



House of Representatives

General Assembly

File No. 462

January Session, 2005

Substitute House Bill No. 6588

House of Representatives, April 20, 2005

The Committee on Public Health reported through REP. SAYERS of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR INFERTILITY TREATMENT AND PROCEDURES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2005*) (a) Except as provided in
2 subsection (e) of this section, each individual health insurance policy
3 providing coverage of the type specified in subdivisions (1), (2), (4),
4 (11) and (12) of section 38a-469 of the general statutes delivered, issued
5 for delivery, amended, renewed or continued in this state on or after
6 October 1, 2005, shall provide coverage for the medically necessary
7 expenses of the diagnosis and treatment of infertility, including, but
8 not limited to, ovulation induction, intrauterine insemination, in vitro
9 fertilization, uterine embryo lavage, embryo transfer, gamete
10 intrafallopian tube transfer, zygote intrafallopian tube transfer and low
11 tubal ovum transfer. For purposes of this section, "infertility" means
12 the condition of a presumably healthy individual under age forty-four
13 who is unable to (1) conceive or produce conception during a one-year
14 period, or (2) sustain a successful pregnancy during a one-year period.

15 (b) The coverage required by this section for (1) ovulation induction
16 shall be limited to a maximum lifetime benefit of six cycles; (2)
17 intrauterine insemination shall be limited to a maximum lifetime
18 benefit of four cycles; and (3) in vitro fertilization, gamete
19 intrafallopian tube transfer, zygote intrafallopian tube transfer and low
20 tubal ovum transfer shall be limited to (A) individuals who have been
21 unable to conceive or produce conception or sustain a successful
22 pregnancy through less costly and medically viable infertility
23 treatments covered under such individual's health insurance policy,
24 and (B) a maximum lifetime benefit of three cycles, with not more than
25 two embryo implantations per cycle.

26 (c) The coverage required under this section shall be contingent
27 upon:

28 (1) The performance of infertility treatment or procedures at
29 facilities that conform to the standards and guidelines developed by
30 the American Society of Reproductive Medicine or the Society of
31 Reproductive Endocrinology and Infertility;

32 (2) The individual seeking such coverage having maintained
33 coverage under the individual health insurance policy for at least
34 twelve months prior to undergoing any infertility treatment or
35 procedures; and

36 (3) Disclosure by the individual seeking such coverage to such
37 individual's existing health insurance carrier of any previous infertility
38 treatment or procedures for which such individual received coverage
39 under a different health insurance policy. Such disclosure shall be
40 made on a form and in the manner prescribed by the Insurance
41 Commissioner.

42 (d) Nothing in this section shall be construed to deny the coverage
43 required by this section to any patient who foregoes a particular
44 infertility treatment if the patient's physician determines that such
45 treatment is likely to be unsuccessful.

46 (e) (1) Any insurance company, hospital or medical service
47 corporation, or health care center may issue to a religious employer an
48 individual health insurance policy that excludes coverage for methods
49 of diagnosis and treatment of infertility which are contrary to the
50 religious employer's bona fide religious tenets.

51 (2) Upon the written request of an individual who states in writing
52 that methods of diagnosis and treatment of infertility are contrary to
53 such individual's religious or moral beliefs, any insurance company,
54 hospital or medical service corporation, or health care center may issue
55 to or on behalf of the individual a policy or rider thereto that excludes
56 coverage for such methods.

57 (f) Any health insurance policy issued pursuant to subsection (e) of
58 this section shall provide written notice to each insured or prospective
59 insured that methods of diagnosis and treatment of infertility are
60 excluded from coverage pursuant to said subsection. Such notice shall
61 appear, in not less than ten-point type, in the policy, application and
62 sales brochure for such policy.

63 (g) As used in this section, "religious employer" means an employer
64 that is a "qualified church-controlled organization", as defined in 26
65 USC 3121 or a church-affiliated organization.

66 Sec. 2. Section 38a-536 of the general statutes is repealed and the
67 following is substituted in lieu thereof (*Effective October 1, 2005*):

68 [Any insurance company, hospital service corporation or medical
69 service corporation authorized to do the business of health insurance
70 in this state shall offer to any individual, partnership, corporation or
71 unincorporated association providing group hospital or medical
72 insurance coverage for its employees a group hospital or medical
73 service plan or contract providing coverage for the medically necessary
74 expenses of the diagnosis and treatment of infertility, including in-
75 vitro fertilization procedures.]

