

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 381 Session of 2019

INTRODUCED BY BOSCOLA, COSTA, FONTANA, BREWSTER AND HAYWOOD,  
MARCH 4, 2019

REFERRED TO BANKING AND INSURANCE, MARCH 4, 2019

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 casualty insurance, providing  
12 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:

- 1     (1) In vitro fertilization.
- 2     (2) Embryo transfer.
- 3     (3) Artificial insemination.
- 4     (4) Gamete intrafallopian tube transfer.
- 5     (5) Zygote intrafallopian tube transfer.
- 6     (6) Low tubal ovum transfer.

7     (b) The coverage required under subsection (a) may impose  
8 the following restrictions:

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

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

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

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

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

30     (6) Impose a limitation of three 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) As used in this section:

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

19 (1) This act.

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

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

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

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

30 The term does not include accident only, fixed indemnity,

1 limited benefit, credit, dental, vision, specified disease,  
2 Medicare supplement, Civilian Health and Medical Program of the  
3 Uniformed Services (CHAMPUS) supplement, long-term care or  
4 disability income, workers' compensation or automobile medical  
5 payment insurance.

6 "Infertility" means the inability to conceive after one year  
7 of unprotected sexual intercourse or the inability to sustain a  
8 successful pregnancy.

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