FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: HB 677 **TITLE:** State Group Insurance Program Coverage of Standard Fertility Preservation Services **SPONSOR(S):** Trabulsy	**COMPANION BILL:** CS/SB 924 (Calatayud) **LINKED BILLS:** None **RELATED BILLS:** None

Committee References

Health Care Facilities & Systems	Budget	Health & Human Services
16 Y, 0 N	26 Y, 0 N	

SUMMARY

Effect of the Bill:

HB 677 requires the state group health insurance program to provide coverage for standard fertility services for patients within reproductive age who have been diagnosed with a cancer for which the necessary treatment may cause infertility.

Fiscal or Economic Impact:

HB 677 has a significant negative fiscal impact on the state employee group health plan.

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ANALYSIS

EFFECT OF THE BILL:

Fertility preservation allows patients who have to undergo life-saving, but fertility damaging, medical treatment to protect their ability to have biological children in the future. Fertility preservation is most commonly discussed in the context of young adult cancer patients; these patients are increasingly likely to survive the disease, but many necessary cancer treatments can cause fertility loss. The state group health insurance program (Program) provides health insurance coverage for state employees, their spouses, and their dependents; the program does not currently provide coverage for fertility preservation services.

HB 677 requires Program policies issued on or after January 1, 2026 to cover medically necessary expenses related to standard fertility preservation services for enrollees who are of reproductive age and have been diagnosed with cancer for which the necessary treatment may directly or indirectly result in infertility.

The coverage applies to "standard fertility preservation services" consistent with established medical practices or professional guidelines published by the American Society of Clinical Oncology (ASCO) or the American Society for Reproductive Medicine (ASRM), including, but not limited to, procedures for the preservation of eggs, sperm, and ovarian tissues. Coverage of these services must include the costs associated with the storage of eggs or sperm for up to three years.

The bill prohibits a state-contracted health maintenance organization or state group health insurance plan from requiring preauthorization for coverage of standard fertility preservation services, however, such services may be subject to a deductible, copayment, coinsurance, or reasonable limitations and exclusions consistent with the policy's maximum benefit provisions. (Section 1).

The bill provides an effective date of July 1, 2025. (Section 2).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The Division of State Group Insurance (DSGI) estimates that the bill will have an annual fiscal impact of $813,000 to the state group health insurance plans. The actual costs will vary widely depending on actual utilization.[1]

RELEVANT INFORMATION

SUBJECT OVERVIEW:

State Employee Health Plan

The Division of State Group Insurance (DSGI) within the Department of Management Services administers the state group health insurance program (Program) for the state's employees, their spouses, and dependents.[2] The Program is a cafeteria plan managed consistent with section 125 of the Internal Revenue Service Code.[3] To administer the program, DSGI contracts with third party administrators for self-insured plans and fully insured health maintenance organizations to offer both standard and high deductible policies, as well as a pharmacy benefit manager for the state employees' Self-Insured Prescription Drug Program.

All of the contracted state group health insurance plans include a general exclusionary coverage statement which precludes coverage for specified health care services. Fertility testing and treatment to assist in achieving pregnancy, including in-vitro fertilization (IVF), artificial insemination, follicle puncture for retrieval of oocyte, abdominal or endoscopic aspiration of eggs from ovaries, all other procedures related to the retrieval, placement, preservation, or storage of reproductive material is excluded from coverage. Currently, the Program only provides coverage for tests to determine the cause of infertility and the treatment of medical conditions resulting in infertility, excluding fertility tests and treatments considered experimental or investigational.[4]

Fertility Preservation

The American Society of Clinical Oncology (ASCO) is a nonprofit educational and scientific organization that dedicated to providing high quality resources in education, policy, the pioneering of clinical research, and advancing the care for patients with cancer.[5] The American Society for Reproductive Medicine (ASRM) is a nonprofit professional organization dedicated to advancing the science and practice of reproductive medicine. The ASRM produces educational materials, resources, and guidelines developed by experts and peer-reviewed.[6] Both organizations have published clinical guidance for fertility preservation in patients with cancer.[7]

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[1] Department of Management Services, *2025 Agency Legislative Bill Analysis – SB 924* (2025). On file with the Health Care Facilities & Systems Subcommittee.

[2] S. 110.123, F.S.

[3] A section 125 cafeteria plan is a type of employer offered, flexible health insurance plan that provides employees a menu of pre-tax and taxable qualified benefits to choose from, but employees must be offered at least one taxable benefit such as cash, and one qualified benefit, such as a Health Savings Account.

