



General Assembly

Substitute Bill No. 6588

January Session, 2005

* HB06588PH 040405 *

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.*