



# Senate

General Assembly

**File No. 228**

January Session, 2005

Substitute Senate Bill No. 508

*Senate, April 11, 2005*

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT CONCERNING 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) Subject to the  
2 limitations set forth in subsection (b) of this section, each individual  
3 health insurance policy providing coverage of the type specified in  
4 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
5 statutes delivered, issued for delivery, amended, renewed or  
6 continued in this state on or after October 1, 2005, shall provide  
7 coverage for the medically necessary expenses of the diagnosis and  
8 treatment of infertility. For purposes of this section, "infertility" means  
9 the condition of a presumably healthy individual who is unable to  
10 conceive or produce conception or retain a pregnancy during a one-  
11 year period.

12 (b) Such policy may:

13 (1) Limit the number of embryos implanted in any one procedure to  
14 two;

15 (2) Limit the number of in-vitro fertilization, gamete intra-fallopian  
16 transfer or zygote intra-fallopian transfer procedures to two;

17 (3) Limit such coverage to individuals who are under forty years of  
18 age;

19 (4) Limit such coverage to a lifetime maximum benefit of ten  
20 thousand dollars;

21 (5) Require that covered services be performed at facilities that  
22 conform to the standards and guidelines developed by the American  
23 College of Obstetricians and Gynecologists or the American Society for  
24 Reproductive Medicine;

25 (6) Limit coverage to individuals who have maintained coverage  
26 under the policy for at least twelve months;

27 (7) Limit coverage for in-vitro fertilization, gamete intra-fallopian  
28 transfer and zygote intra-fallopian transfer to those individuals who  
29 have used all reasonable, less expensive and medically appropriate  
30 treatments covered under the policy and who are still unable to  
31 conceive or produce conception or retain a pregnancy; and

32 (8) Exclude coverage for any individual who has had a successful  
33 birth as a result of such coverage.

34 (c) (1) Notwithstanding any other provision of this section, any  
35 insurance company, hospital or medical service corporation, or health  
36 care center may issue to a religious employer an individual health  
37 insurance policy that excludes coverage for methods of diagnosis and  
38 treatment of infertility that are contrary to the religious employer's  
39 bona fide religious tenets.

40 (2) Notwithstanding any other provision of this section, upon the  
41 written request of an individual who states in writing that methods of

42 diagnosis and treatment of infertility are contrary to such individual's  
43 religious or moral beliefs, any insurance company, hospital or medical  
44 service corporation, or health care center may issue to or on behalf of  
45 the individual a policy or rider thereto that excludes coverage for such  
46 methods.

47 (d) Any health insurance policy issued pursuant to subsection (c) of  
48 this section shall provide written notice to each insured or prospective  
49 insured that methods of diagnosis and treatment of infertility are  
50 excluded from coverage pursuant to said subsection. Such notice shall  
51 appear, in not less than ten-point type, in the policy, application and  
52 sales brochure for such policy.

53 (e) As used in this section, "religious employer" means an employer  
54 that is a "qualified church-controlled organization", as defined in 26  
55 USC 3121 or a church-affiliated organization.

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

58 [Any insurance company, hospital service corporation or medical  
59 service corporation authorized to do the business of health insurance  
60 in this state shall offer to any individual, partnership, corporation or  
61 unincorporated association providing group hospital or medical  
62 insurance coverage for its employees a group hospital or medical  
63 service plan or contract providing coverage for the medically necessary  
64 expenses of the diagnosis and treatment of infertility, including in-  
65 vitro fertilization procedures.]

66 (a) Subject to the limitations set forth in subsection (b) of this  
67 section, each group health insurance policy providing coverage of the  
68 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
69 469 delivered, issued for delivery, amended, renewed or continued in  
70 this state on or after October 1, 2005, shall provide coverage for the  
71 medically necessary expenses of the diagnosis and treatment of  
72 infertility. For purposes of this section, "infertility" means the condition  
73 of a presumably healthy individual who is unable to conceive or

74 produce conception [,] or retain a pregnancy during a one-year period.

