
By: ~~Delegates Clagett, Rosso, and Rzepkowski~~ **Rzepkowski, Brown, Busch,
Donoghue, Fulton, Harrison, Love, and Moe**

Introduced and read first time: February 2, 2000

Assigned to: Economic Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 14, 2000

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance - Coverage for In Vitro Fertilization**

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and
4 health maintenance organizations from excluding certain benefits for in vitro
5 fertilization under certain circumstances; providing that the requirement that
6 the patient and the patient's spouse have a history of infertility of a certain
7 duration to be eligible for certain in vitro fertilization health insurance benefits
8 does not apply if the infertility is associated with abnormal male factors
9 contributing to the infertility; decreasing the duration of time for which certain
10 individuals must have a history of infertility in order to be eligible for certain in
11 vitro fertilization health insurance benefits; authorizing certain insurers,
12 nonprofit health service plans, and health maintenance organizations to limit
13 coverage for certain in vitro fertilization benefits; providing for the application
14 of this Act; and generally relating to coverage of benefits for in vitro fertilization.

15 BY adding to
16 Article - Health - General
17 Section 19-706(nn)
18 Annotated Code of Maryland
19 (1996 Replacement Volume and 1999 Supplement)

20 BY repealing and reenacting, with amendments,
21 Article - Insurance
22 Section 15-810
23 Annotated Code of Maryland
24 (1997 Volume and 1999 Supplement)

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article - Health - General**

4 19-706.

5 (NN) THE PROVISIONS OF § 15-810 OF THE INSURANCE ARTICLE APPLY TO
6 HEALTH MAINTENANCE ORGANIZATIONS.

7 **Article - Insurance**

8 15-810.

9 (a) This section applies to:

10 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE
11 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN
12 EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE ISSUED
13 OR DELIVERED IN THE STATE; AND

14 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL,
15 MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS
16 THAT ARE ISSUED OR DELIVERED IN THE STATE.

17 ~~(1) each individual hospital or major medical insurance policy of an~~
18 ~~insurer that:~~

- 19 ~~(i) 1. is delivered or issued for delivery in the State; or~~
20 ~~2. covers individuals who reside and work in the State; and~~
21 ~~(ii) is written on an expense incurred basis;~~

22 ~~(2) each group or blanket health insurance policy of an insurer that:~~

- 23 ~~(i) 1. is issued or delivered in the State; or~~
24 ~~2. covers individuals who reside and work in the State; and~~
25 ~~(ii) is written on an expense incurred basis; and~~

26 ~~(3) each individual or group medical or major medical contract or~~
27 ~~certificate of a nonprofit health service plan that:~~

- 28 ~~(i) is issued or delivered in the State; or~~
29 ~~(ii) covers individuals who reside and work in the State.~~

30 (b) (1) A policy, contract, or certificate AN ENTITY subject to this section that
31 provides pregnancy-related benefits may not exclude benefits for all outpatient

1 expenses arising from in vitro fertilization procedures performed on the ~~policyholder,~~
 2 ~~subscriber, or certificate holder,~~ POLICYHOLDER OR SUBSCRIBER or dependent
 3 spouse of the ~~policyholder, subscriber, or certificate holder~~ POLICYHOLDER OR
 4 SUBSCRIBER.

5 (2) The benefits under this subsection shall be provided to the same
 6 extent as the benefits provided for other pregnancy-related procedures.

7 (c) Subsection (b) of this section applies if:

8 (1) the patient is the ~~policyholder, subscriber, or certificate holder,~~
 9 POLICYHOLDER OR SUBSCRIBER or a covered dependent of the ~~policyholder,~~
 10 ~~subscriber, or certificate holder~~ POLICYHOLDER OR SUBSCRIBER;

11 (2) the patient's oocytes are fertilized with the patient's spouse's sperm;

12 (3) (i) the patient and the patient's spouse have a history of infertility
 13 of at least ≥ 2 years' duration; or

14 (ii) the infertility is associated with any of the following medical
 15 conditions:

16 1. endometriosis;

17 2. exposure in utero to diethylstilbestrol, commonly known
 18 as DES; [or]

19 3. blockage of, or surgical removal of, one or both fallopian
 20 tubes (lateral or bilateral salpingectomy); OR

21 4. ABNORMAL MALE FACTORS, INCLUDING OLIGOSPERMIA,
 22 CONTRIBUTING TO THE INFERTILITY;

23 (4) the patient has been unable to attain a successful pregnancy through
 24 a less costly infertility treatment for which coverage is available under the ~~policy,~~
 25 ~~contract, or certificate~~ POLICY OR CONTRACT; and

26 (5) the in vitro fertilization procedures are performed at medical
 27 facilities that conform to the American College of Obstetricians and Gynecologists
 28 guidelines for in vitro fertilization clinics or to the American Fertility Society minimal
 29 standards for programs of in vitro fertilization.

30 (D) AN ENTITY SUBJECT TO THIS SECTION MAY LIMIT COVERAGE OF THE
 31 BENEFITS REQUIRED UNDER THIS SECTION TO THREE IN VITRO FERTILIZATION
 32 ATTEMPTS PER LIVE BIRTH, NOT TO EXCEED A MAXIMUM LIFETIME BENEFIT OF
 33 \$100,000.

34 SECTION 2. AND BE IT FURTHER ENACTED, That this Act applies to all
 35 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
 36 on or after October 1, 2000.

1 SECTION ~~2.~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take
2 effect October 1, 2000.