
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 475 Session of
2023

INTRODUCED BY BOSCOLA, KEARNEY, FONTANA, HAYWOOD, SCHWANK,
DILLON, KANE, STREET, COMMITTA, SANTARSIERO, COSTA, SAVAL AND
COLLETT, MARCH 14, 2023

REFERRED TO BANKING AND INSURANCE, MARCH 14, 2023

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

1 treatment of infertility, including:

2 (1) In vitro fertilization.

3 (2) Embryo transfer.

4 (3) Artificial insemination.

5 (4) Gamete intrafallopian tube transfer.

6 (5) Zygote intrafallopian tube transfer.

7 (6) Low tubal ovum transfer.

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

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

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

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

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

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

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

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

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

13 (d) As used in this section:

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

20 (1) This act.

21 (2) Subdivision (f) of Article IV of the act of June 13,
22 1967 (P.L.31, No.21), known as the "Human Services Code."

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

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

28 (5) 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 does not include accident only, fixed indemnity,
2 limited benefit, credit, dental, vision, specified disease,
3 Medicare supplement, Civilian Health and Medical Program of the
4 Uniformed Services (CHAMPUS) supplement, long-term care or
5 disability income, workers' compensation or automobile medical
6 payment insurance.

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

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