75 (b) Such policy may:

76 (1) Limit the number of embryos implanted in any one procedure to  
77 two;

78 (2) Limit the number of in-vitro fertilization, gamete intra-fallopian  
79 transfer or zygote intra-fallopian transfer procedures to two;

80 (3) Limit such coverage to individuals who are under forty years of  
81 age;

82 (4) Limit such coverage to a lifetime maximum benefit of ten  
83 thousand dollars;

84 (5) Require that covered services be performed at facilities that  
85 conform to the standards and guidelines developed by the American  
86 College of Obstetricians and Gynecologists or the American Society for  
87 Reproductive Medicine;

88 (6) Limit coverage to individuals who have maintained coverage  
89 under the policy for at least twelve months;

90 (7) Limit coverage for in-vitro fertilization, gamete intra-fallopian  
91 transfer and zygote intra-fallopian transfer to those individuals who  
92 have used all reasonable, less expensive and medically appropriate  
93 treatments covered under the policy and who are still unable to  
94 conceive or produce conception or retain a pregnancy; and

95 (8) Exclude coverage for any individual who has had a successful  
96 birth as a result of such coverage.

97 (c) (1) Notwithstanding any other provision of this section, any  
98 insurance company, hospital or medical service corporation, or health  
99 care center may issue to a religious employer a group health insurance  
100 policy that excludes coverage for methods of diagnosis and treatment  
101 of infertility that are contrary to the religious employer's bona fide  
102 religious tenets.

103 (2) Notwithstanding any other provision of this section, upon the  
104 written request of an individual who states in writing that methods of  
105 diagnosis and treatment of infertility are contrary to such individual's  
106 religious or moral beliefs, any insurance company, hospital or medical  
107 service corporation, or health care center may issue to or on behalf of  
108 the individual a policy or rider thereto that excludes coverage for such  
109 methods.

110 (d) Any health insurance policy issued pursuant to subsection (c) of  
111 this section shall provide written notice to each insured or prospective  
112 insured that methods of diagnosis and treatment of infertility are  
113 excluded from coverage pursuant to said subsection. Such notice shall  
114 appear, in not less than ten-point type, in the policy, application and  
115 sales brochure for such policy.

116 (e) As used in this section, "religious employer" means an employer  
117 that is a "qualified church-controlled organization", as defined in 26  
118 USC 3121 or a church-affiliated organization.

119 Sec. 3. (NEW) (*Effective October 1, 2005*) (a) Any clinical practice in  
120 this state that performs in-vitro fertilization, gamete intra-fallopian  
121 transfer or zygote intra-fallopian transfer procedures that are covered  
122 by insurance shall report to the Department of Public Health, not later  
123 than February first following any year such procedures were  
124 performed, the following information:

125 (1) The number of such procedures performed;

126 (2) The number of multiple births or conceptions with a breakdown  
127 of the number of births or conceptions per pregnancy;

128 (3) The number of procedures attempted before a successful  
129 implantation (A) per patient on average, and (B) grouped by the  
130 number of attempts required;

131 (4) The number of embryos implanted (A) per patient on average,  
132 and (B) grouped by the number of attempts required;

133 (5) The pregnancy rate (A) per patient on average, and (B) grouped  
134 by the number of attempts required; and

135 (6) The rates of complications.

136 (b) Such information shall be submitted on such forms as the  
137 department prescribes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	New section
Sec. 2	<i>October 1, 2005</i>	38a-536
Sec. 3	<i>October 1, 2005</i>	New section

**INS**      *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:

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### **OFA Fiscal Note**

#### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>
State Comptroller - Fringe Benefits	Various - Potential Future Cost
Public Health, Dept.	None

#### **Municipal Impact:**

<b>Municipalities</b>	<b>Effect</b>
Various Municipalities	Uncertain

#### **Explanation**

The bill requires certain health insurance policies to cover medically necessary infertility diagnosis and treatment and to limit the mandatory coverage in specified ways. It is not possible at this time to determine if the bill will have any future impact to the state employee health insurance premium, 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.

It is anticipated that the Department of Public Health will be able to provide forms for use by clinical practices when reporting data required within Section 3 of the bill without requiring additional resources.

