

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1535 Session of
2008

INTRODUCED BY BOSCOLA, MUSTO, RAFFERTY, FONTANA, LOGAN, O'PAKE,
TARTAGLIONE AND C. WILLIAMS, AUGUST 18, 2008

REFERRED TO BANKING AND INSURANCE, AUGUST 18, 2008

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," providing for insurance coverage
12 for infertility treatment services and for prescription
13 infertility drugs.

14 The General Assembly of the Commonwealth of Pennsylvania
15 hereby enacts as follows:

16 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
17 as The Insurance Company Law of 1921, is amended by adding
18 sections to read:

19 Section 633.1. Coverage for Infertility Treatment.--(a)
20 Every health insurance policy that provides pregnancy-related
21 benefits and is delivered, issued, executed or renewed in this
22 Commonwealth on or after the effective date of this section
23 shall provide coverage for the expenses of diagnosis and

1 treatment of infertility, including, but not limited to,
2 intrauterine insemination, in vitro fertilization, embryo
3 transfer, artificial insemination, gamete intrafallopian tube
4 transfer, zygote intrafallopian tube transfer and low tubal ovum
5 transfer.

6 (b) The coverage required under subsection (a) of this
7 section may impose the following restrictions:

8 (1) Exclude reversal of elective sterilization or use of
9 assisted reproductive techniques when infertility is the result
10 of elective sterilization.

11 (2) Impose restrictions and waiting periods before assisted
12 reproductive techniques may be employed. Any such restrictions
13 and waiting periods must be within the recommended treatment
14 guidelines issued by the American Society for Reproductive
15 Medicine or the American College of Obstetricians and
16 Gynecologists.

17 (3) Exclude coverage for women who are over 45 years of age.

18 (4) Restrict coverage for assisted reproductive techniques
19 to the policyholder and dependent spouse. Any treatment to
20 remedy conditions which could impair fertility must be covered
21 for the policyholder and all dependents, including minor
22 children.

23 (5) Require in vitro fertilization, gamete intrafallopian
24 tube transfer, intracytoplasmic sperm injection or zygote
25 intrafallopian tube transfer be performed at medical facilities
26 that conform to the American College of Obstetricians and
27 Gynecologists guidelines for in vitro fertilization clinics or
28 to the American Society for Reproductive Medicine minimal
29 standards for programs of in vitro fertilization.

30 (6) Impose a limitation of four assisted reproductive

1 technology procedures that a covered individual may attempt.

2 (7) Require copayment or deductibles for assisted
3 reproductive technology treatments. Any copayment or deduction
4 may not exceed those applied to pregnancy-related benefits under
5 the same policy, contract or plan.

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

12 (d) (1) The term "health insurance policy" when used in
13 this section means individual or group health insurance policy,
14 contract or plan which provides medical or health care coverage
15 by any health care facility or licensed health care provider on
16 an expense-incurred service or prepaid basis and which is
17 offered by or is governed under any of the following:

18 (i) This act.

19 (ii) Subdivision (f) of Article IV of the act of June 13,
20 1967 (P.L.31, No.21), known as the "Public Welfare Code."

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

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

26 (v) A nonprofit corporation subject to 40 Pa.C.S. Ch. 61
27 (relating to hospital plan corporations) or 63 (relating to
28 professional health services plan corporations).

29 (2) The term "infertility" when used in this section means:

30 (i) the inability to conceive after one year of unprotected

sexual intercourse if the woman is under 35 years of age;

(ii) the inability to conceive after six months of unprotected sexual intercourse if the woman is between 35 years of age and 40 years of age;

(iii) the inability to conceive after three months of unprotected sexual intercourse if the woman is over 40 years of age; or

(iv) the inability to sustain a successful pregnancy.

Section 633.2. Coverage for Prescription Infertility

Drugs.--(a) Every health insurance policy that provides prescription drug benefits and is delivered, issued, executed or renewed in this Commonwealth on or after the effective date of this section shall provide coverage for intrauterine insemination and prescription drugs used in the treatment of infertility.

(b) The coverage required under subsection (a) of this section may impose the following restrictions:

(1) Exclude coverage for women who are over 45 years of age.

(2) Require copayment or deductibles for prescription infertility drugs. Any copayment or deduction may not exceed those applied to other prescription drug benefits under the same policy, contract or plan.

(c) The prescription infertility drugs required to be covered under this section may be contained in any policy or plan issued to a religious institution or organization or to any entity sponsored by a religious institution or organization that finds the procedure required to be covered under this section to violate its religious and moral teachings and beliefs.

(d) (1) The term "health insurance policy" when used in this section means 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:

(i) This act.

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

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

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

(v) 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).

(2) The term "infertility" when used in this section means:

(i) the inability to conceive after one year of unprotected
sexual intercourse if the woman is under 35 years of age;

(ii) the inability to conceive after six months of
unprotected sexual intercourse if the woman is between 35 years
of age and 40 years of age;

(iii) the inability to conceive after three months of
unprotected sexual intercourse if the woman is over 40 years of
age; or

(iv) the inability to sustain a successful pregnancy.

Section 2. This act shall take effect in 60 days.