

**Kentucky Department of Insurance  
Financial Impact Statement  
HM Statement HB 170 HCS 1**

- I. Mandating health insurance coverage of BR 193/HB 170 HCS 1, is not expected to materially increase premiums, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. The mandate requires health benefit plans to do the following:
- a. provide coverage for fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility. The required coverage includes evaluation expenses, laboratory assessments, and treatments associated with oocyte and sperm cryopreservation procedures, including first year storage costs. This mandate will not apply to employer-sponsored health benefit plans if the employer is a religious organization; and
  - b. provide coverage for orchiectomy or orchidectomy as treatment for testicular or other urological cancer to also provide coverage, subject to applicable cost sharing consistent with cost sharing established for other plan benefits, for: (1) all stages of surgical reconstruction related to the orchiectomy or orchidectomy, including testicular or other urological prostheses; and (2) physical complications of all stages of orchiectomy or orchidectomy, including any related surgical reconstruction.

Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

The proposed BR 193/HB 170 HCS 1, as described above, is not expected to materially increase the total cost of health care in the Commonwealth, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

The proposed BR 193/HB 170 HCS 1, as described above, is not expected to materially increase administrative expenses of insurers, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

Our analysis included the use of data and statistics from California Health Benefit Review “Analysis of California Senate Bill 600: Fertility Preservation”, the Livestrong Foundation, the American Cancer Society, actuarial judgement, and a 2021 Annual Data Report provided by DOI.

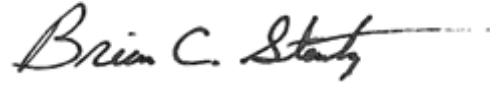
Note: The research sources indicated that 90% of iatrogenic infertility is caused by cancer treatment, and furthermore, there are no evidence-based recommendations for fertility preservation for patients outside of cancer patients. Therefore, the estimated impact focuses on iatrogenic infertility attributable to cancer treatments.

Disclosure: L&E made several assumptions in performing the analysis. Several of these assumptions are subject to material uncertainty and it is not unexpected that actual results could materially differ from these estimates if a more in-depth analysis were to be performed.

Disclosure: Due to the material disclosure requirements required therein, we must acknowledge that the content of this report may not comply with Actuarial Standard of Practice No. 41 Actuarial Communications.



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3/3/23

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(Signature of Commissioner/Date)

**FIS Actuarial Form 6-03**