

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 148 Session of 2017

INTRODUCED BY BOSCOLA, HUGHES, FONTANA, BREWSTER, HAYWOOD AND TARTAGLIONE, JANUARY 20, 2017

REFERRED TO BANKING AND INSURANCE, JANUARY 20, 2017

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," in health and accident insurance,  
 12 providing for coverage for infertility treatment.

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  
 23 treatment of infertility, including, but not limited to, in

1 vitro fertilization, embryo transfer, artificial insemination,  
2 gamete intrafallopian tube transfer, zygote intrafallopian tube  
3 transfer and low tubal ovum transfer.

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

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

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

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

16 (4) Restrict coverage for assisted reproductive techniques  
17 to the policyholder and dependent spouse. All treatments to  
18 remedy conditions that could impair fertility must be covered  
19 for policyholder and all dependents, including minor children.

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

27 (6) Impose a limitation of three assisted reproductive  
28 technology procedures that a covered individual may attempt.

29 (7) Require copayment or deductibles for assisted  
30 reproductive technology treatments. Any copayment or deduction

1 may not exceed those applied to pregnancy-related benefits under  
2 the same policy, contract or plan.

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

9 (d) As used in this section:

10 "Health insurance policy" means an individual or group health  
11 insurance policy, contract or plan that provides medical or  
12 health care coverage by any health care facility or licensed  
13 health care provider on an expense-incurred service or prepaid  
14 basis and that is offered by or is governed under any of the  
15 following:

16 (1) This act.

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

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

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

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

27 The term does not include accident only, fixed indemnity,  
28 limited benefit, credit, dental, vision, specified disease,  
29 Medicare supplement, Civilian Health and Medical Program of the  
30 Uniformed Services (CHAMPUS) supplement, long-term care or

1 disability income, workers' compensation or automobile medical  
2 payment insurance.

3 "Infertility" means the inability to conceive after one year  
4 of unprotected sexual intercourse or the inability to sustain a  
5 successful pregnancy.

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