



General Assembly

Amendment

January Session, 2017

LCO No. 7854



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
2 following in lieu thereof:

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 Section 38a-509 of the general statutes is repealed and the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

5 (a) Subject to the limitations set forth in subsection (b) of this section
6 and except as provided in subsection (c) of this section, each individual
7 health insurance policy providing coverage of the type specified in
8 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
9 issued for delivery, amended, renewed or continued in this state on or
10 after [October 1, 2005] January 1, 2018, shall provide coverage for the
11 medically necessary expenses of the diagnosis and treatment of
12 infertility, including, but not limited to, ovulation induction,

13 intrauterine insemination, in-vitro fertilization, uterine embryo lavage,
14 embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian
15 transfer and low tubal ovum transfer. For purposes of this section,
16 "infertility" means the condition of [a presumably healthy] an
17 individual who is unable to conceive or produce conception or sustain
18 a successful pregnancy during a one-year period or such treatment is
19 medically necessary.

20 (b) Such policy may:

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

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

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

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

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

42 (6) Require that covered infertility treatment or procedures be

43 performed at facilities that conform to the standards and guidelines
44 developed by the American Society of Reproductive Medicine or the
45 Society of Reproductive Endocrinology and Infertility;

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

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

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

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

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

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

74 Sec. 2. Section 38a-536 of the general statutes is repealed and the
75 following is substituted in lieu thereof (*Effective January 1, 2018*):

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

91 (b) Such policy may:

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

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

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

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

103 (5) Limit coverage for in-vitro fertilization, gamete intra-fallopian

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

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

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

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

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

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2018</i>	38a-509
Sec. 2	<i>January 1, 2018</i>	38a-536