[4] Department of Management Services, *2025 Agency Legislative Bill Analysis – SB 924* (2025). On file with the Health Care Facilities & Systems Subcommittee. For an example of the services excluded from coverage under the state plans, *see*, Capital Health Plan, *State of Florida Member Handbook: Standard Option* (2024), p. 91. Available at https://dms-media.ccplatform.net/content/download/171556/file/CHP%20Standard%20Summary%20Plan%20Description%202025.pdf (last visited March 9, 2025).

[5] The American Society of Clinical Oncology, *ASCO Overview*. Available at https://www.asco.org/about-asco/asco-overview (last visited March 8, 2025).

[6] The American Society for Reproductive Medicine, *What is ASRM?* Available at https://www.reproductivefacts.org/about-asrm/what-is-asrm/ (last visited March 8, 2025).

[7] Oktay, K., et al. (2018) *Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update*. Journal of Clinical Oncology. 36(19). https://doi.org/10.1200/JCO.2018.78.1914; *See also*, American Society for Reproductive Medicine (2019). *Fertility Preservation In Patients Undergoing Gonadotoxic Therapy Or Gonadectomy: A Committee Opinion*. Fertility and Sterility. 112:6, 1022 – 1033. https://doi.org/10.1016/j.fertnstert.2019.09.013

There are a variety of methods for fertility preservation. The most appropriate method will be highly dependent on the unique circumstances of the individual patient. The most widely researched methods of fertility preservation are sperm, oocyte, and embryo cryopreservation; these methods are considered standard practice and are widely available.[8]

Embryo Cryopreservation is the most common method of fertility preservation and offers the greatest likelihood of success for women with a committed male partner or who are prepared to use donor sperm. The patient's oocytes, or eggs, are collected and fertilized with sperm in a laboratory to create an embryo. The embryos are then frozen and stored for a future planned pregnancy.

Oocyte Cryopreservation involves the collection and freezing of a patient's unfertilized eggs. This method may be preferable for patients who do not have a male partner, do not wish to use donor sperm, or have religious or ethical objections to embryo freezing.

Both embryo and oocyte cryopreservation require a patient to undergo in vitro fertilization (IVF), wherein her ovaries are stimulated to produce more eggs than they normally would. The current preferred IVF methods for cancer patients typically involve delaying cancer treatments for one to three weeks; most women pursuing these methods typically undergo only one cycle of IVF due to the time sensitive nature of cancer treatment.

Sperm Cryopreservation is an effective method for preserving male fertility. The process is typically a simple, noninvasive procedure wherein a patient provides a semen sample which is then frozen and can be stored indefinitely. Alternative methods of sperm collection, including surgical extraction, may be used in some cases. It is strongly recommended that sperm be collected before chemotherapy is initiated because sample quality and sperm DNA integrity may be compromised after a single treatment.

Less common, but still generally accepted, methods of fertility preservation include ovarian transposition conservative gynecologic surgery.

Ovarian transposition involves surgically moving one or both ovaries and fallopian tubes to the wall of the abdomen in order to protect them from targeted radiation therapy.[9]

Conservative gynecologic surgery may be an option for some patients undergoing surgery for cervical, endometrial, or ovarian cancer or borderline tumors of the ovary. The intention of a conservative surgical intervention is to leave as much of the reproductive organs intact as possible.

The efficacy of other fertility preservation methods is more highly debated and dependent upon individual circumstances. These methods include ovarian suppression, ovarian tissue cryopreservation, and testicular tissue preservation.

Ovarian suppression involves using hormone-mimicking drugs to suppress the patient's natural hormone production. The purpose of this is to protect the ovaries from chemotherapy-induced damage. The efficacy of this method is debated and research is conflicting. This method should not replace other more effective methods of fertility preservation, however, there are certain patients for whom this may be the only viable option.

Ovarian tissue cryopreservation involves surgically removing ovarian cortical tissue from the patient, splicing the tissue into small fragments, and freezing the tissue to be stored. The ovarian tissue can be transplanted back into the patient when they are ready to conceive. This is the only method for fertility preservation available for pre-

[8] *Id*. *See also*, American Society for Reproductive Medicine, *Female Cancer, Cryopreservation, and Fertility* (2023). Available at https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/female-cancers-cryopreservation-and-fertility/ (last visited March 9, 2025). American Society for Reproductive Medicine, Cancer and Its Impact on Sperm, Cryopreservation, and Fertility (2023). Available at https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/cancer-and-its-impact-on-sperm/ (last visited March 9, 2025).

[9] National Cancer Institute, NCI Dictionary of Cancer Terms: Ovarian Transposition. Available at https://www.cancer.gov/publications/dictionaries/cancer-terms/def/ovarian-transposition (last visited March 8, 2025).

pubertal girls for whom IVF is not an option. This method was considered experimental by the ASRM until 2019. The ASCO guidelines have not been updated to reflect the change in experimental status.

