Offered by:
REP. SCANLON, 98th Dist.

To: Subst. House Bill No. 7124 File No. 230 Cal. No. 182

"AN ACT CONCERNING MAXIMUM ALLOWABLE COST LISTS AND DISCLOSURES BY PHARMACY BENEFITS MANAGERS, LIMITING COST-SHARING FOR PRESCRIPTION DRUGS AND SHIELDING PHARMACISTS AND PHARMACIES FROM CERTAIN PENALTIES."

1 Strike everything after the enacting clause and substitute the following in lieu thereof:

"Section 1. Section 38a-509 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2018):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after [October 1, 2005] January 1, 2018, shall provide coverage for the medically necessary expenses of the diagnosis and treatment of infertility, including, but not limited to, ovulation induction,
intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means the condition of [a presumably healthy] an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary.

(b) Such policy may:

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

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

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

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

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

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

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

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

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

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

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

(e) As used in this section, "religious employer" means an employer
that is a "qualified church-controlled organization", as defined in 26
USC 3121 or a church-affiliated organization.
Sec. 2. Section 38a-536 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2018):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after [October 1, 2005] January 1, 2018, shall provide coverage for the medically necessary expenses of the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means the condition of [a presumably healthy] an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary.

(b) Such policy may:

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

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

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

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

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

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

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

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

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

(2) Upon the written request of an individual who states in writing
that methods of diagnosis and treatment of infertility are contrary to
such individual's religious or moral beliefs, any insurance company,
hospital service corporation, medical service corporation or health care
center may issue to or on behalf of the individual a policy or rider
thereto that excludes coverage for such methods.
(d) Any health insurance policy issued pursuant to subsection (c) of this section shall provide written notice to each insured or prospective insured that methods of diagnosis and treatment of infertility are excluded from coverage pursuant to said subsection. Such notice shall appear, in not less than ten-point type, in the policy, application and sales brochure for such policy.

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

This act shall take effect as follows and shall amend the following sections:

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