

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 96

Session of
2003

INTRODUCED BY MARKOSEK, THOMAS, YOUNGBLOOD, READSHAW, CAWLEY,
WATSON, GEIST, BUNT, CRAHALLA, McILHATTAN, BISHOP, BEBKO-
JONES, LAUGHLIN, SOLOBAY, BELFANTI, CRUZ, JOSEPHS, PALLONE,
SAINATO, BROWNE, PISTELLA AND WANSACZ, FEBRUARY 3, 2003

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 3, 2003

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

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

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

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

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

16 (3) Exclude coverage for women beyond childbearing years.

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

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

29 (6) Impose a limitation of up to three assisted reproductive
30 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 nonprofit corporation subject to 40 Pa.C.S. Ch. 61
26 (relating to hospital plan corporations) or 63 (relating to
27 professional health services plan corporations).

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

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