Testicular tissue cryopreservation is considered experimental and should only be performed as part of a clinical trial or approved experimental protocols. This method, however, is the only potential method for preserving fertility in pre-pubertal boys.

The most appropriate method for fertility preservation will be highly specific to each individual patient and their unique circumstances. Certain methods of fertility preservation will pose excessive risks to patients due to the specific type of cancer or the urgency of treatment; an interdisciplinary team of oncologists, reproductive endocrinologists and urologists, reproductive surgeons, genetic counselors, and mental health professionals should ideally be involved in the fertility preservation process of a cancer patient. The ASCO and ASRM both recommend that health care providers caring for patients with cancer discuss the possibility of infertility as early as possible before treatment starts.[10]

Cancer Treatment and Fertility

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells in the body. The human body is made up of millions of cells; when functioning normally, cells will grow and multiply to form new cells as needed, when cells grow old or become damaged, they die and new cells take their place. Cancer occurs when there is a breakdown in this process and abnormal cells grow or multiply when they shouldn't, which can result in death if untreated. The cause of most cancers is unknown; however, cancer risk increases as you age and some lifestyle factors and inherited genetic mutations can increase your risk of developing cancer.[11]

Nationally, cancer affects one in three people,[12] and annually, over 200,000 individuals under the age of 49 are diagnosed with cancer.[13] Advancements in cancer therapies in recent decades have dramatically improved the chances of long-term survival following a cancer diagnosis, with five-year survival rates approaching 80 to 90 percent for many cancers that affect young people.[14] However, many cancer therapies that have helped to increase survival, including chemotherapy and radiation, render a person unable to have biological children due to iatrogenic infertility.[15] For women, cancer therapies can cause ovarian damage or failure, early menopause, damage to eggs, as well as other reproductive health problems. For men, treatments may damage the testes and interfere with sperm production.[16]

Infertility is a significant long-term consequence of cancer treatment and can negatively impact health related quality of life;[17] with increased survivorship there is an increased need to address post-treatment health concerns at the time of diagnosis. Each patient's situation is unique. The impact of a specific treatment on fertility and the time available before a patient begins life-saving cancer treatments will vary. In most cases, a patient must make

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[10] *Supra, note 8.*

[11] National Cancer Institute, *What is Cancer?* Available at https://www.cancer.gov/about-cancer/understanding/what-is-cancer (last visited March 7, 2025); See also, American Cancer Society, *2025 Cancer Facts & Figures* (2025). Available at https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acs.pdf (last visited March 7, 2025).

[12] *Id*.

[13] American Society for Reproductive Medicine (2019). *Fertility Preservation In Patients Undergoing Gonadotoxic Therapy Or Gonadectomy: A Committee Opinion*. Fertility and Sterility. 112:6, 1022 – 1033. https://doi.org/10.1016/j.fertnstert.2019.09.013

[14] American Society for Reproductive Medicine (2018). Fertility Preservation And Reproduction In Patients Facing Gonadotoxic Therapies: An Ethics Committee Opinion. Fertility and Sterility. 110:3, 380-386. https://doi.org/10.1016/j.fertnstert.2018.05.034

[15] Iatrogenic infertility is infertility caused by necessary medical treatments.

[16] The Oncofertility Consortium at Michigan State University, *Resources for Patients*. Available at https://oncofertility.msu.edu/resources/for-patients/ (last visited March 7, 2025). *See also*, Feldberg, D. & Purandar, N. (2025). *Cancer Therapy and Reproductive Impact*. International Journal of Gynecology & Obstetrics. https://doi.org/10.1002/ijgo.16174; Luwam, G., et al. (2022). Current Gaps in Fertility Preservation for Men: How Can We do Better? Journal of Clinical Oncology. 40:23, 2524-2529. https://doi.org/10.1200/JCO.21.02714
DOI:10.1200/JCO.21.02714

[17] Ragavan, M. (2022). Oncologists' Attitudes and Practices Regarding Fertility Preservation at a Tertiary Academic Center. 2022 ASCO Quality Care Symposium. Available at https://www.asco.org/abstracts-presentations/ABSTRACT387486 (last visited March 8, 2025).

decisions about long-term fertility and, if the patient desires to do so, act to preserve fertility before cancer treatment begins.[18]

OTHER RESOURCES:

American Society of Clinical Oncology: Guidelines Relating to Fertility Preservation

American Society for Reproductive Medicine: Guidance Relating to Fertility Preservation

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	16 Y, 0 N	3/11/2025	Calamas	Osborne
Budget Committee	26 Y, 0 N	3/20/2025	Pridgeon	Helpling
Health & Human Services Committee				

[18]The Oncofertility Consortium at Michigan State University, *Resources for Patients*. Available at https://oncofertility.msu.edu/resources/for-patients/ (last visited March 7, 2025).