



General Assembly

Substitute Bill No. 508

January Session, 2005

* SB00508INS 032405 *

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.*