means the use of
12 specific medical interventions, in accordance with clinical
13 practice guidelines that are generally accepted by health care
14 providers in relevant clinical specialties, including the
15 medications and procedures needed for the procurement,
16 cryopreservation and storage of sperm, oocytes, embryos or
17 gonadal tissue; and

18 (2) "iatrogenic infertility" means an
19 impairment of fertility caused directly or indirectly by
20 surgery, chemotherapy, radiation or other medical treatment.

21 B. An individual or group health plan or
22 certificate of insurance that is delivered, issued for delivery
23 or renewed in this state shall include coverage for medically
24 necessary expenses for fertility preservation services when
25 treatment may directly or indirectly cause iatrogenic

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1 infertility as determined by the subscriber's health care
2 provider.

3 C. An individual or group health plan or
4 certificate of insurance that is offered, issued or renewed in
5 this state shall not establish a separate deductible for
6 fertility-related services or any other separate cost-sharing
7 requirement, except that a plan may require cost-sharing in
8 amounts that are similar to and do not exceed those required by
9 the contract for comparable medical services.

10 D. Coverage shall be provided regardless of the
11 subscriber's:

- 12 (1) expected length of life;
- 13 (2) present or predicted disability;
- 14 (3) degree of medical dependency;
- 15 (4) perceived quality of life or other health
16 conditions; or
- 17 (5) personal characteristics, including age,
18 sex, sexual orientation, marital status, gender or gender
19 identity."

20 SECTION 7. EFFECTIVE DATE.--The effective date of the
21 provisions of this act is January 1, 2026.