

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2016 Session of  
1999

INTRODUCED BY MARKOSEK, BARRAR, WATERS, LAUGHLIN, GEIST,  
WOJNAROSKI, THOMAS, PESCI, SAINATO, RAMOS, WILLIAMS, JOSEPHS,  
PLATTS, WASHINGTON, FREEMAN, YOUNGBLOOD, SCRIMENTI,  
L. I. COHEN, M. COHEN AND PISTELLA, OCTOBER 27, 1999

REFERRED TO COMMITTEE ON INSURANCE, OCTOBER 27, 1999

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.

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

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

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

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

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

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

(2) Impose restrictions or waiting periods before assisted reproductive techniques may be employed. Any and all restrictions or waiting periods imposed must be within the recommended treatment guidelines issued by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

(3) Exclude coverage for women beyond childbearing years.

(4) Restrict coverage for assisted reproductive techniques to the policyholder and/or dependent spouse. Any and all treatments to remedy conditions which could impair fertility must be covered for policyholder and all dependents, including minor children.

(5) Require in vitro fertilization, gamete intrafallopian tube transfer or zygote intrafallopian tube transfer be performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Society for Reproductive Medicine minimal standards for programs of in vitro fertilization.

(6) Limit of three assisted reproductive technology procedures that a covered individual may attempt.

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

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

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

17     (1) This act.

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

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

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

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

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

1     The term "infertility" when used in this section means the  
2     inability to conceive after one year of unprotected sexual  
3     intercourse or the inability to sustain a successful pregnancy.

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