76 (a) Except as provided in subsection (d) of this section, each group

77 health insurance policy providing coverage of the type specified in
78 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
79 issued for delivery, amended, renewed or continued in this state on or
80 after October 1, 2005, shall provide coverage for the medically
81 necessary expenses of the diagnosis and treatment of infertility
82 including, but not limited to, ovulation induction, intrauterine
83 insemination, in vitro fertilization, uterine embryo lavage, embryo
84 transfer, gamete intrafallopian tube transfer, zygote intrafallopian tube
85 transfer and low tubal ovum transfer. For purposes of this section,
86 "infertility" means the condition of a presumably healthy individual
87 who is unable to (1) conceive or produce conception during a one-year
88 period, or [retain a] (2) sustain a successful pregnancy during a one-
89 year period.

90 (b) The coverage required by this section for (1) ovulation induction
91 shall be limited to a maximum of six cycles per live birth; (2)
92 intrauterine insemination shall be limited to a maximum of six cycles
93 per live birth; and (3) in vitro fertilization, gamete intrafallopian tube
94 transfer or zygote intrafallopian tube transfer shall be limited to a
95 maximum of four egg retrievals per live birth and eight egg retrievals
96 per patient in a lifetime. Coverage for any of the procedures specified
97 in this subsection shall be contingent upon the performance of such
98 procedures in accordance with the clinical practice standards
99 developed by the American Society of Reproductive Medicine or the
100 Society of Reproductive Endocrinology and Infertility.

101 (c) Nothing in this section shall be construed to deny the coverage
102 required by this section to any patient who foregoes a particular
103 infertility treatment if the patient's physician determines that such
104 treatment is likely to be unsuccessful.

105 (d) (1) Any insurance company, hospital or medical service
106 corporation, or health care center may issue to a religious employer a
107 group health insurance policy that excludes coverage for methods of
108 diagnosis and treatment of infertility which are contrary to the
109 religious employer's bona fide religious tenets.

110 (2) Upon the written request of an individual who states in writing
 111 that methods of diagnosis and treatment of infertility are contrary to
 112 such individual's religious or moral beliefs, any insurance company,
 113 hospital or medical service corporation, or health care center may issue
 114 to or on behalf of the individual a policy or rider thereto that excludes
 115 coverage for such methods.

116 (e) Any health insurance policy issued pursuant to subsection (d) of
 117 this section shall provide written notice to each insured or prospective
 118 insured that methods of diagnosis and treatment of infertility are
 119 excluded from coverage pursuant to said subsection. Such notice shall
 120 appear, in not less than ten-point type, in the policy, application and
 121 sales brochure for such policy.

122 (f) As used in this section, "religious employer" means an employer
 123 that is a "qualified church-controlled organization", as defined in 26
 124 USC 3121 or a church-affiliated organization.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2005	New section
Sec. 2	October 1, 2005	38a-536

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
State Comptroller - Fringe Benefits	Various - Potential Future Cost

Municipal Impact:

Municipalities	Effect
Various Municipalities	Uncertain

Explanation

The bill requires certain health insurance policies to cover medically necessary infertility diagnosis and treatment and also specifies coverage limitations. It is not possible at this time to determine if the bill will have any future impact to the state employee health insurance costs, according to the Office of the State Comptroller. Any state impact is not anticipated to occur until FY 08 when the state enters into new employee health insurance contracts.

The bill's impact on municipal insurance costs will vary based on existing municipal coverage. To the extent that the coverage mandates under the bill is not currently provided by a municipality's employee health insurance policy, there could be increased municipal premium costs to provide it.

OLR Bill Analysis

sHB 6588

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR INFERTILITY TREATMENT AND PROCEDURES**SUMMARY:**

This bill requires individual and group health insurance policies to cover the medically necessary costs of diagnosing and treating infertility. Current law requires insurers only to offer group hospital or medical service plans that cover infertility diagnosis and treatment.

The bill specifies coverage limitations and establishes other requirements for coverage; these differ for individual and group policies. It permits individuals and religious employers to exclude infertility treatments that are contrary to their religious tenets.

The bill applies to policies delivered, issued, amended, renewed, or continued on and after October 1, 2005 that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including HMOs.

