

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL
No. 2405 Session of
1998

INTRODUCED BY BOSCOLA, TULLI, MCGILL, M. COHEN, GLADECK, ITKIN,
GRUPPO, LEVDANSKY, HENNESSEY, KAISER, RAYMOND, STABACK,
ADOLPH, SANTONI, GEIST, BELFANTI, PLATTS, DeLUCA, BUNT,
BELARDI, McNAUGHTON, YOUNGBLOOD, PESCI, C. WILLIAMS, OLASZ
AND TRELLO, MARCH 12, 1998

REFERRED TO COMMITTEE ON INSURANCE, MARCH 12, 1998

AN ACT

1 Mandating health insurance coverage for certain infertility
2 services.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Infertility
7 Treatment Act.

8 Section 2. Declaration of policy.

9 The General Assembly finds and declares as follows:

10 (1) More than 5,000,000 people in the United States
11 experience infertility which impacts women and men of all
12 ages, ethnic backgrounds and socioeconomic groups.

13 (2) Infertility affects general and emotional health and
14 well-being and interferes with one of the most fundamental
15 and highly valued human activities, that of building a
16 family.

(3) Treatment for infertility ranges from relatively simple uncomplicated therapy to more complex treatment such as assisted reproductive technology.

(4) Coverage for infertility treatment encourages use of more appropriate procedures, lowers overall costs and improves outcomes.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Health insurance policy." Any individual or group health insurance policy, contract or plan which provides medical or health care coverage by any health care facility or licensed health care provider on an expense-incurred service or prepaid basis and which is offered by or is governed under any of the following:

(1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

(2) Subdivision (f) of Article IV of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

(3) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(4) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(5) A fraternal benefit society subject to the act of December 14, 1992 (P.L.835, No.134), known as the Fraternal Benefit Societies Code.

(6) A nonprofit corporation subject to 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to

professional health services plan corporations).

"Infertility" The inability to conceive a child after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy.

Section 4. Mandated coverage.

(a) General rule.--Every health insurance policy that provides pregnancy-related benefits and is delivered, issued, executed or renewed in this Commonwealth on or after the effective date of this act shall provide coverage for the expenses of diagnosis and treatment of infertility, including, but not limited to, in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, low tubal ovum transfer and intra vaginal culture.

(b) Conditions.--The coverage required under subsection (a) is subject to the following conditions:

(1) Coverage may not be subject to copayments or deductibles which are greater than those applied to pregnancy-related benefits under the same policy, contract or plan.

(2) Coverage for procedures for in vitro fertilization, gamete intrafallopian tube transfer or zygote intrafallopian tube transfer shall be required only if:

(i) The covered individual has been unable to attain or sustain a successful pregnancy through reasonable, less costly medically appropriate infertility treatments for which coverage is available under the policy, contract or plan.

(ii) The covered individual has not undergone four completed oocyte retrievals, except that, if a live birth

1 follows a complete oocyte retrieval, then two more
2 complete oocyte retrievals shall be covered.

3 (iii) The procedures are performed at medical
4 facilities that conform to the American College of
5 Obstetric and Gynecology guidelines for in vitro
6 fertilization clinics or to the American Society for
7 Reproductive Medicine minimal standards for programs of
8 in vitro fertilization.

9 (3) The procedures required to be covered under this
10 section may be contained in any policy or plan issued to a
11 religious institution or organization or to any entity
12 sponsored by a religious institution or organization that
13 finds the procedure required to be covered under this section
14 to violate its religious and moral teachings and beliefs.

15 Section 5. Effective date.

16 This act shall take effect in 60 days.