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

provides infertility benefits limits coverage as allowed in the bill, a savings could result.



**OLR Bill Analysis**

sSB 508

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

This bill requires certain individual and group health insurance policies to cover medically necessary infertility diagnosis and treatment expenses. It allows a policy to limit the mandatory coverage in specified ways. Current law requires insurers and HMOs to offer infertility diagnosis and treatment, including in-vitro fertilization, coverage to a group plan sponsor, who can reject or accept it.

“Infertility” is the inability of a presumably healthy person to conceive or produce conception or retain a pregnancy during a one-year period. The bill permits the coverage to be excluded for certain religious employers or individuals.

The bill also requires a clinical practice that performs insurance-covered in-vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT), or zygote intra-fallopian transfer (ZIFT) procedures to report certain information to the Department of Public Health (DPH) on forms it prescribes by the February 1 following any year it performs the procedures.

The bill’s coverage requirements apply to individual and group 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 those arranged by HMOs.

EFFECTIVE DATE: October 1, 2005

**COVERAGE LIMITATIONS**

A policy can:

1. limit the number of embryos implanted in any one procedure to two;

2. limit the number of IVF, GIFT, and ZIFT procedures to two;
3. limit coverage to people under age 40;
4. limit coverage to a \$10,000 lifetime maximum;
5. require covered services be performed at facilities that conform to the standards and guidelines developed by the American College of Obstetricians and Gynecologists or the American Society for Reproductive Medicine;
6. limit coverage to people who have been covered by the policy for at least 12 months;
7. limit IVF, GIFT, and ZIFT coverage to people who have used all reasonable, less expensive, and medically appropriate treatments covered under the policy but remain infertile; and
8. exclude coverage for any person who has had a successful birth as a result of the coverage.

## **RELIGIOUS EXEMPTION**

An insurer or HMO can issue a religious employer a health insurance policy that excludes infertility diagnosis and treatment coverage that is contrary to the religious employer's bona fide religious tenets.

If a person states in writing that infertility diagnosis and treatment is contrary to his religious or moral beliefs, an insurer or HMO can issue him a policy or rider that excludes such coverage.

An insurer or HMO that issues a policy excluding the infertility coverage because of the religious exemption must give written notice of the exclusion to each insured or prospective insured. The notice must appear in the policy, application, and sales brochure and be in at least 10-point type.

A "religious employer" is a "qualified church-controlled organization," as defined in federal law, or a church-affiliated organization. Federal law defines "qualified church-controlled organization" as a church-controlled tax-exempt organization, other than one that (1) offers goods, services, or facilities for sale to the

general public, other than those sold at a nominal charge that is substantially less than the actual cost and (2) normally receives more than 25% of its support from either (a) government sources or (b) receipts from admissions, merchandise sales, services performed, or facilities furnished (26 USC § 3121).

## **REPORTABLE INFORMATION**

A clinical practice must report to DPH the (1) number of insurance-covered IVF, GIFT, and ZIFT procedures performed; (2) total number of multiple births or conceptions; (3) number of births or conceptions per pregnancy; and (4) rates of complications. It must also report, per patient on average and by the number of attempts required, the (1) number of procedures attempted before a successful implantation, (2) number of embryos implanted, and (3) pregnancy rate.

## **BACKGROUND**

### ***IVF, GIFT, and ZIFT Procedures***

IVF is a commonly used technique for treating infertility. It involves using a drug to stimulate a women's ova (eggs) production. Once mature, the eggs are removed to a culture dish and fertilized with sperm. After fertilization, ova are placed in the woman's uterus.

In GIFT, ova and sperm are analyzed in vitro to determine suitability, then placed in the woman's fallopian tubes with sperm, where fertilization can occur naturally. In ZIFT, ova are fertilized in vitro and then placed in the fallopian tubes.

### ***Related Bill***

HB 6588, reported favorably by the Public Health Committee, requires individual and group health insurance policies to cover medically necessary infertility diagnosis and treatment expenses for people under age 44, subject to specified conditions and limitations.

## **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute  
Yea 9 Nay 7

