



General Assembly

Substitute Bill No. 508

January Session, 2005

* SB00508PH 051005 *

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

16 (b) Such policy may:

17 (1) Limit such coverage to an individual until the date of such
18 individual's fortieth birthday;

19 (2) Limit such coverage for ovulation induction to a lifetime
20 maximum benefit of four cycles;

21 (3) Limit such coverage for intrauterine insemination to a lifetime
22 maximum benefit of three cycles;

23 (4) Limit such coverage for in-vitro fertilization, gamete intra-
24 fallopian transfer, zygote intra-fallopian transfer or low tubal ovum
25 transfer to a lifetime maximum benefit of two cycles, with not more
26 than two embryo implantations per cycle;

27 (5) Limit coverage for in-vitro fertilization, gamete intra-fallopian
28 transfer, zygote intra-fallopian transfer and low tubal ovum transfer to
29 those individuals who have been unable to conceive or produce
30 conception or sustain a successful pregnancy through less expensive
31 and medically viable infertility treatment or procedures covered under
32 such policy. Nothing in this subdivision shall be construed to deny the
33 coverage required by this section to any individual who foregoes a
34 particular infertility treatment or procedure if the individual's
35 physician determines that such treatment or procedure is likely to be
36 unsuccessful;

37 (6) Require that covered infertility treatment or procedures be
38 performed at facilities that conform to the standards and guidelines
39 developed by the American Society of Reproductive Medicine or the
40 Society of Reproductive Endocrinology and Infertility;

41 (7) Limit coverage to individuals who have maintained coverage
42 under such policy for at least twelve months; and

43 (8) Require disclosure by the individual seeking such coverage to
44 such individual's existing health insurance carrier of any previous
45 infertility treatment or procedures for which such individual received
46 coverage under a different health insurance policy. Such disclosure
47 shall be made on a form and in the manner prescribed by the
48 Insurance Commissioner.

49 (c) (1) Any insurance company, hospital or medical service
50 corporation, or health care center may issue to a religious employer an
51 individual health insurance policy that excludes coverage for methods

52 of diagnosis and treatment of infertility that are contrary to the
53 religious employer's bona fide religious tenets.

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

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

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

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

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

79 (a) Subject to the limitations set forth in subsection (b) of this section
80 and except as provided in subsection (c) of this section, each group
81 health insurance policy providing coverage of the type specified in
82 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,

83 issued for delivery, amended, renewed or continued in this state on or
84 after October 1, 2005, shall provide coverage for the medically
85 necessary expenses of the diagnosis and treatment of infertility,
86 including, but not limited to, ovulation induction, intrauterine
87 insemination, in-vitro fertilization, uterine embryo lavage, embryo
88 transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer
89 and low tubal ovum transfer. For purposes of this section, "infertility"
90 means the condition of a presumably healthy individual who is unable
91 to conceive or produce conception [, or retain a] or sustain a successful
92 pregnancy during a one-year period.

93 (b) Such policy may:

94 (1) Limit such coverage to an individual until the date of such
95 individual's fortieth birthday;

96 (2) Limit such coverage for ovulation induction to a lifetime
97 maximum benefit of four cycles;

98 (3) Limit such coverage for intrauterine insemination to a lifetime
99 maximum benefit of three cycles;

100 (4) Limit such coverage for in-vitro fertilization, gamete intra-
101 fallopian transfer, zygote intra-fallopian transfer or low tubal ovum
102 transfer to a lifetime maximum benefit of two cycles, with not more
103 than two embryo implantations per cycle;

104 (5) Limit coverage for in-vitro fertilization, gamete intra-fallopian
105 transfer, zygote intra-fallopian transfer and low tubal ovum transfer to
106 those individuals who have been unable to conceive or produce
107 conception or sustain a successful pregnancy through less expensive
108 and medically viable infertility treatment or procedures covered under
109 such policy. Nothing in this subdivision shall be construed to deny the
110 coverage required by this section to any individual who foregoes a
111 particular infertility treatment or procedure if the individual's
112 physician determines that such treatment or procedure is likely to be
113 unsuccessful;

114 (6) Require that covered infertility treatment or procedures be
115 performed at facilities that conform to the standards and guidelines
116 developed by the American Society of Reproductive Medicine or the
117 Society of Reproductive Endocrinology and Infertility;

118 (7) Limit coverage to individuals who have maintained coverage
119 under such policy for at least twelve months; and

120 (8) Require disclosure by the individual seeking such coverage to
121 such individual's existing health insurance carrier of any previous
122 infertility treatment or procedures for which such individual received
123 coverage under a different health insurance policy. Such disclosure
124 shall be made on a form and in the manner prescribed by the
125 Insurance Commissioner.

126 (c) (1) Any insurance company, hospital or medical service
127 corporation, or health care center may issue to a religious employer a
128 group health insurance policy that excludes coverage for methods of
129 diagnosis and treatment of infertility that are contrary to the religious
130 employer's bona fide religious tenets.

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

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

143 (e) As used in this section, "religious employer" means an employer
144 that is a "qualified church-controlled organization", as defined in 26

145 USC 3121 or a church-affiliated organization.

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

152 (1) The number of such procedures performed;

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

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

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

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

162 (6) The rates of complications.

163 (b) Such information shall be submitted on such forms as the
 164 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

PH *Joint Favorable Subst.*