



General Assembly

February Session, 2012

Raised Bill No. 18

LCO No. 39

00039_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT EXTENDING THE PERMISSIBLE AGE LIMIT FOR HEALTH INSURANCE COVERAGE OF INFERTILITY TREATMENT.

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

1 Section 1. Subsections (a) and (b) of section 38a-509 of the general
2 statutes are repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2013*):

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

17 during a one-year period.

18 (b) Such policy may:

19 (1) Limit such coverage to an individual until the date of such
20 individual's [fortieth] forty-fifth birthday;

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

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

25 (4) Limit lifetime benefits to a maximum of two cycles, with not
26 more than two embryo implantations per cycle, for in-vitro
27 fertilization, gamete intra-fallopian transfer, zygote intra-fallopian
28 transfer or low tubal ovum transfer, provided each such fertilization or
29 transfer shall be credited toward such maximum as one cycle;

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

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

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

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

52 Sec. 2. Subsections (a) and (b) of section 38a-536 of the general
53 statutes are repealed and the following is substituted in lieu thereof
54 (*Effective January 1, 2013*):

55 (a) Subject to the limitations set forth in subsection (b) of this section
56 and except as provided in subsection (c) of this section, each group
57 health insurance policy providing coverage of the type specified in
58 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
59 issued for delivery, amended, renewed or continued in this state [on or
60 after October 1, 2005,] shall provide coverage for the medically
61 necessary expenses of the diagnosis and treatment of infertility,
62 including, but not limited to, ovulation induction, intrauterine
63 insemination, in-vitro fertilization, uterine embryo lavage, embryo
64 transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer
65 and low tubal ovum transfer. For purposes of this section, "infertility"
66 means the condition of a presumably healthy individual who is unable
67 to conceive or produce conception or sustain a successful pregnancy
68 during a one-year period.

69 (b) Such policy may:

70 (1) Limit such coverage to an individual until the date of such
71 individual's [fortieth] forty-fifth birthday;

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

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

76 (4) Limit lifetime benefits to a maximum of two cycles, with not
77 more than two embryo implantations per cycle, for in-vitro
78 fertilization, gamete intra-fallopian transfer, zygote intra-fallopian
79 transfer or low tubal ovum transfer, provided each such fertilization or
80 transfer shall be credited toward such maximum as one cycle;

81 (5) Limit coverage for in-vitro fertilization, gamete intra-fallopian
82 transfer, zygote intra-fallopian transfer and low tubal ovum transfer to
83 those individuals who have been unable to conceive or produce
84 conception or sustain a successful pregnancy through less expensive
85 and medically viable infertility treatment or procedures covered under
86 such policy. Nothing in this subdivision shall be construed to deny the
87 coverage required by this section to any individual who foregoes a
88 particular infertility treatment or procedure if the individual's
89 physician determines that such treatment or procedure is likely to be
90 unsuccessful;

91 (6) Require that covered infertility treatment or procedures be
92 performed at facilities that conform to the standards and guidelines
93 developed by the American Society of Reproductive Medicine or the
94 Society of Reproductive Endocrinology and Infertility;

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

97 (8) Require disclosure by the individual seeking such coverage to
98 such individual's existing health insurance carrier of any previous
99 infertility treatment or procedures for which such individual received
100 coverage under a different health insurance policy. Such disclosure
101 shall be made on a form and in the manner prescribed by the
102 Insurance Commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2013	38a-509(a) and (b)

Sec. 2	January 1, 2013	38a-536(a) and (b)
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Statement of Purpose:

To extend the permissible age limit for health insurance coverage of infertility treatment from forty to forty-five years of age.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]