

HB0838/356085/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 838

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “Mandated” in line 2 down through “Procedures” in line 3 and substitute “Coverage for Infertility Services”; strike beginning with “excluding” in line 5 down through “married;” in line 8 and substitute “requiring certain conditions of coverage for certain infertility benefits for a patient who is married to an individual of the same sex; providing that certain provisions of law relating to health insurance coverage of in vitro fertilization do not apply to insurers, nonprofit health service plans, and health maintenance organizations that provide certain benefits under certain health insurance policies or contracts;”; in line 10, strike “or artificial insemination”; in line 11, strike “capable of producing sperm;” and substitute “of the opposite sex; specifying that a history of infertility required as a condition of coverage be involuntary; specifying how the history of involuntary infertility may be demonstrated;”; strike beginning with “requiring” in line 11 down through “sex;” in line 12; in line 14, after “conform;” insert “providing that certain insurers, nonprofit health service plans, and health maintenance organizations are not responsible for certain costs; providing that a denial of coverage for certain in vitro fertilization benefits constitutes an adverse decision under a certain provision of law; prohibiting this Act from being construed to require the provision of certain coverage;”; and in lines 15 and 16, strike “mandated health insurance benefits for in vitro fertilization and artificial insemination procedures” and substitute “health insurance coverage for infertility services”.

AMENDMENT NO. 2

On page 2, after line 7, insert:

(Over)

“(B) AN ENTITY SUBJECT TO THIS SECTION THAT PROVIDES COVERAGE FOR INFERTILITY BENEFITS OTHER THAN IN VITRO FERTILIZATION MAY NOT REQUIRE AS A CONDITION OF THAT COVERAGE, FOR A PATIENT WHO IS MARRIED TO AN INDIVIDUAL OF THE SAME SEX:

(1) THAT THE PATIENT’S SPOUSE’S SPERM BE USED IN THE COVERED TREATMENTS OR PROCEDURES; OR

(2) THAT THE PATIENT DEMONSTRATE INFERTILITY EXCLUSIVELY BY MEANS OF A HISTORY OF UNSUCCESSFUL HETEROSEXUAL INTERCOURSE.”;

in line 8, strike “(b)” and substitute “(C)”; in the same line, after “(1)” insert “THIS SUBSECTION DOES NOT APPLY TO INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS:

(I) THAT ARE ISSUED OR DELIVERED TO A SMALL EMPLOYER IN THE STATE; AND

(II) FOR WHICH THE ADMINISTRATION HAS DETERMINED THAT IN VITRO FERTILIZATION PROCEDURES ARE NOT ESSENTIAL HEALTH BENEFITS, AS DETERMINED UNDER § 31-116 OF THIS ARTICLE.

(2)”;

in line 10, strike “OR ARTIFICIAL INSEMINATION”; in the same line, strike “MARRIED”; in line 13, strike “(2)” and substitute “(3)”; in line 18, strike “(c)” and substitute “(D)”; in the same line, strike “(b)” and substitute “(C)”; in lines 21 and 22, strike “CAPABLE OF PRODUCING SPERM,” and substitute “OF THE OPPOSITE SEX,”;

in line 23, after “of” insert “INVOLUNTARY”; in line 24, strike “of at least 2 years’ duration” and substitute “, WHICH MAY BE DEMONSTRATED BY A HISTORY OF:

1. IF THE PATIENT AND THE PATIENT’S SPOUSE ARE OF OPPOSITE SEXES, INTERCOURSE OF AT LEAST 2 YEARS’ DURATION FAILING TO RESULT IN PREGNANCY; OR

2. IF THE PATIENT AND THE PATIENT’S SPOUSE ARE OF THE SAME SEX, SIX ATTEMPTS OF ARTIFICIAL INSEMINATION OVER THE COURSE OF 2 YEARS FAILING TO RESULT IN PREGNANCY”;

and in the same line, strike the brackets.

AMENDMENT NO. 3

On page 3, strike beginning with “OR” in line 2 down through “SEX;” in line 4; in line 5, strike “FOR IN VITRO FERTILIZATION BENEFITS,”; in line 8, strike the brackets; in the same line, strike “COVERED”; in lines 13 and 16, strike “(d)” and “(e)”, respectively, and substitute “(E)” and “(I)”, respectively; after line 15, insert:

“(F) AN ENTITY SUBJECT TO THIS SECTION IS NOT RESPONSIBLE FOR ANY COSTS INCURRED BY A POLICYHOLDER OR SUBSCRIBER OR A DEPENDENT OF A POLICYHOLDER OR SUBSCRIBER IN OBTAINING DONOR SPERM.

(G) A DENIAL OF COVERAGE FOR IN VITRO FERTILIZATION BENEFITS REQUIRED UNDER THIS SECTION BY AN ENTITY SUBJECT TO THIS SECTION CONSTITUTES AN ADVERSE DECISION UNDER SUBTITLE 10A OF THIS TITLE.

(H) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE AN ENTITY SUBJECT TO THIS SECTION TO PROVIDE COVERAGE FOR A TREATMENT OR A

PROCEDURE THAT WOULD NOT TREAT A DIAGNOSED MEDICAL CONDITION OF A PATIENT.”;

in line 22, strike the first “or”; in the same line, after “renewed” insert “, or in force”; and in lines 23 and 25, in each instance, strike “October” and substitute “July”.