EFFECTIVE DATE: October 1, 2005

INFERTILITY COVERAGE

The bill requires individual and group policies to cover medically necessary expenses incurred in ovulation induction, intrauterine insemination, in vitro fertilization, uterine embryo lavage, embryo transfer, gamete and zygote intrafallopian tube transfer, and low tubal ovum transfer, among other infertility treatments. The bill specifies that it not be construed to deny coverage to a person who forgoes a particular treatment when his or her doctor determines that the treatment is unlikely to be successful.

Individual Policies

The bill defines infertility as the inability of a healthy person under age 44 to conceive or produce conception or sustain a pregnancy over a

one-year period. Under the bill, coverage begins only after the insured has been covered under the policy for one year. Individuals seeking coverage for a treatment must tell their insurer or HMO if they have previously received coverage for any infertility procedure or treatment under a different policy. The insurance commissioner must prescribe the disclosure form. To be covered, any infertility treatment or procedure must be performed at a facility that conforms to standards and guidelines developed by the American Society of Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.

The bill limits coverage under individual policies to:

1. six lifetime cycles of ovulation induction;
2. four lifetime cycles of intrauterine insemination; and
3. three lifetime cycles, with no more than two embryo implants per cycle, of in vitro fertilization, for gamete and zygote intrafallopian tube transfer, and low tubal ovum transfer. Only individuals who have been unable to conceive or produce conception or sustain a pregnancy through less costly and medically viable infertility treatments covered by their insurance policies are eligible for these treatments.

Group Policies

The bill defines infertility for purposes of group insurance as a healthy person's inability to conceive or produce conception or sustain a pregnancy over a one-year period; it does contain an age limitation.

The bill limits coverage under a group policy to:

1. six cycles per live birth of ovulation induction;
2. six cycles per live birth of intrauterine insemination; and
3. eight egg retrievals during a lifetime, with no more than four egg retrievals per live birth, for in vitro fertilization, and gamete and zygote intrafallopian tube transfer.

Coverage for these procedures is contingent on their being performed according to standards developed by the American Society of

Reproductive Medicine or the Society of Reproductive Endocrinology and Infertility.

RELIGIOUS EXEMPTION

The bill permits an insurer or HMO to issue an individual or group policy to a “religious employer” that excludes infertility diagnosis and treatment coverage that is contrary to the employer’s bona fide religious tenets. An insurer or HMO can also issue an individual or group policy or rider that excludes coverage for an individual who states in writing that methods of infertility diagnosis and treatment are contrary to his or her religious or moral beliefs.

An insurer or HMO that issues such a policy must notify each insured or prospective insured in writing. The notice must appear in at least 10-point type in sales material, the policy application, and the policy.

The bill defines a “religious employer” as a “qualified church-controlled organization,” as defined by federal tax law, or a church-affiliated organization. Under federal law, the former is a church-controlled tax exempt organization that does not (1) offer goods, services, or facilities for sale to the general public, other than those sold for substantially less than the actual cost or (2) normally receive more than 25% of its support from either government sources or receipts from admissions, selling merchandise, performing services, or furnishing facilities. The bill does not define “church-affiliated organization.”

BACKGROUND

Infertility Procedures

Ovulation induction is the use of medication to stimulate development of one or more mature follicles (where eggs develop) in a woman’s ovaries. In vitro fertilization involves using a drug to stimulate a woman’s egg production. Once mature, the eggs are removed to a culture dish and fertilized with sperm. After fertilization, embryos are placed in the woman’s uterus.

In gamete intrafallopian tube transfer, egg and sperm are placed in a woman’s fallopian tubes where fertilization can occur naturally. Zygote intrafallopian tube transfer involves placing embryos in a

woman's fallopian tubes. Low tubal ovum transfer involves transferring eggs past a blocked or damaged section of the fallopian tube to an area closer to the uterus. Uterine embryo lavage is a procedure by which the uterus is flushed to recover a preimplantation embryo.

Related Bill

sSB 508 requires individual and group policies to cover the medically necessary costs of diagnosing and treating infertility. It covers the same types of procedures as sHB 5688, but contains different coverage limitations. It permits religious exemptions. And it requires clinics that perform infertility procedures to report data to the Department of Public Health.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 17 Nay 7